Return of Organization Exempt From Income Tax

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

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

Α	For th	ne 2006 ca	alendar	year, or tax year beginning	January 1	, 2006	, and	ending D	ecembe	CONTRACTOR DESCRIPTION OF THE PROPERTY OF THE
В	Check if	applicable:	Please	C Name of organization					2, 3	yer identification number
П	Address	change	use IRS label or	Build Change					35	2237155
\Box	Name c	hånge	print or type.	Number and street (or P.O. box	f mail is not delivered to	street ad	ddress)	Room/suite	E Teleph	one number
_	Initial re		See	169 Throckmorton Ave.				2	(415	235-9930
=	Final ret	and the control of th	Specific Instruc-	City or town, state or country, a	and ZIP + 4				F Accounti	ng method: 🗸 Cash 🔲 Accrual
_		ed return	tions.	Mill Valley, CA 94941					Ot	her (specify)
		ion pending	• Sec	tion 501(c)(3) organizations and	4947(a)(1) nonexempt	charita	able			e to section 527 organizations.
	ATC A COMPANY OF THE PARTY OF	100000000000000000000000000000000000000	trus	sts must attach a completed Sch	edule A (Form 990 or 99	90-EZ).		AND CONTRACTORS	•	n for affiliates? Yes V No
G	Website	e: Nw	w.build	change.org				management and a community of		per of affiliates ▶
	Ounoni	antina tama	/abaals a	nh ana) > 7 501(a) (2) 4 (ii	aport po \ \ \ 4047/a\/1\	or 🗆		H(c) Are all af		uded? Yes No t. See instructions.)
J	Organia	zation type	check o	nly one) ► 🕢 501(c) (3) ◄ (ii	Isert 110.) 4947(a)(1)	or \square	321	H(d) Is this a se		(0) 2004/2016 3004640040454 AMAGENTA CONF.
				organization is not a 509(a)(3) sup ore than \$25,000. A return is not req				organizatio	on covered b	by a group ruling? Yes V No
				e a complete return.	ulled, but if the organizar	HOLL CHOC	uses _		cemption N	
-							-			the organization is not required
L	Gross	receipts: /	Add line:	s 6b, 8b, 9b, and 10b to line 1	2 ▶ 238924	.82				Form 990, 990-EZ, or 990-PF).
P	art I	Reven	ue, Ex	penses, and Changes in	Net Assets or F	und E	Balan	ces (See th	ne instru	ctions.)
	1	Contribu	utions.	gifts, grants, and similar am	ounts received:					
	а		500	9 , 9		1a			0	
	b			apport (not included on line		1b		174082.	14	
	C			support (not included on lin		1c			0	
				entributions (grants) (not inc		1d			0	
	е					h \$,	1	1e	174082.14
	2								2	64246.16
	3								3	0
	4								4	596.52
	5							5	0	
	6a				3)	6a				
	b			oenses		6b				
	(0.000)			me or (loss). Subtract line 6					6c	0
ø)	7			nt income (describe ▶	are therefore removes there				7	0
Revenue	8a			from sales of assets other	(A) Securities		(B)	Other		
eve		than inv				8a				
-				er basis and sales expenses.		8b				
	11.00.00			attach schedule)		8c				
				s). Combine line 8c, columns	(A) and (B)				8d	0
	9	STATE OF THE STATE		nd activities (attach schedule). If	41 00 SOUTHERS ADDITE: 14 -C O.	aming,	, check	k here ▶ 🗌		
	а	Gross re	evenue	(not including \$	of					
				eported on line 1b)		9a				
	b	Less: di	irect ex	penses other than fundraisi	ng expenses .	9b				
	С	Net inco	ome or	(loss) from special events.			9a .		9c	0
	10a	Gross s	ales of	inventory, less returns and	allowances	10a				
	b	Less: co	ost of g	oods sold		10b				
	С			oss) from sales of inventory (atta					10c	0
	11	Other re	evenue	(from Part VII, line 103) .					11	0
_	12	Total re	venue.	Add lines 1e, 2, 3, 4, 5, 6c, 7	7, 8d, 9c, 10c, and 1	1			12	238924.82
10	13	Progran	n servic	es (from line 44, column (B))				13	158073
Expenses	14	Manage	ement a	nd general (from line 44, co	olumn (C))				14	5775
pen	15	Fundrais	sing (fro	om line 44, column (D)) .						7367
Ж	200	Paymer	nts to at	filiates (attach schedule).					16	
_	17	Total e	xpense	s. Add lines 16 and 44, col	umn (A)				. 17	171215.00
ets	18	Excess	or (defi	cit) for the year. Subtract li	ne 17 from line 12				18	67709.82
Net Assets	19	Net ass	ets or f	und balances at beginning	of year (from line 7					24380.24
et /	20	Other c	hanges	in net assets or fund balar	ices (attach explana	ation).			20	
Z	21	Net asse	ets or fu	and balances at end of year.	Combine lines 18, 19	9, and	20 .		21	92090.06

All organizations must complete column (A). Columns (B), (C), and (D) are required for section 501(c)(3) and (4) Part II Statement of Functional Expenses organizations and section 4947(a)(1) nonexempt charitable trusts but optional for others. (See the instructions.) Do not include amounts reported on line (B) Program (C) Management (A) Total (D) Fundraising 6b, 8b, 9b, 10b, or 16 of Part I. services and general 22a Grants paid from donor advised funds (attach schedule) _____ noncash \$ __ 22a If this amount includes foreign grants, check here 22b Other grants and allocations (attach schedule) (cash \$ __ _____ noncash \$ ___ 22b If this amount includes foreign grants, check here Specific assistance to individuals (attach 23 23 24 Benefits paid to or for members (attach 24 25a Compensation of current officers, directors, key employees, etc. listed in Part V-A (attach 67679 58794 3874 5012 25a b Compensation of former officers, directors, key employees, etc. listed in Part V-B (attach 25b c Compensation and other distributions, not included above, to disqualified persons (as defined under section 4958(f)(1)) and 25c persons described in section 4958(c)(3)(B) (attach schedule) Salaries and wages of employees not included 26 5600 5600 26 on lines 25a, b, and c Pension plan contributions not included on 27 27 lines 25a, b, and c 28 Employee benefits not included on lines 1483 1483 28 25a – 27 5711 5018 Payroll taxes 29 302 391 29 30 30 Professional fundraising fees . 2091 31 1837 111 143 31 Accounting fees 32 32 Legal fees 33 2942 2776 166 33 34 1956 1718 103 134 34 Telephone 52 25 27 Postage and shipping . . . 35 35 36 6306 6306 Occupancy 36 37 5207 5207 37 Equipment rental and maintenance. . . 437 437 Printing and publications 38 38 8771 7898 39 98 775 39 Travel 706 40 706 40 Conferences, conventions, and meetings. . . 41 41 42 42 Depreciation, depletion, etc. (attach schedule) 43 Other expenses not covered above (itemize): Independent Contractors (Indonesian) 49472 49472 43a Office equipment 10545 9266 557 721 43b Construction materials 2261 2261 43c 43d d 43e 43f 43g 44 Total functional expenses. Add lines 22a through 43g. (Organizations completing columns (B)-(D), carry these totals to lines 13 - 15) 171215 158073 5775 7367 **Joint Costs.** Check ▶ ☐ if you are following SOP 98-2. Are any joint costs from a combined educational campaign and fundraising solicitation reported in (B) Program services?

If "Yes," enter (i) the aggregate amount of these joint costs \$___

(iii) the amount allocated to Management and general \$

☐ Yes	☑ No ;
Form 99	0 (2006)

_; (ii) the amount allocated to Program services \$

; and (iv) the amount allocated to Fundraising \$

Part III Statement of Program Service Accomplishments (See the instructions.)

Form 990 is available for public inspection and, for some people, serves as the primary or sole source of information about a particular organization. How the public perceives an organization in such cases may be determined by the information presented on its return. Therefore, please make sure the return is complete and accurate and fully describes, in Part III, the organization's programs and accomplishments.

All of	hat is the organization's primary exempt purpose? Build and promote earthquake-resistant houses organizations must describe their exempt purpose achievements in a clear and concise manner. State the number clients served, publications issued, etc. Discuss achievements that are not measurable. (Section 501(c)(3) and (4) ganizations and 4947(a)(1) nonexempt charitable trusts must also enter the amount of grants and allocations to others.)	Program Service Expenses (Required for 501(c)(3) and (4) orgs., and 4947(a)(1) trusts; but optional for others.)
а	Designing, building, and promoting earthquake-resistant, comfortable, sustainable houses with tsunami and earthquake survivors in Indonesia. Completed 11 house pilot reconstruction project in 2006, benefiting 55 persons. Designing and/or supervising construction of over 1,000 other houses benefiting over 3,000 people. Training local builders, engineers, and architects, benefiting 50 persons. Programs in partnership with Mercy Corps, Catholic Relief Services, and Oxfam International. (Grants and allocations \$) If this amount includes foreign grants, check here	158073
b		1500/3
С	(Grants and allocations \$) If this amount includes foreign grants, check here ▶ □	
d	(Grants and allocations \$) If this amount includes foreign grants, check here ▶ □	
е	(Grants and allocations \$) If this amount includes foreign grants, check here ▶ □ Other program services (attach schedule)	
f	Grants and allocations \$) If this amount includes foreign grants, check here ▶ □ Total of Program Service Expenses (should equal line 44, column (B), Program services) ▶	158073
	(-),	1000/3

Form 990 (2006)

Lit	art IV	Balance Sheets (See the instructions.	.)				
1	Note:	Where required, attached schedules and amounts column should be for end-of-year amounts only.	within the o	description	(A) Beginning of year		(B) End of year
	45	Cash—non-interest-bearing			20323.68	45	88016.01
	46	Savings and temporary cash investments .			4056.56	46	4074.05
	47-	A	170				
		Accounts receivable	47a 47b		0	47	
	D	Less: allowance for doubtful accounts .	4/0		0	47c	0
	400	Dladgas vassiusble	48a	Windows Stevenson			
		Pledges receivable	48b		0	48c	0
	49				0	49	0
		Grants receivable			U	49	U
	bua	Receivables from current and former officers key employees (attach schedule)	0	50a	0		
	h	Receivables from other disqualified persons (a			V	Jua	U
	, D	4958(f)(1)) and persons described in section 4958	0	50b	0		
	510	Other notes and loans receivable (attach	o(c)(3)(b) (a	ttach schedule)		300	U
ţ	Jia	schedule)	51a			14/20/2004	
Assets	h	Less: allowance for doubtful accounts .	51b		0	51c	0
As		Inventories for sale or use			0		0
		Prepaid expenses and deferred charges .			0		0
		Investments—publicly-traded securities			0	54a	0
		Investments—other securities (attach schedu			0		0
		Investments—land, buildings, and	iic)				•
	oou	equipment: basis	55a				
	b	Less: accumulated depreciation (attach				THE W	
		schedule)	55b		0	55c	0
	56	Investments—other (attach schedule)			0	56	0
	57a	Land, buildings, and equipment: basis .	57a			He was	
	1	Less: accumulated depreciation (attach					
	12.47%	schedule)	57b		0	57c	0
	58	Other assets, including program-related inves	stments				
		(describe ▶)	0	58	0
	59	Total assets (must equal line 74). Add lines	45 through	1 58	24380.24	59	92090.06
	60	Accounts payable and accrued expenses .			0	60	0
	61	Grants payable			0	61	0
	62	Deferred revenue			0	62	0
ies	63	Loans from officers, directors, trustees, and	key emp	loyees (attach			
bilities		schedule)		L	0	63	0
Liab	64a	Tax-exempt bond liabilities (attach schedule)			0	64a	0
_		Mortgages and other notes payable (attach s	chedule) .		0	64b	0
	65	Other liabilities (describe ►)	0	65	0
	66	Total liabilities. Add lines 60 through 65 .			0	66	0
		nizations that follow SFAS 117, check here ▶			U	66	0
		67 through 69 and lines 73 and 74.	™ and c	complete lines			
Ses		Unrestricted			21750.18	67	82090.06
an	68	Temporarily restricted			2630.06	68	10000.00
Ba		Permanently restricted				69	
ba		nizations that do not follow SFAS 117, check					
E		complete lines 70 through 74.	noic F	and			
0		Capital stock, trust principal, or current funds				70	
Net Assets or Fund Balances		Paid-in or capital surplus, or land, building, a				71	
SSe		Retained earnings, endowment, accumulated				72	
A		Total net assets or fund balances. Add lines				#19-31	
Nei		70 through 72. (Column (A) must equal line 1	9 and col	umn (B) must			
_		equal line 21)		F 4 4 4	24380.24	73	92090.06
	74	Total liabilities and net assets/fund balances	s. Add line	s 66 and 73	24380.24	74	92090.06

га	IL IV-A	instructions.)	lited Financial Staten	nents With Rev	enue pe	er Ret	urn (See the	
а	Total reve	enue, gains, and other support per audit	ed financial statements	S		а			n/a
b		included on line a but not on Part I, line							
1		alized gains on investments		b1		5 4 1			
2	Donated	services and use of facilities		b2					
3	Recoverie	es of prior year grants		b3					
4	Other (sp	ecify):				100			
				b4					
		b1 through b4				b			
С				151 150 250 250 250		С			
d		included on Part I, line 12, but not on li			Ne. (e) (e)				
1		nt expenses not included on Part I, line		d1					
2		ecify):							
				d2					
	Add lines	d1 and d2		Fig. 198 Aug 199 199	7.0 Se Se	d			
е	Total rev	enue (Part I, line 12). Add lines c and d		* * * *	▶	е			
Pa	rt IV-B	Reconciliation of Expenses per Au			penses	per Re	eturi	n	75.0
a		enses and losses per audited financial s			(5) (5) (5)	а			n/a
b		included on line a but not on Part I, line		1 I					
1		services and use of facilities		b1					
2		adjustments reported on Part I, line 20		b2					
3		ported on Part I, line 20		b3					
4		ecify):		b4					
		b1 through b4			200 200 200	b			
С	Subtract	APPENDING THE SECOND STORY OF THE SECOND STORY	* * * * * * * * *			С			
d	Amounts	included on Part I, line 17, but not on lin							
1		nt expenses not included on Part I, line		d1					
2		ecify):				Unit and			
				d2					
201	Add lines	d1 and d2				d			
e		penses (Part I, line 17). Add lines c and				е			
rai	rt V-A	Current Officers, Directors, Trustees or key employee at any time during the year	s, and Key Employees ar even if they were not	(List each perso	n who wa See the in	is an of	ficer,	, director,	trustee,
								(E) Expense	account
		(A) Name and address	(B) Title and average hours per week devoted to position	(C) Compensation (If not paid, enter -0)	benefit pla	ans & defer	red	and other a	lowances
Dr.	Elizabeth	A. Hausler		-0,	compen	isation plan	3		
JI.	Tandi 1 No	o. 23 Banda Aceh, Indonesia	Executive Director, 40	67679.15			0		0
	Martin J.		Board Chairman, 3	0.010.10			-		-
		, San Francisco, CA 94109	Board Chairman, 3	0			0		0
	Timothy L		Doord Coast L Trans				·		0
		orton Ave. #2, Mill Valley, CA 94941	Board Secy + Treas,	0			0		0
	ne Marie B				7		-		0
		St. #2925, San Francisco, CA 94111	Board Member, 3	0			0		0
		A CONTRACTOR OF THE CONTRACTOR							
			I .	I .	L:				

Form	990 (2006)		F	age 6
Pa	rt V-A Current Officers, Directors, Trustees, and Key Employees (continued)		Yes	
75a	Enter the total number of officers, directors, and trustees permitted to vote on organization business at board meetings		7	
b	Are any officers, directors, trustees, or key employees listed in Form 990, Part V-A, or highest compensated employees listed in Schedule A, Part I, or highest compensated professional and other independent contractors listed in Schedule A, Part II-A or II-B, related to each other through family or business relationships? If "Yes," attach a statement that identifies the individuals and explains the relationship(s)	75b		1
d	Do any officers, directors, trustees, or key employees listed in Form 990, Part V-A, or highest compensated employees listed in Schedule A, Part I, or highest compensated professional and other independent contractors listed in Schedule A, Part II-A or II-B, receive compensation from any other organizations, whether tax exempt or taxable, that are related to the organization? See the instructions for the definition of "related organization.".	75c		1
Pa	Former Officers, Directors, Trustees, and Key Employees That Received Compensation or Other Bendonficer, director, trustee, or key employee received compensation or other benefits (described below) during person below and enter the amount of compensation or other benefits in the appropriate column. See the instance of the compensation or other benefits in the appropriate column.	the v	ear li	ormer st that
Mari	(A) Name and address (B) Loans and Advances (C) Compensation (if not paid, enter -0-) (D) Contributions to employee benefit plans & deferred compensation plans	accou	Experunt and lowance	other
Noi	16			
acaton				
	t VI Other Information (See the instructions.)	- 0// L//	Yes	No
76	Did the organization make a change in its activities or methods of conducting activities? If "Yes," attach a detailed statement of each change	76		1
77	Were any changes made in the organizing or governing documents but not reported to the IRS? If "Yes," attach a conformed copy of the changes.	77		✓
78a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?	78a		1
b	If "Yes," has it filed a tax return on Form 990-T for this year?	78b		-
79	Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," attach a statement	79		1
	Is the organization related (other than by association with a statewide or nationwide organization) through common membership, governing bodies, trustees, officers, etc., to any other exempt or nonexempt organization?	80a		✓
d - Lo	If "Yes," enter the name of the organization ▶ and check whether it is □ exempt or □ nonexempt That direct and indirect			

Pai	rt VI Other Information (continued)		Yes	No
82a	Did the organization receive donated services or the use of materials, equipment, or facilities at no charge or at substantially less than fair rental value?	82a	1	
b	If "Yes," you may indicate the value of these items here. Do not include this amount as revenue in Part I or as an expense in Part II. (See instructions in Part III.) 4500			
83a	(See instructions in Part III.)	83a	1	
	Did the organization comply with the disclosure requirements relating to <i>quid pro quo</i> contributions?	83b	1	
	Did the organization solicit any contributions or gifts that were not tax deductible?	84a		1
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	84b		
85	501(c)(4), (5), or (6) organizations. a Were substantially all dues nondeductible by members?	85a		
	Did the organization make only in-house lobbying expenditures of \$2,000 or less?	85b		
	Dues, assessments, and similar amounts from members	-62		
	Section 162(e) lobbying and political expenditures			
f	Taxable amount of lobbying and political expenditures (line 85d less 85e)			
g	Does the organization elect to pay the section 6033(e) tax on the amount on line 85f?	85g		
h	If section 6033(e)(1)(A) dues notices were sent, does the organization agree to add the amount on line 85f to its reasonable estimate of dues allocable to nondeductible lobbying and political expenditures for the following tax year?	85h		
86	501(c)(7) orgs. Enter: a Initiation fees and capital contributions included on line 12 86a			
1000	Gross receipts, included on line 12, for public use of club facilities			
87	501(c)(12) orgs. Enter: a Gross income from members or shareholders 87a			
	Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)			
88a	At any time during the year, did the organization own a 50% or greater interest in a taxable corporation or partnership, or an entity disregarded as separate from the organization under Regulations sections			
12	301.7701-2 and 301.7701-3? If "Yes," complete Part IX	88a		V
	At any time during the year, did the organization, directly or indirectly, own a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Part XI	88b	60/6	✓
	501(c)(3) organizations. Enter: Amount of tax imposed on the organization during the year under: section 4911 ▶; section 4912 ▶; section 4955 ▶			
b	501(c)(3) and 501(c)(4) orgs. Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If "Yes," attach a statement explaining each transaction	89b		
С	Enter: Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 ▶			
d	Enter: Amount of tax on line 89c, above, reimbursed by the organization ▶			
е	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction?	89e		1
f	All organizations. Did the organization acquire a direct or indirect interest in any applicable insurance contract?	89f		1
	For supporting organizations and sponsoring organizations maintaining donor advised funds. Did the supporting organization, or a fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	89g		
90a	at any time during the year?			
b	Number of employees employed in the pay period that includes March 12, 2006 (See			1
91a	instructions.) The books are in care of ▶ Dr. Elizabeth A. Hausler Located at ▶ Jl. Tandi 1 No. 23 Banda Aceh Indonesia ZIP + 4 ▶		5-993	
b	At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? If "Yes," enter the name of the foreign country Indonesia	91b	Yes ✓	No
	If "Yes," enter the name of the foreign country Indonesia See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.			

Form 990 (2006) Page 8 Part VI Other Information (continued) Yes No c At any time during the calendar year, did the organization maintain an office outside of the United States? 91c If "Yes," enter the name of the foreign country ▶ Indonesia Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of Form 1041—Check here and enter the amount of tax-exempt interest received or accrued during the tax year > 92 Analysis of Income-Producing Activities (See the instructions.) Unrelated business income Note: Enter gross amounts unless otherwise Excluded by section 512, 513, or 514 (E) Related or indicated. exempt function Business code Amount Exclusion code Amount 93 Program service revenue: income Design + construction of earthquake-64,246.16 a resistant houses in Aceh, Indonesia C d е f g Fees and contracts from government agencies Membership dues and assessments . . . 94 95 Interest on savings and temporary cash investments Dividends and interest from securities . . 96 Net rental income or (loss) from real estate: 97 debt-financed property not debt-financed property 98 Net rental income or (loss) from personal property 99 Other investment income 100 Gain or (loss) from sales of assets other than inventory 101 Net income or (loss) from special events . 102 Gross profit or (loss) from sales of inventory 103 Other revenue: a_ b C d е 104 Subtotal (add columns (B), (D), and (E)) 64,246.16 Total (add line 104, columns (B), (D), and (E)). 105 64,246.16 Note: Line 105 plus line 1e, Part I, should equal the amount on line 12, Part I. Part VIII Relationship of Activities to the Accomplishment of Exempt Purposes (See the instructions.) Explain how each activity for which income is reported in column (E) of Part VII contributed importantly to the accomplishment Line No. of the organization's exempt purposes (other than by providing funds for such purposes). W Build Change's mission is to reduce deaths and injuries from housing collapses due to earthquakes in developing countries. Designing and building earthquake-resistant houses in tsunami-devastated Aceh, Indonesia under service contract to other non-profit organizations such as Catholic Relief Services and Oxfam International GB is consistent with and supportive of our mission and tax-exempt purpose. Part IX Information Regarding Taxable Subsidiaries and Disregarded Entities (See the instructions.) (A)
Name, address, and EIN of corporation. (B) Percentage of (E) (D)

partnership, or disregarded entity ownership interest % % % % Information Regarding Transfers Associated with Personal Benefit Contracts (See the instructions.) Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? onte: If "Yes" to (b), file Form 8870 and Form 4720 (see instructions).	assets			
	%			
	%			
	%			
	%			
art X Information Regarding Transfers	Associated with Perso	nal Benefit Contracts (See	the instructions.)	
 Did the organization, during the year, par 	y premiums, directly or	indirectly, on a personal I	efit contract?	☐ Yes ☑ No
				Form 990 (200

Part		Transfers To and From Con as defined in section 51	ontrolled Entities. Complete 12(b)(13).	only if the o	rganiz	ation
106	Did the reporting organization mathe Code? If "Yes," complete the	ake any transfers to a control	led entity as defined in section states	512(b)(13) of	Yes	No
	(A) Name, address, of each controlled entity	(B) Employer Identification Number	(C) Description of transfer	(D Amount of		ier
а		-				
b		-				
С						
	Totals					
107	Did the reporting organization rec 512(b)(13) of the Code? If "Yes,"	ceive any transfers from a co	ntrolled entity as defined in sect	ion	Yes	No
	(A) Name, address, of each controlled entity	(B) Employer Identification Number	(C) Description of transfer	(D) Amount of		er
а						
b						
С						
	Totals					
108	Did the organization have a binding rents, royalties, and annuities des	ng written contract in effect o	n August 17, 2006, covering the	interest,	Yes	No
Pleas Sign Here	Under penalties of perjury, I declare that I and belief, it is true, correct, and comple	have examined this return, including a stee. Declaration of preparer (other than	ccompanying schedules and statements	and to the best of ich preparer has a 30/07	ny know	vledge vledge.
Paid Prepare	Preparer's signature		Date Check if self- employed ▶	parer's SSN or PTIN (S	See Gen.	Inst. X)
Use Onl	I Firm's name (or yours)		EIN ►	()		

SCHEDULE A

(Form 990 or 990-EZ)

Organization Exempt Under Section 501(c)(3)

(Except Private Foundation) and Section 501(e), 501(f), 501(k), 501(n), or 4947(a)(1) Nonexempt Charitable Trust

Supplementary Information—(See separate instructions.)

2006

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization MUST be completed by the above organizations and attached to their Form 990 or 990-EZ

Employer identification number **BUILD CHANGE** 2237155 Part I Compensation of the Five Highest Paid Employees Other Than Officers, Directors, and Trustees (See page 2 of the instructions. List each one. If there are none, enter "None.") (d) Contributions to (e) Expense (a) Name and address of each employee paid more (b) Title and average hours (c) Compensation employee benefit plans & deferred compensation account and other than \$50,000 per week devoted to position allowances Dr. Elizabeth A. Hausler **Executive Director** Jl. Tandi 1 No. 23 Banda Aceh, Indonesia 67679.15 0 Total number of other employees paid over \$50,000 Part II-A Compensation of the Five Highest Paid Independent Contractors for Professional Services (See page 2 of the instructions. List each one (whether individuals or firms). If there are none, enter "None.") (a) Name and address of each independent contractor paid more than \$50,000 (b) Type of service (c) Compensation None Total number of others receiving over \$50,000 for professional services Part II-B Compensation of the Five Highest Paid Independent Contractors for Other Services (List each contractor who performed services other than professional services, whether individuals or firms. If there are none, enter "None." See page 2 of the instructions.) (a) Name and address of each independent contractor paid more than \$50,000 (b) Type of service (c) Compensation None Total number of other contractors receiving over

\$50,000 for other services

Pa	Statements About Activities (See page 2 of the instructions.)		Yes	No
1	During the year, has the organization attempted to influence national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum? If "Yes," enter the total expenses paid or incurred in connection with the lobbying activities (Must equal amounts on line 38, Part VI-A, or line i of Part VI-B.)	1		1
	Organizations that made an election under section 501(h) by filing Form 5768 must complete Part VI-A. Other organizations checking "Yes" must complete Part VI-B AND attach a statement giving a detailed description of the lobbying activities.			
2	During the year, has the organization, either directly or indirectly, engaged in any of the following acts with any substantial contributors, trustees, directors, officers, creators, key employees, or members of their families, or with any taxable organization with which any such person is affiliated as an officer, director, trustee, majority owner, or principal beneficiary? (If the answer to any question is "Yes," attach a detailed statement explaining the transactions.)			
а	Sale, exchange, or leasing of property?	2a		1
b	Lending of money or other extension of credit?	2b		1
С	Furnishing of goods, services, or facilities?	2c		1
d	Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)?	2d	1	
е	Transfer of any part of its income or assets?	2e		1
3a	Did the organization make grants for scholarships, fellowships, student loans, etc.? (If "Yes," attach an explanation of how the organization determines that recipients qualify to receive payments.)	3a		1
b	Did the organization have a section 403(b) annuity plan for its employees?	3b		√
С	and the service of the different for conservation purposes, including easements to preserve open	3c		√
d	Did the organization provide credit counseling, debt management, credit repair, or debt negotiation services? .	3d		1
	Did the organization maintain any donor advised funds? If "Yes," complete lines 4b through 4g. If "No," complete lines 4f and 4g	la		1
b	Did the organization make any taxable distributions under section 4966?	b	-	√
С	Did the organization make a distribution to a donor, donor advisor, or related person?	lc		√
d	Enter the total number of donor advised funds owned at the end of the tax year		_	0
е	Enter the aggregate value of assets held in all donor advised funds owned at the end of the tax year •			0
f	Enter the total number of separate funds or accounts owned at the end of the tax year (excluding donor advised funds included on line 4d) where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts			0
g	Enter the aggregate value of assets held in all funds or accounts included on line 4f at the end of the tax year			0

Pa	rt I\	Reason for Non-Private	e Foundation	Status (See pages 4	through 7 c	of the instructi	ons.)
l cei	tify	that the organization is not a priva				plicable box.)	
5		A church, convention of churches	s, or association	of churches. Section 170	O(b)(1)(A)(i).		
6		A school. Section 170(b)(1)(A)(ii).	(Also complete P	art V.)			
7		A hospital or a cooperative hospi	tal service organ	ization. Section 170(b)(1)	(A)(iii).		
8		A federal, state, or local governm	ent or governme	ntal unit. Section 170(b)(1)(A)(v).		
9		A medical research organization c and state ▶	pperated in conju	nction with a hospital. Se	ection 170(b)(1))(A)(iii). Enter the	hospital's name, cit
10		An organization operated for the be (Also complete the Support Scheo	enefit of a college dule in Part IV-A.)	or university owned or o	perated by a go	overnmental unit	. Section 170(b)(1)(A)(i
11a		An organization that normally rece 170(b)(1)(A)(vi). (Also complete the	ives a substantial Support Sched	part of its support from a ule in Part IV-A.)	a governmenta	l unit or from the	general public. Section
l1b		A community trust. Section 170(b)(1)(A)(vi). (Also co	omplete the Support Sc	hedule in Part	: IV-A.)	
An organization that normally receives: (1) more than 331/4% of its support from contributions, membership fees, and gross receipt from activities related to its charitable, etc., functions—subject to certain exceptions, and (2) no more than 331/4% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Also complete the Support Schedule in Part IV-A.)							
13		An organization that is not control requirements of section 509(a)(3). Type I Type II	Check the box to	qualified persons (other that describes the type of type of the type of type of the type of ty	f supporting o	n managers) an rganization:]Type III-Other	d otherwise meets th
		Provide the following infor	rmation about th	a supported organizat		50.00	otions \
Na	me(s	(a) s) of supported organization(s)	(b) Employer identification number (EIN)	(c) Type of organization (described in lines 5 through 12 above or IRC section)	Is the su organization the sup	d) upported on listed in oporting zation's	(e) Amount of support
					Yes	No	
otal							
4		An organization organized and ope	erated to test for	nublic safety Section 5	09(a)(4) (Sec. r		etructions \

NOU	e: You may use the worksheet in the instructions	s for converting fr	om the accrual to	the cash metho	cash meth od of accou	od of a	accounting.
The section of	endar year (or fiscal year beginning in)	(a) 2005	(b) 2004	(c) 2003	(d) 20	02	(e) Total
15	Gifts, grants, and contributions received. (Do						
16	not include unusual grants. See line 28.) .	73437	8000				81437
17	Membership fees received						
	Gross receipts from admissions, merchandise sold or services performed, or furnishing of facilities in any activity that is related to the organization's charitable, etc., purpose.						
18	Gross income from interest, dividends, amounts received from payments on securities loans (section 512(a)(5)), rents, royalties, and unrelated business taxable income (less section 511 taxes) from businesses acquired by the organization after June 30, 1975. Net income from unrelated business	42	15				57
	activities not included in line 18		_				
20	Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf						
21	The value of services or facilities furnished to the organization by a governmental unit without charge. Do not include the value of services or facilities generally furnished to the public without charge.						
22	Other income. Attach a schedule. Do not					77	
	include gain or (loss) from sale of capital assets						
23	Total of lines 15 through 22	73479	8015				81494
24	Line 23 minus line 17	73479	8015				81494
25	Enter 1% of line 23	734.79	80.15				
26	Organizations described on lines 10 or 11:	a Enter 2% of a	amount in column	(e), line 24		26a	
b	Prepare a list for your records to show the nan governmental unit or publicly supported organiz amount shown in line 26a. Do not file this list wi	cation) whose total	gifts for 2002 thr	ough 2005 exce	eded the	26b	
С	Total support for section 509(a)(1) test: Enter lin	ne 24, column (e)				26c	225
d	Add: Amounts from column (e) for lines: 18		19				
	22		26b		▶	26d	
e	Public support (line 26c minus line 26d total)					26e	
f	Public support percentage (line 26e (numera					26f	%
27 b	For any amount included in line 17 that was received	the name of, and to sum of such amount of such amount of such amount of such and such acts of the such acts	otal amounts rece ounts for each ye (2003)	eived in each yea	(2002)	n "disqu	valified person."
	(Include in the list organizations described in lines 5 the difference between the amount received and amounts) for each year:	ear, that was more through 11b, as w	e than the larger of ell as individuals.) I described in (1) or	f (1) the amount on the count of the country of the	on line 25 for the with your of these	r the year return differen	ar or (2) \$5,000. After computing ces (the excess
С	Add: Amounts from column (e) for lines: 15	81437	16		1	nove II	
~	17 20 Add: Line 27a total 1025		21		▶	27c	81437
d	Add: Line 27a total 1025	and line 27b total	5/0/	<u> </u>		27d	58103
e f	Public support (line 27c total minus line 27d tot	al)				27e	23334
g	Total support for section 509(a)(2) test: Enter ar Public support percentage (line 27e (numerat	hount from line 23	s, column (e)	▶ [2/1]	81494	07-	20
	Investment income percentage (line 18, colu	nn (e) (numerato	r) divided by line	itorj)	torll >	27g	29 %
28	Unusual Grants: For an organization described					27h	0 %
- 	prepare a list for your records to show, for each description of the nature of the grant. Do not fi	h vear, the name	of the contribute	r the date and	amount of	the are	through 2005, int, and a brief

Part V Private School Questionnaire (See page 9 of the instructions.)
(To be completed ONLY by schools that checked the box on line 6 in Part IV)

29	Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing instrument, or in a resolution of its governing body?	29	Yes	No
30	Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships?	30		
31	Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves?	31		
32	Does the organization maintain the following:			
a b	Records indicating the racial composition of the student body, faculty, and administrative staff? Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory	32a		
D	basis?	32b		
С	Copies of all catalogues, brochures, announcements, and other written communications to the public dealing	32c		
d	with student admissions, programs, and scholarships?	32d		
				. W ² //
	If you answered "No" to any of the above, please explain. (If you need more space, attach a separate statement.)			
33	Does the organization discriminate by race in any way with respect to:			
а	Students' rights or privileges?	33a		
b	Admissions policies?	33b		
С	Employment of faculty or administrative staff?	33c		
d	Scholarships or other financial assistance?	33d		
е	Educational policies?	33e		
f	Use of facilities?	33f		
g	Athletic programs?	33g		
h	Other extracurricular activities?	33h		21
	If you answered "Yes" to any of the above, please explain. (If you need more space, attach a separate statement.)			
		Na III A		
34a	Does the organization receive any financial aid or assistance from a governmental agency?	34a		
b	Has the organization's right to such aid ever been revoked or suspended?	34b		
	If you answered "Yes" to either 34a or b, please explain using an attached statement.			
35	Does the organization certify that it has complied with the applicable requirements of sections 4.01 through 4.05 of Rev. Proc. 75-50, 1975-2 C.B. 587, covering racial nondiscrimination? If "No," attach an explanation	35		

Pa	(To be completed ONLY by a	lecting Public n eligible organ	Charities (See	e page 10 o ed Form 576	f the i 88)	instructions.)	
Che	ck ▶ a ☐ if the organization belongs to an affili					'limited control"	provisions apply.	
	Limits on Lobbyi (The term "expenditures" mea	-			,	(a) Affiliated group totals	(b) To be completed for all electing organizations	
36	Total lobbying expenditures to influence public				36			
37	Total lobbying expenditures to influence a legi							
38	Total lobbying expenditures (add lines 36 and				38			
39	Other exempt purpose expenditures							
40	Total exempt purpose expenditures (add lines							
41	Lobbying nontaxable amount. Enter the amount							
		obbying nontaxa	ble amount is-	-				
		line 40						
	Over \$500,000 but not over \$1,000,000 . \$100,000 plus 15% of the excess over \$500,000							
	Over \$1,000,000 but not over \$1,500,000 . \$175,				41			
	Over \$1,500,000 but not over \$17,000,000. \$225,			Section and the section of the secti				
42	Over \$17,000,000 \$1,00 Grassroots nontaxable amount (enter 25% of	0,000			12			
43	Subtract line 42 from line 36. Enter -0- if line 4				13			
44	Subtract line 41 from line 38. Enter -0- if line 4			5 5 5	14			
	Subtract mo 17 non me oc. Enter o n me	FI IS INOIC CIQII III	10 00		1000			
	Caution: If there is an amount on either line 43	3 or line 44, you r	nust file Form 47	720.				
	4-Year Av (Some organizations that made a section See the instructions to	for lines 45 throug	do not have to	complete all o 3 of the instru	ctions.))		
		LOD	bying Expenditt	ares During 4	- rear	Averaging Pe	riod	
	Calendar year (or fiscal year beginning in) ▶	(a) 2006	(b) 2005	(c) 2004		(d) 2003	(e) Total	
45	Lobbying nontaxable amount	MESSESSON SAVE		0				
46	Lobbying ceiling amount (150% of line 45(e))						7	
47	Total lobbying expenditures							
48	Grassroots nontaxable amount						-	
49	Grassroots ceiling amount (150% of line 48(e))							
50	Grassroots lobbying expenditures							
Pa	t VI-B Lobbying Activity by Nonelec (For reporting only by organiza			Part VI-A) (S	ee pa	age 13 of the	e instructions.)	
Duri	ng the year, did the organization attempt to influ							
	npt to influence public opinion on a legislative r				.5)	Yes No	Amount	
a	Volunteers					1		
b	Paid staff or management (Include compensat	ion in expenses re	eported on lines	c through h.)		✓		
С	Media advertisements					1		
d						√		
е	Publications, or published or broadcast statem					√		
f	Grants to other organizations for lobbying purp			3, 8 9 8	8 8 8	V		
g	Direct contact with legislators, their staffs, gov				8 8 8	1		
h i	Rallies, demonstrations, seminars, conventions Total lobbying expenditures (Add lines c through	Alamada, and				V		
	If "Yes" to any of the above, also attach a stat		etailed description	n of the lobby	ing ac	tivities.		

Test or to	edule A (Form 990 or 990-EZ) 2006				Page 7		
Ра	rt VII Information Regarding T Exempt Organizations (Se	Transfers To and Transa see page 13 of the instruction	ctions and Relationships With I	Nonchari	itable		
51	Did the reporting organization directly or indirectly engage in any of the following with any other organization described in section 501(c) of the Code (other than section 501(c)(3) organizations) or in section 527, relating to political organizations?						
а				Yes	No		
	(i) Cash			51a(i)	1		
	(ii) Other assets			a(ii)	1		
b	Other transactions:						
	(i) Sales or exchanges of assets with a	tion	b(i)	1			
	(ii) Purchases of assets from a nonchar		b(ii)	1			
	(iii) Rental of facilities, equipment, or ot		b(iii)	1			
	(iv) Reimbursement arrangements .			b(iv)	1		
	(v) Loans or loan guarantees			b(v)	1		
	(vi) Performance of services or member			b(vi)	1		
C	Sharing of facilities, equipment, mailing li			С	1		
d	If the answer to any of the above is "Yes,' goods, other assets, or services given by transaction or sharing arrangement, show in	y the reporting organization. If t	 Column (b) should always show the fair mander organization received less than fair mander assets, or services received: 	arket value Irket value	of the in any		
	no. Amount involved Name of noncharitable exempt organization		(d) Description of transfers, transactions, and sharing arrangements				
					JW 4 - 17 - 25		
-							
-		1991					
	Is the organization directly or indirectly described in section 501(c) of the Code (If "Yes," complete the following schedule	other than section 501(c)(3)) or i	e or more tax-exempt organizations n section 527? ▶ □	Yes [No		
	(a)	(b) Type of organization	(c)				
Name of organization		Type of organization	Description of relationship	scription of relationship			
		7-7-1	(
	1						
				-1,010			
					_		

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

Department of the Treasury Internal Revenue Service

Schedule of Contributors

Supplementary Information for line 1 of Form 990, 990-EZ, and 990-PF (see instructions)

OMB No. 1545-0047

2006

Name of organization Employer identification number **BUILD CHANGE** 2237155 Organization type (check one): Filers of: Section: Form 990 or 990-EZ √ 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 organizations filing Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or more (in money or property) from any one contributor. (Complete Parts I and II.) Special Rules-For a section 501(c)(3) organization filing Form 990, or Form 990-EZ, that met the 331/3 % support test of the regulations under sections 509(a)(1)/170(b)(1)(A)(vi), and received from any one contributor, during the year, a contribution of the greater of \$5,000 or 2% of the amount on line 1 of these forms. (Complete Parts I and II.) For a section 501(c)(7), (8), or (10) organization filing Form 990, or Form 990-EZ, that received from any one contributor, during the year, aggregate contributions or bequests of more than \$1,000 for use exclusively for religious, charitable, scientific, literary, or educational purposes, or the prevention of cruelty to children or animals. (Complete Parts I, II, and III.) For a section 501(c)(7), (8), or (10) organization filing Form 990, or Form 990-EZ, that received from any one contributor, during the year, some contributions for use exclusively for religious, charitable, etc., purposes, but these contributions did not aggregate to more than \$1,000. (If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Do not complete any of the Parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions of \$5,000 or more Caution: Organizations that are not covered by the General Rule and/or the Special Rules do not file Schedule B (Form 990, 990-EZ, or 990-PF), but they must check the box in the heading of their Form 990, Form 990-EZ, or on line 2 of their Form

990-PF, to certify that they do not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

Name of organization **BUILD CHANGE**

Page __1 of _1 of Part I
Employer identification number 35 2237155

Part I	Contributors (See Specific Instructions.)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
1	Mercy Corps 3015 SW First Avenue Portland, OR 97201	\$ 43701.58	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
2	Echoing Green 60 East 42nd Street, Suite 520 New York, NY 10165	\$15000.00	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
	Draper Richards Foundation 50 California St. Suite 2925 San Francisco, CA 94111	\$101000.00	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
	Luff Family Fund c/o The Denver Foundation 950 S Cherry St., 200 Denver, CO 80246	\$\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
			Person Payroll Noncash (Complete Part II if there is a noncash contribution.)