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Form **990-EZ**

Short Form Return of Organization Exempt From Income Tax

OMB No 1545-1150

2011

Department of the Treasury
Internal Revenue Service

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)
▶ Sponsoring organizations of donor advised funds, organizations that operate one or more hospital facilities, and certain controlling organizations as defined in section 512(b)(13) must file Form 990 (see instructions). All other organizations with gross receipts less than \$200,000 and total assets less than \$500,000 at the end of the year may use this form.
▶ The organization may have to use a copy of this return to satisfy state reporting requirements.

Open to Public Inspection

A For the 2011 calendar year, or tax year beginning , 2011, and ending

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input checked="" type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C BUILDING NORTH CENTRAL WASHINGTON, INC P.O. BOX 3556 WENATCHEE, WA 98807-3556	D Employer identification number 45-3838460
		E Telephone number 509-293-5840
		F Group Exemption Number

G Accounting Method. Cash Accrual Other (specify) ▶

I Website: ▶ WWW.BUILDINGNCW.ORG

J Tax-exempt status (ck only one) — 501(c)(3) 501(c) (6) ◀(insert no) 4947(a)(1) or 527

H Check if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF).

K Check if the organization is not a section 509(a)(3) supporting organization or a section 527 organization and its gross receipts are normally not more than \$50,000. A Form 990-EZ or Form 990 return is not required though Form 990-N (e-postcard) may be required (see instructions). But if the organization chooses to file a return, be sure to file a complete return.

L Add lines 5b, 6c, and 7b, to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets (Part II, line 25, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ ▶ \$ 350.

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instructions for Part I.)

Check if the organization used Schedule O to respond to any question in this Part I

REVENUE	1 Contributions, gifts, grants, and similar amounts received	1	
	2 Program service revenue including government fees and contracts	2	
	3 Membership dues and assessments	3	350.
	4 Investment income	4	
	5a Gross amount from sale of assets other than inventory	5a	
	b Less: cost or other basis and sales expenses	5b	
	c Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	5c	
	6 Gaming and fundraising events		
	a Gross income from gaming (attach Schedule G if greater than \$15,000)	6a	
	b Gross income from fundraising events (not including \$ of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000)	6b	
c Less: direct expenses from gaming and fundraising events	6c		
d Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)	6d		
7a Gross sales of inventory, less returns and allowances	7a		
b Less: cost of goods sold	7b		
c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c		
8 Other revenue (describe in Schedule O)	8		
9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	9	350.	
EXPENSES	10 Grants and similar amounts paid (list in Schedule O)	10	
	11 Benefits paid to or for members	11	
	12 Salaries, other compensation, and employee benefits	12	
	13 Professional fees and other payments to independent contractors	13	266.
	14 Occupancy, rent, utilities, and maintenance	14	
	15 Printing, publications, postage, and shipping	15	41.
	16 Other expenses (describe in Schedule O)	16	303.
	17 Total expenses. Add lines 10 through 16	17	610.
	18 Excess or (deficit) for the year (Subtract line 17 from line 9)	18	-260.
	19 Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)	19	0.
	20 Other changes in net assets or fund balances (explain in Schedule O)	20	
21 Net assets or fund balances at end of year. Combine lines 18 through 20	21	-260.	

NOV 23 2012
SEE SCHEDULE O

BAA For Paperwork Reduction Act Notice, see the separate instructions. Form 990-EZ (2011)

SCANNED BY 11/23/2013

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Part V Other Information (Note the Schedule A and personal benefit contract statement requirements in the instructions for Part V.) Check if the organization used Schedule O to respond to any question in this Part V

	Yes	No
33 Did the organization engage in any activity not previously reported to the IRS? If 'Yes,' provide a detailed description of each activity in Schedule O		X
34 Were any significant changes made to the organizing or governing documents? If 'Yes,' attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O (see instructions)		X
35a Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)?		X
b If 'Yes,' to line 35a, has the organization filed a Form 990-T for the year? If 'No,' provide an explanation in Schedule O		
c Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If 'Yes,' complete Schedule C, Part III		X
36 Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If 'Yes,' complete applicable parts of Schedule N		X
37a Enter amount of political expenditures, direct or indirect, as described in the instructions ▶ <u>37a</u> 0.		
b Did the organization file Form 1120-POL for this year?		X
38a Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?		X
b If 'Yes,' complete Schedule L, Part II and enter the total amount involved	38b N/A	
39 Section 501(c)(7) organizations. Enter:		
a Initiation fees and capital contributions included on line 9	39a N/A	
b Gross receipts, included on line 9, for public use of club facilities.	39b N/A	
40a Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 ▶ <u>N/A</u> ; section 4912 ▶ <u>N/A</u> ; section 4955 ▶ <u>N/A</u>		
b Section 501(c)(3) and 501(c)(4) organizations Did the organization engage in any section 4958 excess benefit transaction during the year or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If 'Yes,' complete Schedule L, Part I	40b	
c Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 ▶ 0.		
d Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization ▶ 0.		
e All organizations At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If 'Yes,' complete Form 8886-T	40e	X
41 List the states with which a copy of this return is filed ▶ <u>NONE</u>		

42a The organization's books are in care of KIM FENNER Telephone no **▶** 509.293.5840
 Located at **▶** 2201 N. WENATCHEE AVE WENATCHEE WA ZIP + 4 **▶** 98801

	Yes	No
b At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? If 'Yes,' enter the name of the foreign country: ▶ _____	42b	X
See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.		
c At any time during the calendar year, did the organization maintain an office outside of the U.S.? If 'Yes,' enter the name of the foreign country: ▶ _____	42c	X

43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 — Check here N/A
 and enter the amount of tax-exempt interest received or accrued during the tax year **▶** 43 N/A

	Yes	No
44a Did the organization maintain any donor advised funds during the year? If 'Yes,' Form 990 must be completed instead of Form 990-EZ	44a	X
b Did the organization operate one or more hospital facilities during the year? If 'Yes,' Form 990 must be completed instead of Form 990-EZ	44b	X
c Did the organization receive any payments for indoor tanning services during the year?	44c	X
d If 'Yes' to line 44c, has the organization filed a Form 720 to report these payments? If 'No,' provide an explanation in Schedule O	44d	
45a Did the organization have a controlled entity of the organization within the meaning of section 512(b)(13)?	45a	X
b Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If 'Yes,' Form 990 and Schedule R may need to be completed instead of Form 990-EZ (see instructions)	45b	X

46 Did the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition to candidates for public office? If 'Yes,' complete Schedule C, Part I.

	Yes	No
46		X

Part VI Section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts only. All section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts must answer questions 47-49b and 52, and complete the tables for lines 50 and 51.

Check if the organization used Schedule O to respond to any question in this Part VI

47 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

	Yes	No
47		

48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E

48		
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49a Did the organization make any transfers to an exempt non-charitable related organization?

49a		
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b If 'Yes,' was the related organization a section 527 organization?

49b		
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50 Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter 'None'

(a) Name and address of each employee paid more than \$100,000	(b) Title and average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation

e Total number of other employees paid over \$100,000

51 Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter 'None.'

(a) Name and address of each independent contractor paid more than \$100,000	(b) Type of service	(c) Compensation

e Total number of other independent contractors each receiving over \$100,000

52 Did the organization complete Schedule A? **Note:** All section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A. Yes No

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

Sign Here
 Signature of officer: *[Signature]* Date: 11-15-12
 Type or print name and title: RYAN KELSO PRESIDENT

Paid Preparer Use Only
 Print/Type preparer's name: RICK L. LINDER, CPA
 Preparer's signature: *[Signature]* Date: 11/13/12
 Check if self-employed PTIN: P00009703
 Firm's name: LINDER & GOETZ, P.S.
 Firm's address: 159 SOUTH WORTHEN STREET #100 WENATCHEE, WA 98801
 Firm's EIN: 91-1874918
 Phone no: 509-662-9691

May the IRS discuss this return with the preparer shown above? See instructions Yes No

SCHEDULE O
(Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

OMB No 1545-0047

2011

Department of the Treasury
Internal Revenue Service

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.

Open to Public
Inspection

Name of the organization

BUILDING NORTH CENTRAL WASHINGTON, INC

Employer identification number

45-3838460

FORM 990-EZ, PART III - ORGANIZATION'S PRIMARY EXEMPT PURPOSE

BUILDING WASHINGTON IS A CONSERVATION NONPROFIT ORGANIZATION WHOSE PURPOSE IS TO
PROTECT SMALL BUSINESS BY THE PROMOTION OF FREE ENTERPRISE IN THE STATE OF
WASHINGTON.

11/15/12

10 55AM

**FORM 990-EZ, PART I, LINE 16
 OTHER EXPENSES**

ADMINISTRATION	\$	235.
OFFICE EXPENSES		68.
TOTAL	\$	303.

**FORM 990-EZ, PART II, LINE 26
 TOTAL LIABILITIES**

	<u>BEGINNING</u>	<u>ENDING</u>
ACCOUNTS PAYABLE AND ACCRUED EXPENSES	\$ 0.	\$ 610.
TOTAL	\$ 0.	\$ 610.

**FORM 990-EZ, PART IV
 LIST OF OFFICERS, DIRECTORS, TRUSTEES, AND KEY EMPLOYEES**

<u>NAME AND ADDRESS</u>	<u>TITLE AND AVERAGE HOURS PER WEEK DEVOTED</u>	<u>COMPEN- SATION</u>	<u>HEALTH BENEFITS & CONTRIB- UTION TO EBP & DC</u>	<u>EXPENSE ACCOUNT & OTHER ALLOWANCES</u>
RYAN KELSO PO BOX 1914 WENATCHEE, WA 98807	PRESIDENT 1	\$ 0.	\$ 0.	\$ 0.
DUSTIN CHRISTENSEN PO BOX 142 WENATCHEE, WA 98807	VICE PRESIDENT 1	0.	0.	0.
JIM BLAIR PO BOX 1410 WENATCHEE, WA 98807	VICE PRESIDENT 1	0.	0.	0.
ED GARDNER 1250 N. WENATCHEE AVE STE. H- WENATCEE, WA 98801	SECRETARY 1	0.	0.	0.
TRAVIS HOFSTETTER 7 N. WENATCHEE AVE., STE. 204 WENATCHEE, WA 98801	TREASURER 1	0.	0.	0.
RANDY GOLD PO BOX 2507 WENATCHEE, WA 98807	DIRECTOR 1	0.	0.	0.
MIKE ARNOLD 868 EASTMONT AVE EAST WENATCHEE, WA 98802	DIRECTOR 1	0.	0.	0.

11/15/12

10:55AM

FORM 990-EZ, PART IV (CONTINUED)
LIST OF OFFICERS, DIRECTORS, TRUSTEES, AND KEY EMPLOYEES

NAME AND ADDRESS	TITLE AND AVERAGE HOURS PER WEEK DEVOTED	COMPEN- SATION	HEALTH BENEFITS & CONTRIB- UTION TO EBP & DC	EXPENSE ACCOUNT & OTHER ALLOWANCES
LEE PFLUGER 5655 SE 4TH ST. EAST WENATCHEE, WA 98802	DIRECTOR 1	\$ 0.	\$ 0.	\$ 0.
BRAD KRONSHNABEL 355 MALAGA ALCOA HWY. WENATCHEE, WA 98801	DIRECTOR 1	0.	0.	0.
JAY BOLLINGER 920 SKYLINE PLACE WENATCHEE, WA 98801	DIRECTOR 1	0.	0.	0.
BRIAN HARPER 314 23RD STREET NE EAST WENATCHEE, WA 98802	DIRECTOR 1	0.	0.	0.
TANYA DAVIS 4968 CONTRACTORS DRIVE EAST WENATCHEE, WA 98802	DIRECTOR 1	0.	0.	0.
GREG WHITE 205 HIDDEN MEADOW DRIVE WENATCHEE, WA 98801	DIRECTOR 1	0.	0.	0.
	TOTAL	\$ 0.	\$ 0.	\$ 0.

2011

FEDERAL EXEMPT ORGANIZATION TAX SUMMARY (EZ)

PAGE

CLIENT 02550

BUILDING NORTH CENTRAL WASHINGTON, INC

05/30/2010

11/15/12

10:56 AM

FORM 990-EZ REVENUE

MEMBERSHIP DUES AND ASSESSMENTS

350

TOTAL REVENUE

350

EXPENSES

PROFESSIONAL FEES/PYMT TO CONTRACTORS

266

PRINTING, PUBLICATIONS, AND POSTAGE

41

OTHER EXPENSES

303

TOTAL EXPENSES

610

NET ASSETS OR FUND BALANCES

EXCESS OR (DEFICIT) FOR THE YEAR

-260

NET ASSETS/FUND BAL. AT BEG. OF YEAR

0

NET ASSETS/FUND BAL. AT END OF YEAR

-260