DLN: 93493309008089 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 foundations) ▶ Do not enter social security numbers on this form as it may be made public Department of the ▶ Go to www.irs.gov/Form990 for instructions and the latest information. Treasury Internal Revenue Service For the 2019 calendar year, or tax year beginning 01-01-2018 , and ending 12-31-2018 C Name of organization D Employer identification number B Check if applicable THE BUILDING INDUSTRY ASSOCIATION OF WHATCOM COUNTY ☐ Address change 91-1056624 ☐ 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) 1650 BAKER CREEK PLACE ☐ Amended return □ Application pending (360) 671-4247 City or town, state or province, country, and ZIP or foreign postal code BELLINGHAM, WA $\,$ 98226 $\,$ G Gross receipts \$ 785,921 Name and address of principal officer H(a) Is this a group return for ROBERT LEE ☐Yes ☑No subordinates? 1650 BAKER CREEK PLACE H(b) Are all subordinates BELLINGHAM, WA 98226 ☐ Yes ☐No included? Tax-exempt status 501(c)(3) **✓** 501(c) (6) **◄** (insert no) □ 527 ☐ 4947(a)(1) or If "No," attach a list (see instructions) **H(c)** Group exemption number ▶ Website: ► WWW BIAWC COM L Year of formation 1978 ${f M}$ 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 BUILDING INDUSTRY ASSOCIATION OF WHATCOM COUNTY REPRESENTS THOSE CONCERNED WITH THE CURRENT AND FUTURE INTERESTS OF THE BUILDING AND CONSTRUCTION INDUSTRY OF WHATCOM COUNTY, ITS EMPLOYEES AND CONSUMERS OUR ASSOCIATION IS A NOT-FOR-PROFIT ORGANIZATION ESTABLISHED IN 1978, IS AFFILIATED WITH THE BUILDING INDUSTRY Activities & Governance ASSOCATION OF WASHINGTON AND THE NATIONAL ASSOCIATION OF HOME BUILDERS 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) . . . 21 Number of independent voting members of the governing body (Part VI, line 1b) 4 6 5 Total number of individuals employed in calendar year 2018 (Part V, line 2a) 6 50 Total number of volunteers (estimate if necessary) 0 Total unrelated business revenue from Part VIII, column (C), line 12 7a b Net unrelated business taxable income from Form 990-T, line 34 7b **Current Year** 8 Contributions and grants (Part VIII, line 1h) . 93,053 76,558 Ravenue 602,051 634,552 Program service revenue (Part VIII, line 2g) . 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) . 452 1,099 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 35,970 47,102 732.173 758,664 12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12) 9,795 Grants and similar amounts paid (Part IX, column (A), lines 1–3) . . . 12.000 14 Benefits paid to or for members (Part IX, column (A), line 4) . . . 0 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 306,680 273,241 16a Professional fundraising fees (Part IX, column (A), line 11e) . **b** Total fundraising expenses (Part IX, column (D), line 25) ▶0 364,044 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) . 380,972 699,652 647,080 Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25) 19 Revenue less expenses Subtract line 18 from line 12 . 32,521 111,584 Assets or d Balances End of Year Beginning of Current Year 20 Total assets (Part X, line 16) . 1,882,285 1,966,424 **21** Total liabilities (Part X, line 26) 975,089 947,644 Net assets or fund balances Subtract line 21 from line 20 . 907,196 1,018,780 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 2019-11-05 Signature of officer Date Sign Here ROBERT LEE EXECUTIVE DIRECTOR Type or print name and title Print/Type preparer's name Preparer's signature Check 🔲 ıf P01957642 **Paid** self-employed LARSON GROSS PLLC Firm's EIN ▶ 91-1663574 Firm's name Preparer Use Only Firm's address ▶ 2211 RIMLAND DR STE 422 Phone no (360) 734-4280 BELLINGHAM, WA 98226 ☑ Yes ☐ No May the IRS discuss this return with the preparer shown above? (see instructions) . For Paperwork Reduction Act Notice, see the separate instructions. Form 990 (2018) Cat No 11282Y

Form	990 (2018)				Page 2					
Pa	rt III Statement	of Program Service Ac	complishments							
	Check If Sche	dule O contains a response o	r note to any line in this Part III		🗹					
1	Briefly describe the o	organization's mission								
	BUILDING INDUSTRY A		COUNTY ADVOCATES FOR HOME OW	NERSHIP AND SERVES AS THE	VOICE FOR OUR					
INDC	STRT IN WHATCOM C	OONTT								
2	Did the organization undertake any significant program services during the year which were not listed on									
	the prior Form 990 o	🗌 Yes 🗹 No								
	If "Yes," describe the	ese new services on Schedule	0							
3	Did the organization cease conducting, or make significant changes in how it conducts, any program									
	services?									
	If "Yes," describe these changes on Schedule O									
4	Section $501(c)(3)$ an		nplishments for each of its three largi e required to report the amount of gra service reported							
4a	(Code) (Expenses \$	including grants of \$) (Revenue \$)					
	See Additional Data									
4b	(Code) (Expenses \$	including grants of \$) (Revenue \$)					
	See Additional Data									
4c	(Code) (Expenses \$	including grants of \$) (Revenue \$)					
	See Additional Data				_					
	See Additional Data	Table								
4d	Other program servi	ces (Describe in Schedule O)							
	(Expenses \$	ıncludıng	grants of \$	(Revenue \$)					
4e	Total program serv	vice expenses ►								

Form	990 (2018)			Page 3
Pai	tIV Checklist of Required Schedules			
			Yes	No
1	Is the organization described in section $501(c)(3)$ or $4947(a)(1)$ (other than a private foundation)? If "Yes," complete Schedule A	1		No
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2		No
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I 2	3	Yes	
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5	Yes	
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		No
9	Did the organization report an amount in Part X, line 21 for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		No
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		No
11	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			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	11a	Yes	
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16° If "Yes," complete Schedule D, Part VII	11b		No
	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII 2	11c		No
	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX 🕏	11d		No
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X 🕏	11e		No
f	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 2	11f	Yes	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII 2	12a		No
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		No
13	Is the organization a school described in section $170(b)(1)(A)(II)$? If "Yes," complete Schedule E	13		No
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		No
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	14b		No
15	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	15		No
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV.	16		No

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 more than \$5,000 of grants or other assistance to any domestic organization or domestic

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

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

20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H

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

b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?

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

Νo

Νo

No

Νo

17

18

19

20a

20b

21

22

Yes

Yes

Form 990 (2018)

17

18

19

21

Form	Form 990 (2018)						
Pa	t IV Checklist of Required Schedules (continued)						
			Yes	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					
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c					
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d					
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>	25a					
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25b					
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or						

25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a	
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25b	
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes," complete Schedule L, Part II	26	No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	27	No

28a

28b

28c

29

30

31

32

33

34

35a

35b

36

37

38

6

0

1a

Yes

Yes

Form 990 (2018)

Νo

No

Nο

No

Nο

Nο

Nο

Νo

Nο

Nο

Nο

Nο

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

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

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?

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

Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response or note to any line in this Part V .

1a Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable .

Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable

c 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.

c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming

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

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

instructions for applicable filing thresholds, conditions, and exceptions)

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

29

30

31

32

33

37

Part V

Part V, line 1 . . .

13a

14a

14b

15

No

Nο

Form **990** (2018)

13b

13c

Note. See the instructions for additional information the organization must report on Schedule O

14a Did the organization receive any payments for indoor tanning services during the tax year?

b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O.

Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess

parachute payment(s) during the year? If "Yes," see instructions and file Form 4720, Schedule N

Is the organization an educational institution subject to the section 4968 excise tax on net investment income?

Enter the amount of reserves the organization is required to maintain by the states in

which the organization is licensed to issue qualified health plans c Enter the amount of reserves on hand

Form	990 (2018)			Page (
Pa	REVI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O See instructions Check if Schedule O contains a response or note to any line in this Part VI	No" resp	onse to	lines 🗹
Se	ection A. Governing Body and Management			
1a	Enter the number of voting members of the governing body at the end of the tax year 1a 2	21	Yes	No
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O			
b	' ' '	21		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2		No
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? .	on 3		No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? \cdot	4		No
5	Did the organization become aware during the year of a significant diversion of the organization's assets? .	5		No
6	Did the organization have members or stockholders?	6	Yes	
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or mor members of the governing body?	e 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	Yes	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following	'		
а	The governing body?	8 a	Yes	
b	Each committee with authority to act on behalf of the governing body?	8b	Yes	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? 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	<u>ue Code</u>		
			Yes	No
	Did the organization have local chapters, branches, or affiliates?	10a		No
	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		
	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Yes	
	Describe in Schedule O the process, if any, used by the organization to review this Form 990			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Yes	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? <i>If "Yes," describe in Schedule O how this was done</i>	12c	Yes	
13	Did the organization have a written whistleblower policy?	13	Yes	
14	Did the organization have a written document retention and destruction policy?	14	Yes	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a	Yes	
b	Other officers or key employees of the organization	15b		No
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a		No
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participatio in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt			
	status with respect to such arrangements?	16b		
	ection C. Disclosure			
17	List the States with which a copy of this Form 990 is required to be filed▶ WA			
18	Section 6104 requires an organization to make its Form 1023 (or 1024-A 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			
	Own website Another's website 🗹 Upon request 🗆 Other (explain in Schedule O)			
10	Describe in Schedule Q whether (and if so, how) the organization made its governing documents, conflict of interest			

policy, and financial statements available to the public during the tax year

20

State the name, address, and telephone number of the person who possesses the organization's books and records NAGELA GRANT 1650 BAKER CREEK PLACE BELLINGHAM, WA 98226 (360) 671-4247

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 directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations

List persons in the following order individual trus compensated employees, and former such persoi		rs, ınstı	tution	nal t	:rust	ees, c	office	ers, key employees	s, highest		
Check this box if neither the organization no	r any related or	ganızat	ion c	.omp	ens	ated a	any d	current officer, dire	ctor, or trustee		
(A) Name and Title	(B) Average hours per week (list any hours	(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	(E) Reportable compensation from related organizations	(F) Estimated amount of other compensation from the	
	for related organizations below dotted line)	individual trustee or director	Institutional Trustee	Officer	key employee	Highest compensated	Former	(W- 2/1099- MISC)	(W- 2/1099- MISC)	related organizations	
(1) CHARLY MYERS PRESIDENT	2 00	×		x				0	0	0	
(2) SCOTT ISENHART VICE-PRESIDENT - 1ST	2 00	x		x				0	0	0	
(3) DAVE MONKS VICE-PRESIDENT - 2ND	2 00	х		x				0	0	0	
(4) JEFF MORRISON SECRETARY	2 00	х		х				0	0	0	
(5) KATHY HERNDON TREASURER	2 00	x		×				0	0	0	
(6) MARK SCHRAMER FORMER PRESIDENT	2 00	x						0	0	0	
(7) DAVID SIMPSON AT LARGE	2 00	x						0	0	0	
(8) DAVID EDELSTEIN BOARD MEMBER	2 00	х						0	0	0	
(9) GARRETT O'BRIAN BOARD MEMBER	2 00	×						0	0	0	
(10) DOMENIC MOCERI BOARD MEMBER	2 00	x						0	0	0	
(11) DAVE MONKS BOARD MEMBER	2 00	x						0	0	0	
						$\overline{}$	$\overline{}$				

2 00 (12) ROB STAVELAND 0 0 0 BOARD MEMBER 2 00 (13) PAULINA ANTCZAK 0 0 BOARD MEMBER 2 00 (14) DOUG VAN BEEK 0 0 Х 0 BOARD MEMBER 2 00 (15) CRAIG PARKINSON Х 0 0 0 BOARD MEMBER 2 00 (16) DARCY JONES 0 BOARD MEMBER 2 00 (17) CARLA LEE 0 BOARD MEMBER

(A)

compensation from the organization ▶ 0

Part VII

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

(E)

Page 8

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 the from related compensation director/trustee) any hours organization (Worganizations from the for related 2/1099-MISC) (W- 2/1099organization and Officer Highest compensat Former emplovee individual trustee organizations MISC) related Institutional 金属ので below dotted organizations employee line) Trustee (18) BRIAN EVANS 2.00 BOARD MEMBER (19) MONTY SMITH 2 00 0 BOARD MEMBER (20) DICK SKEERS 0 0 BOARD MEMBER (21) HILLARY PRITCHARD BOARD MEMBER (22) ROBERT E LEE 1,489 Х 24,832 0 EXECUTIVE OFFICER (23) ELLIOT SWANEY Х 41,049 0 5,438 FORMER EXECUTIVE OFFICER • c Total from continuation sheets to Part VII, Section A . 65.881 6,927 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 > 0 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 No 4 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 4 Νo 5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person . . . 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 (A) (B) (C) Name and business address Description of services Compensation

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

(C)

(B)

(D)

Part		Statement of	Revenue								rage 3
· art	V 111			a respo	onse or note to any	line in th	ns Part VIII				🗆
				·			A)	(I Relat exe	B) ted or empt ction	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections
	11.	a Federated campaigi	ns	1a				rev	enue		512 - 514
nts nts		b Membership dues		1b	64,862						
irat 10 u		c Fundraising events		10 1c	9,000						
Gifts, Grants illar Amounts		d Related organizatio		1d							
Gift Ilar		e Government grants (co		1e							
ıs,		f All other contributions,		_ _							
itio er S		and similar amounts nabove		1f	2,696						
Contributions, Gifts, Grants and Other Similar Amounts		g Noncash contribution in lines 1a - 1f \$									
ರ ಕ		h Total. Add lines 1a	-1f	•	•		76,558				
ı					Business	Code	9	192,874	392,87	24	
เลย		REBATES INCOME				541800		12,571	212,57		
Program Service Revenue		HOME & GARDEN SHOW				541800		18,037	18,03		
MCe	_	MEETINGS & EDUCATIO PARADE OF HOMES	IN .			541800		10,000	10,00		
Ş		BUILT GREEN				541800		1,070	1,07		
ranı	е	- GREEN				541800		<u> </u>			
rog	f	All other program se	rvice revenue	:		624 552					
4	g	Total. Add lines 2a-2	f		•	634,552					
		Investment income (ii similar amounts)			interest, and other		45	2			452
		Income from investme			ond proceeds	-					
						•					
			(ı) Rea	I	(II) Personal						
	6a	Gross rents		56,642							
	b	Less rental expenses		13,073							
		Rental income or		43,569		-					
		(loss)									
	C	Net rental income o			•		43,56	9			43,569
	7a	Gross amount	(ı) Securi	ties	(II) Other	-					
	-	from sales of assets other									
		than inventory									
	b	Less cost or other basis and									
	c	sales expenses Gain or (loss)				-					
		Net gain or (loss)			>	1					
	8a	Gross income from fi									
nue		(not including \$ contributions reporte]						
eve	_	See Part IV, line 18			·	_					
r R		Less direct expense: Net income or (loss)		b sing ev	14,184 ents	<u> </u>	2,87	6			2,876
Other Revenue		Gross income from g				1	•				,
0		See Part IV, line 19		a							
	ь	Less direct expense	s	ь		+					
		Net income or (loss)		activit	ies • • •	_					
	10	Gross sales of inventage returns and allowand									
		recurris and anomane		а							
	b	Less cost of goods s	sold	b							
	c	Net income or (loss)		invent							
	11	Miscellaneous Revenue Business Code					65	7			657
		L a OTHER					03				
	b	<u> </u>									
	c										
	c	d All other revenue .									
	e	Total. Add lines 11a	-11d		>		65	7			
	12	2 Total revenue. See	Instructions				758,66		634,552		0 47,554
							, 30,00	<u>·1</u>	054,532		Form 990 (2018)

Forn	n 990 (2018)				Page 10
	Statement of Functional Expenses	A.II			_
Sect	cion 501(c)(3) and 501(c)(4) organizations must complete all co Check if Schedule O contains a response or note to any	-		. , ,	🗆
	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		ехрепзез	general expenses	
2	Grants and other assistance to domestic individuals See Part IV, line 22	9,795			
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	65,881			
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	162,307			
8	Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions)				
	Other employee benefits	26,085			
10	Payroll taxes	18,968			
11	Fees for services (non-employees)				
a	Management	7,033			
b	Legal	343			
	Accounting	8,739			
	Lobbying				
	Professional fundraising services See Part IV, line 17				
	Investment management fees				_
	Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	5,454			
	Advertising and promotion	45,002			
	Office expenses	6,740			
	Information technology				_
	Royalties	70.050			
	Occupancy	78,050			
	Travel				
	Payments of travel or entertainment expenses for any federal, state, or local public officials				
	Conferences, conventions, and meetings	10,436			
	Interest	34,232			<u> </u>
	Payments to affiliates	E7 407			<u> </u>
	Depreciation, depletion, and amortization	57,127 8,168			
	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)	8,108			
	a EVENTS & ACTIVITIES	86,579			
	b STATE PAC CONTRIBUTIONS	5,363			
	c SUBSCRIPTIONS & DUES	4,836			
	d				
	e All other expenses	5,942			
25	Total functional expenses. Add lines 1 through 24e	647,080			
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)				Form 990 (2018)

Form 990 (2018)

20

21

23

24

26

27

28

29

30

31

32

33

34

Liabilities 22

Assets or Fund Balances

Net

Tax-exempt bond liabilities

Complete Part X of Schedule D

Temporarily restricted net assets

Permanently restricted net assets

Total net assets or fund balances

Unrestricted net assets

persons Complete Part II of Schedule L .

and other liabilities not included on lines 17 - 24)

Capital stock or trust principal, or current funds

Total liabilities and net assets/fund balances

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

Organizations that do not follow SFAS 117 (ASC 958), check here > \quad \text{and complete lines 30 through 34.}

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

Retained earnings, endowment, accumulated income, or other funds

Total liabilities. Add lines 17 through 25 .

Escrow or custodial account liability Complete Part IV of Schedule D

key employees, highest compensated employees, and disqualified

Secured mortgages and notes payable to unrelated third parties

Unsecured notes and loans payable to unrelated third parties

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

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

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

					Beginning of year		End of year
	1	Cash-non-interest-bearing		•	54,834	1	135,006
	2	Savings and temporary cash investments			387,155	2	447,800
	3	Pledges and grants receivable, net		3			
	4	Accounts receivable, net	53,603	4	51,906		
	5	Loans and other receivables from current and for trustees, key employees, and highest compensal Part II of Schedule L		5			
S	6	Loans and other receivables from other disqualif section 4958(f)(1)), persons described in section contributing employers and sponsoring organizations of voluntary employees' beneficiary organizations of Part II of Schedule L	n 4958 tions d (see in	(c)(3)(B), and if section 501(c)(9) structions) Complete		6	
ssets	7	Notes and loans receivable, net				7	
188	8	Inventories for sale or use				8	
A	9	Prepaid expenses and deferred charges			1,416	9	1,842
	10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	10a	1,976,245			
	b	Less accumulated depreciation	10 b	651,160	1,380,244	10 c	1,325,085

Assets	7	Part II of Schedule L		7			
SS	8	Inventories for sale or use		8			
۷	9	Prepaid expenses and deferred charges	1,416	9	1,842		
	10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	10a	1,976,245			
	b	Less accumulated depreciation	10 b	651,160	1,380,244	10c	1,325,085
	11	Investments—publicly traded securities .		11			
	12	Investments—other securities See Part IV, line		12			
	13	Investments—program-related See Part IV, line		13			
	14	Intangible assets			5,033	14	4,785
	15	Other assets See Part IV, line 11				15	
	16	Total assets.Add lines 1 through 15 (must equ	1,882,285	16	1,966,424		
	17	Accounts payable and accrued expenses			40,226	17	37,169

10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	10a	1,976,245			
b	Less accumulated depreciation	10 b	651,160	1,380,244	10 c	1,325,085
11	Investments—publicly traded securities .				11	
12	Investments—other securities See Part IV, line	11 .			12	
13	Investments—program-related See Part IV, line	11 .			13	
14	Intangible assets			5,033	14	4,785
15	Other assets See Part IV, line 11			15		
16	Total assets.Add lines 1 through 15 (must equ	1,882,285	16	1,966,424		
17	Accounts payable and accrued expenses			40,226	17	37,169
18	Grants payable				18	
19	Deferred revenue			136,759	19	133,139

20

21

22

23

24

25

26

27

28

29

30

31 32

33

34

777,336

947.644

993.971

1,018,780

1,966,424

Form **990** (2018)

24,809

798,104

975.089

886.288

20,908

907,196

1,882,285

Form	990 (2018)				Page 12
Pai	tXI Reconcilliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				
_		_			
1	Total revenue (must equal Part VIII, column (A), line 12)	1			758,664
2	Total expenses (must equal Part IX, column (A), line 25)	2			647,080
3	Revenue less expenses Subtract line 2 from line 1	3			111,584
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4			907,196
5	Net unrealized gains (losses) on investments	5			
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain in Schedule O)	9			0
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10		1	,018,780
Pa	t XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				✓
				Yes	No
1	Accounting method used to prepare the Form 990				
_	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a	Yes	ĺ
	If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed separate basis, consolidated basis, or both	on a			
	☑ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b		No
	If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate consolidated basis, or both	basıs,			
	☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis				
С	If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?		2c	Yes	
	If the organization changed either its oversight process or selection process during the tax year, explain in Sche	dule O			
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sii Audit Act and OMB Circular A-133?	ngle	3a		No

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

0___

Form **990** (2018)

3b

Additional Data

Software ID:

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

Software Version:

Name: THE BUILDING INDUSTRY ASSOCIATION

OF WHATCOM COUNTY

Form 990 (2018)

Form 990, Part III, Line 4a:

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

EIN: 91-1056624

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

AND PRODUCTS TO ANY CURIOUS VISITOR

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

Describe the exempt purpose achievements for each of the organization's three largest program services by expenses.

Section 501(c)(3) and (4) organizations and 4947(a)(1) trusts are required to report the amount of grants and allocations to

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

others, the total expenses, and revenue, if any, for each program service reported.

HOMES, REMODELS AND "GREEN COMMUNITIES"

(Code) (Expenses \$ including grants of \$) (Revenue \$ PARADE OF HOMES - ANNUALLY, FOR TWO DAYS IN OCTOBER, THE ASSOCATION SHOWCASES THE BEST IN PROFESSIONAL BUILDING AND REMODELING SERVICES MEMBERS CAN TOUR LOCAL PROJECTS DISPLAYING A WIDE VARIETY OF HOUSING CHOICES. PROVIDING AN

OPPORTUNITY TO TOUR HIGH QUALITY HOMES, AND SEE THE NEW DESIGN TRENDS BUILDERS ARE ON SITE READY TO MEET AND EDUCATE VISITORS (Code) (Expenses \$ including grants of \$) (Revenue \$

BUILT GREEN - THIS IS A VOLUNTARY HOME-BUILDING PROGRAM DESIGNED TO CREATE MARKET DISTINCTION FOR BUILDERS WHO INCORPORATE "GREEN" BUILDING PRACTICES IN THEIR HOMES IT IS BASED ON A STATEWIDE PROGRAM TO CERTIFY NEW SINGLE-FAMILY

Describe the exempt purpose achievements for each of the organization's three largest program services by expenses.

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

THAT MAY BENEFIT ITS MEMBERS FINANCIALLY

Section 501(c)(3) and (4) organizations and 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

(Code) (Expenses \$ including grants of \$) (Revenue \$ IMEETINGS AND EDUCATION - THE ASSOCIATION ORGANIZES EVENTS THAT ALLOW ALL MEMBERS THE OPPORTUNITY TO ADVANCE THEIR BUSINESS THROUGH NETWORKING WITH OTHER MEMBERS THESE EVENTS ALSO PROVIDE EDUCATION OF THE ASSOCIATION'S PROGRAMS

SCHEDULE C (Form 990 or 990-

Department of the Treasury

EZ)

Political Campaign and Lobbying Activities

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

▶Complete if the organization is described below. ▶Attach to Form 990 or Form 990-EZ. ▶Go to www.irs.gov/Form990 for instructions and the latest information.

DLN: 93493309008089 OMB No 1545-0047

Open to Public

nterna	al Revenue Service							
			n Form 990, Part IV, Line 3, or Form		e 46 (Politic	al Campaign	Activities), the	en
			mplete Parts I-A and B Do not comple 501(c)(3)) organizations Complete Par		Do not com	nlete Part I-R		
	Section 507(c) (other Section 527 organiz			is I-A and C below	Do not com	piete i ait i-b		
f the	e organization ans	wered "Yes" o	n Form 990, Þart IV, Line 4, or Form					
			t have filed Form 5768 (election under					
			t have NOT filed Form 5768 (election t n Form 990, Part IV, Line 5 (Proxy Ta					
	ky Tax) (see separ			ax) (see separate ii	iisti uctions	, 01 1 01111 330-	LZ, Fait V, iiii	- 550
			zations Complete Part III					
	ne of the organizati BUILDING INDUSTRY				E	mployer iden	tification nun	nber
	WHATCOM COUNTY	ASSOCIATION			9	1-1056624		
Par	t I-A Complet	e if the orga	nization is exempt under secti	on 501(c) or is			zation.	
1	Provide a descript "political campaigi		nization's direct and indirect political ca	ampaign activities in	Part IV (se	e instructions f	or definition of	
2	Political campaign	activity expend	litures (see instructions)			>	\$	
3		<u> </u>	paign activities (see instructions)					
Par	t I-B Complet	e if the orga	nization is exempt under secti	on 501(c)(3).				
1	Enter the amount	of any excise ta	ax incurred by the organization under :	section 4955		>	\$	
2	Enter the amount	of any excise ta	ax incurred by organization managers	under section 4955		>	\$	
3	If the organization	n incurred a sec	tion 4955 tax, did it file Form 4720 for	this year?			☐ Yes	□ No
4a	Was a correction r	made?					☐ Yes	□ No
b	If "Yes," describe	ın Part IV						
Par	t I-C Complet	e if the orga	nization is exempt under secti	on 501(c), exce	pt section	1 501(c)(3)	•	
1			ed by the filing organization for sectio	•			\$	
2	Enter the amount function activities	of the filing org	anization's funds contributed to other	organizations for se	ection 527 ex	kempt ▶	\$	
3	Total exempt func	tion expenditur	es Add lines 1 and 2 Enter here and o	on Form 1120-POL,	lıne 17b	•	\$	
4	Did the filing orga	nızatıon file Fo ı	rm 1120-POL for this year?				Yes	□ No
5	organization made of political contrib	e payments For utions received	employer identification number (EIN) of each organization listed, enter the an that were promptly and directly delive ee (PAC) If additional space is needed	nount paid from the red to a separate p	filing organ olitical orgar	ızatıon's funds	Also enter the	
	(a) Name	 e	(b) Address	(c) EIN	(d) Amou	ınt paıd from	(e) Amount	of political
					funds If	ganization's none, enter -0-	contributions and promp directly deliv separate p organization enter	otly and vered to a political If none,
(1)			111 21ST AVE SW	91-1325024			enter	5,36:
	HINGTON AFFORDABLE MITTEE	HOUSING	OLYMPIA, WA 98501					-,
2								
3								
4								
5								
6								

Schedule C (Form 990 or 990-EZ) 2018

activity

Volunteers?

Media advertisements?

1

b

1

2

1

2

С

Part IV

3

Current year

expenditure next year?

Return Reference

(b)

Amount

(a)

No

1

2

1

2a

2b

2c

3

4 5

Schedule C (Form 990 or 990EZ) 2018

No

No

No

64,862

5,363

5,363

5,363

Yes

Mailings to members, legislators, or the public? 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

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

Were substantially all (90% or more) dues received nondeductible by members?

Did the organization make only in-house lobbying expenditures of \$2,000 or less?

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)?

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

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

Dues, assessments and similar amounts from members

the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political

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

Carryover from last year

Total

Taxable amount of lobbying and political expenditures (see instructions)

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

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

Supplemental Information

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

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

SCHEDULE D Supplemental Fina

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.

▶ Go to www.irs.gov/Form990 for the latest information.

2018

DLN: 93493309008089 OMB No 1545-0047

> Open to Public Inspection

Department of the Treasury Internal Revenue Service

(Form 990)

Name of the organization **Employer identification number** THE BUILDING INDUSTRY ASSOCIATION OF WHATCOM COUNTY 91-1056624 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 1 Total number at end of year 2 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 advised funds are the organization's property, subject to the organization's exclusive legal control? ☐ Yes ☐ No Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? 🗌 Yes 🗌 No Part II Conservation Easements. Complete if the organization answered "Yes" on Form 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) Preservation of an historically important land area Protection of natural habitat Preservation of a certified historic structure Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year Held at the End of the Year Total number of conservation easements Total acreage restricted by conservation easements 2b Number of conservation easements on a certified historic structure included in (a) 2c Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year 🕨 Number of states where property subject to conservation easement is located ▶ 5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? ☐ Yes Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(II)? In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 8. If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items (i) Revenue included on Form 990, Part VIII, line 1

If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the

following amounts required to be reported under SFAS 116 (ASC 958) relating to these items

(ii) Assets included in Form 990, Part X

Assets included in Form 990, Part X

Revenue included on Form 990, Part VIII, line 1

Cat No 52283D

Par	1111	Organizations Ma	aintaining Col	lections o	f Art, H	istori	cal Tı	reası	ıres, oı	r Other	Similar A	ssets (c	ontinued)
3		g the organization's acq s (check all that apply)	uisition, accessioi	n, and other	records,	check	any of	the fo	llowing t	hat are a	significant	use of its	collectioi	า
а		Public exhibition				d		Loan	or excha	ange prog	rams			
b		Scholarly research				е		Othe	r					
c		Preservation for future	e generations											
4	Prov Part	ide a description of the XIII	organızatıon's col	lections and	explain h	now the	y furth	ner the	e organız	zation's ex	empt purpo	ose in		
5		ng the year, did the org ts to be sold to raise fur									ılar	☐ Yes	. 🗆	No
Pa	rt IV	Escrow and Cust Complete if the or X, line 21.			" on Forr	n 990	, Part	IV, lı	ine 9, oi	r reporte	ed an amo	unt on F	orm 990), Part
1a		e organization an agent ded on Form 990, Part I		an or other	intermedia	ary for	contril	bution	s or othe	er assets I	not	☐ Yes	. 🗆	No
b	If "Y	es," explain the arrange	ement in Part XIII	and comple	te the fol	lowing	table		[-	Amount		
С	Begii	nnıng balance								1c				
d	Addı	tions during the year								1d				
е	Dıstr	butions during the year	r							1e				
f	Endı	ng balance								1f				
2a	Did t	the organization include	an amount on Fo	rm 990, Par	t X, line 2	21, for	escrow	or cu	ıstodıal a	ccount lia	ıbılıty?	☐ Yes	. 🗆	No
b	If "Y	es," explain the arrange	ement in Part XIII	Check here	e if the ex	planati	on has	been	provided	d in Part)	KIII	. 🗆		
	rt V	Endowment Fund												
				(a)Curren	t year	(b) P	rior yea	r	(c) Two ye	ears back	(d)Three ye	ars back	(e) Four ye	ears back
1a	Begini	ning of year balance .												
		butions												
С	Net in	vestment earnings, gair	ns, and losses											
d	Grants	s or scholarships	•											
е		expenditures for facilition rograms	es											
f	Admın	nistrative expenses .												
g	End of	f year balance												
2	Prov	ide the estimated perce	ntage of the curre	ent year end	balance ((line 1	g, colu	mn (a)) held a	s				
а	Boar	d designated or quasi-e	ndowment 🟲											
b	Perm	nanent endowment 🕨												
С	Tem	porarily restricted endov	wment 🟲											
	The	percentages on lines 2a	, 2b, and 2c shou	ld equal 100)%									
3a		there endowment funds nization by	not in the posses	sion of the o	organizati	on that	are h	eld an	ıd admını	stered fo	r the		Yes	s No
	_	inrelated organizations										3a		, NO
	• •	related organizations										3a		
b		es" on 3a(II), are the re		ns listed as r	equired o	n Sche	dule R	? .				. 3		
4	Desc	ribe in Part XIII the inte	ended uses of the	organizatio	n's endow	ment f	unds							
Pai	rt VI				_	_				_				
	D	Complete if the or	ganization ansv (a) Cost or oth		" on Forr						m 990, Pa		⊇ 10. I) Book va	ılua
	Descr	ription of property	(a) Cost or otr (investme		(D) Cost o	or other) diabu	Julei)	(C) ACC	umurated c	iepreciation		., DOOK VA	e
1a	Land						24	10,000						240,000
b	Buildir	ngs					1,17	71,935			296,381			875,554
c	Leasel	hold improvements					40	02,652			204,533			198,119
	-						1.0	1 6 5 0	1		150 246			11 /12

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 org	anızat	tion ansv	vered "Yes" or	Form 990, Pa	rt IV, line 11b.
	See Form 990, Part X, line 12. (a) Description of security or category (including name of security)		(b) Book value	Cos	(c) Method of votors or end-of-year	
(1) Financia (2) Closely- (3)Other	held equity interests	:				
(A)						
(B)						
(C)						
(D)						
(E)						
(F)						
(G)						
(H)						
Total. (Colum	n (b) must equal Form 990, Part X, col (B) line 12)	•				
Part VIII	Investments—Program Related. Complete if the organization answered 'Yes' on Form 9	90. P	art IV. lı	ne 11c. See Fo	orm 990. Part :	K. line 13.
			ook value		(c) Method of v	aluation
(1)				Cos	t or end-of-year	market value
(2)						
(3)						
(4)						
(5)						
(6)						
(7)						
(8)						
(9)						
Total. (Colum	n (b) must equal Form 990, Part X, col (B) line 13)					
Part IX	Other Assets. Complete if the organization answered 'Yes' (a) Description	on For	m 990, Pa	rt IV, line 11d	See Form 990, Pa	art X, line 15 (b) Book value
(1)						,
(2)						
(3)						
(4)						
(5)						
(6)						
(7)						
(8)						
(9)						
	mn (b) must equal Form 990, Part X, col (B) line 15)			000 P- 1	T) / 1 == 44 = =	115
Part X	Other Liabilities. Complete if the organization answer See Form 990, Part X, line 25.	ea Y		·	IV, line IIe or	11f.
(1) Federal :	(a) Description of liability		(в) в	ook value		
(2)						
(3)						
(4)						
(5)						
(6)						
(7)		\dashv				
(8)						
(9)						
	n (b) must equal Form 990, Part X, col (B) line 25)	<u> </u>				
2. Liability fo	or uncertain tax positions In Part XIII, provide the text of the fo	otnote				_
organization	's liability for uncertain tax positions under FIN 48 (ASC 740) C	neck h	ere if the	text of the foot	note has been pr	ovided in Part XIII

Schedule D (Form 990) 2018

Pa		e venue per Audited Financial State lization answered 'Yes' on Form 990, Pi		-	Return	
1		support per audited financial statements .			1	
2	Amounts included on line 1 but n	ot on Form 990, Part VIII, line 12				
а	Net unrealized gains (losses) on i	investments	2a			
b	Donated services and use of facili	lities	2b			
С	Recoveries of prior year grants		2c			
d	Other (Describe in Part XIII) .		2d			
e	Add lines 2a through 2d				2e	
3	Subtract line 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 include	ed on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII) .		4b			
С	Add lines 4a and 4b				4c	
5	Total revenue Add lines 3 and 4	c. (This must equal Form 990, Part I, line 12	2).		5	
Par	t XII Reconciliation of Ex	penses per Audited Financial State	ments	With Expenses pe	r Return.	
1		uzation answered 'Yes' on Form 990, Paldited financial statements			1	
2	Amounts included on line 1 but n					
		, ,	ء ا	I		
a	Donated services and use of facili		2a 2b		_	
b	Prior year adjustments		F			
с	Other losses		2c		_	
d	Other (Describe in Part XIII)		2d		\dashv \square	
e	Add lines 2a through 2d				2e	
3					3	
4	· ·	Part IX, line 25, but not on line 1:	1.	I		
a	•	ed on Form 990, Part VIII, line 7b	4a		_	
b	Other (Describe in Part XIII)		4b			
С					4c	
5		4c. (This must equal Form 990, Part I, line :	18) .		5	
	t XIII Supplemental Info					
		Part II, lines 3, 5, and 9, Part III, lines 1a ar s 2d and 4b Also complete this part to prov			art V, line 4, Pa	rt X, line 2, Part
	Return Reference		Ex	planation		
See A	Addıtıonal Data Table					
				<u> </u>		
		 				

Page **4**

Schedule D (Form 990) 2018	Page 5
Part XIII Supplemental Info	mation (continued)
Return Reference	Explanation

Schedule D (Form 990) 2018

Additional Data

Software ID: Software Version:

EIN: 91-1056624

Name: THE BUILDING INDUSTRY ASSOCIATION
OF WHATCOM COUNTY

Supplemental Information

Return Reference

Explanation

THE ASSOCIATION IS A NON-PROFIT ORGANIZATION UNDER SECTION 501(C)(6) OF THE INTERNAL REVEN UE CODE AND IS THEREFORE EXEMPT FROM FEDERAL INCOME TAX ON INCOME DERIVED FROM ACTIVITIES RELATED TO ITS TAX EXEMPT PURPOSES ACCORDINGLY, NO PROVISION FOR INCOME TAX IS NECESSARY THE ASSOCIATION EVALUATES UNCERTAIN TAX POSITIONS WHEREBY THE EFFECT OF THE UNCERTAINTY WOULD BE RECORDED IF THE OUTCOME WAS CONSIDERED PROBABLE AND REASONABLY ESTIMABLE AS OF DECEMBER 31, 2018, THE ASSOCIATION HAD NO UNCERTAIN TAX POSITIONS REQUIRING ACCRUAL THE ASSOCIATION DID NOT RECOGNIZE ANY PENALTIES OR INTEREST IN THE STATEMENTS OF ACTIVITIES FOR THE YEARS ENDED DECEMBER 31, 2018, RELATED TO THE FILING OF THE NON-PROFIT RETURN TAX RETURN NS FOR THE PRIOR THREE FISCAL YEARS REMAIN SUBJECT TO EXAMINATION BY MAJOR TAX JURISDICTIONS

efile GRAPHIC print - DO NOT PROCESS As Filed Data -DLN: 93493309008089 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 Go to www irs gov/Form990 for instructions and the latest information Name of the organization **Employer identification number** THE BUILDING INDUSTRY ASSOCIATION OF WHATCOM COUNTY 91-1056624 Part I Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part. Indicate whether the organization raised funds through any of the following activities. Check all that apply Mail solicitations e Solicitation of non-government grants Solicitation of government grants 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

Sche	dule G (Form 990 or 990-EZ) 2018					F	age 3			
11	Does the organization conduct gaming	activities with nonmembers?			Yes	□No				
12	Is the organization a grantor, beneficia formed to administer charitable gaming		of a partnership or other entity		□Yes	□No				
13	Indicate the percentage of gaming activ	vity conducted in								
а	The organization's facility			13a			%			
b	An outside facility			13b			%			
14	Enter the name and address of the pers	son who prepares the organization's	gaming/special events books and re	cords						
	Name •									
	Address ►									
15a	5a Does the organization have a contract with a third party from whom the organization receives gaming revenue? Yes No									
Ь	· · · · · · · · · · · · · · · · · · ·									
С	If "Yes," enter name and address of the third party									
	Name •									
	Address ►									
16	Gaming manager information									
	Name ►									
	Gaming manager compensation ▶ \$									
	Description of services provided ▶									
	☐ Director/officer	☐ Employee	☐ Independent contractor							
17	Mandatory distributions									
а	Is the organization required under state retain the state gaming license?	e law to make charitable distribution	s from the gaming proceeds to		□Yes	□No				
Ь	Enter the amount of distributions required in the organization's own exempt activities.		her exempt organizations or spent		35					
Pai			uired by Part I, line 2b, columns Also provide any additional infor							
	Return Reference		Explanation							

Schedule G (Form 990 or 990-EZ) 2018

DLN: 93493309008089 Note: To capture the full content of this document, please select landscape mode (11" x 8.5") when printing. 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 ▶ Go to www.irs.gov/Form990 for the latest information. Treasury Internal Revenue Service Name of the organization Employer identification number THE BUILDING INDUSTRY ASSOCIATION 91-1056624 OF WHATCOM COUNTY 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 1 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States 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) organization cash (book, FMV, appraisal, noncash assistance or assistance grant or government assistance other) (2)(4)(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 2 For Paperwork Reduction Act Notice, see the Instructions for Form 990. Cat No 50055P Schedule I (Form 990) 2018

Schedule I (Form 990) 2018

efile GRAPH	IC print - DO NOT PROCESS As Filed Data -	DLN:	93493309008089
SCHEDUL (Form 990 or EZ)		questions on	OMB No 1545-0047 2018 Open to Public
Department of the T	reasury ► Go to <u>www.irs.qov/Form990</u> for the latest inform	ation.	Inspection
OF WHATCOM COL	OUSTRY ASSOCIATION	91-1056624	fication number
Return Reference	Explanation		
FORM 990, PART VI, SECTION A, LINE 6	THE ORGANIZATION IS ORGANIZED AS A MEMBER- SUPPORTED EXEMPT E	NTITY	

Return Explanation
Reference

LINE 7A

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

Explanation Return Reference

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

SECTION A.

990 Schedule O, Supplemental Information

LINE 7B

Return Explanation
Reference

FORM 990, PART VI, OMMITTEE APPROVES THE FORM 990, AND THE BOARD OF DIRECTORS REVIEWS THE FORM 990 AT THE SUB SECTION B, LINE 11B

Return Explanation

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

LINE 12C

Return Explanation
Reference

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

PART VI, SECTION B, LINE 15A

990 Schedule O, Supplemental Information

Return Explanation
Reference

LINE 19

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

Return Explanation
Reference

FORM 990,
PART XII,
CONTROLL SET THE ASSOCIATION RECORDS DUES FROM MEMBERS AS REVENUE WHEN BILLED TO THE MEMBERS ACCOUNTING BRING PRINCIPLES GENERALLY ACCEPTED IN THE UNITED STATES OF AMERICA REQUIRE THAT DUES REVENUE
BE RECOGNIZED AS REVENUE DURING THE APPLICABLE MEMBERSHIP PERIOD TO WHICH IT APPLIES THE
EFFECTS OF THIS DEPARTURE FROM ACCOUNTING PRINCIPLES GENERALLY ACCEPTED IN THE UNITED STATES OF AMERICA ON FINANCIAL POSITION, CHANGES IN NET ASSETS, AND CASH FLOWS HAVE NOT BEEN D
ETERMINED

Return Explanation
Reference

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