TAX RETURN FILING INSTRUCTIONS

** FORM 990 PUBLIC DISCLOSURE COPY **

FOR THE YEAR ENDING

June 30, 2013

	June 30, 2013
Prepared for	Businesses United in Investing Lending & Development (BUILD) 2385 Bay Rd. Redwood City, CA 94063
Prepared by	BURR PILGER MAYER, INC. 600 CALIFORNIA STREET, SUITE 1300 SAN FRANCISCO, CA 94108
Amount due or refund	Not applicable
Make check payable to	Not applicable
Mail tax return and check (if applicable) to	Not applicable
Return must be mailed on or before	Not applicable
Special Instructions	This return has qualified for electronic filing. After you have reviewed the return for completeness and accuracy, please sign, date and return Form 8879-EO to our office. We will transmit the return electronically to the IRS and no further action is required. Return Form 8879-EO to us by February 18, 2014.

** PUBLIC DISCLOSURE COPY **

Form **990**

Department of the Treasury Internal Revenue Service

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

► The organization may have to use a copy of this return to satisfy state reporting requirements.

2012
Open to Public Inspection

Α	For th	le 2012 calendar year, or tax year beginning $$	g JUN 30, 201	3
	Check it	C Name of organization	D Employer identi	
	Addr	BUSINESSES UNITED IN INVESTING LENDING &		
	Nam	DILLE	0.4	2206605
	Initia returi		/suite E Telephone numb	3386695
	Term ated Amer	2385 BAY RD.	650	-688-5840
	return Appli tion	City, town, or post office, state, and ZIP code	G Gross receipts \$	6,883,970.
	pend	F Name and address of principal officer: SUZANNE KLAHR	H(a) Is this a group	
		SAME AS C ABOVE	for affiliates?	Yes X No
Τ	Tax-ex	empt status: X 501(c)(3) 501(c)() (insert no.) 4947(a)(1) or	H(b) Are all affiliates in	
		te: ► WWW.BUILD.ORG	H(c) Group exempti	a list. (see instructions)
K	Form o	forganization: X Corporation Trust Association Other	Year of formation: 1999	M State of legal domicile: CA
P	art I	Summary		141 Otate of legal dofficile. C21
ce	1	Briefly describe the organization's mission or most significant activities: BUILD'S	MISSION IS TO	USE
Activities & Governance		ENTREPRENEURSHIP TO EXCITE AND PROPEL LOW-IN	NCOME, DISENGA	AGED YOUTH
/err	2	Check this box if the organization discontinued its operations or disposed of	more than 25% of its net a	assets.
Gol	3	Number of voting members of the governing body (Part VI, line 1a)	3	
త	4	Number of independent voting members of the governing body (Part VI, line 1b)	4	
itie	5	Total number of individuals employed in calendar year 2012 (Part V, line 2a)	5	88
ctiv		Total number of volunteers (estimate if necessary)	6	728
A	b	Total unrelated business revenue from Part VIII, column (C), line 12		
		Net unrelated business taxable income from Form 990-T, line 34		
Ф	8	Contributions and grants (Part VIII, line 1h)	Prior Year 5,743,411.	Current Year 6,483,898.
nue		Program service revenue (Part VIII, line 2g)	263.	
Revenue		Investment income (Part VIII, column (A), lines 3, 4, and 7d)	5,270.	
ш	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	-168,174.	-191,954.
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	5,580,770.	6,298,028.
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	33,237.	83,466.
	14	Benefits paid to or for members (Part IX, column (A), line 4)	0.	0.
es	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	3,513,803.	3,800,232.
Expenses	16a	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) Professional fundraising fees (Part IX, column (A), line 11e) Total fundraising expenses (Part IX, column (D), line 25) 761,142.	0.	0.
Exp	b	Total fundraising expenses (Part IX, column (D), line 25) 761,142.		
	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	2,069,540.	2,084,357.
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	5,616,580.	
es es	19	Revenue less expenses. Subtract line 18 from line 12	-35,810.	329,973.
lanc	20	Total assets (Part X, line 16)	Beginning of Current Year	End of Year
ASS Ba		Total liabilities (Part X, line 26)	2,373,597.	3,082,652.
Ivet Assets or Fund Balances		Net assets or fund balances. Subtract line 21 from line 20	261,710. 2,111,887.	640,792.
	rt II	Signature Block	2,111,007.	2,441,860.
Inde	er penal	ties of perjury, I declare that I have examined this return, including accompanying schedules and sta	itements, and to the hest of m	v knowledge and helief it is
rue,	correct	, and complete. Declaration of preparer (other than officer) is based on all information of which prep	arer has any knowledge.	y knowledge and belief, it is
				2014
Sign	- 1	Signature of officer	Date	
lere	9	SUZANNE KLAHR, CEO Type or print name and title		
	_	P. Commission of the Commissio		
aid		Print/Type preparer's name ROBERT A. HOUSTON Preparer's signature	Date Check	PTIN
	-	ROBERT A. HOUSTON Firm's name BURR PILGER MAYER, INC.	self-employe	
		Firm's address 600 CALIFORNIA STREET, SUITE 1300	Firm's EIN	26-3839190
		SAN FRANCISCO, CA 94108	Dha 4	15 /21 5757
/lay	the IR	S discuss this return with the preparer shown above? (see instructions)	Phone no. 4	15.421.5757 X Yes No
		the state of the s		X Yes No

	m 990 (2012) DEVELOPMENT (BUILD) 94-3386695 Page 2
Р	Statement of Program Service Accomplishments
_	Check if Schedule O contains a response to any question in this Part III
1	Briefly describe the organization's mission: BUILD'S MISSION IS TO USE ENTREPRENEURSHIP TO EXCITE AND PROPEL LOW-INCOME, DISENGAGED YOUTH THROUGH HIGH SCHOOL TO COLLEGE SUCCESS. BUILD IS COMMITTED TO HELPING DISADVANTAGED YOUTH IN AMERICA'S MOST UNDERSERVED COMMUNITIES GAIN THE KNOWLEDGE AND ABILITY TO PERSEVERE IN
2	Did the organization undertake any significant program services during the year which were not listed on
	the prior Form 990 or 990-EZ? If "Yes," describe these new services on Schedule O.
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes X No If "Yes," describe these changes on Schedule O.
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by 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
4a	revenue, if any, for each program service reported. (Code:) (Expenses \$ 4,755,569 . including grants of \$ 83,466 .) (Revenue \$ 18,577 .) BUILD WORKS WITH HIGH SCHOOL STUDENTS AT HIGH-RISK FOR DROPPING OUT OF
	HIGH SCHOOL. OUR FOUR-YEAR COLLEGE PREPARATION PROGRAM BEGINS AS A NINTH-GRADE CLASS AND USES ENTREPRENEURSHIP AS A VEHICLE TO TEACH ACADEMIC, BUSINESS AND EXECUTIVE FUNCTIONING SKILLS. ENTREPRENEURSHIP IS A POWERFUL HOOK, BUT COLLEGE IS THE GOAL. BY HELPING STUDENTS START
	SCHOOL WITH REAL-WORLD PROFESSIONAL EXPERIENCES ACADEMIC SUPPORT AND
	21ST CENTURY SKILL-BUILDING. BY EQUIPPING STUDENTS WITH THESE COLLEGE AND CAREER READINESS SKILLS, WE REDUCE HIGH SCHOOL DROP-OUT RATES AND
	GIVES YOUTH HOPE AND A PROMISING FUTURE IN COLLEGE. IN 2013-14 BUILD WILL SERVE OVER 1,200 STUDENTS FROM 19 HIGH SCHOOLS IN THE SAN
	FRANCISCO BAY AREA, BOSTON AND WASHINGTON, DC.
4b	(Code:) (Expenses \$
4c	(Code:) (Expenses \$
4d	Other program services (Describe in Schedule O.)
4e	(Expenses \$ including grants of \$) (Revenue \$) Total program service expenses 4,755,569.
32002	Form 990 (2012)

Page 3

Part IV | Checklist of Required Schedules Yes No Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A X 1 Is the organization required to complete Schedule B, Schedule of Contributors? X 2 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 X 3 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 X 4 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III X 5 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 X 6 7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II 7 X Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete 8 Schedule D, Part III X 8 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 X 9 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V X 10 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, IX, or X as applicable a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, X 11a b Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII 11b X c Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII X 11c 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 e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X X 11e 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 X 11f 12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII X 12a 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 X 12b Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes, " complete Schedule E X 13 14a Did the organization maintain an office, employees, or agents outside of the United States? 14a b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV X 14b Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? If "Yes," complete Schedule F, Parts II and IV X 15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals 16 located outside the United States? If "Yes," complete Schedule F, Parts III and IV X 16 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, 17 column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I X 17 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 18 1c and 8a? If "Yes," complete Schedule G, Part II X 18 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," 19 complete Schedule G, Part III X 19

20a

20b

X

Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H

b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?

Part IV Checklist of Required Schedules (continued)

		_		
21	and of the state o		Yes	No
	officed States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	0.1		X
22	Big the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IV	21		Α
	column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	X	
23	Bid the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's augment	26		
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
0.4	Scriedule 9	23	X	
24	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	Schedule K. If "No", go to line 25	24a		X
ł	bid the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
(bid the organization maintain an escrow account other than a refunding escrow at any time during the year to defeate			
(any tax-exempt bonds? Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year to delease	24c		
25	or borian or issuer for borias outstanding at any time guring the year?	24d		
	Section 501(c)(3) and 501(c)(4) 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
Ľ	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			
26	Schedule L, Part I	25b		X
20	Was a loan to or by a current or former officer, director, trustee, key employee, highest compensated employee, or disqualified			
27	person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		X
	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial			
	contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule I. Part III.			
28	of any of these persons? If "Yes," complete Schedule L, Part III Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV	27		X
	instructions for applicable filing thresholds, conditions, and exceptions):			- 1
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	00-		Х
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a 28b		X
C	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer	200		21
	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	X	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		X
31	the significant injuries, terminate, or dissolve and cease operations?			
20	If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
33		32		X
	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I			
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and	33		X
	Part V, line 1			v
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	34	-	X
b	The state of the organization receive any payment from or engage in any transaction with a controlled entity.	35a	-	
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	occition so (c)(s) or garrizations. Did the organization make any transfers to an exempt non-charitable related exemptions.	330		
	ir res, complete Schedule R, Part V, line 2	36		X
37	The digarization conduct more than 5% of its activities through an entity that is not a related organization			
20	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R. Part VI	37		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 192			
	Note. All Form 990 filers are required to complete Schedule O	38	X	
			200	THE RESERVE

	(2012)	
Part V	Statements Regarding Other IRS Filings and Tax Compliance	
	Check if Schedule O contains a response to any question in this Part V	

The Enter the number reported in Box 3 of Form 1096. Enter 0- if not applicable 10 of 10 o				***********			
b Einfer the number of Forms W-20 included in line 1a. Enter 0-If not applicable	1a	Enter the number reported in Box 3 of Form 1096. Enter 0, if not applicable	1 1	101		Yes	No
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gamining) winnings to prize winners? 2a Enter the number of employees reported on Form W.3, Transmittal of Wape and Tax Statements, filled for the calendary year ending with or within the year covered by this return. b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? 3b If Yes, *has it filled a Form 900 T for this year? If Yes, *provide an explanation in Schedule O 3f Yes, *has it filed a Form 900 T for this year? If Yes, *provide an explanation in Schedule O 3b If Yes, *has it filed a Form 900 T for this year? If Yes, *provide an explanation in Schedule O 3c If Yes, *the at filed a Form 900 T for this year? If Yes, *provide an explanation in Schedule O 3d At any time during the celendary year, did the organization have interest in, or a signature or cher authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? 5d At any time the the name of the foreign country. 5e If Yes, *the the name of the foreign country (such as a bank account, securities account, or other financial Accounts. 5d Was the organization have annual gross receipts at the report of Foreign Bank and Financial Accounts. 5d Was the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions? 5d Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that may receive deductible contributions under section 170(c). 6d If Yes, *tid the organization include with every solicitation an exposes attainent that such contributions or grits were not tax deductible? 6d If Yes, *tid the organization include with every solicitation an exposes a services provided? 7d Organizations that may		Enter the number of Forms W-2G included in line 1a. Enter -0 if not applicable			_		
gambling) winnings to prize winners? 2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, field for the calendar year ending with or within the year covered by this return. 3b If at least one is reported on line 2a, did the organization file all required defeat employment tax returns? 3b If a least one is reported on line 2a, did the organization file all required federal employment tax returns? 3c If Yes, The state of line 2a, did the organization file all required to e-file (see instructions) 3c If Yes, The state of line 2a, did the organization file all required federal employment tax returns? 3c If Yes, The state of the s	С	Did the organization comply with backup withholding rules for reportable payments to vendors and			4		
2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filled for the calendary year ending with or within the year covered by this return. b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-fife (see instructions) 3a Did the organization have unrelated business gross income of \$1,000 or more during the year? 3b If "Yes," she if field a Form 990-17 or this year? If "No," provide an explanation in Schedule O 4 At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country leuch as a bank account, securities account, or other financial account)? 4 At any time during the calendar year, did the organization fair briefly in the year? 5 See instructions for filing requirements for Form TD F 90.22.1, Report of Foreign Bank and Financial Accounts. 8 Was the organization of the organization that it was or is a party to a prohibited tax shelter transaction? 5 B Was the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible Form 88867? 6 Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that they are class deductible? 7 Organizations that may receive deductible contributions under section 170(e). 8 b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible or organization and partly for goods and services provided to the payor? 7 Organizations that may receive deductible contributions under section 170(e). 8 b If "Yes," include the number of Forms 8822 filed during the year. 9 Organization measure and that the payor of the value of the goods or services p		(gambling) winnings to prize winners?	reportable	le gaming			
filled for the calendar year ending with or within the year covered by this return Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) 3a Did the organization have unrefleted business gross income of \$1,000 or more during the year? 3a Did the organization have unrefleted business gross income of \$1,000 or more during the year? 3b If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O 3b If "Yes," return the name of the foreign country (such as a bank account, securities account, or other financial account; a foreign country (such as a bank account, securities account, or other financial accounts. 5a Was the organization aparty to a prohibited tax shelter transaction at any time during the tax year? 5b If "Yes," to line 5a or 5b, did the organization file Form 8886-T? 5c Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductibles as charitable contributions? 6c Does the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible or a contribution and party for goods and services provided to the payor? 7 Organizations that may receive deductible contributions under section 170(c). 8 Dif Heys," did the organization notify the donor of the value of the goods or services provided? 9 Diff the organization received a payment in excess of \$7 sin ade party as a contribution and party for goods and services provided to the payor? 7 The yes," indicate the number of Forms 8282 fied during the year 9 Did the organization received a payment in excess of \$7 sin ade party as a contribution of gross and services provided? 16 If "Yes," indicate the number of Forms 8282 fied during the year 9 Did the organization received a contribution of qualified intellectual property, did the organization free payment in excess of \$7 sin ade party as a contribut	2a	Enter the number of employees reported on Form W-3. Transmittal of Wage and Tay Statements	I I	**********	10		-
b If at least one is reported on line 2a, cit the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to 4-file (see instructions) 3a Did the organization have unrelated business gross income of \$1,000 or more during the year? 4b At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account? 4b At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial accounts? 5c If "Yes" or their the name of the foreign country; \$\infty\$ See instructions for filing requirements for Form TD F 90.22.1, Report of Foreign Bank and Financial Accounts. 5c Was the organization aparty notify the organization that it was or is a party to a prohibited cut shelter transaction? 5c Was the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions? 6c Was the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 7c Organizations that may receive deductible contributions under section 170(c). 8d If "Yes," full the organization include with every solicitation and surpress statement that such contributions or gifts were not tax deductible? 7d Organizations that may receive deductible contributions under section 170(c). 8d If "Yes," full the organization sell, exchange, or otherwise dispose of trangible personal property for which it was required to the pagnization sell, exchange, or otherwise dispose of trangible personal property for which it was required. 7d If "Yes," full the organization sell, exchange, or oth		filed for the calendar year ending with or within the year covered by this return	200	ΩΩ	2		
Note. If the sum of lines 1s and 2s is greater than 250, you may be required to e-file (see instructions) 3	b	If at least one is reported on line 2a, did the organization file all required federal employment tox set	Za L	00	-	v	
3a Did the organization have unrelated business gross income of \$1,000 or more during the year? 3b If "Yes", has fitted a Form 900-T for this year? If "No," provide an explanation in Schedule O 4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? 4a If "Yes", "enter the name of the foreign country; P 5e instructions for filing requirements for Form TD F 90.22.1, Report of Foreign Bank and Financial Accounts. 5a Was the organization aparty to a prohibited tax shelter transaction at any time during the tax year? 5a X S 5b Uar Yes" or time 6a or 5b, did the organization that it was or is a party to a prohibited tax shelter transaction? 5b Uar Yes" or line 6a or 5b, did the organization life Form 8889. The filing of the organization solicit any contributions that were not tax deductible as charitable contributions? 6c V 6c V 6d		Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instruction	ims?	***************************************	2b	Λ	
b If "Yes," has if filed a Form 990-T for this year? If "No," provide an explanation in Schedule O A At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? 4a	3a	Did the organization have unrelated business gross income of \$1,000 or many during the			0-		v
4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country is leafly as a bank account, securities account, or other financial account)? 4a	b	If "Yes," has it filed a Form 990-T for this year? If "No." provide an explanation in Schedule O		********			Λ
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13 Section 501(c)(29) qualified nonprofit health insurance issuers. a Is the organization licensed to issue qualified health plans in more than one state? 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 c Enter the amount of reserves on hand Did the organization receive any payments for indoor tanning services during the tax year? b If "Yes," has it filled a Form 720 to report these payments? If "No," provide an explanation in Schedule O. 14a X	b	If "Yes " enter the amount of tax exampt interest received an account of the interest received an account of tax exampt interest received and account of tax exampt interest received	1		12a		
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b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O 13c 14a X 14b		organization is licensed to issue qualified health plans	126				
14a Did the organization receive any payments for indoor tanning services during the tax year? 14a X b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O 14b	С						
b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O 14b			130		111		v
	b	f "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule	0				Λ_
			·			390 (2	2012)

94-3386695

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 in Schedule O. See instructions.

_	Check if Schedule O contains a response to any question in this Part VI			X
Se	ction A. Governing Body and Management			
			Yes	N
1	Enter the number of voting members of the governing body at the end of the tax year	10	168	IN
	in the die 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 in Schedule O	1.0		-
k	Enter the number of voting members included in line 1a, above, who are independent	10		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other	10		
	officer, director, trustee, or key employee?	2		X
3	or the organization delegate control over management duties customarily performed by or under the disease.			Λ
	of officers, directors, or trustees, or key employees to a management company or other person?	3		X
4	and digarization make any significant changes to its governing documents since the prior Form 000 was the local			X
5	bid the organization become aware during the year of a significant diversion of the organization's assets?	5		X
6	bid the organization have members or stockholders?	6	-	X
7a	bid the organization have members, stockholders, or other persons who had the power to elect or appoint one or			21
	more members of the governing body?	7a		Х
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or	/a		21
	persons other than the governing body?	76		X
8	and organization contemporarieously document the meetings neld or written actions undertaken during the year by the following:			- 22
а	The governing body?	00	Х	
b	to dot on bendin of the governing body?	8a	Λ	X
9	Is there any officer, director, trustee, or key employee listed in Part VII. Section A who cannot be reached at the			Λ
_	organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		Х
Sec	ction B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)	9		Λ
			V	
10a	Did the organization have local chapters, branches, or affiliates?	100	Yes	No
b	too, did the organization have written policies and procedures governing the activities of such chapters, officially		Λ	
	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b	X	
11a	This the digalization provided a complete copy of this Form 990 to all members of its governing body before filing the form	1? 11a	X	
b	bescribe in Scriedule O the process, if any, used by the organization to review this Form 990	ii IIa	21	
12a	Did the organization have a written conflict of interest policy? If "No." go to line 13	12a	Х	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	X	
C	bid the organization regularly and consistently monitor and enforce compliance with the policy? If "Ves " describe	120	22	
	In schedule o now this was done	12c		X
13	bid the organization have a written whistieplower policy?	40	Х	11
14	organization have a written document retention and destruction policy?	14	X	
15	the process for determining compensation of the following persons include a review and approval by independent	14	21	
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a	Х	
b	Other officers or key employees of the organization	15b	X	
	To to line 13d of 13b, describe the process in Schedule () (see instructions).	130	22	7.2
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	res, did the organization follow a written policy or procedure requiring the organization to evaluate its participation	100		71
	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		
	ion C. Disclosure	100		_
17	List the states with which a copy of this Form 990 is required to be filed CA, MD, MA, NY, PA, VA, DC			_
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990.T (Section 501/c)(2) and	v) available	9	
	The public inspection. Indicate now you made these available. Check all that apply.	J/ GVAIIADII		
	Own website Another's website X Upon request Other (explain in Schodule O			
19	Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of intersect policy	and finance	oial	
	tatoments available to the public during the tax year.		Jai	
20	State the name, physical address, and telephone number of the person who possesses the books and records of the organ	ization:		
	030-031-49/1	Lation.	-	
	2385 BAY RD., REDWOOD CITY, CA 94063			_

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DEVELOPMENT (BUILD)

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated 94-3386695 Employees, and Independent Contractors

Check if Schedule O contains a response to any question in this Part VII

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

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

- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter 0- in columns (D), (E), and (F) if no compensation was paid.

 List all of the organization's current key employees, if any. See instructions for definition of "key employees."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.

(A)	(B)				C)					1
Name and Title	Average			Pos	sition	า		(D)	(E)	(F)
	hours per	(d	o not o	check	more	than	one	Reportable compensation	Reportable	Estimated
	week	off	ficer a	nd a c	directo	or/trus	stee)	from	compensation	amount of
	(list any	tor						the	from related	other
	hours for	direc				-0		organization	organizations (W-2/1099-MISC)	compensatio
	related	10 99	Stee			nsate		(W-2/1099-MISC)	(***2/1099-10115C)	from the
	organization	s trust	al tru		yee	mpe		(112/1000 1/1100)		organization
	below	ndividual trustee or director	Institutional trustee	200	Key employee	est co	- Ba			and related organizations
(1) AJAY AGARWAL	line)		Instit	Officer	Key 8	Highest compensated employee	Former			Organizations
CHAIRMAN	2.00	-								
		X						0.	0.	0
(2) ANTHONY HUBBARD	1.00									
BOARD MEMBER		X						0.	0.	0
(3) DAVID MARSTON	1.00								0.	
BOARD MEMBER		X						0.	0.	0
(4) JACK DORSEY	1.00								0.	0
BOARD MEMBER		X						0.	0.	0
(5) JEAN KOVACS	1.00								0.	0
BOARD MEMBER		X						0.	0.	0
(6) RICHARD VIEIRA	1.00								0.	
BOARD MEMBER		X						0.	0.	0
(7) SAMIR AMRUTE	1.00									0
BOARD MEMEBER		X						0.	0.	0
(8) SARAH LUCAS	1.00								0.	- 0
BOARD MEMBER		X						0.	0.	0
(9) SHERVIN PISHEVAR	1.00									0
BOARD MEMBER	1	X						0.	0.	0
(10) TIMOTHY GARNETT	1.00									0
BOARD MEMBER		X						0.	0.	0
11) ROD HSIAO	50.00								0.	0
YP OF STRATEGY & OPERATION				X				115,000.	0.	0
12) SUZANNE M. KLAHR	50.00					\top			0.	0
OUNDER AND CEO				X				203,500.	0.	8,063
13) CHARLES SALTER	50.00									0,003
RESIDENT & COO FROM 06/10/13			2	X				0.	0.	0
14) AJUAH HELTON	50.00								0.	0 .
P OF PROGRAMS & EVALUATION					1	X		113,862.	0.	6,751.
15) AYELE SHAKUR	50.00								0.	0,731
EGIONAL EXECUTIVE DIRECTOR					2	X		107,100.	0.	8,827.
16) CHRISTA ROTH	50.00									0,027
ENIOR DIRECTOR OF TALENT UNTIL 12/2					2	X		130,853.	0.	7,031.
17) CHRISTOPHER BROWN EGIONAL EXECUTIVE DIRECTOR	50.00								0.	,,001.
EGIUNAL EXECUTIVE DIDECTOR		- 1			2	7	1	102,000.	0.	6,212.

Section A. Officers, Directors,	Trustees Key Em	nlov	1000	an	4 4	iaha	n+ C		7	000	0 0 0		1 age
(A) Section A. Officers, Directors,	(B)	picy	ees	, an	C)	igne	est C		The state of the s	_			
Name and title	Average			Pos	itior	า		(D)	(E)			(F)	
	hours per	box	, unle	ss pe	erson	than is bo	th an	Reportable compensation	Reportable			stima	
	week	offic	cer an	dad	irecto	or/trus	stee)	from	from related		а	moun othe	
	(list any hours for	or director						the	organization		cor	npens	
	related	or di	83			ated		organization	(W-2/1099-MIS	3C)		from t	
	organizations	trustee	trust		89	npens		(W-2/1099-MISC)		*		ganiza	
	below	dual t	Institutional trustee		nploy	stcon	_					nd rela	
	line)	Individual	Institu	Officer	Key employee	Highest compensated employee	Former				org	aniza	tions
			-	-			\vdash			_			
			\neg							_			
											-		
		+	-	\dashv	-	-	-						
		+	\dashv	+	\dashv	+	+			\dashv			
									11-	\top			
		_	4	\perp	_								
1b Sub-total				_			+	772,315.		0.	2	C 0	0.4
c Total from continuation sheets to Part	VII, Section A		****	*****			-	0.		0.	3	6,8	0.
d Total (add lines 1b and 1c)								772,315.		0	3	6,8	
2 Total number of individuals (including but	it not limited to the	se li	sted	abo	ove)	who	o rec	ceived more than \$100,	000 of reportable			,,	0 1 0
compensation from the organization													6
3 Did the organization list any former offic	er director or true	+	Leave									Yes	No
line 1a? If "Yes," complete Schedule J fo	er, director, or trus er such individual	itee,										-	
4 For any individual listed on line 1a, is the	sum of reportable	com	men	isati	on s	and	otho	r companyation from th			3		X
and related organizations greater than \$	150.000? It "Yes."	com	plete	SC	hen	lule.	1 for	such individual		-	4	Х	
bid any person listed on line 12 receive of	or accrue compens	sation	n fro	m a	ny L	unrel	lated	organization or individ	ual for services		4	21	
rendered to the organization? If "Yes," co Section B. Independent Contractors	omplete Schedule	J for	suc	h pe	erso						5		X
provide the factor for your five highest	compensated inde	pend	dent	cor	ntrad	ctors	s tha	t received more than \$	100,000 of comp	ensati	ion fr	om	
the organization. Report compensation (A)	or the calendar yea	ar en	aing	With	n or	with	nin th		ar.				
Name and busines	ss address 1	NON	ΙE					(B) Description of ser	vices	Cor	(C)	sation	
								,			port	Sation	_
							+						
Total number of independent contractors	(t11												
Total number of independent contractors \$100,000 of compensation from the organ	(including but not	limite	ed to	o the	ose	liste	d ab	ove) who received mor	e than	al la			
	nzation	_			0								
2008 10-12										For	m 99	90 (20)12)

Page 9

Statement of Revenue Check if Schedule O contains a response to any question in this Part VIII Revenue excluded from tax under sections 512, 513, or 514 (C) Related or Total revenue Unrelated exempt function business revenue revenue Contributions, Gifts, Grants and Other Similar Amounts 1 a Federated campaigns b Membership dues 1b c Fundraising events 1,395,626. 10 d Related organizations e Government grants (contributions) 1e f All other contributions, gifts, grants, and similar amounts not included above 5,088,272 86,591 g Noncash contributions included in lines 1a-1f: \$ h Total. Add lines 1a-1f 6,483,898 **Business Code** Program Service Revenue f All other program service revenue g Total. Add lines 2a-2f Investment income (including dividends, interest, and other similar amounts) 559 Income from investment of tax-exempt bond proceeds 5 Royalties (i) Real (ii) Personal 6 a Gross rents b Less: rental expenses 0. c Rental income or (loss) 62,858. d Net rental income or (loss) 62,858 62,858. 7 a Gross amount from sales of (i) Securities (ii) Other assets other than inventory 170,409 2,858. b Less: cost or other basis 167,742 and sales expenses c Gain or (loss) 2.858. d Net gain or (loss) 5,525 5,525. 8 a Gross income from fundraising events (not Other Revenue including \$ _____1,395,626. of contributions reported on line 1c). See Part IV, line 18 144,811. b Less: direct expenses 418,200. c Net income or (loss) from fundraising events -273,389 273,389. 9 a Gross income from gaming activities. See Part IV, line 19 b Less: direct expenses c Net income or (loss) from gaming activities 10 a Gross sales of inventory, less returns and allowances b Less: cost of goods sold c Net income or (loss) from sales of inventory Miscellaneous Revenue **Business Code** 11 a INCUBATOR INCOME 900099 18,577 18,577 b C d All other revenue e Total. Add lines 11a-11d 18,577 Total revenue. See instructions. 6,298,028, 18,577. -204,447. Form 990 (2012)

Form 990 (2012) DEVELOPMENT (1) Part IX Statement of Functional Expenses

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

	Check if Schedule O contains a resp	onse to any question in t	ther organizations must co	omplete column (A).	
Do	not include amounts reported on lines 6b,	(A)	nis Part IX (B)	(6)	
7b	, 8b, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	organizations in the United States. See Part IV, line 21				охроново
2	Grants and other assistance to individuals in				
	the United States. See Part IV, line 22	83,466.	83,466.		
3	Grants and other assistance to governments,		03,400.		
	organizations, and individuals outside the				
	United States. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees	326,563.	254,529.	24,648.	17 200
6	Compensation not included above, to disqualified		201/025.	24,040.	47,386
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	2,900,535.	2,261,973.	219,236.	110 200
8	Pension plan accruals and contributions (include		-//5/00	217,230.	419,326
	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits	281,158.	214,380.	20,024.	46,754
10	Payroll taxes	291,976.	234,298.	17,697.	39,981
11	Fees for services (non-employees):			11,001.	33,301
a	Management				
b	Legal				
C	Accounting	34,925.		34,925.	
d	Lobbying			31,323.	
e	Professional fundraising services. See Part IV, line 17		The second second		
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.)	502,072.	429,529.	53,429.	19,114.
	Advertising and promotion	4		7	10,111
13	Office expenses	16,557.	12,159.	2,431.	1,967.
14	Information technology	122,864.	83,428.	2,794.	36,642.
15	Royalties				00/012.
16	Occupancy	590,258.	549,338.	13,451.	27,469.
17	Travel	243,733.	222,767.	2,250.	18,716.
18	Payments of travel or entertainment expenses				20/1200
	for any federal, state, or local public officials				
	Conferences, conventions, and meetings	181,251.	137,367.	16,959.	26,925.
	Interest				
	Payments to affiliates				
	Depreciation, depletion, and amortization	78,959.	60,671.	5,641.	12,647.
	Other expenses. Itemize expenses not covered	17,943.	14,385.	836.	2,722.
	above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule 0.)				
а	SUPPLIES	124,498.	100 140		
b	TELEPHONE	67,553.	100,140.	9,439.	14,919.
	OTHER OPERATING EXPENSE	30,766.	57,393.	3,075.	7,085.
d]	PRINTING & PUBLICATION	24,185.	5,540.	10,465.	14,761.
-	All other expenses	48,793.	25,667.	2,469.	13,177.
	otal functional expenses. Add lines 1 through 24e	5,968,055.	4,755,569.	11,575.	11,551.
6 .	loint costs. Complete this line only if the organization	3,200,000.	4,133,309.	451,344.	761,142.
r	eported in column (B) joint costs from a combined				
е	ducational campaign and fundraising solicitation.				
	heck here if following SOP 98-2 (ASC 958-720)				
2010	12-10-12				

232010 12-10-12

Form 990 (2012)

Part X Balance Sheet

rait				
	Check if Schedule O contains a response to any question in this Part X			
		(A) Beginning of year		(B) End of year
- 1	1 Cash - non-interest-bearing	9	1	
	2 Savings and temporary cash investments	1,445,058.		2,253,550
	3 Pledges and grants receivable, net	710,101.		625,467
	Accounts receivable, net	3,890.	4	3,890
	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete			
	Part II of Schedule L		-	
	6 Loans and other receivables from other disqualified persons (as defined under		5	
	section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing			
	employers and sponsoring organizations of section 501(c)(9) voluntary			
10	employees' beneficiary organizations (see instr). Complete Part II of Sch L		6	
Assets	7 Notes and loans receivable, net		7	
ASS	B Inventories for sale or use		8	
9	Prepaid expenses and deferred charges	5,668.	9	5,896
10	Da Land, buildings, and equipment: cost or other	3,000.	9	3,030
	basis. Complete Part VI of Schedule D 10a 398,859.			
	b Less: accumulated depreciation 10b 244,909.	170,879.	10c	153,950
11		110,013.		133,330
12	2 Investments - other securities. See Part IV, line 11		11	
13	B Investments · program-related. See Part IV, line 11		12	
14	Intangible assets			
15	Other assets. See Part IV, line 11	38,001.	14	30 900
16	Total assets. Add lines 1 through 15 (must equal line 34)	2,373,597.	16	39,899 3,082,652
17		92,754.	17	94,504
18	Grants payable	2277310	18	24,304
19	Deferred revenue		19	
20	Tax-exempt bond liabilities		20	
21			21	
22			21	
21	key employees, highest compensated employees, and disqualified persons.			
,	Complete Part II of Schedule L		22	
23	Secured mortgages and notes payable to unrelated third parties		23	
24			24	
25	Other liabilities (including federal income tax, payables to related third		24	
	parties, and other liabilities not included on lines 17-24). Complete Part X of			
	Schedule D	168,956.	25	546,288.
26	Total liabilities. Add lines 17 through 25	261,710.	26	640,792.
	Organizations that follow SFAS 117 (ASC 958), check here ▶ X and			010//52
	complete lines 27 through 29, and lines 33 and 34.			
27	Unrestricted net assets	1,035,596.	27	1,523,772.
28	Temporarily restricted net assets	1,076,291.	28	918,088.
29	Permanently restricted net assets		29	220,000
	Organizations that do not follow SFAS 117 (ASC 958), check here ▶			
	and complete lines 30 through 34.			
30	Capital stock or trust principal, or current funds		30	
31	Paid-in or capital surplus, or land, building, or equipment fund		31	
27 28 29 30 31 32	Retained earnings, endowment, accumulated income, or other funds		32	
	Tabel	2,111,887.		2 441 060
33	Total net assets or fund balances Total liabilities and net assets/fund balances	4,111,00/1	33	2,441,860.

Form **990** (2012)

Form 990 (2012)

Pa	Reconciliation of Net Assets	7 4	2200	09.	3 F	age 12
	Check if Schedule O contains a response to any question in this Part XI	*********				
1	Total revenue (must equal Part VIII, column (A), line 12)	. 1		2	2.0	000
2	rotal expenses (must equal Part IX, column (A), line 25)	1	6	, 2	98,	028.
3	riovorido less experises. Subtract line 2 from line 1	2	5	, 96	08,	055.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	3				973.
5	Net unrealized gains (losses) on investments Donated services and use of facilities	4		, 1	LI,	887.
6	Donated services and use of facilities	5				
7	Investment expenses	6 .				
8	Filor period adjustments	7				
9	Other changes in net assets or fund balances (explain in Schedule O)	8				0
0	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,	9			_	0.
	column (B))	10	2	1 1	1 (0.00
a	rt XII Financial Statements and Reporting	10		, 44	Ι,	860.
	Check if Schedule O contains a response to any question in this Part XII					77
	, , , , , , , , , , , , , , , , , , ,				Yes	X
1	Accounting method used to prepare the Form 990: Cash X Accrual Other		1		res	No
	If the organization changed its method of accounting from a prior year or checked "Other " cycloin in School de	2	-			
a	Were the organization's financial statements compiled or reviewed by an independent accountant?	J.				v
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed			2a		X
	separate basis, consolidated basis, or both:	on a				
	Separate basis Consolidated basis Both consolidated and separate basis					
b	Were the organization's financial statements audited by an independent accountant?			01	Х	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	honio.		2b	Λ	
	consolidated basis, or both:	basis,				100
	X Separate basis Consolidated basis Both consolidated and separate basis					184
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	audit		0.34		
	review, or compilation of its financial statements and selection of an independent accountant?				X	1233
	if the organization changed either its oversight process or selection process during the tay year, explain in Sahar	J I - O	1	2c	Λ	
a	As a result of a rederal award, was the organization required to undergo an audit or audits as set forth in the Circumstance of the control of the circumstance of the	do Audi	.			
	Act and Olvib Circular A-133?			0		v
-	res, did the organization undergo the required audit or audits? If the organization did not undergo the require	ad audit		3a		X
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits	eu audit		01		
	, and a second discount addition			3b		

SCHEDULE A (Form 990 or 990-EZ)

Public Charity Status and Public Support

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

► Attach to Form 990 or Form 990-EZ. ► See separate instructions.

2012

Open to Public Inspection

Name of the organization

Department of the Treasury

Internal Revenue Service

BUSINESSES UNITED IN INVESTING LENDING & DEVELOPMENT (BUILD)

Employer identification number 94-3386695

Part I	Reason	n for Public Ch	arity Status (All organ	nizations =						94-3386	695
The organ	nization is no	t a private foundation	arity Status (All organ on because it is: (For line	a 4 Abassas	nust comp	ete this p	art.) See ir	nstruction	S.		
1	A church, o	convention of churc	hes, or association of ch	s i inroug	n 11, chec	k only one	e box.)				
2	A school de	escribed in section	170(b)(1)(A)(ii). (Attach S	urches de	scribed in :	section 1	70(b)(1)(A))(i).			
3	A hospital of	or a cooperative box	epital sonting organization	scheaule E	=.)						
4	A medical r	esearch organization	spital service organization	n describe	d in section	n 170(b)(1)(A)(iii).				
-	city, and st	ate.	on operated in conjunction	n with a ho	ospital des	cribed in	section 17	70(b)(1)(A))(iii). Ente	er the hospital's	s name,
5			as bonefit of a sell-								
	section 17	70(b)(1)(A)(iv). (Com	ne benefit of a college or	university	owned or	operated	by a gover	nmental u	ınit descr	ribed in	
6				Levi 100 TO							
7 X	An organiza	tate, or local govern	nment or governmental u	nit describ	ed in sect	on 170(b)(1)(A)(v).				
1 41	An organiza	ation that normally r	eceives a substantial par	t of its sup	port from	a governr	mental unit	or from the	ne genera	al public descri	bed in
8	occion in	ANY WAYAN. (COUR	nete Part II.)								
	A communi	ty trust described in	section 170(b)(1)(A)(vi)	. (Complet	e Part II.)						
9	An organiza	ition that normally re	eceives: (1) more than 33	1/3% of i	ts support	from con	tributions,	members	hip fees,	and gross rece	eipts from
	detivities lei	ated to its exempt	functions - subject to cer	tain excep	tions, and	(2) no mo	re than 33	1/3% of i	ts suppo	rt from arose in	ovectment
	income and	unrelated business	s taxable income (less sec	ction 511 t	tax) from b	usinesses	acquired	by the ord	ganization	n after June 30	1975
10	See section	1 509(a)(2). (Comple	ete Part III.)								,
10	An organiza	tion organized and	operated exclusively to to	est for pub	olic safety.	See sect	ion 509(a)	(4).			
11	An organiza	tion organized and	operated exclusively for t	the benefit	t of, to per	orm the f	unctions o	of orto ca	rrv out th	e purposes of	one or
	more public	ly supported organi	zations described in sect	tion 509(a)	(1) or sect	on 509(a)	(2). See se	ection 509	9(a)(3), Cl	heck the box t	nat
	describes th	ne type of supportin	g organization and comp	lete lines	11e throug	h 11h.	, ,		10/10/10/	TIOOK THO DOX II	iat
	a Type	b	Type II c 7	Гуре III - Fu	unctionally	integrate	d	d Tv	ne III - No	on-functionally	intograted
e	By checking	this box, I certify the	nat the organization is no	t controlle	d directly of	or indirect	ly by one o	or more di	squalified	nercone other	rthan
	foundation r	managers and other	than one or more public	ly support	ed organiz	ations de	scribed in	section 50	19(a)(1) o	r section 500/s	1 (11411
f	If the organiz	zation received a w	ritten determination from	the IRS th	at it is a T	pe I. Typ	ell or Tyn	a III	33(a)(1) 01	1 500(8	.)(∠).
	supporting of	organization, check	this box								
g			organization accepted a	ny aift or c	contribution	n from an	v of the fol	lowing no			
	(i) A perso	on who directly or in	directly controls, either a	lone or too	nether with	persons	donoribad	iowing pe	rsons?		
	the gov	erning body of the	supported organization?	norio or to	gother with	persons	described	in (ii) and	(III) below	V,	res No
	(ii) A family	member of a perso	on described in (i) above?	>		************			*********	11g(i)	
	(iii) A 35%	controlled entity of	a person described in (i)	or (ii) abov	no?				* * * * * * * * * * * * * * *		
h	Provide the f	following information	n about the supported or	ranization	(c)	**********				11g(iii)	
		g	rabout the supported of	gariization	1(5).						
(i) Name (of supported	(ii) EIN	(III) Turns of auroration is	(iv) In the	organization	(\ D!-l		/v:!\ I	n 4l	T	
	nization	(11) E114	(iii) Type of organization (described on lines 1-9	in col (i) li	organization sted in your	, , , , , ,	u notify the tion in col.	(vi) Is organizati	on in col.	(vii) Amount of	monetary
			above or IRC section		document?		r support?	organizati (i) organiz U.S	zed in the	suppo	rt
			(see instructions))	Yes		102 02		-			
				168	No	Yes	No	Yes	No		
						1		No.			
otal			in the second second								

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

Schedule A (Form 990 or 990-EZ) 2012

232021 12-04-12 Schedule A (Form 990 or 990 EZ) 2012 DEVELOPMENT (BUILD)

94-3386695 Page 2 Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

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

Se	ection A. Public Support			,			
	lendar year (or fiscal year beginning in)	(a) 2008	(b) 2009	(-) 2010		T	
	Gifts, grants, contributions, and	(4) 2000	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
	membership fees received. (Do not						
	include any "unusual grants.")	3373699.	2519588.	4827317.	5743411.	6402000	0001
2	Tax revenues levied for the organ-			402/31/.	3/43411.	6483898.	22947913
	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	3373699.	2519588.	4827317.	5743411.	6102000	22047012
5	The portion of total contributions		E - Consul	102/01/	2/42411.	0403898.	22947913.
	by each person (other than a						
	governmental unit or publicly						
	supported organization) included						
	on line 1 that exceeds 2% of the		3 3 3 3 3	The state of the s			
	amount shown on line 11,				HALL S. A.		
	column (f)						2026502
6	Public support. Subtract line 5 from line 4.		16.05 (Mar 1				2936502. 20011411.
	ction B. Total Support						20011411.
	ndar year (or fiscal year beginning in)	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(a) 2012	/n T
7	Amounts from line 4	3373699.	(b) 2009 2519588.	4827317.	5743411.	(e) 2012 6483898	(f) Total 22947913.
8	Gross income from interest,					0403030.	22341313.
	dividends, payments received on						
	securities loans, rents, royalties						
	and income from similar sources	5,740.	1,724.	2,260.	4,568.	63,417.	77,709.
9	Net income from unrelated business					00/11/8	11,109.
	activities, whether or not the						
To the Contract	business is regularly carried on						
10	Other income. Do not include gain						
	or loss from the sale of capital			1			
	assets (Explain in Part IV.)						
11	Total support. Add lines 7 through 10					2	3025622.
12	Gross receipts from related activities, e	tc. (see instruction	ns)				-80,265.
13	First five years. If the Form 990 is for t	he organization's f	irst, second, third,	fourth, or fifth tax	year as a section	501(c)(3)	00/203.
	organization, check this box and stop to tion C. Computation of Public	JORG			***************************************		
14	Public support percentage for 2012 /lin	of column (f) divi					
15	Public support percentage for 2012 (lin	chadula A Bart II	ded by line 11, col	lumn (f))		14	86.91 %
16a	Public support percentage from 2011 S	ranization did not	line 14		[1	5	89.29 %
	33 1/3% support test - 2012. If the organization qualifies as	a publich suppor	tad arraniant	ine 13, and line 14	l is 33 1/3% or mo	re, check this box	and
b:	stop here. The organization qualifies as 33 1/3% support test - 2011. If the organization qualifier	anization did not	ted organization		*************************		▶ X
é	and stop here. The organization qualifie	es as a publicly su	oneck a box on line	9 13 or 16a, and lir	ne 15 is 33 1/3% o	r more, check this	box
7a	and stop here. The organization qualified 10% -facts-and-circumstances test - and if the organization meets the "facts and if the organization meets the organization meets the "facts and if the organization meets and organization meets and organization meets and organization meets and organization meets are organization meets and organization meets are organization meets and organization meets and organization	2012 If the organ	ization did not ob-	on			>
r	and if the organization meets the "facts- neets the "facts-and-circumstances" te	st The organization	s test, check this	box and stop her	e. Explain in Part I	V how the organiz	ation
b 1	neets the "facts-and-circumstances" te	2011 If the organ	ir qualifies as a pu	iblicly supported o	organization		
		-0 III LIIC OIUAII	ization did not che	ock a hov on line 1	2 10- 10 17	4 44	1% or
C	nore, and if the organization meets the organization meets the "facts-and-circur	nstances" teet Th	e organization	this box and sto	op here. Explain in	Part IV how the	
8 F	Private foundation. If the organization of	did not check a ho	x on line 12 165	umes as a publicly	supported organiz	zation	>
	7	THE CHOOK & DO.	a off file 15, 16a,	100, 17a, or 17b, c			>
					Schedu	le A (Form 990 or	000 571 0040

Schedule A (Form 990 or 990-EZ) 2012 Part III | Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to

Section A. Public Suppo	ort	ase comp	nete Part II.)					
Calendar year (or fiscal year begin		008	(b) 2009	(-) 0010	1.0.00			
1 Gifts, grants, contributions,		000	(b) 2009	(c) 2010	(d) 2011	-	(e) 2012	(f) Total
membership fees received.								
include any "unusual grants	s.")							
2 Gross receipts from admiss merchandise sold or service formed, or facilities furnished any activity that is related to organization's tax-exempt p	sions, es per- ed in o the							
3 Gross receipts from activities						_		
are not an unrelated trade of iness under section 513								
4 Tax revenues levied for the	Organ.							
ization's benefit and either p								
or expended on its behalf	***********							
5 The value of services or faci furnished by a governmenta the organization without cha	al unit to							
6 Total. Add lines 1 through 5	5					+		
7a Amounts included on lines 1	1, 2, and					-		
3 received from disqualified								
b Amounts included on lines 2 and 3 ref from other than disqualified persons the exceed the greater of \$5,000 or 1% of amount on line 13 for the year	ceived that							
c Add lines 7a and 7b						-		
8 Public support (Subtract line 7c from	m line ()					-		
Section B. Total Support	m line 6.)						The Part of	
alendar year (or fiscal year beginni	ing in) ▶ (a) 20	00	(h) 0000			_		
9 Amounts from line 6	(a) 20	00	(b) 2009	(c) 2010	(d) 2011	_	(e) 2012	(f) Total
Oa Gross income from interest, dividends, payments receive securities loans, rents, royalt and income from similar sour	ed on							
b Unrelated business taxable incon	me					+-		
(less section 511 taxes) from bus acquired after June 30, 1975								
c Add lines 10a and 10b								
Net income from unrelated by activities not included in line whether or not the business i regularly carried on	usiness 10b.							
Other income. Do not include or loss from the sale of capita assets (Explain in Part IV.)	al							
Total support. (Add lines 9, 10c, 11,	and 12.)							
First five years. If the Form 9	990 is for the organiz	ation's fire	st, second, third	fourth, or fifth tax	year as a section	n 501	(c)(3) organizat	tion
criccit this box and stop here					,		(C)(C) Gigariiza	dori,
ection C. Computation o	i abiio ouppo	I L CICE	intage					
Public support percentage for	r 2012 (line 8, colum	n (f) divid	ed by line 13, co	lumn (f))		15		
			Common and Arts			16		
r dblic support percentage fro	om 2011 Schedule A	A, Part III,	III IG 10					
ection D. Computation of	f Investment In	come F	Percentage			10		9
ection D. Computation of Investment income percentage	f Investment In ge for 2012 (line 10c.	come F	Percentage	13 column (f)				
ection D. Computation of Investment income percentage Investment income percentage Investment income percentage	f Investment In ge for 2012 (line 10c, ge from 2011 Schedu	come F , column (ule A, Pari	Percentage f) divided by line t III. line 17	13, column (f))		17		9
ection D. Computation of Investment income percentage Investment income percentage Investment income percentage	f Investment In ge for 2012 (line 10c, ge from 2011 Schedu	come F , column (ule A, Pari	Percentage f) divided by line t III. line 17	13, column (f))		17		9
ection D. Computation of Investment income percentage Investment Income	f Investment In ge for 2012 (line 10c, ge from 2011 Schedi 2. If the organization	come F , column (ule A, Part n did not c	Percentage f) divided by line t III, line 17	13, column (f))	5 is more than 2	17	%, and line 17	9
ction D. Computation of Investment income percentage Investment Income I	f Investment In ge for 2012 (line 10c, ge from 2011 Schedule 2. If the organization is box and stop her.	come F , column (ule A, Part n did not c e. The ord	Percentage f) divided by line t III, line 17 check the box on	13, column (f))	5 is more than 3	17 18 33 1/3		9 9 is not
ction D. Computation of Investment income percentage Income Inco	f Investment In ge for 2012 (line 10c, ge from 2011 Schedule 2. If the organization is box and stop here 1. If the organization	come F , column (ule A, Part n did not c e. The org	Percentage f) divided by line t III, line 17 check the box on anization qualifie	13, column (f)) line 14, and line 19 as as a publicly su	5 is more than 3	17 18 33 1/3	00 1 00/	9 9 is not
ection D. Computation of Investment income percentage Investment Income	f Investment In ge for 2012 (line 10c, ge from 2011 Schedu 2. If the organization is box and stop here 1. If the organization 3%, check this box as formal and stop the stop in the organization 3%, check this box as formal and stop in the organization and stop in the organizati	come F column (cule A, Part did not come. The org	Percentage f) divided by line t III, line 17 check the box on anization qualifie theck a box on line	13, column (f)) line 14, and line 1es as a publicly sune 14 or line 19a, a	5 is more than 3 poorted organiza and line 16 is mo	17 18 33 1/3 ation ore that	an 33 1/3%, an	9 9 is not

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

Department of the Treasury Internal Revenue Service

Name of the organization

Schedule of Contributors

Attach to Form 990, Form 990-EZ, or Form 990-PF.

OMB No. 1545-0047

Employer identification number

	BU	JSINESSES EVELOPMENT	NITED IN INVESTING	LENDING &	Employer identification numb
Organiz	ation type (check o	one):	(BOILD)		94-3386695
Filers of	:	Section:			
Form 99	0 or 990-EZ	X 501(c)(3	(enter number) organization		
		4947(a)(1) n	nexempt charitable trust not treated	as a private foundation	
		527 political	organization		
Form 990)-PF	501(c)(3) exe	mpt private foundation		
		4947(a)(1) no	nexempt charitable trust treated as a	a private foundation	
		501(c)(3) tax	ble private foundation		
Check if y	/OUR organization is	covered by the C-	121		
Note. On	ly a section 501(c)	7), (8), or (10) organ	eral Rule or a Special Rule. ation can check boxes for both the (General Rule and a Special Rul	a Saa instructions
General F				The state of the s	s. See instructions.
F	For an organization contributor. Comple	filing Form 990, 990 ete Parts I and II.	EZ, or 990-PF that received, during t	he year, \$5,000 or more (in mo	ney or property) from any one
Special R	ules				
-	00(a)(1) and 110(b)	/(///~)(vi) and receiv	Form 990 or 990-EZ that met the 33 d from any one contributor, during thine 1h, or (ii) Form 990-EZ, line 1. Co	ne year, a contribution of the or	lations under sections eater of (1) \$5,000 or (2) 2%
	oral continuutions o	more than \$1,000	zation filing Form 990 or 990-EZ that or use exclusively for religious, charital nimals. Complete Parts I, II, and III.	received from any one contribu able, scientific, literary, or educ	utor, during the year, ational purposes, or
If	this box is checked urpose. Do not com	d, enter here the tot applete any of the pa	zation filing Form 990 or 990-EZ that bus, charitable, etc., purposes, but the contributions that were received dust unless the General Rule applies to \$5,000 or more during the year	nese contributions did not total	to more than \$1,000. religious, charitable, etc., eceived nonexclusively
aution /	\n ====:==t:==t!				

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

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990, 990-EZ, or 990-PF. Schedule B (Form 990, 990-EZ, or 990-PF) (2012)

Name of organization BUSINESSES UNITED IN INVESTING LENDING & DEVELOPMENT (BUILD)

Employer identification number

94-3386695

Part I	Contributors (see instructions). Use duplicate copies of Part I	if additional space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1		\$\$	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2		\$\$	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3		\$\$	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
4 -		\$\$	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)
No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
5 -		\$\$	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
6		\$\$\$.	Person X Payroll X Noncash X (Complete Part II if there is a noncash contribution.) 90, 990-EZ, or 990-PF) (2012)

Name of organization

BUSINESSES UNITED IN INVESTING LENDING & DEVELOPMENT (BUILD)

Employer identification number

94-3386695

Part II	Noncash Property (see instructions). Use duplicate copies of F	Part II if additional space is needed	
(a)		The space is riceded.	
No.	(b)	(c)	
from	Description of noncash property given	FMV (or estimate)	(d)
Part I	bescription of horicash property given	(see instructions)	Date received
	CMADDIIGUG MEDIGUG	(see man detions)	
_	STARBUCKS VERISMO COFFEE MACHINE		
6			
(4)			
			06/45/46
		\$\$	_06/17/13
(a)			
No.		(a)	
rom	(b)	(c)	(d)
art I	Description of noncash property given	FMV (or estimate)	Date received
arti		(see instructions)	
		\$	
2)			
(a)			
No.	(b)	(c)	(d)
om	Description of noncash property given	FMV (or estimate)	Date received
art I		(see instructions)	Date received
7.		\$	
(a)			
lo.		(0)	
om	(b)	(c)	(d)
rt I	Description of noncash property given	FMV (or estimate)	Date received
11.1		(see instructions)	
.			
_ .			
'			
_		\$	
1)			
0.		(a)	
m	(b)	(c)	(d)
t I	Description of noncash property given	FMV (or estimate)	Date received
6.1		(see instructions)	
_			
_ _			
_			
		\$	
		(a)	
n	(b)	(c)	(d)
ii l	Description of noncash property given	FMV (or estimate)	Date received
		(see instructions)	
_			
_ _		_	
-		— _{\$}	

Schedule B (Form 990, 990-EZ, or 990-PF) (2012) Name of organization Employer identification number BUSINESSES UNITED IN INVESTING LENDING & DEVELOPMENT (BUILD) Exclusively religious, charitable, etc., individual contributions to section 501(c)(7), (8), or (10) organizations that total more than \$1,000 for the year. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this information once.) Part III Use duplicate copies of Part III if additional space is needed. (a) No. from (b) Purpose of gift (c) Use of gift Part I (d) Description of how gift is held (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift Part I (c) Use of gift (d) Description of how gift is held (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift Part I (d) Description of how gift is held (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee

(c) Use of gift

(d) Description of how gift is held

(e) Transfer of gift

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

223454 12-21-12

(a) No. from

Part I

(b) Purpose of gift

SCHEDULE D

(Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

OMB No. 1545-0047 Open to Public Inspection

Name of the organization

BUSINESSES UNITED IN INVESTING LENDING & DEVELOPMENT (BUILD)

Employer identification number

Pa	organizations Maintaining Donor Advised F	unds or Other Similar Funds of	r Acco	94-3386695
	organization answered "Yes" to Form 990, Part IV, line 6.	and or other offinal rulius o	ACCC	ounts. Complete if the
		(a) Donor advised funds	(b) Fu	inds and other accounts
1	Total number at end of year		(0) 10	indo and other accounts
2	Aggregate contributions to (during year)			
3	Aggregate grants from (during year)			
4	Aggregate value at end of year			
5	Did the organization inform all donors and donor advisors in writin	ig that the assets held in donor advised	funda	
	are the organization's property, subject to the organization's exclu-	usive legal control?	Turius	
6	Did the organization inform all grantees, donors, and donor advisor	ors in writing that grant funds can be use	od only	Yes
	for charitable purposes and not for the benefit of the donor or don	or advisor or for any other nurpose acc	oforeina	
	impermissible private benefit?			
Pa	Lasernerits. Complete if the organization	ation answered "Yes" to Form 990. Part	IV line 7	Yes Yes
1	Purpose(s) of conservation easements held by the organization (cl	heck all that apply)	17, 11116 7	
	Preservation of land for public use (e.g., recreation or educa	tion) Preservation of an histori	cally imp	ortant land aver
	Protection of natural habitat	Preservation of a certified	d hietorio	ortant land area
	Preservation of open space	receivation of a certified	Thistoric	structure
2	Complete lines 2a through 2d if the organization held a qualified or	onservation contribution in the form of a	concon	ention and a second
	day of the tax year.	ones ration contribution in the form of a	conserv	ation easement on the last
				Held at the End of the Tax Ye
а	Total number of conservation easements		20	neid at the End of the Tax Ye
b	Total payage vestists of b			
C	Number of conservation easements on a certified historic structure	e included in (a)	2b 2c	
d	Number of conservation easements included in (c) acquired after 8	3/17/06, and not on a historic structure	20	
	listed in the National Register	and not on a mistoric structure	24	
3	Number of conservation easements modified, transferred, released	extinguished or terminated by the are	2d	1 2 1 1
	year ▶	-, oxing dicribat, or terminated by the org	gariizatioi	during the tax
4	Number of states where property subject to conservation easemer	nt is located		
5	Does the organization have a written policy regarding the periodic	monitoring inspection handling of		
	violations, and enforcement of the conservation easements it holds			
6	Staff and volunteer hours devoted to monitoring, inspecting, and e	oforcing conservation assembnts during		Yes N
7	Amount of expenses incurred in monitoring, inspecting, and enforce	ing conservation essements during the	g the yea	
8	Does each conservation easement reported on line 2(d) above satisfy	sfy the requirements of section 170/h/4	year >	
	and section 170(h)(4)(B)(ii)?	sty the requirements of section 170(n)(4))(B)(I)	
9	In Part XIII, describe how the organization reports conservation easingly de if applicable, the text of the features to the	amente in its rovenue and		Yes N
	include, if applicable, the text of the footnote to the organization's f	inancial statements that describes the	ement, a	and balance sheet, and
	conservation easements.			
Par	t III Organizations Maintaining Collections of Art,	Historical Treasures or Othor	r Cimil	ar Accete
	Complete if the organization answered "Yes" to Form 990, P	Part IV line 8	Sillilla	ar Assets.
1a	If the organization elected, as permitted under SFAS 116 (ASC 958)	not to report in its revenue at a total		
	historical treasures, or other similar assets held for public exhibition	education or research in full	and bala	nce sheet works of art,
	the text of the footnote to its financial statements that describes the	, education, or research in furtherance of	of public	service, provide, in Part XIII
b	If the organization elected, as permitted under SEAS 116 (ASC 050)	to report in its		
	If the organization elected, as permitted under SFAS 116 (ASC 958) treasures, or other similar assets held for public exhibition, education	, to report in its revenue statement and	balance	sheet works of art, historica
	treasures, or other similar assets held for public exhibition, educatio relating to these items:	in, or research in furtherance of public s	ervice, p	rovide the following amount
	(i) Revenues included in Form 990, Part VIII, line 1 (ii) Assets included in Form 990, Part X		> \$	
	(ii) Assets included in Form 990, Part X If the organization received or held works of art, historical treasures,		0	
	the following amounts required to be reported under SEAS 443 (AS)	or other similar assets for financial gain	, provide	
а	the following amounts required to be reported under SFAS 116 (ASC	ວ ອ່ວຍ) relating to these items:		
b	Revenues included in Form 990, Part VIII, line 1 Assets included in Form 990, Part X		> \$	
	Assets included in Form 990, Part X		> \$	
IA I	or Paperwork Reduction Act Notice, see the Instructions for Fo	200		
2051	The instructions for Fo	rm 990.	S	chedule D (Form 990) 2015

Schedule D (Form 990) 2012

Schedule D (Form 990) 2012

58,869.

78,532.

16,549.

153,950.

43,557.

68,297.

133,055.

c Leasehold improvements

Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).)

d Equipment

e Other

102,426.

211,587.

84,846.

Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)

546,288.

2. FIN 48 (ASC 740) Footnote. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII.

232053 12-10-12 Schedule D (Form 990) 2012

BUSINESSES UNITED IN INVESTING LENDING &

Pa	rt XI Reconciliation of Revenue of	MENT (BUILD)			94-	3386695	Page 4
1	rt XI Reconciliation of Revenue p				Retur	n	
2	Total revenue, gains, and other support per a Amounts included on line 1 but not on Form	audited financial statements		**********************	1	6,351	,016.
	Net unrealized gains on investments	990, Part VIII, line 12:	1 1				
b	Net unrealized gains on investments Donated services and use of facilities	***************************************	. 2a	F0 00F			
C	Recoveries of prior year grants Other (Describe in Part XIII.)		2b	52,987			
d	Other (Describe in Part XIII.)	***************************************	2c				
е	Add lines 2a through 2d Subtract line 2e from line 1		2d				
3	Subtract line 2e from line 1			*************	2e	52,	987.
4	Amounts included on Form 990, Part VIII, line	2.12. but not on line 1:		***************************************	3	6,298,	029.
а	Investment expenses not included on Form 9	990. Part VIII. line 7b	4a				
D	Other (Describe in Part XIII.)		Ale				
	Add lines 4a and 4b						0
					4c	6 200	0.
-	The second distriction of Expenses p	er Audited Financial Statem	nente Wit	h Evnoncoo nov	5 Potu	6,298,	029.
	Total expenses and losses per audited finance	cial statements		- Expenses per	1	6,021,	0.42
-	The I but not on Form s	990. Part IX. line 25:		***************************************		0,021,	043.
а	Donated services and use of facilities		2a	52,987.			
D	rnor year adjustments		2h	02/30/1			
C	Otriel losses		20				
Ca	other (Describe in Fart Alli.)		24				
C	Add lines za through 2d				2e	5.2	987.
-	Captillate in to 20 Holli line 1				3	5,968,	056.
		o, but not on line 1:				- 12001	0001
a	Investment expenses not included on Form 99	90, Part VIII, line 7b	4a				
b	Other (Describe in Part XIII.)		4b				
	Add lines 4a and 4b				4c		0.
Parl	Total expenses. Add lines 3 and 4c. (This mus. XIII Supplemental Information	t equal Form 990, Part I, line 18.)			5	5,968,	056.
	- applemental infolliation						
PAR	lete this part to provide the descriptions requir 2; Part XI, lines 2d and 4b; and Part XII, lines 2 T V, LINE 4: THE ORGANI	ZATION POLICY IS TO	provide any	additional information THE ENDO	on. VMEN	T AND	
	Y TO PAY OUT FOR WILLIA						ARD
DES:	IGNATED ENDOWMENT. ANNU.	AL, ADDITIONAL FUNI	OS ARE	DEPOSITED	INT	O THE	
ACC(OUNT TO OFFSET THESE SCI	HOLARSHIP PAYMENTS	TO EN	SURE THE OF	RGAN	IZATION	-
	FECTS AND GROWS THE PRIN						7
	ORGANIZATION CONSIDERED						- /
	OWMENT. ACCORDINGLY, OVI					FCTC TO	
	THE GENERAL ENDOWMENT						
		TOTAL MI AVERAGE	CONSE			OF 1% e D (Form 990	
						0 0 11 01111 990	12012

PRESERVATION.

THE

Schedule D (Form 990) 2012

EXAMINATION BY THE INTERNAL REVENUE SERVICE. THE ORGANIZATION'S

SUBJECT TO POSSIBLE EXAMINATION BY THE FRANCHISE TAX BOARD.

CALIFORNIA RETURNS OF THE TAX YEARS ENDED JUNE 30, 2009 AND BEYOND REMAIN

SCHEDULE G

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered "Yes" to Form 990, Part IV, lines 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. ➤ See separate instructions.

2012

Open To Public Inspection

Name of the organization

BUSINESSES UNITED IN INVESTING LENDING & Employer identification number 94-3386695

Part I Fundraising Activities. Complete if the organization answered "Yes" to Form 990, Part IV, line 17. Form 990-EZ filers are not

1 Indicate whether the organization raised funds through any of the following activities. Check all that apply.

a Mail solicitations

e Solicitation of non-government grants

b Internet and email solicitations

f Solicitation of government grants

Phone solicitations g Special fundraising events d In-person solicitations 2 a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? Yes No b If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization. (iii) Did fundraiser have custody or control of contributions? (i) Name and address of individual (v) Amount paid (vi) Amount paid (iv) Gross receipts (ii) Activity to (or retained by) or entity (fundraiser) to (or retained by) from activity fundraiser organization listed in col. (i) Yes No List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.

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

Schedule G (Form 990 or 990-EZ) 2012

232081 01-07-13

BUSINESSES UNITED IN INVESTING LENDING &

Schedule G (Form 990 or 990-EZ) 2012 DEVELOPMENT (BUILD) 94-3386695 Page 2 Fundraising Events. Complete if the organization answered "Yes" to 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 NATIONAL (d) Total events BOSTON BUILD (add col. (a) through GALA FEST 1 col. (c)) (event type) (event type) (total number) Revenue 1 Gross receipts 1,387,082. 143,500. 9,855. 1,540,437. 2 Less: Contributions 1,262,181. 125,250. 1,395,626. 8,195. 3 Gross income (line 1 minus line 2) 124,901. 18,250. 1,660. 144,811. 4 Cash prizes Noncash prizes 46,158. 0. 46,158. Direct Expenses Rent/facility costs 7 Food and beverages 8 Entertainment Other direct expenses 287,773. 71,856. 12,413. 372,042. 10 Direct expense summary. Add lines 4 through 9 in column (d) 418,2004 11 Net income summary. Combine line 3, column (d), and line 10 273,389. Part III Gaming. Complete if the organization answered "Yes" to Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a. Revenue (b) Pull tabs/instant (d) Total gaming (add (a) Bingo (c) Other gaming 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 Volunteer labor No 7 Direct expense summary. Add lines 2 through 5 in column (d) 8 Net gaming income summary. Combine line 1, column d, and line 7 9 Enter the state(s) in which the organization operates gaming activities: a Is the organization licensed to operate 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: 232082 01-07-13 Schedule G (Form 990 or 990-EZ) 2012

BUSINESSES UNITED IN INVESTING LENDING &

1000	18 date & (Form 990 or 990-EZ) 2012 DEVELOPMENT (BULLD)	-33	86	695	Pa	ge 3
11	Does the organization operate gaming activities with nonmembers?			Yes	T a	
12	and organization a grantor, beneficially of trustee of a trust or a member of a partnership or other entity formers			res		No
	to administer charitable gaming?	Г				
13	Indicate the percentage of gaming activity operated in:	ا		Yes		No
6	a The organization's facility					
Ł	a The organization's facility An outside facility		13a			9/
14	5 An outside facility Enter the name and address of the person who propers the	1	13b			9/
	Enter the name and address of the person who prepares the organization's gaming/special events books and records:					
	Name					
	Name					
	Address >					
15a	Does the organization have a contract with a third party from whom the organization receives gaming revenue?	Γ		Yes		No
				100		140
D	of raming revenue retained by the amount of gaming revenue received by the organization > \$ and the amount					
	of garring revenue retained by the third party \$					
C	If "Yes," enter name and address of the third party:					
	Name				_	
	Address ►					
40						_
16	Gaming manager information:					
	Name >					
	Name					
	Gaming manager compensation ▶ \$					
	Description of services provided					
						_
						_
	Director/officer Employee Independent contractor					
47						
	Mandatory distributions:					
а	Is the organization required under state law to make charitable distributions from the gaming proceeds to					
	retain the state gaming license?		Y	es	1	No
-	and the amount of distributions required under state law to be distributed to other exempt organizations or spent in the					
	organization's own exempt activities during the tax year > \$					
Par	Supplemental Information. Complete this part to provide the explanations required by Part I, line 2b, columns (i	ii) and	(v)	and F	art III	
	lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also complete this part to provide any additional information	on (se	e in:	structi	ons)	1
		100	-	3110011	0110).	_
						_
						_
						_
						-
2083	01-07-13		_		_	_

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" to Form 990, Part IV, line 21 or 22.

▶ Attach to Form 990.

Open to Public

OMB No. 1545-0047

Name of the organization BUSINESSE	SINITED	IN INVESTI	Attach to Fo	rm 990.			Inspection
DEVELOPMEN	NT (BUILI	IN INVESTI	NG LENDING	3 &			Employer identification number
Part I General Information on Grants ar	nd Assistance						94-3386695
Does the organization maintain records to criteria used to award the grants or assistance.	o substantiate th	e amount of the gran	ts or assistance the	e grantees' eligibili	by for the grants as a		
or assis	tancer				ty for the grants or a	ssistance, and the selec	ction
2 Describe in Part IV the organization's pro-	cedures for mon	Itoring the use of gran	it tunde in the Unite	od Ctoton			
Grants and Other Assistance to C	Governments an	d Organizations in the	ne United States (Complete if the oro	anization answered	'Yes" to Form 990, Part	IV line 21 for any
recipient that received more than \$ 1 (a) Name and address of organization	5,000. Fart II car	be duplicated if add	itional space is nee	ded.			, mo z , , tor driy
or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
	* ,						
2 Foter total number of section 504/2/(2)							
 Enter total number of section 501(c)(3) and Enter total number of other organizations li 	government org	anizations listed in th	e line 1 table				>
HA For Paperwork Reduction Act Notice, se	ee the Instruction	na for Form 000	***************************************				
	210 11134 40110	and for Form 990.					Schedule I (Form 990) (2012)

Schedule I (Form 990) (2012) Part III Grants and Other Assistance to Individuals in the	BUILD)				94-3386695 Page
Part III Grants and Other Assistance to Individuals in the Part III can be duplicated if additional space is need	United States. Con ed.	nplete if the organiz	ation answered "Yes	s" to Form 990, Part IV, line 22.	94-3386695 Page
(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non- cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
BUSINESS PLAN COMPETITION AWARDS	120	10,350.	0.		
BUILD COLLEGE SCHOLARSHIP	188	51,344.	0.		
LAZIER SCHOLARSHIP	1	1,000.	0.		
YOUTH TEAM BUSINESS FUNDING	73	20,772.	0.		
Part IV Supplemental Information. Complete this part to pro					ormation.
SCHEDULE I, PART I, LINE 2: BUILD		GIVE GRAN	TS, ONLY AV	WARDS AND	
SCHOLARSHIPS TO STUDENTS IN ITS F	PROGRAM.				
32102 12-18-12		29			
		49			Schedule I (Form 990) (2012)

SCHEDULE J (Form 990)

Part I

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest
Compensated Employees
Complete if the organization answered "Yes" to Form 990,
Part IV, line 23.

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

► Attach to Form 990. ► See separate instructions.

BUSINESSES UNITED IN INVESTING LENDING &

DEVELOPMENT (BUILD) **Questions Regarding Compensation**

Employer identification number 94-3386695

1	a Check the appropriate box(es) if the organization provided and (1)		Yes	No
	Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 99 Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.	90,		
	First-class or charter travel			
	Housing allowance or residence for personal	al use	Page 1	
	Tay in dealers to business use of personal residence of the second residence o	dence	1111	
	Discontinuo de	100	100	-
	Personal services (e.g., maid, chauffeur, che	ef)	19.	
1	If any of the boxes on line 1a are checked glid the accession in the			
	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or			
2	reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	1b		
	and the substantiation prior to reimpursing or allowing expenses incurred by all officers	tors,		
	trustees, and the CEO/Executive Director, regarding the items checked in line 1a?	2		
3	Indicate which if any of the following the filing organization and the same of the following the filing organization and the same of the following the filing organization and the filing organization and the following the filing organization and the filing organization			
	Indicate which, if any, of the following the filling organization used to establish the compensation of the organization	on's	180	
	CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization establish compensation of the CEO/Executive Director, but explain in Part III.	ito		
			100	
	- Thitter employment contract			
	Form 990 of other organizations X Approval by the board or compensation compensation compensation.	ımittee		
4	During the year, did any person listed in Form 990, Part VII, Section A, line 1a, with respect to the filing			
	organization or a related organization:			
а	Receive a severance payment or change of actual and to			
b	Participate in, or receive payment from a supplemental page utilified retirement to the payment from a supplemental page utilified retirement to the payment from a supplemental page utilified retirement to the payment from the payment of the paym	4a		X
C	Participate in, or receive payment from, a supplemental nonqualified retirement plan? Participate in, or receive payment from, an equity-based compensation arrangement?	4b		X
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.	4c		X
	provide the applicable amounts for each item in Part III.	2.13		
	Only section 501(c)(3) and 501(c)(4) organizations must complete lines 5-9.			
5	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation	4.11		
	contingent on the revenues of:			
a	The organization? Any related organization?		-	37
b	Any related organization?	5a		X
	res to line 5a or 5b, describe in Part III.	5b		Δ
6	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
	contingent on the net earnings of:			
	The organization?	6a	- 10	X
b	Any related organization?	6b		X
	If Yes to line 6a or 6b, describe in Part III.	00		21
7	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments			
	not described in lines 5 and 6? If "Yes," describe in Part III	7		X
8	and to ported in Form 550, Fait VII. Dally of accribed pursuant to a contract that was subject to			
	"Intel contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III	8		X
9	to line of did the organization also follow the rebuttable presumption procedure described in			
	Regulations section 53.4958-6(c)?	9		
LMA	For Paperwork Reduction Act Notice, see the Instructions for Form 990.	Schedule J (Form	990) 2	012

BUSINESSES UNITED IN INVESTING LENDING &

Schedule J (Form 990) 2012 DEVELOPMENT (BUILD) 94-3386695

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

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

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

		W-2 and/or 1099-MI	SC compensation	(C) Retirement and	(D) Nontaxable	(E) Total of columns	(F) Compensation	
	(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	other deferred compensation	benefits	(B)(i)-(D)	reported as deferred in prior Form 990	
(i)	203,500.	0	0	0	0.050			
	0.						0	
		0.	0.	0.	0.	0.	0	
-								
							_	
	(i) (ii) (i) (ii) (ii) (ii) (ii) (ii) ((i) Base compensation (i) 203,500 . (ii) 0 . (iii) (ii) (iii) (iiii) (iiii) (iiii) (iiiii) (iiiiii) (iiiiiiii	(i) Base compensation (i) 203,500 .	(i) 203,500. O. O. O. (ii) O. O. O. O. (iii) O. O. O. O. O. (iii) O.	(i) Base compensation (ii) Bonus & incentive compensation (iii) Other reportable compensation (ii) (ii) (ii) (iii)	(i) Base compensation (ii) Bonus & incentive compensation (iii) O.	(i) Base compensation incentive incentive compensation of the deferred com	

232112 12-12-12

Schedule J (Form 990) 2012

BUSINESSES UNITED IN INVESTING LENDING & DEVELOPMENT (BUILD)

Part III Supplemental Information	94-3386695	Page
Complete this part to provide the information, explanation, or descriptions required for Part I if you		
Complete this part to provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4 additional information.	4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for an	y
		-

232113

Schedule J (Form 990) 2012

SCHEDULE M (Form 990)

Department of the Treasury

Internal Revenue Service

Part I

Noncash Contributions

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

Attach to Form 990.

2012

Open to Public Inspection

Name of the organization

Types of Property

BUSINESSES UNITED IN INVESTING LENDING & DEVELOPMENT (BUILD)

Employer identification number 94-3386695

(a) (b) (c) (d) Check if Number of Noncash contribution Method of determining applicable contributions or amounts reported on noncash contribution amounts items contributed Form 990, Part VIII, line 1g Art - Works of art 2 Art · Historical treasures Art - Fractional interests Books and publications 5 Clothing and household goods 6 Cars and other vehicles 7 Boats and planes 8 Intellectual property Securities - Publicly traded 9 10 Securities - Closely held stock 11 Securities - Partnership, LLC, or trust interests 12 Securities - Miscellaneous Qualified conservation contribution -13 Historic structures Qualified conservation contribution - Other 14 15 Real estate - Residential 16 Real estate - Commercial Real estate - Other 17 18 Collectibles Food inventory 19 20 Drugs and medical supplies 21 Taxidermy 22 Historical artifacts Scientific specimens 23 24 Archeological artifacts (AUCTION ITEMS 25 Other > 10 55,988. FMV OTHER 26 Other X 21 25,820. FMV 27 COMP. Other EOUIP. X 4,783. 28 Other > Number of Forms 8283 received by the organization during the tax year for contributions 29 for which the organization completed Form 8283, Part IV, Donee Acknowledgement 29 30a During the year, did the organization receive by contribution any property reported in Part I, lines 1-28 that it must hold for Yes No at least three years from the date of the initial contribution, and which is not required to be used for exempt purposes for the entire holding period? X 30a b If "Yes," describe the arrangement in Part II. Does the organization have a gift acceptance policy that requires the review of any non-standard contributions? X 32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash 31 contributions? 32a X b If "Yes," describe in Part II. If the organization did not report an amount in column (c) for a type of property for which column (a) is checked, 33 For Paperwork Reduction Act Notice, see the Instructions for Form 990. LHA Schedule M (Form 990) (2012)

232141 12-20-12

BUSINESSES UNITED IN INVESTING LENDING & Schedule M (Form 990) (2012) DEVELOPMENT (BILLID)

Part II	Supple	emental	Infor	mation Co		110			94	-338669	5	Page 2
	the orga Also con	nization is	reporti part fo	ng in Part I, co r any addition	olumn (b), al informa	s part to the num tion.	provide the information re ber of contributions, the n	quired by Part I, umber of items r	lines 30 eceived,	b, 32b, and 33 or a combina	3, and w tion of b	hether ooth.
SCHEDU	LE M,	PART	I,	COLUMN	(B):	THE	ORGANIZATION	REPORTS	THE	NUMBER	OF	
CONTRI											-	
									_			
									_			
							*					
											7.	
												_

SCHEDULE O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on

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

Attach to Form 990 or 990-EZ.

2012
Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization

BUSINESSES UNITED IN INVESTING LENDING & DEVELOPMENT (BUILD)

Employer identification number 94-3386695

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

THROUGH HIGH SCHOOL TO COLLEGE SUCCESS. BUILD IS COMMITTED TO HELPING

DISADVANTAGED YOUTH IN AMERICA'S MOST UNDERSERVED COMMUNITIES GAIN THE

KNOWLEDGE AND ABILITY TO PERSEVERE IN COLLEGE AND BEYOND. WHILE

ACADEMIC PROFICIENCY IS NECESSARY, IT IS NOT SUFFICIENT TO PREPARE

STUDENTS FOR COLLEGE AND THEIR CAREERS. THE MISSING PIECE IS FOR OUR

YOUTH TO ACQUIRE 21ST CENTURY SKILLS, CRITICAL THINKING AND

PROBLEM-SOLVING, SELF-DIRECTED LEARNING AND COLLABORATION-ALL OF WHICH

ARE BEST LEARNED THROUGH A HANDS-ON, REAL-LIFE EXPERIENCE LIKE STARTING

A BUSINESS.

FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

COLLEGE AND BEYOND. WHILE ACADEMIC PROFICIENCY IS NECESSARY, IT IS NOT

SUFFICIENT TO PREPARE STUDENTS FOR COLLEGE AND THEIR CAREERS. THE

MISSING PIECE IS FOR OUR YOUTH TO ACQUIRE 21ST CENTURY SKILLS, CRITICAL

THINKING AND PROBLEM-SOLVING, SELF-DIRECTED LEARNING AND

COLLABORATION-ALL OF WHICH ARE BEST LEARNED THROUGH A HANDS-ON,

REAL-LIFE EXPERIENCE LIKE STARTING A BUSINESS.

FORM 990, PART VI, SECTION A, LINE 8B: THE COMMITTEES REPORT BACK TO THE BOARD AND ALL ACTIONS ARE DOCUMENTED DURING THE BOARD MEETINGS.

FORM 990, PART VI, SECTION B, LINE 11: THE COPIES OF COMPLETED FORM 990

ARE FORWARDED TO ALL BOARD MEMBERS. THE MANAGING DIRECTOR REVIEWS KEY

AREAS WITH THE BOARD BEFORE THE FORM IS FINALIZED AND FILED.

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

Form **8868**

(Rev. January 2013)
Department of the Treasury
Internal Revenue Service

Application for Extension of Time To File an Exempt Organization Return

File a separate application for each return.

OMB No. 1545-1709

• If you	are filing for an Automatic Case		The state of the s				
• If you	are filing for an Automatic 3-Month Extension, cor	nplete only I	Part I and check this box			X	
	3 - WIONE	n Extension	. Complete only Part II (on page 2 a	EALL E	V		
DOTTOLC	orripiete Part II uniess you have already been gran	ted an auton	natic 3 month automala .	4 444			
required	ic filing (e-file). You can electronically file Form 886 to file Form 990-T), or an additional (not automatic) of	8 if you need	a 3-month automatic extension of t	ime to fil	le (6 months for a d	corporation	
	Benefit Contracts, which must be sent to the IRS in v.irs.gov/efile and click on e-file for Charities & Nonpr	Daber forma	t (see instructions). For more details	on the	electronic filing of t	his form,	
Part I	Automatic 3-Month Extension of T	OIIIS.					
A corpora	ation required to file Form 990-T and requesting an a	utomotio 6 m	submit original (no copies ne	eded).			
Part I only	y	diomatic 6-11	forth extension - check this box and	comple	te		
All other of	y corporations (including 1120-C filers), partnerships, F ome tax returns.	REMICs and	truste must use Form 7004 to			, •	
to file inco	ome tax returns.	izimoo, and	trusts must use Form 7004 to reque	st an ext	tension of time		
Type or	Name of exempt organization or other filer, see in	structions.		Canala			
print	BUSINESSES UNITED IN INVE	ESTING	LENDING &	Emplo	yer identification n	umber (EIN) or	
File by the	DEVELOPMENT (BUILD)				94-3386	3386695	
due date for filing your	Number, street, and room or suite no. If a P.O. bo	x, see instruc	ctions.	Social security number (SSN)			
return. See instructions.	2385 BAY RD.				reality Harrison (c	1014)	
mistructions.	City, town or post office, state, and ZIP code. For REDWOOD CITY, CA 94063	a foreign add	dress, see instructions.				
	REDWOOD CITY, CA 94063						
Enter the I	Return code for the return that this and in the	100					
	Return code for the return that this application is for	(file a separa	ate application for each return)			0 1	
Application	on	Data					
Is For		Return	Application		Return		
Form 990	or Form 990-EZ	Code 01	Is For		Code		
Form 990-l	BL	02	Form 1041 A		07		
Form 4720	(individual)	03	Form 1041-A Form 4720			08	
Form 990-I	PF	04	Form 5227			09	
Form 990-	T (sec. 401(a) or 408(a) trust)	05	Form 6069	10			
Form 990-	T (trust other than above)	06	Form 8870			11	
	ANGELICA JUAR	EZ.				12	
 The boo 	oks are in the care of 2385 BAY RD.	- REDWO	OOD CITY, CA 94063				
reiepno	ne No. > 030-031-49/1		EAY No			-	
If the or	ganization does not have an office or place of busing	ess in the Un	ited States, check this box				
	The state of the organization should the	III Carolin Eve	motion Number (CEA)			, check this	
	Part of the group, check this box	and arra	Ch a list with the names and Fible of	-11	bers the extension	is for.	
is for	TEBRUARY 15, 2014 , to file the exent the organization's return for:	npt organizat	ion return for the organization name	d above	. The extension		
N							
X	tax year beginning JUL 1, 2012		TITN 30 2012				
		, and	dending JUN 30, 2013		<u> </u>		
2 If the	tax year entered in line 1 is for less than 12 months,	chook room					
	Change in accounting period	CHECK TEASO	on: Initial return F	inal retu	rn		
3a If this	application is for Form 990-BL, 990-PF, 990-T, 4720	or 6069 en	ter the tentative tax loss and				
nonre	fundable credits. See instructions.			20	6	0	
b If this	application is for Form 990-PF, 990-T, 4720, or 6069	, enter any r	efundable credits and	3a	\$	0.	
estima	ated tax payments made. Include any prior year ove	rpayment allo	owed as a credit	3b	\$	0.	
c Balan	ce due. Subtract line 3b from line 3a. Include your p	ayment with	this form, if required	30	φ	0.	
by usi	ng EFTPS (Electronic Federal Tax Payment System)	See instruc	tions	3c	\$	0.	
aution. If y	ou are going to make an electronic fund withdrawal	with this For	m 8868 see Form 8453-FO and For	m 8879-	EO for payment inc	structions	
HA For	Privacy Act and Paperwork Reduction Act Notice	, see instruc	ctions.		Form 8868 (F		

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