

See a Social Security Number? Say Something! Report Privacy Problems to https://public.resource.org/privacy Or call the IRS Identity Theft Hotline at 1-800-908-4490



Department of the Treasury

EXTENDED TO NOVEMBER 16, 2015

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations

▶ Do not enter social security numbers on this form as it may be made public.

-	OMP No 1545-0047
	2014
,	(ZU 14)
	Open to Public
	Inspection

	or th	e 2014 calendar year, or tax year beginning and its instructions is	ending	s.gov/id/iiisso. X X ·	
_			,umy	.	
BC	heck if			D Employer identifi	cation number
		THE BUILDING INDUSTRY ASSOCIATION		ļ	
∖∟	_]Addre	OF WHATCOM COUNTY		ļ	
X	Name	Doing business as] 91-1	056624
	Initial		Room/suite	E Telephone numbe	er
	Final	1650 BAKED CDEEK DIACE			671-4247
_	Jreturn termii			G Gross receipts \$	615,902.
	ated Amen	City or town, state or province, country, and ZIP or foreign postal code BELLINGHAM, WA 98226			
⊨	_Jreturn Apple	BEHHINGHAM, WA 90220		H(a) Is this a group r	
L	tion pendi	F Name and address of principal officer. DICIAN EVALUE	, [for subordinates	
		SAME AS C ABOVE	$-\lambda l$	FH(b) Are all subordinates i	ncluded? Yes No
		empt status: 501(c)(3)	r ∟(527)	If "No," attach a	list (see instructions)
		te: ► WWW.BIAWC.COM		H(c) Group exemption	n number
KF	orm o	forganization: X Corporation Trust Association Other	L Year	of formation. 1978	M State of legal domicile; WA
	rt I	Summary			
_	1	Briefly describe the organization's mission or most significant activities THE B	UILDI	NG INDUSTRY	
Governance		ASSOCIATION OF WHATCOM COUNTY REPRESENTS	THOSE	CONCERNED	WITH THE
Jar	_				
ē	2	Check this box If the organization discontinued its operations or dispose	eu oi more	ı	21
é	3	Number of voting members of the governing body (Part VI, line 1a)		3	
<u>مح</u>	4	Number of independent voting members of the governing body (Part VI, line 1b)		4	21
es	5	Total number of individuals employed in calendar year 2014 (Part V, line 2a)		5	6
Activities &	6	Total number of volunteers (estimate if necessary)		6	Ō
Ę	7 a	Total unrelated business revenue from Part VIII, column (C), line 12		7a	0.
•	Ь	Net unrelated business taxable income from Form 990-T, line 34		7b	0.
				Prior Year	Current Year
	8	Contributions and grants (Part VIII, line 1h)		130,415.	95,818.
٦	9	Program service revenue (Part VIII, line 2g)		197,975.	255,238.
Revenue	ł			666.	571.
æ	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		59,658.	82,334.
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	⊢		
	12	Total revenue · add lines 8 through 11 (must equal Part VIII, column (A), line 12)		388,714.	433,961.
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	<u> </u>	4,000.	3,500.
	14	Benefits paid to or for members (Part IX, column (A), line 4)	<u> </u>	0.	0.
S	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		211,386.	224,427.
Expenses	16a	Professional fundraising fees (Part IX, column (A), line 11e)		0.	0.
be		Total fundraising expenses (Part IX, column (D) line 25)	0.		
ũ		Other expenses (Part IX, column (A), lines 1 (a-11d, 11f-24e)		207,834.	187,527.
	18	Total expenses. Add lines 13-17 (must equal Part) X, cqlurfin (A) III e 25		423,220.	415,454.
	1	Total expenses. Add lines 13-17 (must equal Partix), colding (yy) inde 237	<u> </u>	-34,506.	18,507.
es or	19	Revenue less expenses Subtract line 18 from line 12	 -		
Scen		00000115	De	ginning of Current Year	End of Year
SSe	20	Total assets (Part X, line 16)	<u> </u>	1,876,805.	1,923,183.
Net Assets of Fund Balance	21	Total liabilities (Part X, line 26)	<u> </u>	1,068,429.	1,066,300.
<u>폭</u> 코	22	Net assets or fund balances Subtract line 21 from line 20		808,376.	856,883.
	art II	Signature Block			
Und	er pena	lities of perjury, I declare that I have examined this return, including accompanying schedules	and stateme	ents, and to the best of m	y knowledge and belief, it is
true,	, correc	t, and complete. Declaration of preparer (other than officer) is based on all information of which	ch preparer	has any knowledge.	
				IAR	15
Sig	h	Signature of officer		Date Date	
		BRUAN EVANS, EXECUTIVE DIRECTOR		•	
Her	е	Type or print name and title			
			7-1	Date , Check	PTIN
		Print/Type preparer's name Preparer's signature	/	. / /	
Paid		JOSH TURRELL-CPA		10/1/15 self-employ	
	parer	Firm's name LARSON GROSS PLLC		Firm's EIN	91-1663574
Use	Only	Firm's address 2211 RIMLAND DR., STE 422		1	
		BELLINGHAM, WA 98226		Phone no. (3	
Mav	the If	RS discuss this return with the preparer shown above? (see instructions)			X Yes No
_	01 11-0		ns.		Form 990 (2014)

SEE SCHEDULE O FOR ORGANIZATION MISSION STATEMENT CONTINUATION

Form	990 (2014) OF WHATCOM COUNTY 91-105	6624	Page 2
Par	t III Statement of Program Service Accomplishments		
	Check if Schedule O contains a response or note to any line in this Part III		
1	Briefly describe the organization's mission:		
•	THE BUILDING INDUSTRY ASSOCIATION OF WHATCOM COUNTY ADVOCATES	FOR H	OME
	OWNERSHIP AND SERVES AS THE VOICE FOR OUR INDUSTRY IN WHATCOM		
	OWNERDHII AND DERVED IND THE VOICE FOR COR INDUSTRIE IN WHITECOM		
	Dulit was a state of the same		
2	Did the organization undertake any significant program services during the year which were not listed on		X No
	the pnor Form 990 or 990-EZ?	L res	LASLI NO
	If "Yes," describe these new services on Schedule O.	—	X No
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?	L Yes	L ∆ ∟ No
	If "Yes," describe these changes on Schedule O		
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by		
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total	expenses,	and
	revenue, if any, for each program service reported.		
4a	(Code) (Expenses \$) (Revenue \$))
	GOVERNMENTAL AFFAIRS - AS CHAMPIONS OF HOME OWNERSHIP, THE ASS		
	REPRESENTS AND SERVES AS THE VOICE FOR THE BUILDING INDUSTRY	IN WHA	TCOM
	COUNTY BY PROMOTING THE INDUSTRY.		
			
4b	(Code) (Expenses \$ Including grants of \$) (Revenue \$ MEETINGS AND EDUCATION - THE ASSOCIATION ORGANIZES EVENTS THAT	n atte	\TaT }
		r White	-
	ALL MEMBERS THE OPPORTUNITY TO ADVANCE THEIR BUSINESS THROUGH	A CO T CO AT	OF
	NETWORKING WITH OTHER MEMBERS. THESE EVENTS ALSO PROVIDE EDUCATION OF THE PROPERTY OF THE PROP		
	THE ASSOCIATIONS' PROGRAMS THAT MAY BENEFIT ITS MEMBERS FINANCE	ТАГГА	•
4c	(Code) (Expenses \$		
			
4d	Other program services (Describe in Schedule O.)		
	(Expenses \$ including grants of \$) (Revenue \$		
4e	Total program service expenses ▶		
43200		Form	990 (2014)

Form 990 (2014) OF WHATCOM C
Part IV Checklist of Required Schedules OF WHATCOM COUNTY

	,		res	NO
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			v
_	If "Yes," complete Schedule A	2		X
2	Is the organization required to complete Schedule B, Schedule of Contributors? Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
3	public office? If "Yes," complete Schedule C, Part I	3		x
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
*	during the tax year? If "Yes," complete Schedule C, Part II	4		
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
Ŭ	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5	Х	
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			l <u></u>
	Schedule D, Part III	8		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9_		X
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent	10		x
	endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X	10		 ^
11	as applicable.			
2	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
-	Part VI	11a	Х	
b	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total	_		
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		Х
С	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in	444		x
_	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	11d 11e		X
e f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses	٠٠		
•	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	X	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a		X
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
þ				
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000	14b		x
15	or more? <i>If "Yes," complete Schedule F, Parts I and IV</i> Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any	├ ` ~		 -
13	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			_
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			ا
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines		v	
	1c and 8a? If "Yes," complete Schedule G, Part II	18	<u>X</u>	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			X
•-	complete Schedule G, Part III	19 20a		X
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20a 20b		
<u>b</u>	II TES TO IIIIE 20a, OIO THE OTGANIZATION ATTACH & COPY OF ItS AUDITED IIII AITO A STATEMENTS TO THIS TECOMY?		990	(2014)
				7

Form 990 (2014)	OF WHATCOM COUNTY	
Part IV Checklist	of Required Schedules (continued)	

	The Officerist of Medalica Contractory			
			Yes	No
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			х
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		 ^-
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on	22		х
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			<u> </u>
23	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
		23		x
240	Schedule J Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the	20		
248	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete		ľ	
	Schedule K. If *No*, go to line 25a	24a		x
h	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
•	any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	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	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or			
	former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes,"			
	complete Schedule L, Part II	26	<u> </u>	X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial			
	contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member			х
	of any of these persons? If "Yes," complete Schedule L, Part III	27		
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			i
_	Instructions for applicable filing thresholds, conditions, and exceptions) A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		х
_	and the second s	28b	_	X
ь	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,	1		
·	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		х
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		Х
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		Х
31	Did the organization liquidate, terminate, or dissolve and cease operations?			
	If "Yes," complete Schedule N, Part I	31		Х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	1	1	,,
	sections 301 7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33	 - -	X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			_V
	Part V, line 1	34	ļ	X
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		<u> </u>
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity	2EL		
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b	 	_
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?	36		
27	If "Yes," complete Schedule R, Part V, line 2 Did the organization conduct more than 5% of its activities through an entity that is not a related organization	30	 	
37	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37]	x
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?	 	†	 -
	Note. All Form 990 filers are required to complete Schedule O	38	x	
	110.00 at other out more and required to complete desired to		990	(2014)

Par	t V Statements Regarding Other IRS Filings and Tax Compliance			
	Check if Schedule O contains a response or note to any line in this Part V			<u> </u>
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable 1a 0			
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable			l
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			l
	(gambling) winnings to prize winners?	1c		
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,	. 1		
	filed for the calendar year ending with or within the year covered by this return 2a 6	. 1		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	X	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	.		
	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		X
	If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule O	3b		
4a	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		X
b	If "Yes," enter the name of the foreign country: ►			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)			
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		Х
	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit			
	any contributions that were not tax deductible as charitable contributions?	6a	X	
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts		٠,,	
	were not tax deductible?	6b	Х	
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for 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		
С	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	. . .		
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the	8		
_	sponsoring organization have excess business holdings at any time during the year?	-		
9	Sponsoring organizations maintaining donor advised funds.	9a		i
a	Did the sponsoring organization make any taxable distributions under section 4966? Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
- b	Section 501(c)(7) organizations. Enter:	-55		
10	Initiation fees and capital contributions included on Part VIII, line 12			
a	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b			
11	Section 501(c)(12) organizations. Enter			
''	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources against			
D	amounts due or received from them)			
122	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			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
.о	Is the organization licensed to issue qualified health plans in more than one state?	13a		
-	Note. See the instructions for additional information the organization must report on Schedule O			
ь	Enter the amount of reserves the organization is required to maintain by the states in which the			
-	organization is licensed to issue qualified health plans	, 1		
С	Enter the amount of reserves on hand			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		X
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b		
		Form	990	(2014)

OF WHATCOM COUNTY 91-1056624 Form 990 (2014) Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions \mathbf{x} Check if Schedule O contains a response or note to any line in this Part VI Section A. Governing Body and Management Yes No 21 1a Enter the number of voting members of the governing body at the end of the tax year 1a If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O. 21 b Enter the number of voting members included in line 1a, above, who are independent 1h Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other X officer, director, trustee, or key employee? 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? Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? 4 Did the organization become aware during the year of a significant diversion of the organization's assets? 5 X Did the organization have members or stockholders? 6 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or X more members of the governing body? 7a b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or 7b X persons other than the governing body? Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: X 8a a The governing body? $\overline{\mathbf{x}}$ 8b b Each committee with authority to act on behalf of the governing body? 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 Х Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code) Yes No 10a 10a Did the organization have local chapters, branches, or affiliates? b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? 10b X 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? 11a b Describe in Schedule O the process, if any, used by the organization to review this Form 990. X 12a Did the organization have a written conflict of interest policy? If "No," go to line 13 12a X b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? 12b c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe X in Schedule O how this was done 12c X 13 Did the organization have a written whistleblower policy? X 14 Did the organization have a written document retention and destruction policy?

	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a			
	taxable entity during the year?	16a		<u> </u>
þ	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation		İ	
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's		.	
	exempt status with respect to such arrangements?	16b		
Sec	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed ►WA			
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only	avaılab	le	
	for public inspection. Indicate how you made these available. Check all that apply. Own website Another's website X Upon request Other (explain in Schedule 0)			
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, at	nd finan	cial	
	statements available to the public during the tax year			
20	State the name, address, and telephone number of the person who possesses the organization's books and records.			
	ANGELA GRANT - 360-671-4247			
	1650 BAKER CREEK PLACE, BELLINGHAM, WA 98226			
		Form	gan /	2014

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?

a The organization's CEO, Executive Director, or top management official

b Other officers or key employees of the organization

X

15a

Form 990 (2014) Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated **Employees, and Independent Contractors**

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

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

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

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

(A)	(B)			_ (0	C)		_	(D)	(E)	(F)
Name and Title	Average	(do	not c	Pos heck	ition more	than	one	Reportable	Reportable	Estimated
	hours per	box.	unle: cer an	ss pe d a d	rson i	is bot or/trus	h an tee)	compensation from	compensation from related	amount of other
	week (list any	ctor						the	organizations	compensation
	hours for	trustee or director	a,			ge		organization	(W-2/1099-MISC)	from the
	related	nstee	truste		85	Suado		(W-2/1099-MISC)		organization
	organizations below	tual tr	Institutional trustee		nploy	st con	_			and related organizations
	line)	Individual	Institu	Officer	Кеу етріоуее	Highest compensated employee	Богтег			organization:
(1) STEPHANIE ARTINO	2.00	-							_	
TREASURER	 	Х		Щ				0.	0.	0.
(2) MARIA CALLEN	2.00									
SECOND VICE PRESIDENT	<u> </u>	Х				ldash		0.	0.	0.
(3) MARK SCHRAMER	2.00	ا ۔۔ ا						•	ا ۾ ا	•
FIRST VICE PRESIDENT		Х						0.	0.	0.
(4) BRIAN EVANS	40.00	_						F0 000		10 501
EXECUTIVE OFFICER		Х	\Box	Х				50,000.	0.	10,591.
(5) CLEO CALLEN	2.00	,,						•	ا ا	0
PRESIDENT	2.00	Х	-				_	0.	0.	0.
(6) DANNON TRAXLER	2.00	$ _{\mathbf{x}} $						0.	0.	0
ASSOCIATE BOARD (7) DAVID SIMPSON	2.00	쒸	\dashv	-		_			- 0 •	0.
(7) DAVID SIMPSON MEMBER-AT-LARGE	2.00	$ \mathbf{x} $						0.	0.	0.
(8) GARRETT O'BRIEN	2.00	A						- 0.		
BUILDER BOARD	2.00	$ \mathbf{x} $	-					0.	0.	0.
(9) DAN WILLIAMSON	2.00	1		_						
BUILDER BOARD	2.00	x						0.	0.	0.
(10) TONY MOCERI	2.00	-								
BUILDER BOARD		$ _{\mathbf{X}} $						0.	0.	0.
(11) MONTY SMITH	2.00		\neg							
SECRETARY		x						0.	0.	0.
(12) DARCY JONES	2.00								-	
ASSOCIATE BOARD		x						0.	0.	0.
(13) PHIL DYER	2.00									
ASSOCIATE BOARD		x						0.	0.	0.
(14) DAVID EDELSTEIN	1.00									
BUILDER BOARD		x	ļ	Į				0.	0.	0.
(15) DOUG VAN BEEK	1.00		\Box							
BUILDER BOARD		Х						0.	0.	0.
(16) BRENT COWDEN	1.00									
ASSOCIATE BOARD		Х						0.	0.	0.
(17) CRAIG PARKINSON	1.00			J						_
ASSOCIATE BOARD		X						0.	0.	0.
492007 11 07 14										Form 990 (2014)

432007 11-07-14

Form **990** (2014)

Form 990 (2014)

Part VII Section A. Officers, Directors, Trus	T	ploy	ees/			ghe	st C				(5)	
(A)	(B) Average			رر Posi	C) ition	,		(D)	(E)	1,	(F)	
Name and title	hours per		not c	heck ss pe	more	than		Reportable compensation	Reportable compensation	1	Estima amoun	_
	week			nd a d				from	from related		othe	
	(list any	ģ						the	organizations		mpens	
	hours for related	늉	 **			ated		organization	(W-2/1099-MISC)	1	from t	
	organizations	ustee	tast		 #:	bens		(W-2/1099-MISC)		1	rganıza nd rela	
	below	Jual tr	figural		gley.	st con					ganıza	
	line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former					
(18) ROB STAVELAND	1.00		Ī		_	<u> </u>		-	-	1		
BUILDER BOARD		X				_		0.	0	<u>. </u>		0.
(19) DICK SKEERS	1.00									1		_
LIFETIME DIRECTOR	1 00	X	┡	_	<u> </u>	<u> </u>	<u> </u>	0.	0	┿		0.
(20) AUDREY BORDERS	1.00	Į.,				ļ		0.	o	1		0
LIFETIME DIRECTOR	2.00	X	-	\vdash	┝	├-	-	ļ	0	┿		0.
(21) DON ROBINSON	2.00	x	ŀ			İ		0.	0			0.
PAST PRESIDENT (22) JEAN SEXTON	1.00	^	-		-	-	┢╌			╫		
ASSOCIATE BOARD		х						0.	0			0.
			T		-	<u> </u>		ļ				
			ļ									
		$oxed{oxed}$	_		_			****				
			İ									
			<u> </u>		 	├-	<u> </u>			$+\!-\!$		
										1		
1b Sub-total	<u> </u>	1	<u> </u>	L	1		_	50,000.	0	_	10.9	591.
c Total from continuation sheets to Part V	II Section A							0.	0			0.
d Total (add lines 1b and 1c)	ii, 000ti0ii 74						•	50,000.	0	-	10,5	591.
2 Total number of individuals (including but r	not limited to th	ose	liste	ed al	bov	e) wl	ho r	eceived more than \$100	0,000 of reportable			
compensation from the organization	_											0
										_	Yes	No
3 Did the organization list any former officer			e, ke	ey er	nplo	yee	, or	highest compensated e	mployee on			
line 1a? If "Yes," complete Schedule J for s										3	+	<u>x</u>
4 For any individual listed on line 1a, is the si									the organization	١.		x
and related organizations greater than \$15Did any person listed on line 1a receive or									idual for convece	4	+	+
5 Did any person listed on line 1a receive or rendered to the organization? If "Yes," con							CIAL	led organization or maiv	idual for services	5		x
Section B. Independent Contractors	ipiere comedai		0, 0	<u> </u>	, , , , , , , , , , , , , , , , , , , 							
Complete this table for your five highest co	mpensated in	dep	ende	ent c	onti	racto	ors 1	that received more than	\$100,000 of compe	nsatior	from	
the organization Report compensation for												
(A)								(B)			(C)	
Name and business	address	N	ON	€			_	Description of s	services	Comp	ensati	on
							- 1					
			-				\dashv					
							1					
	, ,							d ab a construction of				
2 Total number of independent contractors (iot l	ımıte	a to		ise li N	stec	a above) who received h	nore than			
\$100,000 of compensation from the organ	IZALIUTI P					-				For	n 990	(2014)
432008										. 5.1		,,,

Form 990 (2014)

Part VIII Statement of Revenue Check if Schedule O contains a response or note to any line in this Part VIII (B) Related or Revenue excluded from tax under sections 512 - 514 (C) Unrelated Total revenue exempt function business revenue revenue Contributions, Gifts, Grants and Other Similar Amounts 1 a Federated campaigns 68,517. 1b **b** Membership dues 1c c Fundraising events d Related organizations 1e e Government grants (contributions) All other contributions, gifts, grants, and 27,301 similar amounts not included above Noncash contributions included in lines 1a-1f \$ 95,818. Total. Add lines 1a-1f **Business Code** 541800 255,238. 255,238 MARKETING ASSISTANCE Program Service All other program service revenue 255,238. Total. Add lines 2a-2f Investment income (including dividends, interest, and 571. 571. other similar amounts) Income from investment of tax-exempt bond proceeds 5 Royalties (ı) Real (II) Personal 39,001. 6 a Gross rents 10,184. b Less: rental expenses 28,817. c Rental income or (loss) 28,817. 28,817. d Net rental income or (loss) (i) Securities (ii) Other 7 a Gross amount from sales of assets other than inventory b Less: cost or other basis and sales expenses c Gain or (loss) d Net gain or (loss) 8 a Gross income from fundraising events (not Other Revenue including \$ contributions reported on line 1c). See а 225,274. ь 171,757. Part IV, line 18 b Less: direct expenses 53,517. c Net income or (loss) from fundraising events 53,517. 9 a Gross income from gaming activities See Part IV, line 19 b Less direct expenses c Net income or (loss) from gaming activities 10 a Gross sales of inventory, less returns and allowances b Less cost of goods sold c Net income or (loss) from sales of inventory **Business Code** Miscellaneous Revenue 11 a b d All other revenue Total. Add lines 11a-11d ō. 433,961. 255,238. 82,905. Total revenue. See instructions. Form 990 (2014)

Form 990 (2014) OF WHATCOM CO
Part IX Statement of Functional Expenses

Section	on 501(c)(3) and 501(c)(4) organizations must com			omplete column (A)	
	Check if Schedule O contains a respon	se or note to any line in	this Part IX	(C)	(D)
	ot include amounts reported on lines 6b, Bb, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic	3,500.			
_	individuals. See Part IV, line 22	3,300.			
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	Individuals. See Part IV, lines 15 and 16	.		 	
4	Benefits paid to or for members Compensation of current officers, directors,			-	
5	trustees, and key employees	48,558.			
6	Compensation not included above, to disqualified	20,0001			
•	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	113,063.			
8	Pension plan accruals and contributions (include				
_	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits	23,936.			
10	Payroll taxes	38,870.			
11	Fees for services (non-employees):				
а	Management	1,005.			
b	Legal	4,227.			
С	Accounting	7,400.			
d	Lobbying				
е	Professional fundraising services. See Part IV, line 17				
f	Investment management fees			 	
g	Other (If line 11g amount exceeds 10% of line 25,				
	column (A) amount, list line 11g expenses on Sch 0.)	7,533.	·		
12	Advertising and promotion	1,163.		 	
13	Office expenses	1,103.			
14 15	Information technology Royalties				
16	Occupancy		····		
17	Travel	7,855.			
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest	36,453.			
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	61,302.			
23	Insurance	6,918.			
24	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
а	DITTI DING MATNIMENTANCE	15,783.			
b	UTILITIES	14,879.			
c	OTHER PROGRAM EXPENSE	7,262.			
d	SUBSCRIPTIONS & EDUCATI	7,247.			
	All other expenses	8,500.			
25	Total functional expenses. Add lines 1 through 24e	415,454.			
26	Joint costs. Complete this line only if the organization				
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here if following SOP 98-2 (ASC 958-720)		<u> </u>	<u> </u>	5 900 (201.4)

art	<u> </u>	Balance Sheet					
		Check if Schedule O contains a response or not	e to ar	y line in this Part X			
					(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing			326.	1	12,109
1	2	Savings and temporary cash investments	262,279.	2	335,709		
1	3	Pledges and grants receivable, net			3		
	4	Accounts receivable, net			50,769.	4	37,941
	5	Loans and other receivables from current and for					
	-	trustees, key employees, and highest compensa					
		Part II of Schedule L		` ´		5	
	6	Loans and other receivables from other disqualit	fied pe	rsons (as defined under			
1	-	section 4958(f)(1)), persons described in section		1			
		employers and sponsoring organizations of sect					
		employees' beneficiary organizations (see instr).				6	
ı	7	Notes and loans receivable, net				7	
	8	Inventories for sale or use		·		8	
	9	Prepaid expenses and deferred charges		Ì	1,696.	9	24,83
.		Land, buildings, and equipment cost or other	1 1	Ì			
		basis. Complete Part VI of Schedule D	10a	1,968,866.			
-	b	Less. accumulated depreciation	10b	462,057.	1,555,710.	10c	1,506,80
1.	11	Investments - publicly traded securities				11	
- 1	12	Investments - other securities. See Part IV, line 1	11			12	
	13	Investments - program-related. See Part IV, line				13	
	14	Intangible assets			6,025.	14	5,77
- 1	15	Other assets. See Part IV, line 11				15	
	16	Total assets. Add lines 1 through 15 (must equa	al line :	34)	1,876,805.	16	1,923,18
1	17	Accounts payable and accrued expenses			23,811.	17_	39,98
-	18	Grants payable			18		
1.	19	Deferred revenue			135,841.	19	142,59
:	20	Tax-exempt bond liabilities				20	
:	21	Escrow or custodial account liability. Complete I	⊃art IV	of Schedule D		21	
:	22	Loans and other payables to current and former	office	s, directors, trustees,			
		key employees, highest compensated employee	s, and	disqualified persons.		}	
		Complete Part II of Schedule L				22	
:	23	Secured mortgages and notes payable to unrela	ated th	rd parties	908,777.	23	883,72
1:	24	Unsecured notes and loans payable to unrelated	d third	parties		24	
:	25	Other liabilities (including federal income tax, pa	yables	to related third			
		parties, and other liabilities not included on lines	17-24	Complete Part X of			
		Schedule D			·	25	
	26	Total liabilities. Add lines 17 through 25			1,068,429.	26	1,066,30
T		Organizations that follow SFAS 117 (ASC 958), che	k here 🕨 🐰 and			
		complete lines 27 through 29, and lines 33 an	d 34.				0-6-00
:	27	Unrestricted net assets			808,376.	27	856,88
:	28	Temporanly restricted net assets				28	
:	29	Permanently restricted net assets				29	
- [Organizations that do not follow SFAS 117 (A	SC 95	3), check here ▶└──			
		and complete lines 30 through 34.					
:	30	Capital stock or trust principal, or current funds				30	
ાં :	31	Paid-in or capital surplus, or land, building, or ed				31	
	32	Retained earnings, endowment, accumulated in	come,	or other funds	0.00	32	
: ;	33	Total net assets or fund balances		ļ	808,376. 1,876,805.	_33	856,88
		Total liabilities and net assets/fund balances			1 07 <i>C</i> 07 C	34	1,923,18

THE BUILDING INDUSTRY ASSOCIATION OF WHATCOM COUNTY

Form	990 (2014) OF WHATCOM COUNTY	91-1	056624	Pag	ge 12
Par	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				
			400		
1	Total revenue (must equal Part VIII, column (A), line 12)	1			<u>61.</u>
2	Total expenses (must equal Part IX, column (A), line 25)	2			54.
3	Revenue less expenses. Subtract line 2 from line 1	3			07.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	808	1,3	76.
5	Net unrealized gains (losses) on investments	5			
6	Donated services and use of facilities	6	30	0,0	00.
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain in Schedule O)	9 _			0.
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33,				
	column (B))	10	856	, 8	<u>83.</u>
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				ᆜ
1	Accounting method used to prepare the Form 990 Cash X Accrual Other		_ ┌┤	Yes	No
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	O.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a	X	<u> </u>
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewe	d on a	1 1		
	separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
Ь	Were the organization's financial statements audited by an independent accountant?		2b		X
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separa	te basis,	1 1		
	consolidated basis, or both		1 1		
	Separate basis Consolidated basis Both consolidated and separate basis		j l		
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	ne audit,	1 1		7.7
	review, or compilation of its financial statements and selection of an independent accountant?		2c		Х
	If the organization changed either its oversight process or selection process during the tax year, explain in Sch				l
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Si	ngle Audıt			77
	Act and OMB Circular A-133?		3a		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requ	ııred audıt			į
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits		3b		
			Form	9 90 (2014)

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.

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

2014

Open to Public Inspection

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

- 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

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)): Complete Part II-A. Do not complete Part II-B
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)). Complete Part II-B. Do not complete Part II-B.

If the organization answered "Yes," to Form 990, Part IV, line 5 (Proxy Tax) (see separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (see separate instructions), then

A Com	tion 501/a)/4) /5) ar /6) arganizat	iona: Complete Bart III			
	tion 501(c)(4), (5), or (6) organizat	LDING INDUSTRY A	SSOCIATION	Emp	oloyer identification number
	•	COM COUNTY			91-1056624
Part		anization is exempt und	er section 501(c)	or is a section 527	
2 Po	ovide a description of the organiz litical expenditures lunteer hours	ation's direct and indirect politic	al campaign activities	ın Part IV ▶	\$
Part	-B Complete if the org	anization is exempt und	ler section 501(c)	(3).	
	ter the amount of any excise tax				\$
	ter the amount of any excise tax			>	\$
	he organization incurred a sectio				Yes No
4a Wa	as a correction made?		•		Yes No
	Yes," describe in Part IV.				
Part	I-C Complete if the org	anization is exempt und	ler section 501(c)	, except section 501	(c)(3).
1 En	ter the amount directly expended	by the filing organization for se	ction 527 exempt func	tion activities	\$
2 En	ter the amount of the filing organ	zation's funds contributed to ot	her organizations for s	ection 527	
exe	empt function activities			>	\$
3 To	tal exempt function expenditures	. Add lines 1 and 2. Enter here a	and on Form 1120-POL	-,	
line	e 17b			•	·
4 Did	d the filing organization file Form	1120-POL for this year?			└── Yes └── No
ma	ter the names, addresses and en ade payments. For each organiza intributions received that were pro- litical action committee (PAC). If	tion listed, enter the amount pai omptly and directly delivered to	d from the filing organi a separate political org	zation's funds. Also enter ganization, such as a sepa	the amount of political
	(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds If none, enter -0	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization. If none, enter ·0·.
		· · · · · ·			
		_			

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

Schedule C (Form 990 or 990-EZ) 2014

LHA 432041 10-21-14

Schedule C (Form 990 or 990-EZ) 2014 OF Part II-A Complete if the organize	WHATCOM	COUNTY	n 501(c)(3) and file	91-1 ed Form 5768 (L056624 Page 2
section 501(h)).	ation is exc	mpt under sectio	n oo nono, and m	ca i oim oroo (olootion dildoi
A Check I if the filing organization b	elongs to an aff	filiated group (and list in	n Part IV each affiliated	group member's nar	ne, address, EIN,
expenses, and share of	excess lobbying	expenditures).			
B Check if the filing organization of	hecked box A a	nd "limited control" pro	ovisions apply.		
	Lobbying Expe		1	(a) Filing organization's	(b) Affiliated group totals
			,	totals	
1a Total lobbying expenditures to influence					
b Total lobbying expenditures to influence		dy (direct lobbying)			
c Total lobbying expenditures (add lines 1	a and 1b)				
d Other exempt purpose expenditures					
e Total exempt purpose expenditures (ad			ļ		<u> </u>
f Lobbying nontaxable amount. Enter the		e following table in bot	h columns.		
If the amount on line 1e, column (a) or (b)	s: The lol	obying nontaxable am	ount is:		
Not over \$500,000	20%_of	the amount on line 1e			
Over \$500,000 but not over \$1,000,000	\$100,0	00 plus 15% of the exc	ess over \$500,000		
Over \$1,000,000 but not over \$1,500,00	00 \$175,0	00 plus 10% of the exc	ess over \$1,000,000.		
Over \$1,500,000 but not over \$17,000,0	000 \$225,0	00 plus 5% of the exce	ess over \$1,500,000.		
Over \$17,000,000	\$1,000	,000.			
					L
g Grassroots nontaxable amount (enter 2	5% of line 1f)				
h Subtract line 1g from line 1a. If zero or I					
i Subtract line 1f from line 1c. If zero or le					
j If there is an amount other than zero on	•	r line 11, did the organiz	ation file Form 4720		
reporting section 4911 tax for this year		, , ,		_	Yes No
reporting cootion to the target and participation of the target and target and the target and the target and the target and the target and the target and the target and target an		eraging Period Under	section 501(h)		
(Some organizations that n	ade a section :		have to complete all	of the five columns	below.
	Lobbying Expe	enditures During 4-Ye	ar Averaging Period	<u> </u>	
		T			
Calendar year (or fiscal year beginning in)	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) Total
2a Lobbying nontaxable amount					
b Lobbying ceiling amount					
(150% of line 2a, column(e))					
c Total lobbying expenditures					
d Grassroots nontaxable amount					<u>-</u>
e Grassroots ceiling amount					
(150% of line 2d, column (e))			ļ	- · · · - · · - · · · · · · · · · · · ·	<u> </u>
f Grassroots lobbying expenditures					

Schedule C (Form 990 or 990-EZ) 2014

Schedule C (Form 990 or 990-EZ) 2014 OF WHATCOM COUNTY 91-105662

Part II-B Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).

For e	each "Yes," response to lines 1a through 1i below, provide in Part IV a detailed description	(a	i)	(t	
	e lobbying activity	Yes	No	Amo	ount
1	During the year, did the filing organization attempt to influence foreign, national, state or				
	local legislation, including any attempt to influence public opinion on a legislative matter				
	or referendum, through the use of:				
_	Volunteers?				
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?				
	Media advertisements?				
	Mailings to members, legislators, or the public?				
	Publications, or published or broadcast statements?				
f	Grants to other organizations for lobbying purposes?	ļ	<u> </u>		
g					
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?				
i	Other activities?				
j	Total. Add lines 1c through 1i	<u> </u>			
	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?				
	If "Yes," enter the amount of any tax incurred under section 4912		}		
	If "Yes," enter the amount of any tax incurred by organization managers under section 4912	—			
	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?	ion 501/o)	<u>(5) 07 00</u>	otion	
Pai	t III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(6).		(5), Or se		
				Yes	No
1	Were substantially all (90% or more) dues received nondeductible by members?		1		X
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?		2		X
3	Did the organization agree to carry over lobbying and political expenditures from the prior year? III-B Complete if the organization is exempt under section 501(c)(4), section 501 (c)(4).	504()	3		X
	501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered answered "Yes."	i "No," OI	R (b) Pari	t III-A, lir	ne 3, is
1	Dues, assessments and similar amounts from members	ioal	1		3,730.
2	Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenditures).	icai			
_	expenses for which the section 527(f) tax was paid).		2a		4,800.
	Current year		2b		1,000.
	Carryover from last year		2c		4,800.
	Total		3		4,800.
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues if notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the ex	2000			-,000.
4					
	does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and	political			
5	expenditure next year? Taxable amount of lobbying and political expenditures (see instructions)		5		
	rt IV Supplemental Information				
	ride the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated grou	n list\: Part II	Δ lines 1	and 2 (see	
	uctions); and Part II-B, line 1. Also, complete this part for any additional information.	p 115ty, rait 11	-A, iii les 1 (110 2 (300	
ırısır	uctions); and Part II-b, line 1. Also, complete this part for any additional information.				
					

SCHEDULE D

(Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

Supplemental Financial Statements

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

Attach to Form 990.

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

Inspection

THE BUILDING INDUSTRY ASSOCIATION OF WHATCOM COUNTY

Employer identification number 91-1056624

OMB No 1545-0047

Pai	t I Organizations Maintaining Donor Advise	ed Funds or Other Similar Funds or	Accou	Ints.Complete if the			
	organization answered "Yes" to Form 990, Part IV, lin			·			
		(a) Donor advised funds	(b) Fur	ids and other accounts			
1	Total number at end of year		_				
2	Aggregate value of contributions to (during year)						
3	Aggregate value of grants from (during year)						
4	Aggregate value at end of year						
5	Did the organization inform all donors and donor advisors in	writing that the assets held in donor advised	funds				
_	are the organization's property, subject to the organization's			Yes No			
6	Did the organization inform all grantees, donors, and donor a		ed only				
•	for charitable purposes and not for the benefit of the donor of						
	impermissible private benefit?	or definer devices, or for daily extress purpose con		Yes No			
Pai		ganization answered "Yes" to Form 990. Part	IV. line 7.				
1	Purpose(s) of conservation easements held by the organizat		,				
•	Preservation of land for public use (e.g., recreation or e	, —————, , , , ,	ally impoi	rtant land area			
	Protection of natural habitat	Preservation of a certified	•				
	Preservation of open space	Treservation of a sertifice	111310110	Structure			
2	Complete lines 2a through 2d if the organization held a quali	fied conservation contribution in the form of a	consen	ation easement on the last			
_	day of the tax year	med conservation contribution in the form of a	CONSCIV	ation easement on the last			
	day of the tax year			Held at the End of the Tax Year			
а	Total number of conservation easements		2a	THE CALL OF THE LAX LOCAL			
b	Total acreage restricted by conservation easements		2b	· · · · · · · · · · · · · · · · · · ·			
	Number of conservation easements on a certified historic sti	ructure included in (a)	2c				
9	Number of conservation easements and a certified historic structured of conservation easements included in (c) acquired	20	· · · · · · · · · · · · · · · · · · ·				
u	listed in the National Register	arter 6/17/00, and not on a historic structure	2d				
3	•	lessed extinguished or terminated by the or		L during the tay			
3							
4	year ▶	sament is located					
5	Does the organization have a written policy regarding the pe						
3	violations, and enforcement of the conservation easements			Yes No			
6	Staff and volunteer hours devoted to monitoring, inspecting,		a the ves				
7	Amount of expenses incurred in monitoring, inspecting, and	-					
8	Does each conservation easement reported on line 2(d) about			Ψ			
0	and section 170(h)(4)(B)(ii)?	ve satisfy the requirements of section 170(1)(-	+)(□)(i)	Yes No			
9	In Part XIII, describe how the organization reports conservat	ion agramants in its revenue and expense sta	tomont :				
9	include, if applicable, the text of the footnote to the organiza	•					
	conservation easements.	tion's infancial statements that describes the	Organiza	tion's accounting for			
Pai	t III Organizations Maintaining Collections of	f Art. Historical Treasures, or Othe	r Simil	ar Assets			
	Complete if the organization answered "Yes" to Form						
12	If the organization elected, as permitted under SFAS 116 (AS		t and hal	ance sheet works of art			
Ia	historical treasures, or other similar assets held for public ex						
	the text of the footnote to its financial statements that descr		or public	Service, provide, in tact XIII,			
	If the organization elected, as permitted under SFAS 116 (AS		d halance	sheet works of art historical			
U	treasures, or other similar assets held for public exhibition, e						
	•	ducation, or research in furtherance of public	Scivice,	provide the following amounts			
	relating to these items			œ			
	(i) Revenue included in Form 990, Part VIII, line 1			\$ \$			
_	(ii) Assets included in Form 990, Part X	acures or other similar seeds for financial as					
2	If the organization received or held works of art, historical tre		iii, provic	i c			
_	the following amounts required to be reported under SFAS 1	TO (AGO 500) relating to these items.	_	¢			
a	Revenue included in Form 990, Part VIII, line 1			\$ \$			
b	Assets included in Form 990, Part X			Φ			

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. 432051 10-01-14

Sche	Schedule D (Form 990) 2014 OF WHATCOM COUNTY 91-1056624 Page 2										
	Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets(continued)										
3	Using the organization's acquisition, accessi	on, and other record	ls, checl	k any of the	following tha	it are a si	gnificant	use of its	collection	rtems	
_	(check all that apply):	4		l oan or evol	nange progra	ame					
a	Public exhibition	e e		Other	larige progra	a1115					
b	Scholarly research Preservation for future generations	•		Ou ler							
C	Provide a description of the organization's co	Mostions and explan	n how th	ov further ti	ne organizati	on's ever	not num	nse in Par	XIII		
	During the year, did the organization solicit of							030 1111 41	. /		
	to be sold to raise funds rather than to be me					Ci Sirimar	233013		Yes		No
Par						"Yes" to	Form 990). Part IV. I			
r ai	reported an amount on Form 990, Pa		J.C 11 (110	, o, gai iizatio	.,	100 10		,, , .			
12	Is the organization an agent, trustee, custod		liary for	contribution	s or other as	sets not	included				
10	on Form 990, Part X?		,						Yes		No
h	If "Yes," explain the arrangement in Part XIII	and complete the fo	llowing	table:							
U	ii 165, explain the unangement iii are sui	and complete the							Amount		
С	Beginning balance						1c				
	Additions during the year						1d				
	Distributions during the year						1e				
f	Ending balance						1f				
2a	Did the organization include an amount on F	orm 990, Part X, line	21, for	escrow or cu	ustodial acco	ount liabil	ity?		Yes		No
	If "Yes," explain the arrangement in Part XIII.										
Par	t V Endowment Funds. Complete	f the organization ar	swered	"Yes" to Fo	rm 990, Part	IV, line 1	0.				
		(a) Current year	(b) F	rior year	(c) Two yea	rs back	(d) Three y	years back	(e) Four	years b	ack
1a	Beginning of year balance										
b	Contributions										
С	Net investment earnings, gains, and losses							_			
d	Grants or scholarships										
e	Other expenditures for facilities										
	and programs										
f	Administrative expenses				<u> </u>						
g	End of year balance		L		<u> </u>			_			
2	Provide the estimated percentage of the cur	rent year end baland	ce (line 1	g, column (a	a)) held as:						
а	Board designated or quasi-endowment		_%								
b	Permanent endowment >	%									
C	Temporarily restricted endowment ▶	%									
	The percentages in lines 2a, 2b, and 2c show										
3a	Are there endowment funds not in the posse	ession of the organiz	ation th	at are held a	ind administe	ered for th	he organi	zation	Γ.		
	by									Yes	NO_
	(i) unrelated organizations								3a(i)	\dashv	
	(ii) related organizations		C-b-	duta DO					3a(ii)	\dashv	
	If "Yes" to 3a(ii), are the related organization								30		
Box	Describe in Part XIII the intended uses of the		Jwinerit	lurios						_	
Pai	Complete if the organization answere) Part I\	/ line 11a S	see Form 990) Part X	line 10.				
		(a) Cost or o		T	or other		ccumulat	ed l	(d) Book	value	
	Description of property	basis (investi			(other)		oreciation		(4, 500)	· value	
	Land	223.5 (350.0	/		0,000.			- -	240	0,00	00.
1a h	Land Buildings				3,453.	1	178,3	21.		,13	
	Leasehold improvements				2,653.		124,0			3,65	
c d	Equipment	·-			2,760.		159,7			3,02	
	Other				•						
	I. Add lines 1a through 1e (Column (d) must e	equal Form 990, Part	X, colui	mn (B), line	10c.)				1,506	5,80	9.
											

<u>1.</u>	(a) Description of hability	(B) 500K 1480
(1) Federa	income taxes	
(2)		
(3)		
(4)		
(5)		
(6)		
(7)	·	
(8)		
(9)		
Total. (Column	(b) must equal Form 990, Part X, col (B) line 25)	

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

THE BUILDING INDUSTRY ASSOCIATION 91-1056624 Page 4 OF WHATCOM COUNTY Schedule D (Form 990) 2014 Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return. Complete if the organization answered "Yes" to Form 990, Part IV, line 12a. Total revenue, gains, and other support per audited financial statements 2 Amounts included on line 1 but not on Form 990, Part VIII, line 12. 2a a Net unrealized gains (losses) on investments b Donated services and use of facilities 2b c Recoveries of prior year grants 2c 2d d Other (Describe in Part XIII) e Add lines 2a through 2d 3 Subtract line 2e from line 1 Amounts included on Form 990, Part VIII, line 12, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b **b** Other (Describe in Part XIII.) c Add lines 4a and 4b Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12) Part XII | Reconciliation of Expenses per Audited Financial Statements With Expenses per Return. Complete if the organization answered "Yes" to Form 990, Part IV, line 12a. Total expenses and losses per audited financial statements 1 Amounts included on line 1 but not on Form 990, Part IX, line 25: a Donated services and use of facilities 2b **b** Prior year adjustments c Other losses 2c d Other (Describe in Part XIII.) 2d e Add lines 2a through 2d 2e Subtract line 2e from line 1 3 Amounts included on Form 990, Part IX, line 25, but not on line 1: a Investment expenses not included on Form 990, Part VIII, line 7b b Other (Describe in Part XIII.) c Add lines 4a and 4b 4c Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18) Part XIII Supplemental Information. Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4, Part IV, lines 1b and 2b, Part V, line 4, Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information. PART X, LINE 2: THE ASSOCIATION IS A NON-PROFIT ORGANIZATION UNDER SECTION 501(C)(6) OF THE INTERNAL REVENUE CODE AND IS THEREFORE EXEMPT FROM FEDERAL INCOME TAX ON INCOME DERIVED FROM ACTIVITIES RELATED TO ITS TAX EXEMPT PURPOSES. ACCORDINGLY, NO PROVISION FOR INCOME TAX IS NECESSARY. THE ASSOCIATION EVALUATES UNCERTAIN TAX POSITIONS WHEREBY THE EFFECT OF THE UNCERTAINTY WOULD BE RECORDED IF THE OUTCOME WAS CONSIDERED PROBABLE AND REASONABLY ESTIMABLE. AS OF DECEMBER 31,2014 AND 2013, THE ORGANIZATION HAD NO

THE YEARS ENDED DECEMBER 31, 2014 AND 2013, RELATED TO THE FILING OF THE NON-PROFIT RETURN. TAX RETURNS FOR THE PRIOR THREE FISCAL YEARS REMAIN

RECOGNIZE ANY PENALTIES OR INTEREST IN THE STATEMENTS OF ACTIVITIES FOR

UNCERTAIN TAX POSITIONS REQUIRING ACCRUAL. THE ASSOCIATION DID NOT

THE BUILDING INDUSTRY ASSOCIATION 91-1056624 Page 5 Schedule D (Form 990) 2014 OF WHATCOM Part XIII Supplemental Information (continued) OF WHATCOM COUNTY SUBJECT TO EXAMINATION BY MAJOR TAX JURISDICTIONS.

SCHEDULE G

(Form 990 or 990-EZ)

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.

OMB No 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Information about Schedule G (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form 990 THE BUILDING INDUSTRY ASSOCIATION Name of the organization

Employer identification number

91-1056624

OF WHATCOM COUNTY Fundraising Activities. Complete if the organization answered "Yes" to Form 990, Part IV, line 17. Form 990-EZ filers are not

required to complete this part	•						
1 Indicate whether the organization raise	ed funds through any of the following	ia acti	vities	Check all that apply			
 Indicate whether the organization raised funds through any of the following activities. Check all that apply. Mail solicitations E Solicitation of non-government grants 							
			_	nment grants			
			_	-			
c Phone solicitations	g L Special	tundra	using	events			
d lad in-person solicitations							
2 a Did the organization have a written or	r oral agreement with any individual	(ınclu	ding o	fficers, directors, tru:	stees or		
key employees listed in Form 990, Pa	art VII) or entity in connection with p	rofess	ional f	undraising services?	Yes	L No	
b if "Yes," list the ten highest paid indiv						be	
compensated at least \$5,000 by the			Ŭ				
Compensated at least 40,000 by the							
		(iii) fundr	Did		(v) Amount paid	(vi) Amount paid	
(i) Name and address of ındıvıdual	(ii) Activity	l have c	ustodv	(iv) Gross receipts	to (or retained by)	to (or retained by)	
or entity (fundraiser)	(,	or con contrib	trol of	from activity	fundraiser listed in col (i)	organization	
		-			noted in cor (i)		
		Yes	No				
-						· · · · · · · · · · · · · · · · · · ·	
				-			
Total							
3 List all states in which the organization	n is registered or licensed to solicit o	ontrib	utions	or has been notified	d it is evernt from r	agistration	
or licensing.	Tis registered of incerised to solicit e	,0111110	duoni	or nas been notine	a it is exempt from the	ogioti ution	
or licensing.				· · · · · · · · · · · · · · · · · · ·	 		
						· · · · · · · · · · · · · · · · · · ·	
					 		

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

Schedule G (Form 990 or 990-EZ) 2014

Sch	<u>edul</u>	le G (Form 990 or 990-EZ) 2014 OF WHAT	COM COUNTY			1056624 Page 2
Pa	rt l		=			
		of fundraising event contributions and gr				ots greater than \$5,000
			(a) Event #1	(b) Event #2	(c) Other events	(d) Total events
			HOME CHOM	GOLF TOURNAMENT	NONE	(add col (a) through
			HOME SHOW (event type)	(event type)	(total number)	col. (c))
ne			(event type)	(event type)	(total number)	
Revenue	1	Gross receipts	198,664.	26,610.		225,274.
æ	•	Gross receipts				
	2	Less: Contributions				
			 :			
	3	Gross income (line 1 minus line 2)	198,664.	26,610.		225,274.
				1 500		1 574
	4	Cash prizes	66.	1,508.		1,574.
	_	Namasah awasa				,
S	5	Noncash prizes				
ense	6	Rent/facility costs	59,139.	12,985.		72,124.
Direct Expenses	ľ	None to the second				
SC E	7	Food and beverages				
Ö		-			(.	
	8	Entertainment				
	9	Other direct expenses	88,962.	9,097.		98,059.
	10	, ,			>	171,757. 53,517.
Pa	ırt	Net income summary. Subtract line 10 from I Gaming. Complete if the organization	ine 3, column (d) answered "Yes" to Form	990. Part IV. line 19. or	reported more than	1 33,317.
<u>ن</u>		\$15,000 on Form 990-EZ, line 6a.	anomoroa ros to com		roportod moro man	
			(a) Pingo	(b) Pull tabs/instant	(c) Other gaming	(d) Total gaming (add
Revenue			(a) Bingo	bingo/progressive bingo	(c) Other garning	col. (a) through col. (c))
eve.						
	1	Gross revenue			<u> </u>	_
ses	2	Cash prizes				
Direct Expenses	3	Noncash prizes				
Ä		Noncasti prizes				
ēct	4	Rent/facility costs				
Ö		,				
	5	Other direct expenses				
			Yes %	Yes %	Yes %	
	6	Volunteer labor	L No	No No	No No	
	_					
	7	Direct expense summary. Add lines 2 throug	n 5 in column (a)			
	8	Net gaming income summary. Subtract line 7	7 from line 1 column (d)		•	
_		Not garring moonle summary, cost det into	1 0 1 1 0 1 1 0 1 1 1 1 1 1 1 1 1 1 1 1		· · · · · · · · · · · · · · · · · · ·	. '
9	En	ter the state(s) in which the organization cond	ucts gaming activities:			_
a	ı İs	the organization licensed to conduct gaming a	ctivities in each of these	states?		Yes No
t) If '	'No," explain:				
	_			,, , , , , , , , , , , , , , , , , , ,		
			noveled even and ad 4	arminated disease the task	woor?	Yes No
		ere any of the organization's gaming licenses r			year '	LI TES LINO
C	, 11	'Yes," explain:				
	_					
		2004			Schodula G (Ed	orm 990 or 990-EZ) 2014
4320	182 O	8-28-14			Juneaule G (FC	

Schedule G (Form 990 or 990-EZ) 2014 OF WHATCOM COUNTY	91-1056624 Page 3
11 Does the organization conduct gaming activities with nonmembers?	L Yes L No
12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed	
to administer charitable gaming?	└─ Yes └─ No
13 Indicate the percentage of gaming activity conducted in:	
a The organization's facility	13a %
b An outside facility	13b %
14 Enter the name and address of the person who prepares the organization's gaming/special events books and reco	ords
Name	
Address	☐ Yes ☐ No
15a Does the organization have a contract with a third party from whom the organization receives gaming revenue?	L res L No
b If "Yes," enter the amount of gaming revenue received by the organization ▶\$ and the am	ount
of gaming revenue retained by the third party > \$	
c If "Yes," enter name and address of the third party:	
Name	
Address ▶	
16 Gaming manager information:	
To Guilling manager information.	
Name	
Gaming manager compensation ▶ \$	
Carriing manager compensation P	
Description of services provided	
Director/officer Employee Independent contractor	
17 Mandatory distributions:	
a is the organization required under state law to make charitable distributions from the gaming proceeds to	
retain the state gaming license?	Yes No
b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spen	t in the
organization's own exempt activities during the tax year > \$	
Part IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v), and	Part III, lines 9, 9b, 10b, 15b,
15c, 16, and 17b, as applicable. Also provide any additional information (see instructions)	
	
432083 08-28-14 Schedul	e G (Form 990 or 990-EZ) 2014

, Schedule G	(Form 990 or 990-FZ)			INDUSTRY	ASSOCIATI	ON	91-1056624	Page 4
Part IV	(Form 990 or 990-EZ) Supplemental Infor	matio	n (continued)					ugo v
			, , , , , , , , , , , , , , , , , , , ,					
				_		- -		
								
								
							 	
					· · · · ·			
				<u> </u>				
					•			
	·							
								
					····	•		
					•			
								
				 				
						 		

SCHEDULE O (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or 990-EZ.

2014
Open to Public

Inspection

Name of the organization

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

Remplo THE BUILDING INDUSTRY ASSOCIATION

Emplo

Employer identification number 91-1056624

Name of the organization THE BUILDING INDUSTRY

OF WHATCOM COUNTY

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

CURRENT AND FUTURE INTERESTS OF THE BUILDING AND CONSTRUCTION INDUSTRY

OF WHATCOM COUNTY, ITS EMPLOYEES AND CONSUMERS, OUR ASSOCIATION IS A

NOT-FOR-PROFIT ORGANIZATION ESTABLISHED IN 1978, IS AFFILIATED WITH THE

BUILDING INDUSTRY OF WASHINGTON AND THE NATIONAL ASSOCIATION OF HOME

BUILDERS.

FORM 990, PART VI, SECTION A, LINE 6:

THE ORGANIZATION IS ORGANIZED AS A MEMBER- SUPPORTED EXEMPT ENTITY.

FORM 990, PART VI, SECTION A, LINE 7A:

MEMBERS ELECT BOARD MEMBERS AT THE ANNUAL MEMBERS' MEETING.

FORM 990, PART VI, SECTION A, LINE 7B:

BYLAW CHANGES AND OTHER DECISIONS SPECIFIED IN THE BYLAWS ARE SUBJECT TO APPROVAL BY THE MEMBERS.

FORM 990, PART VI, SECTION B, LINE 11:

FORM 990 IS REVIEWED BY THE FINANCE COMMITTEE AND THE EXECUTIVE COMMITTEE.

THE EXECUTIVE COMMITTEE APPROVES THE FORM 990, AND THE BOARD OF DIRECTORS

REVIEWS THE FORM 990 AT THE SUBSEQUENT BOARD MEETING PRIOR TO FILING.

FORM 990, PART VI, SECTION B, LINE 12C:

EACH OF THE BOARD OF DIRECTORS ANNUALLY SIGNS THE CONFLICT OF INTEREST POLICY. IF ANY CONFLICT ARISES DURING THE YEAR, THE BOARD FOLLOWS THE

ACTIONS OUTLINED IN THE POLICY.

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. 432211 08-27-14

Schedule O (Form 990 or 990-EZ) (2014)

Name of the organization OF WHATCOM COUNTY Name of the organization OF WHATCOM COUNTY	Employer identification number 91-1056624
FORM 990, PART VI, SECTION B, LINE 15A:	
COMPENSATION IS DETERMINED BY THE BOARD BASED ON BUDGET I	IMITS AND COST OF
LIVING ANALYSIS.	
FORM 990, PART VI, SECTION C, LINE 19:	
GOVERNING DOCUMENTS AND FINANCIAL STATEMENTS ARE AVAILABLE	E UPON REQUEST
FROM THE ORGANIZATION'S OFFICE.	<u>.</u>
	
	