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Return of Organization Exempt From Income Tax

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

DLN: 93493186002428 OMB No 1545-0047

Open to Public

Form 990 (2017)

Cat No 11282Y

Form 990
Department of the Treasur
Internal Revenue Service

▶ 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

Inspection ervice For the 2017 calendar year, or tax year beginning 04-01-2017 , and ending 03-31-2018 C Name of organization D Employer identification number B Check if applicable Washington State Building & Construction ☐ Address change Trades Council 91-0462125 ☐ Name change Doing business as ☐ Initial return ☐ Final return/terminated E Telephone number Number and street (or P O box if mail is not delivered to street address) Room/suite ☐ Amended return ☐ Application pending (360) 357-6778 City or town, state or province, country, and ZIP or foreign postal code Olympia, WA $\,\,$ 98501 $\,\,$ **G** Gross receipts \$ 1,250,548 Name and address of principal officer H(a) Is this a group return for Mark Riker ☐Yes ☑No subordinates? 906 Columbia Street SW Ste 107 H(b) Are all subordinates Olympia, WA 98501 ☐ Yes ☑No ıncluded? Tax-exempt status 501(c)(3) **☑** 501(c) (5) **◄** (insert no) 4947(a)(1) or If "No," attach a list (see instructions) **H(c)** Group exemption number ▶ Website: ▶ www wabuildingtrades org L Year of formation 1956 M State of legal domicile K Form of organization ✓ Corporation ☐ Trust ☐ Association ☐ Other ▶ WA Summary 1 Briefly describe the organization's mission or most significant activities
THE COUNCIL'S MISSION IS TO FURTHER PROTECT THE RIGHTS OF MEMBERS OF THE BUILDING AND CONSTRUCTION TRADES INDUSTRY IN THE STATE OF WASHINGTON Activities & Governance Check this box ▶ ☐ if the organization discontinued its operations or disposed of more than 25% of its net assets Number of voting members of the governing body (Part VI, line 1a) . . . 3 21 Number of independent voting members of the governing body (Part VI, line 1b) 4 6 Total number of individuals employed in calendar year 2017 (Part V, line 2a) 5 Total number of volunteers (estimate if necessary) . 6 7a Total unrelated business revenue from Part VIII, column (C), line 12 7a Net unrelated business taxable income from Form 990-T, line 34 **Prior Year Current Year** 8 Contributions and grants (Part VIII, line 1h) . 294,522 329,642 Program service revenue (Part VIII, line 2g) . 1,029,499 885,612 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 417 434 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) -75,686 -52,920 1,248,752 1,162,768 12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12) 97,053 13 Grants and similar amounts paid (Part IX, column (A), lines 1–3). 243,030 14 Benefits paid to or for members (Part IX, column (A), line 4) . 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 737,025 793,939 16a Professional fundraising fees (Part IX, column (A), line 11e) . **b** Total fundraising expenses (Part IX, column (D), line 25) ▶0 307,847 317,018 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) . 18 Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25) 1,287,902 1,208,010 -39,150 $\mathbf{19}$ Revenue less expenses Subtract line 18 from line 12 . -45,242 Net Assets or Fund Balances Beginning of Current Year End of Year 20 Total assets (Part X, line 16) . 700,070 658,130 21 Total liabilities (Part X, line 26) . 4,897 8,199 22 Net assets or fund balances Subtract line 21 from line 20 695,173 649,931 Signature Block Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge 2018-07-05 Signature of officer Sign Here Mark Riker Executive Secretary Type or print name and title Print/Type preparer's name Chris McGinness Preparer's signature Chris McGinness Date PTIN Check \Box if P01017591 Paid self-employed Firm's name

HUEBNER DOOLEY & MCGINNESS PS Firm's EIN ▶ 91-1529999 **Preparer** Firm's address ▶ 1424 NE 155TH ST STE 100 Phone no (206) 522-8000 Use Only SHORELINE, WA 981557104 ✓ Yes 🗆 No May the IRS discuss this return with the preparer shown above? (see instructions) .

	990 (2017)				Page					
Par	t IIII Stateme	ent of Program Service Acc	omplishments							
	Check if S	Schedule O contains a response or	note to any line in this Part III .		🗆					
1	Briefly describe t	he organization's mission								
	COUNCIL'S MISSIC E OF WASHINGTO		RIGHTS OF MEMBERS OF THE BUILD	DING AND CONSTRUCTION TRAI	DES INDUSTRY IN THE					
2	Did the organizat	tion undertake any significant prog	gram services during the year which	were not listed on						
	the prior Form 99	90 or 990-EZ?			🗌 Yes 🗹 No					
	•	e these new services on Schedule								
3	Did the organizat	tion cease conducting, or make sig	gnificant changes in how it conducts,	, any program	☐ Yes ☑ No					
	services?									
4	Section 501(c)(3		plishments for each of its three larg required to report the amount of gr ervice reported							
4a	(Code) (Expenses \$	including grants of \$) (Revenue \$)					
	See Additional Data				,					
4b	(Code) (Expenses \$	including grants of \$) (Revenue \$)					
4c	(Code) (Expenses \$	including grants of \$) (Revenue \$)					
4d	Other program s	ervices (Describe in Schedule O)	grants of \$) (Revenue \$)					
4e		service expenses ▶	,	, ,	,					

Checklist of Required Schedules

Page 3

No

Νo

Nο

Nο

Nο

No

Nο

Nο

Nο

Nο

No

Nο

Nο

Nο

Nο

Νo

Νo

Nο

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Yes

Yes

17

18

19

Yes

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

6 Did the organization receive or hold a conservation easement, including easements to preserve open space, 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

7 8 9 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, 10 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, or X as applicable

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

a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? 11a Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total 11b 11c 11d ın Part X, lıne 16? *If "Yes," complete Schedule D, Part IX* 😼 Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X 🕏 11e

c Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses 11f the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X 🛸

d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported Yes Yes

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

12a Did the organization obtain separate, independent audited financial statements for the tax year? b Was the organization included in consolidated, 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 13

14a Did the organization maintain an office, employees, or agents outside of the United States? . . . 14a **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 report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV

14b

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

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

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

15 16

29

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Part IV Checklist of Required Schedules (continued)			
		Yes	No
20a Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>	20a		No

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 Yes 21

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

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?

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

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

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

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 🛸

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

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

Nο

Νo

Nο

Nο

Νo

Nο

22 Yes 23

24a

24b

24c

24d

25a

25b

26

27

28a

28b

28c

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30

31

32

33

34

35a

35h

36

37

Yes

Yes

Yes

Form **990** (2017)

orm	990 (2017)			Page 5
Par	t V Statements Regarding Other IRS Filings and Tax Compliance			
	Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No
	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable 1a 1			
	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable 1b 0			
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	Yes	
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?	2b	Yes	
	Note.If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		No
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b		No
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
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?			No
		5b		
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?	6 a		No
	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7 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		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	79 7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during			
	the year?	8		No
9a	Did the sponsoring organization make any taxable distributions under section 4966?	9a		No
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9 b		No
LO	Section 501(c)(7) organizations. Enter			
	Initiation fees and capital contributions included on Part VIII, line 12 10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
L1	Section 501(c)(12) organizations. Enter			
	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)			
L2a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		No
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			<u> </u>
L3	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for			
b	additional information the organization must report on Schedule O 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	13a		No
_	The organization is needed to issue quantities and installed plans.			
	Enter the amount of reserves on hand	14a		No
		-		INO
D	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b	orm 00	0 (2017

orm	990 (20	1/)					Page 6				
Par	ε	Governance, Management, and DisclosureFor each "Yes" response to lines 2 t Ba, 8b, or 10b below, describe the circumstances, processes, or changes in Sched			o" respo	nse to l	_				
		Check if Schedule O contains a response or note to any line in this Part VI					✓				
Se	ction A	A. Governing Body and Management					ı				
1a	Enter th	ne number of voting members of the governing body at the end of the tax year	1a	21		Yes	No				
	body, o	are material differences in voting rights among members of the governing or if the governing body delegated broad authority to an executive committee or committee, explain in Schedule O									
b	Enter th	ne number of voting members included in line 1a, above, who are independent	1b	21							
2		officer, director, trustee, or key employee have a family relationship or a busine director, trustee, or key employee?	ss rela	tionship with any other	2		No				
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?										
4	Did the	organization make any significant changes to its governing documents since the \cdots	prior l	Form 990 was filed?	4		No				
5	Did the	organization become aware during the year of a significant diversion of the organization	nızatıo	n's assets? .	5		No				
6	Did the	organization have members or stockholders?			6		No				
7a		organization have members, stockholders, or other persons who had the power ters of the governing body?	o elec	t or appoint one or more	7a		No				
b		governance decisions of the organization reserved to (or subject to approval by) other than the governing body?	mem	bers, stockholders, or	7 b		No				
8	Did the	organization contemporaneously document the meetings held or written actions owing	under	taken during the year by							
а	The gov	verning body?			8a	Yes					
b	Each co	ommittee with authority to act on behalf of the governing body?			8b	Yes					
9		e any officer, director, trustee, or key employee listed in Part VII, Section A, who ation's mailing address? <i>If "Yes," provide the names and addresses in Schedule</i> C			9		No				
Se	ction E	B. Policies (This Section B requests information about policies not requ	ıred b	y the Internal Revenu	ie Code	∍.)					
						Yes	No				
10a	Did the	organization have local chapters, branches, or affiliates?			10a		No				
b		" did the organization have written policies and procedures governing the activitienches to ensure their operations are consistent with the organization's exempt pi			10b						
11a	Has the form?	organization provided a complete copy of this Form 990 to all members of its go	vernin •	ng body before filing the	11a	Yes					
b	Describ	e 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		No				
b	Were of	fficers, directors, or trustees, and key employees required to disclose annually int	erests	that could give rise to	12b		No				
C		organization regularly and consistently monitor and enforce compliance with the le O how this was done	policy •	? If "Yes," describe in	12c		No				
13	Did the	organization have a written whistleblower policy?			13		No				
14	Did the	organization have a written document retention and destruction policy?			14		No				
15	Did the persons	process for determining compensation of the following persons include a review as, comparability data, and contemporaneous substantiation of the deliberation and	and ap	pproval by independent sion?							
а	The org	anization's CEO, Executive Director, or top management official			15a	Yes					
b	Other o	fficers or key employees of the organization			15b	Yes					
	If "Yes"	to line 15a or 15b, describe the process in Schedule O (see instructions)									
16a		organization invest in, contribute assets to, or participate in a joint venture or sill entity during the year?	mılar a	arrangement with a	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 v	with respect to such arrangements?		- "	16b						
		C. Disclosure States with which a copy of this Form 990 is required to be filed▶									
17 18	Section	6104 requires an organization to make its Form 1023 (or 1024 if applicable), 99		990-T (501(c)(3)s only)							
		le for public inspection Indicate how you made these available Check all that ap	•								
19	Describ	IN website $\ \square$ Another's website $\ \checkmark$ Upon request $\ \square$ Other (explain in Sole in Schedule O whether (and if so, how) the organization made its governing do and financial statements available to the public during the tax year									
20	State th	and financial statements available to the public during the tax year ne name, address, and telephone number of the person who possesses the organ nistrative Secretary 906 Columbia St SW Ste 107 Olympia, WA 98501 (360) 35	ızatıor 7-677	's books and records 8							
			-,,				0 (2017)				

orm 990 (2	017)										Page 7
Part VII	Compensation of Officer and Independent Contra		Truste	es,	Key	En	ıploy	ees	, Highest Comp	ensated Employ	rees,
	Check if Schedule O contains a	response or no	te to an	y line	ın t	his	Part V	Ι.			<u> </u>
Section	A. Officers, Directors, Tru	stees, Key E	mploy	ees	, an	d H	lighe	st C	Compensated En	nployees	
ear	e this table for all persons require										-
of compensa	of the organization's current off tion Enter -0- in columns (D), (E), and (F) if no	compe	nsatı	on v	vas į	paid			-	
	of the organization's current key		•								
vho received organization	organization's five current high d reportable compensation (Box and any related organizations	5 of Form W-2	and/or E	Зох 7	of F	orm	1099	-MIS	SC) of more than \$1	00,000 from the	
of reportable	of the organization's former office compensation from the organiz	ation and any r	elated o	rganı	zatı	ons	-				
List all operation	of the organization's former dire , more than \$10,000 of reportab	ectors or trust le compensation	ees that n from t	t rece the or	gan	l, ın ızatı	the ca	paci any	ty as a former direc v related organization	tor or trustee of the ons	9
	in the following order individua d employees, and former such p		ectors, i	ınstıtı	utior	nal t	rustee	s, of	ficers, key employe	es, highest	
☐ Check t	his box if neither the organizatio	n nor any relate	ed orgar	nizatio	on c	omp	ensate	d ar	ny current officer, di	rector, or trustee	
(A) Name and Title		(B) Average hours per week (list any hours for related	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(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)	related organizations
See Additiona	al Data Table										

(B) (D) (F) (A) (C) (E) Name and Title Average Position (do not check more Reportable Reportable Estimated hours per than one box, unless person compensation compensation amount of other week (list is both an officer and a from related from the compensation any hours director/trustee) organization (Worganizations (Wfrom the for related 2/1099-MISC) 2/1099-MISC) organization and Individual trustee or director Highest compensated employee related organizations Institutional Trustee below dotted organizations employee line) See Additional Data Table \blacktriangleright c Total from continuation sheets to Part VII, Section A . ▶ 176,730 86,431 d Total (add lines 1b and 1c) . 2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization > 1 Yes No 3 Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual. 3 Nο For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such ındıvıdual . 4 Yes Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for 5 services rendered to the organization?If "Yes," complete Schedule I for such person . . . 5 Nο Section B. Independent Contractors Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization Report compensation for the calendar year ending with or within the organization's tax year (B) (C) (A) Description of services Name and business address Compensation

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

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compensation from the organization ▶ 0

Part	VII	I Statement of	Revenue										
		Check If Schedul	le O contains :	a respo	nse or i	note to any	(his Part VII (A) revenue	Re e	(B) elated or exempt unction	(C) Unrelate business revenue	5	(D) Revenue excluded from tax under sections
	1a	Federated campaig	ns	1a						evenue	revenue		512-514
ints ints	Ь	• Membership dues		1b									
Gra	c	: Fundraising events		1c		44,640							
fs. P	d	l Related organizatio	ons	1d									
	e	Government grants (c	ontributions)	1e									
Sin	f	All other contributions and similar amounts n	, gıfts, grants, ot ıncluded			225 222							
Contributions, Gifts, Grants and Other Similar Amounts	وا	above Noncash contribution		1 f		285,002							
Sontr Ind C	h	in lines 1a-1f \$ Total.Add lines 1a-1	If	_		•							
	<u>::</u> تـــــــــــــــــــــــــــــــــــ	Totali, aa iiies 1a 1		· ·		Business	s Code	329,642					1
Revenue	2a	Membership Dues & Ass	sessments				900099	{	881,066	881	,066		
45	ь	Reimbursements & reba	ntes				900099		4,546	4	,546		
Service	С			_		-							
3	d												
ran	e ,												
Program		All other program se Total.Add lines 2a-2i					885,612						
		investment income (i			nterest,	and other	1		.]				
	l	imilar amounts) . Income from investm					•	43	0	434			
			ent of tax-exe				-		0				
		•	(ı) Rea			Personal	†		+				
	6a	Gross rents											
	ь	Less rental expenses											
	_	Rental income or					4						
	`	(loss)					╛						
	d	Net rental income o				. •	1		0				
		Gross amount from sales of assets other	(ı) Securit	iles	(11)) Other							
		than inventory Less cost or other basis and sales expenses					-						
	С	Gain or (loss)											
		Net gain or (loss)				>	<u> </u>		0				
Other Revenue		Gross income from f (not including \$ contributions reporte See Part IV, line 18	44,640 ed on line 1c)	of		34,860							
3ev		Less direct expense		b		87,780							
er		Net income or (loss)		ing ev	ents .	· •		-52,92	20				
Oth		Gross income from g See Part IV, line 19											
	Ь	Less direct expense	.s	a b									
		Net income or (loss)		activiti	es .	· •			0				
		Gross sales of invent returns and allowand		a									
	ь	Less cost of goods s	sold	b									
	С	Net income or (loss) Miscellaneous		ınvent					0				
	11:		Revenue		Busir	ness Code	-						
	Ь	-					_						
	c												
	d	All other revenue .			-				+				
		Total. Add lines 11a				•							
	12	Total revenue. See	Instructions					4 4 4 5 5 7 7		000.01-			
	<u> </u>					-		1,162,76	00	886,046			Form 990 (2017)

orn	1 990 (2017)				Page 10
	rt IX Statement of Functional Expenses ion 501(c)(3) and 501(c)(4) organizations must complete all co	lumns All other orga	anızatıons must com	olete column (A)	
	Check if Schedule O contains a response or note to any	line in this Part IX			🗆
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraisingexpenses
1	Grants and other assistance to domestic organizations and domestic governments See Part IV, line 21	95,053			
2	Grants and other assistance to domestic individuals See Part IV, line 22	2,000			
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals See Part IV, line 15 and 16	0			
4	Benefits paid to or for members	0			
5	Compensation of current officers, directors, trustees, and key employees	263,161			
6	Compensation not included above, to disqualified persons (as defined under section $4958(f)(1)$) and persons described in section $4958(c)(3)(B)$	0			
7	Other salaries and wages	345,263			
8	Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions)	71,730			
9	Other employee benefits	70,885			
10	Payroll taxes	42,900			
11	Fees for services (non-employees)				
a	Management	0			
ь	Legal	1,521			
	Accounting	14,835			
	Lobbying	0			
	Professional fundraising services See Part IV, line 17	0			
	Investment management fees	0			
	Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	17,639			
12	Advertising and promotion	0			
	Office expenses	25,154			
	Information technology	12,756			
	Royalties	, 0			
	Occupancy	77,617			
	Travel	49,530			
	Payments of travel or entertainment expenses for any federal, state, or local public officials	0			
19	Conferences, conventions, and meetings	9,587			
	Interest	0			
	Payments to affiliates	0			
	· · ·	5,933			
	Depreciation, depletion, and amortization	6,435			
	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)	0,433			
	a Contract labor and supplies	80,278			
	b Dues & Subscriptions	11,460			
	c Printing and Publications	2,662			
,	d Legislative expenses	976			
	e All other expenses	635			
25	Total functional expenses. Add lines 1 through 24e	1,208,010	0	0	0
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)				

Page **11**

0

0 0

0

0

0

0

0 0

658,130

8.199

8,199

639,730

10.201

649,931

658,130

Form **990** (2017)

94,828

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

Part II of Schedule L . . .

Inventories for sale or use .

Less accumulated depreciation

Grants payable . . .

Deferred revenue

Complete Part X of Schedule D

Temporarily restricted net assets

Permanently restricted net assets

Total net assets or fund balances

Total liabilities and net assets/fund balances

Unrestricted net assets

Notes and loans receivable, net . .

basis Complete Part VI of Schedule D

Intangible assets

Accounts payable and accrued expenses

Prepaid expenses and deferred charges .

Investments—publicly traded securities .

Investments—other securities See Part IV, line 11 .

Investments—program-related See Part IV, line 11

Other assets See Part IV, line 11

Tax-exempt bond liabilities

persons Complete Part II of Schedule L .

and other liabilities not included on lines 17-24)

Total liabilities. Add lines 17 through 25 . .

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

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

and complete lines 30 through 34.

Capital stock or trust principal, or current funds

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

Retained earnings, endowment, accumulated income, or other funds

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

Escrow or custodial account liability Complete Part IV of Schedule D

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

key employees, highest compensated employees, and disqualified

Unsecured notes and loans payable to unrelated third parties .

Loans and other payables to current and former officers, directors, trustees,

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

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

1	Cash-non-interest-bearing	490,793	1	455,679
2	Savings and temporary cash investments	109,201	2	109,423
3	Pledges and grants receivable, net		3	0
4	Accounts receivable, net		4	0
5	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part		5	0

241,654

146.826

Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9)

voluntary employees' beneficiary organizations (see instructions) Complete

10a

10b

(A)

Beginning of year

6

8

9

10c

11

12

13

14

15

16

17

18

19

20

21

22 23

24

25

26

27

28

29

30

31

32

33

34

4.897

4.897

686,383

695.173

700.070

8.790

100.076

700,070

Assets 10a Land, buildings, and equipment cost or other

11

12

13

14

15

16

17

18

19

20

21

23

24

25

26

27

28

29

31

32

33

34

Liabilities 22

Fund Balances

Assets or 30

Net

☐ Both consolidated and separate basis

☐ Both consolidated and separate basis

2b

2c

3a

3b

Yes

Yes

No

Form 990 (2017)

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?

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

Consolidated basis

Consolidated basis

If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate basis,

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

b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required

audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits

b Were the organization's financial statements audited by an independent accountant?

☐ Separate basis

consolidated basis, or both

Separate basis

Audit Act and OMB Circular A-133?

Additional Data

Software ID: 17005038 **Software Version:** 2017v2.2

Trades Council

Form 990, Part III, Line 4a:

Form 990 (2017)

Provided services to local unions and trade councils Programs implemented include communications and media relations and assistance with organizing campaigns

Name: Washington State Building & Construction

EIN: 91-0462125

(A) (D) (E) (B) (C) (F) Name and Title Average Position (do not check more Reportable Reportable Estimated than one box, unless compensation hours per compensation amount of other person is both an officer week (list from the from related compensation

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees,

	any hours	and	a dır	ecto		ustee))	organization	organizations	from the
	for related organizations below dotted line)	Individual trustee or director	Institutional Trustee		key employee	Highest compensated	Former	(W- 2/1099- MISC)	(W- 2/1099- MISC)	organization and related organizations
Barry Fulgham	1 00									
		×						0	0	0
Executive Board	0 00									
Phil Lindquist	1 00									
		X						0	0	0
Executive Board	0 00									
Mike Bosse	1 00									
		X						0	0	0
Executive Board	0 00									
Keith Weir	1 00									
	•••••	×						0	0	0
Trustee	0 00									
Dale Cannon	1 00			Ι -						

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Dale Cannon Trustee

Jeff Owen

Shannon Stull

Don McLeod

Geoff Kossak

Brian Belarde

Executive Board

Executive Board

Executive Board

Executive Board

Trustee

and Independent Contractors

(A) (D) (E) (B) (C) (F) Name and Title Average Position (do not check more Reportable Reportable Estimated amount of other than one box, unless compensation hours per compensation person is both an officer week (list from the from related compensation

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees,

	any hours					ustee)		organization	organizations	from the	
	for related organizations below dotted line)		Institutional Trustee	Officer	key employee	Highest compensated employee	Former	(W- 2/1099- MISC)	(W- 2/1099- MISC)	organization and related organizations	
Lance Deyette	1 00	×							0	0	
Executive Board	0 00								0	O	
Bob Carroll	1 00										
Executive Board	0 00	X						0	0	0	
Mike Foley	1 00										
		X	l	1	I	1		l o	0	0	

Bob Carroll	1 00	×			0	
Executive Board	0 00				0	
Mike Foley	1 00					
,		X			0	
Executive Board	0 00					
Timm Ormsby	1 00					
		Х			0	
Executive Board	0.00					

0 00 1 00

0 00 1 00

0 00

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and Independent Contractors

Executive Board

Executive Board

Monty Anderson

Executive Board

Executive Board

Executive Board

Executive Board

Benny Wright

Sam Hem

Bob Gay

Nickolas Bumpaous

Mike Foley	1 00	×						0	0	
Executive Board	0 00								3	
Timm Ormsby	1 00	×						0	0	
Executive Board	0 00									
Mike Bridges	1 00									
-		l x	I	I	I	l	I	l o	l o	

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and Independent Contractors (A) (B) (C) (D) (E) Name and Title Position (do not check more Reportable Reportable Estimated Average than one box, unless hours per compensation compensation amount of other

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees,

176,730

(F)

86,431

	week (list any hours					office ustee		from the organization	from related organizations	compensation from the
	for related organizations below dotted line)	individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former	(W- 2/1099- MISC)	(W- 2/1099- MISC)	organization and related organizations
Jeff Stowe	1 00	×						0	0	0
Executive Board	0 00									
Mark Riker Exec Secretary	40 00			×				0	0	0
MARK MARTINEZ	1 00			х				0	0	0
President	0 00									
Todd Mitchell Sgt-at-Arms	1 00			×				0	0	0
Chris McClain	1 00									

0 00 40 00

0 00

Vice President

LEE NEWGENT

Past Exec Secre

DLN: 93493186002428 Political Campaign and Lobbying Activities OMB No 1545-0047 SCHEDULE C (Form 990 or 990-For Organizations Exempt From Income Tax Under section 501(c) and section 527 EZ) ▶Complete if the organization is described below. ▶Attach to Form 990 or Form 990-EZ. Open to Public Department of the Treasury ▶Information about Schedule C (Form 990 or 990-EZ) and its instructions is at Inspection Internal Revenue Service 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)(3) organizations Complete Parts I-A and B Do not complete Part I-C • Section 501(c) (other than section 501(c)(3)) organizations. Complete Parts I-A and C below. Do not complete Part I-B Section 527 organizations Complete Part I-A only If the organization answered "Yes" 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 Washington State Building & Construction Trades Council 91-0462125 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") Political campaign activity expenditures (see instructions) 3 Volunteer hours for political campaign activities (see instructions) Part I-B Complete if the organization is exempt under section 501(c)(3). 1 Enter the amount of any excise tax incurred by the organization under section 4955 2 Enter the amount of any excise tax incurred by organization managers under section 4955 If the organization incurred a section 4955 tax, did it file Form 4720 for this year? 3 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 function activities 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 (b) Address (c) EIN (a) Name (d) Amount paid from (e) Amount of political contributions filing organization's funds If none, enter received and promptly -0and directly delivered to a separate political organization If none, enter -0-1 See Additional Data Table 3 6 For Paperwork Reduction Act Notice, see the instructions for Form 990 or 990-EZ. Cat No 50084S Schedule C (Form 990 or 990-EZ) 2017

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 activity

4

(b)

Amount

(a)

No

Yes

During the year, did the filing organization attempt to influence foreign, national, state or local legislation, 1 including any attempt to influence public opinion on a legislative matter or referendum, through the use of Volunteers? Paid staff or management (include compensation in expenses reported on lines 1c through 1i)? Media advertisements? Mailings to members, legislators, or the public? d Publications, or published or broadcast statements? 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 1 1 Were substantially all (90% or more) dues received nondeductible by members? Yes 2 2 Did the organization make only in-house lobbying expenditures of \$2,000 or less? No 3 Did the organization agree to carry over lobbying and political expenditures from the prior year? No Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6)Part III-B and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No" OR (b) Part III-A, line 3, is answered "Yes." 1 Dues, assessments and similar amounts from members 1 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). 2a Current year 2b b Carryover from last year 2c c Total 3 3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues

5 Taxable amount of lobbying and political expenditures (see instructions) Part IV Supplemental Information

Political Action Committee

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

If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political

expenditure next year?

Part I-A, Line 1 - Direct and Indirect Political Campaign Activities

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

Return Reference

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

candidates for public office and legislation. Contributions to political candidates are run through the WSBCTC

Explanation The Organization directly and indirectly contributed to political campaigns on behalf of or in opposition to

Schedule C (Form 990 or 990EZ) 2017

4 5

Additional Data

Software ID: 17005038 **Software Version:** 2017v2.2

EIN: 91-0462125

EIN: 91-0402123

Name: Washington State Building & Construction

Trades Council

Form	aan	Schedule	C Part	1-C	line

(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-
Bob Hasegawa for Seattle Mayor	PO Box 84789 Seawttle, WA 98124		500	
Citizens for the Link Entertainment	7321 W 21st AVE Kennewick, WA 99338		5000	
King County Democrats	PO Box 1832 Renton, WA 98057		1000	
Millbauer for Kennewick	713 S Young Place Kennewick, WA 99336		1000	
Transportation for Washington PAC	219 1st Ave S 420 Seattle, WA 98014		2500	
Washington Works	PO Box 673 Olympia, WA 98507		1000	
WA State Labor Council	321 16th Ave S Seattle, WA 98144	910668471	300	

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.
 ► Attach to Form 990.

DLN: 93493186002428 OMB No 1545-0047

Open to Public

Department of the Treasury Internal Revenue Service

(Form 990)

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

Inspection

	nington State Building & Construction				Employer luc	entification	number
	es Council				91-0462125		
Pai	Organizations Maintaining Donor Adv				r Accounts.		
	Complete if the organization answered "Y			sed funds	(b)Eund	and other a	ccounts
	Total number at end of year	(4) 20110	uuvi	sea ranas	(B) and	Jana Gener e	iccounts
	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 advis	ors in writing that th	e ass	ets held in donor ad	vised funds are	the	
	organization's property, subject to the organization's e	exclusive legal contro	?				Yes 🗌 No
5	Did the organization inform all grantees, donors, and charitable purposes and not for the benefit of the dono private benefit?					missible	Yes 🗌 No
Par	Conservation Easements. Complete if	the organization a	ารwe	red "Yes" on Forn	n 990, Part IV	, lıne 7.	
L	$\label{purpose} \mbox{Purpose}(s) \mbox{ of conservation easements held by the org}$	anızatıon (check all t	hat a	oply)			
	Preservation of land for public use (e g , recreati	on or education)		Preservation of an	historically imp	ortant land a	rea
	Protection of natural habitat			Preservation of a c	ertified historic	structure	
	Preservation of open space						
2	Complete lines 2a through 2d if the organization held easement on the last day of the tax year	a qualified conservat	on co	ntribution in the for		tion t the End o	f the Vear
а	Total number of conservation easements			ı	2a	t the End o	i the rear
	Total acreage restricted by conservation easements				2b		
c	Number of conservation easements on a certified histo	ric structure included	ın (a)	2c		
-	Number of conservation easements included in (c) acq structure listed in the National Register		•	´	2d		
3	Number of conservation easements modified, transfer tax year ▶	red, released, exting	ushed	, or terminated by	the organizatior	during the	
ļ	Number of states where property subject to conservat	ion easement is loca	ed ▶				
5	Does the organization have a written policy regarding and enforcement of the conservation easements it hol	the periodic monitor		spection, handling o	of violations,	☐ Yes	□ No
j	Staff and volunteer hours devoted to monitoring, insp	ecting, handling of vi	olatio	ns, and enforcing co	onservation ease		
,	Amount of expenses incurred in monitoring, inspecting	g, handling of violatio	ns, a	nd enforcing conser	vation easemen	s during the	year
	\$						
3	Does each conservation easement reported on line 2(c	d) above satisfy the i	equir	ements of section 1	70(h)(4)(B)(ı)	_	_
	and section $170(h)(4)(B)(II)^7$					☐ Yes	□ No
)	In Part XIII, describe how the organization reports corbalance sheet, and include, if applicable, the text of the organization's accounting for conservation easeme	ne footnote to the org		•	,		
art	Organizations Maintaining Collection Complete if the organization answered "Y	s of Art, Historic			er Similar As	sets.	
.a	If the organization elected, as permitted under SFAS 1 art, historical treasures, or other similar assets held for provide, in Part XIII, the text of the footnote to its final	or public exhibition, e	ducat	on, or research in f			orks of
b	If the organization elected, as permitted under SFAS 1 historical treasures, or other similar assets held for pu following amounts relating to these items	116 (ASC 958), to re	ort ir	ıts revenue statem			
(i	Revenue included on Form 990, Part VIII, line 1				▶ \$		
(ii)Assets included in Form 990, Part X				▶ \$		
2	If the organization received or held works of art, histo following amounts required to be reported under SFAS				· -	de the	
а	Revenue included on Form 990, Part VIII, line 1	(5 .,		> \$		
					· · · · ·		
<u>ь</u>	Assets included in Form 990, Part X				F > _		

Par	t IIII	Organizations Maintaining Col	lections of Art	, Histori	ical T	reası	ires, or	· Other	Similar As	ssets (continued)	
3		the organization's acquisition, accession (check all that apply)	n, and other recor	ds, check	any of	the fo	llowing t	hat are a	significant i	use of it	s collection	ı
а		Public exhibition		d		Loan	or excha	ange pro	grams			
b		Scholarly research		e		Othe	r					
c		Preservation for future generations										
4	Provide Part	de a description of the organization's col XIII	lections and expla	ain how the	ey furt	her the	e organız	ation's e	xempt purpo	se in		
5		ng the year, did the organization solicit o is to be sold to raise funds rather than to							nılar	□ Y	es 🗆	No
Pa	rt IV	Escrow and Custodial Arrange Complete if the organization answ X, line 21.		Form 990), Part	IV, lı	ine 9, oi	r reporte	ed an amou	ınt on	Form 990	, Part
1a		e organization an agent, trustee, custodi ded on Form 990, Part X?	an or other interm	nediary for	contri	bution	s or othe	er assets	not	□ Y	es 🗆	No
ь	If "Y∈	es," explain the arrangement in Part XIII	and complete the	e following	table				Α	mount		
c	Begin	nning balance						1c				
d	Addıt	ions during the year						1d				
е	Dıstrı	butions during the year						1e				
f	Endın	ng balance						1f				
2 a	Dıd tl	he organization include an amount on Fo	rm 990, Part X, lı	ne 21, for	escrov	v or cu	ıstodıal a	ccount li	ability?	□ Y ₆	es 🗆	No
Ь	If "Ye	es," explain the arrangement in Part XIII	Check here if the	e evnlanat	ion has	s heen	provide	d in Part	YIII			
_	rt V	Endowment Funds. Complete if					•				· · _	
			(a)Current year		rior yea				(d)Three year		(e)Four ye	ars back
1a	Beginn	ing of year balance										
b	Contrib	outions										
c	Net inv	estment earnings, gains, and losses										
d	Grants	or scholarships										
е		expenditures for facilities ograms										
f	Admını	strative expenses										
g	End of	year balance										
2	Provid	de the estimated percentage of the curre	ent year end balar	nce (line 1	g, colu	mn (a)) held a	s				
а	Board	d designated or quasi-endowment 🕨										
b	Perm	anent endowment 🟲										
С	Temp	oorarily restricted endowment 🕨										
	The p	percentages on lines 2a, 2b, and 2c shou	ld equal 100%									
3а	orgar	here endowment funds not in the posses nization by	sion of the organi	zation tha	t are h	eld an	d admını	stered fo	r the		Yes	No
	• •	nrelated organizations			•						a(i)	<u> </u>
b		elated organizations es" on 3a(ii), are the related organization	· · · ·							3	a(ii) 3b	
4		ribe in Part XIII the intended uses of the	•				•	•			30	
	rt VI	Land, Buildings, and Equipmen										
		Complete if the organization answ		Form 990), Part	IV, li	ne 11a.	See Fo	rm 990, Pa	rt X, lı	ne 10.	
	Descri	ption of property (a) Cost or oth (investme		ost or other	basıs (other)	(c) Acc	umulated (depreciation		(d) Book val	ue
1a	Land					48,400						48,400
b	Buildin	gs			1	13,057			70,661			42,396
		nold improvements				22,682			22,682			
		nent				57,515			53,483			4,032
	Other											
Tota	I. Add	lines 1a through 1e (Column (d) must e	qual Form 990, Pa	art X, colui	mn (B)	, line .	10(c))		>			94,828

Investments—Other Securities. Complete if the See Form 990, Part X, line 12.	organızat	ion answe	ered "Yes" on Form 990	, Part IV, line 11b.
(a) Description of security or category (including name of security)		(b) Book value		of valuation vear market value
Financial derivatives				
Closely-held equity interests Other	· ·			
al. (Column (b) must equal Form 990, Part X, col (B) line 12)	•			
Investments—Program Related. Complete if the organization answered 'Yes' on For (a) Description of investment	m 990, P	art IV, lın		art X, line 13.
	(B) BC	ook value		year market value
tal. (Column (b) must equal Form 990, Part X, col (B) line 13)	•	000 B	77/ 11/5 5 00	0.0.1.7.1.45
Other Assets. Complete if the organization answered 'Y (a) Description	es on For	m 990, Pari	t IV, line 11d See Form 99	(b) Book value
tal. (Column (b) must equal Form 990, Part X, col (B) line 15) art X Other Liabilities. Complete if the organization ans See Form 990, Part X, line 25.	wered 'Ye	es' on For		▶ e or 11f.
(a) Description of liability		(b) Bo	ok value	
Federal income taxes roll taxes withheld			8,199	
Total Caxes Wellineld				
	l			
	•		8,199	

Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.

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

Page 4

1,250,548

87,780

1,208,010

1.208.010

Schedule D (Form 990) 2017

Schedule D (Form 990) 2017

Donated services and use of facilities . . .

Other (Describe in Part XIII)

Add lines 2a through 2d

Supplemental Information

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

XI, lines 2d and 4b, and Part XII, lines 2d and 4b. Also complete this part to provide any additional information

Add lines **4a** and **4b**

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

Part XI

1

b

c

d

3 4

b

5

Part XIII

See Additional Data Table

Return Reference

d 2d 87,780 2e 87,780 e 3 3 1,162,768 4 Amounts included on Form 990, Part VIII, line 12, but not on line 1

Investment expenses not included on Form 990, Part VIII, line 7b . 4a 4b b

Add lines **4a** and **4b** 4c c Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12) 5 1,162,768 Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.

5 Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.

Part XII 1 1,295,790 2 Amounts included on line 1 but not on Form 990, Part IX, line 25

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

2a 2b

2c

2d

4a

4b

Explanation

87,780

2e

3

4c

5

Page 5	hedule D (Form 990) 2017 Page 5					
	ormation (continued)	Part XIII Supplemental Info				
	Explanation	Return Reference				

Schedule D (Form 990) 2017

Additional Data

Software ID: 17005038
Software Version: 2017v2.2

EIN: 91-0462125

Name: Washington State Building & Construction

Trades Council

Supplemental Information

	Return Reference	Explanation
Part X	FIN48 Footnote	Income Tax Status The Washington State Building & Construction Trades Council is exempt fr om federal income taxes under Internal Revenue Code Section 501(c)(5) and, therefore, has made no provision for federal income taxes in the accompanying financial statements. Durin g the fiscal year ended March 31, 2018, the Council recorded no unrelated business income and recognized no income tax related interest or penalties. The Council accounts for tax positions in accordance with FASB Accounting Standards Codification Topic 740, Income Taxes. With few exceptions, the Council is subject to federal and state income tax examinations by tax authorities for the prior three years. Management has reviewed the Council's tax positions and determined there were no uncertain tax positions as of March 31, 2018.

Supplemental Information	
Return Reference	Explanation
Part XI, Line 2d Other revenue amounts included in F/S but not included on form 990	COSTS OF SPECIAL EVENTS IN INCOME \$87780

Supplemental Information	
Return Reference	Explanation
Part XII, Line 2d Other expenses and losses per audited F/S	COSTS OF SPECIAL EVENTS \$87780

efile GRAPHIC print - DO NOT PROCESS As Filed Data -DLN: 93493186002428 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. Name of the organization **Employer identification number** Washington State Building & Construction Trades Council 91-0462125 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 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 individual (ii) Activity (iii) Did (iv) Gross receipts (v) Amount paid to (vi) Amount paid to or entity (fundraiser) fundraiser have from activity (or retained by) (or retained by) custody or fundraiser listed in organization control of col (i) contributions? Yes No 1 8 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 For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. Cat No 50083H Schedule G (Form 990 or 990-EZ) 2017

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 **PCCD** Convention (add col (a) through (total number) (event type) (event type) col (c)) Revenue 1 Gross receipts. 43,600 35,900 79,500 2 Less Contributions. 43,600 1,040 44,640 3 Gross income (line 1 minus 34,860 line 2) 34,860 4 Cash prizes 5 Noncash prizes 5,470 5,470 Direct Expenses Rent/facility costs 2.884 34,103 36,987 7 Food and beverages 28,710 28,710 8 Entertainment 1,000 1,000 Other direct expenses 13,068 2,545 15,613 10 Direct expense summary Add lines 4 through 9 in column (d) 87,780 11 Net income summary Subtract line 10 from line 3, column (d) . -52,920 Part III 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 . 10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? ☐ Yes ☐ No If "Yes," explain _

Sche	dule G (Form 990 or 990-EZ) 2017					F	Page 3				
11	Does the organization conduct gaming	activities with nonmembers?			□Yes	□No					
12	Is the organization a grantor, beneficia formed to administer charitable gaming		per of a partnership or other entity		□Yes						
13	Indicate the percentage of gaming activ	vity conducted in									
а	The organization's facility			13a			%				
b	An outside facility			13b			%				
L4	Enter the name and address of the pers	son who prepares the organizatio	n's gaming/special events books and r	ecords							
	Name ►										
	Address ►										
	Does the organization have a contract virevenue?	. ,			□Yes	□No					
b	If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ and the amount of gaming revenue retained by the third party ▶ \$										
С	If "Yes," enter name and address of the	e third party									
	Name ►										
	Address ▶										
.6	Gaming manager information										
	Name ▶										
	Gaming manager compensation ▶ \$										
	Description of services provided ▶										
	☐ Director/officer	☐ Employee	☐ Independent contractor								
.7	Mandatory distributions										
а	Is the organization required under state retain the state gaming license?	e law to make charitable distribut	ions from the gaming proceeds to		□Yes	Пио					
b	Enter the amount of distributions required in the organization's own exempt activities.		other exempt organizations or spent			0					
Par	t IV Supplemental Informatio	n. Provide the explanations r	equired by Part I, line 2b, columre. Also provide any additional info				 s).				
	Return Reference		Explanation								

Schedule G (Form 990 or 990-EZ) 2017

efile GRAPHIC print - DO NOT PROCESS DLN: 93493186002428 As Filed Data 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** Washington State Building & Construction 91-0462125 Trades Council 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 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 (c) IRC section (a) Name and address of (b) EIN (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) See Additional Data (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						Page 2
Part IIII Grants and Other As Part III can be duplica			als. Complete if the org	anızatıon answered "Yes'	on Form 990, Part IV, line 22	
(a) Type of grant or assist		(b) Number of recipients	(c) Amount of cash grant	(d) Amount of noncash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
(1)						
(2)						
(3)						
(4)						
(5)						
(6)						
(7)						
Part IV Supplemental	Information	. Provide the inf	ormation required in	Part I, line 2; Part III	, column (b); and any other a	additional information.
Return Reference	Explanation					
Grantmaker's Description of How	Funds donated	d for charitable, po	litical, or scholarship bu	irposes are approved by t	the Executive Board	

Grants are Used

Additional Data

SeattleMetro Chamber

One SW Columbia Street Portland, WA 97258

Commerce 1301 5th Ave Seattle, WA 98101 WA CLUB GOLF CHARITY

Software ID: 17005038 Software Version: 2017v2.2 **EIN:** 91-0462125 Name: Washington State Building & Construction Trades Council Organizations and Domestic Governments. of cash (e) Amount of non-(f) Method of valuation (q) Description of (book, FMV, appraisal, cash non-cash assistance assistance other)

501(c)(3)

10,000

7,500

0 Cash disbursed

0 Cash disbursed

(h) Purpose of grant

or assistance

General support

Golf sponsorship

Form 990,Schedule I, Part	II, Grants and	Other Assistance to	Domestic O
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount grant

91-2103401

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant organization ıf applıcable grant cash (book, FMV, appraisal, non-cash assistance or assistance other) or government assistance 10,000 0 Cash disbured Donation to Project WA Dept of Transportation

PO Box 47305 Olympia, WA 98504					
Worker Owner Council of WA ST	91-1702193	10,800	0	Cash disbursed	General support

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

2800 First Ave Suite 254

Seattle, WA 98121

efil	e GRAPHIC pi	rint - DO NOT PROCESS	As Filed Data	a -	DLN: 934	19318	36002	428	
Sch	edule J	C	ompensati	ion Information	40	1B No	1545-0	0047	
•	n 990)	► Complete if the or	Compensa ganization answ ► Attach	rustees, Key Employees, and Hig Ited Employees Iered "Yes" on Form 990, Part IV to Form 990. (Form 990) and its instructions	, line 23.		2017 en to Public		
•	tment of the Treasury al Revenue Service	P Information a		gov/form990.			ectio		
Was	ne of the organiza Shington State Buildi des Council				Employer identificat 91-0462125	ion nu	ımber		
Pa	rt I Questi	ons Regarding Compensa	ation						
1a				the following to or for a person liste y relevant information regarding the			Yes	No	
	Travel for	s or charter travel r companions nification and gross-up paymen nary spending account	ts 🔲	Housing allowance or residence for Payments for business use of perso Health or social club dues or initiation Personal services (e.g., maid, chauf	nal residence on fees				
b	or provision of a	all of the expenses described ab	ove? If "No," com		nent or reimbursement	1b			
2				or allowing expenses incurred by all r, regarding the items checked in line	e 1a?	2			
3	organization's Cused by a relate Compens Independ Form 990	EO/Éxecutive Director Check a ed organization to establish com ation committee ent compensation consultant i of other organizations	Il that apply Do repensation of the G	d to establish the compensation of the check any boxes for methods CEO/Executive Director, but explain the Written employment contract Compensation survey or study Approval by the board or compensation survey or study	n Part III tion committee				
4	related organiza	ation		ction A, line 1a, with respect to the f	iling organization or a				
a b		ance payment or change-of-cor r receive payment from, a supp		ified retirement plan?		4a 4b		No_ No	
c	Participate in, o	r receive payment from, an equ	ııty-based comper	· ·	t III	4c		No	
5	For persons liste	e), 501(c)(4), and 501(c)(29 ed on Form 990, Part VII, Section ontingent on the revenues of	on A, line 1a, did t	must complete lines 5-9. the organization pay or accrue any					
а	The organization	n ²				5a			
b	Any related orga If "Yes," on line	anızatıon? 5a or 5b, descrıbe ın Part III				5b			
6		ed on Form 990, Part VII, Section on tingent on the net earnings o		the organization pay or accrue any					
а	The organization					6 a			
b	Any related org					6b			
7	•	6a or 6b, describe in Part III	an A line to did i	the organization provide any non-	d				
,		ed on Form 990, Part VII, Section escribed in lines 5 and 6? If "Ye		the organization provide any nonfixe rt III	u	7			
8				red pursuant to a contract that was section 53 4958-4(a)(3)? If "Yes," d	escribe	8			
9	53 4958-6(c)?	· •		presumption procedure described in		9			
For F	Paperwork Redu	uction Act Notice, see the In	structions for Fo	rm 990. Cat No 5	50053T Schedule J	(Form	1 990)	2017	

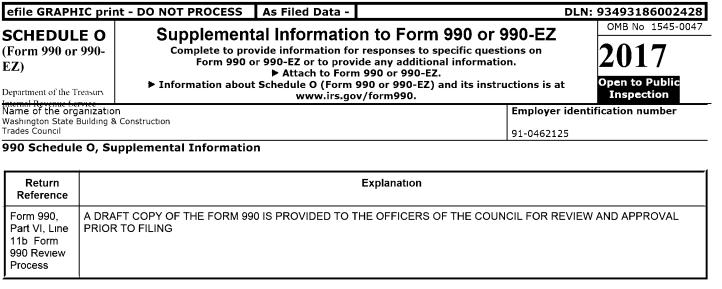
Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii) Do not list any individuals that are not listed on Form 990, Part VII Note. The sum of columns (B)(I)-(III) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual (A) Name and Title (D) Nontaxable (B) Breakdown of W-2 and/or 1099-MISC compensation (E) Total of columns (C) Retirement and (F) Compensation in column (B) reported other deferred benefits (B)(i)-(D)(i) Base (ii) Bonus & incentive (iii) Other compensation as deferred on prior compensation compensation reportable Form 990 compensation 1 LEE NEWGENT 166,330 (i) 10,400 67,458 18,973 263,161 Past Exec Secre (ii)

	-	-		-	Schedule	J (Form 990) 2017

Schedule J (Form 990) 2017 Page 3 Part III Supplemental Information Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II Also complete this part for any additional information Return Reference Explanation

Schedule 1 (Form 990) 2017



Return Reference

Form 990, Compensation is approved by the Executive Board

990 Schedule O, Supplemental Information

Part VI, Line 15b Compensation Review and Approval Process for Officers and Key Employees

990 Schedule O, Supplemental Information

Return Explanation

Peference

Reference	
Form 990, Part VI, Line	CONSTITUTION AND BY-LAWS ARE AVAILABLE ON THE COUNCIL'S WEBSITE OR ON REQUEST AT THE COUNCIL'S OFFICES
19 Other	
Organization	
Documents	
Publicly	
Available	

efile GRAPHIC print - DO NOT PROCESS As Filed Data -**SCHEDULE R**

(Form 990)

Related Organizations and Unrelated Partnerships

► Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.

▶ Attach to Form 990.

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

Open to Public

Inspection **Employer identification number**

DLN: 93493186002428

OMB No 1545-0047

2017

Department of the Treasury Internal Revenue Service Name of the organization Washington State Building & Construction Trades Council

91-0462125 Identification of Disregarded Entities Complete if the organization answered "Yes" on Form 990, Part IV, line 33. Part I (a) (b) (c) (d) (e) (f) Name, address, and EIN (if applicable) of disregarded entity Primary activity Legal domicile (state Total income End-of-year assets Direct controlling or foreign country) entity Part II Identification of Related Tax-Exempt Organizations Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year. (b) (c) (f) (g) (e) Name, address, and EIN of related organization Primary activity Legal domicile (state Exempt Code section Public charity status Direct controlling Section 512(b) or foreign country) (if section 501(c)(3)) entity (13) controlled entity? Yes No (1)WSBCTC PAC Political Action Committee WA Section 527 WA St Build & Contruction Yes 906 Columbia Street SW Trades Council Olympia, WA 98506 27-0824225 (2)PreApprenticeship Construction Education 501(c)(3) 170(b)(1)(A)(II) WA St Build & Contruction 906 Columbia Street SW Suite 107 Trades Council Olympia, WA 98501 81-1275184 Schedule R (Form 990) 2017 For Paperwork Reduction Act Notice, see the Instructions for Form 990. Cat No 50135Y

(a) Name, address, and EIN of related organization			(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income(related, unrelated, excluded from tax under sections 512- 514)	(f) Share of total income		Disprop alloca	tions?	(1) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j Gener mana partr	ral or Piging on	(k) Percenta owners
								Yes	No		Yes	No	
												\perp	
												-	
												_	
Identification of Related Organizates because it had one or more related o						ation answ	vered "Yes	" on Fo	orm 99	90, Part IV,	line :	34	
(a) Name, address, and EIN of related organization	(b) Primary activity	L do (state	(c) egal micile or foreign	Direct	(d) controlling Type entity (C co	(e) e of entity rp, S corp, r trust)	(f) Share of total Income		(g) of end-o year assets	of- Percei owne	ntage	[(13)	(ı) tion 5) cont entity
												. I Y∉	es
		со	untry)										
		со	untry)										
		со	untry)										
		со	untry)									+	
		со	untry)										
		со	untry)									 - -	
		со	untry)									 - - -	

(2)PreApprenticeship Construction Education

(3)PreApprenticeship Construction Education

Schedule R (Form 990) 2017		Pa	age 3
Part V Transactions With Related Organizations Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.			
Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule		Yes	No
1 During the tax year, did the orgranization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?			
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or(iv) rent from a controlled entity	1a	a	No
b Gift, grant, or capital contribution to related organization(s)	1t)	No
c Gift, grant, or capital contribution from related organization(s)	10	С	No
d Loans or loan guarantees to or for related organization(s)		d	No
e Loans or loan guarantees by related organization(s)		e	No
f Dividends from related organization(s)	11	f	No
g Sale of assets to related organization(s)	19	9	No
h Purchase of assets from related organization(s)	11	n	No
i Exchange of assets with related organization(s)	17	i	No
j Lease of facilities, equipment, or other assets to related organization(s)	. 1	j	No
k Lease of facilities, equipment, or other assets from related organization(s)	116	k	No
l Performance of services or membership or fundraising solicitations for related organization(s)	11	I	No
m Performance of services or membership or fundraising solicitations by related organization(s)	1r	m	No
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	. 11	n	No

f Dividends from related organization(s)	Lf	No
g Sale of assets to related organization(s)	.g	No
h Purchase of assets from related organization(s)	.h	No
i Exchange of assets with related organization(s)	Lī	No
j Lease of facilities, equipment, or other assets to related organization(s)	Lj	No
k Lease of facilities, equipment, or other assets from related organization(s)	.k	No
l Performance of services or membership or fundraising solicitations for related organization(s)	LI	No
m Performance of services or membership or fundraising solicitations by related organization(s)	.m	No
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	Ln	No

10 No o Sharing of paid employees with related organization(s) . . Reimbursement paid to related organization(s) for expenses . |1p | Yes **1**q Yes Reimbursement paid by related organization(s) for expenses . r Other transfer of cash or property to related organization(s) . . . 1r Yes 1s No 2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds (d) (b) (c)

(a) Name of related organization Transaction Amount involved Method of determining amount involved type (a-s) (1)WSBCTC PAC

10,500

299,352

173,344

Cash disbursed

Cash disbursed

Cash received

Schedule R (Form 990) 2017

Part VI Unrelated Organizations Taxable as a Partnership Complete if the organization answered "Yes" on Form 990, Part IV, line 37.

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships

was not a fedaced organization. See mistractions regarding exclusion for certain investment partitionsings													
(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512- 514)		(e) e all partners section 501(c)(3) ganizations?	(f) Share of total Income	(g) Share of end-of-year assets	(h) Disproprtiona allocations?		(1) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)			(k) Percentage ownership
			514)	Yes	No			Yes	No		Yes	No	
										Schedul	e R (Forn	1 99	0) 2017

Schedule R (Form 990) 2017 Part VII Supplemental Information Provide additional information for responses to questions on Schedule R (see instructions) Schedule R (Form 990) 2017