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### PLEASE FILE IN A SAFE PLACE

## ARMANINO LLP

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### EXTENDED TO MAY 16, 2016

### Return of Organization Exempt From Income Tax

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

OMB No. 1545-0047

Do not enter social security numbers on this form as it may be made public.

4947(a)(1) or

Other 🕨

Open to Public

Department of the Treasury

Address

Initial return

Final return/

termin-

Amended

Applica-

pending

Governance

Activities &

3

10

11

12

13

17

Part I | Summary

DEVELOPMENT (BUILD)

Doing business as

2385 BAY RD.

SAME AS C ABOVE

Tax-exempt status: X 501(c)(3)

J Website: ► WWW.BUILD.ORG

Form of organization: X Corporation

REDWOOD CITY, CA

BUILD

Number and street (or P.O. box if mail is not delivered to street address)

501(c) (

Trust

Number of voting members of the governing body (Part VI, line 1a)

7 a Total unrelated business revenue from Part VIII, column (C), line 12

b Net unrelated business taxable income from Form 990-T, line 34

Investment income (Part VIII, column (A), lines 3, 4, and 7d)

Grants and similar amounts paid (Part IX, column (A), lines 1-3)

Benefits paid to or for members (Part IX, column (A), line 4)

**b** Total fundraising expenses (Part IX, column (D), line 25)

Revenue less expenses. Subtract line 18 from line 12

Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)

16a Professional fundraising fees (Part IX, column (A), line 11e)

Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)

Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)

Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)

Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)

Contributions and grants (Part VIII, line 1h)

Program service revenue (Part VIII, line 2g)

City or town, state or province, country, and ZIP or foreign postal code

94063

Internal Revenue Service Information about Form 990 and its instructions is at www.irs.gov/form990 A For the 2014 calendar year, or tax year beginning and ending JUN 30, 2014 JUL 1, Check if applicable: C Name of organization BUSINESS UNITED IN INVESTING LENDING &

) ◀ (insert no.)

Association

Inspection D Employer identification number 94-3386695 Room/suite E Telephone number 650-688-5840 10,189,484. G Gross receipts \$ H(a) Is this a group return F Name and address of principal officer: SUZANNE MCKECHNIE KLAHR for subordinates? Yes X No H(b) Are all subordinates included? Yes 527 If "No," attach a list. (see instructions) **H(c)** Group exemption number ▶ Year of formation: 1999 M State of legal domicile: CA Briefly describe the organization's mission or most significant activities: BUILD'S MISSION IS TO USE ENTREPRENEURSHIP TO EXCITE AND PROPEL LOW-INCOME, DISENGAGED YOUTH Check this box if the organization discontinued its operations or disposed of more than 25% of its net assets. 12 ..... 11 Number of independent voting members of the governing body (Part VI, line 1b) 168 Total number of individuals employed in calendar year 2014 (Part V, line 2a) Total number of volunteers (estimate if necessary) 960 0. 0. **Prior Year Current Year** 7,801,054. 9,302,362. 40.047. 0.  $1, \overline{277}$ . 468. 267,834. -442.775. 7,534,497.8,900,102. 101,812. 101,224. 0. Ο. 4.861.821. 6,265,678. 0. N. 2,001,140. 2,330,524. 6,964,773. 8,697,426. 569,724. 202,676. **Beginning of Current Year** End of Year 3,446,902. 3,553,726. 435,318. 339,466. 011,584. 214,260. Date Date PTIN Check ₽00365375 self-employed 94-6214841 Firm's EIN

BUSINESS UNITED IN INVESTING LENDING & 94-3386695 Page 2 DEVELOPMENT (BUILD) Part III Statement of Program Service Accomplishments X Check if Schedule O contains a response or note to any line in this Part III 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 SHELPING DISADVANTAGED YOUTH IN AMERICA'S MOST UNDERSERVED COMMUNITIES GAIN THE KNOWLEDGE AND ABILITY TO PERSEVERE IN Did the organization undertake any significant program services during the year which were not listed on Yes X No the prior Form 990 or 990-EZ? If "Yes," describe these new services on Schedule O. If "Yes," describe these changes on Schedule O. Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported. 5,877,937. including grants of \$ 101,224.) (Revenue \$ ) (Expenses \$ 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 UP AND RUN THEIR OWN SMALL BUSINESSES, BUILD SUPPLEMENTS TRADITIONAL SCHOOOL 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 GIVE YOUTH HOPE AND A PROMISING FUTURE IN COLLEGE. IN 2015-16 BUILD WILL SERVE OVER 1,436 STUDENTS FROM 23 HIGH SCHOOLS IN THE SAN FRANCISCO BAY AREA, BOSTON AND WASHINGTON, DC. (Code: ) (Expenses \$ including grants of \$ (Revenue \$ (Code: \_\_\_\_\_ ) (Expenses \$ \_\_\_ ) (Revenue \$ including grants of \$

) (Revenue \$

4d

4e

(Expenses \$

Other program services (Describe in Schedule O.)

Total program service expenses

including grants of \$

5,877,937.

### BUSINESS UNITED IN INVESTING LENDING & DEVELOPMENT (BUILD)

Form 990 (2014) DEVELOPMENT
Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	_1_	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4		X
5	ls the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		Х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		Х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If</i> "Yes," <i>complete</i>			
•	Schedule D, Part III	8		х
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for	Ť		
Ŭ	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
		9		х
10	If "Yes," complete Schedule D, Part IV  Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent	Ť		
.0		10	х	
11	endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V			
, ,		D NINE IN		
_	as applicable.  Did the exempiration report on amount for land, buildings, and equipment in Bort V. line 102, V. IV II account to Coloratule D.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,	44.	Х	
	Part VI	11a	-25	
D	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total	a a la		X
_	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b	-	
Ç	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total			х
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		
a	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			х
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d	X	
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Λ_	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses		Х	
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	Λ	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete	١	v	
_	Schedule D, Parts XI and XII	12a	Х	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			٦,
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
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			٠,,
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			,.
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			l
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18	Х	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
	complete Schedule G, Part III	19		X
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		Х
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
			000	(001.4)

Form 990 (2014) DEVELOPMENT (BUILD Part IV Checklist of Required Schedules (continued)

			Yes	No
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		X
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	X	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23	X	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete	l		7.7
	Schedule K. If "No", go to line 25a	24a		<u> </u>
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease	04-		
	any tax-exempt bonds?	24c 24d		_
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	<u> 240</u>		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit	25a		х
<b>h</b>	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	250		
D	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
		25b		Х
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or			
	former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes,"			
	complete Schedule L, Part II	26		X
27	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 L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV	A Property	10.00	
	instructions for applicable filing thresholds, conditions, and exceptions):		1999	line oppy
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a_		X
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	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,			3,5
	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c	77	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			х
	contributions? If "Yes," complete Schedule M	30		
31	Did the organization liquidate, terminate, or dissolve and cease operations?	31		x
20	If "Yes," complete Schedule N, Part I  Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete	31		
32		32		x
33	Schedule N, Part II  Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	<u> </u>		<del></del>
33	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		x
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
•	Part V, line 1	34		Х
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37	<u> </u>	X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?			l
	Note. All Form 990 filers are required to complete Schedule O	38	<u> </u>	

### DEVELOPMENT (BUILD) 94-3386695 Page 5 Form 990 (2014) Part V Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response or note to any line in this Part V Yes No 45 1a Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming X (gambling) winnings to prize winners? 1c 2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, 2a X b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? 2b 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 unrelated business gross income of \$1,000 or more during the year? b If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule O 3b 4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a X financial account in a foreign country (such as a bank account, securities account, or other financial account)? 4a **b** If "Yes," enter the name of the foreign country: See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). X 5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? X b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? 5b c If "Yes," to line 5a or 5b, did the organization file Form 8886-T? 6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions? Х 6a b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 6b Organizations that may receive deductible contributions under section 170(c). Х a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? 7a Х b If "Yes," did the organization notify the donor of the value of the goods or services provided? 7b Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? 7c d If "Yes," indicate the number of Forms 8282 filed during the year 7d e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 76 Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? 7f If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? 7g h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? 7h 8 Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year? 8 Sponsoring organizations maintaining donor advised funds. Did the sponsoring organization make any taxable distributions under section 4966? b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? 9b 10 Section 501(c)(7) organizations. Enter: a Initiation fees and capital contributions included on Part VIII, line 12 Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities Section 501(c)(12) organizations. Enter: a Gross income from members or shareholders Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? b If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b Section 501(c)(29) qualified nonprofit health insurance issuers. a Is the organization licensed to issue qualified health plans in more than one state? 13a Note. See the instructions for additional information the organization must report on Schedule O. b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans

c Enter the amount of reserves on hand

b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O

**14a** Did the organization receive any payments for indoor tanning services during the tax year?

### BUSINESS UNITED IN INVESTING LENDING &

DEVELOPMENT (BUILD)

94-3386695

Page 6

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

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

\_ 20 ANGELICA JUAREZ - 650-631-4971

94063

2385 BAY RD., REDWOOD CITY, CA

### DEVELOPMENT (BUILD)

Form 990 (2014)

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

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

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

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

- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
  - List all of the organization's current key employees, if any. See instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

Check this box if neither the organization no	or any related o	orga	nizat	tion	com	npen	sate	ed any current officer, di	rector, or trustee.	
(A)	(B)			_ (0	2)			(D)	(E)	(F)
Name and Title	Average	(do	Position (do not check more than one box, unless person is both an officer and a director/trustee)		Reportable	Reportable	Estimated			
1	hours per	box.			compensation	compensation	amount of			
	week	$\vdash$			from	from related organizations	other compensation			
	(list any hours for	Individual trustee or director				_		the organization	(W-2/1099-MISC)	from the
	related	96 01 1	stee			ısateı		(W-2/1099-MISC)	(11 2, 1000 11100)	organization
	organizations	truste	Institutional trustee		Key employee	Highest compensated employee				and related
	below	idual	tution	Ji	emplo	est co loyee	Je.			organizations
	line)	fndj.	Insti	Officer	Key	High	Former			
(1) AJAY AGARWAL	2.00									_
CHAIRMAN		X						0.	0.	0.
(2) DAVID MARSTON	1.00									
BOARD MEMBER		X						0,	0.	0.
(3) JEAN KOVACS	1.00				1					
BOARD MEMBER		Х						0.	0.	0.
(4) DAVID BOHIGIAN	1.00									
BOARD MEMBER		X						0.	0.	0.
(5) DOUG BRIEN	1.00									
BOARD MEMBER	1 2 2	Х			L	-		0.	0.	0.
(6) EMILY CHANG	1.00	l								•
BOARD MEMBER		Х			<u> </u>		<u> </u>	0.	0.	0.
(7) JACK DORSEY	1.00	l								•
BOARD MEMBER		Х			<u> </u>	<u> </u>		0.	0.	0.
(8) LIANE HORNSEY	1.00	<b> </b>							ا م	0
BOARD MEMBER	4 00	Х	<u> </u>	ļ		<u> </u>	<u> </u>	0.	0.	0.
(9) MIKE O'BRIEN	1.00	l								0
BOARD MEMBER	1 00	X		<u> </u>		_	<u> </u>	0.	0.	0.
(10) KARL JACOB	1.00								0	0.
BOARD MEMBER	1 00	X		_	<u> </u>	ļ		0.	0.	<u> </u>
(11) BARATUNDE THURSTON	1.00	٠,						0.	0.	0.
BOARD MEMBER (12) SUZANNE M. KLAHR	50.00	X			<u> </u>	├—		0.	0.	0.
CEO & FOUNDER	30.00	x		x				219,250.	0.	11,446.
(13) CHARLES SALTER	50.00	^		^		<del> </del>		219,250.		11,440.
PRESIDENT & CHIEF OPERATING OFFICER	30.00	┨		X				208,750.	0.	7,208.
(14) CHRISTOPHER BROWN	50.00	├	$\vdash$	1		$\vdash$	<del> </del>	200,7300	•	772000
REGIONAL EXECUTIVE DIRECTOR	30.00	1				x		132,407.	0.	7,044.
(15) AYELE SHAKUR	50.00	H	<del> </del>	<del> </del>		1	<del>                                     </del>			- ,
REGIONAL EXECUTIVE DIRECTOR		1				x		123,576.	0.	9,936.
(16) JUDY MADDEN	50.00	T	-			ᢡ				
VP OF PROGRAMS & EVALUATION		1				x		131,400.	0.	0.
(17) CHRYSTINE L VILLAREAL	50.00									
		4	i	1	ı	Х	ı	125,300.	0.	1,157.

Form **990** (2014)

94-3386695 Page 8

Form 990 (2014) DEVELOPMENT (BUILD) 94-3386695 Page 8											
Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)											
(A)	(B)			(0				(D)	(E)		(F)
Name and title	Average			Posi	tion			Reportable	Reportable		Estimated
Name and mo	hours per					than o s both		compensation	compensation		amount of
	week					r/trust		from	from related		other
	(list any	tor						the	organizations	.   cc	mpensation
	hours for	direc						organization	(W-2/1099-MIS		from the
	related	e 0.	stee			sate		(W-2/1099-MISC)	(		rganization
	organizations	truste	al tru:		yee	e l		,		1	and related
	below	dual	rtion	_	oldu	stco	₽			o	rganizations
	line)	Individual trustee or director	Institutional trustee	Officer	key employee	Highest compensated employee	Former		٠		-
(18) ANGELICA JUAREZ	50.00										
SENIOR DIRECTOR OF FINANCE	0000					x		130,472.		0.	5,703.
			<del>                                     </del>	Н			-			-	
			-	-							
			<u> </u>								
											· · · · · · · · · · · · · · · · · · ·
		1									
3300 A 6 A 6 A						$\vdash$					
							_				
		1									
					Н			1,071,155.		0.	12 101
1b Sub-total									****		42,494.
c Total from continuation sheets to Part VI	I, Section A							0.		0.	0.
d Total (add lines 1b and 1c)								1,071,155.		0.	42,494.
2 Total number of individuals (including but n	ot limited to th	ose	liste	d ab	ove	) wh	o re	eceived more than \$100,	000 of reportable		
compensation from the organization											7
											Yes No
3 Did the organization list any former officer,	director, or tru	ustee	e, ke	v en	olar	vee,	or I	highest compensated er	nployee on	Ĭ	
line 1a? If "Yes," complete Schedule J for s	uch individual			-	•	•		•		3	X
4 For any individual listed on line 1a, is the su								ner compensation from t			
and related organizations greater than \$150	•		-							4	X
	•		•								
, , , , , , , , , , , , , , , , , , , ,							ialt	ed organization of individ	dual for services	5	T X
rendered to the organization? If "Yes." com	<u>plete Schedul</u>	e J f	or si	ıch r	oers:	on .				5	A
Section B. Independent Contractors									100.000		f
1 Complete this table for your five highest co	•									ensation	trom
the organization. Report compensation for	the calendar ye	ear e	endir	ng w	ith c	or wit	thin	the organization's tax y	ear.		
(A)								(B)		_	(C)
Name and business	address							Description of s		Com	pensation
PAULA LEDUC, INC.							ŀ	EVENT CATERI	NG		
1350 PARK STREET, EMERYVI	LLE, CA	. 9	46	8 0				SERVICES		1	<u>57,730.</u>
							1				
			-				$\dashv$				
							J				
							$\dashv$				
	1 11									all	
2 Total number of independent contractors (ii	<del>-</del>	ot lir	nited	d to 1	thos	se lisi	ted	above) who received me	ore tnan		
\$100,000 of compensation from the organiz	zation >					L					000
										For	m <b>990</b> (2014)

		Check if Schedule O contain	ne a reenonee (	or note to any lin	e in this Part VIII			
210 - 124 - 213 -	s in Topic	GHECK II GGHECON O'CONTAIN	a response v	of note to any min	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	( <b>D)</b> Revenue excluded from tax under sections 512 - 514
节컴	1 a	a Federated campaigns	1a					
트크	ŀ	Membership dues	1b					
Ö,ğ	(	Fundraising events	1c	2,478,754.				
Contributions, Gifts, Grants and Other Similar Amounts	(	d Related organizations	1d					
	•	e Government grants (contribution	ns) <b>1e</b>	280,185.				
E Si	1	All other contributions, gifts, grants,	, and					TENERAL TOTAL
五 計 日		similar amounts not included above	1f	6,543,423.				1677
Ēģ	9	Noncash contributions included in lines 1a-	-1f: \$	835,728.				San
<u>S</u> ≅	ı	h Total. Add lines 1a-1f		<b>&gt;</b>	9,302,362.			
				Business Code	THE RESERVE THE PARTY OF THE PA			
o l	2 8	a PROGRAM SERVICE FEES		900099	40,047.	40,047.		
ξŢ	ı	b						
Sal	•	C						
E a		d ·			*			
Program Service Revenue		e						
Pr	1	f All other program service revenu	ue					
		g Total. Add lines 2a-2f			40,047.			
	3	Investment income (including di	ividends, intere	st, and				
		other similar amounts)		<b>&gt;</b>	469.			469.
	4	Income from investment of tax-e						
	5	Royalties						
			(i) Real	(ii) Personal			As Prince 116	The state of the s
	6 :	a Gross rents	20,950.					
	1	b Less: rental expenses	0.				Here I than I have	
		c Rental income or (loss)	20,950.					
		d Net rental income or (loss)			20,950.			20,950.
	7	a Gross amount from sales of	(i) Securities	(ii) Other				
		assets other than inventory	537,307.	55,008.				The first state of
		b Less: cost or other basis						
		and sales expenses	524,774.	67,542.				
		c Gain or (loss)	12,533.	-12,534.				
		d Net gain or (loss)			-1.			-1.
•		a Gross income from fundraising						
nue		including \$ 2,478,7				District Control of the Control of t		
eve		contributions reported on line 1	c). See					
Œ		Part IV, line 18	a	224,339.				RIG.
Other Revenue		b Less: direct expenses				County County		
0		c Net income or (loss) from fundra		<b>&gt;</b>	-472,727.			-472,727.
		a Gross income from gaming activ	-					
		Part IV, line 19	a			The state of the s		Andrew State of the Control of the C
		b Less: direct expenses			And the second second second		1969	
		c Net income or (loss) from gamin	ng activities					
		a Gross sales of inventory, less re	-				- 200 - 171	
		and allowances	a					2-19 TY
		b Less: cost of goods sold						
		c Net income or (loss) from sales		<b>_</b>				
		Miscellaneous Revenue		Business Code				
	11	a INCUBATOR INCOME		900099	9,002.	9,002.		ļ
		b						
		С						
		d All other revenue						William Willia
		e Total. Add lines 11a-11d		<b>&gt;</b>	9,002.	William William		H in a such
	مدا	Total revenue Con instructions		_	8 900 102	49 049.	0.	-451 309.

### Part IX Statement of Functional Expenses

Section	on 501(c)(3) and 501(c)(4) organizations must comp			nplete column (A).					
Check if Schedule O contains a response or note to any line in this Part IX  Check if Schedule O contains a response or note to any line in this Part IX  (A)  (B)  (C)  (D)									
	ot include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	( <b>D)</b> Fundraising expenses				
1	Grants and other assistance to domestic organizations								
	and domestic governments. See Part IV, line 21								
2	Grants and other assistance to domestic	101 004	101 004						
	individuals. See Part IV, line 22	101,224.	101,224.						
3	Grants and other assistance to foreign								
	organizations, foreign governments, and foreign								
	individuals. See Part IV, lines 15 and 16								
4	Benefits paid to or for members								
5	Compensation of current officers, directors,	433,288.	153,942.	199,185.	80,161.				
_	trustees, and key employees	433,200.	133,342•	177,103.	00,101.				
6	Compensation not included above, to disqualified								
	persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)								
7	Other salaries and wages	4,813,497.	3,486,578.	373,276.	953,643.				
8	Pension plan accruals and contributions (include	4,013,437.	3,400,3700	3,0,2,00	300,0100				
•	section 401(k) and 403(b) employer contributions)								
9	Other employee benefits	584,308.	405,426.	63,752.	115,130.				
10	Payroll taxes	434,585.	301,540.	47,416.	85,629.				
11	Fees for services (non-employees):	131/3031	301/3100						
-	Management								
b	Legal	2,500.		2,500.	*****				
	Accounting	46,172.		46,172.					
d	Lobbying								
e	Professional fundraising services. See Part IV, line 17			V ALLEMAN					
f	Investment management fees								
g	Other. (If line 11g amount exceeds 10% of line 25,								
•	column (A) amount, list line 11g expenses on Sch 0.)	614,165.	264,619.	262,539.	87,007.				
12	Advertising and promotion								
13	Office expenses	44,760.	32,402.	7,295.	5,063.				
14	Information technology								
15	Royalties								
16	Occupancy	547,986.	451,738.	23,547.	72,701.				
17	Travel	270,209.	186,322.	43,493.	40,394.				
18	Payments of travel or entertainment expenses								
	for any federal, state, or local public officials	229,879.	142,072.	61,241.	26,566.				
19	Conferences, conventions, and meetings								
20	Interest								
21	Payments to affiliates		55 000	0.154	00 056				
22	Depreciation, depletion, and amortization	98,318.	66,298.	9,164.	22,856.				
23	Insurance	23,425.	16,157.	2,417.	4,851.				
24	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line								
	24e amount exceeds 10% of line 25, column (A)	Andreas and the second			The State of the S				
	amount, list line 24e expenses on Schedule 0.)	100 706	172 506	20,989.	F 221				
a	SUPPLIES	198,796.	172,586.		5,221. 11,309.				
b	TELEPHONE  DELIMINATION	66,071.	46,904.	7,858. 30,951.	5,104.				
C	PRINTING & PUBLICATION	56,339.	20,284.	10,681.	36,870.				
d	OTHER OPERATING EXPENSE	50,191. 81,713.	27,205.	39,888.	14,620.				
	All other expensesAdd lines 1 through 04s	81,713.	5,877,937.	1,252,364.	1,567,125.				
<u>25</u>	Total functional expenses. Add lines 1 through 24e	0,031,440.	3,011,331.	1,232,304.	1,001,120.				
26	Joint costs. Complete this line only if the organization								
	reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.								
	Check here if following SOP 98-2 (ASC 958-720)								
	II Tollowing 50P 96-2 (A50 938-720)				F 990 (0014)				

Paid-in or capital surplus, or land, building, or equipment fund

Retained earnings, endowment, accumulated income, or other funds

Total net assets or fund balances

Total liabilities and net assets/fund balances

DEVELOPMENT (BUILD) 94-3386695 Page 11 Part X Balance Sheet Check if Schedule O contains a response or note to any line in this Part X (A) Beginning of year End of year 1 Cash - non-interest-bearing 1,992,256. 1,866,172. 2 Savings and temporary cash investments 2 1,382,800. 1,322,310. 3 3 Pledges and grants receivable, net 4 Accounts receivable, net Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete 5 Part II of Schedule L Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary 6 employees' beneficiary organizations (see instr). Complete Part II of Sch L Notes and loans receivable, net 7 8 Inventories for sale or use 7,985. 15,650. 9 Prepaid expenses and deferred charges 10a Land, buildings, and equipment: cost or other 573,524 basis. Complete Part VI of Schedule D \_\_\_\_\_\_ 10a 383,168. 158,210. 190,356. b Less: accumulated depreciation \_\_\_\_\_\_ 10b 10c Investments - publicly traded securities 11 12 12 Investments - other securities. See Part IV, line 11 Investments - program-related. See Part IV, line 11 13 13 14 14 Intangible assets 31,735. 33,154. 15 15 Other assets. See Part IV, line 11 3,446,902. 3,553,726. 16 16 Total assets. Add lines 1 through 15 (must equal line 34) 181,307. 86,162. Accounts payable and accrued expenses 17 17 Grants payable 18 18 19 19 Deferred revenue Tax-exempt bond liabilities ...... 20 20 Escrow or custodial account liability. Complete Part IV of Schedule D 21 21 22 Loans and other payables to current and former officers, directors, trustees, 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 Unsecured notes and loans payable to unrelated third parties 24 24 25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of 254,011. 253,304. 25 ..... 435,318. 339,466. 26 Total liabilities. Add lines 17 through 25 Organizations that follow SFAS 117 (ASC 958), check here X and complete lines 27 through 29, and lines 33 and 34. Net Assets or Fund Balances 1,701,927. 1,228,739. 27 Unrestricted net assets 27 1,782,845. 1,512,333. 28 28 Temporarily restricted net assets 29 Permanently restricted net assets ...... Organizations that do not follow SFAS 117 (ASC 958), check here and complete lines 30 through 34. Capital stock or trust principal, or current funds 30

3,214,260.

31

32

33

3,011,584.

3,446,902.

31

32

BUSINESS UNITED IN INVESTING LENDING &

94-3386695 Page 12 DEVELOPMENT (BUILD)

Fai	Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				L
1	Total revenue (must equal Part VIII, column (A), line 12)	1		0,102.	
2	Total expenses (must equal Part IX, column (A), line 25)	2		7,426.	
3	Revenue less expenses. Subtract line 2 from line 1	3		2,676.	
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	3,011	1,58 <b>4.</b>	<u>,                                     </u>
5	Net unrealized gains (losses) on investments	5			_
6	Donated services and use of facilities	6			_
7	Investment expenses	7			_
8	Prior period adjustments	8			_
9	Other changes in net assets or fund balances (explain in Schedule O)	9		0.	<u>.                                    </u>
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	3,214	4,260.	<u>.</u>
Pai	t XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII			Х	<u> </u>
	Accounting method used to prepare the Form 990: Cash X Accrual Other If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed separate basis, consolidated basis, or both: Separate basis Consolidated basis Both consolidated and separate basis Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	on a	2a	Yes No	
3а	consolidated basis, or both:  X Separate basis  Consolidated basis  Both consolidated and separate basis  If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the review, or compilation of its financial statements and selection of an independent accountant?  If the organization changed either its oversight process or selection process during the tax year, explain in Sche As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sir Act and OMB Circular A-133?  If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required.	edule O. ngle Audit	3a	X	
	or audite, explain why in Schedule O and describe any steps taken to undergo such audits		3b		

Form **990** (2014)

### **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.

► Information about Schedule A (Form 990 or 990-EZ) and its instructions is at <a href="https://www.irs.gov/form990">www.irs.gov/form990</a>

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization

BUSINESS UNITED IN INVESTING LENDING & DEVELOPMENT (BUILD)

Employer identification number 94-3386695

Reason for Public Charity Status (All organizations must complete this part.) See instructions. The organization is not a private foundation because it is: (For lines 1 through 11, check only one box.) 1 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 2 A school described in section 170(b)(1)(A)(ii), (Attach Schedule E.) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, 4 city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in 5 section 170(b)(1)(A)(iv). (Complete Part II.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). A X An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) 8 An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2), (Complete Part III.) 10 An organization organized and operated exclusively to test for public safety. See section 509(a)(4). An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box in lines 11a through 11d that describes the type of supporting organization and complete lines 11e, 11f, and 11g. Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) d that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV. Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization. f Enter the number of supported organizations g Provide the following information about the supported organization(s). (iv) Is the organization (iii) Type of organization (v) Amount of monetary (vi) Amount of (i) Name of supported (ii) EIN listed in your (described on lines 1-9 organization other support (see support (see governing document? above or IRC section Instructions) Instructions) Yes No (see instructions))

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

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

Sec	ction A. Public Support							
Cale	ndar year (or fiscal year beginning in)	(a) 2010	<b>(b)</b> 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total	
1	Gifts, grants, contributions, and							
	membership fees received. (Do not							
	include any "unusual grants.")	4827317.	5743411.	6483898.	7801054.	9302362.	34158042.	
2	Tax revenues levied for the organ-							
	ization's benefit and either paid to							
	or expended on its behalf							
3	The value of services or facilities							
	furnished by a governmental unit to							
	the organization without charge							
4	Total. Add lines 1 through 3	4827317.	5743411.	6483898.	7801054.	9302362.	34158042.	
5	The portion of total contributions				A HOUSE THE PERSON			
	by each person (other than a		gradioning de					
	governmental unit or publicly							
	supported organization) included				Translation Translation			
	on line 1 that exceeds 2% of the							
	amount shown on line 11,				La Miller	AND THE RESERVE		
	column (f)				The second second second			
	Public support. Subtract line 5 from line 4.						34158042.	
Sec	ction B. Total Support	<del></del>					r	
Cale	ndar year (or fiscal year beginning in)	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total	
7	Amounts from line 4	4827317.	5743411.	6483898.	7801054.	9302362.	34158042.	
8	Gross income from interest,							
	dividends, payments received on							
	securities loans, rents, royalties	2 2 2	4 - 60		61.7	01 410	00 400	
	and income from similar sources	2,260.	4,568.	559.	617.	21,419.	29,423.	
9	Net income from unrelated business							
	activities, whether or not the							
	business is regularly carried on							
10	Other income. Do not include gain							
	or loss from the sale of capital							
	assets (Explain in Part VI.)		Rakanasyan menanggan sa				24107465	
_	Total support. Add lines 7 through 10						34187465.	
12	Gross receipts from related activities,	•	,			12	69,509.	
13	First five years. If the Form 990 is for	-	s first, second, third	d, fourth, or fifth ta	x year as a section	1501(c)(3)	<b>.</b> [	
Sec	organization, check this box and store ction C. Computation of Publi		centage					
	Public support percentage for 2014 (li	···		olumn (fl)		14	99.91 %	
	Public support percentage from 2013					15	88.97 %	
	33 1/3% support test - 2014. If the c							
104		-					► V	
h	stop here. The organization qualifies as a publicly supported organization  ▶ X  b 33 1/3% support test - 2013. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box							
	and stop here. The organization qual						<b>▶</b> □	
17a	10% -facts-and-circumstances test		•	***************************************			or more	
	and if the organization meets the "fac	-						
	meets the "facts-and-circumstances"					t viriow the olga		
h	10% -facts-and-circumstances test							
	more, and if the organization meets the	=						
	organization meets the "facts-and-circ		•		•		<b>▶</b> □	
18	Private foundation. If the organization		•	•				
_				.,				

# Schedule A (Form 990 or 990-EZ) 2014 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 Support  If clifts, grants, contributions, and manifestality to the section of the control o	_	qualify under the tests listed be	elow, please comp	lete Part II.)				
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	.00							<b>▶</b> □
b 33 1/3% support tests - 2013. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and	b							
line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization	_		-					. —
20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions	20							

### Part V Supporting Organizations

(Complete only if you checked a box on line 11 of Part I. If you checked 11a of Part I, complete Sections A and B. If you checked 11b of Part I, complete Sections A and C. If you checked 11c of Part I, complete Sections A, D, and E. If you checked 11d of Part I, complete Sections A and D, and complete Part V.)

### Section A. All Supporting Organizations

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No" describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- 3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.
- **b** Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)
  (B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.
- **4a** Was any supported organization not organized in the United States ("foreign supported organization")? *If* "Yes" and if you checked 11a or 11b in Part I, answer (b) and (c) below.
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in **Part VI** how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document).
- **b** Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (a) its supported organizations; (b) individuals that are part of the charitable class benefited by one or more of its supported organizations; or (c) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in IRC 4958(c)(3)(C)), a family member of a substantial contributor, or a 35-percent controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990).
- **9a** Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.
  - **b** Did one or more disqualified persons (as defined in line 9(a)) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI.
  - c Did a disqualified person (as defined in line 9(a)) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- 10a Was the organization subject to the excess business holdings rules of IRC 4943 because of IRC 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer (b) below.
  - b Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

	Yes	No
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3b 3c	e seu etan	
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9c		
10a	Alve Jami	

За

Parent of Supported Organizations. Answer (a) and (b) below.

trustees of each of the supported organizations? Provide details in Part VI.

a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or

b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each

### BUSINESS UNITED IN INVESTING LENDING &

	dule A (Form 990 or 990-EZ) 2014 DEVELOPMENT (BUILD)			4-3386695 Page 6
Par	Type in their turious range and a cookay(e) cupper an			
1	Check here if the organization satisfied the Integral Part Test as a qualifying	_		ctions. All
	other Type III non-functionally integrated supporting organizations must of	omplete S	Sections A through E.	(D) 0
Secti	on A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
_1_	Net short-term capital gain	1		
_2	Recoveries of prior-year distributions	2		
_3_	Other gross income (see instructions)	3_		
4	Add lines 1 through 3	4_		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7_		
_8_	Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8		
Sect	on B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see		And the state of	
	instructions for short tax year or assets held for part of year):			
a	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
С	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
e	Discount claimed for blockage or other		TO SEE THE SECOND SECON	
	factors (explain in detail in Part VI):	<sup>уг</sup> и.,	Service Control of the Control of th	
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d	3		
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount,			
	see instructions).	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by .035	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	on C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2	Enter 85% of line 1	2	100 Property of the control of the c	
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4	Enter greater of line 2 or line 3	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
-	emergency temporary reduction (see instructions)	6		
7	Check here if the current year is the organization's first as a non-function		ited Type III supporting organ	nization (see

instructions).

### BUSINESS UNITED IN INVESTING LENDING &

Schedule A (Form 990 or 990-EZ) 2014 DEVELOPMENT (BUILD) 94-3386695 Page 7 Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued) Current Year Section D - Distributions Amounts paid to supported organizations to accomplish exempt purposes Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity Administrative expenses paid to accomplish exempt purposes of supported organizations 3 Amounts paid to acquire exempt-use assets 4 Qualified set-aside amounts (prior IRS approval required) 5 Other distributions (describe in Part VI). See instructions. 6 Total annual distributions. Add lines 1 through 6. 7 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions. Distributable amount for 2014 from Section C, line 6 9 Line 8 amount divided by Line 9 amount (iii) (i) (ii) **Excess Distributions** Underdistributions Distributable Section E - Distribution Allocations (see instructions) Pre-2014 Amount for 2014 Distributable amount for 2014 from Section C, line 6 Underdistributions, if any, for years prior to 2014 (reasonable cause required-see instructions) 3 Excess distributions carryover, if any, to 2014: b С d e From 2013 f Total of lines 3a through e g Applied to underdistributions of prior years h Applied to 2014 distributable amount i Carryover from 2009 not applied (see instructions) Remainder. Subtract lines 3g, 3h, and 3i from 3f. Distributions for 2014 from Section D, line 7: a Applied to underdistributions of prior years b Applied to 2014 distributable amount c Remainder. Subtract lines 4a and 4b from 4. Remaining underdistributions for years prior to 2014, if any. Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions). Remaining underdistributions for 2014. Subtract lines 3h and 4b from line 1 (if amount greater than zero, see Excess distributions carryover to 2015. Add lines 3 and 4c. Breakdown of line 7: а d Excess from 2013

Schedule A (Form 990 or 990-EZ) 2014

e Excess from 2014

# BUSINESS UNITED IN INVESTING LENDING & 94-3386695 Page 8 Schedule A (Form 990 or 990-EZ) 2014 DEVELOPMENT (BUILD) Part VI Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Also complete this part for any additional information. (See instructions).

### 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.

Information about Schedule B (Form 990, 990-EZ, or 990-PF) and its instructions is at <a href="https://www.irs.gov/form990">www.irs.gov/form990</a>.

OMB No. 1545-0047

**Employer identification number** 

2014

BUSINESS UNITED IN INVESTING LENDING & 94-3386695 DEVELOPMENT (BUILD) Organization type (check one): Filers of: Section: X 501(c)( 3 ) (enter number) organization Form 990 or 990-EZ 4947(a)(1) nonexempt charitable trust not treated as a private foundation 527 political organization Form 990-PF 501(c)(3) exempt private foundation 4947(a)(1) nonexempt charitable trust treated as a private foundation 501(c)(3) taxable private foundation Check if your organization is covered by the General Rule or a Special Rule. Note. Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions. **General Rule** For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions. **Special Rules** X For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1. Complete Parts I and II. For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III. For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the

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 its Form 990-PF, Part I, line 2, 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) (2014)

year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box

is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Do not complete any of the parts unless the **General Rule** applies to this organization because it received nonexclusively

religious, charitable, etc., contributions totaling \$5,000 or more during the year \_\_\_\_\_\_ > \$\_

**Employer identification number** 

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		\$500,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2		\$ <u>200,000</u> .	Person X Payroll  Noncash  (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3		\$ 267,619.	Person X Payroll X Noncash X (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
4		\$ 250,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
5	· · · · · · · · · · · · · · · · · · ·	\$ 246,185.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
6		\$ 625,000.	Person X Payroll
423452 11-05-	14	Schedule B (Form 9	990, 990-EZ, or 990-PF) (2014)

**Employer identification number** 

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7			
		\$200,000.	Person X Payroll Noncash  (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
8		\$ 553,896.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
9		\$ 500,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
10		\$310,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
423452 11-05-		\$	Person Payroll Noncash (Complete Part II for noncash contributions.) 990, 990-EZ, or 990-PF) (2014)

Employer identification number

art II-	Noncash Property (see instructions). Use duplicate copies of Part II if a	additional space is needed.	
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
	STOCK DONATION		
_1			
		\$ 200,481.	03/17/15
(a) No.	(b)	(c)	(d)
from	Description of noncash property given	FMV (or estimate) (see instructions)	Date received
Part I	27 CHROMEBOOKS	(000 1100 1100 1100 1100 1100 1100 1100	
3	27 CHROMEBOORS		
. <u>.                                   </u>		\$	09/03/14
(a)		(c)	
No. from	(b) Descriptio <u>n of n</u> oncash propert <u>y give</u> n	FMV (or estimate)	(d) Date received
Part I	Description of notices in property given	(see instructions)	
(a)		\$	
No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	W. 194
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) . No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		-	
		-	
		-   \$	90, 990-EZ, or 990-PF) (2

Employer identification number

Part II	Noncash Property (see instructions). Use duplicate copies of Part II if a	dditional space is needed.	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	· .
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	-
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	

Name of organization

**Employer identification number** 

### BUSINESS UNITED IN INVESTING LENDING &

DEVELOPMENT (BUILD)

Part III	Exclusively religious, charitable, etc., contributer. Complete completing Part III, enter the total of exclusively religious	olumps (a) through (a) and the follow	n section 501(c)(7), (8), or (10) that total more than \$1,000 for ving line entry. For organizations
	Use duplicate copies of Part III if additionation	, charitable, etc., contributions of \$1,000 or is	sss for the year. (Enter this into, brice.)
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
Parti			
	The second secon		
		(e) Transfer of gift	t ·
-	Transferee's name, address, ar	nd ZIP + 4	Relationship of transferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	V-3/24/74/V-1/4/-	- 10	
		(e) Transfer of gift	
	Transferee's name, address, a	nd ZIP + 4	Relationship of transferor to transferee
(a) No. from	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
Part I	MARKET AND		
	·		
		(e) Transfer of gift	
-	Transferee's name, address, a	1d ZIP + 4	Relationship of transferor to transferee
	0.000		
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	1707741		
ŀ		(e) Transfer of gift	
	Transferee's name, address, a	nd 7IP + 4	Relationship of transferor to transferee
			and the second s

### **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.

► Attach to Form 990.
► Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990

2014
Open to Public Inspection

Name of the organization

BUSINESS UNITED IN INVESTING LENDING & DEVELOPMENT (BUILD)

Employer identification number 94-3386695

Pai	rt I	<b>Organizations Maintaining Donor Advised</b>	Funds or Other Similar Funds	or Accounts. Complete if the
		organization answered "Yes" to Form 990, Part IV, line	6.	
		·	(a) Donor advised funds	(b) Funds and other accounts
1	Total n	umber at end of year		
2		gate value of contributions to (during year)		
3		gate value of grants from (during year)		
4		gate value at end of year		
5		organization inform all donors and donor advisors in w	riting that the assets held in donor advis	sed funds
·		organization's property, subject to the organization's ex		
6		organization inform all grantees, donors, and donor ad	•	
Ū		ritable purposes and not for the benefit of the donor or		
		-iibiii	•	□ Vaa □ Na
Pa		Conservation Easements. Complete if the organic	anization answered "Yes" to Form 990	
1		se(s) of conservation easements held by the organization		
•		Preservation of land for public use (e.g., recreation or ed		torically important land area
		Protection of natural habitat	· —	rtified historic structure
	=	Preservation of open space	1 10001 Valion of a 001	Tallou Tilotonio ou dotalo
2		ete lines 2a through 2d if the organization held a qualifie	nd consoniation contribution in the form	of a conservation easement on the last
_		the tax year.	ed conservation contribution in the form	of a conservation eacometre on the lace
	day or	the tax year.		Held at the End of the Tax Year
	Total n	umber of conservation easements		0-
b				7
C		er of conservation easements on a certified historic struc	eturo included in (a)	
d		er of conservation easements included in (c) acquired aff		
u				2d
3	Numbe	n the National Registerer of conservation easements modified, transferred, relea	and artinguished or terminated by the	
3			ased, extinguished, or terminated by the	organization during the tax
4	year >		ment is legated	
4		er of states where property subject to conservation ease		
5		he organization have a written policy regarding the period		
6		ons, and enforcement of the conservation easements it had valuated by	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
6		nd volunteer hours devoted to monitoring, inspecting, a		
7		nt of expenses incurred in monitoring, inspecting, and er		
8		each conservation easement reported on line 2(d) above	•	
_				
9		XIII, describe how the organization reports conservation		
		e, if applicable, the text of the footnote to the organization	on's financial statements that describes	the organization's accounting for
Da		vation easements. Organizations Maintaining Collections of A	Art Historical Treasures or O	ther Similar Assets
	M. S. III IN	Complete if the organization answered "Yes" to Form 9		ther offinial Assets.
	If the e			ment and helppes shoot works of art
ıa		rganization elected, as permitted under SFAS 116 (ASC	-	
		cal treasures, or other similar assets held for public exhib		ance of public service, provide, in Fait Alli,
		t of the footnote to its financial statements that describe		
b		rganization elected, as permitted under SFAS 116 (ASC	**	
		res, or other similar assets held for public exhibition, edu	acation, or research in furtherance of pu	iblic service, provide the following amounts
		g to these items:		<b>.</b> .
2		rganization received or held works of art, historical treas		ai gain, provide
		owing amounts required to be reported under SFAS 116	6 (ASC 958) relating to these items:	<b>.</b> .
а				
b	Assets	included in Form 990. Part X		▶ \$

### BUSINESS UNITED IN INVESTING LENDING &

DEVELOPMENT (BUILD) 94-3386695 Schedule D (Form 990) 2014 Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued) Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply): Public exhibition Loan or exchange programs а b Scholarly research Other Preservation for future generations c 4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII. During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Escrow and Custodial Arrangements. Complete if the organization answered "Yes" to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21. 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included Yes No on Form 990, Part X? **b** If "Yes," explain the arrangement in Part XIII and complete the following table: Amount c Beginning balance 10 Additions during the year 1d Distributions during the year 1e Ending balance 1f f Yes No 2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII. Endowment Funds. Complete if the organization answered "Yes" to Form 990, Part IV, line 10. Part V (d) Three years back (e) Four years back (a) Current year (b) Prior year (c) Two years back 223, 253, 217,431 210,411, 192,323, 186,447. 1a Beginning of year balance 5 000 9 945. 10 148 21,218, 10,000. Contributions ..... 20 26. 27 22 c Net investment earnings, gains, and losses Grants or scholarships ...... Other expenditures for facilities 000 3,000. 4.000. 2,000 and programs 150. 150 150 150 Administrative expenses .... 192,323. 226,126. 223,253. 217,431 210,411. End of year balance Provide the estimated percentage of the current year end balance (line 1g. column (a)) held as: 100.00 Board designated or quasi-endowment Permanent endowment h Temporarily restricted endowment The percentages in lines 2a, 2b, and 2c should equal 100%. 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization Yes Nο by: X (i) unrelated organizations 3a(i) (ii) related organizations 3a(ii) b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R? 3b Describe in Part XIII the intended uses of the organization's endowment funds. Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" to Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (d) Book value (a) Cost or other (b) Cost or other (c) Accumulated basis (investment) basis (other) depreciation 1a Land \_\_\_\_\_ **b** Buildings 126,330 86,993 39,337. c Leasehold improvements 349,429. 214,193. 135,236. d Equipment 97,765. 81,982. 15,783. Other

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

190,356.

Part VII Investments - Other Securities.

DEVELOPMENT	( GITTIA )

Complete if the organization answered "Yes"		ne 11b. See Form 990, Pa	rt X, line 12.
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of val	uation: Cost or end-of-year market value
(1) Financial derivatives			
(2) Closely-held equity interests			
(3) Other	-		
(A)			
(B)			
(C)			
(D)			
(E)			
(F)			
(G)			
(H)		INCOMES INCOME	
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)	Lan		
Part VIII Investments - Program Related.			
Complete if the organization answered "Yes"			
(a) Description of investment	(b) Book value	(c) Method of val	uation: Cost or end-of-year market value
(1)			· · · · · · · · · · · · · · · · · · ·
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			*****
(8)			
(9)			And the second
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)			
	to Farms 000 Deat IV/ II	no 11 d. Coo Form 000. Po	et V line 15
Complete if the organization answered "Yes"	Description	ne Tra. See Form 990, Fa	(b) Book value
	Dodription		
(1) (2)		***	
(3)	12 1000	<u> </u>	
(4)			
(5)			
(6)	.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col. (B) line	2 15 )		<b>&gt;</b>
Part X Other Liabilities.			
Complete if the organization answered "Yes"	to Form 990, Part IV, li	ne 11e or 11f. See Form 9	90, Part X, line 25.
1. (a) Description of liability		(b) Book value	
(1) Federal income taxes			
(2) ACCRUED PAYROLL AND RELATI	ED		
(3) BENEFITS		11,084.	
(4) ACCRUED VACATION		242,220.	
(5)			
(6)			
(7)			
(8)			
(9)			The state of the s
Total. (Column (b) must equal Form 990. Part X, col. (B) line	e 25.)	253,304.	

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

94-3386695 Page 3

94-3386695 Page 4

	t XI Reconciliation of Revenue per Audited Financial Statemen	ts With R	evenue per Re		JOOOJJ Page
	Complete if the organization answered "Yes" to Form 990, Part IV, line 12a.			••	
1				1	8,988,419.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
_ а	Net unrealized gains (losses) on investments	2a		4. <b>4.</b>	
b	Donated services and use of facilities		88,317.		
c	Recoveries of prior year grants				
d	Other (Describe in Part XIII.)	1 1			
е	Add lines 2a through 2d			2e	88,317.
3	Subtract line 2e from line 1			3	8,900,102.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII.)	4b		. <b></b>	
	Add lines 4a and 4b			4c	0.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990. Part I. line 12.)			5	8,900,102.
Pai	t XII Reconciliation of Expenses per Audited Financial Stateme	nts With	Expenses per F	Return	•
	Complete if the organization answered "Yes" to Form 990, Part IV, line 12a.				
1	Total expenses and losses per audited financial statements			1	8,785,743.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:	1 1			
а	Donated services and use of facilities	2a	88,317.	$i\bar{t}$	
b	Prior year adjustments	2b	····		
С	Other losses				
d	Other (Describe in Part XIII.)	2d			00 015
е	Add lines 2a through 2d			2e	88,317.
3	Subtract line 2e from line 1			3	8,697,426.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:			#F.4	
	Investment expenses not included on Form 990, Part VIII, line 7b				
				1 1 1	^
_	Add lines 4a and 4b			4c	8,697,426.
	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) tt XIII Supplemental Information.			5	0,091,420.
AND STREET, ST	Additional management of the Control	V C	and Oha Dank V. Jing a	l. Dowt V	line Or Dort VI
	ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part I			r, Part A	, line 2; Part Al,
iines	2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any addit	lionai inionni	ation.		
			497440.7 77	****	· · · · · · · · · · · · · · · · · · ·
DAI	RT X, LINE 2:				
LVI	(I A, DINE Z.				
TNO	COME TAXES - BUSINESSES UNITED IN INVESTING	I.END	TNG AND DE	VELC	PMENT IS
<u>T 147</u>	COME TAKED DOUBLESOED ONTIFE IN INVESTING	, DURD	1110 1110 01		
EXI	EMPT FROM FEDERAL INCOME TAXES UNDER SECTIO	N 501(	C)(3) OF T	'HE I	NTERNAL
	III I IIII I IIIII IIIII ONDII DICIIO	21 3021	<u> </u>		
REV	ENUE CODE AND EXEMPT FROM STATE INCOME TAX	ES UND	ER VARIOUS	STA	TE CODES
ANI	STATUTES OF CALIFORNIA, MASSACHUSETTS, MA	RYLAND	, VIRGINIA	, NE	W YORK,
			•	•	
PEN	INSYLVANIA AND WALSHINGTON D.C ACCORDINGL	Y, NO	PROVISION	FOR	INCOME
		,			
TAX	KES HAS BEEN MADE IN THE ACCOMPANYING STATE	MENTS.			
UNO	CERTAINTY IN TAXES - GENERALLY ACCEPTED ACC	OUNTIN	G PRINCIPI	LES	PROVIDE
ACC	COUNTING AND DISCLOSURE GUIDANCE ABOUT POSI	TIONS	TAKEN BY A	N_	
ORC	GANIZATION IN ITS TAX RETURNS THAT MIGHT BE	UNCER	TAIN. MANA	GEME	NT HAS
<u>CO1</u>	NSIDERED ITS TAX POISTIONS AND BELIEVES THA	T ALL	OF THE POS	ITIC	NS TAKEN

Part XIII | Supplemental Information (continued)

RETURNS ARE MORE LIKELY THAN NOT TO BE SUSTAINED UPON EXAMINATION.

THE ORGANIZATION FILES INFORMATION RETURNS IN THE U.S. FEDERAL JURISDICTION AND STATE OF CALIFORNIA. THE ORGANIZATION'S FEDERAL RETURNS FOR THE YEARS ENDED JUNE 30, 2012 AND BEYOND REMAIN SUBJECT TO POSSIBLE EXAMINATION BY THE INTERNAL REVENUE SERVICE. THE ORGANIZATION'S CALIFORNIA RETURNS FOR THE TAX YEARS ENDED JUNE 30, 2011 AND BEYOND REMAIN SUBJECT TO POSSIBLE EXAMINATION BY THE FRANCHISE TAX BOARD.

### PART V, LINE 4:

THE ORGANIZATION'S POLICY IS TO BUILD THE ENDOWMENT AND ONLY TO PAY OUT FOR WILLIAM LAZIER SCHOLARSHIPS EACH YEAR OUT OF ITS BOARD DESIGNATED ENDOWMENT. ANNUALLY, ADDITIONAL FUNDS ARE DEPOSITED INTO THE ACCOUNT TO OFFSET THESE SCHOLARSHIP PAYMENTS TO ENSURE THE ORGANIZATION PROTECTS AND GROWS THE PRINCIPLE INVESTMENT. IN ESTABLISHING THIS POLICY, THE ORGANIZATION CONSIDERED THE LONG TERM EXPECTED RETURN ON ITS ENDOWMENT. ACCORDINGLY, OVER THE LONG TERM, THE ORGANIZATION EXPECTS TO GROW THE GENERAL ENDOWMENT FUND AT AN AVERAGE CONSERVATIVE RETURN OF 1% TO 3% ANNUALLY. THIS IS CONSISTENT WITH THE ORGANIZATION'S OBJECTIVE TO MAINTAIN THE PURCHASING POWER OF THE ENDOWMENT ASSETS AS WELL AS TO PROVIDE MODEST RETURNS ON INVESTMENT WITH THE GOAL OF CAPITAL PRESERVATION.

### PART X, LINE 2:

INCOME TAXES - BUSINESS UNITED IN INVESTING, LENDING AND DEVELOPMENT IS EXEMPT FROM FEDERAL INCOME TAXES UNDER SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE AND EXEMPT FROM STATE INCOME TAXES UNDER VARIOUS STATE CODES AND STATUES OF CALIFORNIA, MASSACHUSETTS, MARYLAND, VIRGINIA, NEW YORK, PENNSYLVANIA AND WASHINGTON D.C. ACCORDINGLY, NO PROVISION FOR INCOME

# BUSINESS UNITED IN INVESTING LENDING & 94-3386695 Page 5 DEVELOPMENT (BUILD) Schedule D (Form 990) 2014 Part XIII | Supplemental Information (continued) TAXES HAS BEEN MADE IN THE ACCOMPANYING STATEMENTS. UNCERTAINTY IN TAXES - GENERALLY ACCEPTED ACCOUNTING PRINCIPLES PROVIDE ACCOUNTING AND DISCLOSURE GUIDANCE ABOUT POSITIONS TAKEN BY AN ORGANIZATION IN ITS TAX RETURNS THAT MIGHT BE UNCERTAIN. MANAGEMENT HAS CONSIDERED ITS TAX POSITIONS AND BELIEVES THAT ALL OF THE POSITIONS TAKEN BY THE ORGANIZATION IN ITS FEDERAL AND STATE EXEMPT ORGANIZATION TAX RETURNS ARE MORE LIKELY THAN NOT TO BE SUSTAINED UPON EXAMINATION. THE ORGANIZATION FILES INFORMATION RETURNS IN THE U.S. FEDERAL JURISDICTION AND STATE OF CALIFORNIA. THE ORGANIZATION'S FEDERAL RETURNS FOR THE YEARS ENDED JUNE 30, 2011 AND BEYOND REMAIN SUBJECT TO POSSIBLE EXAMINATION BY THE INTERNAL REVENUE SERVICE. THE ORGANIZATION'S CALIFORNIA RETURNS FOR THE TAX YEARS ENDED JUNE 30, 2010 AND BEYOND REMAIN SUBJECT TO POSSIBLE EXAMINATION BY THE FRANCHISE TAX BOARD.

### 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.

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

Open to Public

OMB No. 1545-0047

Open to Public Inspection

Name of the organization

BUSINESS UNITED IN INVESTING LENDING &

Employer identification number

94-3386695 DEVELOPMENT (BUILD) Fundraising Activities. Complete if the organization answered "Yes" to Form 990, Part IV, line 17. Form 990-EZ filers are not Part I required to complete this part. 1 Indicate whether the organization raised funds through any of the following activities. Check all that apply. Mail solicitations e Solicitation of non-government grants b Internet and email solicitations Solicitation of government grants Phone solicitations Special fundraising events In-person solicitations d 2 a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or No Yes key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? 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. (v) Amount paid (iii) Did fundraiser have custody or control of (vi) Amount paid (i) Name and address of individual (iv) Gross receipts to (or retained by) to (or retained by) (ii) Activity fundraiser from activity or entity (fundraiser) organization listed in col. (i) contributions' Yes No 3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.

BUSINESS UNITED IN INVESTING LENDING & Schedule G (Form 990 or 990-EZ) 2014 DEVELOPMENT (BUILD) 94-3386695 Page 2 Part II 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. (c) Other events (a) Event #1 (b) Event #2 (d) Total events NATIONAL BOSTON (add col. (a) through GALA BUILDFEST col. (c)) (total number) (event type) (event type) 2,010,182. 435,093. 111,571. 2,556,846. 1 Gross receipts 358,416. 93,981. 2,379,004. 1,926,607. 2 Less: Contributions 17,590. 177.842. 83,575. 76.677. Gross income (line 1 minus line 2) 4 Cash prizes Noncash prizes 6,573. 46,100. 32,830. 85,503. Rent/facility costs 44,955. 180,775. 104,694. 31,126. 7 Food and beverages 9,555. 1,500. 11,055. 8 Entertainment 18,623 273,486. 51,650. 203,213. 9 Other direct expenses 550,819. 10 Direct expense summary. Add lines 4 through 9 in column (d) -372,97711 Net income summary. Subtract line 10 from line 3, column (d) 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. (b) Pull tabs/instant (d) Total gaming (add (c) Other gaming (a) Bingo Revenue bingo/progressive bingo col. (a) through col. (c)) Gross revenue 2 Cash prizes ..... Direct Expenses 3 Noncash prizes Rent/facility costs 5 Other direct expenses Yes % Yes Yes 6 Volunteer labor Nο No 7 Direct expense summary. Add lines 2 through 5 in column (d) 8 Net gaming income summary. Subtract line 7 from line 1, column (d)

Schedule G (Form 990 or 990-E2	Z) 2014
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Yes

No

**b** If "No," explain:

b If "Yes," explain: \_

9 Enter the state(s) in which the organization conducts gaming activities:

a Is the organization licensed to conduct gaming activities in each of these states?

10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year?

### BUSINESS UNITED IN INVESTING LENDING &

<u>Sc</u> r	edule G (Form 990 or 990-EZ) 2014 DEVELOPMENT (	BUILD)		94-3	386695	Page 3
	Does the organization conduct gaming activities with nonmem					No
	Is the organization a grantor, beneficiary or trustee of a trust or					
	to administer charitable gaming?				Yes	☐ No
13	Indicate the percentage of gaming activity conducted in:					
a	The organization's facility				13a	%
	An outside facility				13b	%
	Enter the name and address of the person who prepares the o					
	Name	WS-147-247-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1				
	Address >					
15a	Does the organization have a contract with a third party from v	whom the or	ganization receives gaming revenue	i?	Yes	☐ No
Ł	If "Yes," enter the amount of gaming revenue received by the	organization	▶ \$ and th	ne amount		
	of gaming revenue retained by the third party > \$					
ď	If "Yes," enter name and address of the third party:					
	Name					
	Address ►		All and the second seco			
16	Gaming manager information:					
	Name		10.00			
	Gaming manager compensation > \$					
	Description of services provided					
	Director/officer Employee	Indep	endent contractor			
17	Mandatory distributions:					
á	Is the organization required under state law to make charitable	e distributior	ns from the gaming proceeds to			
	retain the state gaming license?				Yes	No
ŀ	Enter the amount of distributions required under state law to b	oe distribute	d to other exempt organizations or s	spent in the		
	organization's own exempt activities during the tax year > \$					
Pa	Supplemental Information. Provide the explanation:	is required b	y Part I, line 2b, columns (iii) and (v)	, and Part III, lir	nes 9, 9b, 10l	b, 15b,
	15c, 16, and 17b, as applicable. Also provide any add	ditional infor	mation (see instructions).			
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			Message			

	BUSINESS UNITED IN INVESTING LENDING &	
Schedule G (Form 990 or 990-	EZ) DEVELOPMENT (BUILD) al Information (continued)	94-3386695 Page 4
Part IV Supplementa	al Information (continued)	
·		
		ACCESS TO THE PROPERTY OF THE

# SCHEDULE (Form 990)

Department of the Treasury Internal Revenue Service

Parti

Part II

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

Attach to Form 990.

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

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OMB No. 1545-0047

Open to Public Inspection ž

Employer identification number 94-3386695 X Yes Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection ▶ Information about Schedule I (Form 990) and its instructions is at www.irs.aov/form990. States. BUSINESS UNITED IN INVESTING LENDING & Describe in Part IV the organization's procedures for monitoring the use of grant funds in the Uni DEVELOPMENT (BUILD General Information on Grants and Assistance criteria used to award the grants or assistance? Name of the organization

(h) Purpose of grant or assistance Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any (g) Description of non-cash assistance (f) Method of valuation (book, FMV, appraisal, other) (e) Amount of assistance hon-cash space is needed. (d) Amount of Grants and Other Assistance to Domestic Organizations and Domestic Governments. sh grant Enter total number of section 501(c)(3) and government organizations listed in the line 1 table recipient that received more than \$5,000. Part II can be duplicated if additional (c) IRC section if applicable (b) EIN 1 (a) Name and address of organization or government

Enter total number of other organizations listed in the line 1 table

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

Schedule I (Form 990) (2014)

94-3386695

Schedule I (Form 990) (2014)

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

(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 & DIVIDEND AWARDS	232	11,587.	0		COMPETITION AWARDS
BUILD COLLEGE SCHOLARSHIP	223	57,107.	0.0		SCHOLARSHIP
LAZIER SCHOLARSHIP	r.	5 000.	0.		SCHOLARSHIP
YOUTH TEAM BUSINESS FUNDING	66	27,530.	0.		INCUBATOR TEAM FUNDING
		<b>)</b>			
Part IV Supplemental Information. Provide the information required in Part I, line 2, Part III, column (b), and any other additional information.	uired in Part I, lin	e 2, Part III, column (	b), and any other ad	ditional information.	
равн т г.тив 2:					

PART I, LINE Z:

EXPLANATION: BUILD DOES NOT GIVE GRANTS; WE ONLY AWARD SCHOLARSHIPS BASED

ON SPECIFIC CRITERIA FOR ALL ELIGIBLE GRADUATING STUDENTS.

PART I, LINE 2"

BUILD DOES NOT GIVE GRANTS; ONLY AWARDS AND SCHOLARSHIPS ARE GIVEN TO

STUDENTS IN ITS PROGRAM.

### SCHEDULE J (Form 990)

### **Compensation Information**

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

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

► Attach to Form 990.

<u> 2014</u>

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury
Internal Revenue Service
Name of the organization

► Information about Schedule J (Form 990) and its instructions is at www.irs.gov/form990
BUSINESS UNITED IN INVESTING LENDING & Emp

Employer identification number 94-3386695

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

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

Regulations section 53.4958-6(c)?

If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in

Schedule J (Form 990) 2014

94-3386695

# BUSINESS UNITED IN INVESTING LENDING &

DEVELOPMENT (BUILD)

Schedule J (Form 990) 2014

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.

		(B) Breakdown of V	(B) Breakdown of W-2 and/or 1099-MISC compensation	SC compensation	(C) Retirement and	(D) Nontaxable	(E) Total of columns	(F) Compensation
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	other deferred compensation	benefits	(a)-(i)(a)	in column (B) reported as deferred in prior Form 990
(1) SUZANNE M. KLAHR	€	184,25	35,000.	0	0.	11,446.	230,69	0
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(2) CHARLES SALTER	€ 8	182,50	26,250		0	7,208.	856,212	
PRESIDENT & CHIEF OFERATING OFFICER		•			•	0		
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BUSINESS UNITED IN INVESTING LENDING & DEVELOPMENT (BUILD)

94-3386695

Schedule J (Form 990) 2014 I Part III Supplemental Information

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Schedule J (Form 990) 2014

### **SCHEDULE M** (Form 990)

**Noncash Contributions** 

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

OMB No. 1545-0047

Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

Attach to Form 990. ► Information about Schedule M (Form 990) and its instructions is at www.irs.gov/form990.

BUSINESS UNITED IN INVESTING LENDING & DEVELOPMENT (BUILD)

Employer identification number 94-3386695

Par	rt   Types of Property				
		(a) Check if applicable	(b) Number of contributions or litems contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d)  Method of determining  noncash contribution amounts
1	Art - Works of art				
2	Art - Historical treasures				
3	Art - Fractional interests				
4	Books and publications				
5	Clothing and household goods			· · · · ·	
6	Cars and other vehicles		Copy State (1) Section (product Management application (CO) State (1) (PRODUCT OF STATE (STATE (STAT		
7	Boats and planes				
8	Intellectual property				
9	Securities - Publicly traded	Х	14	524,774.	FMV
10	Securities - Closely held stock				
11	Securities - Partnership, LLC, or		· · · ·		
	trust interests				
12	Securities - Miscellaneous				
13	Qualified conservation contribution -				
	Historic structures				
14	Qualified conservation contribution - Other				
15	Real estate - Residential				
16	Real estate - Commercial				/
17	Real estate - Other				
18	Collectibles				
19	Food inventory				
20	Drugs and medical supplies			• • • • • • • • • • • • • • • • • • • •	
21	Taxidermy				
22	Historical artifacts				
23	Scientific specimens				
24	Archeological artifacts				
25	Other ( DONATED AUCTI )	X	12	310,953.	FMV
26	Other		<u></u> .		
27	Other				• • • • • • • • • • • • • • • • • • • •
<u>28</u>	Other ()			· · · · · · · · · · · · · · · · · · ·	
29	Number of Forms 8283 received by the organiz	_	-		
	for which the organization completed Form 828	33, Part IV, I	Donee Acknowledg	ement	
					Yes No
30a	During the year, did the organization receive by				
	must hold for at least three years from the date		I contribution, and	which is not required to be	77
	exempt purposes for the entire holding period?				30a X
	· · ,				
31	Does the organization have a gift acceptance p	•	•	•	
32a		or related or	ganizations to solid	cit, process, or sell noncash	
					32a X
b	If "Yes," describe in Part II.				er e
33	If the organization did not report an amount in	column (c) f	or a type of propen	ty for which column (a) is ch	ескеа,
	describe in Part II.				

### BUSINESS UNITED IN INVESTING LENDING &

Schedule M	(Form 990) (2014) DEVELOPMENT (BUILD)	94-3386695	Page 2
Part II	<b>Supplemental Information.</b> Provide the information required by Part I, lines 30b, 32b, and 33, a is reporting in Part I, column (b), the number of contributions, the number of items received, or a combit this part for any additional information.	and whether the organizat nation of both. Also comp	ion lete
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### **SCHEDULE 0**

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

### Supplemental Information to Form 990 or 990-EZ

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

► Attach to Form 990 or 990-EZ.

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

2014
Open to Public Inspection

OMB No. 1545-0047

Name of the organization

BUSINESS 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 COMMITTES 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

FINANCIAL STATEMENTS HAS NOT CHANGED SINCE LAST YEAR.