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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.

Department of the Treasury Internal Revenue Service

▶ Information about Form 990 and its instructions is at www.irs.gov/form990.

Open to Public Inspection

OMB No _1545-0047_

АГ	or the	2015 calendar year, or tax year beginning and	enaing		
B	heck if pplicable	C Name of organization		D Employer identific	eation number
	Addre	BUILD CHANGE			
	Name change	Doing business as		35-2	237155
F	Initial	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	E Telephone number	
=	Final	ESE 16MU CM CUITME 60E		•	953-2563
	-dreturn/ termin			G Gross receipts \$	4,692,389.
	ated Amend	and the state of t			
=	_Ireturn ∏Applic		CIDD A NID	H(a) Is this a group re	
<u> </u>	_ition pendir	F Name and address of principal officer. EDIZABETH TROSLER	PIKAND		
		SAME AS C ABOVE		H(b) Are all subordinates in	
		empt status: $X = 501(c)(3) = 501(c)() $ (insert no.) 4947(a)(1)	or 527	1	list. (see instructions)
		e: > WWW.BUILDCHANGE.ORG		H(c) Group exemption	
		organization: X Corporation	L Year	of formation: 2004 N	State of legal domicile: CA
P	art I	Summary		 	
ø.	1	Briefly describe the organization's mission or most significant activities REDU	CE DEA	THS AND LOS	S CAUSED BY
Š		HOUSING COLLAPSES DUE TO NATURAL DISASTE	RS IN	EMERGING NA'	rions.
ı.	2	Check this box I if the organization discontinued its operations or dispo	sed of more	than 25% of its net as	sets.
Š	1	Number of voting members of the governing body (Part VI, line 1a)		3	6
Ğ	ł .	Number of independent voting members of the governing body (Part VI, line 1b)	• • •	4	5
∑ ∞	Į.	Total number of individuals employed in calendar year 2015 (Part V, line 2a)		5	16
E	1	Total number of volunteers (estimate if necessary)		6	10
<u>`</u>	6	Total multiper of volunteers (estimate if necessary)	•	. 7a	0.
I 1 2017 Activities & Governance	/ a	Total unrelated business revenue from Part VIII, column (O, line 1BECFIV	ED	7	0.
<u> </u>	<u> </u>	Net unrelated business taxable income from Form 990-T, fine 34		[7b]	
₹	1	[6] DEC 0.	ျှပ	Prior Year	Current Year
LL JAN	8	Contributions and grants (Part VIII, line 1h)	116	4,234,539.	4,690,746.
7,5	9	Program service revenue (Part VIII, line 2g)	· 121	0.	0.
28	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	77	1,003.	<u>553.</u>
Z	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	yı H	-9,569.	<u>-7,363.</u>
SCANNEU SCANNEU	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		4,225,973.	4,683,936.
S	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		0.	1,358,156.
	14	Benefits paid to or for members (Part IX, column (A), line 4)	. L	0.	0.
တ္	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		2,267,726.	2,799,375.
JS6	16a	Professional fundraising fees (Part IX, column (A), line 11e)		0.	0.
Expenses	1	Total fundraising expenses (Part IX, column (D), line 25) 516,5	95.		
ŭ	i	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		1,495,570.	1,394,695.
	1	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		3,763,296.	5,552,226.
	1	Revenue less expenses. Subtract line 18 from line 12	_	462,677.	-868,290.
- C d	13	Tievende less expenses, oubtract line to non line 12	Re	ginning of Current Year	End of Year
Assets or Balances	00	Total access (Dort V. line 16)	100	2,453,407.	1,607,817.
PSS Pal	20	Total assets (Part X, line 16)	·	179,611.	202,311.
Net/	21	Total liabilities (Part X, line 26)	 	2,273,796.	1,405,506.
	22 art II	Net assets or fund balances. Subtract line 21 from line 20 Signature Block		4,413,190	1,403,306.
		<u>-4</u>			the and a decided at the
		alties of perjury, I declare that I have examined this return, including accompanying schedul			y knowledge and belief, it is
true	, corre	ct, and complete. Declaration of preparer (other than officer) is based on all information of w	nich preparei	r has any knowledge.	12-15
		Chyman strand		0-1-	1/2016
Sig	n	Signature of officer		Date '	
He	re .	ELIZABETH HAUSLER STRAND, CEO			
		Type or print name and title		<u> </u>	
		Print/Type preparer's name Preparer's signature ,	ا بر را	Date / / Check	PTIN
Pai	d	ADAM PYZDROWSKI Ad Tyzorows	te !	12/27/2016 self-employ	P01603682
Pre	parer	Firm's name CLIFTONLARSONALLEN LLP		Firm's EIN	41-0746749
Use	Only	Firm's address 8390 E. CRESCENT PARKWAY, SUITE	500		
	•	GREENWOOD VILLAGE, CO 80111	-	Phone no. 30	3-779-5710
Ma	v the l	RS discuss this return with the preparer shown above? (see instructions)			X Yes No
	001 12-		ions.		Form 990 (2015)
332	OU 12-	1017 aperwork recurcion Activates, see the separate hist uct		/	
				_	ru 640

DISASTER-RESISTANT CONSTRUCTION TRAINING

IN EASTERN SAMAR, A BUILDER TRAINING CENTER_WAS COMPLETED IN

Other program services (Describe in Schedule O.)

602,392. including grants of \$ 0 •) (Revenue \$ 0.)

4,638,343. Total program service expenses 4e

Form **990** (2015)

orm	990 (2015) BUILD CHANGE 35-2237	155	P	age 3
Par	t IV Checklist of Required Schedules			
		لــــا	Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			ļ
	If "Yes," complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			ĺ
	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		х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes, " complete			
_	Schedule D, Part III	8		x
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
_	amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9		х
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent			
	endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10	х	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, VIII, IX, or X			
•	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
ŭ	Part VI	11a	х	
b				
_	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		x
	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total	<u> </u>		
Ŭ	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		x
А	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		х
_	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	X	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses	T		
•	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	Х	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete	 -		
	Schedule D, Parts XI and XII	12a	X	
h	Was the organization included in consolidated, independent audited financial statements for the tax year?	124		<u> </u>
U	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		x
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13	 	X
	Did the organization maintain an office, employees, or agents outside of the United States?	14a	х	 -
	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			
	mirodunonia and program deriod detented detends the drinted didited of aggregate releign introduction valued at \$100,000			1

X <u>17</u> 18_ Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines

16

18

Form **990** (2015)

Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any

Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to

Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,

Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"

or more? If "Yes," complete Schedule F, Parts I and IV

1c and 8a? If "Yes," complete Schedule G, Part II

complete Schedule G, Part III

foreign organization? If "Yes," complete Schedule F, Parts II and IV

column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I

or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV

			Yes	No
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		X
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		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	[[İ
	Schedule J	23		х
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No", go to line 25a	24a		х
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
	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		
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit	;		$\overline{}$
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		х
h	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	292		 -
	former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes,"			
	complete Schedule L, Part II	26		Х
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		х
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)	!		•
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		Х
c				
	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		х
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	X	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		х
31	Did the organization liquidate, terminate, or dissolve and cease operations?			
	If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32	<u> </u>	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
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			}
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b	<u> </u>	
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?	[[
	If "Yes," complete Schedule R, Part V, line 2	36	<u> </u>	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?			1
	Note. All Form 990 filers are required to complete Schedule O	38	X	
		Form	nop.	/2015\

amounts due or received from them.)

Note. See the instructions for additional information the organization must report on Schedule O. b Enter the amount of reserves the organization is required to maintain by the states in which the

Section 501(c)(29) qualified nonprofit health insurance issuers.

b If "Yes," enter the amount of tax-exempt interest received or accrued during the year

a Is the organization licensed to issue qualified health plans in more than one state?

organization is licensed to issue qualified health plans c Enter the amount of reserves on hand

14a Did the organization receive any payments for indoor tanning services during the tax year? b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O

12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filling Form 990 in lieu of Form 1041?

X 14a Form 990 (2015)

12a

13a

11b

12b

13b

13c

35-2237155 Form 990 (2015) BUILD CHANGE Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions. Check if Schedule O contains a response or note to any line in this Part VI Section A. Governing Body and Management

			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year . 1a 6			
	If there are material differences in voting rights among members of the governing body, or if the governing		1	
	body delegated broad authority to an executive committee or similar committee, explain in Schedule O.	1		
b	Enter the number of voting members included in line 1a, above, who are independent			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other	1 !		
	officer, director, trustee, or key employee?	2		X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision	! '		
	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 990 was filed?	4		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X
6	Did the organization have members or stockholders?	6		X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or			
	more members of the governing body?	7a		X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or			
	persons other than the governing body?	7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
а	The governing body?	8a	X	l
þ	Each committee with authority to act on behalf of the governing body?	8b	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the	1		
	organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		X
<u>Sec</u>	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code)			
			Yes	No
I0a	Did the organization have local chapters, branches, or affiliates?	10a		X
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,			
	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
l 1a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	X	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			ì
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	X	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	X	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe	} .	}	
	ın Schedule O how this was done	12c	X	
13	Did the organization have a written whistleblower policy?	13	X	
14	Did the organization have a written document retention and destruction policy?	14	_X	
15	Did the process for determining compensation of the following persons include a review and approval by independent			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?]		
а	The organization's CEO, Executive Director, or top management official	15a	_X_	
b	Other officers or key employees of the organization	15b		X
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).	1		
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a			
	taxable entity during the year?	16a		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation	1		
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's			
	exempt status with respect to such arrangements?	16b	L	L
Sec	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed ►CA			
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only)	availab	le	
	for public inspection. Indicate how you made these available. Check all that apply.	-		
	X Own website Another's website X Upon request Other (explain in Schedule O)			
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and	d finan	cıal	

statements available to the public during the tax year.

State the name, address, and telephone number of the person who possesses the organization's books and records. TIM LOUIS - 415-377-1992

535 16TH STREET, SUITE 605, 80202

Form 990 (2015)

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

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

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

(A)	(B)			(C	i)			(D)	(E)	(F)	
Name and Title	Average	Position (do not check more than on			than (Reportable	Reportable	Estimated		
	hours per	box, unless person is both an officer and a director/trustee)				s both	nan keel	compensation	compensation	amount of	
	week				, 00.0			from	from related	other	
	(list any hours for	Irect				_		the organization	organizations (W-2/1099-MISC)	compensation from the	
	related	o or d	eg E			sate		(W-2/1099-MISC)	(88-2/1099-181130)	organization	
1	organizations	ruste	T S		eg G	nadr.		(***-27 1033-101130)		and related	
	below	lan	tona		ا ۋ	ye St	L_		·	organizations	
	line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Forme				
(1) PAUL VANDERMARCK	2.00										
BOARD CHAIRPERSON	L	X		X				0.	0.	(
(2) JOSH LITWIN	2.00									,	
BOARD MEMBER		X	<u> </u>	-				0.	0.	(
(3) MARTIN FISHER	2.00		1			i '				,	
BOARD MEMBER	2 00	X	-	-		-		0.	0.	(
(4) SIG ANDERSON	2.00	X						0.	0.		
BOARD MEMBER (5) DAVID FRIEDMAN	2.00	^	-	-	-	-	 	ļ		`	
BOARD MEMBER		x			Ì	(0.	0.	(
(6) ELIZABETH HAUSLER STRAND	42.00										
FOUNDER & CEO		X	<u>L</u> _	X			L	148,750.	0.	42	
(7) TIM LOUIS	42.00	}	}			ŀ	ŀ				
DIRECTOR OF FINANCE & ADMINISTRATION	<u> </u>		├	X		↓		100,000.	0.	6,190	
		1	}				}				
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Form 990 (2015)

011 - 1M51

	(A) Name and title	(B) Average hours per week	box offi	not c unle	ss pe	ition more rson	than is bot or/trus	h an	(D) Reportable compensation from	(E) Reportable compensation from related		(F) Estima amour othe	ited it of er
	•	(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	ompens from torganization and relations organizations	the ation ated
						_					+		
			_								+		
] 			+		
													<u> </u>
	Sub-total		<u></u>					<u> </u>	248,750.).	6.	614.
	Total from continuation sheets to Part \ Total (add lines 1b and 1c)	/II, Section A						>	0. 248,750.	().		0. 614.
2	Total number of individuals (including but compensation from the organization	not limited to th	nose	liste	ed al	bove	e) wł	no re	eceived more than \$100	0,000 of reportable			1
3	Did the organization list any former office	•		e, ke	ey er	nplo	yee	, or l	highest compensated e	mployee on		Yes	
4	line 1a? If "Yes," complete Schedule J for For any individual listed on line 1a, is the s	sum of reportab	le c			ation				the organization		3	X
5	and related organizations greater than \$15 Did any person listed on line 1a receive or	accrue compe	nsat	ion 1	rom	any	/ uni				4		X
Sec	rendered to the organization? If "Yes," contion B. Independent Contractors			_				<u>. </u>				<u> </u>	X
1	Complete this table for your five highest c the organization. Report compensation fo										ensatio	on from	
	(A) Name and busines	s address	N	INC	3				(B) Description of s	services	Com	(C) pensat	ion
		 						j					
						_					- · -		
	 				_								
2	Total number of independent contractors		not li	mıte	d to		_	sted	l above) who received n	nore than			
	\$100,000 of compensation from the organ	ilzation 🕨					<u> </u>					m 990	(2015)

Form 990 (2015) BUILD CHANGE
Part VIII Statement of Revenue

		Check if Schedule O contains a response or note to an	y line in this Part VIII	·	·	
			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
इ इ	1 a	'Federated campaigns 1a				
ra n		Membership dues 1b				
اغ ي	-	Fundraising events 1c 49,95	0.	ŀ		
ifts	d	Related organizations 1d				
3,E		Government grants (contributions) 1e 186,12	2.	1		1
Š	f	All other contributions, gifts, grants, and				
he in	·	similar amounts not included above 11 4, 454, 67	4.			
풀이		Noncash contributions included in lines 1a-1f \$ 9,24	4.			
Contributions, Gifts, Grants and Other Similar Amounts	_	Total. Add lines 1a-1f	▶ 4,690,746.			
_		Business C				
و ا	2 a					
ار خ	b	1				
Sel	c					
E a	c					
Program Service Revenue	•					
g	f	All other program service revenue				
		Total. Add lines 2a-2f	>			
	3	Investment income (including dividends, interest, and				
J		other similar amounts)	▶ 553.			553.
	4	Income from investment of tax-exempt bond proceeds		.,		
	5	Royalties	<u> </u>			<u> </u>
		(i) Real (ii) Person	al			
	6 a	Gross rents				
	Ł	Less rental expenses .				
	(Rental income or (loss)				
	c	Net rental income or (loss)	<u> </u>		<u> </u>	<u> </u>
	7 a	a Gross amount from sales of (i) Securities (ii) Other	<u>r</u>			
		assets other than inventory				
	t	Less: cost or other basis				
		and sales expenses		ĺ		İ
	(Gain or (loss)				
		Met gain or (loss)	D			
e	8 8	Gross income from fundraising events (not				
en '		including \$ 49,950. of				
æ		contributions reported on line 1c). See				
Other Reven	_	Part IV, line 18	0.			1
₹		b 8,45	-8,453. ▶ -8,453.		1	-8,453.
		Net income or (loss) from fundraising events	-0,433.			-0,433.
	9 8	a Gross income from garning activities. See				
	١.	Part IV, line 19 a				
	ı	b Less. direct expenses b Net income or (loss) from gaming activities				
		a Gross sales of inventory, less returns				+
	10 6					
	Ι.	and allowances				
		Net income or (loss) from sales of inventory	<u> </u>	· '		
	 	Miscellaneous Revenue Business C	ode		1	
	11	FOREIGN EXCHANGE GAIN 90009				1,090.
		b				
	1	c				
	l	d All other revenue				
	,	e Total. Add lines 11a-11d	▶ 1,090.			
	12	Total revenue. See instructions.	▶ 4,683,936.	0.	0	-6,810.

	Check if Schedule O contains a respons			(C)	<u></u>
	not include amounts reported on lines 6b, Bb, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	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		1		
	individuals. See Part IV, line 22				
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign	4 252 456	1 250 156		
	individuals. See Part IV, lines 15 and 16	1,358,156.	1,358,156.		
4	Benefits paid to or for members				· · · · · · · · · · · · · · · · · · ·
5	Compensation of current officers, directors,	055 065	44 007	110 001	00 007
	trustees, and key employees	255,265.	44,237.	118,091.	92,937
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
_	persons described in section 4958(c)(3)(B)	1 051 412	1 400 054	06 006	273,663.
7	Other salaries and wages	1,851,413.	1,490,854.	86,896.	213,003
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)	F 21 420	166 001	14 672	10 056
9	Other employee benefits	531,420.	466,891.	14,673.	49,856
10	Payroli taxes	161,277.	127,576.	14,858.	18,843
11	Fees for services (non-employees).	1			
а	Management	1,006.	1,006.	· · · · · · · · · · · · · · · · · · ·	
b	Legal	42,008.	1,000.	42,008.	
C	Accounting	42,008.		42,008.	
d	Lobbying				
e	Professional fundraising services. See Part IV, line 17				
f	Investment management fees	····			
g		11,622.	9,509.	581.	1,532
	column (A) amount, list line 11g expenses on Sch O.)	18,815.	7,160.	1,349.	10,306
12	Advertising and promotion	150,305.	117,519.	17,030.	15,756
13	Office expenses	85,428.	65,278.	10,469.	9,681
14	Information technology	03,420.	03,210.	10,409.	3,001
15	Royalties	212,151.	172,355.	36,773.	3,023
16	Occupancy	195,208	137,466.	24,670.	33,072
17	Travel	193,200.	13//400.	27,070	33,012
18	Payments of travel or entertainment expenses	1			
40	for any federal, state, or local public officials Conferences, conventions, and meetings	5,462.	2,906.		2,556
19	Interest	3, 402.	<u> </u>		2,330
20 21	Payments to affiliates				
22	Depreciation, depletion, and amortization	115,055.	108,838.	6,217.	
23	Insurance	11,959.		11,959.	
24	Other expenses, Itemize expenses not covered				
27	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 O.)				
а	MDANGDODM AND EDETON	337,661.	332,262.	336.	5,063
b	MODERATE CONTRACTOR AND H	180,453.	180,446.		7
c	CONTROLL DISCUSSION OF THE PROPERTY	27,562.	15,884.	11,378.	300
d					
e					
25	Total functional expenses. Add lines 1 through 24e	5,552,226.	4,638,343.	397,288.	516,595
26	Joint costs. Complete this line only if the organization				
٠	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here (f following SOP 98-2 (ASC 958-720)			<u> </u>	

<u>art</u>	t X	Balance Sheet			
		Check if Schedule O contains a response or note to any line in this Part X			
			(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing	1,103,457.	1	331,808
1	2	Savings and temporary cash investments		2	
	3	Pledges and grants receivable, net	923,865.	3	635,094
- (4	Accounts receivable, net	138,490.	4	460,639
١	5	Loans and other receivables from current and former officers, directors,			
- [Ŭ	trustees, key employees, and highest compensated employees. Complete			
ļ		Part II of Schedule L		5	
- }	6	Loans and other receivables from other disqualified persons (as defined under			
-	0	section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing			
- }					
-		employers and sponsoring organizations of section 501(c)(9) voluntary			
	_	employees' beneficiary organizations (see instr). Complete Part II of Sch L		6	
	7	Notes and loans receivable, net		7	
1	8	Inventories for sale or use	17 762	8	27,204
	9	Prepaid expenses and deferred charges	17,762.	9	21,204
-	10a	Land, buildings, and equipment cost or other			
		basis. Complete Part VI of Schedule D 10a 399,771.	0.40 0.70		124 005
	b	Less accumulated depreciation 10b 265,546.	249,279.		134,225
ı	11	Investments - publicly traded secunties		11	
- }	12	Investments - other securities. See Part IV, line 11		12	
ı	13	Investments - program-related. See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets. See Part IV, line 11	20,554.	15	18,847
_	16	Total assets. Add lines 1 through 15 (must equal line 34)	2,453,407.	16	1,607,817
-	17	Accounts payable and accrued expenses	105,120.	17	140,232
	18	Grants payable		_18	
ſ	19	Deferred revenue	28,802.	19	
-	20	Tax-exempt bond liabilities		20	
- 1	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
۱ ۱	22	Loans and other payables to current and former officers, directors, trustees,			
1		key employees, highest compensated employees, and disqualified persons.			
		Complete Part II of Schedule L		22	
•	23	Secured mortgages and notes payable to unrelated third parties		23	
- 1	24	Unsecured notes and loans payable to unrelated third parties		24	
- 1	25	Other liabilities (including federal income tax, payables to related third			
ŀ		parties, and other liabilities not included on lines 17-24). Complete Part X of			
- 1		Schedule D	45,689.	25	62,079
- [26	Total liabilities. Add lines 17 through 25	179,611.	26	202,311
一		Organizations that follow SFAS 117 (ASC 958), check here ▶ X and			
,		complete lines 27 through 29, and lines 33 and 34.		İ	
3	27	Unrestricted net assets	87,863.	27	359,883
	28	Temporarily restricted net assets	2,185,933.	28	1,045,623
	29	Permanently restricted net assets		29	
		Organizations that do not follow SFAS 117 (ASC 958), check here			
:		and complete lines 30 through 34.			
	20	Capital stock or trust principal, or current funds		30	
	30		<u> </u>	31	
	31	Paid-in or capital surplus, or land, building, or equipment fund			
3		Determed name and company populated receives as other finds	1	20	
Net Assets of Fund balances	32 33	Retained earnings, endowment, accumulated income, or other funds Total net assets or fund balances	2,273,796.	32 33	1,405,506

Form **990** (2015)

Form 990 (2015)

SCHEDULE A

(Form 990 or 990-EZ)

Public Charity Status and Public Support

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

➤ Attach to Form 990 or Form 990-EZ.

Department of the Treasury Internal Revenue Service

Name of the organization

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

Open to Public Inspection

Employer identification number

OMB No 1545-0047

	BUIL	D CHANGE				3	5-2237155				
Part I	Reason for Public (Charity Status (A	d organizations must co	mplete the	s part.) Se	e instructions.					
The organ	ization is not a private found	ation because it is: (F	or lines 1 through 11, c	heck only	one box.)						
1	A church, convention of ch	urches, or associatio	n of churches described	in section	n 170(b)(1)	(A)(i).					
2	A school described in secti										
3	A hospital or a cooperative		•			١.					
4	A medical research organiz	,				•	the hospital's name,				
	city, and state.		,			A CONTRACTOR	•				
5	An organization operated for	or the benefit of a col	lege or university owned	or operat	ed by a go	vernmental unit describ	ped in				
•	section 170(b)(1)(A)(iv). (C				, 3-						
6	A federal, state, or local gov		ental unit described in a	section 17	O(b)(1)(A)(v).					
7 🗓											
	section 170(b)(1)(A)(vi). (C	-	ma part of no capport.				panie document iii				
в 🗀	A community trust describe		1VAVvi) (Complete Part	: 11.3							
9 🗍	An organization that norma				contributio	ns membership fees a	and aross receipts from				
9 [activities related to its exen										
	income and unrelated busin	•	•				=				
	See section 509(a)(2). (Co		(less section of reax) in	om busine.	soco acqui	red by the organization	arter barre bo, 1575.				
10 🔲	An organization organized	•	vely to test for public sa	fety See s	section 50	9(a)(4)					
11 🗔	An organization organized	•	•	-			e purposes of one or				
	more publicly supported or										
	lines 11a through 11d that						SHOOK WIE BOX III				
a 🗀	Type I. A supporting orga						v aivina				
•	the supported organization	•	•	-							
	organization. You must o			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,							
b 🗀	Type II. A supporting org	-		tion with it	s supporte	ed organization(s), by ha	avina				
.	control or management of										
	organization(s). You mus										
c	Type III functionally inte	•		in connect	tion with, a	and functionally integrat	ed with.				
•	its supported organization						,				
d [Type III non-functionally						ization(s)				
	that is not functionally in	-									
	requirement (see instruct										
e [Check this box if the org	-	•								
	functionally integrated, o										
f Fnt	er the number of supported			3 - 3							
	vide the following information	n about the supporte	ed organization(s).								
	(i) Name of supported	(ii) EIN	(iii) Type of organization	(iv) Is the o	rganization	(v) Amount of monetary	(vi) Amount of				
	organization		(described on lines 1-9 above (see instructions))	listed i	n your document?	support (see	other support (see				
		}	above (see instructions))	Yes	No	instructions)	instructions)				
				ł							
							<u> </u>				
				}							
				<u> </u>							
											
					<u> </u>	· · · · · · · · · · · · · · · · · · ·					
				ļ	L						
]						
Total		<u> </u>	<u> </u>		L	<u> </u>	<u> </u>				

LHA For Paperwork Reduction Act Notice, see the Instructions for

Form 990 or 990-EZ. 532021 09-23-15

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

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

Sec	tion A. Public Support				 		
Cale	ndar year (or fiscal year beginning in)	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
1	Gifts, grants, contributions, and						-
	membership fees received. (Do not		ļ				
	include any "unusual grants.")	3,588,397.	3,200,498,	2,703,398,	4,234,539,	4,623,457.	18,350,289.
2	Tax revenues levied for the organ-	j	J			, <u> </u>	
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities		ĺ	ĺ		·	
	furnished by a governmental unit to	ì	ì	Ì		'	
	the organization without charge						
4	Total. Add lines 1 through 3	3,588,397.	3,200,498.	2,703,398.	4,234,539.	4,623,457.	18,350,289,
5	The portion of total contributions	ł		}			
	by each person (other than a	ì		}		1	
	governmental unit or publicly						
	supported organization) included		ļ				
	on line 1 that exceeds 2% of the			j		· .	
	amount shown on line 11,	i	ľ				
	column (f)						3,418,114,
	Public support. Subtract line 5 from line 4						14 932 175.
	ction B. Total Support						
	ndar year (or fiscal year beginning in)	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
	Amounts from line 4	3,588,397.	3,200,498,	2,703,398.	4,234,539,	4,623,457,	18,350,289.
8	Gross income from interest,	ł	1	i		ł	
	dividends, payments received on	ł		ì			
	securities loans, rents, royalties	600	1 015	000	1 000		4 100
	and income from similar sources	699.	1,015.	833.	1,003.	553.	4,103.
9	Net income from unrelated business			Ì			
	activities, whether or not the]		1	
	business is regularly carried on						
10	Other income. Do not include gain			i			
	or loss from the sale of capital			1,769.	9,569.	1 000	6 710
	assets (Explain in Part VI.)			1,709.	9,369.	1,090.	<u>-6,710.</u>
	Total support. Add lines 7 through 10						18,347,682, -8,453.
	Gross receipts from related activities,	•	•	l fourth or fifth to	· · · ·	12	-0,455.
13	First five years. If the Form 990 is for organization, check this box and stor	-	mst, second, time	a, sources, or sector ta	x year as a section	11 30 1(0)(3)	▶ []
Sec	ction C. Computation of Publ	ic Support Per	centage				
	Public support percentage for 2015 (I			olumn (fl)		14	81.38 %
	Public support percentage from 2014		-		••••	15	92.41 %
	33 1/3% support test - 2015, If the			 I line 13. and line 1	4 is 33 1/3% or n		
	stop here. The organization qualifies					,	▶ [X]
b	33 1/3% support test - 2014. If the o		•	*	line 15 is 33 1/3%	or more, check th	•
	and stop here. The organization qual					•	
17a	10% -facts-and-circumstances tes	· •			13, 16a, or 16b, a	and line 14 is 10%	or more.
	and if the organization meets the "fac	-					
	meets the "facts-and-circumstances"						
b	10% -facts-and-circumstances tes	_	-		-	17a, and line 15 is	10% or
	more, and if the organization meets the		_				
	organization meets the "facts-and-circ				•		
18	Private foundation. If the organization		•	•		•	s
		<u> </u>	- 			dule A (Form 990	

Schedule A (Form 990 or 990-EZ) 2015 BUILD CHANGE Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support		<u>,</u>				
Calendar year (or fiscal year beginning in)	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
1 Gifts, grants, contributions, and			1			
membership fees received. (Do not		1				
include any "unusual grants.")		ļ				
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	1			}		
are not an unrelated trade or bus-			}	1	{	
iness under section 513	L	<u> </u>		<u> </u>		
4 Tax revenues levied for the organ- ization's benefit and either paid to						
or expended on its behalf		<u> </u>		ļ		
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 disqualified 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						
8 Public support. (Subtract line 7c from line 6)						
Section B. Total Support						
Calendar year (or fiscal year beginning in)	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
9 Amounts from line 6		<u> </u>		<u> </u>		
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income						
(less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b					<u> </u>	
11 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)				1		<u> </u>
14 First five years. If the Form 990 is for	r the organization	i's first, second, the	ird, fourth, or fifth	tax year as a section	on 501(c)(3) organi:	zation,
check this box and stop here	<u> </u>			 		
Section C. Computation of Pub					T .= T	
15 Public support percentage for 2015		-	column (f))		15	%
16 Public support percentage from 201 Section D. Computation of Inve			<u> </u>		16	<u>%</u>
17 Investment income percentage for 2	015 (line 10c, colu	umn (f) divided by l	ine 13, column (f))		17	%
18 Investment income percentage from					18	
19a 33 1/3% support tests - 2015. If the						17 is not
more than 33 1/3%, check this box						▶∟
b 33 1/3% support tests - 2014. If the	e organization did	not check a box o	n line 14 or line 19	9a, and line 16 is m	ore than 33 1/3%,	and
line 18 is not more than 33 1/3%, ch						• ▶∐
20 Private foundation. If the organization	on did not check:	a box on line 14, 1	9a, or 19b, check			<u> </u>
532023 09-23-15			4 5	Sch	nedule A (Form 99	0 or 990-EZ) 2015

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

- 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.
- 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 Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use
- 4a Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked 11a or 11b in Part I, answer (b) and (c) below.
- b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations
- c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 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
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (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 disqualified 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)

No Yes 2 3a 3b <u>3c</u> 4a 4b 4c 5a 5b 5c 6 8 9a 9b 9с 10a

u	ividitipity iii e 3 by 3000			
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sec	tion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2	Enter 85% of line 1	2		
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4		4		
5	Income tax imposed in prior year	5		
6	Distributable Amount, Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions)	6		
7	Chack have if the current year is the arganization's first as a non-function	nallv-integrat	ted Type III supporting orga	inization (see

Schedule A (Form 990 or 990-EZ) 2015

instructions)

raii	V Type III Non-Functionally integrated 509	(a)(s) Supporting Orga	arrizations (continued)	,
	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 exemp	ot purposes of supported		
	organizations, in excess of income from activity			
3/	Administrative expenses paid to accomplish exempt purposi	es of supported organization	ıs	
4	Amounts paid to acquire exempt-use assets			<u> </u>
5	Qualified set-aside amounts (prior IRS approval required)		 	<u> </u>
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	e	
	(provide details in Part VI). See instructions.			
9	Distributable amount for 2015 from Section C, line 6			
0	Line 8 amount divided by Line 9 amount			
ectio	on E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2015	(iii) Distributable Amount for 2015
1	Distributable amount for 2015 from Section C, line 6			
	Underdistributions, if any, for years prior to 2015			
	(reasonable cause required-see instructions)			
	Excess distributions carryover, if any, to 2015:			
a				
b				
c				
	From 2013			
	From 2014			
	Total of lines 3a through e			
	Applied to underdistributions of prior years			
	Applied to 2015 distributable amount	1		
	Carryover from 2010 not applied (see instructions)			
	Remainder. Subtract lines 3g, 3h, and 3i from 3f.	 	 	
	Distributions for 2015 from Section D,	 		
	line 7· \$	1		
	Applied to underdistributions of prior years	<u> </u>	 	
	Applied to 2015 distributable amount	 		
	Remainder, Subtract lines 4a and 4b from 4.	1	 	
	Remaining underdistributions for years prior to 2015, if	 		
	any. Subtract lines 3g and 4a from line 2 (if amount			
		}		
	greater than zero, see instructions).	 		
	Remaining underdistributions for 2015. Subtract lines 3h and 4b from line 1 (if amount greater than zero, see		}	
	instructions).	 	 	
	Excess distributions carryover to 2016. Add lines 3j			
	and 4c.	 	 	
	Breakdown of line 7.	 	 	
<u>a</u>		 	 	
b		 	 	
	Excess from 2013	 	 	
	Excess from 2014	 	 	
е	Excess from 2015	<u> </u>	Schedule A	

SCHEDULE D

(Form 990)

Supplemental Financial Statements

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

Attach to Form 990.

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

OMB No 1545-0047 Open to Public

Department of the Treasury Internal Revenue Service Name of the organization

Inspection

Employer identification number

	BUILD CHANGE		<u> 35-2237155</u>
Par	t I Organizations Maintaining Donor Advise	ed Funds or Other Similar Funds	or Accounts. Complete if the
	organization answered "Yes" on Form 990, Part IV, Iir	ne 6.	
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in	writing that the assets held in donor advise	d funds
	are the organization's property, subject to the organization's	s exclusive legal control?	Yes No
6	Did the organization inform all grantees, donors, and donor a	advisors in writing that grant funds can be u	sed only
	for charitable purposes and not for the benefit of the donor	or donor advisor, or for any other purpose c	onferring
	impermissible private benefit?		Yes No
Par	t II Conservation Easements. Complete if the or	ganization answered "Yes" on Form 990, Pa	art IV, line 7.
1	Purpose(s) of conservation easements held by the organizat	tion (check all that apply).	
	Preservation of land for public use (e.g., recreation or	education) Preservation of a history	rically important land area
	Protection of natural habitat	Preservation of a certif	ed historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qual	lified conservation contribution in the form o	f a conservation easement on the last
	day of the tax year.		Held at the End of the Tax Year
а	Total number of conservation easements		2a
b	Total acreage restricted by conservation easements		2b
С	Number of conservation easements on a certified historic st	ructure included in (a)	2c
d	Number of conservation easements included in (c) acquired	after 8/17/06, and not on a historic structure	re
	listed in the National Register		2d
3	Number of conservation easements modified, transferred, re-	eleased, extinguished, or terminated by the	organization during the tax
	year ▶		
4	Number of states where property subject to conservation ea		
5	Does the organization have a written policy regarding the pe	eriodic monitoring, inspection, handling of	L
	violations, and enforcement of the conservation easements	• • •	. L Yes L No
6	Staff and volunteer hours devoted to monitoring, inspecting	, handling of violations, and enforcing cons	ervation easements during the year
	<u> </u>		
7	Amount of expenses incurred in monitoring, inspecting, han	idling of violations, and enforcing conservati	on easements during the year
	> \$		
8	Does each conservation easement reported on line 2(d) about	ove satisfy the requirements of section 170(
	and section 170(h)(4)(B)(ii)?		Yes No
9	In Part XIII, describe how the organization reports conserva		
	include, if applicable, the text of the footnote to the organization	ation's financial statements that describes t	he organization's accounting for
Da	conservation easements. rt III Organizations Maintaining Collections of	of Art Historical Treasures or Ot	har Similar Accate
<u> </u>	Complete if the organization answered "Yes" on Fori	-	ner ommar Assets.
	If the organization elected, as permitted under SFAS 116 (A		ant and halance sheet works of art
ıa	historical treasures, or other similar assets held for public ex	•	·
	the text of the footnote to its financial statements that desc		ce of public service, provide, in real Alli,
.	If the organization elected, as permitted under SFAS 116 (A		and halance sheet works of art, historical
U	treasures, or other similar assets held for public exhibition,	**	
	relating to these items.	education, or research in runtificiance of pad	inc service, provide the following amounts
	(i) Revenue included on Form 990, Part VIII, line 1		▶ ¢
	4"\ A t b - d - d F 000 P t V		▶ \$
2	(ii) Assets included in Form 990, Part X If the organization received or held works of art, historical tr	reasures or other similar assets for financial	
~	the following amounts required to be reported under SFAS		gant provide
-	Revenue included on Form 990, Part VIII, line 1	170 (100 000) rolating to these items.	▶ \$
	Assets included in Form 990, Part X		S S
	For Paperwork Reduction Act Notice, see the Instruction	ns for Form 990.	Schedule D (Form 990) 2015
53205 11-02	1		55525 (, 51 555) 2510

Schedule D (Form 990) 2015

Schedule	D (Form	990	2015

<u>Scriedule</u>	D (FOII	<u>11 990) ∠0 15</u>	POTU	D_CHANGE		_	 	 	 <u> </u>
Part V	II Inv	estments	- Other Se	curities.					
	_				_		 	 	 _

Complete if the organization answered "Yes" or	n Form 990, Part IV, line	11b. See Form 990, Part X, line 12.
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other •		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)		

Part VIII Investments - Program Related.

Complete if the organization answered "Yes"	on Form 990, Part IV, line	11c. See Form 990, Part X, line 13.
(a) Description of investment	(b) Book value	(c) Method of valuation. Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)	<u> </u>	
(5)		
(6)		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)		

Part IX Other Assets.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15)	

Part X Other Liabilities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

1	(a) Description of liability		(b) Boo	k value	
(1)	Federal income taxes				
(2)	ACCRUED SEVERANCES - HAITI			24,547	
(3)	ACCRUED SEVERANCES - INDONESIA			37,061	
(4)	DUE TO RELATED PARTY			471	
(5)					
(6)					
(7)					
(8)					
(9)					
Total.	(Column (b) must equal Form 990, Part X, col. (B) line 25.)	•		62,079	.

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

Schedule D (Form 990) 2015

IN ACCORDANCE WITH GENERALLY ACCEPTED ACCOUNTING PRINCIPLES, A PRIVATE ENTITY IS REQURIED TO DISCLOSE ANY MATERIAL UNCERTAIN TAX POSITIONS THAT MANAGEMENT BELIEVES DOES NOT MEET A "MORE-LIKELY-THAN-NOT" STANDARD OF BEING SUSTAINED UNDER AN INCOME TAX AUDIT AND TO RECORD A LIABILITY FOR ANY SUCH TAXES INCLUDING PENALTY AND INTEREST. MANAGEMENT OF THE ORGANIZATION HAS NOT INDENTIFIED ANY UNCERTAIN TAX POSITIONS THAT REQUIRE THE RECORDING OF A LIABILITY MENTIONED ABOVE OR FURTHER DISCLOSURE.

532054 09-21-15

Schedule D (Form 990) 2015 BUILD CHANGE	<u>35-2237155 Page 5</u>
Schedule D (Form 990) 2015 BUILD CHANGE Part XIII Supplemental Information (continued)	
PART XI, LINE 2D - OTHER ADJUSTMENTS:	
21212 121 22 VISING 122	
FUNDRAISING EXPENSE	8,453.
FUNDRAISING EAPENSE	0,433,
·	
PART XII, LINE 2D - OTHER ADJUSTMENTS:	
FUNDRAISING EXPENSE	8,453.
	
	
	

SCHEDULE F (Form 990)

Statement of Activities Outside the United States

► Complete if the organization answered "Yes" on Form 990, Part IV, line 14b, 15, or 16.

➤ Attach to Form 990.

Open to Public

OMB No 1545-0047

Department of the Treasury Internal Revenue Service Information about Schedule F (Form 990) and its instructions is at www.irs.gov/form990.

Inspection

Name of the organization

Employer identification number

BUILD 'CHANGE_				35-22371	55
	ormation on A	ctivities Out	tside the United States. Compl		
Form 990, Part	IV, line 14b.				
1 For grantmakers. Doe	es the organization	n maintain recor	ds to substantiate the amount of its gr		
the grantees' eligibility	for the grants or a	assistance, and	the selection criteria used to award the	e grants or assistance? 👝 🗓 🗓	Yes No
2 For grantmakers. Des	scribe in Part V the	organization's	procedures for monitoring the use of it	s grants and other assistance ou	tside the
United States.					
3 Activities per Region. (The following Par	I, line 3 table ca	an be duplicated if additional space is	needed.)	
(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in region	(d) Activities conducted in region (by type) (e.g., fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for and investments in region
EAST ASIA AND THE PACIFIC	2	25	PROGRAM SERVICES	TRAINING AND TECHNICAL ASSISTANCE	725_038.
CENTRAL AMERICA AND THE CARIBBEAN	1	53	PROGRAM SERVICES	TRAINING AND TECHNICAL	3,327,183.
SOUTH AMERICA	1	5	PROGRAM SERVICES	TRAINING AND TECHNICAL ASSISTANCE	279,921.
SOUTH ASIA	1	14	PROGRAM SERVICES	TRAINING AND TECHNICAL	227,500,
3 a Sub-total		5 . 97		<u> </u>	4,559,642,
b Total from continuation	F				=
sheets to Part I					0.
c Totals (add lines 3a					
and 3b)		97	<u> </u>	<u>L</u>	4 559 642

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

Schedule F (Form 990) 2015

35-2237155

Page 2

Part II Grants and Other Assistance to Organizations or Entities Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 15, for any recipient who received more than \$5,000. Part II can be duplicated if additional space is needed.

BUILD CHANGE

Schedule F (Form 990) 2015

1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
	रुगारी का स्टाब्स्टरम्ब उ							
	The State of the S							
	and the second							
	· Third To approximate							
	and the second of the second o							
2 Enter total number of rethe IRS, or for which the	ecipient organizations ne grantee or counsel	s listed above that are re has provided a section	Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax-exempt by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter	foreign country, i	ecognized as tax-ex	empt by		

Schedule F (Form 990) 2015

3 Enter total number of other organizations or entities

35-2237155

Page 3

BUILD CHANGE

Schedule F (Form 990) 2015 BUILD CHANGE
Part III Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 16.
Part III Gran he dunlicated if additional space is needed.

(a) Type of grant or assistance (b) Region	(b) Region	c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of non-cash assistance	(g) Description of non-cash assistance	(h) Method of valuation (book, FMV, appraisal, other)
HOMEOWNER SUBSIDIES FOR HOME RETROFITTING TO CREATE MORE	HOMEOWNER			DISBURSEMENT OF SUBSIDIES TO HOMEOWNERS' BANK			
EARTH-OUAKE RESISTANT HOMES.	SUBSIDIES	434	1,358,156,	ACCOUNTS	0		

532073 10-01-15

Schedule F (Form 990) 2015

"Yes," the organization may be required to separately file Form 5713, International Boycott Report (see

Instructions for Form 5713, do not file with Form 990)

Schedule F (Form 990) 2015

Yes X No

SCHEDULE G

Department of the Treasury

Internal Revenue Service

(Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered "Yes" on Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

► Attach to Form 990 or Form 990-EZ.

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

Open to Public

2015

Open to Public Inspection

Employer identification number Name of the organization 35-2237155 BUILD CHANGE Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not Part I required to complete this part. Indicate whether the organization raised funds through any of the following activities. Check all that apply. Mail solicitations Solicitation of non-government grants а Internet and email solicitations Solicitation of government grants Phone solicitations Special fundraising events c In-person solicitations 2 a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or No Yes key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? b If "Yes." list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization. (iii) Did (v) Amount paid (vi) Amount paid (iv) Gross receipts (i) Name and address of individual (or retained by) to (or retained by) (ii) Activity have custody or control of fundraiser or entity (fundraiser) from activity organization listed in col. (i) Yes No 3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.

532081 09-14-15

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

Schedule G (Form 990 or 990-EZ) 2015

532082 09-14-15

Schedule G (Form 990 or 990-EZ) 2015

Sch	edule G (Form 990 or 990-EZ) 2015 BUILD CHANGE	35-2	237155	Page 3
			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
13	Indicate the percentage of gaming activity conducted in:			
	The organization's facility		13a	%
	An outside facility		13b	%
	Enter the name and address of the person who prepares the organization's gaming/special events books and reco	rds:		
•	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 am	ount		
	of gaming revenue retained by the third party > \$			
C	If "Yes," enter name and address of the third party			
	Name			
	Address ►			
16	Gaming manager information:			
	Name			
	Gaming manager compensation ▶ \$			
	December of conjugat projuded			
	Description of services provided			
	Director/officer Employee Independent contractor			
17	Mandatory distributions.			
	Is the organization required under state law to make charitable distributions from the gaming proceeds to			
	retain the state gaming license?		Yes	☐ No
ŀ	Enter the amount of distributions required under state law to be distributed to other exempt organizations or spen	t in the		
•	organization's own exempt activities during the tax year > \$			
Pa	Irt IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and	Part III. I	nes 9, 9b, 1	0b. 15b.
	15c, 16, and 17b, as applicable. Also provide any additional information (see instructions).			0., .0.,
	Too, 10, and 175, as applicable, 7 less provide any additional information (see interestions).			
_				
_				
				

Schedule G	(Form 990 or 990-EZ) BUILD CHANGE	35-2237155 Page 4
Part IV	(Form 990 or 990-EZ) BUILD CHANGE Supplemental Information (continued)	
	•	
		
		
		

532084 04-01-15

SCHEDULE M (Form 990)

Noncash Contributions

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

OMB No 1545-0047

Open To Public Inspection

Department of the Treasury Internal Revenue Service

Attach to Form 990.

BUILD CHANGE

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

Name of the organization

Employer identification number

35-2237155

Par	rt I Types of Property								
		(a) Check if applicable	(b) Number of contributions or	(c) Noncash contri amounts repor	ted on	Method of one of the control of the			 s
	;		items contributed	Form 990, Part VI	II, line 1g				
1	Art - Works of art		<u> </u>						
2	Art - Historical treasures					 			
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								
10	Securities - Closely held stock					· · · · · · · · · · · · · · · · · ·	·		
11	Securities - Partnership, LLC, or		· · · · · · · · · · · · · · · · · · ·						
•••	trust interests								
10	Securities - Miscellaneous								
12	•		 	 					
13	Qualified conservation contribution -		Į						
	Historic structures			 					
14	Qualified conservation contribution - Other			 					
15	Real estate - Residential			 					——
16	Real estate - Commercial		 						
17	Real estate - Other	ļ		ļ					
18	Collectibles			ļ					
19	Food inventory			<u> </u>					
20	Drugs and medical supplies .	l							
21	Taxidermy					 			
22	Historical artifacts .	ļ							
23	Scientific specimens			<u> </u>					
24	Archeological artifacts								
25	Other (FUNDRAISER CO)	X	1	. 9	,244.	INVOICES			
26	Other ()								
27	Other ()]					
28	Other ()	<u> </u>	1						
29	Number of Forms 8283 received by the organi	zation durin	g the tax year for	contributions					
	for which the organization completed Form 82		-		29			0	
	To Whom the organization completed from on	,			L 			Yes	No
302	During the year, did the organization receive b	v contributi	on any property re	ported in Part Liling	es 1 throug	nh 28 that it		-00	
000	must hold for at least three years from the dat						1 }	}	ŀ
	-		ai continuation, an	a willori is tiot requ	ined to be	asea for	30a)	x
	exempt purposes for the entire holding period	·			•	• •	304		
	If "Yes," describe the arrangement in Part II.	nakovithat -	oguros the reverse	of any non atomic	rd costrib	itione?		x	1
31	Does the organization have a gift acceptance						31	-	
32a	Does the organization hire or use third parties	or related o	rganizations to sol	ιcπ, process, or se	ıı noncash]	7.7
	contributions?		•		•		32a		X
þ								ļ	l
33	If the organization did not report an amount in	column (c)	for a type of prope	erty for which colum	nn (a) is ch	ecked,			
	describe in Part II.								
LHA	For Paperwork Reduction Act Notice, see	the Instruc	ctions for Form 99	3 0.		Schedule 1	M (Form 9	990) (2015)

532142 08-21-15

SCHEDULE O

Department of the Treasury Internal Revenue Service

(Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

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

Form 990 or 990-EZ or to provide any additional information.

Attach to Form 990 or 990-EZ.

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

2015
Open to Public Inspection

Name of the organization

BUILD CHANGE

Employer identification number 35-2237155

Name of the organization BUILD CHANGE	Employer identification number 35-2237155
PROVIDERS GIVE DISCOUNTS ON PRODUCTS AND SERVICES TO REZO	
PROVIDED THEY MAINTAIN HIGH QUALITY STANDARDS. THROUGH SU	CH INCENTIVES
AND ACCESS TO TRAINING, REZO IS BECOMING A STRONG MODEL O	F HOW
PUBLIC-PRIVATE PARTNERSHIPS CAN MAKE SUSTAINABLE STRIDES	TOWARDS A
SAFER FUTURE.	
LOOKING AHEAD	
IN 2016 NEARLY 200 FAMILIES WILL RECEIVE SANITATION SOLUT	IONS THROUGH
OUR NEW WASH PROJECT, AN IMPORTANT AND NECESSARY ADDITION	TO THEIR
PREVIOUSLY RETROFITTED HOMES. REZO WILL ALSO FINALIZE A B	USINESS MODEL
TO ENABLE THE NETWORK TO REACH OPERATIONAL AND FINANCIAL	SUSTAINABILITY
WITHIN FIVE YEARS - A HUGE STEP TOWARDS PERMANENT CHANGE	IN THE
CONSTRUCTION INDUSTRY.	
FORM 990, PART III, LINE 4B, PROGRAM SERVICE ACCOMPLISHME	ENTS:
JAYA BRICKMAKER COOPERATIVE'S MARKETING AND QUALITY CONTE	OL DIVISIONS,
INCREASING DEMAND FOR AND CONSISTENCY IN THEIR SERVICES.	
BETTER BUILDING MATERIALS	
IN JUNE, WITH SUPPORT FROM THE JTI FOUNDATION AND CATERPI	LLAR
FOUNDATION, 47 BUSINESSES IN WEST SUMATERA RECEIVED TRAIN	IING AND
TECHNICAL SUPPORT IN BRICK PRODUCTION AND BUSINESS MANAGE	EMENT THROUGH
OUR BBM PROGRAM. WITH THESE SKILLS, BRICKMAKERS CAN MANAGE	SE THEIR
FINANCES MORE ACCURATELY WHILE PRODUCING HIGHER-QUALITY E	BRICKS, BOTH
NECESSARY FOR BUILDING PERMANENT RESILIENCE IN THEIR COMM	MUNITIES. THE
NEW BATA JAYA BRICKMAKER COOPERATIVE HAS BEEN ESTABLISHED	AS A SALES
CHANNEL FOR QUALITY BRICKS PRODUCED BY AFFILIATES. THIS I	NCENTIVIZES
HIGH-QUALITY BRICK PRODUCTION BY PROVIDING SUPPORT FOR TH	IE TECHNICAL dule O (Form 990 or 990-EZ) (2015)

Page 2 Schedule O (Form 990 or 990-EZ) (2015) **Employer identification number** Name of the organization BUILD CHANGE 35-2237155 AND COMMERCIAL ASPECTS OF BRICKMAKING. LOOKING AHEAD FORTY-THREE BRICKMAKING BUSINESSES WILL INCREASE THEIR QUALITY AND GROW THEIR BUSINESSES WITH OUR SUPPORT IN WEST SUMATERA NEXT YEAR, AND THE BATA JAYA COOPERATIVE WILL BRING THEIR MARKETING STRATEGIES, PROCEDURES, AND QUALITY CONTROLS TO THE NEXT LEVEL WITH SUPPORT FROM OUR UNIVERSITY PARTNERS. FORM 990, PART III, LINE 4C, PROGRAM SERVICE ACCOMPLISHMENTS: PARTNERSHIP WITH THE TECHNICAL EDUCATION AND SKILLS DEVELOPMENT AUTHORITY (TESDA) AND CORDAID. BUILDERS GAIN HANDS-ON TRAINING AND PRACTICAL EXPERIENCE THROUGH THE CENTER, WHICH INCLUDES SEVEN STATIONS REPRESENTING DIFFERENT CONSTRUCTION PHASES OF A DISASTER-RESISTANT HOUSE. WE ALSO ENHANCED TESDA'S NATIONAL CERTIFICATION TRAININGS IN MASONRY AND CARPENTRY TO INCLUDE DISASTER-RESISTANT CONSTRUCTION, WHICH WERE FORMALLY ADOPTED BY TESDA IN EASTERN SAMAR IN NOVEMBER. AS THE CURRICULUM IS ENDORSED TO OTHER REGIONS, MORE BUILDERS WILL BECOME CERTIFIED IN SAFER CONSTRUCTION. PROVIDING SUPPORT FOR SAFER HOMES THROUGH OUR PARTNERSHIP WITH CORDAID, LOCAL HOMEOWNERS AND BUILDERS SPEARHEADED RECONSTRUCTION EFFORTS IN SULANGAN, EASTERN SAMAR VIA THEIR TRAINING IN DISASTER-RESISTANT CONFINED MASONRY. FIFTY FAMILIES ARE NOW LIVING IN SAFER HOMES, AND THE TRAINED BUILDERS CAN USE THESE SKILLS IN FUTURE SAFE CONSTRUCTION. FORTY-NINE FAMILIES AFFECTED BY TYPHOON

YOLANDA ARE RELOCATING TO SAFER SITES ON MALIWALIW ISLAND IN EASTERN SAMAR. THEY ARE DRIVING THE CONSTRUCTION OF THEIR NEW HOMES THROUGH OUR

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BUILD CHANGE

Employer identification number 35-2237155

COLOMBIAN ENGINEERS ALIKE RECOGNIZE THE VULNERABILITY OF HOUSING IN

COLOMBIA. WITH SUPPORT FROM RMS, BUILD CHANGE IS PARTNERING WITH THE

CITY OF BOGOTA THROUGH CAJA DE LA VIVIENDA POPULAR, THE AGENCY

RESPONSIBLE FOR SUBSIDIZING HOME IMPROVEMENT AND STRENGTHENING IN

PRIORITIZED NEIGHBORHOODS. TOGETHER WE EVALUATED OVER 200 HOUSES FOR

RETROFIT, AND, WITH SUPPORT FROM SWISS RE FOUNDATION, SENT 40 RETROFIT

DESIGN PACKAGES TO LOCAL AUTHORITIES FOR BUILDING PERMITS. CONSTRUCTION

WILL BEGIN IN 2016.

GUATEMALA

IN PARTNERSHIP WITH PCI IN THE BARRIO MIO PROGRAM, BUILD CHANGE

COMPLETED 3 RETROFITS IN MIXCO WITHIN A SUBSIDY-BASED INITIATIVE, AS A

DEMONSTRATION OF THE PROCESS AND A TOOL FOR LOCAL TRAINING. WE ARE

WORKING WITH THE ASSOCIATION OF STRUCTURAL AND SEISMIC ENGINEERS OF

GUATEMALA TO DEVELOP A RETROFIT MANUAL FOR INFORMALLY BUILT HOUSING IN

GUATEMALA, AND LOOKING TO EXPAND THE HOUSING RETROFIT PROGRAM IN 2016

AND BEYOND. IN 2012 AN EARTHQUAKE DAMAGED SCHOOLS IN SAN MARCOS AND

QUETZALTENANGO. STUDENTS ARE STILL ATTENDING CLASS IN SOME OF THESE

BADLY DAMAGED AND VULNERABLE SCHOOLS. WITH YOUR HELP IN 2016, WE WILL

RETROFIT SOME OF THESE SCHOOLS.

LOOKING AHEAD IN LATIN AMERICA

IT'S ALL ABOUT PREVENTION IN LATIN AMERICA; WORKING WITH LOCAL AND NATIONAL GOVERNMENTS, HOMEOWNERS, AND THE PRIVATE SECTOR TO RETROFIT SCHOOLS AND HOUSES THROUGH EXISTING SUBSIDY PROGRAMS BEFORE THE NEXT EARTHQUAKE. IN 2016 WE WILL TAKE THESE PROGRAMS TO THE NEXT PHASE,

GROWING THE NUMBER OF BUILDINGS RETROFITTED YEAR BY YEAR, AND EXPANDING TO OTHER CITIES.

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Schedule O (Form 990 or 990-EZ) (2015)

Schedule O (Form 990 or 990-EZ) (2015) Page 2 Employer identification number Name of the organization BUILD CHANGE 35-2237155 EXPENSES \$ 280,301. INCLUDING GRANTS OF \$ 0. REVENUE \$ 0. NEPAL: BETWEEN APRIL 25 AND MAY 12, 2015, NEPAL EXPERIENCED TWO DEVASTATING EARTHOUAKES. AN ESTIMATED 2.8 MILLION PEOPLE WERE DISPLACED AND THOUSANDS OF BUILDINGS WERE DESTROYED. BUILD CHANGE SENT A TEAM OF ENGINEERS TO KATHMANDU TO PERFORM AN INITIAL SURVEY 10 DAYS AFTER THE FIRST EARTHOUAKE. OUR PROGRAM IN NEPAL THE GOVERNMENT OF NEPAL HAS MANDATED THAT HOUSING RECONSTRUCTION BE HOMEOWNER-DRIVEN; THEREFORE BUILD CHANGE'S STRATEGY IS TO BUILD CAPACITY OF OTHER ORGANIZATIONS TO BECOME FACILITATORS AND IMPLEMENTERS OF SAFE RECONSTRUCTION AT SCALE. THROUGH COLLABORATION WITH OUR PARTNERS, THIS METHODOLOGY ALLOWS SAFE BUILDING PRACTICES AND TECHNIQUES TO REACH MORE AFFECTED COMMUNITIES THAN WHAT WE COULD REACH ON OUR OWN. THE SUPPORT WE HAVE RECEIVED FROM OUR COMMUNITY IN RESPONSE TO THIS DISASTER HAS ALLOWED OUR TEAM TO GROW TO 28 PEOPLE. ON DECEMBER 17, 2015, WE WERE FORMALLY RECOMMENDED FOR REGISTRATION AS AN INGO IN NEPAL. TECHNICAL RESOURCES HUNDREDS OF THOUSANDS OF FAMILIES ARE RELYING ON SALVAGED MATERIALS FROM COLLAPSED BUILDINGS TO REBUILD. SO FAR, OUR PARTNERS DISTRIBUTED 30,000 COPIES OF OUR GUIDELINES ON HOW TO PROPERLY DEMOLISH HOUSES AND SAVE MATERIALS FOR REUSE. MANY MORE FAMILIES WILL REBUILD IN PHASES RATHER THAN ALL AT ONCE. FOR THIS PURPOSE, BUILD CHANGE HAS DEVELOPED

DEPARTMENT OF URBAN DEVELOPMENT AND BUILDING CONSTRUCTION. 532212 09-02-15

Schedule O (Form 990 or 990-EZ) (2015)

GUIDELINES ON INCREMENTAL CONSTRUCTION FOR THE GOVERNMENT OF NEPAL'S

KEY PARTNERSHIPS

BUILD CHANGE IS WORKING ALONGSIDE GOVERNMENT, TECHNICAL, AND NGO

PARTNERS INCLUDING THE SHELTER CLUSTER, THE NEPAL HOUSING RECOVERY AND

RECONSTRUCTION PLATFORM, MERCY CORPS, WORLD VISION, AND GLOBALGIVING TO

BEGIN REBUILDING NEPAL SAFELY. THROUGH THE WORLD ECONOMIC FORUM GLOBAL

AGENDA COUNCIL ON RISK AND RESILIENCE, BUILD CHANGE CONTRIBUTED TO THE

PUBLICATION BUILDING RESILIENCE IN NEPAL THROUGH PUBLIC-PRIVATE

PARTNERSHIPS, RELEASED IN AN EVENT IN LONDON.

LOOKING AHEAD

AS REBUILDING CONTINUES IN 2016, WE WILL SUPPORT LOCAL EFFORTS IN

UNIQUE WAYS, SUCH AS OUR COMMUNITY THEATER PROGRAM WHICH AIMS TO

DISSEMINATE SAFE CONSTRUCTION KNOWLEDGE THROUGH ENGAGING PUBLIC

PERFORMANCES.

EXPENSES \$ 227,231. INCLUDING GRANTS OF \$ 0. REVENUE \$ 0.

INNOVATIONS: IN ADDITION TO ITS COUNTRY-SPECIFIC PROGRAMS, BUILD CHANGE

HAS SEVERAL INITIATIVES THAT SUPPORT ALL OF ITS PROGRAMS AND ITS

WORLD-WIDE MISSION IN THE AREAS OF ENGINEERING, EDUCATION AND ADVOCACY

AND PROMOTION. IT INCLUDES TRAINING FOR ALL OF ITS ENGINEERS AND

TRAINERS, AS WELL AS PARTICIPATION IN SEVERAL CONFERENCES AND PROGRAMS

ACROSS THE GLOBE THAT AIM TO INCREASE AWARENESS OF ITS APPROACH TO

BUILDING HOUSES AND SCHOOLS THAT ARE RESISTANT TO NATURAL DISASTERS IN

EMERGING NATIONS.

EXPENSES \$ 94,860. INCLUDING GRANTS OF \$ 0. REVENUE \$ 0.

FORM 990, PART IV, LINE 12A

	D. A
Schedule O (Form 990 or 990-EZ) (2015) Name of the organization BUILD CHANGE	Page 2 Employer identification number 35-2237155
THE ORGANIZATION'S 2015 CALENDAR YEAR FINANCIAL STATEMENT	AUDIT WAS IN
PROCESS AT THE TIME THE FORM 990 WAS FILED. THE AUDIT IS	EXPECTED TO BE
COMPLETED SHORTLY AFTER THE FORM 990 IS FILED.	
FORM 990, PART V, LINE 4B, LIST OF FOREIGN COUNTRIES:	
HAITI, INDONESIA, PHILIPPINES, COLOMBIA,	
NEPAL	
FORM 990, PART VI, SECTION B, LINE 11:	
THE DIRECTOR OF FINANCE WORKS WITH THE PUBLIC ACCOUNTING	FIRM TO PREPARE
THE FORM 990 AND REVIEWS THE FILING IN DETAIL BEFORE IT I	S PROVIDED TO THE
CEO FOR REVIEW. THE FORM 990 IS REVIEWED AND APPROVED BY	THE CEO PRIOR TO
SUBMISSION. THE FORM 990 IS ALSO PROVIDED TO THE BOARD PR	IOR TO SUBMISSION.
FORM 990, PART VI, SECTION B, LINE 12C:	
ALL EMPLOYEES INCLUDING THE CEO SIGN A CONFLICT OF INTERE	ST DOCUMENT.
CONFLICTS OF INTEREST ARE DISCLOSED AND THOSE WITH THE "C	ONFLICT" ARE NOT
INVOLVED IN DECISION MAKING RELEVANT TO THE CONFLICT IN C	UESTION. SHOULD A
CONFLICT ARISE IT WOULD BE NOTED IN THE MINUTES AND/OR BE	OUGHT TO THE
BOARD'S ATTENTION IF DEEMED SIGNIFICANT.	
FORM 990, PART VI, SECTION B, LINE 15A:	
THE BOARD OF DIRECTORS DETERMINES AND APPROVES THE COMPEN	ISATION OF THE CEO.
THE BOARD REVIEWS REGIONAL, NATIONAL AND INDUSTRY SALARY	COMPARABILITY DATA
INCLUDING THE ANNUAL MOUNTAIN STATES EMPLOYERS COUNCIL CO	MPENSATION SURVEY

AND THE ANNUAL GUIDESTAR SALARY SURVEY WHEN DETERMINING THE SALARY OF THE

Schedule O (Form 990 or 990-EZ) (2015)	Page 2
Name of the organization BUILD CHANGE	Employer identification number 35-2237155
MINUTES. THE PROCESS WAS LAST UNDERTAKEN IN Q1 2015.	
THE CEO REVIEWS AND APPROVES THE SALARY OF TOP MANAGEMENT	OFFICIALS. THE
BOARD PREAPPROVES ANY NEWHIRES AND THEIR SALARY RANGE BY	VIRTUE OF
APPROVING THE BUDGETS. IF A TOP MANAGEMENT OFFICIAL IS H	IRED OUTSIDE OF
THE PREVIOUSLY APPROVED BUDGETS, THE BOARD IS INFORMED OF	THE DETAILS AND
ASKED FOR APPROVAL. THE PROCESS WAS LAST UNDERTAKEN IN 20	14.
FORM 990, PART VI, SECTION C, LINE 19:	
THE ORGANIZATION POSTS ITS GOVERNING DOCUMENTS AND FINANC	IAL STATEMENTS ON
ITS OWN WEBSITE. THE ORGANIZATION'S POLICIES ARE MADE AVA	ILABLE UPON
REQUEST.	
FORM 990, PART XII, LINE 2C	
NO CHANGES HAVE BEEN MADE TO EITHER THE OVERSIGHT PROCESS	OR SELECTION
PROCESS DURING THE TAX YEAR.	
FORM 990, PART XII, LINE 3B	· · · · · · · · · · · · · · · · · · ·
THE ORGANIZATION'S 2015 CALENDAR YEAR SINGLE AUDIT WAS IN	PROCESS AT
THE TIME THE FORM 990 WAS FILED. THE AUDIT IS EXPECTED TO	BE COMPLETED
SHORTLY AFTER THE FORM 990 IS FILED.	