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Form **990** 

Department of the Treasury
Internal Revenue Service

# **Return of Organization Exempt From Income Tax**

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

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

2009

Open to Public Inspection

A For the 2009 calendar year, or tax year beginning 01-01-2009 and ending 12-31-2009 D Employer identification number Name of organization B Check if applicable Please MASTER BUILDERS ASSOCIATION OF KING AND SNOHOMISH COUNTIES use IRS label or Address change 91-0658930 Doing Business As E Telephone number print or type. See Name change (425)451-7920Specific Initial return Number and street (or P O box if mail is not delivered to street address) Room/suite 335 116TH AVE SE Instruc-G Gross receipts \$ 7,981,744 Terminated tions. Amended return City or town, state or country, and ZIP + 4 BELLEVUE, WA 98004 Application pending Name and address of principal officer H(a) Is this a group return for SAM ANDERSON affiliates? 335 116TH AVE SE BELLEVUE, WA 98004 H(b) Are all affiliates included? If "No," attach a list (see instructions) Tax-exempt status Group exemption number 🕨 Website: ► WWW MBAKS COM K Form of organization 
✓ Corporation 
☐ Trust 
☐ Association 
☐ Other ► L Year of formation 1909 M State of legal domicile Summary 1 Briefly describe the organization's mission or most significant activities To promote and protect the viability of the home building industry Activities & Governance Check this box 📂 if the organization discontinued its operations or disposed of more than 25% of its net assets Number of voting members of the governing body (Part VI, line 1a) . . 31 Number of independent voting members of the governing body (Part VI, line 1b)  $\,$  .  $\,$  . 31 50 Total number of employees (Part V, line 2a) . 1,000 Total number of volunteers (estimate if necessary) . . . 250,837 Total gross unrelated business revenue from Part VIII, column (C), line 12 . Net unrelated business taxable income from Form 990-T, line 34 **Prior Year Current Year** 8 Contributions and grants (Part VIII, line 1h) . 300,964 210,596 Program service revenue (Part VIII, line 2g) . 8,896,689 6,522,390 Investment income (Part VIII, column (A), lines 3, 4, and 7d) . 287,333 173,671 10 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 508,501 704,469 11 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12 9,993,487 7,611,126 75,210 13 171,333 Grants and similar amounts paid (Part IX, column (A), lines 1-3) . 14 Benefits paid to or for members (Part IX, column (A), line 4) . . 0 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-Expenses 3,462,017 2,963,973 16a Professional fundraising fees (Part IX, column (A), line 11e) . . . 0 b Total fundraising expenses (Part IX, column (D), line 25)  $\blacktriangleright$ Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f) . 5,850,914 17 6,220,414 18 Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25) 9,853,764 8,890,097 Revenue less expenses Subtract line 18 from line 12 . 139,723 -1,278,971 t Assets or nd Balances Beginning of Current **End of Year** Year 17,383,789 16,993,907 20 Total assets (Part X, line 16) . 21 Total liabilities (Part X, line 26) . 4,366,982 4,441,529 Net assets or fund balances Subtract line 21 from line 20 22 13,016,807 12,552,378 Part II Signature Block Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge Sian 2010-11-12 Signature of officer Here RICK MILLER COO Type or print name and title Date Check if Preparer's identifying number Preparer's 2010-11-12 Sara Elizabeth J Hyre (see instructions) Paid empolyed 🕨 🦵 Preparer's Firm's name (or yours Clark Nuber PS EIN ▶ if self-employed), **Use Only** address, and ZIP + 4 10900 NE 4th Street Suite 1700 Phone no (425) 454-4919 Bellevue, WA 98004 May the IRS discuss this return with the preparer shown above? (see instructions) . . .

Cat No 11282Y

#### Part III Statement of Program Service Accomplishments

Briefly describe the organization's mission

TO TAKE AN ACTIVE ROLE IN ALL FACETS OF HOME CONSTRUCTION IN THE PUGET SOUND REGION WITH A STAFF OF PROFESSIONALS, THE MEMBERSHIP IS DEDICATED TO PROVIDING A WIDE RANGE OF HOUSING CHOICES, INCLUDING AFFORDABLE PRODUCTS FOR THE IMPORTANT FIRST-TIME BUYER MARKET

2		on undertake any significant pr 0 or 990-EZ?	ogram services during the year whi	ch were not listed on	Yes ✓ No
	If "Yes," describe	these new services on Schedul	e O		
3			ignificant changes in how it conduc		Yes ✓ No
	If "Yes," describe	these changes on Schedule O			
4	Section 501(c)(3	) and 501(c)(4) organizations a	ach of the organization's three larg nd section 4947(a)(1) trusts are re	equired to report the amount	
	allocations to oth	ers, the total expenses, and rev	enue, if any, for each program serv	ice reported	
4a	(Code	) (Expenses \$	ıncludıng grants of \$	) (Revenue \$	)
	INTERACTION WITH THE HOUSING CONS	GOVERNMENT, INNOVATIONS IN PROI	G AND SNOHOMISH COUNTIES THROUGH I DUCTS AND TECHNOLOGY WITH MORE TH SERVICES, PROGRAMS, LEGISLATIVE REPI	AN 3,300 MEMBER COMPANIES, R	EPRESENTING ALL FACETS OF
4b	(Code	) (Expenses \$	including grants of \$	) (Revenue \$	)
	-				
4c	(Code	) (Expenses \$	including grants of \$	) (Revenue \$	)
	Other pressure :	arusas (Dasariba in Cabadilla	0.)		
4d		ervices (Describe in Schedule		/Payanua #	,
	(Expenses \$		grants of \$	) (Revenue \$	)
4e	Total program se	ervice expenses►\$			

art TV	Chec	list of	Peguired	Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1		Νο
2	Is the organization required to complete Schedule B, Schedule of Contributors? 🕏	2	Yes	
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	Yes	
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II	4		
5	Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III	5	Yes	
6	Did the organization maintain any donor advised funds or any similar funds or accounts where 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		No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? <i>If "Yes," complete Schedule D, Part II</i>	7		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		Νο
9	Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV.	9		Νο
10	Did the organization, directly or through a related organization, hold assets in term, permanent,or quasi- endowments? If "Yes," complete Schedule D, Part V	10		Νo
11	Is the organization's answer to any of the following questions "Yes"? If so,complete Schedule D,  Parts VI, VII, VIII, IX, or X as applicable	11	Yes	
	◆ Did the organization report an amount for land, buildings, and equipment in Part X, line10? If "Yes," complete Schedule D, Part VI.			
	◆ 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.			
	◆ 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.			
	◆ 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.			
	◆ Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X.			
	◆ Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48? If "Yes," complete Schedule D, Part X.			
12	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI, XII, and XIII	12		No
12A	Was the organization included in consolidated, independent audited financial statements for the tax year? Yes No			
	If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional			
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Νο
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		No
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the United States? <i>If</i> " <i>Yes,"</i> complete Schedule F, Part I	14b		No
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the U S? <i>If</i> " <i>Yes," complete Schedule F, Part II</i>	15		Νο
16	Did the organization report on Part IX, column (A), line 3, more than $$5,000$ of aggregate grants or assistance to individuals located outside the U S ? If "Yes," complete Schedule F, Part III	16		Νο
17	Did the organization report a total of more than \$15,000, of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If</i> "Yes," complete Schedule G, Part I	17		Νο
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If</i> "Yes," complete Schedule G, Part II	18	Yes	
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		N o
20	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20		Νo

Par	t IV Checklist of Required Schedules (continued)			
21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	Yes	
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		No
23	Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	23	Yes	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer questions 24b-24d and complete Schedule K. If "No," go to line 25	24a		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part $I$	25a		
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		
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? If "Yes," complete Schedule L, Part III	27		No
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			
	<i>IV</i>	28a		Νο
	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		No
c	An entity of which a current or former officer, director, trustee, or key employee of the organization (or a family member) was an officer, director, trustee, or owner? If "Yes," complete Schedule L, Part IV	28c		No
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	Yes	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		No
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		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33		No
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1	34	Yes	
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35		No
36	<b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36		
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19?  Note. All Form 990 filers are required to complete Schedule O	38	Yes	
		F	orm <b>990</b>	(2009)

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Part V	Statements Regarding Other IRS Filings and Tax Compliance
	·

			Yes	No
а	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of U.S. Information Returns. Enter -0- if not applicable			
	1a 70			
	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable  1b  0			
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	<b>1</b> c	Yes	
•	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			
h	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?			
_	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return (see instructions)	2b	Yes	
	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?	3a	Yes	
Ь	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b	Yes	
)	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		Νo
b	If "Yes," enter the name of the foreign country   See the instructions for exceptions and filing requirements for Form TD F 90-22 1, Report of Foreign Bank and			
	Financial Accounts			
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		Νo
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		Νo
2	If "Yes" to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction?	5c		
	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?	6a	Yes	
)	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b	Yes	
	Organizations that may receive deductible contributions under section 170(c).			
3	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		
)	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
=	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		
d	If "Yes," indicate the number of Forms 8282 filed during the year			
e	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		
	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		
J	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?	7g		
1	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?	7h		
	<b>Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations.</b> Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	8		
	Sponsoring organizations maintaining donor advised funds.			
3	Did the organization make any taxable distributions under section 4966?	9a		
)	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		
	Section 501(c)(7) organizations. Enter			
3	Initiation fees and capital contributions included on Part VIII, line 12 10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
	Section 501(c)(12) organizations. Enter			
3	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them )			
a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			

335 116TH AVE SE BELLEVUE, WA 98004 (425) 451-7920

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

Se	ection A. Governing Body and Management			
			Yes	No
	Entrophy months of the common falls and the common had a			
1a b	Enter the number of voting members of the governing body 1a 31  Enter the number of voting members that are independent 1b 31			
ъ 2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any			
2	other officer, director, trustee, or key employee?	2		Νo
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		Νο
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?	4		Νo
5	Did the organization become aware during the year of a material diversion of the organization's assets?	5		Νo
6	Does the organization have members or stockholders?	6	Yes	
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?	7a	Yes	
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7b	Yes	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following			
а	The governing body?	8a	Yes	
b	Each committee with authority to act on behalf of the governing body?	8b	Yes	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		Νο
	ection B. Policies (This Section B requests information about policies not required by the Internal			
Re	evenue Code.)		24	
4.0			Yes	No
	Does the organization have local chapters, branches, or affiliates?	10a		No
	affiliates, and branches to ensure their operations are consistent with those of the organization?	10b		
11		11		Νο
11A	Describe in Schedule O the process, if any, used by the organization to review the Form 990			
12a	Does the organization have a written conflict of interest policy? If "No," go to line 13	12a	Yes	
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes	
c	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done	12c	Yes	
13	Does the organization have a written whistleblower policy?	13	Yes	
14	Does the organization have a written document retention and destruction policy?	14	Yes	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a	Yes	
b	Other officers or key employees of the organization	15b		Νo
	If "Yes" to line a or b, describe the process in Schedule O (See instructions )			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a		Νο
b	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the			
_	organization's exempt status with respect to such arrangements?	16b		
Se	ection C. Disclosure			
17	List the States with which a copy of this Form 990 is required to be filed▶			
18	Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c) (3)s only) available for public inspection. Indicate how you make these available. Check all that apply			
19	Own website Another's website Vupon request  Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public. See Additional Data Table			
20	State the name, physical address, and telephone number of the person who possesses the books and records of the	ne orga	ınızatıor	n <b>)</b> =
	JEFF DANKS	3-		

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

#### 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. Use Schedule J-2 if additional space is needed

- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation, and current key employees Enter -0- in columns (D), (E), and (F) if no compensation was paid
- List all of the organization's current key employees. 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, or highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations

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

Check this box if the organization did i	not compen	sate any	y curi	rent	or fo	rmer	ffice	r, dırector, trustee	or key employee	
<b>(A)</b> Name and Title	(B) Average hours	<b>(C)</b> Position (check all that apply)						<b>(D)</b> Reportable compensation	<b>(E)</b> Reportable compensation	<b>(F)</b> Estimated amount of other
	per week	Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	from the organization (W- 2/1099-MISC)	from related organizations (W- 2/1099- MISC)	compensation from the organization and related organizations
See add'l data										

1b	Total	0		273,144
2	Total number of individuals (including but not limited to those listed above) who received more than \$100,000 in reportable compensation from the organization \( \blacktriangle 4\)			
			Yes	No
3	Did the organization list any <b>former</b> officer, director or trustee, key employee, or highest compensated employee on line 1a? <i>If</i> " <i>Yes,"</i> complete Schedule <i>J</i> for such individual	3		No
4	For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual			
	Individual	4	Yes	
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization for services rendered to the organization? If "Yes," complete Schedule I for such person	5		Νο
<u>S</u>	ection B. Independent Contractors			
1	Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization			
	(A) Name and business address  (B) Description of services	Compe		
2	Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization ▶0			
		F	orm <b>99</b> 0	(2009)

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Form 990 (2009)

# Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns.								
A	ll other organizations must complete column (A) but are not required to o	complete column			(D)			
	ot include amounts reported on lines 6b, o, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	( <b>D)</b> Fundraising expenses			
1	Grants and other assistance to governments and organizations in the U S See Part IV, line 21	75,210						
2	Grants and other assistance to individuals in the U.S. See Part IV, line 22	73/210						
3	Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16							
4	Benefits paid to or for members							
5	Compensation of current officers, directors, trustees, and key employees	563,434						
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)							
7	Other salaries and wages	2,019,082						
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	150,655						
9	Other employee benefits	192,647						
10	Payroll taxes	38,155						
11	Fees for services (non-employees)							
а	Management							
ь	Legal	67,967						
	Accounting	28,000						
ا ا		46,000						
d	Lobbying	46,000						
e £		27.061						
f -	Investment management fees	37,061						
g		524,452						
12	Advertising and promotion	499,517						
13	Office expenses	432,700						
14	Information technology							
15	Royalties							
16	Occupancy	287,714						
17 18	Travel	72,305			_			
	state, or local public officials							
19	Conferences, conventions, and meetings	142,518						
20	Interest	180,903						
21	Payments to affiliates	981,395						
22	Depreciation, depletion, and amortization	494,990						
23	Insurance	30,090						
24	Other expenses Itemize expenses not covered above (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below)							
а	CENTENNIAL CELEBRATION	1,048,382						
ь	EVENT EXPENSES	434,127						
С	TAXES AND FEES	181,854						
d	CLAIMS EXPENSE	140,000						
e	DONATIONS & GIFTS	111,453						
f	All other expenses	109,486						
25	Total functional expenses. Add lines 1 through 24f	8,890,097						
26	Joint costs. Check here ► ☐ If following SOP 98-2  Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation							

Pa	rt X	Balance Sheet								
					(A) Beginning of year		(B) End of year			
	1	Cash—non-interest-bearing			95,571	1	584,126			
	2	Savings and temporary cash investments	275,451	2	345,363					
	3	Pledges and grants receivable, net		3						
	4	Accounts receivable, net	346,663	4	273,831					
	5	Receivables from current and former officers, directors, trustees highest compensated employees. Complete Part II of	m current and former officers, directors, trustees, key employees, and							
		Schedule L				5				
	6	Receivables from other disqualified persons (as defined under spersons described in section $4958(c)(3)(B)$ Complete Part II of		4958(f)(1)) and						
Assets		Schedule L				6				
	7	Notes and loans receivable, net				7				
	8	Inventories for sale or use				8				
	9	Prepaid expenses and deferred charges			238,526	9	122,152			
	10a	Land, buildings, and equipment cost or other basis <i>Complete</i> Part VI of Schedule D	10a	11,212,653						
	ь	Less accumulated depreciation	10b	2,435,034	9,137,114	10c	8,777,619			
	11	Investments—publicly traded securities			6,541,554	11	5,887,528			
	12	Investments—other securities See Part IV, line 11		12						
	13	Investments—program-related See Part IV, line 11		13						
	14	Intangible assets		14						
	15	Other assets See Part IV, line 11	748,910	15	1,003,288					
	16	Total assets. Add lines 1 through 15 (must equal line 34)			17,383,789	16	16,993,907			
	17	Accounts payable and accrued expenses .			790,024	17	778,163			
	18	Grants payable				18				
	19	Deferred revenue		553,584	19	407,564				
	20	Tax-exempt bond liabilities			20					
ē	21	Escrow or custodial account liability Complete Part IV of Schedul			21					
Liabilities	22	Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified								
ä		persons Complete Part II of Schedule L			22					
	23	Secured mortgages and notes payable to unrelated third parties		2,151,158	23	2,090,346				
	24	Unsecured notes and loans payable to unrelated third parties				24				
	25	Other liabilities Complete Part X of Schedule D		872,216	25	1,165,456				
	26	Total liabilities. Add lines 17 through 25		4,366,982	26	4,441,529				
ې		Organizations that follow SFAS 117, check here ▶ 🔽 and comp	let e li	ines 27						
9		through 29, and lines 33 and 34.								
<u>a</u>	27	Unrestricted net assets		12,940,335		12,530,949				
ä	28	Temporarily restricted net assets	76,472	28	21,429					
Fund Balances	29	Permanently restricted net assets				29				
⊒		Organizations that do not follow SFAS 117, check here ► an	d com	plete						
ō		lines 30 through 34.				20				
Assets	30	Capital stock or trust principal, or current funds				30				
Š	31	Paid-in or capital surplus, or land, building or equipment fund				31				
	32	Retained earnings, endowment, accumulated income, or other fu	mas		12.016.807	32	12 552 279			
Net	33	Total labelities and not posses (find belongs			13,016,807	33	12,552,378			
	34	Total liabilities and net assets/fund balances			17,383,789	34	16,993,907			

#### Part XI Financial Statements and Reporting

			Yes	No				
1	Accounting method used to prepare the Form 990							
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?							
b	<b>b</b> Were the organization's financial statements audited by an independent accountant?							
c	If "Yes," to 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?  If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O							
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a consolidated basis, separate basis, or both							
	Separate basis Consolidated basis Both consolidated and separated basis							
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?	3a		Νο				
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						

Form **990** (2009)

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DLN: 93493316046260

# OMB No 1545-0047

#### **SCHEDULE C** (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

## **Political Campaign and Lobbying Activities**

For Organizations Exempt From Income Tax Under section 501(c) and section 527 ► Complete if the organization is described below.

► Attach to Form 990 or Form 990-EZ. ► See separate instructions.

Inspection

If the organization answered "Yes," to Form 990, Part IV, Line 3, or Form 990-EZ, Part VI, line 46 (Political Campaign Activities),

- Section 501(c)(3) organizations Complete Parts I-A and B Do not complete Part I-C
- ◆ Section 501(c) (other than section 501(c)(3)) organizations Complete Parts I-A and C below Do not complete Part I-B
- ◆ Section 527 organizations Complete Part I-A only

If the organization answered "Yes," to Form 990, Part IV, Line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

	, , , , , , , , , , , , , , , , , , , ,	•	, ,		• • •		
• Se	ection 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)) Complete Part	II-A Do	not c	omplet	e Part II-B		
• Se	ection 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)) Complete	e Part II-	B Do	not co	mplete Part	: II-A	
	e organization answered "Yes," to Form 990, Part IV, Line 5 (Proxy Tax) or Form 990-EZ, Iir	ne 35a (	rega	rding	proxy tax	), then	
∙ Se	ection 501(c)(4), (5), or (6) organizations Complete Part III						_
	me of the organization STER BUILDERS ASSOCIATION OF	Employ	erıde	ntıfıca	ition numbe	er	
	IC AND CHOUGHTCH COUNTY CO	91-065	50020	<b>1</b>			
)a r	t I-A Complete if the organization is exempt under section 501(c) or is a s				anizatio	n	-
				, 0.5	James	••••	
1	Provide a description of the organization's direct and indirect political campaign activities in Par	t I V					
2	Political expenditures		F	\$			_
3	Volunteer hours						
							_
Par	t I-B Complete if the organization is exempt under section 501(c)(3).						-
1	Enter the amount of any excise tax incurred by the organization under section 4955		•	\$			_
2	Enter the amount of any excise tax incurred by organization managers under section 4955		<b>&gt;</b>	\$			_
3	If the organization incurred a section 4955 tax, did it file Form 4720 for this year?				☐ Yes	┌ No	
4a	Was a correction made?				☐ Yes	┌ No	
b	If "Yes," describe in Part IV						
Pai	t I-C Complete if the organization is exempt under section 501(c) except :	sectio	n 50	)1(c)	(3).		
1	Enter the amount directly expended by the filing organization for section 527 exempt function ac	tivities	<b> -</b> -	\$			
2	Enter the amount of the filing organization's funds contributed to other organizations for section !	527					
	exempt funtion activities		•	\$			-
3	Total exempt function expenditures Add lines 1 and 2 Enter here and on Form 1120-POL, line	17b	<b>F</b>	\$			
4	Did the filing organization file Form 1120-POL for this year?			. –	┌ Yes	┌ No	
_	Chatable many address and application depth above (CIN) of all another 527 military						

State the names, addresses and employer identification number (EIN) of all section 527 political organizations to which payments were made. For each organization listed, enter the amount paid from the filing organization's funds. Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC) If additional space is needed, provide information in Part IV

(a) Name	(b) Address	(c) EIN	(d) A mount paid from filing organization's funds If none, enter - 0-	(e) A mount of political contributions received and promptly and directly delivered to a separate political organization If none, enter - 0-
FORWARD SEATTLE	PO BOX 2182 SEATTLE, WA 98111			10,000
AFFORDABLE HOUSING COUNCIL	335 116TH AVE SE BELLEVUE, WA 98004	91-1117605		150,000
NO ON INITIATIVE 1033 COMMITTEE	603 STEWART ST 819 SEATTLE, WA 98101			25,000

e Grassroots ceiling amount (150% of line 2d, column (e))

**f** Grassroots lobbying expenditures

Pa	rt II-A Complete if the organization under section 501(h)).	is exempt under	section 501(c	)(3) and file	d Form 5768	(election
	Check   If the filing organization belongs to a Check   If the filing organization checked box		d" provisions apply	,		
<u> </u>	Limits on Lobbying E  (The term "expenditures" means ar	Expenditures			(a) Filing Organization's Totals	(b) Affiliated Group Totals
1a	Total lobbying expenditures to influence public o	ppinion (grass roots lob	bying)			
b	Total lobbying expenditures to influence a legisla	ative body (direct lobby	yıng)			
c	Total lobbying expenditures (add lines 1a and 18	b)				
d	Other exempt purpose expenditures					
e	Total exempt purpose expenditures (add lines 1	c and 1d)				
f	Lobbying nontaxable amount Enter the amount f	from the following table	ın both			
	If the amount on line 1e, column (a) or (b) is: Not over \$500,000	The lobbying nontaxa 20% of the amount on lir				
	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the	e excess over \$500,00	0		
	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the	e excess over \$1,000,0	000		
	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the	excess over \$1,500,00	00		
	Over \$17,000,000	\$1,000,000				
		•				
g	Grassroots nontaxable amount (enter 25% of lin	ne 1 f)				
h	Subtract line 1g from line 1a If zero or less, enter	er -0-				
i	Subtract line 1f from line 1c If zero or less, ente	er - 0 -				
j	If there is an amount other than zero on either li section 4911 tax for this year?	ne 1h or line 1ı, did the	organization file F	orm 4720 repoi	rtıng	┌ Yes ┌ No
	(Some organizations that made a columns below. See the	he instructions fo	ection do not l r lines 2a thro	nave to com ugh 2f on pa		ne five
	Lobbying Exp	enditures During	4-Year Averag	ing Period	I	ı
	Calendar year (or fiscal year beginning in)	(a) 2006	<b>(b)</b> 2007	<b>(c)</b> 2008	( <b>d)</b> 2009	<b>(e)</b> Total
2a	Lobbying non-taxable amount					
b	Lobbying ceiling amount (150% of line 2a, column(e))					
c	Total lobbying expenditures					
d	Grassroots non-taxable amount					

Sche	dule C (Form 990 or 990-EZ) 20	009				Р	age <b>3</b>
Pa	rt II-B Complete if the c (election under s	organization is exempt under s section 501(h)).	ection 501(c)(3) and has f	NOT fi	led Fo	rm 576	
				(a	a)	(b)	
				Yes	No	A mou	nt
1		ganization attempt to influence foreign, pt to influence public opinion on a legisl					
а	Volunteers?						
b	Paid staff or management (inclu	ide compensation in expenses reported	on lines 1c through 1ı)?				
c	Media advertisements?						
d	Mailings to members, legislator	s, or the public?					
e	Publications, or published or bro	oadcast statements?					
f	Grants to other organizations fo	r lobbying purposes?					
g	Direct contact with legislators,	their staffs, government officials, or a le	gislative body?				
h	Rallies, demonstrations, semina	ars, conventions, speeches, lectures, o	any similar means?				
i	Other activities? If "Yes," desc						
j	Total lines 1c through 1i						
2a	Did the activities in line 1 caus	e the organization to be not described ii	n section 501(c)(3)?				
ь		y tax incurred under section 4912	, ,, ,				
		· ıy tax ıncurred by organızatıon manager	s under section 4912		-		
	·	d a section 4912 tax, did it file Form 47			i t		
Par	t III-A Complete if the of 501(c)(6).	organization is exempt under s	ection 501(c)(4), section 5	5 <b>01</b> (c	)(5), o		
1	Wara substantially all (90% or	more) dues received nondeductible by r	namhara?			Yes	No No
2	• •	·			<b>⊢</b>	2	+
		in-house lobbying expenditures of \$2,0			_	<b>3</b> Yes	No
3		arryover lobbying and political expenditi		-01/-		-	
Par		organization is exempt under s H Part III-A, lines 1 and 2 are					on
1	Dues, assessments and similar	amounts from members		1		2,33	35,321
2	Section 162(e) non-deductible expenses for which the section	lobbying and political expenditures (do 527(f) tax was paid).	not include amounts of political				
а	Current year			2a		22	20,500
b	Carryover from last year			2b		-12	21,500
c	Total			2c		ç	9,000
3	Aggregate amount reported in s	ection 6033(e)(1)(A) notices of nonde	luctible section 162(e) dues	3		35	0,298
4		ount on line 2c exceeds the amount on carryover to the reasonable estimate of		4			
5		political expenditures (see instruction	5)	5		-25	51,298
	art IV Supplemental In		•		1		,
Со	mplete this part to provide the de	scriptions required for Part I-A, line 1,	Part I-B, line 4, Part I-C, line 5, an	d Part	II-B, line	11	
Als	o, complete this part for any add						
	Ident if ier	Ret urn Reference	Explana	t ion			

DLN: 93493316046260

OMB No 1545-0047

Open to Public

Inspection

**SCHEDULE D** (Form 990)

Department of the Treasury Internal Revenue Service

**Supplemental Financial Statements** ► Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.

► Attach to Form 990. ► See separate instructions.

Name of the organization MASTER BUILDERS ASSOCIATION OF **Employer identification number** 

KING	AND SNOHOMISH COUNTIES		91-0	658930		
Par			unds o	or Accounts.	Complete if	the
	organization answered "Yes" to Form 99	(a) Donor advised funds	(1	<b>b)</b> Funds and other	er accounts	
	otal number at end of year	(a) Bener davised lands	,	b) i anas ana oen	er accounts	
	Aggregate contributions to (during year)					
	Aggregate grants from (during year)					
	Aggregate value at end of year					
	Did the organization inform all donors and donor adv funds are the organization's property, subject to the		nor advis	sed	┌ Yes ┌	No
•	Did the organization inform all grantees, donors, and used only for charitable purposes and not for the ber conferring impermissible private benefit	donor advisors in writing that grant funds	•	· purpose	┌ Yes ┌	No
ar	Conservation Easements. Complete	ıf the organization answered "Yes" t	o Form	990, Part IV,	line 7.	
	Purpose(s) of conservation easements held by the o Preservation of land for public use (e g , recreat Protection of natural habitat Preservation of open space Complete lines 2a-2d if the organization held a qualeasement on the last day of the tax year	on or pleasure) Preservation of an Preservation of a c	certified	historic structur		
				Held at the En	nd of the Year	r
а	Total number of conservation easements		2a			
ь	Total acreage restricted by conservation easements		2b			
c	Number of conservation easements on a certified his	storic structure included in (a)	2c			
d	Number of conservation easements included in (c) a	cquired after 8/17/06	2d			
	Number of conservation easements modified, transfethe taxable year 🛌			e organızatıon du	ring	
	Number of states where property subject to conserv Does the organization have a written policy regardin enforcement of the conservation easements it holds	g the periodic monitoring, inspection, hand		violations, and	┌ Yes ┌	No
	Staff and volunteer hours devoted to monitoring, ins					
	A mount of expenses incurred in monitoring, inspecti		_	the year 🟲 \$		—
	Does each conservation easement reported on line 2 170(h)(4)(B)(i) and 170(h)(4)(B)(ii)?	2(d) above satisfy the requirements of sec	tion		┌ Yes ┌	No
	In Part XIV, describe how the organization reports c balance sheet, and include, if applicable, the text of the organization's accounting for conservation easer	the footnote to the organization's financia		•		
art	Organizations Maintaining Collection Complete if the organization answered		or Oth	er Similar As	sets.	
	If the organization elected, as permitted under SFA S art, historical treasures, or other similar assets held provide, in Part XIV, the text of the footnote to its fir	for public exhibition, education or resear	ch ın fur			
_	If the organization elected, as permitted under SFAS historical treasures, or other similar assets held for provide the following amounts relating to these items	public exhibition, education, or research i				
	(i) Revenues included in Form 990, Part VIII, line 1			<b>►</b> \$		
	(ii) Assets included in Form 990, Part X					
	If the organization received or held works of art, hist		or financ			
	following amounts required to be reported under SFA	S 116 relating to these items				

Revenues included in Form 990, Part VIII, line 1

Assets included in Form 990, Part X

	Using the organization's accession and othe	r records, check ar	y of th	ne fol		that ar	e a sıgnıfıc				<u>continued)</u>
	ıtems (check all that apply) —			_							
а	Public exhibition		d	ı	Loan	orexcl	hange prog	rams			
b	Scholarly research		e	Γ	O the	r					
c	Preservation for future generations										
4	Provide a description of the organization's co Part XIV	ollections and expla	ain hov	w the	y furthe	er the c	organizatioi	n's ex	empt purpose	ın	
5	During the year, did the organization solicit of	or receive donation	s of ar	rt, hıs	torıcal	treasu	res or othe	rsım	ıılar	_	_
_	assets to be sold to raise funds rather than t									│ Yes	No
Par	Part IV, line 9, or reported an an						n answere	ed "Y	es" to Form '	990,	
1a	Is the organization an agent, trustee, custod included on Form 990, Part X?					utions o	or other ass	setsi	not	☐ Yes	☐ No
b	If "Yes," explain the arrangement in Part XIV	/ and complete the	follow	ving t	able		Γ		Aı	nount	
c	Beginning balance						Ī	1c			
d	Additions during the year						ļ	1d			
e	Distributions during the year						ŀ	1e			
f	Ending balance						ŀ	1f			
2a	Did the organization include an amount on Fo	orm 990 Part Y Jur	na 212				L			┌ Yes	
	If "Yes," explain the arrangement in Part XIV		16 21.							1 163	, 110
	rt V Endowment Funds. Complete		n ans	.wer	ad "Ye	s" to l	Form 990	Par	t IV line 10		
ГС	Endowment I unus. Complete I	(a)Current Year		)Prior			o Years Back		Three Years Back	(e)Four	Years Back
1a	Beginning of year balance										
b	Contributions										
c	Investment earnings or losses										
d	Grants or scholarships										
e	Other expenditures for facilities and programs										
f	Administrative expenses										
g	End of year balance										
2	Provide the estimated percentage of the yea	r end balance held	as			<u> </u>					
a	Board designated or quasi-endowment	%									
b	Permanent endowment  %										
_											
_	Term endowment ► %								A.L		
c 3a	Are there endowment funds not in the nosses	ssion of the organiz	ation	that	are hel	d and a	dministere	d for	TNA		
c 3a	Are there endowment funds not in the posses organization by	ssion of the organiz	ation	that	are hel	d and a	dmınıstere	d for	tne	Ye	s No
	•	_	ation • .	that	are hel	danda	dministere	d for	<b>3a</b>		s No
3a	organization by (i) unrelated organizations (ii) related organizations							d for		(i)	s No
3a	organization by  (i) unrelated organizations  (ii) related organizations		 . d on S	Sched	 lule R?			d for	3a	(i)	s No
3a b 4	organization by  (i) unrelated organizations  (ii) related organizations  If "Yes" to 3a(II), are the related organization organization organization organization organization.		d on S	chec	 lule R? inds				3a	(i) (ii)	s No
3a b 4	organization by  (i) unrelated organizations  (ii) related organizations		d on S	chec	 lule R? inds				3a	(i) (ii)	s No
3a b 4	organization by  (i) unrelated organizations  (ii) related organizations  If "Yes" to 3a(II), are the related organization organization organization organization organization.		d on S	Schedent for Gee F	 lule R? inds				3a	(i) (ii) b	Book value
b 4 Par	organization by  (i) unrelated organizations  (ii) related organizations  If "Yes" to 3a(ii), are the related organization  Describe in Part XIV the intended uses of the control of		d on S	Schedent for Gee F	lule R? inds form 9		art X, line (b)Cost or or basis (oth		3a 3 (c) Accumulate	(i) (ii) b	
b 4 Par	organization by  (i) unrelated organizations  (ii) related organizations  If "Yes" to 3a(ii), are the related organization of investment.  Description of investment.		d on S	Schedent for Gee F	lule R? inds form 9		art X, line (b)Cost or basis (oth	10. other	3a 3 (c) Accumulate	(i) (ii) b	Book value
b 4 Par	organization by  (i) unrelated organizations  (ii) related organizations  If "Yes" to 3a(ii), are the related organization  Describe in Part XIV the intended uses of the strict o		d on S	Schedent for Gee F	lule R? inds form 9		art X, line (b)Cost or basis (oth	10. other er) 2,500	3a 3 (c) Accumulate depreciation	(i) (ii) b	Book value 1,452,500
b 4 Par  1a b c	organization by  (i) unrelated organizations  (ii) related organizations  If "Yes" to 3a(ii), are the related organization of the control of the contro		d on S	Schedent for Gee F	lule R? inds form 9		(b)Cost or basis (oth	10. other er) 2,500	3a 3 (c) Accumulate depreciation	(i)	Book value 1,452,500
b 4 Par  1a b c d	organization by  (i) unrelated organizations		d on S	Schedent for Gee F	lule R? inds form 9		(b)Cost or obasis (oth	10. other er) 2,500 6,678	(c) Accumulate depreciation	(i)   (ii)	Book value 1,452,500 6,934,231

Part VII Investments—Other Securities. See  (a) Description of security or category			d of valuation
(including name of security)	( <b>b)</b> Book value		f-year market value
Financial derivatives			
Closely-held equity interests			
Other			
			_
Total. (Column (b) should equal Form 990, Part X, col (B) line 12)		1.2	
Part VIII Investments—Program Related. See	e Form 990, Part X, line :		d af
(a) Description of investment type	(b) Book value		d of valuation f-year market value
	<u> </u>		
Total. (Column (b) should equal Form 990, Part X, col (B) line 13 )			
Part IX Other Assets. See Form 990, Part X, lin			
(a) Descrip			( <b>b)</b> Book value
			962,457
DEFERRED COMP INVESTMENTS			302,437
			40,831
	5.)		
INTERCOMPANY RECEIVABLE			40,831
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1			40,831
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1  Part X Other Liabilities. See Form 990, Part X  1 (a) Description of Liability	, line 25.		40,831
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1  Part X Other Liabilities. See Form 990, Part X  1 (a) Description of Liability  Federal Income Taxes	, line 25. (b) A mount		40,831
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1  Part X Other Liabilities. See Form 990, Part X  1 (a) Description of Liability  Federal Income Taxes  DEFERRED COMP LIABILITY	, line 25. (b) A mount 962,457		40,831
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1  Part X Other Liabilities. See Form 990, Part X  1 (a) Description of Liability  Federal Income Taxes  DEFERRED COMP LIABILITY	, line 25. (b) A mount		40,831
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1  Part X Other Liabilities. See Form 990, Part X  1 (a) Description of Liability  Federal Income Taxes  DEFERRED COMP LIABILITY	, line 25. (b) A mount 962,457		40,831
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1  Part X Other Liabilities. See Form 990, Part X  1 (a) Description of Liability  Federal Income Taxes  DEFERRED COMP LIABILITY	, line 25. (b) A mount 962,457		40,831
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1  Part X Other Liabilities. See Form 990, Part X  1 (a) Description of Liability  Federal Income Taxes  DEFERRED COMP LIABILITY	, line 25. (b) A mount 962,457		40,831
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1  Part X Other Liabilities. See Form 990, Part X  1 (a) Description of Liability  Federal Income Taxes  DEFERRED COMP LIABILITY	, line 25. (b) A mount 962,457		40,831
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1  Part X Other Liabilities. See Form 990, Part X  1 (a) Description of Liability  Federal Income Taxes  DEFERRED COMP LIABILITY	, line 25. (b) A mount 962,457	, , , <b>,</b>	40,831
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1  Part X Other Liabilities. See Form 990, Part X  1 (a) Description of Liability  Federal Income Taxes  DEFERRED COMP LIABILITY	, line 25. (b) A mount 962,457		40,831
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1  Part X Other Liabilities. See Form 990, Part X  1 (a) Description of Liability  Federal Income Taxes  DEFERRED COMP LIABILITY	, line 25. (b) A mount 962,457		40,831
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1  Part X Other Liabilities. See Form 990, Part X  1 (a) Description of Liability  Federal Income Taxes  DEFERRED COMP LIABILITY	, line 25. (b) A mount 962,457	, , , , , , <b>,</b>	40,831
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1  Part X Other Liabilities. See Form 990, Part X  1 (a) Description of Liability  Federal Income Taxes  DEFERRED COMP LIABILITY	, line 25. (b) A mount 962,457		40,831
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1  Part X Other Liabilities. See Form 990, Part X  1 (a) Description of Liability  Federal Income Taxes  DEFERRED COMP LIABILITY	, line 25. (b) A mount 962,457		40,831
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1  Part X Other Liabilities. See Form 990, Part X  1 (a) Description of Liability  Federal Income Taxes  DEFERRED COMP LIABILITY	, line 25. (b) A mount 962,457	, , , , , , <b>,</b>	40,831
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1  Part X Other Liabilities. See Form 990, Part X  1 (a) Description of Liability  Federal Income Taxes  DEFERRED COMP LIABILITY	, line 25. (b) A mount 962,457		40,831
Part X Other Liabilities. See Form 990, Part X	, line 25. (b) A mount 962,457		40,831

Par	Reconciliation of Change in Net Assets from Form 990 to Financial Statemen	ITS
1	Total revenue (Form 990, Part VIII, column (A), line 12)	1
2	Total expenses (Form 990, Part IX, column (A), line 25)	2
3	Excess or (deficit) for the year Subtract line 2 from line 1	3
4	Net unrealized gains (losses) on investments	4
5	Donated services and use of facilities	5
6	Investment expenses	6
7	Prior period adjustments	7
8	Other (Describe in Part XIV)	8
9	Total adjustments (net) Add lines 4 - 8	9
10	Excess or (deficit) for the year per financial statements. Combine lines 3 and 9	10
	XII Reconciliation of Revenue per Audited Financial Statements With Revenue p	
1	Total revenue, gains, and other support per audited financial statements	1
2	A mounts included on line 1 but not on Form 990, Part VIII, line 12	
а	Net unrealized gains on investments	
ь	Donated services and use of facilities	
c	Recoveries of prior year grants	
d	Other (Describe in Part XIV) 2d	
e	Add lines <b>2a</b> through <b>2d</b>	2e
3	Subtract line <b>2e</b> from line <b>1</b>	3
4	A mounts included on Form 990, Part VIII, line 12, but not on line <b>1</b>	
а	Investment expenses not included on Form 990, Part VIII, line 7b . 4a	
b	Other (Describe in Part XIV) 4b	
c	Add lines <b>4a</b> and <b>4b</b>	4c
5	Total Revenue Add lines <b>3</b> and <b>4c.</b> (This should equal Form 990, Part I, line 12)	5
Part	XIII Reconciliation of Expenses per Audited Financial Statements With Expenses	per Return
1	Total expenses and losses per audited financial statements	1
2	Amounts included on line 1 but not on Form 990, Part IX, line 25	
а	Donated services and use of facilities	
ь	Prior year adjustments	1
c	Other losses	1
d	Other (Describe in Part XIV) 2d	1
e	Add lines <b>2a</b> through <b>2d</b>	2e
3	Subtract line <b>2e</b> from line <b>1</b>	3
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:	
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a	
b	Other (Describe in Part XIV)	]
c	Add lines <b>4a</b> and <b>4b</b>	4c
5	Total expenses Add lines 3 and 4c. (This should equal Form 990, Part I, line 18)	5
Par	t XIV Supplemental Information	
	nplete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Pa V, line 4, Part X, Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b  Also complete t	

Identifier Return Reference Explanation

additional information

DLN: 93493316046260

OMB No. 1545-0047

SCHEDULE G (Form 990 or 990-EZ)

Department of the Treasury

# **Supplemental Information Regarding Fundraising or Gaming Activities**

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

Internal Revenue Service Name of the organization Employer identification number MASTER BUILDERS ASSOCIATION OF KING AND SNOHOMISH COUNTIES 91-0658930 Part I Fundraising Activities. Complete if the organization answered "Yes" to Form 990. Part IV, line 17

	Form 990-EZ filei	•			103 (0 101111 930, 1410 1	v, iiie 17.
	Indicate whether the organ	nızatıon raısed funds	through any of the	following activi	ties Check all that apply	
а	Mail solicitations		e	┌ Solicitatio	on of non-government grants	
<b>b</b> $\Gamma$ Internet and e-mail solicitations <b>f</b> $\Gamma$ Solicitation of government grants						
c	Phone solicitations		g	☐ Special fu	ndraising events	
d	In-person solicitations	s				
2a	_	_	•	•	ng officers, directors, trustees ssional fundraising activities?	Г Yes Г No
b	•	•	•	• •	agreements under which the function of the following the second to complete this to	
	(i) Name of individual	(ii) Activity	(iii) Did fundraiser have custody or	(iv) Gross red		(vi) A mount paid to (or retained by)

(i) Name of individual or entity (fundraiser)	(ii) Activity	(iii) fundrais custo contr contribu	er have dy or ol of	(iv) Gross receipts from activity	(v) A mount paid to (or retained by) fundraiser listed in col (i)	(vi) A mount paid to (or retained by) organization
		Yes	No			
Total						

List all states in which the organization is registered or licensed to solicit funds or has been notified it is exempt from registration or licensing

Pa		Fundraising Events. Commore than \$15,000 on Form					eportea	
			(a) Event #1	<b>(b)</b> Event #2	(c) O ther Events	(Add col	al Events (a) through	
			(event type)	(event type)	(total number)			
Revenue	1 2	Gross receipts Less Charitable	208,10	5			208,10	0 5
<u>~</u>	3	contributions  Gross income (line 1 minus line 2)	208,10	5			208,10	0 5
	4	Cash prizes						
တ	5	Non-cash prizes						
»use	6	Rent/facility costs						
Expenses	7	Food and beverages						
Direct	8	Entertainment						
ā	9	Other direct expenses .	305,80	3			305,80	8 0
	10	Direct expense summary Add lir	nes 4 through 9 ın columr	n(d)			305,80	8 0
	11	Net income summary Combine I	ines 3, column d, and line	10		<b>-</b>	-97,70	03
Par	t II	<b>Gaming.</b> Complete if the o \$15,000 on Form 990-EZ, li		"Yes" to Form 990, Pa	rt IV, line 19, or repo	orted more	than	
Revenue			(a) Bingo	<b>(b)</b> Pull tabs/Instant bingo/progressive bingo	(c) O ther gaming	(Add col	al gaming (a) throug (c))	
<u> </u>	1	Gross revenue				+		
	2	Cash prizes						
Expenses	3	Non-cash prizes						
Direct D	4	Rent/facility costs						
ă	5	Other direct expenses						
	6	Volunteer labor	│ Yes% │ No	│ Yes <u>%</u>	Г Yes			
	7	Direct expense summary Add line	s 2 through 5 in column	(d)				
	8	Net gaming income summary Con	nbine lines 1, column d, a	nd line 7				
9 a b	Is	ter the state(s) in which the organiz the organization licensed to operate No," Explain	ation operates gaming ac	tivities		· 9a	Yes No	<u>-</u>
10a b		re any of the organization's gaming Yes," Explain	licenses revoked, suspei	nded or terminated during	the tax year?	10a		_
11	— Do	es the organization operate gaming	activities with nonmembe	ers?		11		
12		the organization a grantor, beneficia med to administer charitable gamin						
		<del>-</del>				12	1	

		Yes	No
13	Indicate the percentage of gaming activity operated in		
а	The organization's facility		
b	An outside facility		
14	Enter the name and address of the person who prepares the organization's gaming/special events books and records		
	Name 🟲		
	Address -		
15a	Does the organization have a contract with a third party from whom the organization receives gaming		
	revenue?	,	
b	If "Yes," enter the amount of gaming revenue received by the organization 🕨 \$ and the	+	
	amount of gaming revenue retained by the third party 🟲 \$		
c	If "Yes," enter name and address		
	Name 🟲		
	Address •		
16			
16	Gaming manager information		
	Name 🟲		
	Name F		
	Gaming manager compensation 🕨 \$		
	Description of services provided •		
	Director/officer Employee Independent contractor		
	I Independent contractor		
<b>.7</b>	Mandatory distributions		
а	Is the organization required under state law to make charitable distributions from the gaming proceeds to		
	retain the state gaming license?	<u> </u>	
b	Enter the amount of distributions required under state law distributed to other exempt organizations or spent		
	in the organization's own exempt activities during the tax year ▶ \$	1	

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Schedule I (Form 990)

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

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

► Attach to Form 990

OMB No 1545-0047

DLN: 93493316046260

**Inspection** 

Department of the Treasury

Internal Revenue Service

Name of the organization MASTER BUILDERS ASSOCIATION OF KING AND SNOHOMISH COUNTIES

Employer identification number

91-0658930

Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and 

Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States

Part II	Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to
	Form 990, Part IV, line 21 for any recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Use
	Part IV and Schedule I-1 (Form 990) if additional space is needed

	•						
(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC Code section if applicable	( <b>d)</b> A mount of cash grant	(e) A mount of non- cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
MASTER BUILDERS CAREER CONNECTION335 116TH AVE SE BELLEVUE, WA 98004	943070918	501(C)(3)	19,905				TO FURTHER FOUNDATION PURPOSES
MASTER BUILDERS CARE Foundation335 116TH AVE SE BELLEVUE, WA 98004	911921051	501(C)(3)	19,305				TO FURTHER FOUNDATION PURPOSES
BOYS & GIRLS CLUBS1275 PEACHTREE STREET NE ATLANTA,GA 30309	910776451	501(C)(3)	10,000				GENERAL SUPPORT
VIRGINIA MASON FOUNDATION1218 TERRY AVENUE SEATTLE, WA 98101	911351110	501(C)(3)	10,000				GENERAL SUPPORT
THE LEUKEMIA & LYMPHOMA SOCIETY9320 SW BARBUR BLVD PORTLAND,OR 97219	135644916	501(C)(3)	6,000				GENERAL SUPPORT
RONALD MCDONALD HOUSE5130 40TH AVE NE SEATTLE, WA 98105	911176115	501(C)(3)	10,000				GENERAL SUPPORT

2	Enter total number of section 501(c)(3) and government organizations	6
3	Enter total number of other organizations	

	· · · · · · · · · · · · · · · · · · ·	
Part III	Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" to Form 9	90, Part IV, line 22
	Use Schedule I-1 (Form 990) if additional space is needed.	

(a)Type of grant or assistance	( <b>b)</b> Number of recipients	<b>(c)</b> A mount of cash grant	(d)A mount of non-cash assistance	(e)Method of valuation (book, FMV, appraisal, other)	(f)Description of non-cash assistance

Ident if ier	Return Reference	Explanation	

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DLN: 93493316046260

OMB No 1545-0047

Inspection

Open to Public

#### Schedule J (Form 990)

Department of the Treasury Internal Revenue Service

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

► Complete if the organization answered "Yes" to Form 990, Part IV, question 23.

► Attach to Form 990. ► See separate instructions.

Name of the organization MASTER BUILDERS ASSOCIATION OF KING AND SNOHOMISH COUNTIES

**Employer identification number** 

91-0658930

Pa	rt I Questions Regarding Compensation	1				
					Yes	Νo
1a	Check the appropriate box(es) if the organization prog 990, Part VII, Section A, line 1a Complete Part III		,			
	First-class or charter travel	Γ	Housing allowance or residence for personal use			
	▼ Travel for companions		Payments for business use of personal residence			
	Tax idemnification and gross-up payments	굣	Health or social club dues or initiation fees			
	Discretionary spending account	Γ	Personal services (e g , maid, chauffeur, chef)			
b	If any of the boxes in line 1a are checked, did the orgenmoursement orprovision of all the expenses described.			1b	Yes	
2	Did the organization require substantiation prior to re					
	officers, directors, trustees, and the CEO/Executive	Directo	or, regarding the items checked in line 1a?	2	Yes	
3	Indicate which, if any, of the following the organization organization's CEO/Executive Director Check all the					
	Compensation committee	굣	Written employment contract			
	Independent compensation consultant		Compensation survey or study			
	Form 990 of other organizations	<u> </u>	Approval by the board or compensation committee			
4	During the year, did any person listed in Form 990, For a related organization	art VII	I, Section A, line 1a with respect to the filing organization			
а	Receive a severance payment or change-of-control	paymen	ıt?	4a		Νo
b	Participate in, or receive payment from, a supplemen	ntal non	qualified retirement plan?	4b	Yes	
С	Participate in, or receive payment from, an equity-ba	sed co	mpensation arrangement?	4c		Νo
	If "Yes" to any of lines 4a-c, list the persons and pro	ovide th	ne applicable amounts for each item in Part III			
	Only 501(c)(3) and 501(c)(4) organizations only mu	st comp	plete lines 5-9.			
5	For persons listed in form 990, Part VII, Section A, compensation contingent on the revenues of	lıne 1a,	did the organization pay or accrue any			
а	The organization?			5a		
b	Any related organization?			5b		
	If "Yes," to line 5a or 5b, describe in Part III					
6	For persons listed in form 990, Part VII, Section A, compensation contingent on the net earnings of	lıne 1a,	did the organization pay or accrue any			
а	The organization?			6a		
b	Any related organization?			6b		
	If "Yes," to line 6a or 6b, describe in Part III					
7	For persons listed in Form 990, Part VII, Section A, payments not described in lines 5 and 6? If "Yes," d			7		
8	Were any amounts reported in Form 990, Part VII, p subject to the initial contract exception described in					
	ın Part III			8		
9	If "Yes" to line 8, did the organization also follow the section 53 4958-6(c)?	rebutta	able presumption procedure described in Regulations	9		

#### Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use Schedule J-1 if additional space needed.

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

Note. The sum of columns (B)(I)-(III) must equal the applicable column (D) or column (E) amounts on Form 990, Part VII, line 1a

(A) Name		(B) Breakdown of	W-2 and/or 1099-MI		(C) Retirement and		(E) Total of columns	(F) Compensation
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	other deferred compensation	benefits	(B)(ı)-(D)	reported in prior Form 990 or Form 990-EZ
Sam Anderson	(I) (II)	190,760 0			208,412		415,476 0	0
	(-,		J	<u> </u>		,		
				1		<u> </u>		

#### Part III Supplemental Information

Complete this part to provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 4c, 5a, 5b, 6a, 6b, 7, and 8 Also complete this part for any additional information

Ident if ier	Ret urn Ref erence	Explanation
	· ·	EXPENSES INCURRED BY CEO'S WIFE WHEN TRAVELING WITH THE CEO ON ORGANIZATION BUSINESS ARE PAID BY THE ASSOCIATION CEO'S HEALTH CLUB DUES ARE PAID BY THE ORGANIZATION
		SAM ANDERSON PARTICIPATES IN A 457(F) PLAN WHERE ALL SALARY THAT IS DEFERRED IS SUBJECT TO SUBSTANTIAL RISK OF FORFEITURE NO AMOUNT RECEIVED DURING 2009

Schedule J (Form 990) 2009

DLN: 93493316046260

OMB No 1545-0047

Open to Public Inspection

Department of the Treasury

Internal Revenue Service

**SCHEDULE M** 

(Form 990)

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

**NonCash Contributions** 

Name of the organization MASTER BUILDERS ASSOCIATION OF KING AND SNOHOMISH COUNTIES **Employer identification number** 

91-0658930

Pa	rt I Types of Property	/						
		(a) Check If applicable	(b) Number of Contributions	(c) Revenues reported on Form 990, Part VIII, line 1 g	<b>(d</b> Method of d reven	etermın	iing	
1	Art-Works of art	аррисавие		19				
_	Art—Historical treasures .							
	Art—Fractional interests .							
	Books and publications .							
	Clothing and household	•						
,	goods							
6	Cars and other vehicles .							
7	Boats and planes							
8	Intellectual property							
	Securities—Publicly traded .							
	Securities—Closely held stock							
	Securities—Partnership, LLC, or trust interests							
12	Securities—Miscellaneous .							
13	Qualified conservation contribution—Historic structures							
14	Qualified conservation contribution—Other							
15	Real estate—Residential .							
16	Real estate—Commercial .							
17	Real estate—Other							
18	Collectibles							
19	Food inventory							
20	Drugs and medical supplies							
21	Taxidermy							
22	Historical artifacts							
23	Scientific specimens							
24	Archeological artifacts							
25	AUCTION Other►( <u>ITEMS</u> )	Х	300	208,105	COST			
26	O ther ▶()							
27	O ther ▶()							
28	O ther ▶ ()							
29	Number of Forms 8283 received for which the organization cor				29			
						$\bot$	Yes	No
30a	During the year, did the orgar	ıızatıon receiv	e by contribution any prope	rty reported in Part I, lines	1-28 that it			
	must hold for at least three ye	ears from the	date of the initial contributi	on, and which is not require	d to be used			
	for exempt purposes for the e	ntıre holdıng p	period?			30a		No
b	If "Yes," describe the arrange	ement in Part 1	II					
31	Does the organization have a	gıft acceptan	ce policy that requires the i	review of any non-standard	contributions?	31		No
32a	Does the organization hire or contributions?	use third part	ies or related organizations	to solicit, process, or sell r	non-cash	32a		Νο
h	If "Yes," describe in Part II					320		
	If the organization did not rep	ort revenues	n column (c) for a type of n	ronerty for which column (a)	) is checked			
	describe in Part II	or revenues	m column (c) for a type of p	roperty for willen column (a	, is checked,			
	describe in rait II					ᄔ		

#### Part II

**Supplemental Information.** Complete this part to provide the information required by Part I, lines 30b, 32b, and 33. Also complete this part for any additional information.

Ident if ier	Return Reference	Explanation
3	Part I, Column (b)	300 ITEMS WERE CONTRIBUTED
Contributors		

Schedule M (Form 990) 2009

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DLN: 93493316046260

**SCHEDULE 0** 

Department of the Treasury Internal Revenue Service

(Form 990)

# **Supplemental Information to Form 990**

2009

OMB No 1545-0047

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

► Attach to Form 990.

Open to Public Inspection

Name of the organization
MASTER BUILDERS ASSOCIATION OF
KING AND SNOHOMISH COUNTIES

Employer identification number 91-0658930

ldentifier	Return Reference	Explanation
Form 990, Part VI, Section A, line 6		THERE ARE TWO MEMBERSHIP OPTIONS AVAILABLE 1-BUILDERS MEMBERS, THE COMPANY IS A GENERAL CONTRACTOR AND BUILDS, REMODELS OR DEVELOPS LAND 2-ASSOCIATE MEMBERS, GENERALLY SPECIALTY CONTRACTORS OR SUPPLIERS OF GOODS AND SERVICES TO THE BUILDING INDUSTRY BOTH CLASSES HAVE EQUAL RIGHTS
Form 990, Part VI, Section A, line 7a		ALL MEMBERS ARE ELIGIBLE TO SIT ON THE BOARD OF DIRECTORS AND HAVE EQUAL VOTING RIGHTS THE BOARD SHALL MAINTAIN A MAJORITY OF BUILDER MEMBERS
Form 990, Part VI, Section A, line 7b		CHANGES TO THE ASSOCIATION'S BY-LAWS MUST BE VOTED UPON BY THE GENERAL MEMEBRSHIP
Form 990, Part VI, Section B, line 11		FORM 990 IS PREPARED WITH THE ASSISTANCE OF AN OUTSIDE CPA FIRM THE RETURN IS REVIEWED BY THE COO AND CONTROLLER BEFORE FILING
Form 990, Part VI, Section B, line 12c		THE CONFLICT OF INTEREST POLICY IS REVIEWED ANNUALLY, ACKNOWLEDGEMENT OF THE POLICY IS SIGNED BY EACH BOARD MEMBER ANNUALLY IF A POTENTIAL CONFLICT ARISES, THE CEO, BOARD PRESIDENT AND ENTIRE BOARD WILL BE NOTIFIED ANY PERSON WHO INDICATES A POTENTIAL CONFLICT WILL BE ASKED TO REFRAIN FROM PARTICIPATION IN DISCUSSION OR VOTING SHOULD IT PERTAIN TO HIS/HER BUSINESS
Form 990, Part VI, Section B, line 15a		THE CEO'S COMPENSATION IS REVIEWED ANNUALLY BY THE COMPENSATION REVIEW COMMITTEE ANNUAL SALARY INCREASES AND BONUSES FOR THE CEO ARE DETERMINED BY THIS GROUP THE COO'S SALARY IS DETERMINED BY THE CEO
Form 990, Part VI, Section C, line 19		MBA MAKES ITS GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY AND FINANCIAL STATEMENTS AVAILABLE TO THE PUBLIC BY REQUEST
FORM 990, PART I, LINE 6		VOLUNTEERS SERVE ON THE BOARD, COUNCILS AND COMMITTEES TO PROMOTE MBA, THE HOME BUILDING INDUSTRY AND ITS RELATED BUSINESSES

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DLN: 93493316046260

SCHEDULE R (Form 990)

**Related Organizations and Unrelated Partnerships** 

► Complete if the organization answered "Yes" to Form 990, Part IV, line 33, 34, 35, 36, or 37.

► Attach to Form 990. ► See separate instructions.

2009

OMB No 1545-0047

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization

94-3070918

Employer identification number

91-0658930

MASTER BUILDERS ASSOCIATION OF KING AND SNOHOMISH COUNTIES

**Identification of Disregarded Entities** (Complete if the organization answered "Yes" on Form 990, Part IV, line 33.)

(a)
Name, address, and EIN of disregarded entity

Primary activity

(c)
Legal domicile (state or foreign country)

(d) Total income

End-of-year assets

(f) Direct controlling entity

Part II Identification of Related Tax-Exempt Organizations (Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.)

(a)  Name, address, and EIN of related organization	<b>(b)</b> Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	<b>(f)</b> Direct controlling entity
MASTER BUILDERS CARE FOUNDATION  335 116TH AVE SE  BELLEVUE, WA 98004 91-1921051	PROVIDING BUILDING RESOURCES AND EXPERTISE TO SERVICE ORGANIZATIONS DEDICATE	WA	501(C)(3)	7	N/A
MASTER BUILDERS CAREER CONNECTION					
335 116TH AVE SE	PROVIDING FINANCIAL SUPPORT TO IMPROVE TRADE AND TECHNICAL SKILLS	WA	501(C)(3)	7	N/A
BELLEVUE, WA 98004	AND TECHNICAL SKILLS				

Yes

No

Yes

No

Part III	Identification of Related Organizations Taxable as a Partnership (Complete if the organization answered "Yes" on Form 990, Part IV, line	3
	because it had one or more related organizations treated as a partnership during the tax year.)	

(c) (h) (i) (j) (e) **(f)** Share of total income Disproprtionate Code V-UBI (b) (d) General or (a) Legal (g) Predominant income Direct controlling allocations? amount in box 20 of managing Name, address, and EIN of Primary activity domicile Share of end-of-year (related, unrelated, related organization (state or entity assets Schedule K-1 partner? excluded from tax (Form 1065) foreign under sections 512country) 514)

Part IV Identification of Related Organizations Taxable as a Corporation or Trust (Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year.)

(a) Name, address, and EIN of related organization	<b>(b)</b> Primary activity	<b>(c)</b> Legal domicile (state or foreign country)	<b>(d)</b> Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	<b>(f)</b> Share of total income	<b>(g)</b> Share of end-of-year assets	(h) Percentage ownership
AFFORDABLE HOUSING COUNCIL 335 116TH AVE SE BELLEVUE, WA98004 91-1117605	POL ACTION COMM- SUPPORTS BUILDER FRIENDLY CANDIDATES	WA	N/A	С			100 000 %

(3)

(4)

(5)

(6)

<b>Transactions With Related Organizations</b> (Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35, or 36.)			
e. Complete line 1 if any entity is listed in Parts II, III or IV		Yes	No
the tax year, did the orgranization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?			
ceipt of (i) interest (ii) annuities (iii) royalties (iv) rent from a controlled entity	1a		No
;, grant, or capital contribution to other organization(s)	1b	Yes	
, grant, or capital contribution from other organization(s)	1c		No
ns or loan guarantees to or for other organization(s)	1d		No
ns or loan guarantees by other organization(s)	1e		No
e of assets to other organization(s)	1f		No
chase of assets from other organization(s)	1g		No
change of assets	1h		No
se of facilities, equipment, or other assets to other organization(s)	1i	Yes	
se of facilities, equipment, or other assets from other organization(s)	1i		No
	1k	Yes	
	11		No
	1m	Yes	
aring of paid employees	1n		No
mbursement paid to other organization for expenses	10	Yes	
mbursement paid by other organization for expenses	1р	Yes	
per transfer of cash or property to other organization(s)	10		No
			No
er transfer of cash of property nom other organization(s)			
ne answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction threshold	lds		
(a) (b) Name of other organization			ed
type(a-r)			
	the tax year, did the orgranization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?  eipt of (i) interest (ii) innoverse (iii) royalities (iv) rent from a controlled entity , grant, or capital contribution to other organization(s) , grant, or capital contribution from other organization(s) ns or loan guarantees to or for other organization(s) ns or loan guarantees by other organization(s)  or of assets to other organization(s)  chase of assets from other organization(s)  chase of assets from other organization(s)  see of facilities, equipment, or other assets from other organization(s)  formance of services or membership or fundraising solicitations for other organization(s)  formance of services or membership or fundraising solicitations by other organization(s)  formance of services or membership or fundraising solicitations by other organization(s)  formance of services or membership or fundraising solicitations by other organization(s)  formance of services or membership or fundraising solicitations by other organization(s)  formance of services or membership or fundraising solicitations by other organization(s)  formance of services or membership or fundraising solicitations by other organization(s)  formance of services or membership or fundraising solicitations by other organization(s)  formance of services or membership or fundraising solicitations by other organization(s)  formance of services or membership or fundraising solicitations by other organization(s)  formance of services or membership or fundraising solicitations for other organization(s)  formance of services or membership or fundraising solicitations for other organization(s)  formance of services or membership or fundraising solicitations for other organization(s)  formance of services or membership or fundraising solicitations for other organization(s)  formance of services or membership or fundraising solicitations for other organization(s)  formance of services or membership or	the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?  the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?  tell tax year, did the organization (sii) royalties (iv) rent from a controlled entity  agrant, or capital contribution to other organization(s)  tax or capital contribution from other organization(s)  tax or loan guarantees to or for other organization(s)  tax or loan guarantees to or for other organization(s)  tax or loan guarantees by other organization(s)  tax or loan guarantees by other organization(s)  tax or dassets to other organization(s)  tax or dassets to other organization(s)  tax or dassets to other organization(s)  tax or dassets tax of the organization(s)  tax or dassets tax of the organization(s)  tax or dassets tax of the organization(s)  tax organization or other assets from other organization(s)  tax organization or other assets  tax organization or other assets  tax organization or other assets  tax organization or expenses  tax organization organization organization organization organization organization organization organization organization o	Le. Complete line 1 if any entity is listed in Parts II, III or IV  the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts III-IV?  Let be tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts III-IV?  Let be tax year, did the organization (s) in crest (iii) annutities (iiii) royalties (iv) rent from a controlled entity  Let be tax year, did the organization (s) in the organization (s) in so related contribution to other organization(s) in so related contribution from other organization(s) in so related guarantees to or for other organization(s) in so related guarantees by other organization(s) in so related guarantees by other organization(s) in so related guarantees by other organization(s) if years of assets to other organization(s) if years of assets from other organization(s) in years of assets from other organization(s) in years of a section of a

Part VI Unrelated Organizations Taxable as a Partnership (Complete if the organization answered "Yes" on Form 990, Part IV, line 37.)

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships

(a)
Name, address, and EIN of entity

(b) Primary activity (c) Legal domicile (state or foreign country) (d)
Are all
partners
section
501(c)(3)
organizations?

Yes No

(e) Share of end-of-year assets **(f)**Disproprtionate allocations?

No

Yes

(g) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065) (h) General or managing partner?

Yes No

#### Form 990, Part IX - Statement of Functional Expenses - 24a - 24e Other Expenses

Do not include amounts reported on line 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
CENTENNIAL CELEBRATION	1,048,382			
EVENT EXPENSES	434,127			
TAXES AND FEES	181,854			
CLAIMS EXPENSE	140,000			
DONATIONS & GIFTS	111,453			

Form 990, Part VIII - Statement of Revenue - 2a - 2g Program Service Revenue -

•					
	Business Code	(A) Total Revenue	(B) Related or Exempt Function Revenue	(C) Unrelated Business Revenue	(D) Revenue Excluded from Tax under IRC 512, 513, or 514
HEALTH INSURANCE	524,298	3,031,198			3,031,198
MEMBERSHIP DUES	900,099	2,335,321	2,335,321		
LABOR & INDUSTRIES	524,298	820,419	820,419		
NETWORKING EVENTS	900,099	257,814	257,814		
EDUCATION	611,710	74,009	74,009		

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Compensated Employees, and Independent Contractors										
(A) Name and Title	(B) A verage hours		(C ition ( that a	chec		II		(D) Reportable compensation	<b>(E)</b> Reportable compensation	<b>(F)</b> Estimated amount of other
	per week	Individual trustee or director	Institutional Trustee	ющо	Key employee	Highest compensated employee	Former	from the organization (W- 2/1099-MISC)	from related organizations (W- 2/1099- MISC)	compensation from the organization and related organizations
DOUG BARNES BOARD MEMBER	2 00	х				•	•	0	0	0
CHRIS RAFTERY BOARD MEMBER	2 00	X						0	0	0
KEN PAAUW BOARD MEMBER	2 00	X						0	0	0
JANICE BRISTOL BOARD MEMBER	2 00	X						0	0	0
ERIC CAMPBELL BOARD MEMBER	2 00	X						0	0	0
GARY UPPER BOARD MEMBER	2 00	X						0	0	0
Sam Anderson CEO	55 00			х				190,760	0	224,716
RICK MILLER COO	40 00			X				132,919	0	15,039
DON DAVIS GOV AFFAIRS DIRECTOR	40 00					x		114,300	0	14,501
LARRY CHIMENTI MEMBERSHIP DIRECTOR	40 00					x		122,925	0	18,888

# Software ID: Software Version:

**EIN:** 91-0658930

Name: MASTER BUILDERS ASSOCIATION OF

KING AND SNOHOMISH COUNTIES

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

(A) Name and Title	(B) A verage hours	that apply)						(D) Reportable compensation	<b>(E)</b> Reportable compensation	(F) Estimated amount of other	
	per week	Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	from the organization (W- 2/1099-MISC)	from related organizations (W- 2/1099- MISC)	compensation from the organization and related organizations	
JOHN DAY PRESIDENT	2 00	Х		Х				0	0	0	
DAVID MAIN FIRST VICE PRESIDENT	2 00	Х		X				0	0	0	
LYNN ESHLEMAN SECOND VICE PRESIDENT	2 00	Х		Х				0	0	0	
SHELLI LUCUS-KENNEDY SECRETARY	2 00	Х		Х				0	0	0	
JOE SCHWAB PAST PRESIDENT	2 00	Х		Х				0	0	0	
CATHY WAIDELICH BOARD MEMBER	2 00	Х						0	0	0	
DUANA KOLOUSKOVA BOARD MEMBER	2 00	Χ						0	0	0	
BOB JOHNS BOARD MEMBER	2 00	Х						0	0	0	
JULI BACON BOARD MEMBER	2 00	Х						0	0	0	
TY WAUDE BOARD MEMBER	2 00	Х						0	0	0	
WAYNE APOSTOLIK BOARD MEMBER	2 00	X						0	0	0	
ELENE STUPEY BOARD MEMBER	2 00	Х						0	0	0	
BRITTANI ARD BOARD MEMBER	2 00	Х						0	0	0	
BRIAN HOLTZCLAW BOARD MEMBER	2 00	Х						0	0	0	
TRACY CROMWELL BOARD MEMBER	2 00	X						0	0	0	
GARY TURNER BOARD MEMBER	2 00	X						0	0	0	
WENDY ALBEE board member	2 00	Х						0	0	0	
JAMIE HSU BOARD MEMBER	2 00	Х						0	0	0	
GREY LUNDBERG BOARD MEMBER	2 00	Х						0	0	0	
PAUL BOGEL BOARD MEMBER	2 00	Χ						0	0	0	
JOHN BRATTON BOARD MEMBER	2 00	Х						0	0	0	
KEVIN KARTAK BOARD MEMBER	2 00	Χ						0	0	0	
STEVE KIRK BOARD MEMBER	2 00	Х						0	0	0	
SHERRY SCHWAB BOARD MEMBER	2 00	X						0	0	0	
BOB MURPHY BOARD MEMBER	2 00	Х						0	0	0	