Parsons & Associates, CPAs 234 Fourth Ave N Franklin, TN 37064 615-794-4313

CONFIDENTIAL

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Building Lives Foundation, Inc 5001 Traceway Drive Nashville, TN 37221

We have prepared the following returns from information provided by you without verification or audit.

Return of Organization Exempt From Income Tax (Form 990)

We suggest that you examine these returns carefully to fully acquaint yourself with all items contained therein to ensure that there are no omissions or misstatements.

Federal Filing Instructions

None is required. Your Form 990 for the year ended 6/30/16 shows no balance due.

You are using a Personal Identification Number (PIN) for signing your return electronically. Sign the IRS e-file Authorization and mail it as soon as possible to:

Parsons & Associates, CPAs 234 Fourth Ave N Franklin, TN 37064

Initial and date the copies of the IRS e-file Signature Authorization and the Form 990. Retain them for your records. If previously signed and returned no further action is required for Form 8879-EO.

Your return is being filed electronically with the IRS and is not required to be mailed. Mailing a paper copy of your return to the IRS will delay the processing of your return.

Also enclosed is any material you furnished for use in preparing the returns. If the returns are examined, requests may be made for supporting documentation. Therefore, we recommend that you retain all pertinent records for at least seven years.

In order that we may properly advise you of tax considerations, please keep us informed of any significant changes in your financial affairs or of any correspondence received from taxing authorities.

If you have any questions, or if we can be of assistance in any way, please call.

Parsons & Associates, CPAs

Form

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

Code (except private foundations) Do not enter social security numbers on this form as it may be made public.

OMB No. 1545-0047 2015 Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Internal Revenue Service ► Information about Form 990 and its instructions is at www.irs.gov/form990. A For the 2015 calendar year, or tax year beginning 07/01/15, and ending 06/30/16

в	Check if applica	le: C Name of organization		Employe	r identification number
	Address change	Building Lives Foundation, Inc			
\square	Name change	Doing business as	2	0 - 5	584526
H	•	Number and street (or P.O. box if mail is not delivered to street address)			e number
	Initial return Final return/	5001 Traceway Drive City or town, state or province, country, and ZIP or foreign postal code	I		
	terminated				
\square	Amended return	Nashville TN 37221	Gross rec	eipts\$ 502,289	
	Application pend	F Name and address of principal officer:	H(a) Is this a group re	turo for o	ubordinates? Yes X No
	Application perio	Mg Tim Gregath			
			H(b) Are all subordin	ates inclu	uded? Yes No
_			If "No," atta	ch a list.	(see instructions)
<u> </u>	Tax-exempt sta		_		
<u> </u>	Website:	www.WEAREBUILDINGLIVES.ORG	H(c) Group exemption	n numbe	
	Form of organiz		Year of formation: 200	6	M State of legal domicile: TN
	Part I	Summary			
		/ describe the organization's mission or most significant activities:			
e	Bu	ilding Lives Foundation, Inc provides health and pys	chological d	care,	,
Activities & Governance	en	ployment, transportation, housing and financial educ	ation and as	sist	tance
ern	to	veterans of the U S Armed Forces.			
Š		this box I if the organization discontinued its operations or disposed of more than 2	5% of its net assets.		
ن هو		er of voting members of the governing body (Part VI line to)		3	9
es	4 Numb	4	9		
viti	5 Total	5	4		
Ċţ	6 Total	6	0		
◄		7a	0		
	b Net u	unrelated business revenue from Part VIII, column (C), line 12 arelated business taxable income from Form 990-T, line 34		7b	0
			Prior Year		Current Year
Ð	8 Contr	butions and grants (Part VIII, line 1h)	148,	705	137,909
Revenue	9 Progr	am service revenue (Part VIII, line 2g)	97,	306	97,446
eve	10 Inves	ment income (Part VIII, column (A), lines 3, 4, and 7d)		175	256
Ř	11 Other	revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	229,	704	266,678
		revenue – add lines 8 through 11 (must equal Part VIII, column (A), line 12)	475,8		502,289
		s and similar amounts paid (Part IX, column (A), lines 1–3)			0
		its paid to or for members (Part IX, column (A), line 4)		0	
s	4	es, other compensation, employee benefits (Part IX, column (A), lines 5–10)	70,4	427	75,425
ISe	16a Profe	ssional fundraising fees (Part IX, column (A), line 11e)		0	
Expenses	b Total	fundraising expenses (Part IX, column (D), line 25) ► 232, 670			
Щ	17 Other	expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	905	488,554	
		expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)	454,		563,979
		nue less expenses. Subtract line 18 from line 12	21,		-61,690
5			Beginning of Current		End of Year
Net Assets or Fund Ralances	20 Total	assets (Part X, line 16)	239,	928	174,621
Ass	21 Total	iabilities (Part X, line 26)		639	5,022
Net	22 Net a	sets or fund balances. Subtract line 21 from line 20	231,2		169,599
	art li	Signature Block			
		of perjury, I declare that I have examined this return, including accompanying schedules and statem	ents, and to the best of	f my kno	owledge and belief, it is
		d complete. Declaration of preparer (other than officer) is based on all information of which preparer			

Sign	Sig	nature of office	r					Date	
Here		Tim Gr	regath		Executive	<u>Di</u>	rec	ctor	
	Тур	pe or print nam							
	Print/Type	preparer's nam	e	Preparer's signature		Date		Check X	f PTIN
Paid	Dan H.	Parsons						self-employed	P01418653
Preparer	Firm's name	e 🕨	Parsons & Asso	ciates, CPAs			Firm's	ein ► 2	6-1865984
Use Only			234 Fourth Ave	N					
	Firm's addr	ess 🕨	<u>Franklin, TN</u>	37064			Phone	no. 61	5-794-4313
May the IR	S discuss	this return	with the preparer shown above	e? (see instructions)					X Yes No
For Paperw DAA	ork Reduc	tion Act No	tice, see the separate instruction	ons.					Form 990 (2015)

Form 990 (2	2015) Building Live	es Foundation, Inc	20-5584526	Page 2
Part III	Statement of Program	n Service Accomplishments	y line in this Part III	
1 Briefly	describe the organization's mis			
empl	oyment, transport	des health and pysch ation, housing and S Armed Forces.	nological care, financial education	and assistance
2 Did th	e organization undertake any sig	nificant program services during the yea	r which were not listed on the	
•	Form 990 or 990-EZ? s," describe these new services			Yes 🛛 No
	e organization cease conducting	, or make significant changes in how it c	onducts, any program	Yes X No
4 Descr expen	ses. Section 501(c)(3) and 501(ervice accomplishments for each of its th	nree largest program services, as measu the amount of grants and allocations to o	
		200 402		
4a (Code The Force	05	des care and assista	f\$)(Revent ance to veterans of	the U S Armed
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• • • • • • • • • • • • • • • • • • • •				
• • • • • •				······
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• • • • • • •				
• • • • • •				
4b (Code	e:) (Expenses \$	including grants o	f\$) (Reven	Je \$
• • • • • •				
•				
• • • • • • •				
•	······			
• • • • • •				
·				
· · · · · ·				
4c (Code	e:) (Expenses \$	including grants o	of \$) (Reven	ue \$
		•••••••••••••••••••••••••••••••••••••••		
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• • • • • •				
• • • • • •	·····			
	r program services (Describe in s enses \$	Schedule O.) including grants of \$) (Revenue \$)
	program service expenses	308, 492		
				000

20000				
For	m 990 (2015) Building Lives Foundation, Inc 20-5584526		F	age 3
Part IV Checklist of Required Schedules 1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A 2 Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? 3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to				
			Yes	No
1		1	х	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2		X
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		X
5	Is the organization a section $501(c)/4$, $501(c)/5$, or $501(c)/6$, organization that receives membership dues			

5	bid the organization engage in direct or indirect political campaign activities on behan of or in opposition to		- 1	
	candidates for public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h)			1
	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,			ĺ
	Part III	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors			
	have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If			
	"Yes," complete Schedule D, Part I	6		Х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
•	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		Х
•				
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"	8		Х
•	complete Schedule D, Part III			<u> </u>
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a			
	custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or			v
	debt negotiation services? If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted			v
	endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI,			
	VII, 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, Part VI	11a	X	
b	Did the organization report an amount for investments-other securities in Part X, line 12 that is 5% or more			
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
с	Did the organization report an amount for investments-program related in Part X, line 13 that is 5% or more			
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets			
-	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
•	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			
'	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		X
42-	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
12a		12a	Х	
	Schedule D, Parts XI and XII			
D	Was the organization included in consolidated, independent audited financial statements for the tax year? If	12b		X
	"Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	13		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	14a		X
14a		140		
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking,			
	fundraising, business, investment, and program service activities outside the United States, or aggregate	445		X
	foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or	45		X
	for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other			- v
	assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		<u>X</u>
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on			v
	Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on			
	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18	X	<u> </u>
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?			
	If "Yes," complete Schedule G, Part III	19		X
			~~~	~

Form 990 (2015)

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	1990 (2015) Building Lives Foundation, Inc 20-5584526		P	age 4
<u> </u>	art IV Checklist of Required Schedules (continued)		No.	
00.		20-	Yes	No X
-	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		
b 21	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		х
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
~~	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the			<u> </u>
23	organization's current and former officers, directors, trustees, key employees, and highest compensated			
	employees? If "Yes." complete Schedule J	23		Х
<b>24</b> a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than			
<b>*</b> -tu	\$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			
Ŭ	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			<u> </u>
200	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior			
~	year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ?			
	If "Yes," complete Schedule L, Part I	25b		Х
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any			
	current or former officers, directors, trustees, key employees, highest compensated employees, or			
	disqualified persons? If "Yes," complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee,			
	substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L,			
	Part IV 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		X
с	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof)			
	was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M		X	<u> </u>
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified			
	conservation contributions? If "Yes," complete Schedule M			X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N,			
	Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes,"			
	complete Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I			X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts 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		$\uparrow \uparrow$
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a	35b		
	controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2			+
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable	36		Х
	related organization? If "Yes," complete Schedule R, Part V, line 2			
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,	37		X
	Part VI			
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and	38	X	
	19? Note. All Form 990 filers are required to complete Schedule O.			

Form 990 (2015)

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	990 (2015) Building Lives Foundation, Inc 20-5584	526			F	Page
P	art V Statements Regarding Other IRS Filings and Tax Compliance					
	Check if Schedule O contains a response or note to any line in this Part V	<u></u> .		<u></u>	<u></u>	. [
4-		I	•		Yes	N
	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	<u>1a</u>	0			
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b	0			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and					
	reportable gaming (gambling) winnings to prize winners?			<u>1c</u>		
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax					
	Statements, filed for the calendar year ending with or within the year covered by this return	2a	4			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax return			<b>2</b> b	X	
•	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)					
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?			<u>3a</u>		<u>X</u>
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O			<u>3b</u>		<u> </u>
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other at		1			
	over, a financial account in a foreign country (such as a bank account, securities account, or other fina	ncial				
	account)?	<i>.</i>		4a		X
b	If "Yes," enter the name of the foreign country:					
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Ac	ccounts	5			
_	(FBAR).					
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?			<u>5a</u>		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction	ion?		. <u>5b</u>		X
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?			<u>5c</u>		<u> </u>
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the	•				
	organization solicit any contributions that were not tax deductible as charitable contributions?			<u>6a</u>		X
b	If "Yes," did the organization include with every solicitation an express statement that such contribution	is or				
	gifts were not tax deductible?			6b		
7	Organizations that may receive deductible contributions under section 170(c).					
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for go	ods				
	and services provided to the payor?			. 7a	Х	<u> </u>
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?			7b	Х	<u> </u>
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was					
	required to file Form 8282?					L X
d		7d				
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit cor			<b>7e</b>		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract	ct?				X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form	n 8899	as required?	. 7g		Х
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization			<b>7</b> h		X
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained	by the				
				8		
9	Sponsoring organizations maintaining donor advised funds.					
а						ļ
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?			<b>9</b> b		
0	Section 501(c)(7) organizations. Enter:	1				
а		<u>10a</u>				
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b				
1	Section 501(c)(12) organizations. Enter:	,				
а	Gross income from members or shareholders	11a				
b	Gross income from other sources (Do not net amounts due or paid to other sources					
	· · · · · · · · · · · · · · · · · · ·	11b				
2a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form	1041?		12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b				
3	Section 501(c)(29) qualified nonprofit health insurance issuers.					
а	Is the organization licensed to issue qualified health plans in more than one state?			13a		
	Note. See the instructions for additional information the organization must report on Schedule O.					
b	Enter the amount of reserves the organization is required to maintain by the states in which					
	the organization is licensed to issue qualified health plans	13b				
						e de la compañsión de la c
с	······································	13c				
c 4a						X

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	990 (2015) Building Lives Foundation, Inc 20-5584526			P	Page 6
Pa	rt VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7	below, and	for a	"No"	
	response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Sch	nedule O. Se	e instr	uction	ıs.
-	Check if Schedule O contains a response or note to any line in this Part VI	<u></u>	<u></u>	<u></u>	X
Sec	tion 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	9	_		
	If there are material differences in voting rights among members of the governing body, or				
	if the governing body delegated broad authority to an executive committee or similar				
	committee, explain in Schedule O.				
b	Enter the number of voting members included in line 1a, above, who are independent <u>1b</u>	9	_		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with				
	any other officer, director, trustee, or key employee?		2		X
3	Did the organization delegate control over management duties customarily performed by or under the 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:		v	
a	The governing body?	•••••	_8a	X	
ь	Each committee with authority to act on behalf of the governing body?		8b	Х	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at				x
Sec	the organization's mailing address? If "Yes," provide the names and addresses in Schedule O tion B. Policies (This Section B requests information about policies not required by the Internal F				Λ
Jec	tion B. Policies (This Section B requests information about policies not required by the internal r	Vevenue or	Jue.j	Yes	No
10a	Did the organization have local chapters, branches, or affiliates?		10a	103	X
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters,		100		
	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?		105		
112	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the f	nrm?	11a		Х
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.				
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13		12a	~~~~~~	Х
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to c	onflicts?	12b		
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"				
C			12c		ĺ
13	Did the organization have a written whistleblower policy?		13		Х
14	Did the organization have a written document retention and destruction policy?	• • • • • • • • • • • • • • • • • •	14		Х
15	Did the process for determining compensation of the following persons include a review and approval by				
10	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		Х
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).				
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement				
Iu	with a taxable entity during the year?		16a		Х
b	the second se				
-	participation 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		
Sec	tion C. Disclosure				
17	List the states with which a copy of this Form 990 is required to be filed TN				
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)			
	available 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)				
1 <del>9</del>	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest po	licy, and			
	financial statements available to the public during the tax year.				
20	State the name, address, and telephone number of the person who possesses the organization's books and records:	•			
T	m Gregath 5001 Traceway Drive				400
Na	nshville TN 37221	61	5-39		
			Fo	m <b>99(</b>	(2015)

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Form 990 (201	<u>) Building</u>	Lives	Foundation,	Inc	20-5584526	Page 7				
Part VII	Compensation	of Office	rs, Directors, Trus	tees, Ke	y Employees, Highest Compensat	ted Employees and				
	Independent Co	ontractors	5		,,,,					
	Check if Schedule O contains a response or note to any line in this Part VII									
Section A.										
1a Complete the organization's t	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.

X Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.

(A) Name and Title	(B) Average hours per week (list any	(d bo	o not x, unic	Pos check ess pe nd a c	C) iition more rson i	than or s both a	ne an	(D) Reportable compensation from the	(E) Reportable compensation from related organizations	(F) Estimated amount of other compensation
	hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/1099-MISC)	(W-2/1099-MISC)	from the organization and related organizations
(1)DeVan Ard, Jr	0.00									
Chairman	0.00	X		X				0	0	0
(2) Tim Gregath		1								<u>_</u>
Des a d'as D'as also	0.00							11 050	0	
Executive Director (3) Jim Sipes	0.00	X	<u> </u>	X		$\vdash$		11,250	0	0
Director	0.00	X						0	0	0
(4) Dorothy Scobey										
Director	0.00	x						0	0	0
(5)Ira Blonder	0.00									0
Director (6) Ken Moore	0.00	X						0	0	0
Director	0.00	x						0	0	0
(7)Ed Trowbridge										
Director	0.00	X						0	0	0
(8) Randy McKernan Director	0.00	X						0	0)	0
(9) Josh Luttrell	0.00							0	0	<u> </u>
Director	0.00	x						0	0	0
(10)										
(11)										
	L	ł								

(A) Name and title	(B) Average hours per week (list any hours for	Average Position lours per (do not check more than week box, unless person is boti (list any ours for				s both	an ee)	(D) Reportable compensation from the organization	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the
	related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	(W-2/1099-MISC)	(1035-1035-1013C)	organization and related organizations
·····										
·····										
·····										
Sub-total Total from continuation she Total (add lines 1b and 1c) Total number of individuals (ir	ets to Part VII, S	ecti	on A	•					\$100.000 of	
reportable compensation from	the organization		0					-		Yes
Did the organization list any for employee on line 1a? If "Yes," For any individual listed on lin organization and related organization individual	" complete Scheo e 1a, is the sum nizations greater	lule . of re than	J for porta \$15	such able ( 0,00	n ind com 0? If	ividu pens "Yes	al atior s," co	n and other compensation omplete Schedule J for suc	from the ch	3
Did any person listed on line of for services rendered to the o	a receive or accord rganization? If "Y	rue c	omp	ensa	ation	from			individual	5
ion B. Independent Contractor Complete this table for your fi compensation from the organ	ve highest compe	ensat	ted i	ndep tion f	end for th	ent c le ca	ontra	actors that received more t ar year ending with or with	han \$100,000 of in the organization's tax ye	ar.
	(A) business address								(B) iion of services	(C) Compensatio
							- <b>1</b>			
						-				

DAA

•

g Total. Add lines 2a-2f.

Royalties ....

6a Gross rents b Less: rental exps.

Investment income (including dividends, interest, and other similar amounts)

(i) Real

Income from investment of tax-exempt bond proceeds

3

4 5

					(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from under section 512-514
1	a Federated campaigns	1a						512-514
	b Membership dues	<u>1b</u>						
	<ul><li>c Fundraising events</li><li>d Related organizations</li></ul>	<u>1c</u> 1d	<u> </u>					
	e Government grants (contributions)	1 <u>0</u>		<u>.</u> .				
	f All other contributions, gifts, grants, and similar amounts not included above	1f		137,909				
	g Noncash contributions included in lines 1a- h_Total. Add lines 1a-1f	1f:	\$	71,128				
		<u></u>	<u></u>	Busn. Code	137,909			
24	a Lawn and other land	scap	e serv		97,446	97,446		
	b							
	C 	• • • • • •	• • • • • • • • • •					
	u 							

►

►

►

(ii) Personal

97,446

256

evenue	
ther Re	
0	

C	Rental inc. or (loss)		_		
d Za	Net rental income or (loss) Gross amount from	<b>)</b>			
10	sales of assets (i	i) Other			
	other than inventory				
b	Less: cost or other				
	basis & sales exps.				
	Gain or (loss)				
d	Net gain or (loss)	. <u>,</u>			
8a	Gross income from fundraising events				
	(not including \$				
	of contributions reported on line 1c).				
	See Part IV, line 18 a	266,678			
b	Less: direct expenses b				
C	Net income or (loss) from fundraising events	🕨	266,678		
9a	Gross income from gaming activities.				
	See Part IV, line 19 a				
	Less: direct expenses b				
C	Net income or (loss) from gaming activities	🕨			
10a	Gross sales of inventory, less				
	returns and allowances a				
	Less: cost of goods sold b				
C	Net income or (loss) from sales of inventory	. <u></u>			
	Miscellaneous Revenue	Busn. Code	-		
11a				 	
b				 	
C				 	
d	All other revenue	L			
е	Total. Add lines 11a–11d				

502,289

97,446

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0

Page 9

256

Total revenue. See instructions.

20-5584526

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A). Check if Schedule O contains a response or note to any line in this Part IX								
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses			
1	Grants and other assistance to domestic organizations				<u>oxponses</u>			
_	and domestic governments. See Part IV, line 21							
2	Grants and other assistance to domestic							
•	individuals. See Part IV, line 22							
3	Grants and other assistance to foreign							
	organizations, foreign governments, and foreign							
4	individuals. See Part IV, lines 15 and 16		· · · · · · · · · · · · · · · · · · ·					
4 5	Benefits paid to or for members Compensation of current officers, directors,							
5	trustees, and key employees							
6	Compensation not included above, to disqualified							
Ŭ	persons (as defined under section 4958(f)(1)) and							
	persons described in section 4958(c)(3)(B)							
7	Other salaries and wages	75,425	53,902	11 005	0 610			
8	Pension plan accruals and contributions (include	15,425	53,902	11,905	9,618			
-	section 401(k) and 403(b) employer contributions)							
9	Other employee benefits		· · · · · · · · · · · · · · · · · · ·		·····			
10	Payroll taxes							
11	Fees for services (non-employees):							
а	Management							
b	Legal							
c	Accounting	3,422		3,422				
d	Lobbying							
е	Professional fundraising services. See Part IV, line 17	,						
f	Investment management fees							
g	Other. (If line 11g amount exceeds 10% of line 25, column							
	(A) amount, list line 11g expenses on Schedule O.)							
12								
13	Office expenses	837	65	772				
14	Information technology							
15	Royalties							
16	Occupancy	62,394	62,394					
17	Travel							
18	Payments of travel or entertainment expenses				4			
	for any federal, state, or local public officials							
19	Conferences, conventions, and meetings							
20	Interest							
21	Payments to affiliates							
22	Depreciation, depletion, and amortization	3,562		3,562				
23		1,782		1,782				
24	Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If							
	line 24e amount exceeds 10% of line 25, column							
	-							
а	(A) amount, list line 24e expenses on Schedule O.) Fundrasing expenses	223,052			223,052			
a b	Client support	88,614	88,614		<u> </u>			
c	Apartment furnishings	82,719	82,719					
d	Vehicle expenses	16,230	16,230		······································			
	All other expenses	5,942	4,568	1,374				
25	Total functional expenses. Add lines 1 through 24e	563,979	308,492	22,817	232,670			
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here ▶ if following SOP 98-2 (ASC 958-720)							

Form 990 (2015)	Building	Lives	Foundation,	Inc	20-5584526
Part X Ba	alance Sheet				

<u>888</u> 8	<u>ene</u>	Check if Schedule O contains a response or n	oto to ony line i	this Det Y			
					(A) Beginning of year		(B) End of year
	1	Cash—non-interest bearing			207,425	1	159,566
	2	Savings and temporary cash investments		[		2	
	3	Pledges and grants receivable, net			12,500	3	
	4	Accounts receivable, net		12,177		4,701	
	5	Loans and other receivables from current and former					
		trustees, key employees, and highest compensated	employees.				
		Complete Part II of Schedule L		[		5	
	6	Loans and other receivables from other disqualified p	persons (as defi	ned under section			
		4958(f)(1)), persons described in section 4958(c)(3)(					
	1	sponsoring organizations of section 501(c)(9) volunta					
ţs		organizations (see instructions). Complete Part II of				6	
Assets	7	Notae and leave rescively not			2,510	7	1,395
Ä	8	Inventories for sole or use				8	
	9	Prepaid expenses and deferred charges			1,959	9	3,640
	10a	Land, buildings, and equipment: cost or	····				
	[	other basis. Complete Part VI of Schedule D	10a	28,132			
	Ь	Less: accumulated depreciation	405	<u>28,132</u> 22,813	3,357	10c	5,319
	11	Investments - nublicly traded ecourities				11	
	12	Investmente, other coourities, See Dert IV, line 11				12	
	13	Investments-program-related. See Part IV, line 11				13	
	14	Intangible assets				14	
	15	Other appets See Dert IV line 11				15	
	16	Total assets. Add lines 1 through 15 (must equal line			239,928	16	174,621
	17	Accounts payable and accrued expenses			6,471		5,022
	18	Grants payable		18			
	19	Deferred revenue			19		
	20	Tax-exempt bond liabilities		20			
	21	Escrow or custodial account liability. Complete Part I	V of Schedule [	<b>)</b>		21	
ŝ	22	Loans and other payables to current and former offic					
Liabilities		trustees, key employees, highest compensated empl	ovees, and				
abi		disqualified persons. Complete Part II of Schedule L				22	
	23	Secured mortgages and notes payable to unrelated t	hird parties			23	
	24	Unsecured notes and loans payable to unrelated third	d nartice		868	24	
	25	Other liabilities (including federal income tax, payable					
		parties, and other liabilities not included on lines 17-2					
		of Schedule D			1,300	25	
	26	Total liabilities. Add lines 17 through 25			8,639		5,022
		Organizations that follow SFAS 117 (ASC 958), ch	eck here 🕨	X and			
Ses		complete lines 27 through 29, and lines 33 and 34					
and	27	Unrestricted net assets			195,387	27	133,697
Bal	28	Temporarily restricted net assets			35,902	28	35,902
B	29					29	
or Fund Balances		Organizations that do not follow SFAS 117 (ASC 9	958), check her	e 🕨 🗌 and			
P		complete lines 30 through 34.	-				
Net Assets	30	Capital stock or trust principal, or current funds				30	
Ass	31	Paid-in or capital surplus, or land, building, or equipm				31	
et /	32	Retained earnings, endowment, accumulated income				32	
z	33	Total and access as found halo and			231,289	33	169,599
	34	Total liabilities and net assets/fund balances			239,928		174,621

Form 990 (2015)

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Form	990 (2015) Building Lives Foundation, Inc 20-5584526			Pag	ge <b>12</b>
Pa	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				
1	Total revenue (must equal Part VIII, column (A), line 12)		50	02,2	289
2	Total expenses (must equal Part IX, column (A), line 25)	2	5	63,	979
3	Revenue less expenses. Subtract line 2 from line 1	1 2 1	- 1	61,0	690
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))		2	31,2	289
5	Net unrealized gains (losses) on investments	5			
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain in Schedule O)	9			
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line				
	33, column (B))	10	1	69, S	<u>599</u>
Pa	nt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				
				Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain in				
	Schedule O.				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		<b>2</b> a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or				
	reviewed on a separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b		X
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a				
	separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				per se
c	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight				1
	of the audit, review, or compilation of its financial statements and selection of an independent accountant?		<u>2c</u>		
	If the organization changed either its oversight process or selection process during the tax year, explain in				
	Schedule O.				
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in				
	the Single Audit Act and OMB Circular A-133?		<u>3a</u>		<b> </b>
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the				
_	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.		3b		<u> </u>
			For	m 990	J (2015)

SCHEDULE A	Put	olic Charity Statu	s and	Pub	lic Support	OMB No. 1545-0047
(Form 990 or 990-EZ)	Comple	te if the organization is a sec	tion 501(d	c)(3) orga	nization or a section	
		4947(a)(1) nonexe	mpt chari	table trus	st.	2015
epartment of the Treasury		Attach to Form				Open to Public
ternal Revenue Service	Information ab	out Schedule A (Form 990 or 990	0-EZ) and i	ts instruct	ions is at www.irs.gov/form99	0. Inspection
me of the organization			-			entification number
Part I Reason	Building Liv	ves Foundation,	Inc		20-55	84526
	for Public Charity	Status (All organization	s must c	omplete	e this part.) See instructi	ons.
		se it is: (For lines 1 through 11,				
		sociation of churches described				
		(A)(ii). (Attach Schedule E (For				
		ice organization described in se				
	rch organization operate	d in conjunction with a hospita	l described	d in sectio	on 170(b)(1)(A)(iii). Enter the	hospital's name,
city, and state:						
		of a college or university owne	d or opera	ted by a g	overnmental unit described in	า
	(A)(iv). (Complete Par	-				
		overnmental unit described in				
		substantial part of its support f	irom a gov	ernmenta	I unit or from the general pub	lic
	<b>tion 170(b)(1)(A)(vi).</b> (C					
		170(b)(1)(A)(vi). (Complete Pa				
		1) more than 33 1/3% of its su				
		npt functions-subject to certain				s
		nd unrelated business taxable				
		30, 1975. See section 509(a)(2				
		exclusively to test for public sa				
		exclusively for the benefit of, to				
		tions described in section 509				
the box in lines 1	1a through 11d that des	cribes the type of supporting o	rganizatior	n and com	plete lines 11e, 11f, and 11g	
Type I. A suppor	ting organization operate	ed, supervised, or controlled by	/ its suppo	rted orgai	nization(s), typically by giving	
the supported or	ganization(s) the power	to regularly appoint or elect a n	najority of	the direct	ors or trustees of the supporti	ng
organization. You	u must complete Part I	V, Sections A and B.				
Type II. A suppo	rting organization super	vised or controlled in connectio	n with its s	supported	organization(s), by having	
control or manag	ement of the supporting	organization vested in the sam	ne persons	s that cont	trol or manage the supported	
organization(s).	ou must complete Par	rt IV, Sections A and C.				
Type III function	ally integrated. A supp	orting organization operated in	connectio	on with, an	d functionally integrated with	,
its supported org	anization(s) (see instruc	tions). You must complete Pa	art IV, Sec	tions A, I	D, and E.	
Type III non-fun	ctionally integrated. A	supporting organization operat	ed in conn	ection wit	th its supported organization(	s)
that is not functio	nally integrated. The org	ganization generally must satis	fy a distrib	ution requ	irement and an attentiveness	6
requirement (see	instructions). You mus	t complete Part IV, Sections	A and D, a	and Part	V.	
Check this box if	the organization receive	ed a written determination from	the IRS th	at it is a 1	Гуре I, Туре II, Туре III	
functionally integ	rated, or Type III non-fu	nctionally integrated supporting	organizat	ion.		
Enter the number of s	supported organizations					
Provide the following	information about the si	upported organization(s).				
(i) Name of supported	(ii) EIN	(iii) Type of organization		organization	(v) Amount of monetary	(vi) Amount of
organization		(described on lines 1–9		ur governing	support (see	other support (see
	above (see instructions)) document? instructions)				instructions)	
			Yes	No		
)						

Total

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

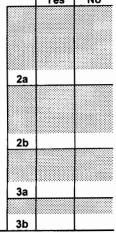
Sch	edule A (Form 990 or 990-EZ) 2015 Bu	ilding Tir	ros Found	stion Th	~ 20	EEQAEQC	
P	art II Support Schedule for O (Complete only if you che Part III. If the organization	rganizations E	<b>Described in S</b> n line 5, 7, or 8	ections 170(b) of Part I or if th	(1)(A)(iv) and ne organization	170(b)(1)(A)(vi failed to qualify	Page 2 ) under
Sec	tion A. Public Support	rune to quaity		noted below,	lease complete		
	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 include any "unusual grants.")	104,485				137,909	1,003,233
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3	The value of services or facilities furnished by a governmental unit to the organization without charge						
4	Total. Add lines 1 through 3	104,485	263,398	348,736	148,705	137,909	1,003,233
5	The portion of total contributions by each person (other than a governmental unit or publicly						
	supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6	Public support. Subtract line 5 from line 4.						1,003,233
Sec	tion B. Total Support						1/000/200
Caler	ndar year (or fiscal year beginning in) 🕨	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Totai
7	Amounts from line 4	104,485	263,398	348,736	148,705	137,909	1,003,233
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	379	280	192	175	256	1,282
9	Net income from unrelated business activities, whether or not the business is regularly carried on						
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)	156,863	155,706	98,989			411,558
11	Total support. Add lines 7 through 10		]				1,416,073
12	Gross receipts from related activities, etc.					12	364,124
13	First five years. If the Form 990 is for the	•					
Sec	organization, check this box and stop her tion C. Computation of Public Su		200			<u> </u>	· · · · · · · · · · · · · · · · · · ·
14	Public support percentage for 2015 (line 6			· (f)		14	70.85%
15	Public support percentage from 2014 Scho					45	64.25 <b>%</b>
16a	33 1/3% support test—2015. If the organ		· · · · · · · · · · · · · · · · · · ·		3 1/3% or more. ct		04.20 /
	box and <b>stop here</b> . The organization quali						► X
b	33 1/3% support test-2014. If the organ		•				
	check this box and stop here. The organiz						
17a	10%-facts-and-circumstances test-201	5. If the organization	on did not check a				
	10% or more, and if the organization meet	s the "facts-and-cir	cumstances" test,	check this box and	d <b>stop her</b> e. Expla	in in	
							▶ □
b	<b>10%-facts-and-circumstances test—201</b> 15 is 10% or more, and if the organization	-				line	
	Explain in Part VI how the organization me	eets the "facts-and-	circumstances" tes	st. The organizatio	n qualifies as a pul		
18	Private foundation. If the organization did	l not check a box o	n line 13, 16a, 16t	o, 17a, or 17b, che	ck this box and see		. —
	instructions						🗖 🗋

Sch D	edule A (Form 990 or 990-EZ) 2015 Bu	<u>ilding Li</u>	<u>ves Found</u>	ation, In	<u>c 2</u>	0-5584526	Page
		<b>Drganizations</b>	Described in S	Section 509(a)	(2)		
	(Complete only if you che	ecked the box of	on line 9 of Parl	I or if the orga	nization failed	to qualify under I	Part II.
Sar	If the organization fails to tion A. Public Support	quality under	ine tests listed	below, please c	complete Part	ll.)	
	ndar year (or fiscal year beginning in)	1					
	· · · · · ·	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that are not an unrelated trade or business under section 513						
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
6	Total. Add lines 1 through 5						
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons						······································
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
С	Add lines 7a and 7b						
8	Public support. (Subtract line 7c from line 6.)						
	tion B. Total Support						
Caler	dar year (or fiscal year beginning in) 🕨	(a) 2011	(b) 2012	(c) 2013	( <b>d</b> ) 2014	(e) 2015	(f) Total
9	Amounts from line 6						
3							
9 10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
-	Gross income from interest, dividends, payments received on securities loans, rents,						
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses						
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						· · · · · · · · · · · · · · · · · · ·
10a b c	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income. Do not include gain or loss from the sale of capital assets						
10a b c 11	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) Total support. (Add lines 9, 10c, 11,						
10a b c 111 12	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)	organization's firs	t, second, third, for	urth, or fifth tax yea	ar as a section 50°	1(c)(3)	
10a b c 111 12	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) <b>Total support.</b> (Add lines 9, 10c, 11, and 12.)	-		· · ·		1(c)(3)	
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10a b c 11 12 13 14 <u>Sec</u>	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) Total support. (Add lines 9, 10c, 11, and 12.) First five years. If the Form 990 is for the organization, check this box and stop her tion C. Computation of Public St	e Ipport Percen	tage	·····	<u> </u>	· · · · · · · · · · · · · · · · · · ·	▶ %
10a b c 11 12 13 14 <u>Sec</u> 15	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) <b>Total support.</b> (Add lines 9, 10c, 11, and 12.) <b>First five years.</b> If the Form 990 is for the organization, check this box and <b>stop her</b>	e <b>upport Percen</b> , column (f) divided	<b>tage</b> d by line 13, colum	n (f))	· · · · · · · · · · · · · · · · · · ·	15	
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Sometice Arform 990 or 990 cr 990 cr 990 cr 900 c	205584526	, , ,	
<ul> <li>(Complete only if you checked 1 bo 0 in line 11 on Part I. foyu checked 11 o of Part I. complete Sections A and D. and complete Part V.)</li> <li>Section A. All Supporting Organizations</li> <li>1 Are all of the organization's supported organizations lated by name in the organization's governing documents? If No.'' ascribe in Part V how the supported organizations are designated. If designated by class or purpose, describe the designation. Thistoric and continuing relationship, explain.</li> <li>2 Did the organization have a supported organization are designated. If designated by class or purpose, describe the designation. Thistoric and continuing relationship, explain.</li> <li>2 Did the organization have a supported organization that does on thave an IRS determination of status under section 5096(1/1) or (2)? If "res, "explain in Part VI how the organization described in section 5016(0/4), (6), or (6)? If "res," answer (b) and (c) below.</li> <li>2 Did the organization confirm that each supported organization qualified runder section 5016(0/4), (6), or (6)? If "res," answer (b) and (c) below.</li> <li>2 Did the organization confirm that each supported organization part. If when the organization and how the organization made the determination.</li> <li>2 Did the organization confirm that each supported organization part. If when the organization is supported organizations and the runde States (C) respins upported organization?</li> <li>3 Did the organization need the Undel States (C) respins upported organization?</li> <li>4 Was any supported organization and organization the Undel States (C) respins upported organization?</li> <li>4 Did the organization and the order grants to the organization and subsect the organization and the section section in deciding whether to make grants to the forsign supported organization?</li> <li>5 Did the organization and substitute, or removes any supported organizations.</li> <li>6 Did the organization and substitute, or removes any supported organizations and organi</li></ul>			584526 Page 4
and B. If you checked 11 of Part I, complete Sections A and C. If you checked 11.complete Part V.)         Section A. A. II Supporting Organizations         1       Are all of the organization's supported organizations is designated. It designated by class or purpose, describe the designation. If historic and continuing relationship, explain.         2       D the organization have any supported organization that does not have an IRS determination of status under section 506(0)(1) or (2).       Image: Section 501(0)(4), (5), or (6) and satisfied the public supported organization detrimed that the supported organization of section 501(0)(4), (5), or (6) and satisfied the public support de organization described in section 501(0)(4), (5), or (6) and satisfied the public support such support section 502(2)? If "Yes," describe in Part V when and how the organization music muscle sections 502(0)(0) (2)?         3       D dit de organization on torganization described in section 501(0)(4), (5), or (6) and satisfied the public support such support such organization and such described in section 501(0)(2)(2)         4       Was any supported organization and such section 170(0)(2)(2)         9       D dit de organization on torganization the organization tail such control and discretion desclusely for section 170(0)(2)(8)         9       D dit de organization such such section 501(0)(2)(2) and 502(4) (7) (2) (2) (2) (2) (2) (2) (2) (2) (2) (2	Par		
Section A. All Supporting Organizations         1       Are all of the organization's supported organizations listed by name in the organization's governing documents? If 'No,' describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation that does not have an IRS determination of status under section 500(a)(1) or (2)? If 'Yes,' replan in Part VI how the organization determined that the supported organization takes are in the determination of status under section 500(a)(1) or (2)? If 'Yes,' replan in Part VI how the organization determined that the supported organization section 500(a)(1) or (2).         2       1         3       Did the organization confirm that each supported organization qualified under section 501(a)(4), (6), or (6) or (6) and satisfied the public support test under section 501(a)(4), (6), or (6) or (6) and satisfied the public support test under section 501(a)(4), (6), or (6) and satisfied the organization concern that all support to such organization public the under status under sections 501(a)(2) if 'Yes,' respins in Part VI have controls the organization.         2       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1 <t< th=""><th></th><th></th><th></th></t<>			
Section A. All Supporting Organizations       ised 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 this holds and continuing relationship, explain.       Image: the designation of the organization have any supported organization that uses the supported organization due to be not have an IRS determination of status under section 506(4)(1 or (1) "1 Yes," explain. In Section Tiol.(c)(4), (5), or (6) and satisfied the public support tests under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 500(4)(2)? If "Yes," describe in Part V when and how the organization made the determination.         0       Did the organization net organization section in four public backs why for section 170(c)(2)(8) purposes? If "Yes," describe in Part V when and how the organization made the determination.         0       Did the organization net organization section in deciding whether to make grants to the forsign supported organization net organization have an RS determination under sections 501(c)(3) or 11 lin Part V have oracitors.         0       Did the organization net organization the organization target section 501(c)(2) (2) the organization addigenetic or maxe grants to the forsign supported organization support dorganizations was used exclusively for section 170(c)(2)(8) purposes.         0       Did the organization section in deciding whether to make grants?         0       Did the organization section of describe or facilities to any addic or subtantion orthow the support dorganization was used exclusively for section 170(c)(2)(8) purposes.         0       Did the organization sequify docume			
<ul> <li>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 organization are designated. If designated by class or purpose, describe the designation in that was not a more an ENS determination of status under section 506(a)(1) or (2)? If 'Yes,'' explain in Part VI how the organization determined that the supported organization section 506(a)(1) or (2)? If 'Yes,'' explain in Part VI how the organization determined that the supported organization described of section 507(a)(4), (6), or (6)? If 'Yes,'' answer (b) and (b) below.</li> <li>Did the organization confirm that each supported organization qualified under section 501(a)(4), (6), or (6)? If 'Yes,'' answer (b) and (b) purposes? If 'Yes,'' actistication qualified under section 501(a)(4), (6), or (6)? If 'Yes,'' answer (b) and (b) purposes? If 'Yes,'' actistication qualified under section 501(a)(4), (6), or (6)? If 'Yes,'' answer (b) and (b) purposes? If 'Yes,'' actistication qualitation qualitation and partial support to such organization qualitation and part of the organization net organization make the determination.</li> <li>Did the organization net organization the organization as used exclusively for section 170(c)(2)(B) purposes.</li> <li>Did the organization net organization the supported organization has used to class the end such asticle, or remove any supported organization has used to soft wells or the portion of an discretion in deciding whether to make grants to the foreign supported organization as desc. Substituted support organizations during the tax year? If 'Yes,'' and the organization as used actualively for section 170(c)(2)(B) purposes.</li> <li>Did the organization's organization as desc. Substituted support organizations during the tax year? If 'Yes,'' and the organization as used actualively for section 170(c)(2)(B) purposes.</li> <li>Did the organization's organization, a def as the organization as used a</li></ul>	Secti		
<ul> <li>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 organization explains.</li> <li>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 the section 501(a)(d), (5), or (6) and satisfied the public support de supported organization qualified under section 501(a)(d), (5), or (6) and satisfied the public support dests under section 502(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination.</li> <li>Did the organization neare use section 502(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination.</li> <li>Did the organization nearce that all support to such organization support organization.</li> <li>Did the organization nearce that all support to such organization the organization support and for the Unit answer (b) and (c) below.</li> <li>Did the organization nearce that all support to such organization the organization for the organization made the determination.</li> <li>Did the organization nearce that all support to such organization the organization made sections 605(a)(c) or (a) The "s," describe in Part V I what control and discretion in describe in part VI is upported organization.</li> <li>Did the organization support any foreign supported organization that does not have an RS determination under sections 501(c)(c) and (c)(c)(c) the foreign supported organization and (c) below</li> <li>Type I or Type I</li></ul>	0000		Yes No
<ul> <li>decomments? If "No," describe in Part VI how the supported organization are designated. If designated by class or propose, describe the designation. If historic and continuing relationship, explain.</li> <li>Did the organization have any supported organization are that does not have an IRS determined that the supported organization is exclined organization areas that ach supported organization areas uncertainty in that each supported organization areas uncertainty in the explored organization areas and the determination.</li> <li>Did the organization confirm that each supported organization areas uncertainty in the explored organization areas and the determination.</li> <li>Did the organization not organized to such organization areas uncertainty in the explored organization areas and the organization areas and the organization and the organization areas and the such control and discretion in deciding whether to make grants to the foreign supported organization areas and for any supported organization areas and to a such control and discretion with its supported organization.</li> <li>Did the organization area of foreign supported organization areas and the organization areas and foreign supported organization areas and errors and (v) how the action (d) the organization as any added or substitute as upported organizations? If Yes, "provide detail in Part VI.</li> <li>Did the organization area and any added or substitute as upported organizations and actions and (v) how the action (designated in here any action as ubstitute as upported organizations actions and (v) how the action (defined in section 4568) (c) (c)(c)), at minite member of a substitute as upported organizations action as and action as ubstitutia outported area and the action and any action</li></ul>	1	Are all of the organization's supported organizations listed by name in the organization's governing	
<ul> <li>class or purpose, describe the designation. If historic and continuing relationship, explain.</li> <li>2 Did the organization was described in section 501(c)(4) (or (2).</li> <li>3 Did the organization made in determination described in section 501(c)(4), (o), or (o)? If "Yes," answer (b) and (c) below.</li> <li>b Did the organization made in determination.</li> <li>c) Did the organization nearce that all support of such supports organization and substituted support and for the United States (Toreign supported organization). All optimizations are supported organization and discretion in discretion in discretion in discretion in detains and the United States (Toreign supported organization). The "Yes," excertise in Part VI when and how the organization nearce that all support to such organization support any foreign supported organization.</li> <li>c) Did the organization on targanized in the United States (Toreign supported organization)? If "Yes," excertise in Part VI how the organization.</li> <li>c) Did the organization nearce that all support to such organization that does not have an IRS determination under sections 501(c)(4). Also, provide detail in Part VI, and controls the organization used to ensure that all support to remove any supported organization. Also provide dorganization and (W) how the action: (ii) the organization and substitute, or remove any supported organization support organizations organizing document.</li> <li>b Type I or Type II on Type III on Type II on Type II on Type III on Type II on T</li></ul>			
<ul> <li>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).</li> <li>3a Did the organization onfirm 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.</li> <li>c) Did the organization onsure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," and if you checked 11 so r11 bin Part I, answer (b) and (c) below.</li> <li>d) Did the organization and the determination of discretion in deding whether to make grants to the foreign supported organization and subscription and discretion in decling whether to make grants to the foreign supported organization and south order to addiscretion in decling whether to make grants to the foreign supported organization and south order and discretion in decling whether to make grants to the foreign supported organization have an ISS determination under sections 501(c)(3) and 509(c)(1) or (2) If "Yes," granization and discretion in decling whether to make grants to Section 170(c)(2)(B) purposes.</li> <li>c) Did the organization add, substitute, or removed (in the reasons for each such action; (ii) the authority under the organization's organizing document?</li> <li>c) Substitutions only. Was the substitution the result of an event beyond the organization subported organization and (i) how the action; (ii) the organization controls or granizing document?</li> <li>c) Did the organization controled directly or indirectly at my time during the tax yen? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</li> <li>d) Did the organization had an interest? If "Yes," provide detail in Part VI.</li> <li>D) Did one ormode the file organization had a controling interest in any entity in which the supporting organization had a location of the or</li></ul>			1
<ul> <li>organization was described in section 500(a)(1) or (2).</li> <li>3a 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 502(a)(2) If "Yes," describe in Part V twhen and now the organization made the determination.</li> <li>b) Did the organization argument that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," septian in Part V under the organization in your of the utilities that all supports organization and substitute, or remove any supported organizations.</li> <li>c) Did the organization add, substitute, or remove any supported organization support desonalizations add, substitute, or remove any supported organization support desonalizations add, substitute, or remove any supported organization support desonalization support desonalization add, substitute, or remove any supported organization support desonalization add, substitute, or remove any supported organization support desonalization add, substitute, or remove any supported organization support desonalization add, substitute, or remove any supported organization support desonalization add, substitute, or remove any supported organization support desonalization add (0) the manses at EIN mumbers of the support dorganizations, add or an event beyond the organization support desonalization support desonalization support desonalization support desonalization support desonalization organization support desonalization suppo</li></ul>	2	Did the organization have any supported organization that does not have an IRS determination of status	
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<ul> <li>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 504(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination.</li> <li>c) Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(8) purposes? If "Se," explain in Part V what controls the organization pure ultimate control and discretion in deciding whether to make grants to the foreign supported organization?? If "Yes," and if you checked 11a or 11b in Part I, answer (b) and (c) below.</li> <li>c) Did the organization support any foreign supported organization had such control and discretion in deciding whether to make grants to the foreign supported organization and the set of support to respervised by or in connection with its supported organization.</li> <li>c) Did the organization support any foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.</li> <li>So Did the organization add, substitute, or remove; any supported organization such as posender organization was used exclusively for section 170(c)(2)(B) purposes.</li> <li>So Did the organization add, substituted, or remove; (ii) the reasons for each such action; and (iv) how the action; was accompliated (such as by amendment to the organization addite) the organization so granizing document authorizing such action; and (iv) how the action; was accompliated (such as by amendment to the organization addite). (ii) the authority under the organizations, or (iii) other supported organization addite) the organization so organizing document?</li> <li>c) Substitutions only. Was the substitution the result of an event beyond the organization stalia contributor, or a 35% controlled on they was 10° anyone other then (i) in supported organizations? If "Yes," provide detail in Part VI.</li> <li>Did dis organization fad an intherest? If "Yes," provide detall in Part VI.</li> <li< th=""><td>3a</td><td></td><td></td></li<></ul>	3a		
<ul> <li>satisfied the public support tests under section 508(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination.</li> <li>Did the organization argues 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 supported organization?? If "Yes," and if you checked 11a or 11b in Part I, answer (b) and (c) below.</li> <li>Did the organization advesu tiltimate control and discretion in deciding whether to make grants to the foreign supported organization.</li> <li>Ci Dit the organization advesu tiltimate control and discretion in deciding whether to make grants to the foreign supported organization.</li> <li>Ci Dit the organization advesu to the foreign supported organization that does not advest ont to advest other to make grants.</li> <li>Dit the organization supported organization that does not have an IKS determination under sections 501(c)(3) and 508(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organizations thave an IKS determination under section 509(a) or (2) purposes.</li> <li>Did the organization add, substitute, or remove any supported organizations and (ii) the ransen of the supported organization is added, substituted, or removed; (ii) the reasons for each such action; (ii) the authority under the organizations (iii) dotument?</li> <li>Did the organization provide support (whether in the form organizations provision of services or facilities) to anyone of the support (iv) there in the form organization's control?</li> <li>Did the organization provide support (whether in the form organizations or the provision of services or facilities) to anyone or other than (i) its supported organizations, or other similar paryment to a substantial contributor?</li> <li>Did the organization provide a granizations any time during the tax year by one or more disqualified persons (as defined in the GN)</li></ul>			<u>3a</u>
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<ul> <li>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.</li> <li>b) Did the organization and utilimate control and discretion in deciding whether to make grants to the foreign supported organization and substitute and eciding whether to make grants to the foreign support any foreign 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 that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or remove (ii) the reasons for each such action; (ii) the authority under the organizations added, substituted, or remove(iii) the reasons for each such action; (iii) the authority under the organizations organizing document.).</li> <li>b) Type I or Type II only. Was any added or substituted supported organizations 2 (ii) how the action anyone other than (i) is supported organizations (iii) only the support organizations, or (iii) orther supporting organizations? (II' "Yes," complete Part I of Schedule L (Form 990 or 990 or E2).</li> <li>b) Did the organization notan or a disqualified person (as defined in section 4956) not described in line 77 If "Yes," complete Part I or Schedule L (Form 990 or 990 or 900 error disqualified persons (as defined in line 9a) hold a controling interest in any entily in which the supporting organizations had an interest? If "Yes," provide detail in Part VI.</li> <li>b) Did ne organization notan line Gapina provide explain in Part VI.</li> <li>b) Did ne organization had an interest? If "Yes," provide detail in Part VI.</li> <li>b) Did ne organization subject to the excess business. holdings rules of</li></ul>	C		3c
<ul> <li>"Yes," and if you checked 11a or 11b in Part I, answer (b) and (c) below.</li> <li>D bid the organization have ultimate control and discretion ideciding whether to make grants to the foreign supported organization that such control and discretion despite being controlled or supervised by or in connectom with its supported organizations.</li> <li>c Did the organization support any foreign supported organization that does not have an RS determination under sections 501(c)(3) and 509(al(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (b) the artes and EIN numbers of the supported organizations addet, substituted, or remove; (ii) the reasons for each such atclon; (iii) the authority under the organization's organizing document?</li> <li>c Substitutions only. Was any addee or substituted supported organization's control?</li> <li>d D id 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 the Supporting organizations, (ii) individuals that are part of the charitable class benefited by one or more of the supporting organizations, or other supporting organizations that contributor, or a 39% controlled entity with regard to a substantial contributor.</li> <li>d D di the organization make a loan to a disqualified person (as defined in section 4965(c)(30(c))). A trimpi member of a substantial contributor, or a 39% controlled entity with regard to a substantial contributor, or a 39% controlled entity with regard to a substantial contributor, or a 39% controlled entity with regard to a substantial contributor, or a 39% controlled entity with regard to a substantial contributor.</li> <li>d disqualified persons as defined</li></ul>	4a		
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<ul> <li>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.</li> <li>C Did the organization and support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 508(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.</li> <li>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 organization's organizing document).</li> <li>b Type I or Type II only. Was any added or substituted, or remove (i) the reasons for each such action; (ii) the authority under the organization's organizing document).</li> <li>b Type I or Type II only. Was any added or substituted, or removel (ii) the reasons for each such action; each such action; (ii) they support dorganizations and (iv) how the action was accomplished (such as by amendment to the organization part of a class already designated in the organization's organizing document).</li> <li>b Type I or Type II only. Was any added or substituted or removel (ii) the reasons for each such action; (ii) ther supportig organization set of services or facilities) to anyone other than (i) is supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of the supporting organization support dorganizations support of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor, or a 35% controlled entity with regard to a substantial controlludor, or a 35% controlled entity with regard to a substantial controlludor, or a 35% controlled entity with regard to a substantial controlludor, or a 35%</li></ul>	b		
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<ul> <li>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.</li> <li>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 organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).</li> <li>b Type I or Type II only. Was any added or substituted supported organization's control?</li> <li>c Substitutions only. Was the substitution the result of an event beyond the organization's control?</li> <li>c Substitutions only. Was the substitution the result of an event beyond the organization's control?</li> <li>c Substitutions only. Was the substitution the result of an event beyond the organization's control?</li> <li>d C (a) (a) (a) (a) (a) (a) (a) (a) (a) (a)</li></ul>			4b
<ul> <li>to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.</li> <li>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 organizing document (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 organization part of a class already designated in the organization's organizing document?</li> <li>5a Type I or Type II only. Was any added or substituted supported organization's control?</li> <li>5b 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 the filing organizations, (ii) ordividuals that are part of the charitable class benefited by one or more of the filing organizations, or other similar payment to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</li> <li>7 Did the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons (as defined in ine 9a) hold a controlling interest in any entity in which the supporting organizations, and all Type II non-functionally integrated supporting organizations, and all Type III non-functionally integrated supporting organizations, and all Type III non-functionally integrated supporting organizations, and all Type III non-functionally integrated supporting organizations and all Type III non-functionally integrated supporting organizations and all Type III non-functionally integrated supporting organizations and all Type III non-functionally integrated supporting organization</li></ul>	c		
purposes.       4c         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 organization granizing document).       5a         b       Type I or Type II only. Was any added or substituted supported organizations 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 the supporting organizations, (ii) other supporting organizations for source or or of the filing organizations, (ii) individuals that are part of the charitable class benefited by one or more of the supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of the supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of the supporting organization's supported organizations or source or the filing organization's supported organizations of 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," provide detail in Part VI.       6         7			
<ul> <li>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 organizations doed, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organizations goalizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).</li> <li>b Type I or Type II only. Was any added or substituted supported organization and unit the result of an event beyond the organization's control?</li> <li>c Substitutions only. Was the substitution the result of an event beyond the organization's control?</li> <li>6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charatable class benefited by one or more of the supporting organizations, or other similar payment to a substantial contributor? (defined in section 4958(c)(3)(C)). a family member of a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 reso).</li> <li>8 Did the organization make a loan to a disqualified person (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization so (as defined in line 72).</li> <li>9a 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.</li> <li>b Did ne organization have any excess business holdings rules of section 4943 because of section 4943 (b) (regarding certain Type II supporting organizations, and all Type III non-fun</li></ul>		to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B)	40
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	h	Supporting organization have any excess business holdings in the tax year? (Use Schedule C. Form 4720. to	
	U		10b

### 205584526 Schedule A (Form 990 or 990-EZ) 2015 Building Lives Foundation, Inc 20-5584526 Page 5 Part IV Supporting Organizations (continued) Yes No 11 Has the organization accepted a gift or contribution from any of the following persons? a A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization? 11a b A family member of a person described in (a) above? 11b A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI. 11c Section B. Type I Supporting Organizations Yes No 1 Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year. 1 2 Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization. 2 Section C. Type II Supporting Organizations Yes No 1 Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s). 1 Section D. All Type III Supporting Organizations Yes No 1 Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided? 1 2 Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how 2 the organization maintained a close and continuous working relationship with the supported organization(s). By reason of the relationship described in (2), did the organization's supported organizations have a 3 significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's 3 supported organizations played in this regard. Section E. Type III Functionally-Integrated Supporting Organizations Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions): 1 The organization satisfied the Activities Test. Complete line 2 below. а The organization is the parent of each of its supported organizations. Complete line 3 below. b The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions). С Yes No 2 Activities Test. Answer (a) and (b) below. a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify

- the supported organization(s) to which the organization was responsive? If "Yes," then in **Part VI identify** those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.
- b Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.
- 3 Parent of Supported Organizations. Answer (a) and (b) below.
- a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? Provide details in **Part VI.**
- b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.



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Part V Type III Non-Functionally Integrated 509(a)(3) Supporting			
Check here if the organization satisfied the Integral Part Test as a qualifying trust o			
other Type III non-functionally integrated supporting organizations must complete S	Sections A th	rough E.	
ection A - Adjusted Net Income		(A) Prior Year	(B) Current Yea (optional)
1 Net short-term capital gain	1		
2 Recoveries of prior-year distributions	2		
3 Other gross income (see instructions)	3		
4 Add lines 1 through 3	4		
5 Depreciation and depletion	5		
6 Portion of operating expenses paid or incurred for production or			
collection of gross income or for management, conservation, or			
maintenance of property held for production of income (see instructions)	6		
7 Other expenses (see instructions)	7		
8 Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8		
ection B - Minimum Asset Amount		(A) Prior Year	(B) Current Yea (optional)
1 Aggregate fair market value of all non-exempt-use assets (see			
instructions for short tax year or assets held for part of year):			
a Average monthly value of securities	1a		
b Average monthly cash balances	1b		
c Fair market value of other non-exempt-use assets	1c		
d Total (add lines 1a, 1b, and 1c)	1d		
e Discount claimed for blockage or other			
factors (explain in detail in Part VI):			
2 Acquisition indebtedness applicable to non-exempt-use assets	2		
3 Subtract line 2 from line 1d	3		
4 Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount,			
see instructions).	4		
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6 Multiply line 5 by .035	6		
7 Recoveries of prior-year distributions	7		
8 Minimum Asset Amount (add line 7 to line 6)	8		
ection 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 Enter greater of line 2 or line 3	4		
5 Income tax imposed in prior year	5		
6 Distributable Amount. Subtract line 5 from line 4, unless subject to			
emergency temporary reduction (see instructions)	6		

instructions).

Part V       Type III Non-Functionally Integrated \$99(a)(3) Supporting Organizations (continued)         Section D- Distributions       Current Year         A mounts paid to supported organizations to accomplish exempt purposes       Current Year         Administrative expenses paid to accomplish exempt purposes of supported organizations.       Administrative expenses paid to accomplish exempt purposes         Cullinde det saide anounts organizations.       Administrative expenses paid to accomplish exempt purposes		ule A (Form 990 or 990-EZ) 2015 Building Lives Fo		20-5584	526 Page 7
1       Anounts pad to supported organizations to accompilsh exempt purposes of supported organizations.         2       Anounts pad to perform activity that directly furthers exempt purposes of supported organizations.         3       Administrative expenses pad to accompilsh exempt purposes of supported organizations.         4       Anounts pad to acquire exempt-use asset         5       Qualified setastia amounts (pror IRS approval required).         6       Other distributions (accompilsh exempt purposes of supported organizations.         7       Total annual distributions.         7       Total annual distributions (accompilsh exempt purposes of supported organizations is responsive (provide details in Part VI). See instructions.         9       Distributable amount for 2015 from Section C, line 6         10       Line 8 amount for 2015 from Section C, line 6         2       Underdistributions (accompt and you to 2015 (green section 1, green section 2, green secontex section 2, green section 2, green sect	20000000000		Supporting Organiza	tions (continued)	
2     Anounts paid to perform activity in directly furthers exempt purposes of supported organizations.       3     Administrative expenses paid to accomplish exempt purposes of supported organizations.       4     Anounts paid to acquire exempt-less essets       5     Qualified est-acide anount (prior IRS approval required).       6     Other distributions (describe in Part VI). See instructions.       7     Total annual distributions, add lines 1 through 6.       8     Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.       9     Distributions and to acquire exempt using the second prior to accompliant of the organization is responsive (provide details in Part VI). See instructions (the organization is responsive (trip (W)).       9     Distributable amount for 2015 from Section C, line 6       10     Line 8 amount divided by Line 9 amount       11     Distributable amount for 2015 from Section C, line 6       12     Underdistributions, any, to 2015.       13     Excess distributions, any, to 2015.       14     From 2013.       15     Excess distributions of proversity of the organization of the or					Current Year
organizations, in excess of income from advity       3       4       4       5       2       4       4       5       2       4       4       5       2       4       4       5       2       4       5       2       2       4       2       2       2       2       2       2       2       2       2       2       2       2       2       2       2       2       2       2       2       2       2       2       2       2       2       2       2       2       2       2       2       2       2       2       2       2       2       2       2       2       2       2        2					
3       Administrative expenses paid to accomplish exempt jurposes of supported organizations         4       Amounts paid to acquire exempt-use assets         5       Qualified set-aside amounts (pror IRS approval required)         6       Other distributions (describe in Part VI). See instructions.         7       Total amount distributions. Add lines 11 through 6.         8       Distributions to attentive supported organizations to which the organization is responsive (provide data line Part VI). See instructions.         9       Distributions to attentive supported organizations to which the organizations to which the organization is responsive (provide data line Part VI). See instructions.         9       Distributions data line part VI). See instructions.         10       Line 8 amount for 2015 from Section C, line 6         11       Distributions carryover, fl any, lo 2015.         2       Underdistributions, carryover, fl any, lo 2015.         3       Excess distributions of prior years.         4       Applied to underdistributions of prior years.         5       Applied to 2015 distributable amount.         6	2		es of supported		
4       Amounts paid to acquire exempcluse assets         5       Qualified set-saide amounts (prior IRS approval reguired)         6       Other distributions (describe in Part VI), See instructions.         7       Total annual distributions. Add ines 1 through 6.         9       Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.         10       Line 8 amount divided by Line 9 amount         10       Line 8 amount divided by Line 9 amount         10       Underdistributions. (f any, for years prior to 2015 (treases Distributions Pre 2015)         1       Distributable cause require-dese instructions)         2       Excess distributions (f any, for years prior to 2015 (treases distributions of prior years)         3       Excess distributions of prior years         4       Applied to underdistributions of prior years         4       Applied to underdistributions of prior years         4       Distributable amount         1       Carryover from 2010 on tapplied (see instructions)         1       Remaining underdistributions for prior years         4       Applied to underdistributions of prior years         5       Applied to underdistributions of prior years         6       Applied to underdistributions of prior years         7					
6       Cualified set-aside amounts (ptor. IRS approval required)         6       Other distributions (describe in Part VI). See instructions.         7       Total annual distributions, Add lines 1 through 5.         8       Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.         9       Distributable amount for 2015 from Section C, line 6         10       Line 8 amount for 2015 from Section C, line 6         11       Distributable amount for 2015 from Section C, line 6         12       Underdistributions, in ry, or years prior to 2015         13       Excess distributions carryover, if any, to 2015:         14       Distributable amount for 2015 from Section C, line 6         15       Underdistributions, and ry, to 2015:         16       C         17       Total of lines 3 introughe.         16       Form 2013.         17       Total of lines 3 introughe.         18       Applied to underdistributions of prior years.         19       Applied to 2015 distributable amount.         10       Carryover from 2010 not applied (see instructions).         19       Remaining underdistributions of prior years.         10       Distributable amount.         10       Carryover from 2010 not applied (see ins	3		ported organizations		
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 organization is responsive (provide details in Part VI). See instructions.         9       Distributions to attentive supported organization is responsive         (i)       (ii)         10       Line 8 amount divided by Line 9 amount         6       Distributions for 8000000000000000000000000000000000000					<u> </u>
7       Total annual distributions. Add lines 1 through 6.         8       Distributions to attentive supported organizations to which the organization is responsive (provide details in Par V). See instructions.         9       Distributable amount for 2015 from Section C, line 6         10       Line 8 amount divided by Line 9 amount         9       Distributable amount for 2015 from Section C, line 6         10       Line 8 amount for 2015 from Section C, line 6         11       Distributable amount for 2015 from Section C, line 6         12       Underdistributions carryover, if any, to 2015; (reasonable cause required-see instructions)         3       Excess distributions carryover, if any, to 2015;         4       Distributable amount for 2015 from Section C, line 6         2       Underdistributions carryover, if any, to 2015;         4       Distributable amount for 2015         6       C         6       C         6       C         7       Total of lines 3a through e         9       Applied to underdistributions of prior years         14       Applied to 2015 distributable amount         15       Carryot from 201 on to applied (see instructions).         16       Remainder: Subtract lines 3g, 3n, and 3i from 3f.         17       S         16					
8       Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions. <ul> <li>Distributable amount for 2015 from Section C, line 6</li> <li>Line 8 amount divided by Line 9 amount</li> <li>(i)</li> <li>Section E - Distribution Allocations (see instructions)</li> <li>Excess Distributions</li> <li>Pre-2015</li> <li>Distributable amount for 2015 from Section C, line 6</li> <li>Underdistributions, if any, for years prior to 2015</li> <li>(reasonable cause required-see instructions)</li> <li>Excess distributions carryover, if any, to 2015;</li> <li>a</li> <li>b</li> <li>c</li> <li>c</li> <li>d from 2013.</li> <li>e From 2014.</li> <li>f Total of lines 3a through e</li> <li>g Applied to underdistributions of prior years.</li> <li>h Applied to 2015 distributable amount.</li> <li>c</li> <li>d and the applied (see instructions)</li> <li>i Carryover from 2010 na capiled (see instructions)</li> <li>i Carryover from 2016 na capiled (see instructions)</li></ul>	6			<u></u>	
(provide details in Part VI). See instructions.         9       Distributable amount for 2015 from Section C, line 6         10       Line 8 amount divided by Line 9 amount         (i)       (ii)         Section E - Distribution Allocations (see instructions)       Excess Distributions         1       Distributable amount for 2015 from Section C, line 6         2       Underdistributions, fan, for years proto to 2015         a       b         c       c         d       From 2013.         a       b         c       c         d       From 2013.         b       c         c       d         d       Prom 2013.         a       papied to underdistributions of prior years.         h       Applied to underdistributions of prior years.         h       Applied to 2015 distributable amount.         i       Carryover from 2010 not applied (see instructions)         j. ine 7:       \$         a       Applied to underdistributions of prior years.         b       Applied to underdistributions of prior years.         b       Applied to underdistributions of prior years.         c       Remainder. Subtract lines 3a, and 31 from 3f.         b					
9       Distributable amount for 2015 from Section C, line 6       (i)       (ii)       (iii)         Section E - Distribution Allocations (see instructions)       Excess Distributions       Pre-2015       Distributable Amount for 2015 from Section C, line 6         1       Distributable amount for 2015 from Section C, line 6       (i)       Underdistributions, if any, for years prior to 2015 (reasonable cause required-see instructions)       Image: Section Section C, line 6       Image: Section Section C,	8		zation is responsive		
10       Line 8 amount divided by Line 9 amount       (i)       (ii)       (iii)         Section E - Distribution Allocations (see instructions)       Excess Distributions       Pre-2015       Amount for 2015         1       Distributable amount for 2015 from Section C, line 6       Image: Section E - Distributable amount for 2015       Image: Section E - Distributable amount for 2015       Image: Section E - Distributable amount for 2015         2       Underdistributions, if any, for years prior to 2015       Image: Section E - Distributable amount for 2015       Image: Section E - Distributable amount for 2015         3       Excess distributions carryover, if any, to 2015:       Image: Section E - Distributable amount for 2016       Image: Section E - Distributable amount for 2016         6       From 2013       Image: Section E - Distributable amount       Image: Section E - Distributable amount       Image: Section E - Distributable amount         1       Carryover from 2010 not applied (see instructions)       Image: Section E - Distributable amount       Image: Section E - Distributable E - Distributable E - Distributable					
Section E - Distribution Allocations (see instructions)         (i)         (ii)         (iii)         (iii)         Distributable Amount for 2015 from Section C, line 6           1         Distributable amount for 2015 from Section C, line 6         Pre-2015         Pre-2015         Pre-2015         Pre-2016					
Section E - Distribution Allocations (see instructions)         Excess Distributions         Underdistributions         Distributable Amount for 2015           1         Distributable amount for 2015 from Section C, line 6         Amount for 2015         Amount for 2015           2         Underdistributions, if any, for years prior to 2015 (reasonable cause required-see instructions)         Amount for 2015         Amount for 2015           3         Excess distributions carryover, if any, to 2015;         Amount for 2014         Amount for 2014           6         From 2013.         Amount for 2015         Amount for 2015           9         From 2014.         Amount for 2016         Amount for 2014           1         Total of lines 3a through e         Amount for 2016         Amount for 2014           1         Carryover from 2010 not applied (see instructions)         Amount for 2015 distributable amount         Amount for 2015           1         Carryover from 2010 not applied (see instructions)         Image: Amount for 2015 from Section         Image: Amount for 2015           1         Remainder, Subtract lines 3a, 3h, and 3i from 3f.         Image: Amount for 2015 from Section         Image: Amount for 2015, if any, Subtract lines 3a and 4a from 1a.         Image: Amount for 2015, if any, Subtract lines 3a and 4a from 1a.         Image: Amount for 2015.         Image: Amount for 2015.               6             Remaining		Line 8 amount divided by Line 9 amount			
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(reasonable cause required-see instructions)       Image: Second Se					
3       Excess distributions carryover, if any, to 2015:         a       a         b       a         c       a         d       From 2013.         e       From 2014.         f       Total of lines 3a through e         g       Applied to underdistributions of prior years         h       Applied to 2015 distributable amount         1       Carryover from 2010 not applied (see instructions)         j       Remainder. Subtract lines 3g, 3h, and 3i from 3f.         4       Distributions for 2015 from Section         D, line 7;       \$         a Applied to underdistributions of prior years         b       Applied to 2015 distributable amount         c       Remainder. Subtract lines 4a and 4b from 4.         c       Remaining underdistributions of prior years         b       Applied to 2015 distributable amount         c       Remaining underdistributions for years prior to 2015, if         any. Subtract lines 3g and 4a from line 2 (if amount         greater than zero, see instructions).         f       Remaining underdistributions for 2015. Subtract lines 3h         and 4b from line 1 (if amount greater than zero, see         instructions).       f         f       Excess from 2013.	2				
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f       Total of lines 3a through e         g       Applied to underdistributions of prior years         h       Applied to 2015 distributable amount         i       Carryover from 2010 not applied (see instructions)         j       Remainder. Subtract lines 3g, 3h, and 3i from 3f.         4       Distributions for 2015 from Section         D, line 7:       \$         a       Applied to 2015 distributable amount         c       Remainder. Subtract lines 4a and 4b from 4.         5       Remaining underdistributions for years prior to 2015, if         any. Subtract lines 3g and 4a from line 2 (if amount         greater than zero, see instructions).         6       Remaining underdistributions for 2015. Subtract lines 3h         and 4b from line 1 (if amount greater than zero, see         instructions).       7         7       Excess fistributions carryover to 2016. Add lines 3j         and 4c.       8         8       Breakdown of line 7:         a       b         b       Excess from 2013         c       Excess from 2013         d       Excess from 2013	-				
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D, line 7:       \$         a Applied to underdistributions of prior years	i_	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
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b Applied to 2015 distributable amount					
c       Remainder. Subtract lines 4a and 4b from 4.         5       Remaining underdistributions for years prior to 2015, if         any. Subtract lines 3g and 4a from line 2 (if amount         greater than zero, see instructions).         6         7       Excess distributions carryover to 2016. Add lines 3j         and 4c.         8       Breakdown of line 7:         a         b         c       Excess from 2013         d       Excess from 2014         e       Excess from 2015					
5       Remaining underdistributions for years prior to 2015, if         any. Subtract lines 3g and 4a from line 2 (if amount         greater than zero, see instructions).         6       Remaining underdistributions for 2015. Subtract lines 3h         and 4b from line 1 (if amount greater than zero, see         instructions).         7       Excess distributions carryover to 2016. Add lines 3j         and 4c.         8       Breakdown of line 7:         a         b         c       Excess from 2013         d       Excess from 2014         e       Excess from 2015			_		
any. Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions).       Image: Construction of the structure of	<u> </u>				
greater than zero, see instructions).       6         6       Remaining underdistributions for 2015. Subtract lines 3h and 4b from line 1 (if amount greater than zero, see instructions).         7       Excess distributions carryover to 2016. Add lines 3j and 4c.         8       Breakdown of line 7:         a	5	-			
6       Remaining underdistributions for 2015. Subtract lines 3h and 4b from line 1 (if amount greater than zero, see instructions).         7       Excess distributions carryover to 2016. Add lines 3j and 4c.         8       Breakdown of line 7:         a					
and 4b from line 1 (if amount greater than zero, see instructions).       Image: Construction of line 3 instruction of line 7 instructio					
instructions).       Image: Construction of the structure of the str	6	-			
7       Excess distributions carryover to 2016. Add lines 3j and 4c.         8       Breakdown of line 7:         a					
and 4c.     8       8     Breakdown of line 7:       a     9       b     9       c     Excess from 2013       d     Excess from 2014       e     Excess from 2015					
8         Breakdown of line 7:           a         a           b         a           c         Excess from 2013           d         Excess from 2014           e         Excess from 2015	7	Excess distributions carryover to 2016. Add lines 3j			
a         b           b         c           c Excess from 2013         c           d Excess from 2014         c           e Excess from 2015         c					
b         c         Excess from 2013           d Excess from 2014	8	Breakdown of line 7:			
c Excess from 2013	a				
d Excess from 2014					
e Excess from 2015					
	e	Excess from 2015		<b></b>	Earm 000 at 000 E7) 2015

Schedule A (Form 990 or 990-EZ) 2015

Schedule A (F Part VI	Supplementa III, line 12; Pa B, lines 1 and	al Information. rt IV, Section A, 2; Part IV, Sect	Provide the exp lines 1, 2, 3b, 3 tion C, line 1; Pa	olanations re 3c, 4b, 4c, 5 art IV, Sectio	quired by P a, 6, 9a, 9b on D, lines 2	art II, line 10 , 9c, 11a, 11 2 and 3; Part	20-5584526 ; Part II, line 17a or b, and 11c; Part IV, IV, Section E, lines	Section 1c, 2a, 2b,
<u> </u>		I 6. Also comple					and 8; and Part V, ructions.)	
Part I	I, Line 1	0 - Other	Income De	etail				
				\$	411,5	58		
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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 2015 **Open to Public** Inspection

Internal Revenue Service	
Name of the organization	

Department of the Treasury

SCHEDULE D

(Form 990)

Ξ.

Building Lives Foundation, Inc		20-5584526
Part I Organizations Maintaining Donor Advised Fu	unds or Other Similar Funds o	r Accounts.
Complete if the organization answered "Yes" on	Form 990, Part IV, line 6.	
	(a) Donor advised funds	(b) Funds and other accounts
Total number at end of year		
2 Aggregate value of contributions to (during year)		
Aggregate value of grants from (during year)		
Aggregate value at end of year	1	
Did the organization inform all donors and donor advisors in writing the		
funds are the organization's property, subject to the organization's exc	clusive legal control?	Yes No
Did the organization inform all grantees, donors, and donor advisors in		
only for charitable purposes and not for the benefit of the donor or dor	nor advisor, or for any other purpose	
		Yes No
art II Conservation Easements.		
Complete if the organization answered "Yes" on	Form 990, Part IV, line 7.	
Purpose(s) of conservation easements held by the organization (checking)	k all that apply).	
Preservation of land for public use (e.g., recreation or education)	Preservation of a historically in	mportant land area
Protection of natural habitat	Preservation of a certified hist	oric structure
Preservation of open space		
Complete lines 2a through 2d if the organization held a qualified const	ervation contribution in the form of a co	
easement on the last day of the tax year.		Held at the End of the Tax Year
Total number of conservation easements		2a
b Total acreage restricted by conservation easements	•••••	2b
c Number of conservation easements on a certified historic structure in	cluded in (a)	2c
d Number of conservation easements included in (c) acquired after 8/17	7/06, and not on a	
historic structure listed in the National Register		2d
Number of conservation easements modified, transferred, released, e	extinguished, or terminated by the organ	ization during the
tax year 🕨		
Number of states where property subject to conservation easement is		
Does the organization have a written policy regarding the periodic mo		
violations, and enforcement of the conservation easements it holds?		
Staff and volunteer hours devoted to monitoring, inspecting, handling	of violations, and enforcing conservatio	n easements during the year
►		
Amount of expenses incurred in monitoring, inspecting, handling of vi	olations, and enforcing conservation ea	sements during the year
► \$		
Does each conservation easement reported on line 2(d) above satisfy		Vee No
and section 170(h)(4)(B)(ii)?		
In Part XIII, describe how the organization reports conservation easer	ments in its revenue and expense stater	nent, and
balance sheet, and include, if applicable, the text of the footnote to the	e organization's financial statements that	at describes the
organization's accounting for conservation easements.	Historical Trassures or Oth	er Similar Assets
Part III Organizations Maintaining Collections of Art Complete if the organization answered "Yes" on	Form 990 Part IV. line 8.	er Sinnar Assets.
		nd balance sheet
a If the organization elected, as permitted under SFAS 116 (ASC 958), works of art, historical treasures, or other similar assets held for publi	ic exhibition education or research in fu	urtherance of
public service, provide, in Part XIII, the text of the footnote to its finan	icial statements that describes these iter	ms.
b If the organization elected, as permitted under SFAS 116 (ASC 958),	to report in its revenue statement and b	palance sheet
works of art, historical treasures, or other similar assets held for publi	ic exhibition, education, or research in fu	urtherance of
public service, provide the following amounts relating to these items:		
		▶ \$
(i) Revenue included on Form 990, Part VIII, line 1		
	or other similar assets for financial gain.	
If the organization received or held works of art, historical treasures, of following amounts required to be reported under SFAS 116 (ASC 958)		· · · · · · · · · · · · · · · · · · ·
Informing amounts required to be reported under SFAS 110 (ASC 950	) relating to these items.	

b	Assets in	cluded in Form	<u>n 990, Par</u>	<u>t X</u>			
For	Paperwork	Reduction A	ct Notice.	see the	Instruction	ns for Form 99	D.

Revenue included on Form 990, Part VIII, line 1

\$ Schedule D (Form 990) 2015

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<u>Sche</u>	edule D (Form 990) 2015 Building	Lives Fou	ndation, I	nc	20-55	584526	P	age 2
3	Art III Organizations Maintainin Using the organization's acquisition, access	ig Collections of	of Art, Historical	Treasures	, or Other	Similar Ass	ets (continued)	
	collection items (check all that apply):	sion, and other recor	us, check any of the i	ollowing that	are a signific	ant use of its		
а	Public exhibition	d 🗌	Loan or exchange p	rograms				
b		e 🗌	Other					
С								
4	Provide a description of the organization's o	collections and expla	in how they further the	e organizatior	n's exempt p	urpose in Part		
5	XIII.		• • • • • • • •					
5	During the year, did the organization solicit	or receive donations	of art, historical treas	sures, or othe	r similar			1
Pa	assets to be sold to raise funds rather than INT IV Escrow and Custodial Ar	rangements	part of the organization	on's collection	1?	<u></u>	Yes	No
0000000	Complete if the organizatio 990, Part X, line 21.		s" on Form 990, F	art IV, line	9, or repo	rted an amou	int on Form	
1a	Is the organization an agent, trustee, custoo	dian or other interme	diary for contributions	or other asse	ets not			
	included on Form 990, Part X?						Yes	No
b	If "Yes," explain the arrangement in Part XII	I and complete the f	ollowing table:					
							Amount	
C.	Beginning balance					1c		
d	,					1d		
e f	Distributions during the year	•••••				<u>1e</u>		
	Ending balance Did the organization include an amount on f	Form 990 Bort X lin	a 21 for operating of a			1f		
	If "Yes," explain the arrangement in Part XII						Yes	No
Pa	rt V Endowment Funds.	i. Oneok here it the e	splanation has been			· · · · · · · · · · · · · · · · · · ·		
	Complete if the organizatio	n answered "Yes	" on Form 990. P	art IV. line	10.			
		(a) Current year	(b) Prior year	(c) Two ye		(d) Three years bad	ck (e) Four years b	ack
1a	Beginning of year balance							
b	Contributions							
	Net investment earnings, gains, and							
	losses							
	Grants or scholarships							
е	Other expenditures for facilities and				1.1			
_	programs	· · · · · · · · · · · · · · · · · · ·						
f	Administrative expenses	· · · · · · · · · · · · · · · · · · ·	<u> </u>					
g	End of year balance		L					
4	Provide the estimated percentage of the cur		e (line 1g, column (a)	) held as:				
	Board designated or quasi-endowment ► Permanent endowment ► %	%						
	Temporarily restricted endowment	%						
č	The percentages on lines 2a, 2b, and 2c sho							
3a	Are there endowment funds not in the posse	•	ation that are held and	1 administere	d for the			
	organization by:						Yes	No
	(i) unrelated ergenizations						3a(i)	
	(ii) related ergenizations						3a(ii)	
b	If "Yes" on line 3a(ii), are the related organiz						3b	
4	Describe in Part XIII the intended uses of the	e organization's ende	owment funds.					
Pa	rt VI Land, Buildings, and Equ							
	Complete if the organization	n answered "Yes	<u>on Form 990, P</u>	art IV, line	<u>11a. See l</u>	<u>Form 990, Pa</u>		
	Description of property	(a) Cost or other		other basis		umulated	(d) Book value	
		(investment)	(ot	her)	depr	eciation		
				· · · · · · · · · · · · · · · · · · ·				
	Buildings						· · · · · · · · · · · · · · · · · · ·	<u> </u>
	Leasehold improvements			28,132		22,813	5,3	19
	Equipment Other			20,102		221015		
_	. Add lines 1a through 1e. (Column (d) must	and the second s	t X, column (B), line 1	0c.)			5,3	19
		,	,				5,0	

Schedule D (Form 990) 2015

Part VII	orm 990) 2015 Building Lives Found	ation, Inc	20-5584526	Page
Fail VII	Investments—Other Securities.			
	Complete if the organization answered "Yes" of			
	<ul> <li>(a) Description of security or category         <ul> <li>(including name of security)</li> </ul> </li> </ul>	(b) Book value	(c) Method of valuation: Cost or end-of-year market v	
1) Financial d	lerivatives			
	Id equity interests			
(B)		•		
				····
(D)				
(E)				
(F)			—· • • • • • • • • • • • • • • • • • • •	·····
(G)				
(H)				1. 10 <u>1</u>
	n (b) must equal Form 990, Part X, col. (B) line 12.) ▶			
Part VIII	Investments—Program Related.		P	
	Complete if the organization answered "Yes" o	n Form 990, Part IV, I	ine 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 v	alue
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
Fotal. (Column	(b) must equal Form 990, Part X, col. (B) line 13.) ►			
Part IX	Other Assets.			
	Complete if the organization answered "Yes" o	n Form 990 Part IV I	ine 11d. See Form 990, Part X,	line 15.
	Complete if the organization anowered i es o	111 Onn 330, Faitry,		
	(a) Description	111 Offi 330, 1 art 10, 1		b) Book value
(1)				
(2)				
(2) (3)				
(2) (3) (4)				
(2) (3) (4) (5)				
(2) (3) (4) (5) (6)				
(2) (3) (4) (5) (6) (7)				
(2) (3) (4) (5) (6) (7) (8)				
(2) (3) (4) (5) (6) (7) (8) (9) Total. (Column	(a) Description (b) must equal Form 990, Part X, col. (B) line 15.)			
(2) (3) (4) (5) (6) (7) (8) (9)	(a) Description (b) must equal Form 990, Part X, col. (B) line 15.)			b) Book value
(2) (3) (4) (5) (6) (7) (8) (9) Fotal. (Column	(a) Description (b) must equal Form 990, Part X, col. (B) line 15.) (b) must equal Form 990, Part X, col. (B) line 15.) (b) ther Liabilities. Complete if the organization answered "Yes" o			b) Book value
(2) (3) (4) (5) (6) (7) (8) (9) Fotal. (Column	(a) Description (b) must equal Form 990, Part X, col. (B) line 15.)			b) Book value
(2) (3) (4) (5) (6) (7) (8) (9) (9) (9) (0) (2) (1) (2) (2) (3) (3) (4) (4) (5) (6) (7) (7) (7) (7) (7) (7) (7) (7) (7) (7	(a) Description (b) must equal Form 990, Part X, col. (B) line 15.) (b) must equal Form 990, Part X, col. (B) line 15.) (b) ther Liabilities. Complete if the organization answered "Yes" o			b) Book value
(2) (3) (4) (5) (6) (7) (8) (9) Total. (Column Part X	(a) Description (a) Description (b) must equal Form 990, Part X, col. (B) line 15.) Other Liabilities. Complete if the organization answered "Yes" o line 25.	n Form 990, Part IV,		b) Book value
(2) (3) (4) (5) (6) (7) (8) (9) (9) (9) (0) (9) (0) (1) (1) (2) (2) (2) (2) (2) (3) (4) (5) (6) (7) (7) (7) (7) (7) (7) (7) (7) (7) (7	(a) Description (b) must equal Form 990, Part X, col. (B) line 15.) Other Liabilities. Complete if the organization answered "Yes" o line 25. (a) Description of liability	n Form 990, Part IV,		b) Book value
(2) (3) (4) (5) (6) (7) (8) (9) fotal. (Column Part X (1) Federal i (2)	(a) Description (b) must equal Form 990, Part X, col. (B) line 15.) Other Liabilities. Complete if the organization answered "Yes" o line 25. (a) Description of liability	n Form 990, Part IV,		b) Book value
(2) (3) (4) (5) (6) (7) (8) (9) otal. (Column Part X (1) Federal i (2) (3)	(a) Description (b) must equal Form 990, Part X, col. (B) line 15.) Other Liabilities. Complete if the organization answered "Yes" o line 25. (a) Description of liability	n Form 990, Part IV,		b) Book value
(2) (3) (4) (5) (6) (7) (8) (9) otal. (Column Part X (1) Federal i (2) (3) (4)	(a) Description (b) must equal Form 990, Part X, col. (B) line 15.) Other Liabilities. Complete if the organization answered "Yes" o line 25. (a) Description of liability	n Form 990, Part IV,		b) Book value
(2) (3) (4) (5) (6) (7) (8) (9) (otal. (Column Part X (1) Federal i (2) (3) (4) (5)	(a) Description (b) must equal Form 990, Part X, col. (B) line 15.) Other Liabilities. Complete if the organization answered "Yes" o line 25. (a) Description of liability	n Form 990, Part IV,		b) Book value
(2) (3) (4) (5) (6) (7) (8) (9) (0) (0) (0) (0) (1) (2) (3) (4) (5) (6)	(a) Description (b) must equal Form 990, Part X, col. (B) line 15.) Other Liabilities. Complete if the organization answered "Yes" o line 25. (a) Description of liability	n Form 990, Part IV,		b) Book value
(2) (3) (4) (5) (6) (7) (8) (9) (0) (0) (0) (0) (1) Federal i (2) (3) (4) (5) (6) (7)	(a) Description (b) must equal Form 990, Part X, col. (B) line 15.) Other Liabilities. Complete if the organization answered "Yes" o line 25. (a) Description of liability	n Form 990, Part IV,		b) Book value
(2) (3) (4) (5) (6) (7) (8) (9) (0) (0) (0) (0) (0) (1) Federal i (2) (3) (4) (5) (6) (7)	(a) Description (b) must equal Form 990, Part X, col. (B) line 15.) Other Liabilities. Complete if the organization answered "Yes" o line 25. (a) Description of liability	n Form 990, Part IV,		b) Book value
Part X (1) Federal i (2) (3) (4) (5) (6) (7) (8)	(a) Description (b) must equal Form 990, Part X, col. (B) line 15.) Other Liabilities. Complete if the organization answered "Yes" o line 25. (a) Description of liability	n Form 990, Part IV,		b) Book value

chedule D (Form 990) 2015 Building Lives Foundation		5584526	Page 4
Part XI Reconciliation of Revenue per Audited Financial S		ue per Return.	
Complete if the organization answered "Yes" on Form Total revenue, gains, and other support per audited financial statements	990, Part IV, line 12a.		502 200
<ul> <li>Amounts included on line 1 but not on Form 990, Part VIII, line 12:</li> </ul>	••••••••••••••••••••••••••••••		502,289
a Net unrealized gains (losses) on investments	2a		
<ul> <li>b Donated services and use of facilities</li> </ul>	2a		
c Recoveries of prior year grants	20		
d Other (Describe in Part XIII.)	2d		
e Add lines 2a through 2d	······ ( <u></u>	2e	
3 Subtract line 2e from line 1		3	502,289
4 Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
a Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b Other (Describe in Part XIII.)			
c Add lines 4a and 4b		4c	
5 Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.			502,289
Part XII Reconciliation of Expenses per Audited Financial S		ises per Return.	
Complete if the organization answered "Yes" on Form	990, Part IV, line 12a.		
			563,979
2 Amounts included on line 1 but not on Form 990, Part IX, line 25:			
a Donated services and use of facilities	2a		
b Prior year adjustments			
c Other losses			
d Other (Describe in Part XIII.) e Add lines 2a through 2d		2e	
- · · · · · · · · · · · · · · · · · · ·			563,979
<ul> <li>3 Subtract line 2e from line 1</li> <li>4 Amounts included on Form 990, Part IX, line 25, but not on line 1:</li> </ul>			000 010
a Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b Other (Describe in Part XIII.)			
c Add lines 4a and 4b		4c	
5 Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 1	B.)	5	563,979
Part XIII Supplemental Information.			
rovide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4	; Part IV, lines 1b and 2b; Par	t V, line 4; Part X, line	
; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to	provide any additional informa	tion.	
			• • • • • • • • • • • • • • • • • • • •

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Schedule D (Form 990) 2015	Building Lives ntal Information (continu	Foundation,	Inc	20-5584526	Page <b>5</b>
Part XIII Suppleme	ntal Information (continu	ed)			
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SCHEDULE G (Form 990 or 990-EZ)	Supplemental In		Din Regard	nng " on F	run	0, Part IV, lines 17, 18, or 19	ng Activities	OMB No. 1545-0047
		organization	entered more th	ian \$15,	000 on	Form 990-EZ, line 6a.	, or it the	2015
Department of the Treasury Internal Revenue Service	Information abo	ut Schedule	Attach to For G (Form 990 or 1)			n 990-EZ.	gov/form990.	Open to Public Inspection
Name of the organization							Employer identific	
	lding Lives 1						20-5584	526
Part I Form 990-E	g Activities. Comple	red to co	organization	on ar s nar	iswe t	red "Yes" on Form	n 990, Part IV, line	e 17.
	anization raised funds thro					Check all that apply.		
a 🗌 Mail solicitations		е [	-			vernment grants		
b 🗌 Internet and email s	olicitations	f	7		-	nent grants		
c		a [	Special fur	-		•		
d 🗌 In-person solicitatior	ıs	0 -						
2a Did the organization hav	e a written or oral agreeme	ent with ar	ıy individual (	includ	ing of	ficers, directors, truste	es	
or key employees listed	in Form 990, Part VII) or e	ntity in co	nnection with	profe	ssion	al fundraising services	?	Yes N
b If "Yes," list the ten high compensated at least \$5	5,000 by the organization.	ies (fundra	aisers) pursua	ant to	agree	ments under which the	e fundraiser is to be	
					d fund- r have		(v) Amount paid to	(vi) Amount paid to
	ldress of individual (fundraiser)		(ii) Activity	custo	ody or rol of	(iv) Gross receipts from activity	(or retained by) fundraiser listed in	(or retained by) organization
				contrib	utions?		coi. (i)	
				Yes	No			
1								
2						· · · · · · · · · · · · · · · · · · ·		
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3								
4								
5								
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10							Ð	
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	· · · · · · · · · · · · · · · · · · ·							
	o organization in registered					or has been petitied	t is even the	
<ol> <li>List all states in which the registration or licensing.</li> </ol>	e organization is registered	I OF IICENS	eu lo solicit c	Untrib	LIONS	or has been notified f	t is exempt from	
,								
					••••			
	• • • • • • • • • • • • • • • • • • • •			• • • • • • •				
					• • • • • •			

		reater than \$5,000. (a) Event #1	(b) Event #2	(c) Other events	
		Warahawaa aalaa		Nere	(d) Total events
		Warehouse sales (event type)	(event type)	(total number)	(add col. (a) through col. (c))
	1 Gross receipts	266,678			266,678
	<ol> <li>Less: Contributions</li> <li>Gross income (line 1 minus</li> </ol>				
	line 2)	266 <b>,</b> 678			266,678
	4 Cash prizes				
	5 Noncash prizes				
	6 Rent/facility costs				
	7 Food and beverages				
	8 Entertainment				
	9 Other direct expenses				
1	art III Gaming. Com than \$15,000 c	plete if the organization answ on Form 990-EZ, line 6a. (a) ^{Bingo}	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
	1 Gross revenue				
	2 Cash prizes				
	2 Cash prizes				
	3 Noncash prizes				
	3 Noncash prizes	Yes% No	Yes % No	Yes %	
	<ul> <li>3 Noncash prizes</li> <li>4 Rent/facility costs</li> <li>5 Other direct expenses</li> <li>6 Volunteer labor</li> </ul>	Yes%	No	No	
	<ul> <li>3 Noncash prizes</li> <li>4 Rent/facility costs</li> <li>5 Other direct expenses</li> <li>6 Volunteer labor</li> <li>7 Direct expense summary</li> </ul>	Yes %	i)	No.	
	<ul> <li>3 Noncash prizes</li> <li>4 Rent/facility costs</li> <li>5 Other direct expenses</li> <li>6 Volunteer labor</li> <li>7 Direct expense summary</li> <li>8 Net gaming income summary</li> </ul>	Yes % No Add lines 2 through 5 in column (c	Iumn (d)	No.	
a	<ul> <li>3 Noncash prizes</li> <li>4 Rent/facility costs</li> <li>5 Other direct expenses</li> <li>6 Volunteer labor</li> <li>7 Direct expense summary</li> <li>8 Net gaming income summary</li> <li>Enter the state(s) in which the</li> </ul>	Yes % No % Add lines 2 through 5 in column (on any. Subtract line 7 from line 1, co	Iumn (d)	▶ No.	

11 12	edule G (Form 990 or 990-EZ) 2015 Building Lives Foundation, Inc 20-55		Ver III						
	Does the organization conduct gaming activities with nonmembers? Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity	· · · · · · · · ·	Yes N						
	formed to administer charitable gaming?		Yes N						
13	Indicate the percentage of gaming activity conducted in:								
а	The organization's facility	13a	%						
b	An outside facility	13b							
14	Enter the name and address of the person who prepares the organization's gaming/special events books and records:		<b></b> _{adh}						
	Name ►								
	Address ►								
15a	Does the organization have a contract with a third party from whom the organization receives gaming revenue?		Yes No						
b	If "Yes," enter the amount of gaming revenue received by the organization  \$ and the								
	amount of gaming revenue retained by the third party <b>&gt;</b> \$ If "Yes," enter name and address of the third party:								
	Name ►								
	Address ►								
16	Gaming manager information:								
	Name ►								
	Gaming manager compensation <b>&gt;</b> \$								
	Gaming manager compensation ► \$								
17	Description of services provided ►         Director/officer       Employee         Independent contractor         Mandatory distributions:								
17 a	Description of services provided ►         Director/officer       Employee         Independent contractor         Mandatory distributions:         Is the organization required under state law to make charitable distributions from the gaming proceeds to								
а	Description of services provided ►         Director/officer       Employee         Independent contractor         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						
а	Description of services provided ►         Director/officer       Employee         Independent contractor         Mandatory distributions:         Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?         Enter the amount of distributions required under state law to be distributed to other exempt organizations or		Yes No						
a b	Description of services provided ►         Director/officer       Employee         Independent contractor         Mandatory distributions:         Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?	and (v);	; and						
a b	Description of services provided ►         Director/officer       Employee         Independent contractor         Mandatory distributions:         Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?         Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ► \$ <b>Supplemental Information.</b> Provide the explanations required by Part I, line 2b, columns (iii) a Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional inform	and (v);	; and						
a b	Description of services provided ►         Director/officer       Employee         Independent contractor         Mandatory distributions:         Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?         Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ► \$ <b>Supplemental Information.</b> Provide the explanations required by Part I, line 2b, columns (iii) a Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional inform	and (v);	; and						
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## SCHEDULE M (Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

## Noncash Contributions

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

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

OMB No. 1545-0047

2015 Open To Public Inspection

Employer identification number

	Building	Lives	5 Foundation	Inc	20-5	584526
P	art I Types of Property					
		(a) Check if applicable	(b) Number of contributions or items contributed	(C) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	Method o	(d) f determining tribution amounts
1	Art — Works of art				······	· · · · · · · · · · · · · · · · · · ·
2	Art — Historical treasures					
3	Art — Fractional interests			·····		
4	Books and publications					
5	Clothing and household					
	goods					
6	Cars and other vehicles					
7	Boats and planes					
8	Intellectual property					
9	Securities Publicly traded					
10	Securities Closely held stock					
11	Securities — Partnership, LLC,					
	or trust interests					
12	Securities — Miscellaneous					
13	Qualified conservation					
	contribution — Historic					
	structures					
14	Qualified conservation					
	contribution — Other					·····
15	Real estate — Residential					
16	Real estate — Commercial					
17	Real estate — Other					· · · · · · · · · · · · · · · · · · ·
18	Collectibles					
19	Food inventory					
20	Drugs and medical supplies				····	
21	Taxidermy				<u></u>	
22	Historical artifacts				· · · · · · · · · · · · · · · · · · ·	
23	Scientific specimens					
24	Archeological artifacts	V	1	71 100		
25	Other ►()	X	1	71,128		
26	Other ►()					
27	Other ►()					
28	Other ►( )			for each it which a for		
29	Number of Forms 8283 received by f	-			20	
	which the organization completed Fo	orm 8283,	Part IV, Donee Acknowle	agement	29	Yes No
20-	During the year, did the organization	rocoive b	contribution any proper	v reported in Part L lines '	1 through	
30a	28, that it must hold for at least three					
						30a X
h	to be used for exempt purposes for t If "Yes," describe the arrangement in					
ь 31	Does the organization have a gift ac		olicy that requires the re-	view of any non-standard		
31	contributions?					<u>31 X</u>
32a	Does the organization hire or use thi	rd parties	or related organizations t	o solicit, process, or sell n	oncash	32a X
L.						
b	If "Yes," describe in Part II.		aduma (a) for a tura of a	ronarty for which column /	a) is checked	
33	If the organization did not report an a	anount in (	column (c) for a type of p	operty for which column (	a) is thethed,	

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

describe in Part II.

Schedule M (Form 990) (2015)

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Schedule M (Form	990) (2015)	Building	Lives	Foundation,	Inc	20-5584526	Page <b>2</b>
Part II	the orga	mental Informa anization is repo	t <b>ion.</b> Prov rting in Pa	ide the information	required by number of	y Part I, lines 30b, 32b, and 33, and contributions, the number of items	whether received,
	0.000						· · · · · · · · · · · · · · · · · · ·
• • • • • • • • • • • • • • • • • • • •							
• • • • • • • • • • • • • • • • • • • •	· · · · · · · · · · · · · · · · · · ·						
						·····	
					••••••		
			• • • • • • • • • • • • • • • • • • • •				

SCHEDULE O (Form 990 or 990-EZ) Department of the Treasury Internal Revenue Service	Supplemental Information to Form 990 or 990-EZ         Complete to provide information for responses to specific questions on         Form 990 or 990-EZ or to provide any additional information.         ▶ Attach to Form 990 or 990-EZ.         ▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.					
Name of the organization	Building Lives Foundation, Inc	Employer identification 20-55845				
Form 990, I	Part VI, Line 11b - Organization's Proces	s to Review Fo	orm 990			
Form 990 is	s reviewed by executive director and one	director befor	ce it is			
submitted t	to the taxing authority; it is reviewed a	nd discussed a	at the next			
Board quart	cerly meeting.					
Form 990, I	Part VI, Line 19 - Governing Documents Di	sclosure Expla	anation			
Financial s	statements and other documents are made a	vailable to th	ne public			
upon writte	en request.					
,						
, ,						
			••••••••••••••••••••••••••••••••••••••			
		•				

Form <b>4562</b>		Depreciation and					OMB No. 1545-	0172
Department of the Treasury	(Inc	luding Information Attach to you		Property)			201	5
Internal Revenue Service (99)	Information about Formation	rm 4562 and its separat	e instruction	s is at www	.irs.gov/form	4562.	Attachment Sequence No.	179
Name(s) shown on return	Ruilding Lives F	loundotion T				ying num		
Business or activity to which this form	Building Lives F	oundation, I	nc		20-	-558	4526	
Indirect Depr								
	To Expense Certain Pro							
	ou have any listed proper	ty, complete Part V b	efore you c	complete F	Part I.			
1 Maximum amount (se						1	500	,000
<ol> <li>Total cost of section 1</li> <li>Threshold cost of sect</li> </ol>	79 property placed in service (s	ee instructions)		•••••		2	2 000	
4 Reduction in limitation	tion 179 property before reduction. Subtract line 3 from line 2. If z	ero or less enter -0-	ctions)		• • • • • • • • • • • • • • • • • •	3	2,000	,000
	ar. Subtract line 4 from line 1. If zero		ling separately,	see instruction	S	5		
6	(a) Description of property		Cost (business use		(c) Elected cost			
	<u> </u>							
7 Listada and Esta		·····						
	the amount from line 29	to in column (c) lines (		7				
	ection 179 property. Add amour Inter the <b>smaller</b> of line 5 or line	. 0				8		
	d deduction from line 13 of your				• • • • • • • • • • • • • • • • • • • •	10		
	ation. Enter the smaller of busin		n zero) or line	5 (see instru	ctions)	11		
12 Section 179 expense of	deduction. Add lines 9 and 10, b	out do not enter more than	n line 11			12		
13 Carryover of disallowe	d deduction to 2016. Add lines	9 and 10, less line 12	▶	13				
	Part III below for listed property.							
	epreciation Allowance a				listed prope	<u>erty.) (</u>	See instruction	1S.)
	llowance for qualified property (		•					
during the tax year (se 15 Property subject to se	-1	•••••				14 15		
16 Other depreciation (inc						16		,370
	Depreciation (Do not incl	ude listed property.)	(See instru	ctions.)		1 12 1		
		Section A						
17 MACRS deductions fo	r assets placed in service in tax	years beginning before 2	015		· · · · · · · · · · · · · · · · · · ·	17		0
	ny assets placed in service during the tax y							
	ection BAssets Placed in Se (b) Month and year		ear Using th	e General D	epreciation a	ystem		
(a) Classification of such			1 ( D D D D D D D D D D D D D D D D D D					
(a) Classification of prop	erty placed in	(c) Basis for depreciation (business/investment use only-see instructions)	(d) Recovery period	(e) Conventi	on (f) Meth	od	(g) Depreciation dec	duction
				(e) Conventi	on (f) Meth	od	(g) Depreciation dec	duction
	erty placed in	(business/investment use		(e) Conventi	on (f) Meth	od	(g) Depreciation dec	duction
19a 3-year property	erty placed in	(business/investment use		(e) Conventi	on (f) Meth	lod	(g) Depreciation dec	duction
19a3-year propertyb5-year propertyc7-year propertyd10-year property	erty placed in	(business/investment use		(e) Conventi	on (f) Meth	lod	(g) Depreciation dec	duction
19a3-year propertyb5-year propertyc7-year propertyd10-year propertye15-year property	erty placed in	(business/investment use		(e) Conventi	on (f) Meth	lod	(g) Depreciation dec	duction
19a3-year propertyb5-year propertyc7-year propertyd10-year propertye15-year propertyf20-year property	erty placed in	(business/investment use	period	(e) Conventi			(g) Depreciation dec	
19a3-year propertyb5-year propertyc7-year propertyd10-year propertye15-year propertyf20-year propertyg25-year property	erty placed in	(business/investment use	25 yrs.		S/L		(g) Depreciation dec	duction
19a3-year propertyb5-year propertyc7-year propertyd10-year propertye15-year propertyf20-year property	erty placed in	(business/investment use	25 yrs. 27.5 yrs.	(e) Conventi	S/L		(g) Depreciation dec	duction
19a3-year propertyb5-year propertyc7-year propertyd10-year propertye15-year propertyf20-year propertyg25-year propertyhResidential rental	erty placed in	(business/investment use	25 yrs.	MM	S/L		(g) Depreciation dec	
19a3-year propertyb5-year propertyc7-year propertyd10-year propertye15-year propertyf20-year propertyg25-year propertyhResidential rental propertyiNonresidential real property	erty placed in service	(business/investment use only-see instructions)	25 yrs. 27.5 yrs. 27.5 yrs. 39 yrs.	MM MM MM MM	S/L S/L S/L S/L S/L S/L			
19a3-year propertyb5-year propertyc7-year propertyd10-year propertye15-year propertyf20-year propertyg25-year propertyhResidential rental propertyiNonresidential real property	erty placed in	(business/investment use only-see instructions)	25 yrs. 27.5 yrs. 27.5 yrs. 39 yrs.	MM MM MM MM	S/L S/L S/L S/L S/L S/L			
19a       3-year property         b       5-year property         c       7-year property         d       10-year property         e       15-year property         f       20-year property         g       25-year property         h       Residential rental property         i       Nonresidential real property         Sec         20a       Class life	erty placed in service	(business/investment use only-see instructions)	25 yrs. 25 yrs. 27.5 yrs. 27.5 yrs. 39 yrs. ar Using the	MM MM MM MM	S/L S/L S/L S/L Depreciation S/L	System		
19a       3-year property         b       5-year property         c       7-year property         d       10-year property         e       15-year property         e       15-year property         f       20-year property         g       25-year property         h       Residential rental property         i       Nonresidential real property         i       Nonresidential real property         Sec       20a         Class life       b         b       12-year	erty placed in service	(business/investment use only-see instructions)	25 yrs. 27.5 yrs. 27.5 yrs. 39 yrs. ar Using the 12 yrs.	MM MM MM Alternative	S/L S/L S/L S/L S/L S/L Depreciation S/L S/L	Systen		
19a       3-year property         b       5-year property         c       7-year property         d       10-year property         e       15-year property         e       15-year property         f       20-year property         g       25-year property         h       Residential rental property         i       Nonresidential real property         i       Nonresidential real property         Sec       20a         Class life       b         b       12-year         c       40-year	erty placed in service	(business/investment use only-see instructions)	25 yrs. 25 yrs. 27.5 yrs. 27.5 yrs. 39 yrs. ar Using the	MM MM MM MM	S/L S/L S/L S/L Depreciation S/L	Systen		
19a       3-year property         b       5-year property         c       7-year property         d       10-year property         e       15-year property         f       20-year property         g       25-year property         h       Residential rental property         i       Nonresidential real property         Sec       20a         Class life       b         b       12-year         c       40-year         Part IV       Summary	erty placed in service	(business/investment use only-see instructions)	25 yrs. 27.5 yrs. 27.5 yrs. 39 yrs. ar Using the 12 yrs.	MM MM MM Alternative	S/L S/L S/L S/L S/L S/L Depreciation S/L S/L	Systen		
19a       3-year property         b       5-year property         c       7-year property         d       10-year property         e       15-year property         e       15-year property         f       20-year property         g       25-year property         h       Residential rental property         i       Nonresidential real property         Sec       20a         Class life       b         b       12-year         c       40-year         Part IV       Summary         21       Listed property. Enter	erty placed in service	(business/investment use only-see instructions)	25 yrs. 27.5 yrs. 27.5 yrs. 39 yrs. ar Using the 12 yrs. 40 yrs.	MM MM MM Alternative	S/L S/L S/L S/L S/L S/L Depreciation S/L S/L	System		
19a       3-year property         b       5-year property         c       7-year property         d       10-year property         e       15-year property         e       15-year property         f       20-year property         g       25-year property         h       Residential rental property         i       Nonresidential real property         Sec       20a         Class life       b         b       12-year         c       40-year         Part IV       Summary         21       Listed property. Enter         22       Total. Add amounts fr	tion C—Assets Placed in Service	(business/investment use only-see instructions)	25 yrs. 27.5 yrs. 27.5 yrs. 27.5 yrs. 39 yrs. ar Using the 12 yrs. 40 yrs.	MM MM MM Alternative MM 21. Enter	S/L S/L S/L S/L S/L S/L Depreciation S/L S/L	System	n	
19a       3-year property         b       5-year property         c       7-year property         d       10-year property         e       15-year property         f       20-year property         g       25-year property         h       Residential rental property         i       Nonresidential real property         ii       Nonresidential real property         Sec       20a         Class life       b         b       12-year         c       40-year         Part IV       Summary         21       Listed property         Enter       Total. Add amounts framere and on the approximation	tion C—Assets Placed in Service	(business/investment use only-see instructions)	period           25 yrs.           27.5 yrs.           27.5 yrs.           39 yrs.           ar Using the           12 yrs.           40 yrs.           n (g), and line           ns—see instru	MM MM MM Alternative MM 21. Enter	S/L S/L S/L S/L S/L S/L Depreciation S/L S/L	System	n	, <u>370</u>