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DLN: 93493297010357 **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 foundations)

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

OMB No 1545-0047

2016

☑ Yes ☐ No

Form **990** (2016)

Cat No 11282Y

nterna	l Revei	f the Treas nue Service	e   Information as	bout Form 990 and its instructions is at			990	(	Inspection
Che	ck if ap dress o	pplicable change	calendar year, or tax year be C Name of organization THE BUILDING INDUSTRY ASSO OF WHATCOM COUNTY	ginning 01-01-2016 , and ending :	<u>12-31-201</u>	6	<b>D Employ</b> 91-105		ication number
□ Init _ Fin		-	Doing business as				E Tolonbo	ne number	
⊐ Am	ended	l return	1650 BAKER CREEK PLACE	f mail is not delivered to street address) Roo	om/suite			571-4247	
Apı ∟	olicatio	on pending	City or town, state or province, o BELLINGHAM, WA 98226	country, and ZIP or foreign postal code				eceipts \$ 7	33.203
			F Name and address of princ ELLIOT SWANEY 1650 BAKER CREEK PLACE BELLINGHAM, WA 98226	ipal officer		subord ) Are all	a group re inates? subordina	turn for	☐Yes ☑No
		npt status e: ► WV	501(c)(3) <b>2</b> 501(c)(6)	◀(insert no )					instructions)
Forn	n of or	ganızatıon	n 🗹 Corporation 🗌 Trust 🔲 A	ssociation  Other	<b>L</b> Year	r of format	ıon 1978	M State	of legal domicile
Pa	rt I	Sum	nmary						
an locality of the state of the	T I A	THE BUIL NTEREST ASSOCIA	TS OF THE BUILDING AND CONS TION IS A NOT-FOR-PROFIT OR	n or most significant activities OF WHATCOM COUNTY REPRESENTS T STRUCTION INDUSTRY OF WHATCOM C GANIZATION ESTABLISHED IN 1978, I E NATIONAL ASSOCIATION OF HOME B	COUNTY, ITS S AFFILIATE	S EMPLOY	EES AND	CONSUM	ERS OUR
5				discontinued its operations or disposed			of its net a	assets	19
<u>.</u> ط				of the governing body (Part VI, line 1				4	19
			•	calendar year 2016 (Part V, line 2a)	•			5	6
ŧ	6	Total nu	mber of volunteers (estimate if	necessary)				6	50
	7a	Total un	related business revenue from F	Part VIII, column (C), line 12				7a	0
	b	Net unre	elated business taxable income f	rom Form 990-T, line 34				7b	0
						Prio	r Year		Current Year
ēnuə			itions and grants (Part VIII, line	·				270	66,314
Ų. Ve⊓		_	i service revenue (Part VIII, line ent income (Part VIII, column (7	2g)			493,	855	585,226 -2,222
æ			ent income (Part VIII, column (A), lir					769	46,375
				must equal Part VIII, column (A), line 1	12)		608,		695,693
			<u>-</u>	X, column (A), lines 1–3 )	/		2,	000	2,225
	14	Benefits	paid to or for members (Part IX	(, column (A), line 4)				0	0
82	15	Salaries,	, other compensation, employee	benefits (Part IX, column (A), lines 5-	10)		283,	968	298,107
Expenses	<b>16</b> a	Professi	onal fundraising fees (Part IX, c	olumn (A), line 11e)				0	0
χb	ь	Total fund	draising expenses (Part IX, column (D	), line 25) ▶ <u>0</u>					
ш			kpenses (Part IX, column (A), lin	· ·			346,		373,817
			•	equal Part IX, column (A), line 25)			632,		674,149
Fund Balances	19	Revenue	e less expenses Subtract line 16	s from line 12		ginning o	-23, f Current \		21,544 End of Year
age (	20	Total ass	sets (Part X, line 16)				1,931,	813	1,917,380
2	21	Total liab	bilities (Part X, line 26)				1,078,	682	1,042,705
		Net asse	ets or fund balances Subtract lir	ne 21 from line 20			853,	131	874,675
nder nowl	edge	alties of p and beli		amined this return, including accompar ete Declaration of preparer (other thar					
iiy Kl	nowle	uye Ti							
ign		***** Signat	** ture of officer			2017 Date	-10-23		
lere			T SWANEY EXECUTIVE OFFICER						
			or print name and title						
) o : -				Preparer's signature KEATON WERSEN-CPA	Date		k 📙 ıf	PTIN P01957642	2
Paic	i bare		or print name and title Print/Type preparer's name	KEATON WERSEN-CPA	Date	self-e		P01957642	2

BELLINGHAM, WA 98226

May the IRS discuss this return with the preparer shown above? (see instructions) For Paperwork Reduction Act Notice, see the separate instructions.

Form	990 (2016)				Page <b>2</b>
Par	t IIII Statement	of Program Service Acc	complishments		
	Check If Sche	dule O contains a response or	note to any line in this Part III		🗹
1	Briefly describe the o	organization's mission			
			COUNTY ADVOCATES FOR HOME OW	NERSHIP AND SERVES AS THE	VOICE FOR OUR
INDU	STRY IN WHATCOM C	OUNTY			
2	Did the organization	undertake any significant pro	gram services during the year which	were not listed on	
	the prior Form 990 o	or 990-EZ?			🗌 Yes 🗹 No
	If "Yes," describe the	ese new services on Schedule	0		
3	Did the organization	cease conducting, or make si	gnificant changes in how it conducts,	, any program	
	services?				🗌 Yes 🗹 No
	If "Yes," describe the	ese changes on Schedule O			
4	Section 501(c)(3) ar		nplishments for each of its three larg required to report the amount of graservice reported		
4a	(Code	) (Expenses \$	including grants of \$	) (Revenue \$	)
	See Additional Data				
4b	(Code	) (Expenses \$	including grants of \$	) (Revenue \$	)
	See Additional Data				_
4c	(Code	) (Expenses \$	including grants of \$	) (Revenue \$	)
	See Additional Data				_
	See Additional Data	Table			
4d	Other program servi	ces (Describe in Schedule O )			
	(Expenses \$	ıncludına	grants of \$	) (Revenue \$	1
	(Expenses \$		g	/ (	

Yes

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 direct or indirect political campaign activities on behalf of or in opposition to candidates

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,"

total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII 💆 . . . . . . . . . . . . . .

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* . . . . . . . . . . . .

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

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? . . .

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, VII, VIII, IX,

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

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 🛸 . . . . . . . . .

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?

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No

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Yes

Yes

Yes

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b 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 21

government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II . . . . . .

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

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

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 . . . .

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

within the meaning of section 512(b)(13)? 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

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, 

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 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.

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

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

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

instructions for applicable filing thresholds, conditions, and exceptions)

column (A), line 2? If "Yes," complete Schedule I, Parts I and III . . . . . . . . . .

Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX,

Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's

current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes,"

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Yes

Form 990 (2016)

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Page 4

Nο No No

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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 $\ldots$			
_			Yes	No
	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable 1a 4  Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable 1b 1b	.		
	The fide fide fide for one of the fide of	-		
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	<b>1</b> c		
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return			
ь	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2 <sub>b</sub>	Yes	
U	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		No
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		
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  See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)			
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
С	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?			
		5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6a	Yes	
	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		
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	<b>7</b> c		
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		No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		No
	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as			
	required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	<b>Sponsoring organizations maintaining donor advised funds.</b> 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		
	Section 501(c)(7) organizations. Enter			
	Initiation fees and capital contributions included on Part VIII, line 12   10a			
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b	1		
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 )			
<b>2</b> a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	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			
C	Enter the amount of reserves on hand	]		
4a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		No

	1 990 (2016)			Page <b>6</b>
Par	<b>rt VI Governance, Management, and Disclosure</b> For each "Yes" response to lines 2 through 7b below, and for a 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O See instructions	'No" respo	nse to li	nes
	Check if Schedule O contains a response or note to any line in this Part VI			<b>✓</b>
Se	ection A. Governing Body and Management			
1a	a Enter the number of voting members of the governing body at the end of the tax year   1a	10	Yes	No
	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	19		
h	similar committee, explain in Schedule O  Enter the number of voting members included in line 1a, above, who are independent			
	1b	19		
	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any othe officer, director, trustee, or key employee?	2		No
3	Did the organization delegate control over management duties customarily performed by or under the direct supervisor 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? $\cdot$	5		No
6	Did the organization have members or stockholders?	6	Yes	
7a	a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or moments of the governing body?	re <b>7a</b>	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 the following	ру		
а	The governing body?	8a	Yes	
b	Each committee with authority to act on behalf of the governing body?	<b>8</b> b	Yes	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		No
Se	ection B. Policies (This Section B requests information about policies not required by the Internal Reve	nue Code	∍.)	
			Yes	No
	Did the organization have local chapters, branches, or affiliates?	10a		No
Ь	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?	10ь		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	e <b>11a</b>	Yes	
Ь	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	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? <i>If "Yes," describe in Schedule O how this was done</i>	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	
Ь	Other officers or key employees of the organization	15b		No
	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 joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exem			
	status with respect to such arrangements?	16b		
Se	ection C. Disclosure			
17	List the States with which a copy of this Form 990 is required to be filed▶ WA			
18	Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s on available for public inspection. Indicate how you made these available. Check all that apply	y)		
	Own website Another's website 🗹 Upon request 🗌 Other (explain in Schedule O)			
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest 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  NAMELA GRANT 1650 BAKER CREEK PLACE BELLINGHAM, WA 98226 (360) 671-4247			

Part VII

(7) DAVID SIMPSON

(8) DAVID EDELSTEIN

(9) SCOTT ILSENHART

(10) ROB STAVELAND BOARD MEMBER

(11) DAN WILLIAMSON

(12) DOUG VAN BEEK

(13) BRENT COWDEN BOARD MEMBER

(14) DARCY JONES

BOARD MEMBER

(15) CARLA LEE

BOARD MEMBER

BOARD MEMBER

(16) CHARLY MYERS BOARD MEMBER

(17) CRAIG PARKINSON

BOARD MEMBER

BOARD MEMBER

BOARD MEMBER

BOARD MEMBER

BOARD MEMBER

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 co										
List persons in the following order individual trus compensated employees, and former such persoi		rs, ınstı	tutioi	nal t	rust	ees,	office	ers, key employees	s, highest	
$oxedsymbol{\square}$ Check this box if neither the organization no	r any related or	ganızat	ion c	omp	ens	ated a	any o	current officer, dire	ctor, or trustee	
<b>(A)</b> Name and Title	(B) Average hours per week (list any hours for related	pers	an on on is	e bo both	t che x, u n an or/tr	office ustee	er )	(D) Reportable compensation from the organization (W- 2/1099-	(E) Reportable compensation from related organizations (W- 2/1099-	(F) Estimated amount of other compensation from the organization and
	organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officer	key employee	Highest compensated employee	Former	MISC)	MISC)	related organizations
(1) MARK SCHRAMER PRESIDENT	2 00	x		x				0	0	0
(2) GARRETT O'BRIEN VICE-PRESIDENT - 1ST	1 00	x		х				0	0	0
(3) CHRIS KNUDSEN	1 00	Х		х				0	0	0

			1		Ě			
(1) MARK SCHRAMER PRESIDENT	2 00	x		х		0	0	0
(2) GARRETT O'BRIEN VICE-PRESIDENT - 1ST	1 00	x		х		0	0	0
(3) CHRIS KNUDSEN VICE-PRESIDENT - 2ND	1 00	X		×		0	0	0
(4) JEFF MORRISON SECRETARY	1 00	×		×		0	0	0
(5) JOHN MCDONALD TREASURER	1 00	х		х		0	0	0
(6) CHARLIE HUDSON FORMER PRESIDENT	1 00	Х		х		0	0	0

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Page 8

	TATE OCCUPIENT OFFICE OF	, mastees, it	C, L	p.0,		, a	<u>ug</u>	,	e compensatea	Linpioyees (		macuj	
	<b>(A)</b> Name and Title	(B) Average hours per week (list any hours		ne b	ox, ι n of	t che unles ficer	s pers	son	(D) Reportable compensation from the organization (W-	(E) Reportable compensation from related organizations	s	Estima amount of compen from	ated of other sation the
		for related organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officer	key employee	Highest compensated employee	Former	2/1099-MISC)	(W- 2/1099- MISC)		organizat relat organiz	ed
(18) I	HEIDE IHDE	1 00	х						0		0		0
	D MEMBER		••••								_		
	DICK SKEERS D MEMBER	1 00	×						0		0		0
	ELLIOT SWANEY	40 00						Н			_		
EXEC	UTIVE OFFICER				×				64,350		0		8,510
	Sub-Total					•	$\overline{}$				Ľ		
	Total from continuation sheets to Part	-			•	•	`		64,350	0			8,510
	Total (add lines 1b and 1c)					\			· · · · · · · · · · · · · · · · · · ·		1		6,510
2	Total number of individuals (including but of reportable compensation from the orga		tnose iis	stea a	adov	/e) v	no rec	ceive	ed more than \$100,	,000			
												Yes	No
3	Did the organization list any <b>former</b> officine 1a? <i>If "Yes," complete Schedule J for</i>			key e			e, or h	nighe	est compensated en	nployee on			
4	For any individual listed on line 1a, is the							•		· ·	3		No
4	organization and related organizations gr									le			
	ındıvıdual			•	•	•	•	•			4		No
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person							lual for	5		No			
Section B. Independent Contractors													
Complete this table for your five highest compensated independent contractors that received more than \$100,000 of confirm the organization. Report compensation for the calendar year ending with or within the organization's tax year.								pen	sation				
(A) Name and business address  (B) Description of services						(C Compen							
Maine and pasiness address							compen						
									1		- 1		

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of

compensation from the organization ▶ 0

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

		(2016)	Davianus									Page 9
Part \	· •				nnco en met- 1	ا معال	.b.o. D= \ \ 77	т				
		Check If Schedul	e O contains	a respo	onse or note to any	(	(A) revenue	Rela ex fur	( <b>B)</b> ated or empt action	(C) Unrelated business revenue	ex	(D) Revenue cluded from inder sections 512-514
	12	a Federated campaig	ns	1a	<u> </u>			rev	renue			512-514
ats ats		<b>b</b> Membership dues		1b	65,657							
rar ou		·		L	1 03,037							
e G		c Fundraising events		1c	<u> </u>							
iffs		d Related organizatio		1d								
# œ	'	e Government grants (co	ontributions)	1e								
Sil	1	<ul> <li>All other contributions, and similar amounts n</li> </ul>			657							
uti Jer		above		1f	657							
Contributions, Giffs, Grants and Other Similar Amounts		g Noncash contribution in lines 1a-1f \$	ons included	657								
ngu												
	<u>r</u>	n Total.Add lines 1a-1	т	• •		Codo	66,314					
Program Service Revenue	_				Business	541800		220,020	220	020		
27		HEALTH INSURANCE & F				541800		221,083	329, 221,	-		
υ œ		HOME & GARDEN SHOW  MEETINGS & EDUCATIO				541800		20,213		213		
Ϋ́	_	PARADE OF HOMES	111			541800		12,750		750		
₹		BUILT GREEN				541800		2,150		150		
ran												
10g		All other program se				585,226						
_		Total.Add lines 2a-2f			<u> </u>	_						
		Investment income (ii similar amounts) .			Interest, and other		28	2				282
		Income from investme			•							
	5	Royalties				•						
			(ı) Rea		(II) Personal							
	6a	Gross rents										
	ŀ	Less rental expenses		47,667 7,685								
	_	, Loss Tental expenses		,,000								
	c	Rental income or (loss)		39,982								
	d	Net rental income o	r (loss)			4	39,98	2				39,982
		Net rental income o	r (loss) (ı) Securit		(II) Other	1		-			$-\!\!\!\!+\!\!\!\!-$	33,302
	7a	Gross amount	(i) Securit		(II) Other							
		from sales of assets other										
		than inventory										
	b	Less cost or other basis and			2,50	, <sub>4</sub>						
		sales expenses			·							
		Gain or (loss)			-2,50	14	2.50					2 504
		d Net gain or (loss) . Gross income from fi			<b>•</b>	+	-2,50	4				-2,504
a l	Ua	(not including \$	-	of								
Revenue		contributions reporte See Part IV, line 18	ed on line 1c)	а	20.114							
ě	L	Less direct expense		a b								
<u>-</u> حد		Net income or (loss)			· ·		2,79	3				2,793
Other		Gross income from g		_								<u> </u>
0		See Part IV, line 19			]							
				a								
		Less direct expense Net income or (loss)		b								
		aGross sales of invent		activit	ies •	1					-	
		returns and allowand										
				а								
	b	Less cost of goods s	sold	b								
	C	Net income or (loss)		inven							-	
-	11	Miscellaneous	Revenue		Business Code 99999	10	3,60					3,600
		LaOTHER			33333		3,00					5,000
											$\longrightarrow$	
	b	)										
								1			$-\!$	
	C											
							_					_
		All other revenue .										
	e	Total. Add lines 11a	-11d		•		3,60	0				
	12	<b>? Total revenue.</b> See	Instructions				695,69	3	585,226		0	44 153
						1	333,03	- 1	555,220		For	44,153 m <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			🗆
Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraisingexpenses
Grants and other assistance to domestic organizations and domestic governments See Part IV, line 21		·		
2 Grants and other assistance to domestic individuals See Part IV, line 22	2,225			
<b>3</b> 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	64,350			
<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	180,381			
8 Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions)				
9 Other employee benefits	23,962			
<b>10</b> Payroll taxes	29,414			
11 Fees for services (non-employees)				
a Management	8,142			
<b>b</b> Legal	,			
c Accounting	7,503			
	7,303			
d Lobbying				
e Professional fundraising services See Part IV, line 17				
f Investment management fees				
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	9,725			
12 Advertising and promotion	44,219			
13 Office expenses	9,430			
14 Information technology				
15 Royalties				
<b>16</b> Occupancy	76,180			
<b>17</b> Travel				
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	11,790			
20 Interest	29,191			
21 Payments to affiliates	25,151		-	
,	F7 420			
22 Depreciation, depletion, and amortization	57,438			
23 Insurance	7,315			
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)				
a EVENTS & ACTIVITIES	99,615			
b STATE PAC CONTRIBUTIONS	5,174			
c SUBSCRIPTIONS & DUES	4,764			
d MISCELLANEOUS	3,331			
e All other expenses				
25 Total functional expenses. Add lines 1 through 24e	674,149			†
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)			I	1

Form **990** (2016)

## Check if Schedule O contains a response or note to any line in this Part IX .

				(A) Beginning of year		( <b>B</b> ) End of year
1	Cash-non-interest-bearing			52,061	1	36,557
2	Savings and temporary cash investments .		[	372,290	2	391,846
3	Pledges and grants receivable, net				3	
4	Accounts receivable, net		[	53,103	4	82,392
5	Loans and other receivables from current and for trustees, key employees, and highest compensation of Schedule L	ated en	nployees Complete Part		5	
6	Loans and other receivables from other disquali section 4958(f)(1)), persons described in sectio contributing employers and sponsoring organiza- voluntary employees' beneficiary organizations Part II of Schedule L	n 4958 ations o	8(c)(3)(B), and of section 501(c)(9)		6	
7	Notes and loans receivable, net				7	
8	Inventories for sale or use		•		8	
9	Prepaid expenses and deferred charges			2,269	9	2,210
10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	10a	1,939,769			
Ь	Less accumulated depreciation	10b	540,675	1,446,561	10c	1,399,094

Page **11** 

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	9	Prepaid expenses and deferred charges			2,209	9	2,210			
	10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	10a	1,939,769						
	Ь	Less accumulated depreciation	10b	540,675	1,446,561	<b>10</b> c	1,399,094			
	11	Investments—publicly traded securities .				11				
	12	Investments—other securities See Part IV, line		12						
	13	Investments—program-related See Part IV, line		13						
	14	Intangible assets	5,529	14	5,281					
	15	Other assets See Part IV, line 11		15						
	16	Total assets. Add lines 1 through 15 (must equ	al line	34)	1,931,813	16	1,917,380			
	17	Accounts payable and accrued expenses			65,159	17	64,190			
	18	Grants payable			18					
	19	Deferred revenue			153,845	19	147,632			
	20	Tax-exempt bond liabilities				20				
ý	21	Escrow or custodial account liability Complete F	Escrow or custodial account liability Complete Part IV of Schedule D							
lities	22	Loans and other payables to current and former key employees, highest compensated employee		, , , , , , , , , , , , , , , , , , , ,						

	14	Intangible assets	5,529	14	5,281
	15	Other assets See Part IV, line 11		15	
	16	Total assets.Add lines 1 through 15 (must equal line 34)	1,931,813	16	1,917,380
	17	Accounts payable and accrued expenses	65,159	17	64,190
	18	Grants payable		18	
	19	Deferred revenue	153,845	19	147,632
	20	Tax-exempt bond liabilities		20	
ý	21	Escrow or custodial account liability Complete Part IV of Schedule D		21	
iabilities	22	Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified			
ap Eigh		persons Complete Part II of Schedule L		22	

	10	iotal assets. Add lines I through 15 (must equal line 34)	1,931,013	10	1,917,360
	17	Accounts payable and accrued expenses	65,159	17	64,190
	18	Grants payable		18	
	19	Deferred revenue	153,845	19	147,632
	20	Tax-exempt bond liabilities		20	
S	21	Escrow or custodial account liability Complete Part IV of Schedule D		21	
iabilitie	22	Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified			
ap		persons Complete Part II of Schedule L		22	
	23	Secured mortgages and notes payable to unrelated third parties	859,678	23	830,883
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X of Schedule D		25	
	26	Total liabilities Add lines 17 through 25	1 078 682	26	1 042 705

		, ,			
iabilitie	22	Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified			
<u>a</u>		persons Complete Part II of Schedule L		22	
	23	Secured mortgages and notes payable to unrelated third parties	859,678	23	830,883
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24)  Complete Part X of Schedule D		25	
	26	Total liabilities. Add lines 17 through 25	1,078,682	26	1,042,705
	1				

Net Assets or Fund Balances Organizations that follow SFAS 117 (ASC 958), check here ▶ ✓ and complete lines 27 through 29, and lines 33 and 34. Unrestricted net assets 853,131 27 874.675 27 28 Temporarily restricted net assets 28 29 Permanently restricted net assets 29

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874,675 1,917,380

Form **990** (2016)

853,131

1,931,813

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 . . .

Total net assets or fund balances

Total liabilities and net assets/fund balances

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

Retained earnings, endowment, accumulated income, or other funds

Form	990 (2016)				Page <b>12</b>
Par	t XI Reconcilliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI	<u> </u>		<u> </u>	. 🗆
1	Total revenue (must equal Part VIII, column (A), line 12)	1			695,693
2	Total expenses (must equal Part IX, column (A), line 25)	2			674,149
3	Revenue less expenses Subtract line 2 from line 1	3			21,544
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4			853,131
5	Net unrealized gains (losses) on investments	5			
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain in Schedule O)	9			0
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10			874,675
Par	t XIII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				✓
				Yes	No
1	Accounting method used to prepare the Form 990				
_	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a	Yes	
	If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed separate basis, consolidated basis, or both	on a			
	✓ Separate basis				
Ь	Were the organization's financial statements audited by an independent accountant?		2b		No
	If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate consolidated basis, or both	basıs,			
	☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis				
С	If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?		2c	Yes	
	If the organization changed either its oversight process or selection process during the tax year, explain in Sche	dule O			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sii Audit Act and OMB Circular A-133?	ngle	3a		No

Form **990** (2016)

**b** If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits 3b

### **Additional Data**

Software ID:

Software Version:

COMPENSATION PREMIUMS BACK WHEN THEY RUN A SAFE. INJURY-FREE OPERATION

**EIN:** 91-1056624

Name: THE BUILDING INDUSTRY ASSOCIATION

OF WHATCOM COUNTY

HEALTH INSURANCE ASSISTANCE AND RETURN ON INDUSTRIAL INSURANCE (ROII) PROGRAM - MEMBERS CAN OBTAIN A COMPETITIVE HEALTH INSURANCE PLAN THROUGH THE ASSOCIATION'S STATEWIDE HEALTH TRUST. THE ROII SELECT PROGRAM ALLOWS MEMBER COMPANIES TO EARN SOME OF THEIR WORKMAN'S

Form 990, Part III, Line 4a:

Form 990 (2016)

### Form 990, Part III, Line 4b: ANNUAL HOME AND GARDEN SHOW - THIS EVENT, THE ASSOCIATON'S LARGEST PUBLIC SERVICE EVENT OF THE YEAR, PROVIDES A SHOWCASE FOR ALL THINGS LOCAL RESIDENTS LOVE ABOUT THEIR HOMES FOR THREE DAYS, LOCAL EXPERTS PROVIDE FREE EDUCATIONAL SEMINARS, AND VENDORS OFFER THEIR EXPERTISE, SERVICES

AND PRODUCTS TO ANY CURIOUS VISITOR

Form 990, Part III, Line 4c: GOVERNMENTAL AFFAIRS - AS CHAMPIONS OF HOME OWNERSHIP, THE ASSOCIATION REPRESENTS AND SERVES AS THE VOICE FOR THE BUILDING INDUSTRY IN WHATCOM COUNTY BY PROMOTING THE INDUSTRY

(Code including grants of \$ (Revenue \$ (Expenses \$ PARADE OF HOMES - ANNUALLY, FOR TWO DAYS IN OCTOBER, THE ASSOCATION SHOWCASES THE BEST IN PROFESSIONAL BUILDING AND REMODELING SERVICES MEMBERS CAN TOUR LOCAL PROJECTS DISPLAYING A WIDE VARIETY OF HOUSING CHOICES, PROVIDING AN OPPORTUNITY TO TOUR HIGH OUALITY HOMES. AND SEE THE NEW DESIGN TRENDS BUILDERS ARE ON SITE READY TO MEET AND EDUCATE VISITORS (Code (Expenses \$ including grants of \$ (Revenue \$ BUILT GREEN - THIS IS A VOLUNTARY HOME-BUILDING PROGRAM DESIGNED TO CREATE MARKET DISTINCTION FOR BUILDERS WHO

INCORPORATE "GREEN" BUILDING PRACTICES IN THEIR HOMES IT IS BASED ON A STATEWIDE PROGRAM TO CERTIFY NEW SINGLE-FAMILY

Form 990, Part III - 4 Program Service Accomplishments (See the Instructions)

HOMES, REMODELS AND "GREEN COMMUNITIES"

# Form 990, Part III - 4 Program Service Accomplishments (See the Instructions) (Code ) (Expenses \$ including grants of \$ ) (Revenue \$ ) MEETINGS AND EDUCATION - THE ASSOCIATION ORGANIZES EVENTS THAT ALLOW ALL MEMBERS THE OPPORTUNITY TO ADVANCE THEIR

BUSINESS THROUGH NETWORKING WITH OTHER MEMBERS THESE EVENTS ALSO PROVIDE EDUCATION OF THE ASSOCIATION'S PROGRAMS
THAT MAY BENEFIT ITS MEMBERS FINANCIALLY

• Section 501(c)(3) organizations Complete Parts I-A and B Do not complete Part I-C

Section 527 organizations Complete Part I-A only

## 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.

2016

OMB No 1545-0047

DLN: 93493297010357

Open to Public Inspection

Department of the Treasury Internal Revenue Service

EZ)

SCHEDULE C (Form 990 or 990-

►Information about Schedule C (Form 990 or 990-EZ) and its instructions is at <a href="www.irs.gov/form990">www.irs.gov/form990</a>.

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

• S • S • S • S • S • S • S • S • S • S	Section 501(c)(3) organizations the Section 501(c)(3) organizations the		r section 501(h)) Co under section 501(h	mplete Part II-A Do not )) Complete Part II-B Do	complete Part II-B o not complete Part II-A
Nan	ne of the organization BUILDING INDUSTRY ASSOCIATION	izations Complete Fart III		Employer ide	entification number
	WHATCOM COUNTY			91-1056624	
Part	I-A Complete if the orga	anization is exempt under sect	ion 501(c) or is	a section 527 organ	nization.
1 2	Provide a description of the orga Political expenditures	inization's direct and indirect political c	ampaign activities in	Part IV	\$
3	Volunteer hours				
Par	Complete if the orga	anization is exempt under sect	ion 501(c)(3).		
1	· ·	tax incurred by the organization under		<b>&gt;</b>	\$
2	•	tax incurred by organization managers		<b>&gt;</b>	\$
3	If the organization incurred a se	ction 4955 tax, did it file Form 4720 fo	r this year?		🗌 Yes 🔲 No
4a	Was a correction made?				☐ Yes ☐ No
b	If "Yes," describe in Part IV				
Par	II-C Complete if the orga	anization is exempt under sect	ion 501(c), exce	ept section 501(c)(3	3).
1	Enter the amount directly expen	ded by the filing organization for section	on 527 exempt funct	ion activities	\$
2	Enter the amount of the filing or function activities	ganization's funds contributed to other	organizations for se	ection 527 exempt	\$
3	Total exempt function expenditu	ires Add lines 1 and 2 Enter here and	on Form 1120-POL,	line 17b ▶	\$
4	Did the filing organization file <b>Fo</b>	rm 1120-POL for this year?			Yes No
5	organization made payments Fo of political contributions received fund or a political action commit	employer identification number (EIN) or each organization listed, enter the aid that were promptly and directly delivitee (PAC). If additional space is needed	mount paid from the ered to a separate po d, provide informatio	filing organization's fund olitical organization, such on in Part IV	ds Also enter the amount n as a separate segregated
	(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds If none, enter -0-	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization If none, enter -0-
(1) WASI COUN	HINGTON AFFORDABLE HOUSING NCIL	111 21ST AVE SW OLYMPIA, WA 98501	91-1325024		5,174
2					
,					
or Pa	aperwork Reduction Act Notice, see	the instructions for Form 990 or 990-EZ	. Cat	No 50084S Schedule (	C (Form 990 or 990-EZ) 2016

	If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxa	ble amount is:			
	Not over \$500,000	20% of the amount on line	1e	<u> </u>		
	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the e	excess over \$500,000	1		
	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the e	excess over \$1,000,000	1		
	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the ex	cess over \$1,500,000	1		
	Over \$17,000,000	\$1,000,000		1		
g h i j	(Some organizations that made a	yeraging Period Uno section 501(h) elec	ler section 501(l	n) to comple		☐ Yes ☐ No
	columns below. See t	he separate instruc	tions for lines 2	a through 2	.f.)	
	Lobbying Expe	enditures During 4-	Year Averaging	Period		
	Calendar year (or fiscal year beginning in)	(a) 2013	<b>(b)</b> 2014	(c) 2015	(d) 2016	(e) Total
2a	Lobbying nontaxable amount					
Ь	Lobbying ceiling amount (150% of line 2a, column(e))					
	Total lobbying expenditures					

Schedule C (Form 990 or 990-EZ) 2016

Grassroots nontaxable amount

Grassroots lobbying expenditures

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

Volunteers?

Part III-B

Current year

Carryover from last year

1

2

C Total

3

Media advertisements?

Mailings to members, legislators, or the public? Publications, or published or broadcast statements?

answered "Yes."

Dues, assessments and similar amounts from members

expenses for which the section 527(f) tax was paid).

1

Nο

65,657

5,174

5,174

5,174

(b)

Amount

(a)

Yes

No

### Grants to other organizations for lobbying purposes? Direct contact with legislators, their staffs, government officials, or a legislative body? Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means? Other activities? 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)? If "Yes," enter the amount of any tax incurred under section 4912 If "Yes," enter the amount of any tax incurred by organization managers under section 4912 If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year? Part III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c) (6). Yes No Were substantially all (90% or more) dues received nondeductible by members? 1 Nο 1 2 2 Did the organization make only in-house lobbying expenditures of \$2,000 or less? No

Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6)

and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No" OR (b) Part III-A, line 3, is

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

Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?

Did the organization agree to carry over lobbying and political expenditures from the prior year?

Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political

Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues

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

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)

Part IV

If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does

1

2a

2b

2c

3

Supplemental Information

Provide the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, Part II-A (affiliated group list), Part II-A, lines 1 and 2 (see instructions), and Part II-B, line 1 Also, complete this part for any additional information

Return Reference Explanation Schedule C (Form 990 or 990EZ) 2016 **SCHEDULE D** 

**Supplemental Financial Statements** 

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

➤ Attach to Form 990.

DLN: 93493297010357 OMB No 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization

(Form 990)

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

Open to Public Inspection

	E BUILDING INDUSTRY ASSOCIATION WHATCOM COUNTY			91-1056624		
Pa	ort I Organizations Maintaining Donor	Advised Funds or Oth	er Similar Fund:			
	Complete if the organization answere					
		(a) Donor advised fo	ınds	( <b>b)</b> Funds and	d other accounts	
1	Total number at end of year					
2	Aggregate value of contributions to (during year)					
3	Aggregate value of grants from (during year)					
4	Aggregate value at end of year					
5	Did the organization inform all donors and donor funds are the organization's property, subject to t	advisors in writing that the the organization's exclusive	assets held in donor legal control?	advised	☐ Yes	□ No
6	Did the organization inform all grantees, donors, used only for charitable purposes and not for the conferring impermissible private benefit?				☐ Yes	□ No
Pa	rt III Conservation Easements. Complet	e if the organization ans	swered "Yes" on F	orm 990, Part IV	, line 7.	
1	Purpose(s) of conservation easements held by the	e organization (check all tha	at apply)			
	$\square$ Preservation of land for public use (e g , rec	reation or education)	Preservation of	an historically imp	ortant land area	
	Protection of natural habitat	[	Preservation of	a certified historic	structure	
	Preservation of open space					
2	Complete lines 2a through 2d if the organization heasement on the last day of the tax year	neld a qualified conservation	n contribution in the		ation It the End of the	Year
а	Total number of conservation easements			2a		
b	Total acreage restricted by conservation easemen	ts		2b		
c	Number of conservation easements on a certified	historic structure included i	n (a)	2c		
d	Number of conservation easements included in (c) structure listed in the National Register	) acquired after 8/17/06, ar	nd not on a historic	2d		
3	Number of conservation easements modified, trar tax year ▶	nsferred, released, extinguis	shed, or terminated	by the organizatior	during the	
4	Number of states where property subject to conse	ervation easement is locate	d <b>▶</b>	_		
5	Does the organization have a written policy regar and enforcement of the conservation easements i		g, ınspection, handlır	ng of violations,	☐ Yes ☐	No
6	Staff and volunteer hours devoted to monitoring,  •	inspecting, handling of viol	ations, and enforcing	g conservation ease	ements during the	year
7	Amount of expenses incurred in monitoring, insper ▶ \$	ecting, handling of violations	s, and enforcing con	servation easemen	ts during the year	-
8	Does each conservation easement reported on lin	e 2(d) above satisfy the red	quirements of section	n 170(h)(4)(B)(ı)		
	and section 170(h)(4)(B)(ii)?				☐ Yes ☐	No
9	In Part XIII, describe how the organization report balance sheet, and include, if applicable, the text the organization's accounting for conservation ea	of the footnote to the orga				
Pai	Organizations Maintaining Collect Complete if the organization answere			ther Similar As	ssets.	
1a	If the organization elected, as permitted under SF art, historical treasures, or other similar assets he provide, in Part XIII, the text of the footnote to it	eld for public exhibition, edi	ication, or research	in furtherance of pi		of
b	If the organization elected, as permitted under SF historical treasures, or other similar assets held following amounts relating to these items	AS 116 (ASC 958), to repo	rt ın ıts revenue stat	ement and balance		
(	(i) Revenue included on Form 990, Part VIII, line 1			<b>▶</b> \$		
(	ii)Assets included in Form 990, Part X			<b></b> \$		
2	If the organization received or held works of art, following amounts required to be reported under					
а	Revenue included on Form 990, Part VIII, line 1			<b>▶</b> \$		
b	Assets included in Form 990, Part X			<b>▶</b> \$		_ <del>_</del>
For	Paperwork Reduction Act Notice, see the Instr	uctions for Form 990.	Cat 1	No 52283D <b>Sch</b>	edule D (Form 9	90) 2016

**d** Equipment .

Par	<del>1</del> 11111	Organizations Ma	aintaining Col	lections of Art,	Histori	cal T	easur	res, or	Othe	r Similar A	ssets (cont	inued)
3		g the organization's acq s (check all that apply)	uisition, accession	n, and other record	s, check a	any of	the foll	owing th	at are	e a significant i	use of its co	lection
а		Public exhibition			d		Loan c	or exchar	nge pr	ograms		
b		Scholarly research			e		Other					
С		Preservation for future	e generations									
4	Provi Part :	de a description of the XIII	organızatıon's col	lections and explair	n how the	y furtl	ner the	organıza	tıon's	exempt purpo	ose in	
5		ng the year, did the org s to be sold to raise fur								imilar	☐ Yes	□ No
Pa	rt IV	Escrow and Cust Complete if the ord X, line 21.			orm 990	, Part	IV, lın	e 9, or	repo	rted an amou	unt on Forr	n 990, Part
1a		e organization an agent ded on Form 990, Part I		an or other interme	ediary for	contri	butions	or other	asse	ts not	Yes	□ No
ь	If "Y∈	es," explain the arrange	ement in Part XIII	and complete the	followina	table				Α	mount	
С		nning balance							1c			
d	_	ions during the year							<b>1</b> d			
е		butions during the year	r						1e			
f		ng balance							1f			
2a		he organization include	an amount on Fo	rm 990, Part X, line	e 21, for	escrow	or cus	ـــ todial ace	count	liability?	☐ Yes	
b		es," explain the arrange	ement in Part XIII	Check here if the	explanatı	on has	been p	provided	ın Paı	t XIII		
Pa	art V	Endowment Fun	<b>ds.</b> Complete ıf	the organization	answer	ed "Y	es" on	Form 9	90, F	<del></del>		
	_			(a)Current year	<b>(b)</b> Pr	nor yea	r (	<b>c)</b> Two yea	rs bac	k (d)Three ye	ars back (e)	Four years back
	-	ing of year balance .			-							
		outions			-							
		vestment earnings, gair			-							
		or scholarships			-							
е		expenditures for facilitions of the second section of the second	es									
f	Admını	istrative expenses .										
g	End of	year balance										
2	Provi	de the estimated perce	ntage of the curre	ent year end balanc	ce (line 1g	g, colu	mn (a))	held as				
а	Board	d designated or quasi-e	ndowment 🟲									
b	Perm	anent endowment 🕨										
С	Temp	oorarily restricted endo	wment 🟲									
	The p	percentages on lines 2a	, 2b, and 2c shou	ld equal 100%								
3а		here endowment funds nization by	not in the posses	sion of the organiz	ation that	are h	eld and	administ	tered	for the		Yes No
	(i) uı	nrelated organizations									3a(i)	
_		elated organizations .									3a(ii)	<u> </u>
		es" on 3a(II), are the re	-				· .		•		3b	
4		ribe in Part XIII the inte			owment f	unds						
Pa	rt VI	Land, Buildings, Complete if the or			rm aan	Part	[V line	11a S	oo F	orm 990 Dai	rt X lina 11	n
	Descri	iption of property	(a) Cost or oth		st or other					d depreciation		look value
		1 15	(Investme			•	.			•	. ,	
12	Land					24	10,000					240,0
	Buildin						33,453			236,447		897,0
		nold improvements					2,652			164,268		238,3

163,664

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

23,704

1,399,094

139,960

Part VII	<b>Investments—Other Securities.</b> Complete if the org			ered 'Yes' on		· 
	<ul><li>(a) Description of security or category (including name of security)</li></ul>		Book alue	Cos	(c)Method of voters or end-of-year	
(1)Financial (2)Closely-h (3)Other	derivatives	: <u> </u>				
(A)						
(B)						
(C)						
(D)						
(E)						
(F)						
(G)						
(H)						
	n (b) must equal Form 990, Part X, col (B) line 12 )	•				
Part VIII	<b>Investments—Program Related.</b> Complete if the or See Form 990, Part X, line 13.	rganızatıo	n ans	wered 'Yes' oi	n Form 990, F	Part IV, line 11c.
	(a) Description of investment	(b) Book	value	Cos	(c) Method of t or end-of-year	
(1)						
(2)						
(3)						
(4)						
(5)						
(6) 						
(7)						
(8)						
(9) ————						
Total. (Colum Part IX	n (b) must equal Form 990, Part X, col (B) line 13 )  Other Assets. Complete if the organization answered 'Yes'	on Form 99	90, Pa	rt IV, line 11d S	See Form 990, I	Part X, line 15
(1)	(a) Description					(b) Book value
(2)						
(3)						
(4)						
(5)						
(6)						
(7)						
(8)						
(9)						
Total. (Colu	mn (b) must equal Form 990, Part X, col (B) line 15 )				1	•
Part X	<b>Other Liabilities.</b> Complete if the organization answe See Form 990, Part X, line 25.	ered 'Yes'	on Fo	rm 990, Part 1	V, line 11e oi	11f.
1.	(a) Description of liability		<b>(b)</b> Bo	ook value		
(I) Federal I	ncome taxes					
(2)						
(3)						
(4)						
(5)						
(6)						
(7)						
(8)						
(9)						
	n (b) must equal Form 990, Part X, col (B) line 25 )	<b>b</b>	LL -			an blank was a side of
	or uncertain tax positions In Part XIII, provide the text of the f 's liability for uncertain tax positions under FIN 48 (ASC 740)					

1

2

а

b

c

d

e

b

Part XII

5

1

2

а b

3

4

C 5

Part XIII

3

4

Schedule D (Form 990) 2016

Page 4

### Amounts includ Investment exp Other (Describe Add lines 4a ai

Net unrealized gains (losses) on investments . . .

Donated services and use of facilities .

Donated services and use of facilities .

Prior year adjustments . . .

See Additional Data Table

Recoveries of prior year grants .

Reconciliation of Expense
Total revenue Add lines 3 and 4c. (This must equal
Add lines <b>4a</b> and <b>4b</b>
Other (Describe in Part XIII )
Investment expenses not included on Form 990, Par
Amounts included on Form 990, Part VIII, line 12, bi
Subtract line <b>2e</b> from line <b>1</b>
Add lines 2a through 2d
Other (Describe in Part XIII )

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 line 1 but not on Form 990, Part VIII, line 12

Total revenue, gains, and other support per audited financial statements . . . . .

ut not on line 1 t VIII, line 7b . Form 990, Part I, line 12 ) . . . . . . .

4a 4b s per Audited Financial Statements With Expenses per Return. Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.

2a

2b 2c

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

2a

2b

2c

2d

2e

3

4c

C	Other losses		
d	Other (Describe in Part XIII ) 2d		
е	Add lines 2a through 2d	2e	
3	Subtract line <b>2e</b> from line <b>1</b>	3	
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a		
b	Other (Describe in Part XIII )		
c	Add lines <b>4a</b> and <b>4b</b>	4c	
5	Total expenses Add lines <b>3</b> and <b>4c.</b> (This must equal Form 990, Part I, line 18 )	5	
Pa	rt XIII Supplemental Information		
	ovide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b rt 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		al information
	Return Reference Explanation		

Schedule D (Form 990) 2015

Page <b>5</b>	Schedule D (Form 990) 2015				
	ormation (continued)	Supplemental Info	Part XIII		
	Explanation	Return Reference	Ret		

Schedule D (Form 990) 2016

### Additional Data

Software ID: Software Version:

**EIN:** 91-1056624

Name: THE BUILDING INDUSTRY ASSOCIATION
OF WHATCOM COUNTY

Supplemental Information

Return Reference

Explanation

THE ASSOCIATION IS A NON-PROFIT ORGANIZATION UNDER SECTION 501(C)(6) OF THE INTERNAL REVEN
UE CODE AND IS THEREFORE EXEMPT FROM FEDERAL INCOME TAX ON INCOME DERIVED FROM ACTIVITIES
RELATED TO ITS TAX EXEMPT PURPOSES ACCORDINGLY, NO PROVISION FOR INCOME TAX IS NECESSARY
THE ASSOCIATION EVALUATES UNCERTAIN TAX POSITIONS WHEREBY THE EFFECT OF THE UNCERTAINTY W
OULD BE RECORDED IF THE OUTCOME WAS CONSIDERED PROBABLE AND REASONABLY ESTIMABLE AS OF DE
CEMBER 31, 2016, THE ASSOCATION HAD NO UNCERTAIN TAX POSITIONS REQUIRING ACCRUAL THE ASSO
CIATION DID NOT RECOGNIZE ANY PENALTIES OR INTEREST IN THE STATEMENTS OF ACTIVITIES FOR TH
E YEARS ENDED DECEMBER 31, 2016, RELATED TO THE FILING OF THE NON-PROFIT RETURN TAX RETUR
NS FOR THE PRIOR THREE FISCAL YEARS REMAIN SUBJECT TO EXAMINATION BY MAJOR TAX JURISDICTIO
NS

efile GRAPHIC print - DO NOT PROCESS As Filed Data -DLN: 93493297010357 OMB No 1545-0047 SCHEDULE G **Supplemental Information Regarding** (Form 990 or 990-EZ) **Fundraising or Gaming Activities** Complete if the organization answered "Yes" on Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a Open to Public Department of the Treasury Attach to Form 990 or Form 990-EZ. Inspection Internal Revenue Service ▶ Information about Schedule G (Form 990 or 990-EZ) and its instructions is at www irs gov/form990 **Employer identification number** Name of the organization THE BUILDING INDUSTRY ASSOCIATION OF WHATCOM COUNTY 91-1056624 Part I Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part. Indicate whether the organization raised funds through any of the following activities. Check all that apply Mail solicitations e Solicitation of non-government grants Solicitation of government grants Internet and email solicitations Phone solicitations Special fundraising events In-person solicitations Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? ☐ Yes ☐ No If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization (i) Name and address of (ii) Activity (iii) Did (iv) Gross receipts (v) Amount paid to (vi) Amount paid to individual fundraiser have from activity (or retained by) (or retained by) custody or or entity (fundraiser) fundraiser listed in organization control of col (i) contributions? No Yes 8 9 10 Total 3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing

Cat No 50083H

Schedule G (Form 990 or 990-EZ) 2016

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

Part II Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000. (a)Event #1 (b) Event #2 (c)Other events (d) Total events **GOLF TOURNAMENT** (add col (a) through (event type) (total number) col (c)) (event type) Revenue 1 Gross receipts. 30,114 30.114 2 Less Contributions. 3 Gross income (line 1 minus 30,114 30,114 line 2) 4 Cash prizes 5 Noncash prizes 1,890 1,890 Expenses Rent/facility costs 15,197 15,197 7 Food and beverages 8 Entertainment 9 Other direct expenses 10.234 10,234 **10** Direct expense summary Add lines 4 through 9 in column (d) . . . 27,321 11 Net income summary Subtract line 10 from line 3, column (d) . . . 2,793 Gaming. Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a. Revenue (b) Pull tabs/Instant (d) Total gaming (add (a) Bingo (c) Other gaming bingo/progressive bingo col (a) through col (c)) 1 Gross revenue . Expenses 2 Cash prizes Noncash prizes Direct 4 Rent/facility costs 5 Other direct expenses Yes % Yes % Yes % 6 Volunteer labor No Direct expense summary Add lines 2 through 5 in column (d) Net gaming income summary Subtract line 7 from line 1, column (d). Enter the state(s) in which the organization conducts gaming activities \_ ☐ Yes ☐ No Is the organization licensed to conduct gaming activities in each of these states? If "No," explain . Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? 10a ☐ Yes ☐ No If "Yes," explain \_

sche	dule G (Form 990 or 990-EZ) 2016					F	Page				
L1	Does the organization conduct gaming	activities with nonmember	s?		☐ Yes	□No					
L <b>2</b>	Is the organization a grantor, beneficial formed to administer charitable gamin		member of a partnership or other entity		□Yes	□No					
L3	Indicate the percentage of gaming act	ivity conducted in									
а	The organization's facility			13a							
b	An outside facility			13b							
.4	Enter the name and address of the pe	rson who prepares the orga	nization's gaming/special events books and re	cords							
	Name										
	Address •	·····									
.5a	Does the organization have a contract revenue?	with a third party from who	om the organization receives gaming		□Yes	□No					
b			anization 🕨 \$ and th	ne							
	amount of gaming revenue retained by	y the third party $ hildsymbol{\blacktriangleright}$ \$									
c	If "Yes," enter name and address of the	ie third party									
	Name ►										
	Address ►										
6	Gaming manager information										
	Name ▶										
	Gaming manager compensation $ hilde{ ho}$ \$		·								
	Description of services provided ▶										
	☐ Director/officer	☐ Employee	☐ Independent contractor								
7	Mandatory distributions										
а	Is the organization required under star retain the state gaming license?	te law to make charitable di	stributions from the gaming proceeds to		П.,	П.,					
b		ured under state law distribi	uted to other exempt organizations or spent		☐ Yes	∐ No					
	in the organization's own exempt activ										
Par	t IV Supplemental Information	on. Provide the explanat .5c, 16, and 17b, as app	cions required by Part I, line 2b, column licable. Also complete this part to provid				_				
	Return Reference		Explanation								
			<u>'</u>	ule G (F	orm 990 or	990-F7)	20				

efile GRAPH	IIC print	- DO NOT PROCESS   As Filed Data -	D	LN: 93493297010357	
SCHEDULE O (Form 990 or 990- EZ) Department of the Treasury		Supplemental Information to Form 990 or 9  Complete to provide information for responses to specific questi  Form 990 or 990-EZ or to provide any additional informatio  Attach to Form 990 or 990-EZ.  Information about Schedule 0 (Form 990 or 990-EZ) and its instru  www.irs.gov/form990.		OMB No 1545-0047	
				2016 Open to Public Inspection	
Internal Revenue Service  Name of the organization  THE BUILDING INDUSTRY ASSOCIATION  OF WHATCOM COUNTY		OCIATION	<b>Employer id</b> 91-1056624	Employer identification number 91-1056624	
990 Schedul	e O, Sup	plemental Information			
Return Reference		Explanation			
FORM 990, PART VI, SECTION A, LINE 6	THE ORG	GANIZATION IS ORGANIZED AS A MEMBER- SUPPORTED EXEMPT EN	TITY		

Return Explanation
Reference

LINE 7A

FORM 990, MEMBERS ELECT BOARD MEMBERS AT THE ANNUAL MEMBERS' MEETING
PART VI,
SECTION A.

Explanation Return Reference

FORM 990. BYLAW CHANGES AND OTHER DECISIONS SPECIFIED IN THE BYLAWS ARE SUBJECT TO APPROVAL BY THE PART VI. MEMBERS

990 Schedule O, Supplemental Information

LINE 7B

SECTION A.

Return Explanation
Reference

FORM 990, FORM 990 IS REVIEWED BY THE FINANCE COMMITTEE AND THE EXECUTIVE COMMITTEE THE EXECUTIVE C OMMITTEE APPROVES THE FORM 990, AND THE BOARD OF DIRECTORS REVIEWS THE FORM 990 AT THE SUB SECTION B, LINE 11B

Return Explanation
Reference

FORM 990, PART VI, SECTION B, LICT ARISES DURING THE YEAR, THE BOARD FOLLOWS THE ACTIONS OUTLINED IN THE POLICY

LICT ARISES DURING THE YEAR, THE BOARD FOLLOWS THE ACTIONS OUTLINED IN THE POLICY

LINE 12C

Return Explanation
Reference

LINE 15A

FORM 990, COMPENSATION IS DETERMINED BY THE BOARD BASED ON BUDGET LIMITS AND COST OF LIVING ANALYSIS PART VI, SECTION B,

Return Explanation
Reference

LINE 19

FORM 990, GOVERNING DOCUMENTS AND FINANCIAL STATEMENTS ARE AVAILABLE UPON REQUEST FROM THE ORGANIZATION'S OFFICE SECTION C.

Return Explanation

FORM 990,
PART XII,
LINE 1

EFFECTS OF THIS DEPARTURE FROM ACCOUNTING PRINCIPLES GENERALLY ACCEPTED IN THE UNITED STATES GENERALLY ACCEPTED IN THE UNITED STATES OF AMERICA REQUIRE THAT DUES REVENUE
BE RECOGNIZED AS REVENUE DURING THE APPLICABLE MEMBERSHIP PERIOD TO WHICH IT APPLIES THE
EFFECTS OF THIS DEPARTURE FROM ACCOUNTING PRINCIPLES GENERALLY ACCEPTED IN THE UNITED STAT
ES OF AMERICA ON FINANCIAL POSITION, CHANGES IN NET ASSETS, AND CASH FLOWS HAVE NOT BEEN D
ETERMINED

Return Explanation
Reference

FORM 990,	MANAGEMENT AND THE BOARD TREASURER ARE CHARGED WITH OVERSIGHT OF THE FINANCIAL STATEMENT R
PART XII,	EVIEW PROCESS THE TREASURER PRESENTS THE RESULTS OF THE FINANCIAL STATEMENT REVIEW TO THE
LINE 2C	FULL BOARD FOR APPROVAL SELECTION OF INDEPENDENT ACCOUNTANTS TO PERFORM THE FINANCIAL ST
	ATEMENT REVIEW IS HANDLED BY BOARD APPROVAL