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DLN: 93493271012017 OMB No 1545-0047 **Return of Organization Exempt From Income Tax** Form **990** 

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

2016

Open to Public

Department of the Treasury

foundations)

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

▶ Information about Form 990 and its instructions is at www. IRS gov/form990

Form **990** (2016)

Cat No 11282Y

| nterna                         | l Reven            | ue Service          | Information about Form   | 990 and its mistractions is at www  | W INS GOV          | 101111990                                 |                   | Inspection               |
|--------------------------------|--------------------|---------------------|--|-------------------------------------|--------------------|---|-------------------|--------------------------|
| A Fo                           | or the             | <b>2016</b> c       | alendar year, or tax year beginning 0  | 1-01-2016 , and ending 12-3         | 31-2016            |   |                   |                          |
|                                |                    | plicable            | C Name of organization<br>MASTER BUILDERS ASSOCIATION OF                               |                                     |                    | D Employe                                 | r identifi        | ication number           |
|                                | dress cl<br>me cha | -                   | KING AND SNOHOMISH COUNTIES  |                                     |                    | 91-0658                                   | 930               |                          |
| □ Ini                          | tıal retu          | -                   | Doing business as  |                                     |                    |   |                   |                          |
|                                | n/term             |                     | Number and street (or P O box if mail is not   | delivered to street address) Room/s | uite               | E Telephone                               | number            |                          |
|                                | ended              | return<br>n pendina | 335 116TH AVE SE   |                                     |                    | (425) 45                                  | 1-7920            |                          |
| ⊔ Ар                           | piicatioi          | n penaing           | City or town, state or province, country, and BELLEVUE, WA 98004                       | ZIP or foreign postal code          |                    |   |                   |                          |
|                                |                    |                     |  |                                     |                    | <b>G</b> Gross rec                        | eipts \$ 12       | 2,349,257                |
|                                |                    |                     | <b>F</b> Name and address of principal office SHANNON AFFHOLTER                        | r                                   | H(a) Is            | s this a group reti                       | urn for           |                          |
|                                |                    |                     | 335 116TH AVE SE   |                                     |                    | ubordinates?<br>.re all subordinate       | <u> </u>          | □Yes ☑No                 |
| Tax                            | k-exem             | pt status           | BELLEVUE, WA 98004   |                                     | _ ` ´ լr           | ncluded?                                  |                   | ☐ Yes ☐No                |
| \ \A/                          | obcito             | 10/10               | ☐ 501(c)(3)  | o) 🔲 4947(a)(1) or 🔲 527            |                    | f "No," attach a li:<br>iroup exemption i | •                 | •                        |
| ***                            | EDSILE             | =: ► VV VV          | W MBA-R3 COM   |                                     | ()                 | oup exemption                             | i anibei          | •                        |
| <b>(</b> Forn                  | n of org           | ganızatıon          | ☑ Corporation ☐ Trust ☐ Association  | Other <b>&gt;</b>                   | <b>L</b> Year of   |   | <b>M</b> State WA | of legal domicile        |
| -                              |                    |                     |  |                                     |                    |   | VVA               |                          |
| Pa                             | it II              | Sumi                | <b>mary</b><br>cribe the organization's mission or most                                | significant activities              |                    |   |                   |                          |
| υ                              |                    |                     | TE AND PROTECT THE VIABILITY OF THE  |                                     |                    |   |                   |                          |
| 2                              | _                  |                     |  |                                     |                    |   |                   |                          |
| Ě                              | -                  |                     |  |                                     |                    |   |                   |                          |
| governance                     |                    |                     | s box 🕨 🔲 if the organization discontinu   |                                     |                    |   |                   | l 45                     |
|                                |                    |                     | f voting members of the governing body<br>f independent voting members of the go       |                                     |                    |   | 3                 | 15<br>15                 |
| ACHVILLES &                    | l                  |                     | ber of individuals employed in calendar  | - , , , , ,                         |                    |   | 5                 | 43                       |
| Ĕ                              | l                  |                     | ber of volunteers (estimate if necessary   | , , ,                               |                    |   | 6                 | 806                      |
| ¥                              | 7a ⊺               | Total unr           | elated business revenue from Part VIII, c  | olumn (C), line 12                  |                    |   | 7a                | 47,665                   |
|                                | Ьſ                 | Net unrel           | ated business taxable income from Form   | 990-T, line 34                      |                    |   | 7b                | -10,621                  |
|                                |                    |                     |  |                                     |                    | Prior Year                                |                   | Current Year             |
| ġ                              | l                  |                     | ons and grants (Part VIII, line 1h) .  | 09                                  | 114,225            |   |                   |                          |
| Ravenua                        | l                  | -                   | service revenue (Part VIII, line 2g) .   |                                     |                    | 9,806,0                                   |                   | 5,358,498                |
| ç                              |                    |                     | nt income (Part VIII, column (A), lines 3<br>enue (Part VIII, column (A), lines 5, 6d, | •                                   |                    | 574,1<br>295,3                            | _                 | 726,524<br>4,046,647     |
|                                | l                  |                     | enue—add lines 8 through 11 (must equa   |                                     |                    | 10,714,8                                  |                   | 10,245,894               |
|                                |                    |                     | d similar amounts paid (Part IX, column  |                                     |                    | 273,6                                     | 47                | 220,697                  |
|                                | 14 E               | Benefits p          | oald to or for members (Part IX, column (  | (A), line 4)                        |                    |   | 0                 | O                        |
| 8                              | 15 9               | Salaries,           | other compensation, employee benefits (  | Part IX, column (A), lines 5–10)    |                    | 2,976,4                                   | 73                | 3,236,039                |
| Expenses                       | 16a                | Professio           | nal fundraising fees (Part IX, column (A)  | , line 11e)                         |                    |   | 0                 | C                        |
| Ř                              | l                  |                     | aising expenses (Part IX, column (D), line 25)   |                                     |                    |   |                   |                          |
| _                              |                    |                     | enses (Part IX, column (A), lines 11a–11<br>enses  Add lines 13–17 (must equal Part    | •                                   |                    | 7,201,2                                   |                   | 6,043,459<br>9,500,195   |
|                                | l                  | ·                   | less expenses Subtract line 18 from line   |                                     |                    | 10,451,3                                  | _                 | 745,699                  |
| × S                            |                    |                     | occupants our deciment to from mile  |                                     | Begin              | ning of Current Ye                        |                   | End of Year              |
| Net Assets of<br>Fund Balances | _                  |                     |  |                                     |                    |   |                   |                          |
| Bal                            | l                  |                     | ets (Part X, line 16)  |                                     |                    | 29,530,1                                  | _                 | 35,116,717               |
| E E                            | l                  |                     | lities (Part X, line 26) . . . . . . .<br>s or fund balances Subtract line 21 from     | line 20                             |                    | 16,178,1<br>13,352,0                      |                   | 20,796,467<br>14,320,250 |
|                                | 22<br>(111         |                     | ature Block  | ine 20                              |                    | 13,332,0                                  | 2/                | 14,320,250               |
| Jnder                          | penal              | lties of p          | erjury, I declare that I have examined th  |                                     |                    |   |                   |                          |
|                                | edge a<br>nowled   |                     | f, it is true, correct, and complete Declai  | ration of preparer (other than off  | icer) is bas       | ed on all informa                         | tion of v         | which preparer has       |
|                                |                    | 1                   |  |                                     |                    | 2017.00.00                                |                   |                          |
|                                |                    | Signati             | ire of officer   |                                     |                    | 2017-09-20<br>Date                        |                   |                          |
| Sign /<br>Here                 |                    | SHANN               | ON AFFHOLTER EXECUTIVE DIRECTOR  |                                     |                    |   |                   |                          |
|                                |                    |                     | print name and title   |                                     |                    |   |                   |                          |
|                                |                    |                     |  |                                     | Date<br>2017-09-20 |   | TIN<br>00235495   |                          |
| Paid self-employed             |                    |                     |  |                                     |                    |   | -                 |                          |
| _                              | oare               | <b>'</b>  -         | rm's name ► CLARK NUBER PS<br>rm's address ► 10900 NE 4TH STREET SUITE 1               | 700                                 |                    | Firm's EIN ▶ 91-1 Phone no (425) 4        |                   |                          |
| Jse                            | Onl                | у [                 | BELLEVUE, WA 98004   |                                     |                    |   | , .,              |                          |
| 1av t                          | he IRS             | discuss             | this return with the preparer shown above  | /e? (see instructions)              |                    |   | V                 | es □ No                  |

For Paperwork Reduction Act Notice, see the separate instructions.

| Form | 990 (2  | 016)                      |                               |                                     |  | Page <b>2</b> |
|------|---------|---------------------------|-------------------------------|-------------------------------------|--|---------------|
| Par  | t III   | Statement                 | of Program Service Ac         | complishments                       |  |               |
|      |         | Check If Sched            | lule O contains a response o  | r note to any line in this Part III |  | <u> </u>      |
| 1    | Briefly | describe the or           | ganızatıon's mıssıon          |                                     |  |               |
| MEM  | BERSHII |                           | D TO PROVIDING A WIDE RA      |                                     | IND REGION WITH A STAFF OF PRO<br>CLUDING AFFORDABLE PRODUCTS F              |               |
| 2    | Did the | e organization i          | undertake any significant pro | gram services during the year w     | hich were not listed on  |               |
|      | the pr  | or Form 990 or            | 990-EZ?                       |                                     |  | 🗌 Yes 🗹 No    |
|      | If "Yes | s," describe thes         | se new services on Schedule   | 0                                   |  |               |
| 3    | Did th  | e organization d          | ease conducting, or make si   | gnificant changes in how it condi   | ucts, any program  |               |
|      | service | es <sup>?</sup>           |                               |                                     |  | 🗌 Yes 🗹 No    |
|      | If "Yes | s," describe thes         | se changes on Schedule O      |                                     |  |               |
| 4    | Sectio  | n 501(c)(3) and           |                               | required to report the amount of    | largest program services, as measu<br>of grants and allocations to others, t |               |
| 4a   | (Code   |                           | ) (Expenses \$                | including grants of \$              | ) (Revenue \$  | )             |
|      | See Ad  | dıtıonal Data             |                               |                                     |  | <u> </u>      |
| 4b   | (Code   |                           | ) (Expenses \$                | including grants of \$              | ) (Revenue \$  | )             |
|      | See Ad  | ditional Data             |                               |                                     |  |               |
| 4c   | (Code   |                           | ) (Expenses \$                | including grants of \$              | ) (Revenue \$  | )             |
|      |         |                           |                               |                                     |  |               |
|      |         |                           |                               |                                     |  |               |
|      |         |                           |                               |                                     |  |               |
|      |         |                           |                               |                                     |  |               |
| 4d   | Othor   | program comus             | es (Describe in Schedule O )  |                                     |  |               |
| 4u   |         | program servic<br>nses \$ | •                             | grants of \$                        | ) (Revenue \$  | )             |
|      | • •     |                           | ice expenses ▶                | ς, απιο οι ψ                        | ) (Iterefiae #   |               |
| TC   | Juli    | p. og. am selv            | ice expenses F                |                                     |  |               |

Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? 💆 . . .

or X as applicable

Section 501(c)(3) organizations.

Form 990 (2016) **Checklist of Required Schedules** Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete 

Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year?

Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right

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

Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments,

c Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its

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

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 (ASC 740)? If "Yes," complete Schedule D, Part X 🛸

If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional 🐒

Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any

Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to

Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,

Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII,

Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"

b Was the organization included in consolidated, independent audited financial statements for the tax year?

**b** Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments

valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV

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

14a Did the organization maintain an office, employees, or agents outside of the United States? . . .

column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions) . . . .

foreign organization? If "Yes," complete Schedule F, Parts II and IV . . . . . .

or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV . . .

Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total

permanent 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, VIII, VIII, IX,

5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues,

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 🛸 🔒 . Did the organization maintain collections of works of art, historical treasures, or other similar assets?

assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII 🛸 . . . . . . . . . . .

for public office? If "Yes," complete Schedule C, Part I 💆 . . . . . . . . . . . . . .

If "Yes." complete Schedule C, Part III 💆

to provide advice on the distribution or investment of amounts in such funds or accounts?

a Did the organization report an amount for land, buildings, and equipment in Part X, line 10?

12a Did the organization obtain separate, independent audited financial statements for the tax year? 

assessments, or similar amounts as defined in Revenue Procedure 98-19?

1 2 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates 3

Yes Yes

No

Nο

Nο

No

No

No

Νo

No

Page 3

No

No

7

8

9

10

11a

11b

11c

11d

11e

11f

12a

12b

13

14a

14h

15

16

17

18

19

Yes

Yes

Yes

Yes

No Nο No No No Νo No No Νo Form **990** (2016) 20a b 21

23

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31

36

Nο

Nο

Nο

No

Nο

Nο

Nο

No

Nο

Nο

Nο

Nο

Yes

23

24a

24b

24c

24d

25a

25b

26

27

28a

28b

28c

29

30

31

32

33

34

35a

35h

36

37

Yes

Yes

Yes

Form 990 (2016)

Page 4

| Part IV | Checklist of Required Schedules (continued) |
|---------|---|
|         |   |

25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.

instructions for applicable filing thresholds, conditions, and exceptions)

|   |   |     | Yes | No |
|---|---|-----|-----|----|
| 3 | Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H   | 20a |     | No |
| • | If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?  | 20b |     |    |
|   | Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II | 21  | Yes |    |
|   | Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III                     | 22  | Yes |    |

|   | · ·                      | _                     | ,                      | _                |                |
|---|--------------------------|-----------------------|------------------------|------------------|----------------|
| government on Part IX,                            | column (A), line 17 If " | Yes," complete Sched  | dule I, Parts I and II |                  | . 📆            |
| Did the organization rep                          | oort more than \$5,000 o | f grants or other ass | stance to or for don   | nestic individua | ls on Part IX, |
| column (A), line 2? If "Y                         | es," complete Schedule   | I, Parts I and III .  |                        | 🔧                |                |
| Did the organization and current and former offic |                          |                       |                        |                  |                |
| complete Schedule J .                             |                          |                       |                        |                  |                |

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 lines 24b through 24d and

Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes,"

b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and

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?

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

Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV

b A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part

An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an

Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M . . .  $\$ 

Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation

Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections

Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and

b If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity

Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related

Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that

Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 197 Note.

organization? If "Yes," complete Schedule R, Part V, line 2

is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI 🛸

Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N. Part I .

c Did the organization maintain an escrow account other than a refunding escrow at any time during the year

**d** Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? .

that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ?

officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV

301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I . . . . . . . . . . . . . . . 🥦

within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2

Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets?

35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?

a A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, 

**b** Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? . . .

| orm      | 990 (2016)   |                |     | Page ! |
|----------|--|----------------|-----|--------|
| 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   |                |     |        |
|          |  |                | Yes | No     |
|          | Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable 1a 83  Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable 1b 0   |                |     |        |
|          |  | .              |     |        |
|          | Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?   | 1c             | 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  |                |     |        |
| <b>L</b> |  | 2 <sub>b</sub> | Yes |        |
| D        | 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 (see instructions)                   |                | 103 |        |
| За       | Did the organization have unrelated business gross income of \$1,000 or more during the year?  | 3a             | Yes |        |
| b        | If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O  | 3b             | Yes |        |
| 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             |     | No     |
| b        | If "Yes," enter the name of the foreign country ▶  |                |     |        |
| 5a       | Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?  | 5a             |     | No     |
| b        | Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?   | 5b             |     | No     |
| c        | 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?                                    | 6а             | Yes |        |
| b        | If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?  | 6b             | Yes |        |
| 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             |     |        |
| b        | 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  |                |     |        |
| e        | 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             |     |        |
|          | 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 sponsoring organization have excess business holdings at any time during the year?   | 8              |     |        |
| 9a       | Did the sponsoring organization make any taxable distributions under section 4966?   | 9a             |     |        |
|          | Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?  | 9b             |     |        |
| 0        | Section 501(c)(7) organizations. Enter   |                |     |        |
| а        | 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 10b  |                |     |        |
| 1        | Section 501(c)(12) organizations. Enter  | 1              |     |        |
| а        | 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 )   |                |     |        |
| 2 -      | Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?   | 1<br>12a       |     |        |
|          | If "Yes," enter the amount of tax-exempt interest received or accrued during the year  | 124            |     |        |
| 3        | Section 501(c)(29) qualified nonprofit health insurance issuers.   |                |     |        |
| а        | Is the organization licensed to issue qualified health plans in more than one state? <b>Note.</b> See the instructions for additional information the organization must report on Schedule O   | 13a            |     |        |
| b        | Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans  |                |     |        |
| С        | Enter the amount of reserves on hand   |                |     |        |
| 4a       | Did the organization receive any payments for indoor tanning services during the tax year?   | 14a            |     | No     |
|          |  |                |     |        |

| Form | 990 (2016)   |            |           | Page <b>6</b> |
|------|--|------------|-----------|---------------|
| Par  | <b>Governance, Management, and Disclosure</b> For each "Yes" response to lines 2 through 7b below, and for a "No 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O See instructions                            | ·          | nse to li |               |
| Se   | Check if Schedule O contains a response or note to any line in this Part VI  | <u> </u>   |           | <b>✓</b>      |
|      |  |            | Yes       | No            |
| 1a   | Enter the number of voting members of the governing body at the end of the tax year 15   |            |           |               |
|      | If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O                                   |            |           |               |
| b    | Enter the number of voting members included in line 1a, above, who are independent  1b 15  |            |           |               |
| 2    | Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?  | 2          |           | No            |
| 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          |           | No            |
| 4    | Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?   | 4          |           | No            |
| 5    | Did the organization become aware during the year of a significant diversion of the organization's assets? .   | 5          |           | No            |
| 6    | Did the organization have members or stockholders?   | 6          | Yes       |               |
| 7a   | Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?   | 7a         | Yes       |               |
| b    | Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?  | <b>7</b> b | 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? <i>If "Yes," provide the names and addresses in Schedule O</i>                                | 9          |           | No            |
| Se   | ction B. Policies (This Section B requests information about policies not required by the Internal Revenu  | e Code     | e.)       |               |
|      |  |            | Yes       | No            |
| 10a  | Did the organization have local chapters, branches, or affiliates?   | 10a        |           | No            |
| 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        |           |               |
| 11a  | Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?  | 11a        |           | No            |
| b    | Describe in Schedule O the process, if any, used by the organization to review this Form 990   |            |           |               |
| 12a  | Did the organization have a written conflict of interest policy? If "No," go to line 13  | 12a        | Yes       |               |
| b    | Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?  | 12b        | Yes       |               |
| c    | Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done   | 12c        | Yes       |               |
| 13   | Did the organization have a written whistleblower policy?  | 13         | Yes       |               |
| 14   | Did 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        | Yes       |               |
|      | 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        |           | No            |
| b    | If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt |            |           |               |
|      | status with respect to such arrangements?  | 16b        |           |               |
|      | 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 made these available. Check all that apply                                 |            |           |               |
| 10   | ☐ Own website ☐ Another's website ☑ Upon request ☐ Other (explain in Schedule O)  Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest  |            |           |               |
| 19   | policy, and financial statements available to the public during the tax year   |            |           |               |
| 20   | State the name, address, and telephone number of the person who possesses the organization's books and records<br>TANYA TSYBERT 335 116TH AVE SE BELLEVUE, WA 98004 (425) 460-8235   |            |           |               |

Part VII

2ND VICE PRESIDENT

(4) JAYSON BUECHLER SECRETARY

(5) PATRICK MCBRIDE

(6) KEVIN KARTAK

(7) MARK VILLWOCK

(8) KEITH HAMMER

(9) AARON FAIRCHILD

(10) SUNSHINE KAPUS

(11) BONNIE GEERS

(12) PAUL BOGEL

(13) JASON LEAR DIRECTOR

(14) STEVE CORY

(15) AUGUST BERGDAHL DIRECTOR

(16) SHANNON AFFHOLTER

EXECUTIVE DIRECTOR

(17) TANYA TSYBERT

CONTROLLER

DIRECTOR

DIRECTOR

DIRECTOR

DIRECTOR

DIRECTOR

DIRECTOR

DIRECTOR

DIRECTOR

IMMEDIATE PAST PRESIDENT

(F)

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, 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 neither the organization nor any related organization compensated any current officer, director, or trustee |             |                             |              |               |   |  |  |  |  |
|---|-------------|-----------------------------|--------------|---------------|---|--|--|--|--|
| (A)   | (B)         | (C)                         | (D)          | (E)           |   |  |  |  |  |
| Name and Title  | Average     | Position (do not check more | Reportable   | Reportable    | l |  |  |  |  |
|   | hours per   | than one box, unless        | compensation | compensation  | a |  |  |  |  |
|   | week (list  | person is both an officer   | from the     | from related  | ı |  |  |  |  |
|   | any hours   | and a director/trustee)     | organization | organizations | ı |  |  |  |  |
|   | for related |                             | (W- 2/1099-  | (W- 2/1099-   | 0 |  |  |  |  |
|   |             |                             |              |               |   |  |  |  |  |

| week (list<br>any hours                      | person is both an officer and a director/trustee)         | from the organization | from related<br>organizations |
|--|---|-----------------------|-------------------------------|
| for related<br>organizations<br>below dotted | Forme<br>Highes<br>employ<br>Rey en<br>Officer<br>Institu | (W- 2/1099-<br>MISC)  | (W- 2/1099-<br>MISC)          |

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| Name and Title | Average       | Position (do not check more                   | Reportable   | Reportable    |
|----------------|---------------|---|--------------|---------------|
|                | hours per     | than one box, unless                          | compensation | compensation  |
|                | week (list    | person is both an officer                     | from the     | from related  |
|                | any hours     | and a director/trustee)                       | organization | organizations |
|                | for related   |   | (W- 2/1099-  | (W- 2/1099-   |
|                | organizations | 근표   ㅋ   캬네?  라죠   오                          | MISC)        | MISC)         |
|                | below dotted  | mer<br>ploy<br>ploy<br>cen<br>stitut<br>direc |              |               |
|                | l line)       | しききしゃ ししば じみしうし                               |              | i I           |

| Name and Title | Average<br>hours per<br>week (list<br>any hours | Position (do not check<br>than one box, unli-<br>person is both an of<br>and a director/trus | ess<br>fficer          | Reportable<br>compensation<br>from the<br>organization | Reportable<br>compensation<br>from related<br>organizations | Estimated<br>amount of othe<br>compensation<br>from the |
|----------------|---|--|------------------------|--|---|---|
|                | for related organizations below dotted line)    | High<br>High<br>High<br>High<br>High<br>High<br>High<br>High                                 | Former<br>Highest comp | (W- 2/1099-<br>MISC)                                   | (W- 2/1099-<br>MISC)  | organization ai<br>related<br>organizations             |

|                 | hours per<br>week (list<br>any hours                  | week (list person is both an officer any hours and a director/trustee) |                       |     |              |                              | er     | compensation<br>from the<br>organization | compensation<br>from related<br>organizations | amount of other<br>compensation<br>from the          |  |
|-----------------|---|--|-----------------------|-----|--------------|------------------------------|--------|--|---|--|--|
|                 | for related<br>organizations<br>below dotted<br>line) | Individual trustee<br>or director                                      | Institutional Trustee | LO. | key employee | Highest compensated employee | Former | (W- 2/1099-<br>MISC)                     |   | (W- 2/1099- (W- 2/1099- organiza<br>MISC) MISC) rela | organization and<br>related<br>organizations |
| 1) JOSEPH IRONS | 20 00   | ×  |                       | x   |              |                              |        | 5,317                                    | 0   | 0  |  |
| PRESIDENT       |   |  |                       |     |              |                              |        | -,                                       |   |  |  |
| 2) MIKE MALCH   | 5 00  |  |                       | l   |              |                              |        |  |   |  |  |

|                                   |       | easm | ol Trustee |   | )ee | npensated |       |   |   |
|-----------------------------------|-------|------|------------|---|-----|-----------|-------|---|---|
| (1) JOSEPH IRONS<br>PRESIDENT     | 20 00 | х    |            | х |     |           | 5,317 | 0 | 0 |
| (2) MIKE WALSH 1ST VICE PRESIDENT | 5 00  | х    |            | х |     |           | 0     | 0 | 0 |
| (3) ERICH ARMBRUSTER              | 4 00  | Х    |            | x |     |           | 0     | 0 | 0 |

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Form 990 (2016)

Page **8** Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

|  | (B) Average hours per week (list any hours for related  |   | ne b   | ox, in of<br>tor/t  | t ch<br>unle<br>ficei        | ss pers<br>and a<br>ee)                   | son                     | (D) Reportable compensation from the organization (W- 2/1099-MISC)   | (E) Reportable compensation from related organizations (W- 2/1099-                         | Estim<br>amount<br>comper<br>from | ated<br>of other<br>nsation<br>the |
|--|---|---|--|---|------------------------------|---|-------------------------|--|--|-----------------------------------|------------------------------------|
|  | organizations<br>below dotted<br>line)  | Individual trustee<br>or director                             | Institutional Trustee  | Officei   | key employee                 | Highest compensated employee              | Former                  | 2/1099-11130)  | MISC)  | organıza<br>rela<br>organız       | ted                                |
| (18) NANCY GRYGOROWICH-DAVIS   | 40 00   |   |  |   |                              | X   |                         | 109,698  | 0  |                                   | 4,388                              |
| (19) PATRICK HAVES   |   |   |  |   |                              |   |                         |  |  |                                   |                                    |
| MEMBERSHIP DIRECTOR  | 50 00   |   |  |   |                              | ×   |                         | 104,461  | 0  |                                   | 22,951                             |
| (20) AARON ADELSTEIN   | 40 00   |   |  |   |                              |   |                         |  | _  |                                   |                                    |
| DIRECTOR OF ASSOCIATION PROGRAMS   | †···  |   |  |   |                              | Х   |                         | 117,587  | 0  |                                   | 9,630                              |
| (21) DON DAVIS DIRECTOR OF GOVERNMENTAL AFFAIRS  | 40 00   |   |  |   |                              | х   |                         | 105,229  | 0  |                                   | 3,570                              |
| (22) SAM ANDERSON  | 0 00  |   |  |   |                              |   | x                       | 350,000  | 0  |                                   | 0                                  |
| FORMER CEO   |   | ••••  |  |   |                              |   |                         | 333,333  |  |                                   |                                    |
|  |   |   |  |   |                              |   |                         |  |  |                                   |                                    |
|  |   |   |  |   |                              |   |                         |  |  |                                   |                                    |
| I <del></del>  |   |   |  |   |                              |   |                         |  |  |                                   |                                    |
| <u> </u>   |   |   |  |   |                              |   |                         |  |  |                                   |                                    |
| 1b Sub-Total   |   |   |  |   | 1                            | -   |                         |  |  |                                   |                                    |
| c Total from continuation sheets to Part<br>d Total (add lines 1b and 1c)  | •   |   |  |   | 1                            | [   |                         | 1,208,974  | 0  |                                   | 89,521                             |
| Total number of individuals (including but of reportable compensation from the org   | t not limited to t  |   |  |   | /e) v                        | vho re                                    | ceive                   | ed more than \$100   | ,000   |                                   |                                    |
|  |   |   |  |   |                              |   |                         |  |  | Yes                               | No                                 |
| <ul> <li>3 Did the organization list any former office</li> </ul>  | er director or t  | rustee  | kev  | emn   | love                         | e ork                                     | uahe                    | est compensated er   | nnlovee on   | 163                               | 140                                |
| 3 Did the organization list any <b>former</b> office line 1a? <i>If "Yes," complete Schedule J fold</i>  | r such individual   |   | ٠  | ٠   | ٠                            |   | •                       |  | 3  |                                   | NO                                 |
|  | r such individual<br>e sum of reporta<br>reater than \$150  | ble com   | npens<br>If "Ye  | •<br>satio  | n ar                         | id othe                                   | er co<br>Sche           | mpensation from the dule J for such  | • • <b>3</b>   | Yes                               |                                    |
| Inne 1a? If "Yes," complete Schedule J for<br>For any individual listed on line 1a, is the<br>organization and related organizations gi        | e sum of reporta<br>eater than \$150<br>  | ble com<br>0,000? i   | npens If "Ye   | satio<br>es," o   | n ar<br>comp                 | od other                                  | er co<br>Sched          | impensation from the dule J for such   |  | Yes                               | No                                 |
| Inne 1a? If "Yes," complete Schedule J for  For any individual listed on line 1a, is the organization and related organizations grandividual   | r such individual sum of reporta reater than \$150 or accrue compe "Yes," complete  | ble com<br>0,000? i<br>nsation<br>Schedu                      | from   | satio<br>s," o<br>any<br>for s  | n ar<br>com;<br>un<br>uch    | old other<br>plete S<br>related<br>person | er co<br>Sched          | impensation from the dule J for such such ganization or individual control of the | 1 3 he 4 dual for 5  | Yes                               |                                    |
| Inne 1a? If "Yes," complete Schedule J for  For any individual listed on line 1a, is the organization and related organizations grandividual   | r such individual e sum of reporta reater than \$150 or accrue compe "Yes," complete  compensated in tion for the caler     | ble com<br>0,000? I<br>nsation<br>Schedu                      | from the July and  | sations," of any  | n ar<br>comp<br>y un<br>uch  | nd other plete S related person ors tha   | er co<br>Sched<br>d org | impensation from the dule J for such ganization or individual to the control of t |  | Yes                               | No                                 |
| Inne 1a? If "Yes," complete Schedule J for  For any individual listed on line 1a, is the organization and related organizations grandividual   | r such individual e sum of reporta reater than \$150 or accrue compe "Yes," complete compensated in                         | ble com<br>0,000? I<br>nsation<br>Schedu                      | from the July and  | sations," of any  | n ar<br>comp<br>y un<br>uch  | nd other plete S related person ors tha   | er co<br>Sched<br>d org | mpensation from the dule J for such ganization or individual serived more than \$ 1 the organization's pescript  | toon of services   | Yes Yes  Sation  (C Compet        | No No                              |
| Inne 1a? If "Yes," complete Schedule J for  For any individual listed on line 1a, is the organization and related organizations grandividual   | e sum of reportareater than \$150  or accrue compe "Yes," complete  compensated in the caler (A)                            | ble com<br>0,000? I<br>nsation<br>Schedu                      | from the July and  | sations," of any  | n ar<br>comp<br>y un<br>uch  | nd other plete S related person ors tha   | er co<br>Sched<br>d org | empensation from the dule J for such ganization or individual to the control of the control of the control of the organization's   | toon of services   | Yes Yes  Sation  (C Compet        | No No                              |
| Inne 1a? If "Yes," complete Schedule J for  For any individual listed on line 1a, is the organization and related organizations grandividual   | e sum of reportareater than \$150  or accrue compe "Yes," complete  compensated in the caler (A)                            | ble com<br>0,000? I<br>nsation<br>Schedu                      | from the July and  | sations," of any  | n ar<br>comp<br>y un<br>uch  | nd other plete S related person ors tha   | er co<br>Sched<br>d org | mpensation from the dule J for such ganization or individual serived more than \$ 1 the organization's pescript  | toon of services   | Yes Yes  Sation  (C Compet        | No No                              |
| Inne 1a? If "Yes," complete Schedule J for  For any individual listed on line 1a, is the organization and related organizations grandividual   | e sum of reportareater than \$150  or accrue compe "Yes," complete  compensated in the caler (A)                            | ble com<br>0,000? I<br>nsation<br>Schedu                      | from the July and  | sations," of any  | n ar<br>comp<br>y un<br>uch  | nd other plete S related person ors tha   | er co<br>Sched<br>d org | mpensation from the dule J for such ganization or individual serived more than \$ 1 the organization's pescript  | tool of services  FOR GRIP   | Yes Yes  Sation  (C Compet        | No No                              |
| Inne 1a? If "Yes," complete Schedule J for  4 For any individual listed on line 1a, is the organization and related organizations grandividual | e sum of reportareater than \$150  or accrue compe "Yes," complete  compensated in the caler (A)                            | ble com<br>0,000? I<br>nsation<br>Schedu                      | from the July and  | sations," of any  | n ar<br>comp<br>y un<br>uch  | nd other plete S related person ors tha   | er co<br>Sched<br>d org | pensation from the dule J for such ganization or individual served more than \$1 the organization's  Descript MGMT SERVICE   | tool of services  FOR GRIP   | Yes Yes  Sation  (C Compet        | No S) nsation -,027,901            |
| Inne 1a? If "Yes," complete Schedule J for  4 For any individual listed on line 1a, is the organization and related organizations grandividual | e sum of reportareater than \$150  or accrue compe "Yes," complete  compensated in the caler (A)                            | ble com<br>0,000? I<br>nsation<br>Schedu                      | from the July and  | sations," of any  | n ar<br>comp<br>y un<br>uch  | nd other plete S related person ors tha   | er co<br>Sched<br>d org | pensation from the dule J for such ganization or individual served more than \$1 the organization's  Descript MGMT SERVICE   | too of services FOR GRIP   | Yes Yes  Sation  (C Compet        | No S) nsation -,027,901            |
| Inne 1a? If "Yes," complete Schedule J for  4 For any individual listed on line 1a, is the organization and related organizations grandividual | e sum of reportareater than \$150  or accrue compe "Yes," complete  compensated in the caler (A)                            | ble com<br>0,000? I<br>nsation<br>Schedu                      | from the July and  | sations," of any  | n ar<br>comp<br>y un<br>uch  | nd other plete S related person ors tha   | er co<br>Sched<br>d org | penpensation from the dule J for such pensation or individual such pensation or individual such pensation such  | he  dual for  for  100,000 of compertax year  (B)  con of services  FOR GRIP               | Yes Yes  Sation  (C Compet        | No No 130,350 125,063              |
| Inne 1a? If "Yes," complete Schedule J for  4 For any individual listed on line 1a, is the organization and related organizations grandividual | e sum of reportareater than \$150  or accrue compe "Yes," complete  compensated in the caler (A)                            | ble com<br>0,000? I<br>nsation<br>Schedu                      | from the July and  | sations," of any  | n ar<br>comp<br>y un<br>uch  | nd other plete S related person ors tha   | er co<br>Sched<br>d org | pensation from the dule J for such ganization or individual served more than \$1 the organization's many many many many many many many many  | he  dual for  for  100,000 of compertax year  (B)  con of services  FOR GRIP               | Yes Yes  Sation  (C Compet        | No S) nsation 130,350              |
| Inne 1a? If "Yes," complete Schedule J for  4 For any individual listed on line 1a, is the organization and related organizations grandividual | e sum of reportareater than \$150  or accrue compe "Yes," complete  compensated in the caler (A)                            | ble com<br>0,000? I<br>nsation<br>Schedu                      | from the July and  | sations," of any  | n ar<br>comp<br>y un<br>uch  | nd other plete S related person ors tha   | er co<br>Sched<br>d org | penpensation from the dule J for such pensation or individual such pensation or individual such pensation such  | he  dual for  for  100,000 of compertax year  (B)  con of services  FOR GRIP               | Yes Yes  Sation  (C Compet        | No No 130,350 125,063              |
| Inne 1a? If "Yes," complete Schedule J for any individual listed on line 1a, is the organization and related organizations grandividual        | e sum of reportareater than \$150  or accrue compe "Yes," complete  compensated in the caler (A)                            | ble com<br>0,000? I<br>nsation<br>Schedu                      | from the July and  | sations," of any  | n ar<br>comp<br>y un<br>uch  | nd other plete S related person ors tha   | er co<br>Sched<br>d org | penpensation from the dule J for such pensation or individual such pensation or individual such pensation such  | he  dual for  for  100,000 of compertax year  (B)  con of services  FOR GRIP  COO          | Yes Yes  Sation  (C Compet        | No No 130,350 125,063              |
| Inne 1a? If "Yes," complete Schedule J for  4 For any individual listed on line 1a, is the organization and related organizations grandividual | e sum of reporta reater than \$150 or accrue compe "Yes," complete s compensated in tion for the caler (A) business address | ble com<br>0,000? i<br>nsation<br>Schedu<br>depend<br>ndar ye | from from the second se | sations and any and any and any and any | n ar<br>com,<br>y un<br>uuch | related                                   | t recithin              | mpensation from the dule J for such  ganization or individual street organization's  Descript MGMT SERVICE  CONSULTING -  CONSULTING -  CONSULTING -   | he  dual for  for  100,000 of compertax year  (B)  con of services  FOR GRIP  COO  CFO  IT | Yes Yes Compel                    | No No 130,350 125,063              |

|   |           | (2016)  |                |          |                     |         |              |                                       |                |                                | Page 9                                       |
|---|-----------|---|----------------|----------|---------------------|---------|--------------|---------------------------------------|----------------|--------------------------------|--|
| Part '  | Ш         |   |                |          |                     |         |              | -                                     |                |                                |  |
|   |           | Check if Schedul  | e O contains   | a respo  | onse or note to any | (/      | A)<br>evenue | ( <b>B</b><br>Relate<br>exer<br>funct | ed or<br>npt   | (C) Unrelated business revenue | (D) Revenue excluded from tax under sections |
|   | 4 -       | - F-d   |                |          |                     |         |              | reve                                  | nue            |                                | 512-514                                      |
| इ इं  |           | Federated campaig   |                | 1a       |                     |         |              |                                       |                |                                |  |
| ran   |           | <b>b</b> Membership dues .  |                | 1b       |                     |         |              |                                       |                |                                |  |
| s. G<br>Am  |           | c Fundraising events  |                | 1c       |                     |         |              |                                       |                |                                |  |
| iffs  |           | d Related organizatio   |                | 1d       |                     |         |              |                                       |                |                                |  |
| S, C  |           | e Government grants (co   |                | 1e       |                     |         |              |                                       |                |                                |  |
| ributions, Gifts, Grants<br>Other Similar Amounts         | f         | <ul> <li>All other contributions,<br/>and similar amounts no<br/>above</li> </ul> |                | 1f       | 114,225             |         |              |                                       |                |                                |  |
| Contributions, Gifts, Grants<br>and Other Similar Amounts | ٥         | g Noncash contribution in lines 1a-1f \$  | ons included   | 48,9     | <u>147</u>          |         |              |                                       |                |                                |  |
| <u>5 5</u>  | <u>_h</u> | Total.Add lines 1a-1  | f              |          | <u> </u>            |         | 114,225      |                                       |                |                                |  |
| e L   |           |   |                |          | Business            | Code    |              |                                       |                |                                |  |
| Revenue   |           | GROUP RETRO INSURAN   | NCE            |          |                     | 524298  |              | 81,048                                | 3,481,0        |                                |  |
| o <u>¥</u>  |           | MEMBERSHIP DUES   |                |          |                     | 900099  |              | 885,413                               | 885,4          |                                |  |
| Program Service   | _         | BIAW ROII PROGRAM  NETWORKING EVENTS  |                |          |                     | 900099  |              | 21,412                                | 421,4<br>326,9 |                                |  |
| ξ   |           | BUILT GREEN PROGRAM   | 1              |          |                     | 611710  |              | 230,320                               | 230,3          |                                |  |
| ran   |           |   |                |          |                     |         |              | 13,359                                | 13,3           | 59                             |  |
| rogi  |           | All other program se  |                |          | 5,:                 | 358,498 |              |                                       |                |                                |  |
| ۵   |           | Total.Add lines 2a-2f   |                |          | <u> </u>            | _       |              | _                                     |                |                                |  |
|   |           | Investment income (ir<br>similar amounts) .                                       |                |          | nterest, and other  | ,       | 181,30       | 3                                     |                |                                | 181,303                                      |
|   |           | Income from investme  |                |          | ond proceeds        | •       |              |                                       |                |                                |  |
|   | 5 F       | Royalties   |                |          |                     | •       | 3,894,36     | 7                                     |                |                                | 3,894,367                                    |
|   |           |   | (ı) Rea        | l        | (II) Personal       |         |              |                                       |                |                                |  |
|   | 6a        | Gross rents   |                | 49,853   |                     |         |              |                                       |                |                                |  |
|   | b         | Less rental expenses  |                | 18,043   |                     | -       |              |                                       |                |                                |  |
|   |           |   |                |          |                     |         |              |                                       |                |                                |  |
|   | C         | Rental income or (loss)   |                | 31,810   |                     |         |              |                                       |                |                                |  |
|   | d         | Net rental income of  | r (loss)       |          |                     | 1       | 31,81        | 0                                     |                |                                | 31,810                                       |
|   |           |   | (ı) Securi     | ies      | (II) Other          |         |              |                                       |                |                                |  |
|   | 7a        | Gross amount<br>from sales of   | 2.0            | 04 500   | 20.04               | 1       |              |                                       |                |                                |  |
|   |           | assets other  | 2,0            | 604,500  | 26,04               | 1       |              |                                       |                |                                |  |
|   |           | than inventory  |                |          |                     |         |              |                                       |                |                                |  |
|   | b         | <ul> <li>Less cost or<br/>other basis and</li> </ul>                              | 2,0            | 58,281   | 27,03               | 9       |              |                                       |                |                                |  |
|   | c         | sales expenses<br>Gain or (loss)  |                | 46,219   | -99                 | 8       |              |                                       |                |                                |  |
|   |           | Net gain or (loss)  |                |          | •                   |         | 545,22       | 1                                     |                |                                | 545,221                                      |
|   | 8a        | Gross income from fu  | undraising ev  | ents     |                     |         |              |                                       |                |                                |  |
| Other Revenue   |           | (not including \$<br>contributions reporte<br>See Part IV, line 18                | ed on line 1c) | of<br>al |                     |         |              |                                       |                |                                |  |
| eve   | h         | Less direct expense:  |                | Ь        |                     |         |              |                                       |                |                                |  |
| F.  |           | : Net income or (loss)  |                | L        | ents 🛌              |         |              |                                       |                |                                |  |
| the   | 9a        | Gross income from g   | amıng actıvıt  | es       |                     |         |              |                                       |                |                                |  |
| 0   |           | See Part IV, line 19  |                | - 1      |                     |         |              |                                       |                |                                |  |
|   | h         | Less direct expense:  | c              | a<br>b   |                     |         |              |                                       |                |                                |  |
|   |           | : Net income or (loss)  |                | L        | ies                 |         |              |                                       |                |                                |  |
|   | 10a       | Gross sales of invent<br>returns and allowand                                     |                |          |                     |         |              |                                       |                |                                |  |
|   | b         | Less cost of goods s  | sold           | a<br>b   | '                   |         |              |                                       |                |                                |  |
|   |           | : Net income or (loss)  |                | L        | orv •               |         |              |                                       |                |                                |  |
|   |           | Miscellaneous   |                | IIIVCIIC | Business Code       |         |              |                                       |                |                                |  |
|   | 11        | amba purchasing f   | PRGRM          |          | 90009               | 9       | 59,07        | 1                                     |                |                                | 59,071                                       |
|   | b         | PUBLICATIONS  |                |          | 51114               | 0       | 47,66        | 5                                     |                | 47,66                          | 5  |
|   | _         | TNOTALLE  |                |          | 90009               | 0       | 9,00         | 4                                     |                |                                | 9,004  |
|   | С         | INSTALLMENT FEES  |                |          | 90009               | 7       | 9,00         |                                       |                |                                | 9,004  |
|   | d         | All other revenue .   |                |          |                     |         | 4,73         | 0                                     |                |                                | 4,730  |
|   | е         | Total. Add lines 11a  | -11d           |          |                     |         | 120,47       | 0                                     |                | <del></del>                    |  |
|   | 12        | <b>Total revenue.</b> See   | Instructions   |          |                     |         |              |                                       | 5 350 400      | 47.60                          | 4 730 100                                    |
|   |           |   |                |          |                     | L       | 10,245,89    | 7]                                    | 5,358,498      | 47,00                          | 4,730,186<br>Form <b>990</b> (2016)          |

| form 990 (2016)  |                       |                              |                                     | Page <b>10</b>             |
|--|-----------------------|------------------------------|-------------------------------------|----------------------------|
| Part IX Statement of Functional Expenses Section 501(c)(3) and 501(c)(4) organizations must complete all co  | lumns All other orga  | anızatıons must com          | plete column (A)                    |                            |
| Check if Schedule O contains a response or note to any   | line in this Part IX  |                              | <u></u>                             | <u> 🗆 </u>                 |
| Do not include amounts reported on lines 6b,<br>7b, 8b, 9b, and 10b of Part VIII.  | (A)<br>Total expenses | (B) Program service expenses | (C) Management and general expenses | (D)<br>Fundraisingexpenses |
| Grants and other assistance to domestic organizations and domestic governments See Part IV, line 21  | 190,697               | ·                            |                                     |                            |
| 2 Grants and other assistance to domestic individuals See Part IV, line 22   | 30,000                |                              |                                     |                            |
| 3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals See Part IV, line 15 and 16   |                       |                              |                                     |                            |
| 4 Benefits paid to or for members  |                       |                              |                                     |                            |
| <b>5</b> Compensation of current officers, directors, trustees, and key employees  | 470,981               |                              |                                     |                            |
| <b>6</b> 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   | 2,166,015             |                              |                                     |                            |
| 8 Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions)  | 63,468                |                              |                                     |                            |
| 9 Other employee benefits  | 283,425               |                              |                                     |                            |
| <b>10</b> Payroll taxes  | 252,150               |                              |                                     |                            |
| 11 Fees for services (non-employees)   |                       |                              |                                     |                            |
| a Management   |                       |                              |                                     |                            |
| <b>b</b> Legal   | 106,020               |                              |                                     |                            |
| c Accounting   | 61,262                |                              |                                     |                            |
| d Lobbying   | 120,000               |                              |                                     |                            |
| e Professional fundraising services See Part IV, line 17   | ·                     |                              |                                     |                            |
| f Investment management fees   | 54,530                |                              |                                     |                            |
| g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)   | 580,642               |                              |                                     |                            |
| 12 Advertising and promotion   | 296,323               |                              |                                     |                            |
| 13 Office expenses   | 146,175               |                              |                                     |                            |
| 14 Information technology  | 460,501               |                              |                                     |                            |
| 15 Royalties   |                       |                              |                                     |                            |
| 16 Occupancy   | 246,497               |                              |                                     |                            |
| <b>17</b> Travel   | 22,961                |                              |                                     |                            |
| 18 Payments of travel or entertainment expenses for any federal, state, or local public officials  | ,                     |                              |                                     |                            |
| 19 Conferences, conventions, and meetings  | 81,918                |                              |                                     |                            |
| <b>20</b> Interest   | 4,652                 |                              |                                     |                            |
| 21 Payments to affiliates  | ,                     |                              |                                     |                            |
| 22 Depreciation, depletion, and amortization   | 460,180               |                              |                                     |                            |
| 23 Insurance   | 19,412                |                              |                                     |                            |
| 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 ) | 22,122                |                              |                                     |                            |
| a GRIP PROGRAM   | 2,105,714             |                              |                                     |                            |
| b EVENT EXPENSES   | 492,442               |                              |                                     |                            |
| c PROF MEMBER DEVELOPMENT  | 160,365               |                              |                                     |                            |
| d TAXES AND LICENSES   | 142,165               |                              |                                     |                            |
| e All other expenses   | 481,700               |                              |                                     |                            |
| 25 Total functional expenses. Add lines 1 through 24e  | 9,500,195             |                              | 1                                   |                            |
| Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation                                      |                       |                              |                                     |                            |
| Check here ▶ ☐ If following SOP 98-2 (ASC 958-720)   |                       |                              |                                     |                            |

Form 990 (2016)

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34

Liabilities 22

Fund Balances

Assets or 30

Net

| 1 | Cash–non-interest-bearing   | 362,425 | 1 | 375,433 |
|---|---|---------|---|---------|
| 2 | Savings and temporary cash investments  | 836,856 | 2 | 441,796 |
| з | Pledges and grants receivable, net  |         | 3 |         |
| 4 | Accounts receivable, net  | 396,113 | 4 | 386,692 |
| 5 | Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L |         | 5 |         |
| 6 |   |         |   |         |

|        | l . | •  |         |   | 1       |
|--------|-----|--|---------|---|---------|
|        | 5   | Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L   |         | 5 |         |
|        | 6   | Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Complete Part II of Schedule L |         | 6 |         |
| ets    | 7   | Notes and loans receivable, net  |         | 7 |         |
| Assets | 8   | Inventories for sale or use  |         | 8 |         |
| A      | 9   | Prepaid expenses and deferred charges  | 103,756 | 9 | 171,722 |
|        | 10a | Land, buildings, and equipment cost or other   |         |   |         |

6,775,479 9.390.108

30.000

17.545.487

35,116,717

2.851,498

351,947

17.593.022

20,796,467

14,295,250

14,320,250

35.116.717

Form **990** (2016)

25.000

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22 23

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31 32

33

34

12,572,610

29,530,138

2,797,879

329,350

13.050.882

16,178,111

13.352.027

13,352,027

29.530.138

| \$     | 6   | Loans and other receivables from other disquality section 4958(f)(1)), persons described in section contributing employers and sponsoring organizations of voluntary employees' beneficiary organizations. Part II of Schedule L | n 4958<br>Itions o | (c)(3)(B), and<br>f section 501(c)(9) |           | 6   |   |
|--------|-----|--|--------------------|---------------------------------------|-----------|-----|---|
| et     | 7   | Notes and loans receivable, net  |                    |                                       |           | 7   |   |
| Assets | 8   | Inventories for sale or use  |                    | •                                     |           | 8   |   |
| A      | 9   | Prepaid expenses and deferred charges  |                    |                                       | 103,756   | 9   |   |
|        | 10a | Land, buildings, and equipment cost or other<br>basis Complete Part VI of Schedule D   | 10a                | 11,127,368                            |           |     |   |
|        | b   | Less accumulated depreciation  | 10b                | 4,351,889                             | 6,540,630 | 10c |   |
|        | 11  | Investments—publicly traded securities .   |                    |                                       | 8,717,748 | 11  | 9 |

12 Investments—other securities See Part IV, line 11 .

Intangible assets . . . . .

Other assets See Part IV, line 11 .

Grants payable . .

Deferred revenue . . .

Complete Part X of Schedule D

Temporarily restricted net assets

Permanently restricted net assets

Total net assets or fund balances

Total liabilities and net assets/fund balances

Unrestricted net assets

Accounts payable and accrued expenses

Tax-exempt bond liabilities . . .

persons Complete Part II of Schedule L .

and other liabilities not included on lines 17-24)

complete lines 27 through 29, and lines 33 and 34.

Organizations that do not follow SFAS 117 (ASC 958), check here 

and complete lines 30 through 34.

Capital stock or trust principal, or current funds . . . .

Paid-in or capital surplus, or land, building or equipment fund . . .

Retained earnings, endowment, accumulated income, or other funds

Total liabilities. Add lines 17 through 25 .

Investments-program-related See Part IV, line 11

Total assets. Add lines 1 through 15 (must equal line 34) .

Escrow or custodial account liability Complete Part IV of Schedule D

Secured mortgages and notes payable to unrelated third parties Unsecured notes and loans payable to unrelated third parties .

Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified

Other liabilities (including federal income tax, payables to related third parties,

Organizations that follow SFAS 117 (ASC 958), check here 🕨 🗹 and

Yes

Nο

Form 990 (2016)

2c

3a

3b

of the audit, review, or compilation of its financial statements and selection of an independent accountant?

Audit Act and OMB Circular A-133?

3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single

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

If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O

#### **Additional Data**

Software ID:

Software Version:

EIN: 91-0658930

Name: MASTER BUILDERS ASSOCIATION OF

KING AND SNOHOMISH COUNTIES

Form 990 (2016)

E- -- 000 P- | TTT | | |

Form 990, Part III, Line 4a:

ADVANCEMENT OF THE HOME BUILDING INDUSTRY IN KING AND SNOHOMISH COUNTIES THROUGH EDUCATION, SCHOLARSHIPS, MEMBER AWARD PROGRAMS, INTERACTION WITH GOVERNMENT, INNOVATIONS IN PRODUCTS AND TECHNOLOGY WITH 2,823 MEMBER COMPANIES, REPRESENTING ALL FACETS OF THE HOUSING CONSTRUCTION INDUSTRY, MASTER BUILDERS ASSOCIATION OF KING AND SNOHOMISH COUNTIES (MBA), PROVIDES SERVICES, PROGRAMS, LEGISLATIVE REPRESENTATION AND MEMBERSHIP OPPORTUNITIES UNPARALLELED BY ANY OTHER TRADE ASSOCIATION

#### Form 990, Part III, Line 4b: BUILT GREEN IS AN ENVIRONMENTALLY FRIENDLY BUILDING PROGRAM THAT TEACHES MEMBERS ABOUT SUSTAINABLE HOUSING AND CERTIFIES GREEN BUILDING PROJECTS IN AN AREA OF MORE THAN 4,000 SOUARE MILES IN THE STATE OF WASHINGTON BUILT GREEN HOMES ARE DESIGNED TO PROVIDE HOMEOWNERS WITH

COMFORTABLE, DURABLE, ENVIRONMENTALLY FRIENDLY HOMES THAT ARE COST-EFFECTIVE TO OWN AND OPERATE

efile GRAPHIC print - DO NOT PROCESS As Filed Data -

SCHEDULE C (Form 990 or 990-

Department of the Treasury

Section 527 organizations Complete Part I-A only

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

EZ)

## **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.irs.gov/form990.

OMB No 1545-0047

DLN: 93493271012017

Open to Public Inspection

Internal Revenue Service If the organization answered "Yes" on 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

If the organization answered "Yes" on 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-A If the organization answered "Yes" on 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 Section 501(c)(4), (5), or (6) organizations Complete Part III Name of the organization **Employer identification number** MASTER BUILDERS ASSOCIATION OF KING AND SNOHOMISH COUNTIES 91-0658930 Complete if the organization is exempt under section 501(c) or is a section 527 organization. Part I-A Provide a description of the organization's direct and indirect political campaign activities in Part IV 1 2 Political expenditures 3 Volunteer hours Part I-B Complete if the organization is exempt under section 501(c)(3). Enter the amount of any excise tax incurred by the organization under section 4955 Enter the amount of any excise tax incurred by organization managers under section 4955 2 3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year? ☐ Ves Was a correction made? ☐ Yes □ No h If "Yes," describe in Part IV Complete if the organization is exempt under section 501(c), except section 501(c)(3). 151,000 1 Enter the amount directly expended by the filing organization for section 527 exempt function activities Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt 2 function activities 3 Total exempt function expenditures Add lines 1 and 2 Enter here and on Form 1120-POL, line 17b 151.000 4 Did the filing organization fileForm 1120-POL for this year? ✓ Yes □ No 5 Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments. 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) Amount paid from (e) Amount of political filing organization's contributions received funds If none, enter and promptly and -0directly delivered to a separate political organization If none, enter -0-335 116TH AVE NE 91-1117605 150,000 MBA-KS AFFORDABLE HOUSING COUNCIL BELLEVUE, WA 98004 (2) BUILD PAC OF THE NAHB 1201 15TH STREET NW 52-1174361 1,000 WASHINGTON, DC 20005 3 5

Cat No 50084S

Schedule C (Form 990 or 990-EZ) 2016

Schedule C (Form 990 or 990-EZ) 2016

Total lobbying expenditures

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

Grassroots nontaxable amount

Grassroots lobbying expenditures

Return Reference

PART I-A, LINE 1

activity

(b)

**Amount** 

(a)

Yes

No

| 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               |                |         |                |        |
|-----|--|----------------|---------|----------------|--------|
| а   | Volunteers?  |                |         |                |        |
| ь   | Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?   |                |         |                |        |
| С   | Media advertisements?  |                |         |                |        |
| d   | Mailings to members, legislators, or the public?   |                |         |                |        |
| e   | Publications, or published or broadcast statements?  |                |         |                |        |
| f   | Grants to other organizations for lobbying purposes?   |                |         |                |        |
| g   | Direct contact with legislators, their staffs, government officials, or a legislative body?  |                |         |                |        |
| h   | Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?  |                |         |                |        |
| i   | Other activities?  |                |         |                | _      |
| j   | Total Add lines 1c through 1i  |                |         |                |        |
| 2a  | Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?  |                |         |                |        |
| b   | If "Yes," enter the amount of any tax incurred under section 4912  |                |         |                |        |
| С   | If "Yes," enter the amount of any tax incurred by organization managers under section 4912   |                |         |                |        |
| d   | If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?   |                |         |                |        |
| Par | t III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(6).   | (5), or se     | ction ! | 5 <b>01</b> (c | )      |
|     |  |                |         | Yes            | No     |
| 1   | Were substantially all (90% or more) dues received nondeductible by members?   |                | 1       |                | No     |
| 2   | Did the organization make only in-house lobbying expenditures of \$2,000 or less?  |                | 2       |                | No     |
| 3   | Did the organization agree to carry over lobbying and political expenditures from the prior year?  |                | 3       | Yes            |        |
| Par | t III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No" OR (b) Part answered "Yes."   |                |         | 5 <b>01</b> (c | )(6)   |
| 1   | Dues, assessments and similar amounts from members   | 1              |         | 79             | 91,920 |
| 2   | Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).   |                |         |                |        |
| a   | Current year   | 2a             |         |                | 20,000 |
| ь   | Carryover from last year   | 2b             |         |                | 50,990 |
| С   | Total  | 2c             |         |                | 30,990 |
| 3   | Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues  | 3              |         | 14             | 17,941 |
| 4   | If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year? | 4              |         |                |        |
| 5   | Taxable amount of lobbying and political expenditures (see instructions)   | 5              |         | -37            | 78,931 |
| Pa  | ort IV Supplemental Information  |                |         |                |        |
|     | vide the descriptions required for Part l-A, line 1, Part l-B, line 4, Part l-C, line 5, Part II-A (affiliated group list), l<br>ructions), and Part ll-B, line 1 Also, complete this part for any additional information                  | Part II-A, lın | es 1 ar | d 2 (se        | :e     |
|     |  |                |         |                |        |

MBA MADE CONTRIBUTIONS TO MBA POLITICAL ACTION COMMITTEE

Explanation

For each "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying

**SCHEDULE D** 

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

**Supplemental Financial Statements** 

Cat No 52283D Schedule D (Form 990) 2016

OMB No 1545-0047

DLN: 93493271012017

Department of the Treasury

(Form 990)

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

► Attach to Form 990.

| terna | al Revenue Service   | Information about Schedule   | D (Form 990) and its in:                | structions is at <u>wı</u> | <u>ww.irs.gov/form9:</u>      | <u>90</u> . Insp  | ection      |
|-------|--|--|---|----------------------------|-------------------------------|-------------------|-------------|
| MAS   | <b>me of the orgar</b><br>STER BUILDERS ASS<br>G AND SNOHOMISH | SOCIATION OF   |   |                            |                               | lentification nu  | ımber       |
|       | rt I Organi  | izations Maintaining Donor<br>ete if the organization answere  |   |                            | 91-0658930<br>ds or Accounts. |                   |             |
|       | '  |  | (a) Donor advised                       | ·                          | (b)Funds ar                   | nd other account  | ts          |
| L     | Total number   | at end of year   | (a) Bellet davised                      | Turius                     | (B) and a                     | ia other account  |             |
| 2     | Aggregate val<br>year)   | ue of contributions to (during   |   |                            |                               |                   |             |
| 3     | Aggregate val  | ue of grants from (during year)  |   |                            |                               |                   |             |
| 1     | Aggregate val  | ue at end of year  |   |                            |                               |                   |             |
| 5     |  | ation inform all donors and donor<br>rganization's property, subject to t  |   |                            | or advised                    | ☐ Ye              | s 🗆 No      |
| 5     | used only for ch   | ation inform all grantees, donors,<br>naritable purposes and not for the<br>ermissible private benefit?          |   |                            |                               | ☐ Ye:             | s □ No      |
| Pa    | it III Consei  | rvation Easements. Complet   | e if the organization ar                | nswered "Yes" on           | Form 990, Part I\             |                   |             |
|       |  | onservation easements held by the  |   |                            |                               | <u></u>           |             |
|       |  | on of land for public use (e g , rec   | •                                       |                            | of an historically imp        | nortant land are  | a           |
|       | _  | of natural habitat   | readon of education,                    |                            | of a certified historic       |                   | u .         |
|       | ☐ Preservati   | on of open space   |   |                            |                               |                   |             |
| 2     |  | 2a through 2d if the organization  | held a qualified conservati             | on contribution in th      | ne form of a conserv          | ation             |             |
|       |  | e last day of the tax year   |   |                            | Held                          | at the End of t   | he Year     |
| а     | Total number of  | conservation easements   |   |                            | 2a                            |                   |             |
| b     | Total acreage re   | estricted by conservation easemen  | ts                                      |                            | 2b                            |                   |             |
| c     | Number of cons   | ervation easements on a certified  | historic structure included             | l ın (a)                   | 2c                            |                   |             |
| d     |  | ervation easements included in (c<br>in the National Register  | ) acquired after 8/17/06, a             | and not on a historic      | 2d                            |                   |             |
| 3     | Number of constax year ▶                                       | servation easements modified, trai   | nsferred, released, extingu             | uished, or terminate       | d by the organizatio          | n during the      |             |
| 1     | Number of state  | es where property subject to cons  | ervation easement is locat              | ed ▶                       |                               |                   |             |
| 5     |  | ızatıon have a written policy regar<br>nt of the conservation easements i  |   | ng, inspection, hand       | dling of violations,          | ☐ Yes [           | □No         |
| 5     | Staff and volun  | teer hours devoted to monitoring,  | inspecting, handling of vio             | olations, and enforci      | ing conservation eas          | ements during t   | the year    |
| 7     | Amount of expe   | enses incurred in monitoring, inspe  | ecting, handling of violatio            | ns, and enforcing co       | onservation easemer           | nts during the ye | ear         |
| 3     | Does each cons<br>and section 170                              | ervation easement reported on lin<br>O(h)(4)(B)(ii)?   | e 2(d) above satisfy the r              | equirements of sect        | ion 170(h)(4)(B)(ı)           | ☐ Yes [           | □ No        |
| •     | balance sheet,   | scribe how the organization report<br>and include, if applicable, the text<br>n's accounting for conservation ea | of the footnote to the org              |                            |                               |                   |             |
| ar    | t IIII Örgani  | izations Maintaining Collect<br>ete if the organization answere  | tions of Art, Historica                 |                            | Other Similar A               | ssets.            |             |
| La    |  | ion elected, as permitted under SI   |   |                            | ie statement and ha           | Lance sheet wor   | ks of       |
| La    | art, historical tr   | reasures, or other similar assets he<br>XIII, the text of the footnote to it                                     | eld for public exhibition, e            | ducation, or researc       | h in furtherance of p         |                   | No of       |
| b     | historical treasi  | non elected, as permitted under Sl<br>ures, or other similar assets held fonts<br>nts relating to these items    |   |                            |                               |                   |             |
| (     | i) Revenue includ  | ded on Form 990, Part VIII, line 1   |   |                            | ▶ \$                          |                   |             |
| (i    | i)Assets included  | l ın Form 990, Part X  |   |                            | <b>-</b> \$                   |                   |             |
| 2     | If the organizat   | non received or held works of art, nts required to be reported under   |   |                            | r financial gain, prov        | ide the           |             |
| а     | -  | ed on Form 990, Part VIII, line 1  | , ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | -                          | <b>&gt;</b> \$ _              |                   |             |
| b     | Assets included  | ın Form 990, Part X  |   |                            | <b>-</b> \$                   |                   | <del></del> |

 ${f d}$  Equipment .

| Par |                 | Organizations Ma  | aintaining Col               | lections of  | of Art, His   | stori         | cal T      | reasu   | ires, oi  | r Other   | Similar A     | ssets (cont   | tinued)         |
|-----|-----------------|---|------------------------------|--------------|---------------|---------------|------------|---------|-----------|-----------|---------------|---------------|-----------------|
| 3   |                 | g the organization's acqu<br>s (check all that apply)   | uisition, accessioi          | n, and other | r records, c  | heck a        | any of     | the fo  | llowing t | hat are a | significant i | use of its co | llection        |
| а   |                 | Public exhibition   |                              |              |               | d             |            | Loan    | or excha  | ange prog | grams         |               |                 |
| b   |                 | Scholarly research  |                              |              |               | е             |            | Othe    | r         |           |               |               |                 |
| c   |                 | Preservation for future   | generations                  |              |               |               |            |         |           |           |               |               |                 |
| 4   | Provi<br>Part : | de a description of the o   | organization's col           | lections and | d explain ho  | w the         | y furtl    | ner the | e organiz | ation's e | xempt purpo   | ose in        |                 |
| 5   |                 | ng the year, did the orga<br>s to be sold to raise fun  |                              |              |               |               |            |         |           |           | nılar         | ☐ Yes         | □ No            |
| Pai | rt IV           | Escrow and Custon Complete of the organization (Complete of the organization) (Complete organization) |                              |              | " on Form     | n 990         | , Part     | IV, lı  | ne 9, o   | r reporte | ed an amou    |               | n 990, Part     |
| 1a  |                 | e organization an agent,<br>ded on Form 990, Part )   |                              | an or other  | ıntermedia    | ry for        | contri     | bution  | s or othe | er assets | not           | ☐ Yes         | □ No            |
| ь   | If "Ye          | es," explain the arrange  | ment in Part XIII            | and comple   | ete the follo | owina         | table      |         |           |           | Α             | lmount        | <del></del>     |
| c   |                 | nning balance   |                              |              |               |               |            |         |           | 1c        |               |               |                 |
| d   | _               | ions during the year  |                              |              |               |               |            |         |           | 1d        |               |               |                 |
| е   |                 | ibutions during the year  |                              |              |               |               |            |         |           | 1e        |               |               |                 |
| f   |                 | ng balance  |                              |              |               |               |            |         |           | 1f        |               |               |                 |
| 2a  |                 | he organization include   | an amount on Eo              | rm 000 Ba    | rt V lina 31  | 1 for         | occrou     |         | stadial a |           |               |               |                 |
| b   |                 | es," explain the arrange  |                              | ·            |               | ·             |            |         |           |           | ,             | ☐ Yes         | □ No            |
| Pa  | rt V            | Endowment Fund  | <b>is.</b> Complete if       | the organ    | ization ar    | swer          | ed "Y      | es" or  | n Form    | 990, Pai  | rt IV, line 1 | 10.           |                 |
|     |                 |   | •                            | (a)Currer    | nt year       | <b>(b)</b> Pr | rior yea   | r       | (c)Two y  | ears back | (d)Three year | ars back (e)  | Four years back |
| 1a  | Beginn          | ning of year balance .  |                              |              |               |               |            |         |           |           |               |               |                 |
| b   | Contril         | butions   |                              |              |               |               |            |         |           |           |               |               |                 |
| c   | Net inv         | vestment earnings, gain   | s, and losses                |              |               |               |            |         |           |           |               |               | _               |
| d   | Grants          | or scholarships   |                              |              |               |               |            |         |           |           |               |               |                 |
| е   |                 | expenditures for facilitie  | ?S                           |              |               |               |            |         |           |           |               |               |                 |
| f   | Admın           | istrative expenses .  |                              |              |               |               |            |         |           |           |               |               |                 |
| g   | End of          | year balance  |                              |              |               |               |            |         |           |           |               |               |                 |
| 2   | Provi           | de the estimated percer   | ntage of the curre           | ent vear end | d balance (I  | line 1d       | ı. colu    | mn (a`  | )) held a | s         |               |               | _               |
| а   |                 | d designated or quasi-ei  | -                            | ,            | ,             | -             | ,          |         | , ,       |           |               |               |                 |
| h   | Perm            | anent endowment >   |                              |              |               |               |            |         |           |           |               |               |                 |
| c   | Temr            | porarily restricted endov   | vment ▶                      |              |               |               |            |         |           |           |               |               |                 |
| ·   |                 | percentages on lines 2a,  |                              | ld equal 10  | 0%            |               |            |         |           |           |               |               |                 |
| 3a  | Are t           | here endowment funds<br>nization by   | •                            |              |               | n that        | are h      | eld an  | d admini  | stered fo | r the         |               | Yes No          |
|     | (i) u           | nrelated organizations  |                              |              |               |               |            |         |           |           |               | 3a(i)         |                 |
| ь   |                 | related organizations .<br>es" on 3a(ii), are the rel   |                              |              |               | Scho          | <br>dulo P |         |           |           |               | 3a(ii)        |                 |
| 4   |                 | ribe in Part XIII the inte  | -                            |              |               |               |            | •       |           |           |               | 30            | <u> </u>        |
|     | rt VI           |   | and Equipmer                 | nt.          |               |               |            | IV. lın | ne 11a    | See For   | m 990 Pai     | rt X. line 1  | 0.              |
|     | Descr           | iption of property  | (a) Cost or oth<br>(investme | ner basıs    | (b)Cost or    |               |            |         |           |           | depreciation  |               | Book value      |
| 1a  | Land            |   |                              |              |               |               | 1,45       | 52,500  |           |           |               |               | 1,452,500       |
|     | Buildin         | ŀ   |                              |              | 1             |               |            | 31,097  |           |           | 3,948,296     |               | 4,582,801       |
|     |                 | nold improvements   |                              |              |               |               | -,         | ,       |           |           | , -,          |               | 7,3             |
| -   |                 |   |                              |              | 1             |               |            |         | ı         |           | I             | 1             |                 |

442,423

701,348

**Total.** Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c)

112,813

627,365

6,775,479

329,610

73,983

| Part VII Investments—Other Securities. Complete if the organization See Form 990, Part X, line 12.  (a) Description of security or category (including name of security)  (1)Financial derivatives | (b)Book                    | on Form 990, Part IV, line IID.                             |
|--|----------------------------|---|
| (1)Financial derivatives   |                            | (c)Method of valuation Cost or end-of-year market value     |
|  |                            |   |
|  |                            |   |
| (A)  |                            |   |
| (B)  |                            |   |
| (C)  |                            |   |
| (D)  |                            |   |
| (E)  |                            |   |
| (F)  |                            |   |
| (G)  |                            |   |
| (H)<br>  |                            |   |
| Total. (Column (b) must equal Form 990, Part X, col (B) line 12)  Part VIII Investments—Program Related. Complete if the organiz   |                            | on Form 990 Part IV line 11c                                |
| See Form 990, Part X, line 13.   |                            |   |
| (a) Description of investment (b) Bo   | ook value C                | (c) Method of valuation<br>Cost or end-of-year market value |
| (1)  |                            |   |
| (2)  |                            |   |
| (3)  |                            |   |
| (4)  |                            |   |
| (5)  |                            |   |
| (6)  |                            |   |
| (7)  |                            |   |
| (8)  |                            |   |
| (9)  |                            |   |
| Total. (Column (b) must equal Form 990, Part X, col (B) line 13 )  Part IX  Other Assets. Complete if the organization answered 'Yes' on Form  | m 990 Part IV line 116     | 1 See Form 990 Part X line 15                               |
| (a) Description (1) DEFERRED COMP_INVESTMENTS  | 550, 1 4110 217, 11110 221 | <b>(b)</b> Book value 790,452                               |
| (2) GRIP HOLDINGS  |                            | 16,755,035  |
| (2)  |                            |   |
| (3)  |                            |   |
| (4)  |                            |   |
| (5)  |                            |   |
| (6)  |                            |   |
| (7)  |                            |   |
| (8)  |                            |   |
| (9)  |                            |   |
| Total. (Column (b) must equal Form 990, Part X, col (B) line 15 )  | es' on Form 990, Pai       | ▶ 17,545,487<br>rt IV, line 11e or 11f.                     |
| See Form 990, Part X, line 25.  1. (a) Description of liability  | (b) Book value             |   |
| (1) Federal income taxes   |                            |   |
| DEFERRED COMP LIABILITY  | 700,00                     | 00  |
| CAPITAL LEASE PAYABLE  | 137,0:                     | 17  |
| GRIP PAYABLES  | 16,755,03                  | 35  |
| OTHER PAYABLES   | 97                         | 70  |
|  |                            |   |
| (5)  |                            |   |
| (5)       (6)  |                            |   |
|  |                            |   |
| (6)  |                            |   |
| (6)<br>(7)   |                            |   |
| (6)<br>(7)<br>(8)  | 17,593,02                  | 22  |

Add lines 4a and 4b .

Prior year adjustments .

Other (Describe in Part XIII ) . Add lines 2a through 2d .

Subtract line 2e from line 1 .

Add lines 4a and 4b .

Return Reference

See Additional Data Table

Other losses .

Investment expenses not included on Form 990, Part VIII, line 7b.

Total expenses and losses per audited financial statements

Amounts included on line 1 but not on Form 990, Part IX, line 25

Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b .

Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12) . . . . . . . .

Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18) . . . . . . . .

Provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b,

Other (Describe in Part XIII ) . . . . .

Donated services and use of facilities .

Other (Describe in Part XIII ) . . . .

Supplemental Information

Part XI

2

5

1

2

а b

d

е 3

а

b

c

Part XIII

5

4

Part XII

Schedule D (Form 990) 2016

-18.043

47,868

16,376

54,530

4c

2e

3

4c

5

Page 4

-18,043

10,245,894

9,509,909

64,244

54,530

9,500,195

Schedule D (Form 990) 2015

9.445.665

| Amounts included on line 1 but not on Form 990, Part VIII, line 12 |    |         |  |
|--|----|---------|--|
| Net unrealized gains (losses) on investments                       | 2a | 220,857 |  |
| Donated services and use of facilities                             | 2b | 47.868  |  |

4a

4b

2a

2b 2c

2d

4a 4b

Explanation

Reconciliation of Expenses per Audited Financial Statements With Expenses per Return. Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.

Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

| Net unrealized gains (losses) on investments | 2a | 220,857 |
|--|----|---------|
| Donated services and use of facilities       | 2b | 47,868  |
| Recoveries of prior year grants              | 2c |         |

|   | bonaced services and use of facilities |    | 47,000  | i |
|---|--|----|---------|---|
| c | Recoveries of prior year grants        | 2c |         |   |
| d | Other (Describe in Part XIII )         | 2d | -54,530 |   |
|   |  |    |         |   |

| С | Recoveries of prior year grants | 2C |  |         |    |         |
|---|---------------------------------|----|--|---------|----|---------|
| d | Other (Describe in Part XIII )  | 2d |  | -54,530 |    |         |
| е | Add lines 2a through 2d         |    |  |         | 2e | 214,195 |
|   |                                 |    |  |         |    |         |

|   | ,                             |    |            |
|---|---|----|------------|
| е | Add lines <b>2a</b> through <b>2d</b>                               | 2e | 214,195    |
| 3 | Subtract line <b>2e</b> from line <b>1</b>                          | 3  | 10,263,937 |
| 4 | Amounts included on Form 990, Part VIII, line 12, but not on line 1 |    |            |

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

| Page <b>5</b> |                                    | Schedule D (Form 990) 2015  |
|---------------|------------------------------------|-----------------------------|
|               | tal Information <i>(continued)</i> | Part XIII Supplemental Info |
| xplanation    |                                    | Return Reference            |
|               |                                    |                             |
|               |                                    |                             |
|               |                                    |                             |
|               |                                    |                             |
|               |                                    |                             |
|               |                                    |                             |
|               |                                    |                             |
|               |                                    |                             |

Schedule D (Form 990) 2016

#### **Additional Data**

Software ID: Software Version: **EIN:** 91-0658930

> Name: MASTER BUILDERS ASSOCIATION OF KING AND SNOHOMISH COUNTIES

#### **Supplemental Information**

PART XI, LINE 2D - OTHER

ADJUSTMENTS

Return Reference

**INVESTMENT EXPENSES -54,530** 

Explanation

| Supplemental Information                |  |
|---|--|
| Return Reference                        | Explanation  |
| PART XI, LINE 4B - OTHER<br>ADJUSTMENTS | RENTAL EXPENSE, REPORTED ON PART VIII, LINE 6B -18,043 |

Sı

| Supplemental Information                 |  |
|--|--|
| Return Reference                         | Explanation  |
| PART XII, LINE 2D - OTHER<br>ADJUSTMENTS | RENTAL EXPENSE, REPORTED ON PART VIII, LINE 6B 18,043 REVERSAL OF GRANT EXPENSE -1,667 |

| efile GRAPHIC print - DO NOT PRO   | CESS As Filed Data -          |   |  |   | D   | LN: 93493271012017                                |
|--|-------------------------------|---|--|---|---|---|
| Schedule I (Form 990)  Department of the Treasury Internal Revenue Service   | Governments                   | Other Assistand and Individuals ation answered "Yes," o  Attach to Form le I (Form 990) and its | s in the Unite<br>on Form 990, Part IV<br>990. | d States<br>, line 21 or 22.                                |   | OMB No 1545-0047  2016  Open to Public Inspection |
| Name of the organization   |                               |   |  |   | Employer identi                           | fication number                                   |
| MASTER BUILDERS ASSOCIATION OF KING AND SNOHOMISH COUNTIES   |                               |   |  |   | 91-0658930                                |   |
| Part I General Information on  | Grants and Assistance         |   |  |   | 1   |   |
| <ul> <li>Does the organization maintain record the selection criteria used to award the</li> <li>Describe in Part IV the organization's p</li> </ul> | e grants or assistance?       |   |  |   | e, and                                    | ☑ Yes ☐ No  |
| Part II Grants and Other Assistance that received more than \$5,000  |                               |   | nts. Complete if the or                        | rganization answered "Yes"                                  | on Form 990, Part IV, lı                  | ne 21, for any recipient                          |
| (a) Name and address of organization or government   | (c) IRC section if applicable | (d) Amount of cash<br>grant   | (e) Amount of non-<br>cash<br>assistance       | (f) Method of valuation<br>(book, FMV, appraisal,<br>other) | (g) Description of<br>non-cash assistance | (h) Purpose of grant or assistance                |
| 2 Enter total number of section 501(c)(3   | •                             |   |  |   |   | 7   |
| For Paperwork Reduction Act Notice, see the In   |                               | · · · · · · ·   | Cat No 50055                                   |   |   | chedule I (Form 990) 2016                         |

(1) (2) (3) (4) (5)

(6) (7) Supplemental Information. Provide the information required in Part I, line 2, Part III, column (b), and any other additional information. Part IV Return Reference **Explanation** PART I, LINE 2 THE COMMUNITY STEWARDSHIP AND GOVERNMENT AFFAIRS DEPARTMENTS ESTABLISH AN ANNUAL BUDGETED AMOUNT TO SPEND ON DONATIONS AND WITH MBA LEADERSHIP, DONATIONS/SPONSORSHIPS TO THE ORGANIZATION ARE NOT RESTRICTED BY THE MBA AND CAN BE USED BY THE RECIPIENT

SPONSORSHIPS WHICH IS APPROVED BY THE BOARD OF DIRECTORS AS PART OF THE ANNUAL BUDGET PROCESS. THE STAFF OF THE RESPECTIVE DEPARTMENTS REVIEWS REQUESTS FROM VARIOUS COMMUNITY ORGANIZATIONS AND DISCUSSES RECOMMENDATIONS FOR THE AMOUNT AND ORGANIZATION TO DONATE TO ORGANIZATION FOR THE PURPOSES THEY DETERMINED THE FUNDRAISING CAMPAIGN WAS FOR SCHOLARSHIPS AWARDED ARE TO STUDENTS ATTENDING BUILDING TRADES PROGRAMS AT ONE OF THE LOCAL TRADE SCHOOLS THE COMMUNITY STEWARDSHIP DEPARTMENT ESTABLISHES AN ANNUAL BUDGET FOR ALL SCHOLARSHIPS, INCLUDING THE UNIVERSITY OF WASHINGTON (UW), WHICH IS APPROVED BY THE BOARD OF DIRECTORS AS PART OF THE ANNUAL BUDGET PROCESS SCHOLARSHIPS NOT AWARDED TO UW ARE AWARDED TO STUDENTS ENROLLED IN BUILDING TRADES AT VARIOUS TRADE SCHOOLS IN THE ASSOCIATION'S REGION THE MBA'S COMMUNITY STEWARDSHIP TEAM SOLICITS APPLICATIONS FROM STUDENTS IN THE BUILDING TRADES FOR SCHOLARSHIPS THEY REVIEW THE APPLICATION AND SELECT STUDENTS BASED ON THE APPLICATION THE AWARD IS SENT TO THE STUDENT'S SCHOOL ON BEHALF THE STUDENT

Schedule I (Form 990) 2016

IF THE STUDENT DROPS OUT OF THE BUILDING TRADE PROGRAM. THE AWARD IS MADE TO ANOTHER STUDENT OR HELD FOR THE NEXT TERM

Page **2** 

### **Additional Data**

SMART GROWTH SEATTLE

513 FEDERAL AVENUE EAST

SEATTLE, WA 98111 SAWHORSE REVOLUTION

SEATTLE, WA 98102

PO BOX 2912

# Software ID: **Software Version: EIN:** 91-0658930 Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Govern

46-5333729

45-3131515

Name: MASTER BUILDERS ASSOCIATION OF KING AND SNOHOMISH COUNTIES

100,000

25,000

| of in 330,3chedule 1, Part 11, Grants and Other Assistance to Domestic Organizations and Domestic Governments. |         |                 |                    |                    |                         |  |  |
|--|---------|-----------------|--------------------|--------------------|-------------------------|--|--|
| (a) Name and address of  | (b) EIN | (c) IRC section | (d) Amount of cash | (e) Amount of non- | (f) Method of valuation |  |  |

| (a) Name and address of | (b) EIN | (c) IRC section | (d) Amount of cash | (e) Amount of non- | (f) Method of valuation |
|-------------------------|---------|-----------------|--------------------|--------------------|-------------------------|
| organization            |         | ıf applıcable   | grant              | cash               | (book, FMV, appraisal,  |
| or government           |         |                 |                    | assistance         | other)                  |

| (a) Name and address of | (b) EIN | (c) IRC section | (d) Amount of cash | (e) Amount of non- | (f) Method of valua |
|-------------------------|---------|-----------------|--------------------|--------------------|---------------------|
| organization            |         | ıf applıcable   | grant              | cash               | (book, FMV, apprai  |
| or government           |         |                 |                    | accietance         | other)              |

501(C)(4)

501(C)(3)

| nme | nts. |   |  |  |
|-----|------|---|--|--|
|     |      | _ |  |  |

| (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
|--|------------------------------------|

GENERAL

GENERAL

CONTRIBUTION

CONTRIBUTION

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant organization ıf applıcable grant cash (book, FMV, appraisal, non-cash assistance or assistance other) or government assistance 91-6001537 501(C)(3) 10.000 UNIVERSITY OF WASHINGTON I ISCHOLARSHIP FUND

| FOUNDATION<br>PO BOX 351610<br>SEATTLE, WA 98195 |            |           |        |  |             |
|--|------------|-----------|--------|--|-------------|
| ATTAIN HOUSING                                   | 91-1481848 | 501(C)(3) | 10,000 |  | SPONSORSHIP |

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

125 STATE STREET SOUTH KIRKLAND, WA 98033

(a) Name and address of (e) Amount of non-(f) Method of valuation (b) EIN (c) IRC section (d) Amount of cash (a) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, non-cash assistance organization grant cash or assistance or government assistance other) HABITAT FOR HUMMANITY 91-1342397 501(C)(3) 10.000 SPONSORSHIP

ITEM

| SEATTLE-KING COUNTY  | 72 20 .207 | 10,000 |  | S. |
|----------------------|------------|--------|--|--|
|                      |            |        |  |  |
| 560 NACHES AVE SW NO |            |        |  |  |
| 110                  |            |        |  |  |
| RENTON, WA 98057     |            |        |  |  |
|                      |            |        |  |  |

94-3060709 501(C)(3) 11,200 60 FMV WINE HOUSING HOPE SPONSORSHIP/DONATION/AUCTION

Form 990. Schedule I. Part II. Grants and Other Assistance to Domestic Organizations and Domestic Governments.

5830 EVERGREEN WAY

EVERETT, WA 98203

(e) Amount of non-(f) Method of valuation (a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (a) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, non-cash assistance organization arant cash or assistance or government other) assistance REBUILDING TOGETHER 91-1606330 501(C)(3) 17.387 236 FMV WINE SPONSORSHIP/DONATION/AUCTION SEATTLE ITEM

500 AURORA AVE N 305 SEATTLE, WA 98109 SOLID GROUND 23-7421892 501(C)(3) 5.250 ISPONSORSHIP/DONATION

Form 990. Schedule I. Part II. Grants and Other Assistance to Domestic Organizations and Domestic Governments.

WASHINGTON 1501 N 45TH STREET

SEATTLE, WA 98103

DLN: 93493271012017

OMB No 1545-0047

2015

#### Schedule J

(Form 990)

## **Compensation Information**

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

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 23. ► Attach to Form 990. ▶ Information about Schedule J (Form 990) and its instructions is at www.irs.gov/form990.

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization MASTER BUILDERS ASSOCIATION OF

Employer identification number

| ΚIN | IG AND SNOHOMISH COUNTIES  |           | 91-0658930  |            |     |    |
|-----|--|-----------|---|------------|-----|----|
| Pa  | rt I Questions Regarding Compensation  | n         | •   |            |     |    |
|     |  |           |   |            | Yes | No |
| 1a  | Check the appropriate box(es) if the organization pro 990, Part VII, Section A, line 1a Complete Part III  |           |   |            |     |    |
|     | ┌ First-class or charter travel  | Г         | Housing allowance or residence for personal use                 |            |     |    |
|     | Travel for companions  | Г         | Payments for business use of personal residence                 |            |     |    |
|     | Tax idemnification and gross-up payments   | Г         | Health or social club dues or initiation fees                   |            |     |    |
|     | □ Discretionary spending account   | Г         | Personal services (e g , maid, chauffeur, chef)                 |            |     |    |
| b   | If any of the boxes in line 1a are checked, did the or reimbursement or provision of all of the expenses de  |           |   | 1b         |     |    |
| 2   | Did the organization require substantiation prior to r<br>directors, trustees, officers, including the CEO/Exec  |           | ,   | 2          |     |    |
| 3   | Indicate which, if any, of the following the filing organ<br>organization's CEO/Executive Director Check all th<br>used by a related organization to establish compens | nat appl  |   |            |     |    |
|     | Compensation committee   | Г         | Written employment contract                                     |            |     |    |
|     | Independent compensation consultant  | Γ.        | Compensation survey or study                                    |            |     |    |
|     | Form 990 of other organizations  | Ľ         | Approval by the board or compensation committee                 |            |     |    |
| 4   | During the year, did any person listed on Form 990, or a related organization  | Part VI   | I, Section A, line $1a$ with respect to the filing organization |            |     |    |
| а   | Receive a severance payment or change-of-control   | paymen    | nt?   | 4a         | Yes |    |
| b   | Participate in, or receive payment from, a supplemen   | ntal non  | qualified retirement plan?                                      | 4b         |     | No |
| c   | Participate in, or receive payment from, an equity-ba  | ased co   | mpensation arrangement?   | 4c         |     | No |
|     | If "Yes" to any of lines 4a-c, list the persons and pr   | ovide th  | ne applicable amounts for each item in Part III                 |            |     |    |
|     | Only 501(c)(3), 501(c)(4), and 501(c)(29) organizat  | tions m   | ust complete lines 5-9.   |            |     |    |
| 5   | For persons listed on Form 990, Part VII, Section A compensation contingent on the revenues of   | , line 1a | a, did the organization pay or accrue any                       |            |     |    |
| а   | The organization?  |           |   | 5a         |     |    |
| b   | Any related organization?  |           |   | 5b         |     |    |
|     | If "Yes," on line 5a or 5b, describe in Part III   |           |   |            |     |    |
| 6   | For persons listed on Form 990, Part VII, Section A compensation contingent on the net earnings of   | , line 1a | a, did the organization pay or accrue any                       |            |     |    |
| а   | The organization?  |           |   | <b>6</b> a |     |    |
| b   | Any related organization?  |           |   | 6b         |     |    |
|     | If "Yes," on line 6a or 6b, describe in Part III   |           |   |            |     |    |
| 7   | For persons listed on Form 990, Part VII, Section A payments not described in lines 5 and 6? If "Yes," of  |           |   | 7          |     |    |
| 8   | Were any amounts reported on Form 990, Part VII, subject to the initial contract exception described in  |           |   |            |     |    |
|     | in Part III  | gulu      | 222000000000000000000000000000000000000                         | 8          |     |    |
| 9   | If "Yes" on line 8, did the organization also follow th<br>section 53 4958-6(c)?   | e rebutt  | able presumption procedure described in Regulations             | 9          |     |    |

| (A) Nume und Title                        |      | (B) Dicakaomiroi         | W Z unu/or 1000 mis  | oc compensation | (C) Redirement and             |          | (L) rotar or columns | (i) compensation in                                    |  |  |
|---|------|--------------------------|--|-----------------|--------------------------------|----------|----------------------|--|--|--|
|   |      | Base<br>(ı) compensation | (ii) (iii)  Bonus & incentive Other reportable compensation compensation |                 | other deferred<br>compensation | benefits | (B)(ı)-(D)           | column(B) reported<br>as deferred on prior<br>Form 990 |  |  |
| 1 SHANNON AFFHOLTER<br>EXECUTIVE DIRECTOR |      | 180,840                  | 118,000  | 7,877           | 12,637                         | 20,770   | 340,124              | 0  |  |  |
|   | (ii) | 0                        | 0  | 0               | 0                              | 0        | 0                    | 0  |  |  |
| 2 SAM ANDERSON                            | (i)  | 0                        | 0  | 350,000         | 0                              | 0        | 350.000              | 0  |  |  |

FORMER CEO

Schedule J (Form 990) 2015

| Schedule 3 (1 offil 330) 2013  | rage 3   |  |  |  |  |  |  |
|--|--|--|--|--|--|--|--|
| Part III Supplemental Information  |  |  |  |  |  |  |  |
| Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II Also complete this part for any additional information |  |  |  |  |  |  |  |
| Return Reference   | Explanation  |  |  |  |  |  |  |
|  | IN 2016, MASTER BUILDERS ASSOCIATION AGREED TO PAY DON DAVIS, DIRECTOR OF GOVERNMENTAL AFFAIRS, SEPARATION PAYMENTS TOTALING \$69,695 IN 2013, MASTER BUILDERS ASSOCIATION AGREED TO PAY SAM ANDERSON, FORMER CEO, SEPARATION PAYMENTS |  |  |  |  |  |  |

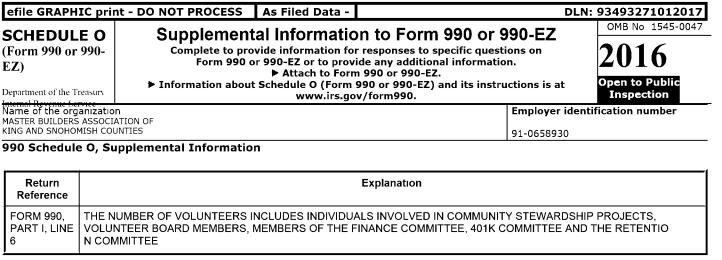
Schedule 1 (Form 990) 2015

2014

Schedule J (Form 990) 2015

| efil     | e GRAPHIC pr                             | int - DO NOT PR        | OCESS           | As Filed Data -                          |                                   | DLN:                            | 9349327             | 1012   | 017 |
|----------|--|------------------------|-----------------|--|-----------------------------------|---------------------------------|---------------------|--------|-----|
|          | IEDULE M                                 |                        |                 | loncash Contri                           | hutions                           |                                 | OMB No :            | .545-0 | 047 |
| (For     | m 990)                                   |                        | ľ               | toricasii Contin                         | Dutions                           |                                 | 20                  | 1 /    | -   |
|          |  | ▶Complete if the       | organizati      | ons answered "Yes" on Fo                 | orm 990, Part IV, lines 2         | 9 or 30.                        | <b>20</b>           | 10     | )   |
|          |  | ► Attach to Form       |                 |  |                                   |                                 |                     |        |     |
| •        | tment of the Treasury                    | ▶Information abo       | out Schedu      | ile M (Form 990) and its i               | nstructions is at <u>www.ir</u> s | s.gov/form990                   | Open t              |        |     |
|          | al Revenue Service<br>e of the organizat | ion                    |                 |  |                                   | Employer ident                  |                     | ection |     |
| MAST     | ER BUILDERS ASSO                         | CIATION OF             |                 |  |                                   |                                 | incation ii         | umbei  |     |
|          | AND SNOHOMISH C                          |                        |                 |  |                                   | 91-0658930                      |                     |        |     |
| - 6      | rt I Types                               | of Property            | T , ,           | 41.5                                     |                                   | 1                               |                     |        |     |
|          |  |                        | (a)<br>Check if | <b>(b)</b><br>Number of contributions or | (c)<br>Noncash contribution       | Method                          | (d)<br>I of determi | nına   |     |
|          |  |                        | applicable      |  | amounts reported on               |                                 | ntribution a        |        | :s  |
|          |  |                        |                 |  | Form 990, Part VIII, line<br>1g   |                                 |                     |        |     |
| 1        | Art—Works of an                          | t                      |                 |  |                                   |                                 |                     |        |     |
| 2        | Art—Historical tre                       | easures .              |                 |  |                                   |                                 |                     |        |     |
| 3        | Art—Fractional in                        |                        |                 |  |                                   |                                 |                     |        |     |
| 4        | Books and public                         |                        |                 |  |                                   |                                 |                     |        |     |
| 5        | Clothing and hou goods                   |                        |                 |  |                                   |                                 |                     |        |     |
| 6        | Cars and other v                         | ehicles                |                 |  |                                   |                                 |                     |        |     |
| 7        | Boats and planes                         |                        |                 |  |                                   |                                 |                     |        |     |
|          | Intellectual prope                       |                        |                 |  |                                   |                                 |                     |        |     |
| 9<br>10  | Securities—Public<br>Securities—Close    | •                      |                 |  |                                   |                                 |                     |        |     |
|          | Securities—Partr                         | •                      |                 |  |                                   |                                 |                     |        |     |
|          | or trust interest                        |                        |                 |  |                                   |                                 |                     |        |     |
|          | Securities—Misce                         |                        |                 |  |                                   |                                 |                     |        |     |
| 13       | Qualified conserve contribution—Hi       |                        |                 |  |                                   |                                 |                     |        |     |
|          | structures .                             |                        |                 |  |                                   |                                 |                     |        |     |
| 14       | Qualified conserv                        |                        |                 |  |                                   |                                 |                     |        |     |
| 15       | contribution—Of Real estate—Res          |                        |                 |  |                                   |                                 |                     |        |     |
| 16       | Real estate—Cor                          |                        |                 |  |                                   |                                 |                     |        |     |
| 17       | Real estate—Oth                          | er                     |                 |  |                                   |                                 |                     |        |     |
| 18       | Collectibles .                           |                        |                 |  |                                   |                                 |                     |        |     |
| 19       | Food inventory                           |                        |                 |  |                                   |                                 |                     |        |     |
| 20       | Drugs and medic                          | al supplies .          |                 |  |                                   |                                 |                     |        |     |
| 21<br>22 | Taxidermy                                | • • • • •<br>• • • • • |                 |  |                                   |                                 |                     |        |     |
|          | Scientific specim                        |                        |                 |  |                                   |                                 |                     |        |     |
| 24       | Archeological art                        | ifacts                 |                 |  |                                   |                                 |                     |        |     |
|          | Other ► (                                |                        | X               | 1  | 42,84                             | COST                            |                     |        |     |
|          | G MATERIAL )<br>Other ► (                |                        | X               | 1  | 3 500                             | FAIR MARKET V                   | ALLIF               |        |     |
|          | IT MEAL )                                |                        |                 |  |                                   |                                 |                     |        |     |
|          | Other ► (                                |                        | Х               | 1  | 2,600                             | FAIR MARKET V                   | ALUE                |        | _   |
| 28       | SEHOLD)<br>Other ►(                      | )                      |                 |  |                                   |                                 |                     |        |     |
|          | •  | s 8283 received by t   | he organiza     | II<br>ation during the tax year for      | contributions                     |                                 |                     |        |     |
|          |  |                        |                 | 3, Part IV, Donee Acknowled              |                                   | 29                              |                     |        | 0   |
|          |  |                        |                 |  |                                   |                                 |                     | Yes    | No  |
| 30a      | <b>,</b> ,                               |                        |                 | y contribution any property r            | •                                 | · .                             |                     |        |     |
|          | it must hold for                         | at least three years   | from the d      | ate of the initial contribution,         | , and which is not required       | to be used                      |                     |        |     |
|          |  |                        |                 | od?                                      |                                   |                                 | 30a                 |        | No  |
| b        | If "Yes," describ                        | e the arrangement i    | n Part II       |  |                                   |                                 |                     |        |     |
| 31       | Does the organi                          | zation have a gift ac  | ceptance p      | olicy that requires the review           | v of any non-standard conti       | ributions?                      | 31                  |        | No  |
| 32a      |  |                        | ird parties     | or related organizations to so           | olicit, process, or sell nonca    | sh                              |                     |        |     |
| _        | contributions?                           |                        |                 |  |                                   |                                 | 32a                 |        | No  |
|          | If "Yes," describ                        |                        |                 | naturan (a) for a t                      | mandry fam wilesale a 1 1 2 2 2   | المراجع المراجع المراجع المراجع |                     |        |     |
| 33       | If the organizati<br>describe in Part    | •                      | amount in       | column (c) for a type of pro             | perty for which column (a)        | is cnecked,                     |                     |        |     |
|          | describe in Part                         | 11                     |                 |  |                                   |                                 |                     |        |     |

| Schedule M (Form 990) (2016)                   | Page <b>2</b>  |
|--|--|
|  | ion required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part                  |
| I, column (b), the nu<br>this part for any add | imber of contributions, the number of items received, or a combination of both. Also complete itional information. |
| Return Reference                               | Explanation  |
| PART I, COLUMN (B)                             | THE AMOUNT IN PART I, COLUMN B REPRESENTS THE NUMBER OF CONTRIBUTIONS  |
|  | Schedule M (Form 990) (2016)   |



Return Explanation
Reference

FORM 990, THERE ARE SEVERAL MEMBERSHIP OPTIONS AVAILABLE BUILDER, ASSOCIATE, LIFE, AFFILIATE, TRANS
PART VI, ITIONAL AFFILIATE, NOT-FOR-PROFIT AFFILIATE AND NON-ACTIVE SEE LINE 7A DISCLOSURE FOR VOT
SECTION A, ING RIGHTS OF THE DIFFERENT MEMBERSHIP OPTIONS
LINE 6

990 Schedule O, Supplemental Information

## 990 Schedule O, Supplemental Information Return Explanation Reference FORM 990. BUILDER, ASSOCIATE AND LIFE MEMBERS ALL HAVE THE SAME RIGHTS, INCLUDING VOTING ON ASSOCIAT

| PART VI, SECTION A, LINE 7A  L | N AS<br>LL BE A<br>R MEMB<br>SHALL |
|--|------------------------------------|
|--|------------------------------------|

Return Explanation
Reference

990 Schedule O, Supplemental Information

FORM 990, BY-LAWS MAY BE AMENDED BY A TWO-THIRDS VOTE OF THE MEMBERS PRESENT AT ANY MEETING OF THE A PART VI, SSOCIATION, NOTICE OF THE PROPOSED CHANGE HAVING BEEN MAILED BY THE SECRETARY AND/OR EXECU SECTION A, TIVE DIRECTOR TO EACH ELIGIBLE BUILDER AND ASSOCIATE MEMBER

Return Explanation
Reference

990 Schedule O, Supplemental Information

LINE 11B

FORM 990, FORM 990 IS PREPARED WITH THE ASSISTANCE OF AN OUTSIDE CPA FIRM THE RETURN IS REVIEWED BY THE EXECUTIVE DIRECTOR AND CONTROLLER BEFORE FILING WITH THE IRS SECTION B.

## Return Explanation Reference

990 Schedule O, Supplemental Information

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

THE CONFLICT OF INTEREST POLICY IS REVIEWED ANNUALLY BY THE BOARD OF DIRECTORS, ACKNOWLEDG
BENEAU OF THE POLICY IS SIGNED BY EACH BOARD MEMBER ANNUALLY IF A POTENTIAL CONFLICT ARISE
S, THE EXECUTIVE DIRECTOR, BOARD PRESIDENT AND ENTIRE BOARD WILL BE NOTIFIED ANY PERSON W
HO INDICATES A POTENTIAL CONFLICT WILL BE ASKED TO REFRAIN FROM PARTICIPATION IN DISCUSSIO
N OR VOTING SHOULD IT PERTAIN TO HIS/HER BUSINESS

## Return Explanation

THE COMPENSATION OF THE EXECUTIVE DIRECTOR IS REVIEWED ANNUALLY UTILIZING A SOFTWARE PROGR

990 Schedule O, Supplemental Information

FORM 990.

| PART VI,   | AM THAT DERIVES CURRENT MARKET DATA FOR THE ROLE A PAY BAND IS CREATED BASED ON YEARS OF  |
|------------|---|
| SECTION B, | EXPERIENCE THIS BAND IS SHARED WITH THE EXECUTIVE COMMITTEE WHICH APPROVES ANY CHANGES TO |
| LINE 15    | THE EXECUTIVE DIRECTOR'S COMPENSATION THE LAST COMPENSATION REVIEW WAS PERFORMED IN FEBR  |
|            | UARY OF 2016 THE COMPENSATION FOR OTHER OFFICERS IS REVIEWED ANNUALLY UTILIZING A SOFTWAR |
|            | E PROGRAM THAT DERIVES CURRENT MARKET DATA FOR THE ROLE A PAY BAND IS CREATED BASED ON YE |
|            | ARS OF EXPERIENCE COMPENSATION AT HIRE IS REVIEWED AND DETERMINED BY THE DIRECTOR OF ADMI |
|            | NISTRATION AND THE EXECUTIVE DIRECTOR PLACEMENT ON THE BAND IS BASED ON EXPERIENCE AND WE |
|            | DO NOT DEVIATE FROM THE BAND OR THE TENURE REQUIREMENT                                    |

Return Explanation
Reference

990 Schedule O, Supplemental Information

| FORM 990,  | MBA MAKES ITS GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY AND FINANCIAL STATEMENTS AVAILABLE |
|------------|---|
| PART VI,   | TO THE PUBLIC BY REQUEST  |
| SECTION C, |   |
| LINE 19    |   |

990 Schedule O, Supplemental Information Return Explanation Reference FORM 990. REVERSAL OF GRANT EXPENSE 1,667 PART XI, LINE 9

efile GRAPHIC print - DO NOT PROCESS As Filed Data -DLN: 93493271012017 OMB No 1545-0047 **SCHEDULE R Related Organizations and Unrelated Partnerships 2016** (Form 990) ► Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37. ► Attach to Form 990. ▶ Information about Schedule R (Form 990) and its instructions is at www.irs.gov/form990. Open to Public Department of the Treasury Inspection Internal Revenue Service Name of the organization **Employer identification number** MASTER BUILDERS ASSOCIATION OF KING AND SNOHOMISH COUNTIES 91-0658930 Part I Identification of Disregarded Entities Complete if the organization answered "Yes" on Form 990, Part IV, line 33. **(f)** Direct controlling (a)
Name, address, and EIN (if applicable) of disregarded entity (b) Primary activity (c) Legal domicile (state (d) Total income (e) End-of-year assets or foreign country) entity

| Part II Identification of Related Tax-Exempt Organization related tax-exempt organizations during the tax year. | <b>s</b> Complete if the organ                              | nization answered "                                 | Yes" on Form 990,          | Part IV, line 34 be                              | cause it had one or           | more                        |                            |
|---|---|---|----------------------------|--|-------------------------------|-----------------------------|----------------------------|
| (a)  Name, address, and EIN of related organization   | (b)<br>Primary activity                                     | (c)<br>Legal domicile (state<br>or foreign country) | (d)<br>Exempt Code section | (e) Public charity status (if section 501(c)(3)) | (f) Direct controlling entity | Section<br>(13) coi<br>enti | 512(b)<br>ntrolled<br>ity? |
| (1)MBA-KS AFFORDABLE HOUSING COUNCIL<br>335 116TH AVE SE<br>BELLEVUE, WA 98004<br>91-1117605                    | POL ACTION COMM-<br>SUPPORTS BUILDER<br>FRIENDLY CANDIDATES | WA  | 527                        |  | N/A                           | Yes                         | No<br>No                   |
|   |   |   |                            |  |                               |                             |                            |
|   |   |   |                            |  |                               |                             |                            |
|   |   |   |                            |  |                               |                             |                            |
|   |   |   |                            |  |                               |                             |                            |
|   |   |   |                            |  |                               |                             |                            |
| For Paperwork Reduction Act Notice, see the Instructions for Form 9   | <br>90.   | Cat No 50135  | <u> </u><br>5Y             |  | Schedule R (Form              | 990) 20                     | 016                        |

| (a)<br>Name, address, and EIN of<br>related organization   |   | <b>(b)</b><br>Primary<br>activity | (c) Legal domicile (state or foreign country)     | (d)<br>Direct<br>controlling<br>entity | (e) Predominincome(re unrelatinexcluded tax und sections 514) | nant Share<br>lated, total inco<br>ed,<br>from<br>der<br>512- | of Share of end-of-year assets | Disprop<br>alloca | tions?                  | (1)<br>Code V-U<br>amount in<br>20 of<br>Schedule I<br>(Form 106 | 6-1<br>(-1)<br>(5)        | (j)<br>neral or<br>anaging<br>artner? | own                                      |
|--|---|-----------------------------------|---|--|---|---|--------------------------------|-------------------|-------------------------|--|---------------------------|---------------------------------------|--|
|  |   |                                   |   |  |   |   |                                | Yes               | No                      |  | Ye                        | s No                                  | $\frac{1}{2}$                            |
|  |   |                                   |   |  |   |   |                                |                   |                         |  |                           |                                       | -  |
|  |   |                                   |   |  |   |   |                                |                   |                         |  |                           |                                       | -  |
|  |   |                                   |   |  |   |   |                                |                   |                         |  |                           |                                       | _  |
|  |   |                                   |   |  |   |   |                                |                   |                         |  |                           |                                       |  |
|  |   |                                   |   |  |   |   |                                |                   |                         |  |                           |                                       |  |
|  |   |                                   |   |  |   |   |                                |                   |                         |  |                           |                                       |  |
|  |   |                                   |   |  |   |   |                                |                   |                         |  |                           |                                       |  |
| Identification of Related Org<br>because it had one or more rela   |   |                                   |   |  |   |   | nswered "Yes                   | s" on F           | orm 9                   | 90, Part   | [V, lin                   | e 34                                  |  |
|  |   | s a corporation                   | on or tru:<br>(c)<br>egal<br>micile<br>or foreign | st during th                           |   |   | (f) Share of total             | Share             | (g) of end- year assets | of- Pe   | (h)<br>rcentag            | e                                     | Section<br>(13) con<br>ent               |
| because it had one or more relations (a)  Name, address, and EIN of related organization                                   | ated organizations treated a                        | s a corporation                   | on or tru:<br>(c)<br>egal<br>micile               | Direct                                 | ne tax yea  (d) controlling entity                            | (e) Type of entity (C corp, S corp,                           | (f)<br>Share of total          | Share             | (g)<br>of end-<br>year  | of- Pe<br>ov   | (h)<br>centag             | e<br>D                                | Section<br>(13) co                       |
| because it had one or more related  (a)  Name, address, and EIN of related organization  ER SERVICES CORPORATION  4 AVE SE | ated organizations treated a  (b)  Primary activity | s a corporation                   | on or tru: (c) egal micile or foreign untry)      | Direct                                 | (d) controlling entity  ER ERS ASSOC                          | (e) Type of entity (C corp, S corp,                           | (f)<br>Share of total          | Share             | (g)<br>of end-<br>year  | of- Pe<br>ov   | (h)<br>rcentag<br>nership | e<br>D                                | Section<br>(13) cor<br>ent<br><b>Yes</b> |
| because it had one or more relation  (a)  Name, address, and EIN of related organization  R SERVICES CORPORATION  I AVE SE | ated organizations treated a  (b)  Primary activity | s a corporation                   | on or tru: (c) egal micile or foreign untry)      | Direct MASTE                           | (d) controlling entity  ER ERS ASSOC                          | (e) Type of entity (C corp, S corp,                           | (f)<br>Share of total          | Share             | (g)<br>of end-<br>year  | of- Pe<br>ov   | (h)<br>rcentag<br>nership | e<br>D                                | Section<br>(13) cor<br>ent<br><b>Yes</b> |
| because it had one or more relation  (a)  Name, address, and EIN of related organization  R SERVICES CORPORATION  I AVE SE | ated organizations treated a  (b)  Primary activity | s a corporation                   | on or tru: (c) egal micile or foreign untry)      | Direct MASTE                           | (d) controlling entity  ER ERS ASSOC                          | (e) Type of entity (C corp, S corp,                           | (f)<br>Share of total          | Share             | (g)<br>of end-<br>year  | of- Pe<br>ov   | (h)<br>rcentag<br>nership | e<br>D                                | Section<br>(13) cor<br>ent<br><b>Yes</b> |
| because it had one or more related  (a)  Name, address, and EIN of related organization  R SERVICES CORPORATION  I AVE SE  | ated organizations treated a  (b)  Primary activity | s a corporation                   | on or tru: (c) egal micile or foreign untry)      | Direct MASTE                           | (d) controlling entity  ER ERS ASSOC                          | (e) Type of entity (C corp, S corp,                           | (f)<br>Share of total          | Share             | (g)<br>of end-<br>year  | of- Pe<br>ov   | (h)<br>rcentag<br>nership | e<br>D                                | Section<br>(13) cor<br>ent<br><b>Yes</b> |
| because it had one or more related  (a)  Name, address, and EIN of related organization  ER SERVICES CORPORATION  H AVE SE | ated organizations treated a  (b)  Primary activity | s a corporation                   | on or tru: (c) egal micile or foreign untry)      | Direct MASTE                           | (d) controlling entity  ER ERS ASSOC                          | (e) Type of entity (C corp, S corp,                           | (f)<br>Share of total          | Share             | (g)<br>of end-<br>year  | of- Pe<br>ov   | (h)<br>rcentag<br>nership | e<br>D                                | Section<br>(13) cor<br>ent<br><b>Yes</b> |
| (a)<br>Name, address, and EIN of   | ated organizations treated a  (b)  Primary activity | s a corporation                   | on or tru: (c) egal micile or foreign untry)      | Direct MASTE                           | (d) controlling entity  ER ERS ASSOC                          | (e) Type of entity (C corp, S corp,                           | (f)<br>Share of total          | Share             | (g)<br>of end-<br>year  | of- Pe<br>ov   | (h)<br>rcentag<br>nership | e<br>D                                | Section<br>(13) cor<br>ent<br><b>Yes</b> |
| because it had one or more related  (a)  Name, address, and EIN of related organization  ER SERVICES CORPORATION  H AVE SE | ated organizations treated a  (b)  Primary activity | s a corporation                   | on or tru: (c) egal micile or foreign untry)      | Direct MASTE                           | (d) controlling entity  ER ERS ASSOC                          | (e) Type of entity (C corp, S corp,                           | (f)<br>Share of total          | Share             | (g)<br>of end-<br>year  | of- Pe<br>ov   | (h)<br>rcentag<br>nership | e<br>D                                | Section<br>(13) cor<br>ent<br><b>Yes</b> |

| Part V Transactions With Related Organizations Complete of the organization answered "Yes" on Form 990, Part IV, line 34,                             | 35b, or 36. |    |     |    |
|---|-------------|----|-----|----|
| Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule  |             |    | Yes | No |
| 1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV? |             |    |     |    |
| a Receipt of (i) interest, (ii) annuities, (iii) royalties, or(iv) rent from a controlled entity  |             | 1a |     | No |
| <b>b</b> Gift, grant, or capital contribution to related organization(s)  |             | 1b |     | No |
| c Gift, grant, or capital contribution from related organization(s)   |             | 1c | i   | No |
| d Loans or loan guarantees to or for related organization(s)  |             | 1d | i   | No |
| e Loans or loan guarantees by related organization(s)   |             | 1e |     | No |
| f Dividends from related organization(s)  |             | 1f |     | No |
| g Sale of assets to related organization(s)   |             | 1g |     | No |
| <b>h</b> Purchase of assets from related organization(s)  |             | 1h | i   | No |
| i Exchange of assets with related organization(s)   |             | 1i |     | No |
| ${f j}$ Lease of facilities, equipment, or other assets to related organization(s)  |             | 1j |     | No |
| k Lease of facilities, equipment, or other assets from related organization(s)  |             | 1k |     | No |
| Performance of services or membership or fundraising solicitations for related organization(s)  |             | 11 | Yes | t  |

Page **3** 

(d) Method of determining amount involved

Schedule R (Form 990) 2016

| g | g Sale of assets to related organization(s)  | <b>1</b> g |     | No           |
|---|--|------------|-----|--------------|
| ı | n Purchase of assets from related organization(s)  | 1h         |     | No           |
| i | Exchange of assets with related organization(s)  | 1i         |     | No           |
| j | Lease of facilities, equipment, or other assets to related organization(s)   | 1j         |     | No           |
|   |  |            |     |              |
| ı | Lease of facilities, equipment, or other assets from related organization(s)   | 1k         |     | No           |
| ı | Performance of services or membership or fundraising solicitations for related organization(s)   | 11         | Yes |              |
|   | n Performance of services or membership or fundraising solicitations by related organization(s)  | 1m         |     | No           |
|   | Charge of facilities assume as the supplies a state of the supplies of the sup | 10         | Voc | <del>+</del> |

| , | Lease of facilities, equipment, or other assets to related organization(s)                     | <u>-</u>   |     | 1  |
|---|--|------------|-----|----|
|   |  |            |     |    |
| k | Lease of facilities, equipment, or other assets from related organization(s)                   | 1k         |     | No |
| ı | Performance of services or membership or fundraising solicitations for related organization(s) | 11         | Yes |    |
| n | Performance of services or membership or fundraising solicitations by related organization(s)  | 1m         | 1   | No |
| n | Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)  | 1n         | Yes |    |
| o | Sharing of paid employees with related organization(s)   | 10         | Yes |    |
|   |  |            |     |    |
| р | Reimbursement paid to related organization(s) for expenses                                     | <b>1</b> p |     | No |
| q | Reimbursement paid by related organization(s) for expenses                                     | <b>1</b> q |     | No |
|   |  |            |     |    |
| r | Other transfer of cash or property to related organization(s)                                  | 1r         |     | No |
| s | Other transfer of cash or property from related organization(s)                                | 1s         |     | No |

**(b)** Transaction

type (a-s)

(c) Amount involved

2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds

(a) Name of related organization

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)<br>Name, address, and EIN of entity | <b>(b)</b><br>Primary activity | (c) Legal domicile (state or foreign country) | (d) Predominant Income (related, unrelated, excluded from tax under sections 512- 514) | An<br>or | (e) e all partners section 501(c)(3) ganizations? | (f)<br>Share of<br>total<br>income | (g)<br>Share of<br>end-of-year<br>assets | (h)<br>Disproprtiona<br>allocations? |    | Code V-UBI<br>amount in box<br>20<br>of Schedule<br>K-1<br>(Form 1065) |           | ?    | <b>(k)</b><br>Percentage<br>ownership |
|---|--------------------------------|---|--|----------|---|------------------------------------|--|--------------------------------------|----|--|-----------|------|---------------------------------------|
| l l                                     |                                |   | 514)   | Yes      | No  | l 1                                |  | Yes                                  | No |  | Yes       | No   | 1                                     |
|   |                                |   |  |          |   |                                    |  |                                      |    |  |           |      |                                       |
|   |                                |   |  |          |   |                                    |  |                                      |    |  |           |      |                                       |
|   |                                |   |  |          |   |                                    |  |                                      |    |  |           |      |                                       |
|   |                                |   |  |          |   |                                    |  |                                      |    |  |           |      |                                       |
|   |                                |   |  |          |   |                                    |  |                                      |    |  |           |      |                                       |
|   |                                |   |  |          |   |                                    |  |                                      |    |  |           |      |                                       |
|   |                                |   |  |          |   |                                    |  |                                      |    |  |           |      |                                       |
|   |                                |   |  |          |   |                                    |  |                                      |    |  |           |      |                                       |
|   |                                |   |  |          |   |                                    |  | ·                                    |    |  |           |      |                                       |
|   |                                |   |  |          |   |                                    |  |                                      |    |  |           |      |                                       |
|   |                                |   |  |          |   |                                    |  |                                      |    |  |           |      |                                       |
|   |                                |   |  |          |   |                                    |  |                                      |    |  |           |      |                                       |
|   |                                |   |  |          |   |                                    |  |                                      |    |  |           |      |                                       |
|   |                                |   |  |          |   |                                    |  |                                      |    |  |           |      |                                       |
|   |                                |   |  |          |   |                                    |  |                                      |    |  |           |      |                                       |
|   |                                |   |  | _        |   |                                    |  |                                      |    | Schedul  | e R (Form | 1 99 | 0) 2016                               |

