PUBLIC DISCLOSURE COPY

PLEASE FILE IN A SAFE PLACE

ARMANINO^{LLP}

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Form	990	

Department of the Treasury Internal Revenue Service

** PUBLIC DISCLOSURE COPY **

Return of Organization Exempt From Income Tax Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

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

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



AF	or the	2018 calendar year, or tax year beginning JUL 1, 2018 and e	ending J	UN 30, 2019					
Bc	heck if	C Name of organization		D Employer identifi	cation number				
a	oplicable	BUSINESS UNITED IN INVESTING LENDING &							
	Addres	e DEVELOPMENT							
	Name Chang		94-33	4-3386695					
	Initial return	Number and street (or P.O. box if mail is not delivered to street address)	E Telephone numbe	r					
	Final			(650)	688-5840				
	termin ated	, , , , , , , , , , , , , , , , , , ,		G Gross receipts \$	9,771,513.				
	Ameno	REDWOOD CITT, CR 94004		H(a) Is this a group re	eturn				
	Applic tion pendir	F Name and address of principal officer: AT BEE Shakok		for subordinates	? Yes X No				
	-	SAME AS C ABOVE		H(b) Are all subordinates ir	ncluded? Yes No				
		empt status: 🗴 501(c)(3) 🚺 501(c) ()◀ (insert no.) 🗌 4947(a)(1) c	or 527	If "No," attach a	list. (see instructions)				
		Re: WWW.BUILD.ORG		H(c) Group exemptio					
		organization: X Corporation Trust Association Other	L Year	of formation: 1999	State of legal domicile: CA				
Ра	rt I	Summary							
ø		Briefly describe the organization's mission or most significant activities: BUILD'S		I IS TO USE					
anc		ENTREPRENEURSHIP TO EXCITE AND PROPEL LOW-INCOME, DISENGAGED							
Governance		Check this box			1				
ò					15				
ۍ ه		Number of independent voting members of the governing body (Part VI, line 1b)			13				
ies		Total number of individuals employed in calendar year 2018 (Part V, line 2a)		176					
Activities &		Total number of volunteers (estimate if necessary)		1386					
Act		Total unrelated business revenue from Part VIII, column (C), line 12			0.				
	D	Net unrelated business taxable income from Form 990-T, line 38	<u></u>	Prior Year	Current Year				
	8	Contributions and grants (Dart) (III line 1b)		10,014,925.	8,862,297.				
Ine		Contributions and grants (Part VIII, line 1h) Program service revenue (Part VIII, line 2g)		167,799.	195,099.				
Revenue		Program service revenue (Part VIII, line 2g) Investment income (Part VIII, column (A), lines 3, 4, and 7d)		-14,549.	5,143.				
Re		Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		-302,054.	-355,380.				
		Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		9,866,121.	8,707,159.				
		Grants and similar amounts paid (Part IX, column (A), lines 1-3)		46,764.	29,499.				
		Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.				
		Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		7,419,743.	4,801,141.				
sec		Professional fundraising fees (Part IX, column (A), line 11e)		128,356.	146,823.				
Expenses		Total fundraising expenses (Part IX, column (D), line 25)		,	,				
Ě		Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		1,740,860.	1,090,478.				
		Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		9,335,723.	6,067,941.				
		Revenue less expenses. Subtract line 18 from line 12		530,398.	2,639,218.				
or		· · · · · · · · · · · · · · · · · · ·		ginning of Current Year	End of Year				
Assets d Balanc	20	Total assets (Part X, line 16)		3,007,259.	5,797,125.				
ASS	21	Total liabilities (Part X, line 26)		364,921.	515,569.				
Fun	22	Net assets or fund balances. Subtract line 21 from line 20		2,642,338.	5,281,556.				
Pa	rt II	Signature Block							

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign	Signature of officer			Date							
Here	AYELE SHAKUR, CEO										
	Type or print name and title										
	Print/Type preparer's name	Preparer's signature	Date	Check] PTIN						
Paid	KATY BROWN	KATY BROWN	06/29/20	0 self-employed	self-employed P00650274						
Preparer	Firm's name 🕒 ARMANINO LLP			Firm's EIN 🕨	94-6214841						
Use Only	Firm's address 🕨 12657 ALCOSTA BLVD.										
	SAN RAMON, CA 94583-4600 Phone no.925										
May the I	RS discuss this return with the preparer shown abo	ve? (see instructions)			X Yes	No					
832001 12-3	LHA For Paperwork Reduction Act Notic	ce, see the separate instructions.			Form 990) (2018)					

SEE SCHEDULE O FOR ORGANIZATION MISSION STATEMENT CONTINUATION

	990 (2018) DEVELOPMENT t III Statement of Program Service Accomplishments			
rdí				Г
	Check if Schedule O contains a response or note to any line in this Part III			
1	Briefly describe the organization's mission:			
	BUILD'S MISSION IS TO USE ENTREPRENEURSHIP TO EXCITE AND PROPEL			
	LOW-INCOME, DISENGAGED YOUTH THROUGH HIGH SCHOOL TO COLLEGE SUCCESS.			
	BUILD IS COMMITTED TO HELPING DISADVANTAGED YOUTH IN AMERICA'S MOST			
	UNDERSERVED COMMUNITIES GAIN THE KNOWLEDGE AND ABILITY TO PERSEVERE IN			
2	Did the organization undertake any significant program services during the year which were not listed on the			
	prior Form 990 or 990-EZ?		Yes	X
	If "Yes," describe these new services on Schedule O.			
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services? \dots		Yes	X
	If "Yes," describe these changes on Schedule O.			
4	Describe the organization's program service accomplishments for each of its three largest program services, as me	easured by e	expenses.	
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others,	the total ex	oenses, ar	nd
	revenue, if any, for each program service reported.			
4a	(Code:) (Expenses \$	\$	100),930
	ENTREPRENEURS 1 (E1) - FRESHMAN YEAR - PLANNING A BUSINESS. FRESHMEN			
	ENROLL IN A RIGOROUS, CREDIT BEARING CLASS FOR THE ENTIRE ACADEMIC			
	YEAR. STUDENTS LEARN THE TENETS OF TIME MANAGEMENT, GOAL SETTING AND			
	PROFESSIONAL COMMUNICATION ETIQUETTE. IN TEAMS OF 3-5 MEMBERS, STUDENTS			
	DEVELOP COMPREHENSIVE 20-30 PAGE BUSINESS PLANS BASED ON IDEAS THEY			
	CREATE. THE YEAR CULMINATES WITH PARTICIPATION IN BUILD'S YOUTH			
	BUSINESS PLAN COMPETITION HELD AT UNIVERSITY GRADUATE SCHOOLS OF			
	BUSINESS IN BUILD'S THREE REGIONS.			
4b	(Code:) (Expenses \$377,436. including grants of \$) (Revenue ENTREPRENEURS 2 (E2) - SOPHOMORE YEAR - RUNNING A BUSINESS. SOPHOMORES	\$	40),91
4b		\$	4(),915
4b	ENTREPRENEURS 2 (E2) - SOPHOMORE YEAR - RUNNING A BUSINESS. SOPHOMORES MEET AFTER SCHOOL FOR UP TO 6 HOURS PER WEEK FOR THE ENTIRE ACADEMIC YEAR. IN BUILD'S YOUTH BUSINESS AND ACADEMIC INCUBATOR, THEY BEGIN TO OPERATE A SMALL BUSINESS WHILE LEARNING NEGOTIATION, BUSINESS ETHICS,	\$	40),915
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UNITED IN INVEST 05031591 2018.06 បន INESS

	990 (2018) DEVELOPMENT 94-338669	95	Р	age 3
Par	t 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	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		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	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or	_		
	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
_	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		x
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	_		x
•	the environment, historic land areas, or historic structures? <i>If</i> "Yes," <i>complete Schedule D, Part II</i>	7		<u> </u>
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			x
•	Schedule D, Part III	8		<u> </u>
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			x
10	If "Yes," complete Schedule D, Part IV	9		
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent	10	х	
44	endowments, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i>	10		
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VII, IX, or X as applicable.			
-	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
а	Part VI	11a	х	
h	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total	110		
D	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		x
c	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total			
Ū	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		x
b	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in			
-	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		x
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		x
	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	х	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a	х	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		x
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Х
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			
	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,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17	Х	
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18	Х	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
	complete Schedule G, Part III	19		x
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		x
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes." complete Schedule I. Parts I and II	21	000	X
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Par	rt IV Checklist of Required Schedules (continued)			
			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	х	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23	Х	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No," go to line 25a	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		<u> </u>
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L, Part I	25b		X
26	Did the organization report any amount on Part X, line 5, 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			
	instructions for applicable filing thresholds, conditions, and exceptions):			
	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		X
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,			
	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	X	<u> </u>
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations?			
	If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
•	Part V, line 1	34		X
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a 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?			
e=	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		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?		v	
Par	Note. All Form 990 filers are required to complete Schedule O Statements Regarding Other IRS Filings and Tax Compliance	38	Х	<u> </u>
rai	Check if Schedule O contains a response or note to any line in this Part V			
-		6	Yes	No
	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a	_		
		0		
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c	X	<u> </u>
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Form	990 (2018) DEVELOPMENT		94-338669	5	Р	Page 5						
Par	t V Statements Regarding Other IRS Filings and Tax Compliance (continued)											
					Yes	No						
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,											
	filed for the calendar year ending with or within the year covered by this return	2 a	176									
b	If at least one is reported on line 2a, did the organization file all required federal employment tax return	ns?		2b	Х							
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> (see instructions)											
	a 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											
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a											
	financial account in a foreign country (such as a bank account, securities account, or other financial a	ccount	t)?	4a		X						
b	If "Yes," enter the name of the foreign country:											
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial A	ccount	s (FBAR).									
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?			5a		X						
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transact			5b		X						
с	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?			5c								
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did th	e orgar	nization solicit									
	any contributions that were not tax deductible as charitable contributions?			6a		X						
b	If "Yes," did the organization include with every solicitation an express statement that such contributi	ons or	gifts									
	were not tax deductible?			6b								
7	Organizations that may receive deductible contributions under section 170(c).											
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and ser	vices pr	ovided to the payor?	7a	Х							
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?			7b	Х							
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	ıs requ	ired									
	to file Form 8282?			7c		X						
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d										
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit co	ontract	?	7e		X						
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contra	act?		7f		X						
g	If the organization received a contribution of qualified intellectual property, did the organization file Fc			7g		<u> </u>						
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization	tion file	e a Form 1098-C?	7h		_						
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained	by the	•									
				8								
9	Sponsoring organizations maintaining donor advised funds.											
а				9a								
b				9b		-						
10	Section 501(c)(7) organizations. Enter:											
a	Initiation fees and capital contributions included on Part VIII, line 12	10a										
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b										
11	Section 501(c)(12) organizations. Enter:											
a	Gross income from members or shareholders	11a										
b	Gross income from other sources (Do not net amounts due or paid to other sources against											
40-	amounts due or received from them.)	11b		40-								
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form			12a								
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b										
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			40-		-						
а	Is the organization licensed to issue qualified health plans in more than one state?			13a								
	Note. See the instructions for additional information the organization must report on Schedule O.											
D	Enter the amount of reserves the organization is required to maintain by the states in which the	401-										
	organization is licensed to issue qualified health plans	13b										
	Enter the amount of reserves on hand	13c		14-		x						
14a				14a		<u>↓</u> ^^						
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule			14b		+						
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remunel			15		x						
	excess parachute payment(s) during the year?			15								
16	If "Yes," see instructions and file Form 4720, Schedule N.	incorr	2	16		x						
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment If "Yes " complete Form 4720. Schedule O	TICOIT	ie?	16								
	If "Yes," complete Form 4720, Schedule O.				000	1						

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	t VI Governance, Management, and Disclosure For each "Yes" response to lines 2 thr to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O.				20000	
	Check if Schedule O contains a response or note to any line in this Part VI					X
Sec	tion A. Governing Body and Management					
					Yes	N
1a	Enter the number of voting members of the governing body at the end of the tax year	1a		15	1.00	
	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.					
b	Enter the number of voting members included in line 1a, above, who are independent	1b		13		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship	·	any other			
	officer, director, trustee, or key employee?			2		X
3	Did the organization delegate control over management duties customarily performed by or under the					
	of officers, directors, or trustees, or key employees to a management company or other person?			3		X
4	Did the organization make any significant changes to its governing documents since the prior Form 99				Х	
5	Did the organization become aware during the year of a significant diversion of the organization's asse					X
6	Did the organization have members or stockholders?			6		X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or app					
	more members of the governing body?			7a		X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, sto					
	persons other than the governing body?			7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year					
а	The governing body?			8a	Х	
b	Each committee with authority to act on behalf of the governing body?			8b	Х	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be read					
	organization's mailing address? If "Yes." provide the names and addresses in Schedule O			9		X
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Rev					
			,		Yes	N
l0a	Did the organization have local chapters, branches, or affiliates?			10a	Х	
b	If "Yes," did the organization have written policies and procedures governing the activities of such cha	apters	, affiliates,			
	and branches to ensure their operations are consistent with the organization's exempt purposes?			10b	Х	
1 1 a	Has the organization provided a complete copy of this Form 990 to all members of its governing body	befor	e filing the form	? 11 a	Х	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.					
l2a	Did the organization have a written conflict of interest policy? If "No," go to line 13			12a	Х	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise	to conf	flicts?	12 b	Х	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Ye	es," de	escribe			
	in Schedule O how this was done			120	Х	
13	Did the organization have a written whistleblower policy?			13	Х	
4	Did the organization have a written document retention and destruction policy?			14	Х	
15	Did the process for determining compensation of the following persons include a review and approval	by inc	dependent			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?					
а	The organization's CEO, Executive Director, or top management official			15a	Х	
b	Other officers or key employees of the organization			15 b	Х	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).					
l6a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangem	nent wi	ith a			
	taxable entity during the year?			16 a		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate	e its pa	articipation			
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organi	ization	's			
	exempt status with respect to such arrangements?			16 b		
Sec	tion C. Disclosure					
17	List the states with which a copy of this Form 990 is required to be filed CA , MD, MA, NY, PA, VA, DC	С				
8	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A if applicable), 990, and	d 990-	T (Section 501(c)(3)s only	availa	ble
	for public inspection. Indicate how you made these available. Check all that apply.					
	X Own website Another's website X Upon request Other (explain					
	Describe in Schedule O whether (and if so, how) the organization made its governing documents, con	flict of	interest policy,	and finan	cial	
9	statements available to the public during the tax year.					
9		1.0 000	d records			
19 20	State the name, address, and telephone number of the person who possesses the organization's boo	ks and	· -			
	State the name, address, and telephone number of the person who possesses the organization's boo DALE LEMKE - (617) 600-0532 P.O. BOX 3316, REDWOOD CITY, CA 94064	ks and				

Part VII	Compensation of Officers, Directors, Trustees, Key Emple	oyees, 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.

DEVELOPMENT

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• 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 nor any related organization compensated any current officer, director, or trustee.

		I	mzu			iper	ioutt			
(A)	(B)				C)			(D)	(E)	(F)
Name and Title	Average		not c	heck		than o		Reportable	Reportable	Estimated
	hours per					s both pr/trus		compensation	compensation	amount of
	week						,	from	from related	other
	(list any hours for	irecto						the	organizations (W-2/1099-MISC)	compensation from the
	related	e or d	tee			sated		organization (W-2/1099-MISC)	(00-2/1099-00150)	organization
	organizations	ruste	l trus		/ee	npen		(00-2/1033-10130)		and related
	below	dual t	utiona		nploy	st col	5			organizations
	line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) DAVID MARSTON	2.00	_	_			<u> </u>				
CHAIRMAN (THRU 10/18)		х		х				0.	٥.	0.
(2) DAVID KING	2.00									
CHAIRMAN (START 11/18)		х		х				0.	0.	0.
(3) AJAY AGARWAL	1.00									
CO-CHAIR & TREASURER		Х		х				0.	٥.	0.
(4) EL GRAY	1.00									
CO-CHAIR		Х		х				0.	0.	0.
(5) BRANDEE BARKER	1.00									
MEMBER		х						0.	0.	0.
(6) DOUG BRIEN	1.00									_
MEMBER		х						0.	0.	0.
(7) EMILY CHANG	1.00									_
MEMBER		х						0.	0.	0.
(8) JOHN CHINA	1.00									
MEMBER		х						0.	0.	0.
(9) BRIAN COHEN	1.00									
MEMBER		х						0.	0.	0.
(10) LIANE HORNSEY	1.00									
MEMBER		х						0.	0.	0.
(11) KARL JACOB	1.00									
MEMBER	1 00	х						0.	0.	0.
(12) MIKE O'BRIEN	1.00									
MEMBER (13) BARATUNDE THURSTON	1.00	Х						0.	0.	0.
MEMBER	1.00	x						0.	0.	0
(14) MICHAEL FARB	1.00	^						U.	· · ·	0.
MEMBER	1.00	х						0.	0.	0.
(15) ROY HIRSHLAND	1.00	<u>л</u>						· · ·	·.	
MEMBER		x						0.	0.	0.
(16) DAN VALLIMARESCU	1.00							· · · ·	· · ·	
MEMBER		x						0.	0.	0.
(17) SUZANNE MCKECHNIE KLAHR	50.00									.
CEO(THRU 6/18) & FOUNDER(THRU 6/19)		x		x				180,722.	0.	10,998.
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BUSINESS	UNITED	IN	INVESTING	LENDING	&

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Part VII Section A. Officers, Dire	ectors, Trust	ees, Key Emp	oloy	ees,	anc	d Hig	ghes	t C	ompensated Employee	s (continued)				
(A)		(B)			(0	C)			(D)	(E)			(F)	
Name and title		Average	(do			ition		ne	Reportable	Reportable		Es	timate	ed
		hours per	(do not check more than one box, unless person is both an officer and a director/trustee)					n an	compensation	compensatio			nount	of
		week					i/iius	lee)	- from	from related			other	
		(list any hours for	ndividual trustee or director						the organization	organization (W-2/1099-MIS			pensa om th	
		related	e or c	stee			sated		(W-2/1099-MISC)	(00-2/1099-1010	50)		anizat	
		organizations	truste	al trus		/ee	Key employee Highest compensated employee		(112) 1000 11100)			u v	d relat	
		below	idual 1	nstitutional trustee	2	ƙey employee	est co oyee	er					anizati	
		line)	Indiv	Instit	Officer	Key e	Highe	Former						
(18) AYELE SHAKUR		50.00												
CEO (START 7/18)			х		х				132,672.		Ο.		14,	670.
(19) DALE LEMKE		50.00												
CFOO (START 9/18)					х				51,997.		Ο.		8,	658.
(20) CHYMEKA OLFONSE		50.00												
REGIONAL EXECUTIVE DIRECTOR							x		142,827.		٥.		10,	363.
(21) LARISA MARINAS		50.00												
CHIEF OF STAFF							x		132,046.		٥.		10,	998.
(22) BRYCE JACOBS		50.00												
REGIONAL EXECUTIVE DIRECTOR							x		112,410.		Ο.			Ο.
(23) EDWARD WILSON		50.00												
DEVELOPMENT DIRECTOR							х		107,180.		0.		7,	328.
1b Sub-total									859,854.		0.		63,	015.
c Total from continuation sheet									0.		0.			0.
d Total (add lines 1b and 1c)									859,854.		0.		63,	015.
2 Total number of individuals (inc								o re	eceived more than \$100,0	000 of reportable	;			
compensation from the organiz														6
·													Yes	No
3 Did the organization list any for	rmer officer,	director, or tru	istee	e, ke	y en	nplo	vee.	or l	highest compensated en	nployee on				
line 1a? If "Yes," complete Sch	-	-				•			•			3		х
4 For any individual listed on line														
and related organizations great												4	Х	
5 Did any person listed on line 1a														
rendered to the organization?												5		х
Section B. Independent Contracto					<u></u>	2010						<u> </u>		
1 Complete this table for your five	e highest cor	npensated ind	epe	nder	nt co	ontra	acto	rs th	nat received more than \$	100,000 of com	oensat	tion fro	m	
the organization. Report compe														
	(A)				0			Ī	(B)			(C	;)	

(A)	(B)	(C)	
Name and business address	Description of services	Compensation	
RUSSELL REYNOLDS ASSOCIATES, INC., CHURCH			
STREET STATION PO BOX 6427, NEW YORK, NY	CEO SEARCH FEE	101,851.	
2 Total number of independent contractors (including but not limited to those listed	above) who received more than		
\$100,000 of compensation from the organization 1			

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Form 9							94-338669	5 Page S
Part	VIII							
		Check if Schedule O conta	ains a response	or note to any line	<u>e in this Part VIII</u> (A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
Contributions, Gifts, Grants and Other Similar Amounts	b c d e	Federated campaigns	1b 1c 1d ons) 1e ts, and 1	2,157,586.				
onti nd C	-	Noncash contributions included in lines			8,862,297.			
<u> </u>	n	Total. Add lines 1a-1f		Business Code	0,002,257.			
Program Service Revenue	2a b c d	PROGRAM SERVICE FEES		900099	195,099.	195,099.		
БС П	е							
₽		All other program service reve			195,099.			
	<u>g</u> 3	Total. Add lines 2a-2f Investment income (including			195,099.			
4	4	other similar amounts) Income from investment of tax Royalties	-exempt bond p	proceeds	3,245.			3,245
	6 a	Gross rents	(i) Real	(ii) Personal				
		Less: rental expenses Rental income or (loss)						
7	7 a	Gross amount from sales of	(i) Securities 497,371.	(ii) Other				
	b	assets other than inventory Less: cost or other basis and sales expenses	495,473.					
	с	Gain or (loss)	1,898.					
		Net gain or (loss)		►	1,898.			1,898
Other Revenue		Gross income from fundraising including \$ 2,157, contributions reported on line Part IV, line 18	586. of 1c). See a	213,496. 568,881.				
ŧ		Less: direct expenses Net income or (loss) from fund			-355,385.			-355,385
ę		Gross income from gaming ac Part IV, line 19	tivities. See					
		Less: direct expenses						
10		Net income or (loss) from gam Gross sales of inventory, less	returns					
		and allowances Less: cost of goods sold	b					
	C	Net income or (loss) from sales Miscellaneous Revenue		Business Code				
1		OTHER REVENUE		900099	5.			5
	b c							
		All other revenue			-			
		Total. Add lines 11a-11d			5. 8,707,159.	195,099.	0.	-350,237
12	2 2-31-	Total revenue. See instructions		₽	5,101,139.	±,0,0,0,0,0,0,0,0,0,0,0,0,0,0,0,0,0,0,0	υ.	Form 990 (2018

Pa	rt IX Statement of Functional Expense	S			
ecti	on 501(c)(3) and 501(c)(4) organizations must compl	ete all columns. All othe	r organizations must con	nplete column (A).	
	Check if Schedule O contains a respons			(0)	
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22	29,499.	29,499.		
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16				
ļ	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees	399,717.	85,579.	130,583.	183,5
;	Compensation not included above, to disqualified				
	persons (as defined under section $4958(f)(1)$) and				
	persons described in section 4958(c)(3)(B)				
	Other salaries and wages	3,718,388.	2,949,188.	491,068.	278,1
	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)				
)	Other employee benefits	306,854.	245,920.	36,467.	24,4
	Payroll taxes	376,182.	278,903.	55,949.	41,3
	Fees for services (non-employees):				
а	Management				
b	Legal				
с	Accounting	28,762.		28,762.	
d	Lobbying				
е	Professional fundraising services. See Part IV, line 17	146,823.			146,8
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.)	281,623.	130,536.	71,360.	79,73
	Advertising and promotion	1,885.	1,813.		
	Office expenses	43,353.	24,463.	5,123.	13,7
	Information technology	35,964.	16,072.	6,421.	13,4
	Royalties				
	Occupancy	198,715.	130,187.	66,734.	1,7
	Travel	126,069.	51,297.	45,026.	29,7
	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
	Conferences, conventions, and meetings	81,472.	75,020.	1,235.	5,2
	Interest				
	Payments to affiliates				
	Depreciation, depletion, and amortization	37,352.	17,111.	6,223.	14,0
	Insurance	23,529.	18,759.	1,921.	2,84
	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule 0.)				
а	OTHER	136,300.	28,835.	67,176.	40,28
b	APPLICATION LICENSES AN	63,070.	10,421.	24,553.	28,09
с	SUPPLIES	19,926.	16,501.	2,402.	1,0:
d	PRINTING & PUBLICATIONS	7,805.	2,123.	1,932.	3,7
е	All other expenses	4,653.	4,094.		5!
	Total functional expenses. Add lines 1 through 24e	6,067,941.	4,116,321.	1,042,935.	908,68
;	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)				

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Check here 🕨

if following SOP 98-2 (ASC 958-720)

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Form 990 (2018)

DEVELOPMENT

Form 990 (2018)

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	990 (2 t X					71	Page I
	• • •	Check if Schedule O contains a response or note	to any lir	e in this Part X			
					(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing			203,205.	1	442,023.
	2	Savings and temporary cash investments			1,064,716.	2	3,555,466.
	3	Pledges and grants receivable, net	1,610,102.	3	1,688,515.		
	4	Accounts receivable, net			36,750.	4	34,500.
	5	Loans and other receivables from current and for					
		trustees, key employees, and highest compensat	ed emplo	yees. Complete			
		Part II of Schedule L				5	
	6	Loans and other receivables from other disqualified	ed persor	ns (as defined under			
		section 4958(f)(1)), persons described in section 4					
		employers and sponsoring organizations of section					
ţ		employees' beneficiary organizations (see instr).	Complete	Part II of Sch L		6	
Assets	7	Notes and loans receivable, net		7			
¥	8	Inventories for sale or use				8	
	9					9	2,266
	10a	Land, buildings, and equipment: cost or other					
		basis. Complete Part VI of Schedule D	10a	374,559.			
	b	Less: accumulated depreciation	10b	331,962.	58,695.	10c	42,597
	11	Investments - publicly traded securities		11			
	12	Investments - other securities. See Part IV, line 11		12			
	13	Investments - program-related. See Part IV, line 1		13			
	14	Intangible assets		14			
	15	Other assets. See Part IV, line 11	33,791.	15	31,758		
	16	Total assets. Add lines 1 through 15 (must equa	l line 34)		3,007,259.	16	5,797,125
	17	Accounts payable and accrued expenses	364,921.	17	515,569		
	18	Grants payable			18		
	19	Deferred revenue				19	
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability. Complete P	art IV of S	Schedule D		21	
ŝ	22	Loans and other payables to current and former of	officers, d	lirectors, trustees,			
Liabilities		key employees, highest compensated employees					
		Complete Part II of Schedule L				22	
-	23	Secured mortgages and notes payable to unrelat	•			23	
	24	Unsecured notes and loans payable to unrelated				24	
	25	Other liabilities (including federal income tax, pay					
		parties, and other liabilities not included on lines					
		Schedule D			264 021	25	F1F FC0
_	26	Total liabilities. Add lines 17 through 25			364,921.	26	515,569
		Organizations that follow SFAS 117 (ASC 958),		ere 🕨 🔯 and			
ŝ	07	complete lines 27 through 29, and lines 33 and			471,048.	07	2 927 826
and	27	Unrestricted net assets			2,171,290.	27	2,927,826 2,353,730
09	28	Temporarily restricted net assets			2,171,250.	28 29	2,333,730
	29					29	
Ĩ		Organizations that do not follow SFAS 117 (AS	v 908), C				
s	20	and complete lines 30 through 34.				20	
Set	30 21	Capital stock or trust principal, or current funds				30 31	
AS	31 32	Paid-in or capital surplus, or land, building, or equ				31	
Net Assets or Fund Balances	32 33	Retained earnings, endowment, accumulated inc			2,642,338.	32 33	5,281,556.
-	33	Total net assets or fund balances		·····	2,012,000.	აა	5,201,550.

5,797,125. Form 990 (2018)

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34

3,007,259.

34

Total liabilities and net assets/fund balances

Total net assets or fund balances

	BUSINESS UNITED IN INVESTING LENDING &				
Form	1990 (2018) DEVELOPMENT	94-33866	95	Pa	_{ge} 12
	rt XI Reconciliation of Net Assets				<u> </u>
	Check if Schedule O contains a response or note to any line in this Part XI				
1	Total revenue (must equal Part VIII, column (A), line 12)	1	8,	707,	159.
2	Total expenses (must equal Part IX, column (A), line 25)	2	6,	067,	941.
3	Revenue less expenses. Subtract line 2 from line 1	3	2 ,	639,	218.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	2 ,	642,	338.
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			٥.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,				
	column (B))	10	5,	281,	556.
Par	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII		<u></u>		X
				Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule (D.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		x
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a			
	separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b	Х	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	basis,			
	consolidated basis, or both:				
	X Separate basis Consolidated basis Both consolidated and separate basis				
с	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	audit,			
	review, or compilation of its financial statements and selection of an independent accountant?		2c	Х	
	If the organization changed either its oversight process or selection process during the tax year, explain in Sche	dule O.			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sing	gle Audit			1
	Act and OMB Circular A-133?		3a		x
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required	ed audit			1
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits		3b		
			F orm	ggn .	(2012)

Form **990** (2018)

SCHEDULE A				Dublic Cha	rity Status an		slia Sı	innort		OMB No. 1545-0047
(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						2018	
		4947(a)(1) nonexempt charitable trust.						2010		
Department of the Treasury Internal Revenue Service		•		Attach to Form 990 or I			oformation		Open to Public Inspection	
			-	v/Form990 for instructi IVESTING LENDING &		ie ialest ii	normation.	Employer	identification number	
			DEVELO							94-3386695
Pa	art I Reaso	n for	Public (Charity Status (All organizations must c	omplete th	is part.) Se	ee instructions	S.	
The	organization is n	ot a pri	vate found	lation because it is: (For lines 1 through 12, c	heck only	one box.)			
1	A church,	conver	ntion of ch	urches, or associatio	on of churches described	l in sectio	on 170(b)(⁻	1)(A)(i).		
2	A school	lescrib	ed in sect	ion 170(b)(1)(A)(ii).	(Attach Schedule E (Forr	n 990 or 99	90-EZ).)			
3			•		anization described in s			•		
4			ch organiz	ation operated in co	njunction with a hospital	described	l in sectio	on 170(b)(1)(A)(iii). Enter	the hospital's name,
_	city, and s								- 14 - 1	and the
5					llege or university owned	d or operat	ed by a go	overnmental u	nit describe	ed in
6				Complete Part II.)	nental unit described in	coction 1	70(6)(1)(1)	(14)		
7			-	-	ntial part of its support f				ne deneral r	oublic described in
•				complete Part II.)		ioni a gove	Similar		ie general p	
8					(1)(A)(vi). (Complete Par	t II.)				
9		-			in section 170(b)(1)(A)		ed in conju	unction with a	land-grant	college
	or univers	ity or a	non-land-ç	grant college of agric	ulture (see instructions).	Enter the	name, city	, and state of	the college	or
	university									
10					than 33 1/3% of its sup					
					ct to certain exceptions,					
					(less section 511 tax) fro	om busines	sses acqui	red by the org	anization a	Ifter June 30, 1975.
				mplete Part III.)		fat. 0		OO(a)(A)		
11 12			-	-	ively to test for public sa	•			rn, out tho	nurnance of one or
12	-		-	-	ively for the benefit of, to ed in section 509(a)(1) o	-			•	
	-	•		-	f supporting organization					
á		-			upervised, or controlled				-	aivina
				-	gularly appoint or elect a	• • • •	-			
	organiza	ation. Y	ou must o	complete Part IV, Se	ections A and B.					
ł	o 🗌 Type II.	A supp	porting org	anization supervised	l or controlled in connec	tion with it	s supporte	ed organizatio	n(s), by hav	ving
	control	or man	agement o	of the supporting org	anization vested in the s	ame perso	ns that co	ntrol or mana	ge the supp	ported
				t complete Part IV,						
C					g organization operated				ly integrate	d with,
			•	.,.). You must complete				tod organi-	ration(a)
(-		porting organization oper zation generally must sat				· ·	
				•	mplete Part IV, Sections	2		•	anallentiv	1000
e					written determination fro				II. Type III	
					nally integrated supporti			JI , JI	, ,,	
1	Enter the numb	er of s	upported (organizations						
				n about the supporte		(iv) to the error	anization listed		-	
	(i) Name of so organiza		1	(ii) EIN	(iii) Type of organization (described on lines 1-10	in your governi	anization listed ing document?	(v) Amount o support (see ir		(vi) Amount of other support (see instructions)
	organiza				above (see instructions))	Yes	No		131110110113)	
Tot										
LHA	For Paperwork	Heduc	tion Act N	lotice, see the Instr	uctions for Form 990 o 13	r 990-EZ.	832021 10-	11-18 Sche	dule A (For	m 990 or 990-EZ) 2018

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Schedule A (Form 990 or 990-EZ) 2018 DEVELOPMENT

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.)

Section A. Public Support Calendar year (or fiscal year beginning in) 🕨 **(a)** 2014 (b) 2015 (c) 2016 (d) 2017 (e) 2018 (f) Total 1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") 9,302,362. 12,422,056 11,046,123 10,014,925. 8,862,297 51,647,763. 2 Tax revenues levied for the organization'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 9,302,362, 12,422,056, 11,046,123 10,014,925. 8 862 297. 51,647,763. 4 Total. Add lines 1 through 3 5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11. column (f) 6,458,441. 45,189,322. 6 Public support. Subtract line 5 from line 4 Section B. Total Support <u>(e) 20</u>18 Calendar year (or fiscal year beginning in) (a) 2014 (b) 2015 (c) 2016 (d) 2017 (f) Total 7 Amounts from line 4 9,302,362. 12,422,056, 11,046,123. 10,014,925. 8,862,297, 51,647,763. 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, 2,402 5,382. 913 21,419 3,245. 33,361. and income from similar sources 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.) 147,523. 213,501. 361,024. 52,042,148. **11 Total support.** Add lines 7 through 10 873,572. 12 **12** Gross receipts from related activities, etc. (see instructions) First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) 13 organization, check this box and stop here ► Section C. Computation of Public Support Percentage 86.83 14 % 14 Public support percentage for 2018 (line 6, column (f) divided by line 11, column (f)) 15 Public support percentage from 2017 Schedule A, Part II, line 14 87.82 15 % 16a 33 1/3% support test - 2018. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization ► X b 33 1/3% support test - 2017. 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 qualifies as a publicly supported organization 17a 10% -facts-and-circumstances test - 2018. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization b 10% -facts-and-circumstances test - 2017. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization 18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions

Schedule A (Form 990 or 990-EZ) 2018

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Schedule A (Form 990 or 990-EZ) 2018 DEVELOPMENT

Part III Support Schedule for Organizations Described in Section 509(a)(2)

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(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Sec	ction A. Public Support		,				
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	8 (f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not						
	include any "unusual grants.")						
2	Gross receipts from admissions,						
	merchandise sold or services per- formed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that						
	are not an unrelated trade or bus- iness under section 513						
4	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
6	Total. Add lines 1 through 5						
7a	Amounts included on lines 1, 2, and						
_	3 received from disqualified persons						
b	Amounts included on lines 2 and 3 received from other than disgualified persons that						
	exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
C	Add lines 7a and 7b						
	Public support. (Subtract line 7c from line 6.)						
	ndar year (or fiscal year beginning in) 🕨	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	8 (f) Total
	Amounts from line 6	(a) 2014	(6) 2013	(0) 2010	(0) 2017		
	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
h	Unrelated business taxable income						
	(less section 511 taxes) from businesses						
	acquired after June 30, 1975						
	Add lines 10a and 10b						
	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11, and 12.)						
14	First five years. If the Form 990 is fo	r the organization's	s first, second, thir	d, fourth, or fifth ta	ax year as a section	n 501(c)(3) or	ganization,
	check this box and stop here						
Sec	ction C. Computation of Publ	ic Support Per	rcentage				
15	Public support percentage for 2018 (line 8, column (f), d	livided by line 13, o	column (f))		15	%
	Public support percentage from 2017					16	%
	ction D. Computation of Inves		•				
	Investment income percentage for 20					17	%
	Investment income percentage from					18	line 17 is not
198	33 1/3% support tests - 2018. If the						
1-	more than 33 1/3%, check this box a						▶□
D	33 1/3% support tests - 2017. If the						
20	line 18 is not more than 33 1/3%, che						
	Private foundation. If the organization	AT UIU HOL CHECK a	50x 011 III e 14, 19	a, ur ren, check tr			▶∟⊥ m 990 or 990-EZ) 2018
o3202	23 10-11-18		15		SCN	edul e A (FOF	11 330 01 330-EZJ 2018

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Schedule A (Form 990 or 990-EZ) 2018 DEVELOPMENT

(Complete only if you checked a box in line 12 on Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d 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")? // "Yes," and if you checked 12a or 12b 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 (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes." provide detail in Part VI.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 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 or 990-EZ).
- 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 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI.
- c Did a disgualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer 10b below.
- b Did the organization have any excess business holdings in the tax year? (Use Schedule C. Form 4720, to determine whether the organization had excess business holdings.)

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1

2

3a

3b

3c

4a

4b

4c

5a

5b

<u>5c</u>

6

7

8

9a

9b

9c

No Yes

Sche		-3386695	Pa	age 5
Pa	rt IV Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)			
	below, the governing body of a supported organization?	11a		
	A family member of a person described in (a) above?	11b		
<u> </u>	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c		
Sec	tion B. Type I Supporting Organizations			
			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to			
	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the			
	tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or			
	controlled the organization's activities. If the organization had more than one supported organization,			
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported			
•	organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,	2		
Sec	supervised, or controlled the supporting organization. tion C. Type II Supporting Organizations	Z		
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
•	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1		
Sec	tion D. All Type III Supporting Organizations			
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
6 00	supported organizations played in this regard.	3		
	tion E. Type III Functionally Integrated Supporting Organizations			
1 a	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instruct The organization satisfied the Activities Test. Complete line 2 below.	10115).		
b	The organization is the parent of each of its supported organizations. Complete line 3 below.			
c	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (se	o instructions	۰ ۱	
2	Activities Test. Answer (a) and (b) below.	e instructions,	Yes	No
a	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	2a		
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more			
	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the			
	reasons for the organization's position that its supported organization(s) would have engaged in these			
	activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. Answer (a) and (b) below.			
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
	trustees of each of the supported organizations? Provide details in Part VI.	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each			
	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b		

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Schedule A (Form 990 or 990-EZ) 2018

2018.06000 BUSINESS UNITED IN INVEST 05031591

BUSINESS	UNITED	IN	INVESTING	LENDING	&

		5114G &		
	90-EZ) 2018 DEVELOPMENT		i-ations	94-3386695 Page
	n-Functionally Integrated 509(a)(3) Support			
	ne organization satisfied the Integral Part Test as a qualify	0		Part VI.) See instructions.
other Type III n	on-functionally integrated supporting organizations must of	complete Sec	ctions A through E.	
ection A - Adjusted Net	income		(A) Prior Year	(B) Current Year (optional)
1 Net short-term capita	l gain	1		
2 Recoveries of prior-ye	ear distributions	2		
3 Other gross income (see instructions)	3		
4 Add lines 1 through 3	}	4		
5 Depreciation and dep	pletion	5		
6 Portion of operating	expenses paid or incurred for production or			
collection of gross in	come or for management, conservation, or			
maintenance of prop	erty held for production of income (see instructions)	6		
7 Other expenses (see	instructions)	7		
8 Adjusted Net Incom	e (subtract lines 5, 6, and 7 from line 4)	8		
ection B - Minimum Ass	et Amount		(A) Prior Year	(B) Current Year (optional)
1 Aggregate fair marke	t value of all non-exempt-use assets (see			
instructions for short	tax year or assets held for part of year):			
a Average monthly valu	le of securities	1 a		
b Average monthly cas	h balances	1b		
c Fair market value of o	other non-exempt-use assets	1c		
d Total (add lines 1a, 1	b, and 1c)	1d		
e Discount claimed for	blockage or other			
factors (explain in de	ail in Part VI):			
	ness applicable to non-exempt-use assets	2		
3 Subtract line 2 from I		3		
4 Cash deemed held for	r exempt use. Enter 1-1/2% of line 3 (for greater amount,			
see instructions)		4		
5 Net value of non-exer	npt-use assets (subtract line 4 from line 3)	5		
6 Multiply line 5 by .03	5	6		
7 Recoveries of prior-ye		7		
8 Minimum Asset Am	ount (add line 7 to line 6)	8		
ection C - Distributable				Current Year
1 Adjusted net income	for prior year (from Section A, line 8, Column A)	1		
2 Enter 85% of line 1		2		
	Int for prior year (from Section B, line 8, Column A)	3		
4 Enter greater of line 2	2 or line 3	4		
5 Income tax imposed		5		
· · · · · · · · · · · · · · · · · · ·	nt. Subtract line 5 from line 4, unless subject to			
	y reduction (see instructions)	6		
	a ourrent year is the organization's first as a non function	ally into grata		enization (and

7 Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).

Schedule A (Form 990 or 990-EZ) 2018

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	BUSINESS UNITED IN	INVESTING LENDING &		
Sche	dule A (Form 990 or 990-EZ) 2018 DEVELOPMENT			94-3386695 Page 7
Par		(a)(3) Supporting Orga	nizations (continued)	
Secti	on D - Distributions		(**********	Current Year
1	Amounts paid to supported organizations to accomplish exe	mpt purposes		
2	Amounts paid to perform activity that directly furthers exemption			
	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purpose	es of supported organizations	6	
4	Amounts paid to acquire exempt-use assets			
5	Qualified set-aside amounts (prior IRS approval required)			
6	Other distributions (describe in Part VI). See instructions.			
7	Total annual distributions. Add lines 1 through 6.			
8	Distributions to attentive supported organizations to which the	he organization is responsive		
	(provide details in Part VI). See instructions.	0		
9	Distributable amount for 2018 from Section C, line 6			
10	Line 8 amount divided by line 9 amount			
		(i)	(ii)	(iii)
Secti	on E - Distribution Allocations (see instructions)	Excess Distributions	Underdistributions Pre-2018	Distributable Amount for 2018
1	Distributable amount for 2018 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2018 (reason-			
	able cause required- explain in Part VI). See instructions.			
3	Excess distributions carryover, if any, to 2018			
a	From 2013			
b	From 2014			
C	From 2015			
d	From 2016			
е	From 2017			
f	Total of lines 3a through e			
g	Applied to underdistributions of prior years			
h	Applied to 2018 distributable amount			
i	Carryover from 2013 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2018 from Section D,			
	line 7: \$			
а	Applied to underdistributions of prior years			
b	Applied to 2018 distributable amount			
c	Remainder. Subtract lines 4a and 4b from 4.			
5	Remaining underdistributions for years prior to 2018, if			
	any. Subtract lines 3g and 4a from line 2. For result greater			
	than zero, explain in Part VI. See instructions.			
6	Remaining underdistributions for 2018. Subtract lines 3h			
	and 4b from line 1. For result greater than zero, explain in			
	Part VI. See instructions.			
7	Excess distributions carryover to 2019. Add lines 3j			
0	and 4c.			
8	Breakdown of line 7: Excess from 2014			
	Excess from 2015			
	Excess from 2016			
	Excess from 2017			
e	Excess from 2018		0.1.1.1.1	(Earm 990 or 990 E7) 2018

Schedule A (Form 990 or 990-EZ) 2018

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Schedule A	(Form 990 or 990-EZ) 2018 DEVELOPMENT	94-3386695	Page 8
Part VI	Supplemental Information. Provide the explanations required by F Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also co	I 11c; Part IV, Section B, lines 1 and 2; Part IV, Section 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Pa	ıC,
	(See instructions.)		
32028 10-11-		Schedule A (Form 990 or 990-	EZ) 201
	20		

Schedule B

(Form 990, 990-EZ, or 990-PF) Department of the Treasury

Internal Revenue Service

** PUBLIC DISCLOSURE COPY **

Schedule of Contributors

Attach to Form 990. Form 990-EZ, or Form 990-PF. Go to www.irs.gov/Form990 for the latest information. OMB No. 1545-0047

2018

Employer identification number

Name of the organization						
BUGINEG	20	UNITED	TN	TNVFSTING	LENDING	s.

:	DEVELOPMENT	94-3386695
Organization type (chec	sk one):	
Filers of:	Section:	
Form 990 or 990-EZ	X 501(c)(³) (enter number) organization	
	4947(a)(1) nonexempt charitable trust not treated as a private foundation	
	527 political organization	
Form 990-PF	501(c)(3) exempt private foundation	

4947(a)(1) nonexempt charitable trust treated as a private foundation

501(c)(3) taxable private foundation

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

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

General Rule

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

Special Rules

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 (entering "N/A" in column (b) instead of the contributor name and address), II, and III.

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

Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't 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 doesn't 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) (2018)

Name of or			Emplo	yer identification number
BUSINESS DEVELOPM	UNITED IN INVESTING LENDING & ENT		9.	4-3386695
Part I	Contributors (see instructions). Use duplicate copies of Part I if additiona	l space is needed.		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributio	ns	(d) Type of contribution
1		\$750	,000.	Person X Payroll Image: Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributio	ns	(d) Type of contribution
2		\$600	<u>,000.</u>	Person X Payroll Image: Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributio	ns	(d) Type of contribution
3		\$325	,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributio	ns	(d) Type of contribution
4		\$318	<u>,275.</u>	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributio	ns	(d) Type of contribution
5		\$303	,016.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributio	ns	(d) Type of contribution
6			,500.	Person X Payroll Noncash (Complete Part II for noncash contributions.)

Schedule B (Form 990, 990-EZ, or 990-PF) (2018)

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Schedule B (Form 990, 990-EZ, or 990-PF) (2018) Name of organization

Name of or				Emplo	yer identification number
BUSINESS DEVELOPM	UNITED IN INVESTING LENDING & ENT			9	4-3386695
Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	l spac	e is needed.		
(a) No.	(b) Name, address, and ZIP + 4		(c) Total contributior	ıs	(d) Type of contribution
7		\$_	200,	000.	Person X Payroll Image: Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4		(c) Total contributior	ıs	(d) Type of contribution
8		\$_	200,	000.	Person X Payroll Image: Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4		(c) Total contributior	ıs	(d) Type of contribution
9		\$_	193,	027.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4		(c) Total contributior	ıs	(d) Type of contribution
		\$_	178,	606.	Person X Payroll Image: Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4		(c) Total contributior	IS	(d) Type of contribution
		\$_			Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4		(c) Total contributior	1S	(d) Type of contribution
		\$_			Person Payroll Noncash (Complete Part II for noncash contributions.)

Schedule B (Form 990, 990-EZ, or 990-PF) (2018)

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Page **2**

Schedule B (Form 990, 990-EZ, or 990-PF) (2018)	

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Schedule E	3 (Form 990, 990-EZ, or 990-PF) (2018)		Page
Name of or	-		Employer identification number
BUSINESS DEVELOPM	UNITED IN INVESTING LENDING &		94-3386695
			L
Part II	Noncash Property (see instructions). Use duplicate copies of Part	II if additional space is needed	l.
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate (See instructions)	
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate (See instructions)	
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate (See instructions.	
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate (See instructions)	
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate (See instructions)	
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate (See instructions.	
		\$	

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823453 11-08-18

Schedule B (Form 990, 990-EZ, or 990-PF) (2018)

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2018.06000 BUSINESS UNITED IN INVEST 05031591

Schedule I	B (Form 990, 990-EZ, or 990-PF) (2018)			Page 4
Name of o	rganization			Employer identification number
	UNITED IN INVESTING LENDING &			
DEVELOPM	IENT			94-3386695
Part III	from any one contributor. Complete columns (a) through (e) and the following line	entry. For orga)(7), (8), or (10) that total more than \$1,000 for the year nizations
	completing Part III, enter the total of exclusively religious, Use duplicate copies of Part III if additional	space is needed.	or less for the y	ear. (Enter this into. once.) 🚩 🎔
(a) No.				
from Part I	(b) Purpose of gift	(c) Use of gift		(d) Description of how gift is held
		(e) Transfer of	gift	
	Transferee's name, address, a	nd ZIP + 4	Rela	tionship of transferor to transferee
		[
(a) No.		<u> </u>		
from	(b) Purpose of gift	(c) Use of gift		(d) Description of how gift is held
Part I				
			-	
			-	
			-	
		(e) Transfer of	aift	
			3	
	Transferee's name, address, a	nd ZIP + 4	Rela	tionship of transferor to transferee
	· · ·			
(a) No. from	(b) Purpose of gift	(c) Use of gift		(d) Description of how gift is held
Part I	(-,	(-,		(-,
			-	
			-	
-		(a) Transfor of	aift	
		(e) Transfer of	gin	
	Transferee's name, address, a	nd 7I P + 4	Rela	tionship of transferor to transferee
(a) No. from	(h) Durness of sift			(d) Description of how rift is hold
Part I	(b) Purpose of gift	(c) Use of gift		(d) Description of how gift is held
			_	
			_	
			_	
ŀ				
		(e) Transfer of	gift	
	T			the sector of th
ł	Transferee's name, address, a	na ZIP + 4	Kela	tionship of transferor to transferee
823454 11-08	3-18	I		Schedule B (Form 990, 990-EZ, or 990-PF) (2018)

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				_		OMB No. 1545	0047
			al Financial Statemen		ŀ	0 //18100.1945	0047
(Forr	n 990)	Part IV, line 6, 7, 8, 9, 10	anization answered "Yes" on Form 99 , 11a, 11b, 11c, 11d, 11e, 11f, 12a, or	i0, 12b.			O
	ment of the Treasury I Revenue Service		Attach to Form 990. 90 for instructions and the latest infor	mation.		Open to F Inspection	
Nam	e of the organizati	on BUSINESS UNITED IN INVESTIN				identification	number
Pa	t I Organiza	DEVELOPMENT ations Maintaining Donor Advise	d Funds or Other Similar Fund	s or Ac	-		
	-	n answered "Yes" on Form 990, Part IV, lin					
			(a) Donor advised funds	(b) Funds and	other account	s
1	Total number at e	nd of year		_			
2		f contributions to (during year)					
3		f grants from (during year)					
4 5		t end of year					
5	•	on's property, subject to the organization's	0			Yes	No
6		on inform all grantees, donors, and donor a					
	•	ooses and not for the benefit of the donor o	• •		2		
_	impermissible priv	ate benefit?				Yes	No
Pa		ation Easements. Complete if the org), Part IV,	line 7.		
1		servation easements held by the organization	· · · · · · · · · · · · · · · · · · ·				
		n of land for public use (e.g., recreation or e of natural habitat	education) Preservation of a h		•		
		n of open space	Preservation of a C		Stone Structu	le	
2		through 2d if the organization held a qualif	fied conservation contribution in the form	n of a cor	nservation ea	sement on the	last
	day of the tax yea					t the End of the	
а	Total number of co	onservation easements			2a		
b	•				2b		
с		vation easements on a certified historic stru			2c		
d		vation easements included in (c) acquired a					
3		nal Register vation easements modified, transferred, rel			2d	the tex	
3	year ►	, ,	eased, extinguished, or terminated by th	le organiz	zation during	life lax	
4		where property subject to conservation eas	sement is located				
5	Does the organiza	tion have a written policy regarding the per	iodic monitoring, inspection, handling o	f			
	violations, and enf	forcement of the conservation easements it	holds?			Yes	No
6	Staff and voluntee	r hours devoted to monitoring, inspecting,	handling of violations, and enforcing co	nservatio	n easements	during the yea	r
_							
7	• ·	ses incurred in monitoring, inspecting, hanc	lling of violations, and enforcing conserv	ation eas	sements durir	ng the year	
8	► \$ Does each conser	vation easement reported on line 2(d) abov	e satisfy the requirements of section 17	0(h)(4)(B)(i)		
•	and section 170(h				.,	Yes	No
9	•	be how the organization reports conservation				nce sheet, and	
	include, if applicat	ole, the text of the footnote to the organizat	tion's financial statements that describe	s the orga	anization's ac	counting for	
De	conservation ease					-1	
Pa		ations Maintaining Collections of f the organization answered "Yes" on Form		Juner 5	imilar ASS	els.	
10		elected, as permitted under SFAS 116 (AS		mont and	d balanco chr	ot works of an	•
ia	0	s, or other similar assets held for public ext	<i>,,</i> 1				,
		tnote to its financial statements that descri				, p. e ,	,
b		elected, as permitted under SFAS 116 (AS		nt and ba	lance sheet v	vorks of art, his	storical
	treasures, or other	r similar assets held for public exhibition, ec	ducation, or research in furtherance of p	ublic serv	vice, provide	the following a	mounts
	relating to these it						
		ded on Form 990, Part VIII, line 1					
~	.,						
2	-	received or held works of art, historical tre-		iai gain, p	provide		
а	-	unts required to be reported under SFAS 1 on Form 990, Part VIII, line 1			▶ \$		
		i Form 990, Part X					
		,	·		, T		

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	BUSINESS U	NITED IN INVESTI	ING LENDING &					
	dule D (Form 990) 2018 DEVELOPMEN					4-338669		Page
Par	t III Organizations Maintaining C	ollections of Ar	t, Historical Tre	asures, or Othe	er Similar A	Assets (c	contin	ued)
3	Using the organization's acquisition, accessi	on, and other records	s, check any of the f	ollowing that are a s	ignificant use	of its colle	ction i	items
	(check all that apply):							
а	Public exhibition	d	Loan or exc	hange programs				
b	Scholarly research	e	Other					
с	Preservation for future generations							
4	Provide a description of the organization's co	ollections and explair	how they further th	e organization's exe	mpt purpose	in Part XIII.		
5	During the year, did the organization solicit of	or receive donations of	of art, historical treas	ures, or other simila	r assets			
	to be sold to raise funds rather than to be ma						es	No
Par	t IV Escrow and Custodial Arran	gements. Comple	ete if the organizatio	n answered "Yes" o	n Form 990, P	Part IV, line	9, or	
	reported an amount on Form 990, Pa	rt X, line 21.						
1a	Is the organization an agent, trustee, custod	ian or other intermed	iary for contributions	s or other assets not	included			
	on Form 990, Part X?					🗌 Y	es	No No
b	If "Yes," explain the arrangement in Part XIII	and complete the fol	lowing table:					
						An	nount	
с	Beginning balance				1c			
d	Additions during the year				1d			
е	Distributions during the year				1e			
f	Ending balance				1f			
2a	Did the organization include an amount on F	orm 990, Part X, line	21, for escrow or cu	stodial account liab	ility?	🗌 Y	es	No
b	If "Yes," explain the arrangement in Part XIII.							
Par	t V Endowment Funds. Complete	if the organization an	swered "Yes" on Fo	rm 990, Part IV, line	10.			
		(a) Current year	(b) Prior year	(c) Two years back	(d) Three year	rs back (e) Four	years back
1a	Beginning of year balance	231,904.	235,022.	221,002.		,126.	;	223,253
b	Contributions	129,677.		15,000.				5,000
с	Net investment earnings, gains, and losses	848.	32.	195.		26.		23.
d	Grants or scholarships							
е	Other expenditures for facilities							
	and programs		3,000.	1,000.	5	,000.		2,000
f	Administrative expenses		150.	175.		150.		150
g	End of year balance	362,429.	231,904.	235,022.	221	,002.	;	226,126
2	Provide the estimated percentage of the cur	rent year end balance	e (line 1g, column (a)) held as:				
а	Board designated or quasi-endowment	100.00	_%					
b	Permanent endowment .00	%						
С	Temporarily restricted endowment	.00_%						
	The percentages on lines 2a, 2b, and 2c sho	•						
3a	Are there endowment funds not in the posse	ession of the organiza	tion that are held ar	d administered for t	he organizatio	n	г	
	by:							Yes No
	(i) unrelated organizations						Ba(i)	X
	(ii) related organizations						a(ii)	X
b	If "Yes" on line 3a(ii), are the related organiza					L	3b	
4	Describe in Part XIII the intended uses of the		wment funds.					
Par	t VI Land, Buildings, and Equipm							
	Complete if the organization answere							
	Description of property	(a) Cost or o	• • •		Accumulated	(d)	Book	value
		basis (investn	basis	(other) de	epreciation			
	Land							
	Buildings					_		-
	Leasehold improvements			5,478.	5,47			0.
	Equipment			342,371.	299,77			42,597
e	Other			26,710.	26,71	∪.		0.

42,597. Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)

Schedule D (Form 990) 2018

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Dart VII	D (Form 990) 2018 DEVELOPMENT				94-3386695	Page 🕻
Γαιτνι	Investments - Other Securities.					
	Complete if the organization answered "Yes"	on Form 990, Part IV, line	11b. See Form 990), Part X, line 12		
(a) Descrip	ption of security or category (including name of security)	(b) Book value	(c) Method of	valuation: Cost	or end-of-year market	t value
1) Financi	ial derivatives					
	/-held equity interests					
 Other 						
(A)						
(B)						
(C)						
(D)						
(E)						
(F)						
(G)						
(H)						
	(b) must equal Form 990, Part X, col. (B) line 12.)					
Part VII	Investments - Program Related.					
			11. 0. 5. 5			
	Complete if the organization answered "Yes" (a) Description of investment	on Form 990, Part IV, line (b) Book value			or end-of-year market	tvaluo
(()	(a) Description of investment			valuation. Cost	or enu-or-year marker	l value
(1)						
(2)						
(3)						
(4)						
(5)						
(6)						
(7)						
(8)						
(8) (9)						
(9) Total. (Col. ((b) must equal Form 990, Part X, col. (B) line 13.)					
(9) Fotal. (Col. (
(9) Total. (Col. (Other Assets. Complete if the organization answered "Yes"		11d. See Form 990), Part X, line 15		
(9) Total. (Col. (Other Assets. Complete if the organization answered "Yes"	on Form 990, Part IV, line Description	11d. See Form 990), Part X, line 15	(b) Book	value
(9) Total. (Col. (Other Assets. Complete if the organization answered "Yes"		11d. See Form 990), Part X, line 15.		value
(9) Total. (Col. (Part IX	Other Assets. Complete if the organization answered "Yes"		11d. See Form 990), Part X, line 15.		value
(9) Total. (Col. (Part IX	Other Assets. Complete if the organization answered "Yes"		11d. See Form 990), Part X, line 15		value
(9) Total. (Col. (Part IX (1) (2)	Other Assets. Complete if the organization answered "Yes"		11d. See Form 990), Part X, line 15		value
(9) Fotal. (Col. (Part IX (1) (2) (3)	Other Assets. Complete if the organization answered "Yes"		11d. See Form 990), Part X, line 15.		value
(9) Fotal. (Col. (Part IX (1) (2) (3) (4)	Other Assets. Complete if the organization answered "Yes"		11d. See Form 990), Part X, line 15.		value
(9) Total. (Col. (Part IX (1) (2) (3) (4) (5)	Other Assets. Complete if the organization answered "Yes"		11d. See Form 990), Part X, line 15.		value
(9) Fotal. (Col. (Part IX (1) (2) (3) (4) (5) (6)	Other Assets. Complete if the organization answered "Yes"		11d. See Form 990), Part X, line 15.		value
(9) Fotal. (Col. (Part IX (1) (2) (3) (4) (5) (6) (7)	Other Assets. Complete if the organization answered "Yes"		11d. See Form 990), Part X, line 15		value
(9) Fotal. (Col. (Part IX (1) (2) (3) (4) (5) (6) (7) (8) (9)	Other Assets. Complete if the organization answered "Yes" (a)	Description				value
(9) Fotal. (Col. (Part IX (1) (2) (3) (4) (5) (6) (7) (8) (9) Fotal. (Coll	Other Assets. Complete if the organization answered "Yes"	Description				value
(9) Total. (Col. (Part IX (1) (2) (3) (4) (5) (6) (7) (8) (9)	Other Assets. Complete if the organization answered "Yes" (a) (a) (b) must equal Form 990, Part X, col. (B) line Other Liabilities.	Description			(b) Book	value
(9) Fotal. (Col. (Part IX (1) (2) (3) (4) (5) (6) (7) (8) (9) Fotal. (Col(Part X	Other Assets. Complete if the organization answered "Yes" (a)	Description			(b) Book	value
(9) Fotal. (Col. (Part IX (1) (2) (3) (4) (5) (6) (7) (8) (9) Fotal. (Coll Part X 1.	Other Assets. Complete if the organization answered "Yes" (a) (a) (a) (b) must equal Form 990, Part X, col. (B) line Other Liabilities. Complete if the organization answered "Yes" (a) Description of liability	Description	11e or 11f. See Fo		(b) Book	value
(9) Fotal. (Col. (Part IX (1) (2) (3) (4) (5) (6) (7) (8) (9) Fotal. (Coll Part X 1. (1) Fee	Other Assets. Complete if the organization answered "Yes" (a) (a) (b) must equal Form 990, Part X, col. (B) line Other Liabilities. Complete if the organization answered "Yes"	Description	11e or 11f. See Fo		(b) Book	value
(9) Fotal. (Col. (Part IX (1) (2) (3) (4) (5) (6) (7) (8) (9) Fotal. (Colt Part X 1. (1) Fec (2)	Other Assets. Complete if the organization answered "Yes" (a) (a) (a) (b) must equal Form 990, Part X, col. (B) line Other Liabilities. Complete if the organization answered "Yes" (a) Description of liability	Description	11e or 11f. See Fo		(b) Book	
(9) Fotal. (Col. (Part IX (1) (2) (3) (4) (5) (6) (7) (8) (9) Fotal. (Colt Part X 1. (1) Fee (2) (3)	Other Assets. Complete if the organization answered "Yes" (a) (a) (a) (b) must equal Form 990, Part X, col. (B) line Other Liabilities. Complete if the organization answered "Yes" (a) Description of liability	Description	11e or 11f. See Fo		(b) Book	value
(9) fotal. (Col. (Part IX (1) (2) (3) (4) (5) (6) (7) (8) (9) Fotal. (Colu Part X I. (1) Fee (2) (3) (4)	Other Assets. Complete if the organization answered "Yes" (a) (a) (a) (b) must equal Form 990, Part X, col. (B) line Other Liabilities. Complete if the organization answered "Yes" (a) Description of liability	Description	11e or 11f. See Fo		(b) Book	value
(9) Fotal. (Col. (Part IX (1) (2) (3) (4) (5) (6) (7) (8) (9) Fotal. (Coll (7) (8) (9) Fotal. (Coll (1) (2) (3) (4) (2) (3) (4) (5) (3) (4) (5) (3) (4) (5) (4) (5) (6) (7) (8) (9) Fotal. (Coll (6) (7) (8) (9) Fotal. (Coll (6) (7) (8) (9) Fotal. (Coll (6) (7) (8) (9) Fotal. (Coll (6) (7) (8) (9) Fotal. (Coll (6) (7) (8) (9) Fotal. (Coll (6) (7) (8) (9) Fotal. (Coll (7) (8) (9) Fotal. (Coll (7) (8) (9) Fotal. (Coll (7) (8) (9) Fotal. (Coll (7) (3) (1) (2) (3) (4) (3) (4) (5) (6) (7) (6) (7) (6) (7) (6) (7) (6) (7) (6) (7) (6) (7) (6) (7) (6) (7) (6) (7) (6) (7) (6) (7) (6) (7) (6) (7) (6) (7) (6) (7) (6) (7) (6) (7) (7) (8) (7) (7) (7) (7) (7) (7) (7) (7	Other Assets. Complete if the organization answered "Yes" (a) (a) (a) (b) must equal Form 990, Part X, col. (B) line Other Liabilities. Complete if the organization answered "Yes" (a) Description of liability	Description	11e or 11f. See Fo		(b) Book	value
(9) Fotal. (Col. (Part IX (1) (2) (3) (4) (5) (6) (7) (8) (9) Fotal. (Col(Part X (1) Fec (2) (3) (4) (5) (6) (3) (4) (5) (6) (6) (7) (8) (9) (9) (1) (2) (3) (4) (5) (6) (6) (6) (6) (7) (6) (7) (8) (9) (6) (7) (7) (6) (7) (7) (7) (7) (7) (7) (7) (7	Other Assets. Complete if the organization answered "Yes" (a) (a) (a) (b) must equal Form 990, Part X, col. (B) line Other Liabilities. Complete if the organization answered "Yes" (a) Description of liability	Description	11e or 11f. See Fo		(b) Book	value
(9) Fotal. (Col. (Part IX (1) (2) (3) (4) (5) (6) (7) (8) (9) Fotal. (Col(Part X 1. (1) Fec (2) (3) (4) (5) (6) (3) (4) (5) (6) (7) (6) (7) (6) (7) (6) (7) (7) (8) (9) (6) (7) (6) (7) (7) (7) (8) (9) (6) (7) (7) (7) (7) (7) (7) (7) (7	Other Assets. Complete if the organization answered "Yes" (a) (a) (a) (b) must equal Form 990, Part X, col. (B) line Other Liabilities. Complete if the organization answered "Yes" (a) Description of liability	Description	11e or 11f. See Fo		(b) Book	value
(9) Total. (Col. (Part IX (1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Col(Part X 1. (1) Fee (2) (3) (4) (5) (6) (7) (6) (7) (6) (7) (8)	Other Assets. Complete if the organization answered "Yes" (a) (a) (a) (b) must equal Form 990, Part X, col. (B) line Other Liabilities. Complete if the organization answered "Yes" (a) Description of liability	Description	11e or 11f. See Fo		(b) Book	value
(9) Fotal. (Col. (Part IX (1) (2) (3) (4) (5) (6) (7) (8) (9) Fotal. (Colt Part X 1. (1) Fee (2) (3) (4) (5) (6) (7) (3) (4) (5) (6) (7) (8) (9)	Other Assets. Complete if the organization answered "Yes" (a) (a) (a) (b) must equal Form 990, Part X, col. (B) line Other Liabilities. Complete if the organization answered "Yes" (a) Description of liability	Description	11e or 11f. See Fo		(b) Book	

Schedule D (Form 990) 2018

	BUSINESS UNITED IN INVESTING LENDING &	:			
Sche	dule D (Form 990) 2018 DEVELOPMENT			94-3386695	Page 4
Par	t XI Reconciliation of Revenue per Audited Financial Stateme	ents With R	evenue per Re	turn.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a	a.			
1	Total revenue, gains, and other support per audited financial statements			1	8,937,599.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
а	Net unrealized gains (losses) on investments	. 2a			
b	Donated services and use of facilities	2b	230,440.		
с	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIII.)	2d			
е	Add lines 2a through 2d			2e	230,440.
3	Subtract line 2e from line 1			3	8,707,159.
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			
с	Add lines 4a and 4b			4c	٥.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)			5	8,707,159.
Pa	t XII Reconciliation of Expenses per Audited Financial Statem	ents With I	Expenses per R	Return.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a	a.			
1	Total expenses and losses per audited financial statements			1	6,298,381.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:				
а	Donated services and use of facilities	. 2 a	230,440.		
b	Prior year adjustments	2b			
с	Other losses	. 2c			
d	Other (Describe in Part XIII.)	2d			
е	Add lines 2a through 2d			2e	230,440.
3	Subtract line 2e from line 1			3	6,067,941.
4	Amounts included on Form 990, Part IX, line 25, 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			
С	Add lines 4a and 4b			4c	0.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)			5	6,067,941.
Pa	t XIII Supplemental Information.				

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

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PART X, LINE 2:

BUSINESSES 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 STATUTES

OF CALIFORNIA, MASSACHUSETTS, MARYLAND, VIRGINIA, NEW YORK, PENNSYLVANIA

AND WASHINGTON D.C. ACCORDINGLY, NO PROVISION FOR INCOME TAXES HAS BEEN

MADE IN THE ACCOMPANYING FINANCIAL STATEMENTS.

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

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Schedule D (Form 990) 2018

Part XIII Supplemental Information (continued)

FEDERAL AND STATE EXEMPT ORGANIZATION TAX RETURNS ARE MORE LIKELY THAN NOT

TO BE SUSTAINED UPON EXAMINATION.

Schedule D (Form 990) 2018

THE ORGANIZATION FILES INFORMATION RETURNS IN THE U.S. FEDERAL

JURISDICTION AND VARIOUS STATES. THE ORGANIZATION'S FEDERAL RETURNS FOR

THE YEARS ENDED JUNE 30, 2016 AND BEYOND REMAIN SUBJECT TO POSSIBLE

EXAMINATION BY THE INTERNAL REVENUE SERVICE. THE ORGANIZATION'S STATE

RETURNS FOR THE TAX YEARS ENDED JUNE 30, 2015 AND BEYOND REMAIN SUBJECT TO

POSSIBLE EXAMINATION BY VARIOUS STATE TAX BOARDS.

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.

Schedule D (Form 990) 2018

SCHEDULE G	Suppleme	ental Information Regarding	Fund	Iraisi	ing or Gaming A	ctivitie	es	OMB No. 1545-0047	
(Form 990 or 990-EZ)		e organization answered "Yes" on Form 990, Part IV, line 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.							
Department of the Treasury		Attach to Form 990 or Form 990-EZ. Open to Public							
Internal Revenue Service		o to www.irs.gov/Form990 for inst		s and	the latest information			Inspection	
Name of the organization		NITED IN INVESTING LENDING	&				nployer ide 94–338669	entification number	
Part I Fundrais	DEVELOPMEN	_							
	complete this par	 Complete if the organization answ t 	ered "Y	'es" or	n Form 990, Part IV, li	ne 17. ⊦	orm 990-E2	filers are not	
 Indicate whether the a X Mail solicitat Mail solicitat X Internet and X Phone solicitat X Phone solicitat X In-person so A Did the organization key employees list 	e organization rais ions email solicitations tations licitations on have a written c ed in Form 990, P	sed funds through any of the followi $e \boxed{X}$ Solicita	ation of ation of I fundra I (inclue professi	non-g gover aising ding of	overnment grants nment grants events ficers, directors, trust undraising services?		X Yes		
compensated at le	•								
(i) Name and address or entity (func		(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts to (or retain from activity fundra		ount paid etained by) draiser in col. (i)	(vi) Amount paid to (or retained by) organization	
VENTURE LEADERSHIP			Yes	No	-				
- 320 FRANKLIN STR	,	CONSULTING SERVICES	_	X	0.		18,319.	-18,319.	
LINDSAY SIMONDS CO 2955 CLAY STREET #		CONSULTING SERVICES		x	0.		103,504.	-103,504.	
CONAN HARRIS - 119	,						100,001.	100,001.	
STREET, BOSTON, MA	02136	CONSULTING SERVICES		x	0.		25,000.	-25,000.	
Total							146,823.	-146,823.	
3 List all states in whi or licensing.	ich the organizatio	on is registered or licensed to solicit	contrib	utions	or has been notified	it is exe	mpt from re	gistration	
CA, DC, MA, NY, PA, VA,	MD								

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. SEE PART IV FOR CONTINUATIONS Schedule G (Form 990 or 990-EZ) 2018

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Schedule G (Form 990 or 990 EZ) 2018 DEVELOPMENT

94-3386695 Page **2**

Part II Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

			(a) Event #1	(b) Event #2	(c) Other events	(d) Total events
			NATIONAL GALA	BOSTON BUILDFEST	3	(add col. (a) through col. (c))
ø			(event type)	(event type)	(total number)	
Revenue	1	Gross receipts	1,242,051.	320,750.	808,281.	2,371,082.
	2	Less: Contributions	1,132,231.	292,025.	733,330.	2,157,586
	3	Gross income (line 1 minus line 2)	109,820.	28,725.	74,951.	213,496.
	4	Cash prizes				
	5	Noncash prizes	46,289.		11,873.	58,162
benses	6	Rent/facility costs			8,112.	8,112
Direct Expenses	7	Food and beverages	198,826.	124,994.	57,934.	381,754
_	8	Entertainment	17,679.	2,927.	22,435.	43,041.
	9	Other direct expenses	45,437.	9,801.	22,574.	77,812.
1	10	Direct expense summary. Add lines 4 through	h 9 in column (d)		►	568,881.
1	11	Net income summary. Subtract line 10 from I	ine 3, column (d)			-355,385.

\$15.000 on Form 990-EZ. line 6a.

Revenue			(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
Rev	1	Gross revenue				
es	2	Cash prizes				
Direct Expenses	3	Noncash prizes				
Direct I	4	Rent/facility costs				
	5	Other direct expenses				
	6	Volunteer labor	└── Yes % └── No	└── Yes % └── No	Yes %	
	7	Direct expense summary. Add lines 2 through	5 in column (d)		►	
	8	Net gaming income summary. Subtract line 7	from line 1, column (d)		>	
9		ter the state(s) in which the organization condu				
		he organization licensed to conduct gaming ac No," explain:				Yes No
		ere any of the organization's gaming licenses re Yes," explain:			/ear?	Yes No
	_					

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Schedule G (Form 990 or 990-EZ) 2018

<u>Sch</u>	edule G (Form 990 or 990-EZ) 2018 DEVELOPMENT	94-33866	95	Page 3
	Does the organization conduct gaming activities with nonmembers?		Yes	No
	Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed			
	to administer charitable gaming?] Yes	No No
13	Indicate the percentage of gaming activity conducted in:			
a	The organization's facility	13a	ı 📃	%
	An outside facility)	%
	Enter the name and address of the person who prepares the organization's gaming/special events books and records:			
	Name			
	Address			
15a	Does the organization have a contract with a third party from whom the organization receives gaming revenue?] Yes	🗌 No
b	If "Yes," enter the amount of gaming revenue received by the organization 🕨 \$ and the amount	t		
	of gaming revenue retained by the third party \blacktriangleright \$			
c	: If "Yes," enter name and address of the third party:			
	Name			
	Address 🕨			
16	Gaming manager information:			
10	Gaming manager mormation.			
	Name			
	Gaming manager compensation 🕨 \$			
	Description of services provided 🕨			
	Director/officer Employee Independent contractor			
	Mandatory distributions:			
a	Is the organization required under state law to make charitable distributions from the gaming proceeds to		1	┌┐
	retain the state gaming license?	L	Yes	
b	Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the	ie		
Pa	organization's own exempt activities during the tax year ▶ \$ Int IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); an		0 000	0h 10h
	15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.	u Fart III, I	1165 9,	50, 100,
SCH	EDULE G, PART I, LINE 2B, LIST OF TEN HIGHEST PAID FUNDRAISERS:			
(I)	NAME OF FUNDRAISER: VENTURE LEADERSHIP CONSULTING			
(I)	ADDRESS OF FUNDRAISER: 320 FRANKLIN STREET, MOUNTAIN VIEW, CA 94041			
<u></u>				
(т)	NAME OF FUNDRAISER: LINDSAY SIMONDS CONSULTING			
<u>, , , ,</u>				
(I)	ADDRESS OF FUNDRAISER: 2955 CLAY STREET #5, SAN FRANCISCO, CA 94115			

Schedule G (Form 990 or 990-EZ) 2018

BUSINESS	UNITED	IN	INVESTING	LENDING	&

Schedule G	G (Form 990 or 990-EZ)	DEVELOPMENT	94-3386695	Page 4
Part IV	G (Form 990 or 990-EZ) Supplemental Infor	mation (continued)		
		S	chedule G (Form 990 d	or 990-EZ)

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35 2018.06000 BUSINESS UNITED IN INVEST 05031591

10040629 701245 0503159

SCHEDULE I (Form 990) Grants and Other Assistance to Organizations, Governments, and Individuals in the United States Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22. 2018 Department of the Treasury Internal Revenue Service Attach to Form 990. Open to Public Inspection Name of the organization BUSINESS UNITED IN INVESTING LENDING & DEVELOPMENT Employer identification number 94-3386695 Part I General Information on Grants and Assistance Image: Complete if the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? Image: Complete if the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection
Department of the Treasury Internal Revenue Service Open to Public Inspection Name of the organization BUSINESS UNITED IN INVESTING LENDING & DEVELOPMENT Employer identification number 94-3386695 Part I General Information on Grants and Assistance 94-3386695 1 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
Name of the organization BUSINESS UNITED IN INVESTING LENDING & DEVELOPMENT Employer identification number 94-3386695 Part I General Information on Grants and Assistance Imployer identification on grants and Assistance 1 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
DEVELOPMENT 94-3386695 Part I General Information on Grants and Assistance 1 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
1 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
2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.
Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any
recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.
1 (a) Name and address of organization or government (b) EIN (c) IRC section (if applicable) (d) Amount of cash grant (e) Amount of non-cash assistance (f) Method of valuation (book, FMV, appraisal, other) (g) Description of noncash assistance (h) Purpose of grant or assistance
2 Enter total number of eaction 501/o/(2) and environment expensions listed in the line 1 table
 2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table 3 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) (2018)

Schedule I (Form 990) (2018)

DEVELOPMENT

94-3386695

Page 2

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

8 8,050	. 0.		COMPETITION AWARDS
8 8,050	. 0.		COMPETITION AWARDS
0 14,400	. 0.		SCHOLARSHIP
3 3,000	. 0.		SCHOLARSHIP
4 4,049	. 0.		INCUBATOR TEAM FUNDING
	3 3,000	3 3,000. 0.	3 3,000. 0.

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

PART I, LINE 2:

BUILD PROVIDES SCHOLARSHIPS TO QUALIFIED STUDENTS WHO PARTICIPATE IN THE

PROGRAM. EACH STUDENT IS REQUIRED TO COMPLETE AN APPLICATION AND MEET

CERTAIN CRITERIA BEFORE RECEIVING THE SCHOLARSHIP. BUILD ALSO PROVIDES

AWARDS TO STUDENT TEAMS PARTICIPATING IN THE PROGRAM IN ORDER FOR THE TEAM

TO EXPLORE AND EXPERIENCE OUR PROGRAM/CURRICULUM.

sc	HEDULE J	Compensation	n Information		OMB No. 1	545-004	47	
(Fo	rm 990)	For certain Officers, Directors, Trust			20	2010		
		Compensated	Employees		2018			
Depa	tment of the Treasury	Complete if the organization answered Attach to Feedback			Open to Public			
	nternal Revenue Service Go to www.irs.gov/Form990 for instructions and the latest information.							
Nam	e of the organization	BUSINESS UNITED IN INVESTING LEND	ING &	Employer id	lentificatio	on nur	nber	
		DEVELOPMENT		94-33	86695			
Ра	rt I Question	Regarding Compensation						
						Yes	No	
1a		ate box(es) if the organization provided any of the follo	•	990,				
		ine 1a. Complete Part III to provide any relevant infor						
	First-class or o		ousing allowance or residence for person					
	Travel for com		ayments for business use of personal res					
			ealth or social club dues or initiation fees					
	Discretionary	pending account Pe	ersonal services (such as maid, chauffeu	r, chef)				
_								
b	•	on line 1a are checked, did the organization follow a v						
		rovision of all of the expenses described above? If "N			1b			
2	-	require substantiation prior to reimbursing or allowing						
	trustees, and office	s, including the CEO/Executive Director, regarding th	ne items checked on line 1a?		2			
3	Indicate which, if a	y, of the following the filing organization used to esta	ablish the compensation of the organiza	tion's				
	CEO/Executive Dire	ctor. Check all that apply. Do not check any boxes fo	or methods used by a related organization	on to				
	establish compensation	tion of the CEO/Executive Director, but explain in Pa	ırt III.					
	Compensation	committee Wr	ritten employment contract					
	Independent of	ompensation consultant	ompensation survey or study					
	Form 990 of o	her organizations	pproval by the board or compensation c	ommittee				
4	During the year, did	any person listed on Form 990, Part VII, Section A, li	ine 1a, with respect to the filing					
	organization or a re	ated organization:						
а							X	
b	Participate in, or re	eive payment from, a supplemental nonqualified retir	rement plan?		4b		X	
С							X	
	If "Yes" to any of lir	es 4a-c, list the persons and provide the applicable a	mounts for each item in Part III.					
		(3), 501(c)(4), and 501(c)(29) organizations must co						
5	For persons listed of	n Form 990, Part VII, Section A, line 1a, did the orgar	nization pay or accrue any compensatio	n				
	contingent on the r							
а							<u> </u>	
b		ation?			. 5b		X	
		r 5b, describe in Part III.						
6	For persons listed of	n Form 990, Part VII, Section A, line 1a, did the orgar	nization pay or accrue any compensatio	n				
	contingent on the r	-						
а							X	
b		ation?			. 6b		X	
	If "Yes" on line 6a o	r 6b, describe in Part III.						
7		n Form 990, Part VII, Section A, line 1a, did the orgar						
		es 5 and 6? If "Yes," describe in Part III			7	Х		
8	Were any amounts	eported on Form 990, Part VII, paid or accrued pursu	uant to a contract that was subject to th	е				
	initial contract exce	otion described in Regulations section 53.4958-4(a)(3	3)? If "Yes," describe in Part III		8		x	
9	If "Yes" on line 8, d	d the organization also follow the rebuttable presump	otion procedure described in					
	Regulations section	53.4958-6(c)?			. 9			
LHA		duction Act Notice, see the Instructions for Form			ıle J (Forn	n 990)	2018	

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DEVELOPMENT

Schedule J (Form 990) 2018

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Page 2

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

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

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

		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation	benefits	(B)(I)-(D)	in column (B) reported as deferred on prior Form 990
(1) SUZANNE MCKECHNIE KLAHR	(i)	180,722.	0.	0.	0.	10,998.	191,720.	0.
CEO(THRU 6/18) & FOUNDER(THRU 6/19)	(ii)	0.	0.	0.	0.	0.	0.	0.
(2) CHYMEKA OLFONSE	(i)	137,827.	5,000.	0.	0.	10,363.	153,190.	0.
REGIONAL EXECUTIVE DIRECTOR	(ii)	0.	0.	٥.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

Schedule J (Form 990) 2018

Schedule J (Form 990) 2018

DEVELOPMENT

94-3386695

Page 3

Part III Supplemental Information

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

PART I, LINE 7:

THE ORGANIZATION PAID OUT A NON-FIXED PAYMENT TO A HIGHEST COMPENSATED

EMPLOYEE DUE TO A DELAYED PERFORMANCE EVALUATION.

Schedule J (Form 990) 2018

SCHEDULE M (Form 990)

Noncash Contributions

OMB No. 1545-0047

Department of the Treasury
Internal Revenue Service

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

2018 **Open to Public** Inspection

Name of the o	organizatio
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► Go to www.irs.gov/Form990 for instructions and the latest information. BUSINESS UNITED IN INVESTING LENDING &

lame	of	the	organizat	ion

Employer identification number $9\,4-3\,38\,6\,6\,9\,5$

DEVELOPMENT	DODINEDD	UNTIDD	 INVEDIINC	~	
	DEVELOPME	ENT			

Pa	rt I Jypes of Property						
		(a)	(b)	(c)	(d)		
		Check if	Number of contributions or	Noncash contribution amounts reported on	Method of de	•	
		applicable		Form 990, Part VIII, line 1g	noncash contribu	ition amou	nts
1	Art - Works of art			, <u> </u>			
2							
3	Art - Fractional interests						
4	Books and publications						
5	Clothing and household goods						
6	Cars and other vehicles						
7	Boats and planes						
8	Intellectual property						
9	Securities - Publicly traded	Х	5	412,388.	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 (OTHER VARIOUS)	X	5	46,188.	FMV		
26	Other ()						
27	Other ► ()						
28	Other 🕨 ()						
29	Number of Forms 8283 received by the organiz	ation during	g the tax year for co	ontributions			
	for which the organization completed Form 828	83, Part IV, I	Donee Acknowledg	jement 29			0
						Ye	s No
30a	During the year, did the organization receive by	contributio	n any property rep	orted in Part I, lines 1 throug	gh 28, that it		
	must hold for at least three years from the date	of the initia	l contribution, and	which isn't required to be u	sed for		
	exempt purposes for the entire holding period?			·		30a	x
b	If "Yes," describe the arrangement in Part II.						
31	Does the organization have a gift acceptance p	olicy that re	quires the review o	of any nonstandard contribu	tions?	31 X	
	2a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash						
<u>5</u> _u			•			32a	x
h	contributions? If "Yes," describe in Part II.					524	
	If the organization didn't report an amount in co	alumn (a) fa	a tuna of avancet	(for which column (a) is	akad		
33		narnin (C) fOl	a type of property	nor which column (a) is che	uneu,		
	describe in Part II.	u I			<u> </u>		
LHA	For Paperwork Reduction Act Notice, see 1	me mstruci	IONS FOR FORM 990	Ј.	Schedule N	1 (FORM 95	U) 2018

BUSINESS UNITED IN INVESTING LENDING & DEVELOPMENT 94-3386695 Schedule M (Form 990) 2018 Page **2** Supplemental Information. Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization Part II is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information. SCHEDULE M, PART I, COLUMN (B): THIS NUMBER REPRESENTS THE NUMBER OF CONTRIBUTIONS MADE, NOT THE NUMBER OF ITEMS CONTRIBUTED. Schedule M (Form 990) 2018 832142 10-18-18

SCHEDULE O	Supplemental Information to Form 990 or	990-EZ	OMB No. 1545-0047
(Form 990 or 990-EZ)	Complete to provide information for responses to specific questio Form 990 or 990-EZ or to provide any additional information.	ns on	2018 Open to Public
Department of the Treasury Internal Revenue Service	Attach to Form 990 or 990-EZ. Go to www.irs.gov/Form990 for the latest information.		Inspection
Name of the organization	BUSINESS UNITED IN INVESTING LENDING & DEVELOPMENT		identification number 386695
FORM 990, PART I,	LINE 1, DESCRIPTION OF ORGANIZATION MISSION:		
THROUGH HIGH SCHOO	L TO COLLEGE SUCCESS. BUILD IS COMMITTED TO HELPING		
DISADVANTAGED YOUT	H IN AMERICA'S MOST UNDERSERVED COMMUNITIES GAIN THE		
KNOWLEDGE AND ABIL	ITY TO PERSEVERE IN COLLEGE AND BEYOND. WHILE		
ACADEMIC PROFICIEN	CY IS NECESSARY, IT IS NOT SUFFICIENT TO PREPARE		
STUDENTS FOR COLLE	GE AND THEIR CAREERS. THE MISSING PIECE IS FOR OUR		
YOUTH TO ACQUIRE 2	1ST CENTURY SKILLS - CRITICAL THINKING AND		
PROBLEM-SOLVING, S	ELF-DIRECTED LEARNING AND COLLABORATION - ALL OF		
WHICH ARE BEST LEA	RNED THROUGH A HANDS-ON, REAL-LIFE EXPERIENCE LIKE		
STARTING A BUSINES	S		
FORM 990, PART III	, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:		
COLLEGE AND BEYOND	. WHILE ACADEMIC PROFICIENCY IS NECESSARY, IT IS NOT		
SUFFICIENT TO PREP	ARE STUDENTS FOR COLLEGE AND THEIR CAREERS. THE		
MISSING PIECE IS F	OR OUR YOUTH TO ACQUIRE 21ST CENTURY SKILLS, CRITICAL		
THINKING AND PROBL	EM-SOLVING, SELF-DIRECTED LEARNING AND COLLABORATION		
- ALL OF WHICH ARE	BEST LEARNED THROUGH A HANDS-ON, REAL-LIFE		
EXPERIENCE LIKE ST	ARTING A BUSINESS.		
FORM 990, PART III	, LINE 4D, OTHER PROGRAM SERVICES:		
ENTREPRENEURS 4 (E	4) SENIOR YEAR SELECTING AND APPLYING FOR COLLEGE.		
SENIORS WORK WITH	BUILD MENTORS AND STAFF TO IDENTIFY THEIR SCHOOLS,		
WRITE AND PREPARE	COLLEGE ADMISSION ESSAYS AND APPLICATIONS, AND		
PACKAGE THEIR BUIL	D EXPERIENCE INTO A PORTFOLIO. STUDENTS CONTINUE TO		
HONE THEIR INTERVI	EWING AND PRESENTATION SKILLS, IN PREPARATION FOR		
	COLLEGE ADMISSIONS OFFICERS. WHEN POSSIBLE, BUILD		
LHA For Paperwork Re 832211 10-10-18	eduction Act Notice, see the Instructions for Form 990 or 990-EZ.	Schedule O (Forn	n 990 or 990-EZ) (2018)

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43 2018.06000 BUSINESS UNITED IN INVEST 05031591

Name of the organization	990-EZ) (2018) BUSINESS UNITED IN INVESTING LENDING &	Employer identification number
	DEVELOPMENT	94-3386695
ASSISTS IN ARRANGIN	G FOR COMMUNICATING WITH LOCAL BUILD ALUMNI. BUILD	
STAFF PROVIDES STUD	ENTS' PARENTS WITH INFORMATION ABOUT SCHOLARSHIPS	
AND FINANCIAL AID R	ESOURCES THROUGH WORKSHOPS AND MEETINGS.	
EXPENSES \$ 2,521,90	2. INCLUDING GRANTS OF \$ 0. REVENUE \$ 53,254.	
FORM 990, PART VI,	SECTION A, LINE 4:	
SUBSTANTATIVE CHANG	ES TO BYLAWS ALLOWED VOTING BY EMAIL AND NON-DIRECTOR	S
TO SERVE ON BOARD C	OMMITTEES.	
FORM 990, PART VI,	SECTION B, LINE 11B:	
COPIES OF THE COMPL	ETED FORM 990 ARE FORWARDED TO ALL BOARD MEMBERS. THE	
MANAGING DIRECTOR R	EVIEWS KEY AREAS WITH THE BOARD BEFORE THE FORM IS	
FINALIZED AND FILED		
FORM 990, PART VI,	SECTION B, LINE 12C:	
THE CONFLICT OF INT	EREST POLICY IS DISTRIBUTED TO ALL OFFICERS, DIRECTOR	s,
TRUSTEES AND KEY EM	PLOYEES ON AN ANNUAL BASIS.	
FORM 990, PART VI,	SECTION B, LINE 15:	
THE BOARD PRESIDENT	REVIEWS THE CEO'S COMPENSATION AND ANY CHANGES IN TH	E
CEO'S SALARY MUST E	E APPROVED BY THE ORGANIZATION'S BOARD OF DIRECTORS.	
THE HUMAN RESOURCES	MANAGER REVIEWS ALL STAFF POSITIONS AND SALARIES ON A	AN
ANNUAL BASIS. DURIN	G THE SURVEY THREE INDEPENDENT DATA SOURCES ARE	
REVIEWED: PAYSCALE,	GUIDESTAR AND NORTHERN CALIFORNIA SURVEY FOR	
NON-PROFITS. THE CO	MPENSATION DATA IS THEN REVIEWED WITH THE MANAGING	

832212 10-10-18

Schedule O (Form 990 or 990-EZ) (2018)

Schedule O (Form 990 or 990-EZ) (2018)	Page 2
Name of the organization BUSINESS UNITED IN INVESTING LENDING & DEVELOPMENT	Employer identification number 94-3386695
FORM 990, PART VI, SECTION C, LINE 19:	
THE GOVERNING DOCUMENTS AND CONFLICT OF INTEREST POLICY IS AVAILABLE UPON	
REQUEST. THE ORGANIZATION'S AUDITED FINANCIAL STATEMENTS AND FORM 990 IS	
AVAILABLE ON BUILD'S WEBSITE. INFORMATION IS ALSO AVAILABLE ON GUIDESTAR	
WEBSITE.	
FORM 990, PART XII, LINE 2C:	
THE PROCESS HAS NOT CHANGED.	
832212 10-10-18 Sch 45	edule O (Form 990 or 990-EZ) (2018)