DLN: 93493236006078 OMB No 1545-0047 **Return of Organization Exempt From Income Tax**

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

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

nterna	l Reven	nue Service	,		<u></u>					Inspection
\ Fe	or the	2017 ca	alendar year, or tax year begin	ning 01-01-2017 , and end	ing 12-3	1-2017				
		oplicable	C Name of organization BUILDERS ASSOCIATION OF ELKHAR				D Er	mployer	ıdentıfı	cation number
	dress c me cha	change ange	COUNTY INC				35	-14692	60	
	tial reti	-	Doing business as							
		/terminated	Mumbar and street (s. D.O. J. C.	ul in mak daliminin dan at 1911 1911 19	VIDe-:: /	,ta	E Te	lephone r	number	
		return on pending	Number and street (or P O box if ma 25428 COUNTY ROAD 20	all is not delivered to street address)) Room/su	ite		74) 293		
/1PI	54110	pending	City or town, state or province, coun	try, and ZIP or foreign postal code	1			, -, 233	099/	
			ELKHART, IN 46517				G Gr	oss recei	pts \$ 32	21,168
			F Name and address of principal	officer		H(a) Is	this a gro	up retui	rn for	·
			KIM MCKIBBIN 25428 COUNTY ROAD 20			sı	ubordinate	s?		□Yes 🗹 No
			ELKHART, IN 46517			Н(Ь) А	re all subo icluded?	rdınates		☐ Yes ☐No
Tax	k-exem	npt status	☐ 501(c)(3) ☑ 501(c)(6) ◄ ((insert no) 4947(a)(1) or	□ 527	1		ch a list	: (see i	instructions)
W	ebsite	e:► WW	/W BAEC COM			H(c) G	roup exem	ption nu	umber i	>
						1 1 1		0.67	• • •	<u> </u>
(Forn	n of or	ganızatıon	Corporation Trust Associ	ciation U Other >		L Year of f	formation 1	967	1 State o	of legal domicile IN
Pa	rt I	Sumi	marv							
			scribe the organization's mission or	most significant activities						
			DERS ASSOCIATION OF ELKHART (
ı,			D VOICE OF THE PROFESSIONAL E TY THE ASSOCIATION SEEKS TO I							
<u>≥</u>		1EMBERS								
Ē	-									
Governance										
	2	Check thi	s box 🕨 🗌 if the organization disc	continued its operations or disp	osed of n	nore than i	25% of its	net ass	ets	
ĕ ∧			of voting members of the governing						3	17
<u>1</u>	4	Number o	of independent voting members of	the governing body (Part VI, li	ne 1b) .				4	1
ACTIVILIES &	5	Total num	nber of individuals employed in cal-	endar year 2017 (Part V, line 2	la)				5	
₹	6	Total num	nber of volunteers (estimate if nec	essary)					6	
	7a ⁻	Total unre	elated business revenue from Part	VIII, column (C), line 12 .					7a	(
	ь	Net unrel	ated business taxable income from	n Form 990-T, line 34					7b	
							Prior Yea	ar		Current Year
<u>Q</u> i	l		ions and grants (Part VIII, line 1h)		•			63,98		67,14
Ravenue	l		service revenue (Part VIII, line 2g)					229,11		253,91
Ę	l		nt income (Part VIII, column (A), I		•			5	0	10
			venue (Part VIII, column (A), lines					202.14	_	221.16
			enue—add lines 8 through 11 (mus					293,14	_	321,16
			nd similar amounts paid (Part IX, c	, ,,				5,03	<u> </u>	5,17
		·	oald to or for members (Part IX, co	, ,,				77.00		77.50
Expenses		•	other compensation, employee bei inal fundraising fees (Part IX, colur	, , , , , , , , , , , , , , , , , , , ,	•			77,99	'	77,50
8			raising expenses (Part IX, column (D), lir	, ,,						
ă	l		penses (Part IX, column (A), lines					224,54	5	221,47
			enses Add lines 13-17 (must equal	•	•			307,56	+	304,14
	l		less expenses Subtract line 18 fro					-14,42	+	17,01
S S			·			Begini	ning of Curi	rent Yea	r	End of Year
Net Assets or Fund Balances						<u> </u>				
88	l		ets (Part X, line 16)		•			325,93		349,54
P	l		ılıtıes (Part X, line 26)					61,04		67,63
			s or fund balances Subtract line 2	1 from line 20	•			264,89	이	281,90
	t III		ature Block erjury, I declare that I have examı	ned this return, including accor	mnanving	schedules	and state	ments :	and to	the hest of my
nowl	edge	and belief	f, it is true, correct, and complete							
ny k	nowle	dge								
		*****	*				2018-08-22	2		
Sign		Signatu	ure of officer				Date			
lere			CKIBBIN EXECUTIVE DIRECTOR							_
		Type or	r print name and title							
			rınt/Type preparer's name NITCHELL EBY CPA	Preparer's signature MITCHELL EBY CPA		oate 018-08-24	Check \square	If PO1	N 1950907	,
Paid		<u> </u>					self-employ	/ed		
	oare	;• 	rm's name ► DAVID CULP & CO LLP rm's address ► 120 S 2ND STREET				Firm's EIN Phone no			
Jse	Onl	ly					Filone no	(3/4) 33.	J-4J4U	
4	ı:		GOSHEN, IN 46526	ah awa 2 /			<u> </u>			es 🗆 No
1av t	na TR9	- discuss	this return with the preparer show	in anguez (see instructions)					IVIV	AC I INA

Cat No 11282Y

Form **990** (2017)

For Paperwork Reduction Act Notice, see the separate instructions.

Form	990 (2	017)					Page 2
Par	t III	Statement	of Program Serv	ice Accomplis	hments		
		Check if Sched	dule O contains a res	ponse or note to a	any line in this Part III		🗹
1	Briefly	describe the o	rganızatıon's mıssıor	1			
RESP	ECTED	VOICE OF THE	PROFESSIONAL BUII	LDING INDÙSTRY	THE ASSOCÍATION EDU	FOR-PROFIT TRADE ASSOCIATION JCATES AND PROMOTES ITS MEMB HE CHANGING NEEDS OF ITS INDU	ERS AND THE
2		_	· -		vices during the year wh	ıch were not listed on	
	•						🗌 Yes 🗹 No
		•	se new services on S				
3	Did th	e organization o	cease conducting, or	make significant	changes in how it condu	cts, any program	
	service	es?					🗌 Yes 🗹 No
	If "Yes	," describe the	se changes on Sched	lule O			
4	Sectio	n 501(c)(3) and		tions are required	to report the amount of	argest program services, as measu grants and allocations to others, t	
4a	(Code) (Expenses \$	119,560	including grants of \$) (Revenue \$)
	See Ad	ditional Data		,		,	,
4b	(Code) (Expenses \$	103,572	including grants of \$) (Revenue \$)
	See Ad	dıtıonal Data					
4c	(Code) (Expenses \$	7,820	including grants of \$) (Revenue \$)
	See Ad	dıtıonal Data					<u> </u>
	(Code) (Expenses \$	5,580	including grants of \$	5,170) (Revenue \$)
	THE AS	SOCIATION PROV	/IDES ACADEMIC SCHO	LARSHIPS FOR QUAL	IFIED STUDENTS		
4d	Other	program servic	es (Describe in Sche	dule O)			
	(Expe	nses \$	5,580 ır	cluding grants of	\$ 5,17	70) (Revenue \$)
4e	Total	program serv	ice expenses >	236,5	32		

or X as applicable

Checklist of Required Schedules

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

Section 501(c)(3) organizations.

Yes

3

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11a

11b

11c

11d

11e

11f

12a

12b

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14a

14b

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Page 3

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No

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Nο

Nο

Nο

Νo

Nο

No

Nο

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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 🛸

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,

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,"

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,

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?

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

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

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 maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? Did the organization receive or hold a conservation easement, including easements to preserve open space,

Yes

Yes

Yes

Yes

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28a

28b

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35a

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Yes

Form **990** (2017)

Nο

Nο

Nο

Νo

Nο

Nο

Nο

Nο

Nο

Nο

Nο

Page 4

Part IV Checklist of Required Schedules (continued)

			Yes	No
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		No
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	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		No
22	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		No
23	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? <i>If "Yes," complete Schedule J</i>	23		No
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 complete Schedule K If "No," go to line 25a	24a		No

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

24b c Did the organization maintain an escrow account other than a refunding escrow at any time during the year 24c

d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? . . . 24d Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," 25a b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? 25b

25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. 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? 26 Nο 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 27 Nο 28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)

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

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 . . .

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?

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

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)?

b E C ((() 2a E T ttl b IN 3a C b II 4a A ftl	Check if Schedule O contains a response or note to any line in this Part V	1c	Yes	No No
b E c (() 2a E T ttl b III N 3a C b III 4a A fi	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable		Yes	No
b E c (() 2a E T ttl b III N 3a C b III 4a A fi	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? Enter the number of employees reported on Form W-3, Transmittal of Wage and Fax Statements, filed for the calendar year ending with or within the year covered by his return f 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)		Yes	No
b E c (() 2a E T ttl b III N 3a C b III 4a A fi	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? Enter the number of employees reported on Form W-3, Transmittal of Wage and Fax Statements, filed for the calendar year ending with or within the year covered by his return f 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)			
c C (() 2a E T ttl b III 3a C b III 4a A ftl	Old the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming gambling) winnings to prize winners?			
2a E T ttl b III b III 4a A fi	gambling) winnings to prize winners?			
b III b III b III b III b III b III	Fax Statements, filed for the calendar year ending with or within the year covered by his return	2b		
3a D b II 4a A fi	f 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)	2ь		
3a D b II 4a A fi	Note.If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)		Yes	
b II 4a A fi				
4a A fi	Old the organization have unrelated business gross income of \$1,000 or more during the year?	3a		No
fi b It	f "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b		
	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a inancial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		No
	f "Yes," enter the name of the foreign country Gee instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)			
5a V	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? \cdot .	5a		No
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?			No
		5b		
C I	f "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c		
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6a	Yes	
n	f "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).			
	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		
	f "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
F	Old the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file form 8282?	7c		
d I	f "Yes," indicate the number of Forms 8282 filed during the year			
e [Old the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		
fΓ	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		
	f the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as	7		
h I	required? If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1.098-C?	7g 7h		
8 S	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		
0 - 5	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?	9a 9b		
	Section 501(c)(7) organizations. Enter	90		
	Initiation fees and capital contributions included on Part VIII, line 12			
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b			
	Section 501(c)(12) organizations. Enter			
	Gross income from members or shareholders			
	Gross income from other sources (Do not net amounts due or paid to other sources			
	against amounts due or received from them)...............			
L2a S	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b I	f "Yes," enter the amount of tax-exempt interest received or accrued during the year			
	Section 501(c)(29) qualified nonprofit health insurance issuers.			
	is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O	13a		
b E	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 E	Enter the amount of reserves on hand			
L4a [Did the organization receive any payments for indoor tanning services during the tax year?	14a		No
	f "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b		

-01111	990 (2017)			Page t
Par	TVI Governance, Management, and DisclosureFor each "Yes" response to lines 2 through 7b below, and for a "National Bay, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions	o" respo	nse to li	nes
	Check if Schedule O contains a response or note to any line in this Part VI			✓
Se	ction A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 1	7		
	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	7		
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	Yes	
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? .	on 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	
	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?	7b		No
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	
ь	Each committee with authority to act on behalf of the governing body?	8b	Yes	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		No
Se	ection B. Policies (This Section B requests information about policies not required by the Internal Reven	ue Code	⊋.)	
			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	Yes	
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	
С	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		No
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		
Se	ection C. Disclosure			
17	List the States with which a copy of this Form 990 is required to be filed► IN			
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)		
)		
19	available for public inspection. Indicate how you made these available. Check all that apply)		

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees,

and Independent Contractors

Check if Schedule O contains a response or note to any line in this Part VII . Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

1a Complete this table for all persons required to be listed Report compensation for the calendar year ending with or within the organization's tax

- year • List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount
- of compensation Enter -0- in columns (D), (E), and (F) if no compensation was paid • List all of the organization's current key employees, if any See instructions for definition of "key employee"
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee or key employee)
- who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations • List all of the organization's **former** officers, key employees, 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 director 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,	offic	ers, key employees	s, highest	
Check this box if neither the organization no		ganızat	ion c	omp	ens	ated a	any (current officer, dire	ctor, or trustee	
(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	tha pers	(4) n b book of the none between the none between the normal linestitutional Truster individual truster			nless office	er	(D) Reportable compensation from the organization (W- 2/1099- MISC)	(E) Reportable compensation from related organizations (W- 2/1099- MISC)	(F) Estimated amount of other compensation from the organization and related organizations
			1			1				
(1) TODD MEIER PRESIDENT				х				0	0	0
(2) ANDREW HARLOW FIRST VICE P				×				0	0	0
(3) MEGHANN REDDING SECRETARY				х				0	0	0
(4) PEGGY MILTON TREASURER				х				0	0	0
(5) KAREN JOHNSON ASSOCIATE EL				×				0	0	0
(6) RAY WASMER ASSOCIATE EL				х				0	0	0
(7) JEFF LOUCKS PAST PRESIDE				х				0	0	0
(8) RYAN CASEY PAST PRESIDE				×				0	0	0
(9) KEVIN YODER DIRECTOR		×						0	0	0
(10) KIM MCKIBBIN EXECUTIVE DI	40 00			×				45,388	0	0
(11) STEVE OTIS DIRECTOR		х						0	0	0

(12) JUSTIN HURTEKANT DIRECTOR Х 0 0 0 (13) CRAIG PAWLING 0 0 DIRECTOR (14) BRIAN LEVAN 0 0 Х 0 DIRECTOR (15) MANDY LEAZENBY DIRECTOR Х 0 0 0 (16) MARK LIECHTY 0 DIRECTOR (17) RHONDA BANTA 0 Х 0 DIRECTOR Form 990 (2017) (A)

compensation from the organization >

(B)

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

(E)

Page 8

	Name and Title Average hours per week (list any hours for related for related for related for each of the form that the form the form the form that the form that the form that the form the form that the form that the form that the form that the form the												Estim amount comper from organiza	of other isation the
		organizations below dotted line)	Individual trustee or director	Institutional Trust⊭⊬	Officei	key employee	Highest compensated employee	Former	2/1099-1	1130)	MISC)	,-	rela organiz	ted
(18)	BRYAN BARR		×							(0		0
DIRE	CTOR													
						1								
												-		
							<u> </u>							
	Sub-Total	 t VII Section Δ		•	•	,	`					+		
		· · · · ·				•	•		45,38	8				
2	Total number of individuals (including b of reportable compensation from the or		those li	sted	abov	ve) v	vho re	ceıv	ed more tha	n \$100	0,000			
												\equiv	Yes	No
3	Did the organization list any former off line 1a? <i>If "Yes," complete Schedule J for the schedule J for th</i>			key	emp •	loye •	e, or h	nghe	est compens	ated e	mployee on	3		No
4	For any individual listed on line 1a, is the organization and related organizations of individual										the			
5								•			dual for	4	+	No
5	Did any person listed on line 1a receive services rendered to the organization?										• • •	5		No
S	ection B. Independent Contractor	rs												
1	Complete this table for your five highes from the organization Report compens.	t compensated in										mpen	sation	
	Name and	(A) I business address								Descrip	(B) otion of services		Comper	

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

(C)

(D)

Part	VII	Statement of	Revenue									
		Check if Schedule	O contains a	a respo	nse or note to an	y line in this Part V (A) Total revenue	Rela ex	(B) ated or empt action	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections		
							1	venue	revenue	512-514		
ts ts	1a	Federated campaign		1a								
ran	'	Membership dues .		1b	58,137							
Contributions, Gifts, Grants and Other Similar Amounts	'	Fundraising events		1c								
sifts lar	ľ	d Related organization		1d								
S, E	[Government grants (cor		1e								
Contributions, Gifts, Grants and Other Similar Amounts	1	 All other contributions, gand similar amounts not above 	girts, grants, t included	1f	9,005							
te et	١,	Noncash contribution	ns included	•								
a d		in lines 1a-1f \$	13 IIICIGGEG									
S E	h	Total.Add lines 1a-1f			•	67,142						
<u>+</u>					Busines	ss Code						
۲۶۶	2a	PARADE OF HOMES PLUS					118,508			118,508		
dž		HOME IMPROVEMENT SH	ow				59,385			59,385		
¥ K		MEMBERSHIP EVENTS EDUCATIONAL ACTIVITIE	:<				42,978 12,810			42,978 12,810		
3		ADVERTISING					9,600			9,600		
ran		All other program serv	vice revenue				10,637			10,637		
Program Service Revenue					•	253,918						
		Total.Add lines 2a-2f Investment income (in-			nterest and other	r			1			
		imilar amounts)				▶	108			108		
		Income from investme				•						
	5	Royalties	(ı) Real			<u> </u>						
	6a	Gross rents	(I) Real		(II) Personal	_						
	b	Less rental expenses										
	c	Rental income or				-						
	اء ا	(loss)	(1)			_						
	u	Net rental income or	(i) Securit		(II) Other	1						
	7a	Gross amount from sales of	(I) Securit	.165	(II) Other							
		assets other than inventory										
	١.					_						
	ם	other basis and										
	c	sales expenses Gain or (loss)				\dashv						
	d	Net gain or (loss)			>	_						
4.	8a	Gross income from ful (not including \$										
nue		contributions reported	on line 1c)	of								
ē <		See Part IV, line 18										
Ţ.		Less direct expenses Net income or (loss) f		b	ents .							
Other Revenue		Gross income from ga			ents •							
0		See Part IV, line 19		J								
	h	Less direct expenses		a b		_						
		: Net income or (loss) f		L	es •							
		Gross sales of invento	ry, less	[<u> </u>							
		returns and allowance	es	a								
	b	Less cost of goods so	old	ь		\dashv						
		Net income or (loss) f		L	ory >							
		Miscellaneous F			Business Code							
	11	a										
	b	•										
	C											
		Tall of										
		All other revenue . Total. Add lines 11a-		L	.							
					•							
	12	Total revenue. See I	instructions	• •	· · · •	321,	168			254,026		
										Form 990 (2017)		

Form 990 (2017)				Page 10
Part IX Statement of Functional Expenses				
Section 501(c)(3) and 501(c)(4) organizations must complete all co Check if Schedule O contains a response or note to any	-	·		🔽
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.		ехрепзез	general expenses	
2 Grants and other assistance to domestic individuals See Part IV, line 22	5,170	5,170		
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				
5 Compensation of current officers, directors, trustees, and key employees	45,388	24,510	10,439	10,439
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	23,424	14,044	4,690	4,690
8 Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions)				
9 Other employee benefits				
10 Payroll taxes	8,697	4,873	1,912	1,912
11 Fees for services (non-employees)				
a Management				
b Legal				
c Accounting	11,957		11,957	
d Lobbying	7,820	7,820		
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)				
12 Advertising and promotion	140	78	31	31
13 Office expenses	5,510	3,088	1,211	1,211
14 Information technology	613	613		
15 Royalties				
16 Occupancy	2,216	1,242	487	487
17 Travel				
18 Payments of travel or entertainment expenses for any federal, state, or local public officials .				
19 Conferences, conventions, and meetings	12,429	12,429		
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	11,815	6,619	2,598	2,598
23 Insurance	2,615	1,465	575	575
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 PARADE OF HOMES PLUS	71,085	71,085		

32,487

18,541

11,478

32,764

304,149

b HOME IMPROVEMENT SHOW PLU

d REPAIRS AND MAINTENANCE

25 Total functional expenses. Add lines 1 through 24e

26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation

Check here ► ☐ If following SOP 98-2 (ASC 958-720)

c MEMBERSHIP EVENTS

e All other expenses

32,487

18,541

6,431

26,037

236,532

2,524

3,913

40,337

2,523

2,814

27,280

Form **990** (2017)

Assets or 30

Net

31

32

33

34

30

31

32

33

34

281,909

349.545

Form **990** (2017)

264,890

325.934

Page **11**

10,975

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

		Beginning of year		End of year
1	Cash-non-interest-bearing		1	
2	Savings and temporary cash investments	129,265	2	160,601
2	Pladges and grants recovable, not		2	

Pledges and grants receivable, net 13.626 4 Accounts receivable, net Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part

5 II of Schedule L 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) 6 voluntary employees' beneficiary organizations (see instructions) Complete Part II of Schedule L . . .

Assets Notes and loans receivable, net . Inventories for sale or use . 386 8 1.648 3.990 9 3.414 Prepaid expenses and deferred charges 10a Land, buildings, and equipment cost or other

10a 346,565 basis Complete Part VI of Schedule D 192.713 165.667 153.852 b Less accumulated depreciation 10b 10c 11 Investments—publicly traded securities . 11 12 12 Investments—other securities See Part IV, line 11 . 13 13 Investments—program-related See Part IV, line 11

14 14 Intangible assets 13.000 15 15 19.055 Other assets See Part IV, line 11 . 325,934 349.545 16 **Total assets.**Add lines 1 through 15 (must equal line 34) . . . 16 17 Accounts payable and accrued expenses 6.311 17 2,717

18 18 Grants payable . . . 19 46,219 19 Deferred revenue . . . Tax-exempt bond liabilities 20 20

21 Escrow or custodial account liability Complete Part IV of Schedule D 21 22 Loans and other payables to current and former officers, directors, trustees,

58,037 Liabilities key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L . 22 23 23 Secured mortgages and notes payable to unrelated third parties

24 24 Unsecured notes and loans payable to unrelated third parties Other liabilities (including federal income tax, payables to related third parties, 8.514 25 6.882 25 and other liabilities not included on lines 17-24)

Complete Part X of Schedule D 26 61.044 Total liabilities. Add lines 17 through 25 . 26 67,636

Organizations that follow SFAS 117 (ASC 958), check here 🕨 🗹 and complete lines 27 through 29, and lines 33 and 34.

27 256,770 27 Unrestricted net assets 8.120

Fund Balances 273.980 28 28 7.929 Temporarily restricted net assets 29 29 Permanently restricted net assets

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

and complete lines 30 through 34.

Total net assets or fund balances

Total liabilities and net assets/fund balances

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

☐ Both consolidated and separate basis

2c

3a

3b

Yes

No

Form 990 (2017)

consolidated basis, or both Separate basis

Audit Act and OMB Circular A-133?

Consolidated basis

c 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?

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

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

Additional Data

Software ID:

Software Version:

EIN: 35-1469260

Form 990 (2017)

Form 990, Part III, Line 4a:

Name: BUILDERS ASSOCIATION OF ELKHART

COUNTY INC.

THE ASSOCIATION PROVIDES TRAINING, MEMBERSHIP SUPPORT, AND FORUMS FOR MEMBERS TO DEMONSTRATE THEIR PRODUCTS AND SERVICES TO ONE ANOTHER INFORMATION REGARDING INDUSTRY UPDATES AND TRENDS ARE ALSO MADE AVAILABLE TO MEMBERS.

Form 990, Part III, Line 4b: THE ASSOCIATION ORGANIZES, PROMOTES, AND COORDINATES PUBLIC VENUES FOR ITS MEMBERS TO EDUCATE THE PUBLIC ABOUT CURRENT BUILDING TRENDS, TECHNOLOGIES, AND RELATED CODES IMPACTING THE CONSTRUCTION AND REMODELING INDUSTRY. THESE VENUES CONSIST OF NEW CONSTRUCTION HOME SHOWS

AND REMODELING SHOWS

Form 990, Part III, Line 4c: MISCELLANEOUS OTHER SERVICES AND SUPPORT FOR THE BUILDING INDUSTRY

SCHEDULE C

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

Political Campaign and Lobbying Activities

For Organizations Exempt From Income Tax Under section 501(c) and section 527

OMB No 1545-0047

Open to Public Inspection

DLN: 93493236006078

Department of the Treasury Internal Revenue Service

Section 527 organizations Complete Part I-A only

(Form 990 or 990-

EZ)

5

▶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. 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

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** BUILDERS ASSOCIATION OF ELKHART COUNTY INC 35-1469260 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 (see instructions for definition of "political campaign activities") 2 Political campaign activity expenditures (see instructions) 3 Volunteer hours for political campaign activities (see instructions) 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 1 Enter the amount of any excise tax incurred by organization managers under section 4955 3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year? Was a correction made? ☐ Yes □ No If "Yes," describe in Part IV Complete if the organization is exempt under section 501(c), except section 501(c)(3). Enter the amount directly expended by the filing organization for section 527 exempt function activities 2 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt 3 Total exempt function expenditures Add lines 1 and 2 Enter here and on Form 1120-POL, line 17b Did the filing organization file Form 1120-POL for this year? 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 -0-2

Lobbying Expenditures During 4-Year Averaging Period Calendar year (or fiscal year (a) 2014 **(b)** 2015 (c) 2016 (d) 2017 (e) Total beginning in) 2a Lobbying nontaxable amount Lobbying ceiling amount (150% of line 2a, column(e)) Total lobbying expenditures

Grassroots nontaxable amount

Grassroots ceiling amount (150% of line 2d, column (e)) Grassroots lobbying expenditures Schedule C (Form 990 or 990-EZ) 2017 Mailings to members, legislators, or the public? Publications, or published or broadcast statements? Grants to other organizations for lobbying purposes?

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)?

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

Taxable amount of lobbying and political expenditures (see instructions)

instructions), and Part II-B, line 1 Also, complete this part for any additional information

INDIANA

Supplemental Information

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

Direct contact with legislators, their staffs, government officials, or a legislative body?

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

Schedule C (Form 990 or 990-EZ) 2017

Part II-B

Volunteers?

Total

Part IV

expenditure next year?

Return Reference

SCHEDULE C, PART I-A, LINE 1

С

3

5

Media advertisements?

activity

1

(b)

Amount

(a)

No

Yes

2c 3

4

5

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)?				
ь	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) 501(c)(6).	(5), o	r section		
				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		No
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."			•)(6)
1	Dues, assessments and similar amounts from members	1		(7,142
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).				
а	Current year	2a	1		7,820
	current year	2b			

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

Explanation

CAMPAIGN FINANCING - 350 AND CONTRIBUTION OF 7,470 TO THE ASSOCIATION TO BUILD A BETTER

7,820

7.820

efile GRAPHIC print - DO NOT PROCESS As Filed Data -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. OMB No 1545-0047

DLN: 93493236006078

Inspection

(Form 990)

2

▶ Attach to Form 990.

Department of the Treasury Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990. Internal Revenue Service **Employer identification number** Name of the organization BUILDERS ASSOCIATION OF ELKHART COUNTY INC 35-1469260 Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" on Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts Total number at end of year Aggregate value of contributions to (during year) Aggregate value of grants from (during year) Aggregate value at end of year

•	Did the organization inform all donors and donor advisors in writing that the assets held in donor ad organization's property, subject to the organization's exclusive legal control?	vised f	funds are the		Yes		No
•	Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose oprivate benefit?			_	Yes		No
Pa	Tt II Conservation Easements. Complete if the organization answered "Yes" on Form	n 990	, Part IV, line 7				
	Purpose(s) of conservation easements held by the organization (check all that apply)						
	Preservation of land for public use (e g , recreation or education)	histor	ically important la	and a	rea		
	☐ Protection of natural habitat ☐ Preservation of a c	ertifie	d historic structur	e e			
	Preservation of open space						
2	Complete lines 2a through 2d if the organization held a qualified conservation contribution in the for easement on the last day of the tax year	m of a	conservation Held at the E	nd of	the	Year	<u> </u>
а	Total number of conservation easements	2a					_
b	Total acreage restricted by conservation easements	2b					
c	Number of conservation easements on a certified historic structure included in (a)	2c					
d	Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register	2d					
1	Number of conservation easements modified, transferred, released, extinguished, or terminated by tax year ▶	the org	ganızatıon durıng	the			
ļ	Number of states where property subject to conservation easement is located >		<u> </u>				
5	Does the organization have a written policy regarding the periodic monitoring, inspection, handling of and enforcement of the conservation easements it holds?	of viola	ations,	es	□ i	No	
•	Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing co	onserva	ation easements o	during	g the	year	
,	Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conserved \$\)	vation	easements during	g the	year		
3	Does each conservation easement reported on line 2(d) above satisfy the requirements of section 17 and section 170(h)(4)(B)(μ)?	70(h)(4)(B)(ı) ☐ Ye	es		No	
)	In Part XIII, describe how the organization reports conservation easements in its revenue and experbalance sheet, and include, if applicable, the text of the footnote to the organization's financial state the organization's accounting for conservation easements						
ar	Organizations Maintaining Collections of Art, Historical Treasures, or Oth Complete if the organization answered "Yes" on Form 990, Part IV, line 8.	er Sii	milar Assets.				
.a	If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue sta art, historical treasures, or other similar assets held for public exhibition, education, or research in figure provide, in Part XIII, the text of the footnote to its financial statements that describes these items				orks (of	
b	If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statem historical treasures, or other similar assets held for public exhibition, education, or research in further following amounts relating to these items						
(i) Revenue included on Form 990, Part VIII, line 1		▶ \$				
(i	ii)Assets included in Form 990, Part X		▶ \$				•
	If the organization received or held works of art, historical treasures, or other similar assets for final	ncial d	ain provide the				

following amounts required to be reported under SFAS 116 (ASC 958) relating to these items Revenue included on Form 990, Part VIII, line 1

b Assets included in Form 990, Part X

Cat No 52283D Schedule D (Form 990) 2017

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

Sche	dule D	(Form 990) 2017												Page 2
Par	ш	Organizations Ma	aintaining Col	lections o	of Art, H	istori	cal Tı	reası	ıres, oı	Other	Similar A	ssets (co	ntınued)
3		g the organızatıon's acqı s (check all that apply)	uisition, accession	n, and other	records,	check a	any of	the fo	llowing t	hat are a	sıgnıfıcant	use of its	collection	ו
а		Public exhibition				d		Loan	or excha	ange prog	ırams			
b		Scholarly research				e		Othe	r					
C		Preservation for future	e generations											
4	Provi Part	ide a description of the o	organızatıon's col	lections and	l explain h	ow the	y furth	ner the	e organız	ation's ex	xempt purp	ose in		
5		ng the year, did the orga ts to be sold to raise fur									nılar	☐ Yes		No
Par	rt IV	Escrow and Cust Complete if the org X, line 21.			" on Forr	n 990	, Part	IV, lı	ine 9, oi	reporte	ed an amo	unt on Fo	orm 990), Part
1a		e organization an agent ded on Form 990, Part)		an or other i	ıntermedi	ary for	contril	bution	s or othe	er assets	not	☐ Yes		No
b	If "Ye	es," explain the arrange	ement in Part XIII	and comple	ete the fol	lowina	table					Amount		
С		nning balance		'		,				1c				
d	_	tions during the year							l	1d				
е		ibutions during the year	r							1e				
f		ng balance							l	1f				
2 a		the organization include	an amount on Fo	rm 990 Par	t X line 2	1 for	escrow	or cu	l Istodial a	ccount lia	ahılıtv?			
		_			•	•					·	∐ Yes	_	No
		es," explain the arrange												<u> </u>
Pa	rt V	Endowment Fund	us. Complete if	(a)Curren			rior yea				(d)Three ye		e) Four ye	are back
1a	Beainr	ning of year balance .		(a)curren	ic year	(0)-	ioi yea	' 	(C) I WO y	ears Dack	(d) Tillee ye	ears back (e ji our ye	ars back
	_	butions						_						-
		vestment earnings, gair	ne and losses		-									
		s or scholarships			+									
е	Other	expenditures for facilitie												
		istrative expenses .												
		f year balance												
2		, ide the estimated percei	ntage of the curre	ent vear end	l halance ((line 1	r colu	mn (a)) held a					
a		d designated or quasi-e	-	ine year end	, balance ,	(11110 19	, сота	(۵)) Held d	-				
b		nanent endowment >												
		porarily restricted endov	umant 🏲											
С		percentages on lines 2a,		ld equal 100	1 %									
3а	Are t	there endowment funds nization by		•		on that	are h	eld an	ıd admını	stered fo	r the		Yes	No
	_	nrelated organizations										3a(
		related organizations .										3a(
ь 4		es" on 3a(II), are the rel ribe in Part XIII the inte	-		•			· •				. 3	b	
	t VI				n's endow	ment	unus							
-CI	r AT	Complete if the ord			" on Forr	n 990	. Part	IV. lı	ne 11a.	See For	rm 990. P	art X. line	10.	
	Descr	ription of property	(a) Cost or oth (investme	er basis	(b) Cost o						depreciation) Book va	lue
1a	Land							40,000						40,000
	Buildir							23,849			134,225			89,624
		hold improvements									,			,
		ment						53,811			39,156			14,655
	Other	iiciic i i i i						28.905			19.332			9.573

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

Part VII Investments—Other Securities. Complete if the organize See Form 990, Part X, line 12.	ation answe	ed les offform 990,	raiciv, iiile IID.
(a) Description of security or category (including name of security)	(b) Book value	(c) Method Cost or end-of-y	of valuation ear market value
(1) Financial derivatives			
(A)			
(B)			
(C)			
(D)			
(E)			
(F)			
(G)			
(H)			
Total. (Column (b) must equal Form 990, Part X, col (B) line 12) Part VIII Investments—Program Related.	•		
Complete if the organization answered 'Yes' on Form 990,			
(a) Description of investment (b) is	Book value	(c) Method Cost or end-of-y	of valuation ear 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 Fo	orm 990 Part	IV line 11d See Form 99	0 Part V line 15
(a) Description (1) CERTIFICATE OF DEPOSIT	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	Try mic 114 Sec 101111 33	(b) Book value 19,055
(2)			19,033
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
9)			
Total. (Column (b) must equal Form 990, Part X, col (B) line 15)			19,055
Part X Other Liabilities. Complete if the organization answered "See Form 990, Part X, line 25.			or 11f.
1. (a) Description of liability (1) Federal income taxes	(b) Boo	< value	
DUE TO AFFILIATED ASSOCIATION (2)		6,882	
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col (B) line 25) ▶		6,882	
2. Liability for uncertain tax positions In Part XIII, provide the text of the footno			

Schedule D (Form 990) 2017

Page 4

1	Total revenue, gains, and other s	upport per audited financial statements			1	
2	Amounts included on line 1 but no	ot on Form 990, Part VIII, line 12				
а	Net unrealized gains (losses) on i	nvestments	2a			
b	Donated services and use of facili					
c	Recoveries of prior year grants					
d	Other (Describe in Part XIII) .		2d			
е	Add lines 2a through 2d				2e	
3	Subtract line $\mathbf{2e}$ from line 1 .				3	
4	Amounts included on Form 990, F	Part VIII, line 12, but not on line 1				
а	Investment expenses not included	d on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII) .		4b			
c	Add lines 4a and 4b				4c	
5	Total revenue Add lines 3 and 4d	c. (This must equal Form 990, Part I, line 12)			5	
Par		penses per Audited Financial Statem zation answered 'Yes' on Form 990, Part			Retur	n.
1	Total expenses and losses per au	dited financial statements			1	
2	Amounts included on line 1 but no	ot on Form 990, Part IX, line 25				
а	Donated services and use of facili	ties	2a			
b	Prior year adjustments		2b			
С	Other losses		2c			
d	Other (Describe in Part XIII) .		2d			
е	Add lines 2a through 2d				2e	
3	Subtract line ${f 2e}$ from line ${f 1}$.				3	
4	Amounts included on Form 990, F	Part IX, line 25, but not on line 1:				
а	Investment expenses not included	d on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII) .		4b			
c	Add lines 4a and 4b				4c	
5	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)					
Pai	t XIII Supplemental Info	ormation				
Pro [,] XI,	vide the descriptions required for P lines 2d and 4b, and Part XII, lines	art II, lines 3, 5, and 9, Part III, lines 1a and 4 2d and 4b Also complete this part to provide	4, Part any ac	IV, lines 1b and 2b, Part Iditional information	V, line	e 4, Part X, line 2, Part
	Return Reference		Exp	lanation		
See A	Addıtıonal Data Table					

Page 5		Schedule D (Form 990) 2017		
	ormation <i>(continued)</i>	Part XIII Supplemental Info		
	Explanation	Return Reference		

Schedule D (Form 990) 2017

Additional Data

Software ID: Software Version:

EIN: 35-1469260

Name: BUILDERS ASSOCIATION OF ELKHART

Explanation

COUNTY INC

Supplemental Information

Return Reference

SCHEDULE D, PAGE 3, PART X	THE ASSOCIATION HAS ADOPTED THE ACCOUNTING STANDARD ON ACCOUNTING FOR UNCERTAINTY IN INCOM
	E TAXES THIS STANDARD ADDRESSES THE DETERMINATION OF WHETHER TAX BENEFITS CLAIMED, OR EXP
	ECTED TO BE CLAIMED, ON A TAX RETURN SHOULD BE RECORDED IN THE FINANCIAL STATEMENTS UNDER
	THIS GUIDANCE, THE ASSOCIATION MAY RECOGNIZE THE TAX BENEFITS FROM AN UNCERTAIN TAX POSIT
	ION ONLY IF IT IS MORE LIKELY THAN NOT THAT THE TAX POSITION WILL BE SUSTAINED ON EXAMINAT
	ION BY TAXING AUTHORITIES, BASED ON THE TECHNICAL MERITS OF THE POSITION THE TAX BENEFITS
	THAT COULD BE RECOGNIZED IN THE FINANCIAL STATEMENTS FROM SUCH POSITIONS WOULD BE MEASURE
	D BASED ON THE LARGEST BENEFIT THAT HAS A GREATER THAN 50 PERCENT LIKELIHOOD OF BEING REAL
	IZED UPON ULTIMATE SETTLEMENT THE GUIDANCE ON ACCOUNTING FOR UNCERTAINTY IN INCOME TAXES
	ALSO ADDRESSES DERECOGNITION, CLASSIFICATION, INTEREST AND PENALTIES ON INCOME TAXES, AND
	ACCOUNTING IN INTERIM PERIODS AT DECEMBER 31, 2017 THERE WERE NO UNRECOGNIZED TAX BENEFIT
	S IDENTIFIED OR RECORDED AS LIABILITIES THE ASSOCIATION FILES FORM 990 AND THE RELATED ST
	ATE OF INDIANA RETURN

efile GRAPHIC print - DO NOT PROCESS As Filed Data DLN: 93493236006078 OMB No 1545-0047 Schedule I **Grants and Other Assistance to Organizations,** (Form 990) Governments and Individuals in the United States Complete if the organization answered "Yes," on Form 990, Part IV, line 21 or 22. Open to Public Attach to Form 990. Department of the Inspection ▶ Information about Schedule I (Form 990) and its instructions is at www.irs.gov/form990. Treasury Internal Revenue Service Name of the organization **Employer identification number** BUILDERS ASSOCIATION OF ELKHART 35-1469260 COUNTY INC Part I **General Information on Grants and Assistance** Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and ☐ Yes **☑** No Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States Part III Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000 Part II can be duplicated if additional space is needed (a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (q) Description of (h) Purpose of grant (if applicable) (book, FMV, appraisal, noncash assistance organization grant cash or assistance or government assistance other) (1) (3) (5) (6)(7) (8)(9)(10)(11)(12)Enter total number of section 501(c)(3) and government organizations listed in the line 1 table . . . For Paperwork Reduction Act Notice, see the Instructions for Form 990. Cat No 50055P Schedule I (Form 990) 2017

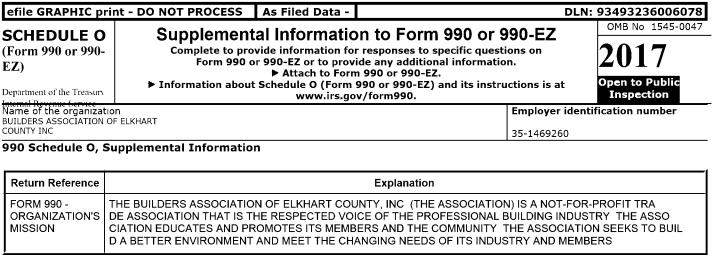
Schedule I (Form 990) 2017

Supplemental Information. Provide the information required in Part I, line 2; Part III, column (b); and any other additional information.

Part IV

Explanation

Return Reference



Return Explanation
Reference

LINE 4D

FORM 990, PAGE 2.
PART III.

THE ASSOCIATION PROVIDES ACADEMIC SCHOLARSHIPS FOR QUALIFIED STUDENTS
PART III.

990 Schedule O, Supplemental Information Return Explanation Reference

FORM 990, VARIOUS VARIOUS SERVICES PROVIDED
PAGE 6,
PART VI,

LINE 2

Return Explanation

FORM 990, INDIVIDUALS AND BUSINESSES DEVOTED TO EDUCATION AND PROMOTION OF THE BUILDING TRADES INDUSTRY
PAGE 6,
PART VI,
LINE 6

Return Explanation
Reference
FORM 990. BOARD MEMBERS ELECT THE MEMBERS OF THE GOVERNING BODY

FORM 990, BOARD MEMBERS ELECT THE MEMBERS OF THE GOVERNING BODY
PAGE 6,
PART VI,
LINE 7A

Return Explanation
Reference

FORM 990, A COPT OF THE 990 IS MADE AVAILABLE TO ALL MEMBERS OF THE GOVERNING BODY PRIOR TO FILING, AND PAGE 6, PART VI.

990 Schedule O, Supplemental Information

LINE 11B

Return Explanation
Reference

FORM 990,
PAGE 6,
PART VI,
LINE 12C

EACH NEW RESPONSIBLE PERSON IS REQUIRED TO REVIEW AND ACKNOWLEDGE IN WRITI NG THE POLICY
EACH RESPONSIBLE PERSON SHALL ANNUALLY COMPLETE A DISCLOSURE FORM IDENTIFYING ANY RELATION
SHIPS, POSITIONS, OR CIRCUMSTANCES IN WHICH THE RESPONSIBLE PERSON IS INVOLVED THAT HE OR
SHE BELIEVES COULD CONTRIBUTE TO A CONFLICT OF INTEREST THIS POLICY SHALL BE REVIEWED ANN
UALLY BY EACH MEMBER OF THE BOARD OF DIRECTORS ANY CHANGES TO THE POLICY SHALL BE COMMUNI
CATED IMMEDIATELY TO ALL RESPONSIBLE PERSONS

Return Explanation
Reference

FORM 990,
PAGE 6,
PART VI,
LINE 15A

THE GOVERNING BODY REVIEWS AND APPROVES ALL COMPENSATION OF OFFICERS AND KEY EMPLOYEES CO
MPENSATION IS BASED ON PERFORMANCE AND COMPARABLE COMPENSATION OF SIMILAR ORGANIZATIONS
LINE 15A

Return Explanation
Reference

FORM 990,
PAGE 6,
PAGE 10,
PAGE 11,
PAGE 12,
PAGE 12,
PAGE 13,
PAGE 14,
PAGE 15,
PAG

Return Explanation

LINE 19

FORM 990, GOVERNING DOCUMENTS, POLICIES AND FINANCIAL STATEMENTS ARE MADE AVAILABLE UPON REQUEST PART VI.

Explanation Return Reference

FORM 990,	COST OF QUALITY MANUALS 8,892 0 0 PROPERTY TAX 4,223 1,657 1,657 MEMBERSHIP CANCELLATIONS
PART IX,	6,210 0 0 TELEPHONE 2,513 986 986 CARD PROCESSING FEE 3,353 0 0 DUES AND SUBSCRIPTIONS 0 1
	000 0 100 5 05 400 474 474 550 0 475 475 500 1 4 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5

LINE 24E .099 0 MILEAGE 436 171 171 EDUCATIONAL ACTIVITIES 410 0 0 TOTAL 26.037 3.913 2.814

990 Schedule O, Supplemental Information