Extended to November 15, 2019

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.

Open to Public Inspection

Department of the Treasury ▶ Go to www.irs.gov/Form990 for instructions and the latest information. A For the 2018 calendar year, or tax year beginning C Name of organization Check if applicable D Employer identification number Address change Olympia Master Builders Name change 91-6056428 Doing business as Initial Number and street (or P.O box if mail is not delivered to street address) Room/suite E Telephone number Final 360-754-0912 1211 State Avenue NE termin-ated 992,383, City or town, state or province, country, and ZIP or foreign postal code G Gross receipts \$ Amended Olympia, WA 98506 H(a) Is this a group return Applica-F Name and address of principal officer Erik Jensen Yes X No for subordinates? pending 1211 State Ave NE, Olympia, WA 98506 H(b) Are all subordinates included? 4947(a)(1) or $_$ 501(c)(3) \boxed{X} 501(c) (6) \blacktriangleleft (insert no.) If "No," attach a list (see instructions) Tax-exempt status. J Website: Www.omb.org H(c) Group exemption number ▶ Association Other > K Form of organization: X Corporation Trust Year of formation: 1959 M State of legal domicile: WA Part I | Summary Briefly describe the organization's mission or most significant activities Professional builders trade Activities & Governance association whose purpose is to improve the construction industry Check this box I 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) Number of independent voting members of the governing body (Part VI, line 1b) 4 Total number of individuals employed in calendar year 2018 (Part V, line 2a) 5 6 6 0 Total number of volunteers (estimate if necessary) 20,470. 7 a Total unrelated business revenue from Part VIII, column (C), line 12 7a 10,553. 7b b Net unrelated business taxable income from Form 990-T, line 38 Prior Year **Current Year** 0 Contributions and grants (Part VIII, line 1h) 806,675. 861,490. Program service revenue (Part VIII, line 2g) 9 15,772. 20,216. Investment income (Part VIII, column (A), lines 3, 4, and 7d) 5,355 8,126. Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 11 827,802 889,832. Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 11,191 Grants and similar amounts paid (Part IX, column (A), lines 1-3) 0. 0 Benefits paid to or for members (Part IX, column (A), line 4) 310,902. 363,989 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) Expenses 0 16a Professional fundraising fees (Part IX, column (A), line 11e) 0. b Total fundraising expenses (Part IX, column (D), line 25) 476,134. 418,698. Other expenses (Part IX, column (A), lines 14a-110, 1124et Total expenses Add lines 13-17 (must equal Part IX, column 793,878 787,036. 102,796. 33,924. Revenue less expenses Subtract line 18 from 28 Beginning of Current Year End of Year 852,064 898,477. 20 Total assets (Part X, line 16) OGDEN, UT 49,272. 68,116 21 Total liabilities (Part X, line 26) E SE 783,948. Net assets or fund balances Subtract line 2 849,205 | Part II | Signature Block Under penalties of perjury, I dedare 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 Operation of preparer (other than officer) is based on all information of which preparer has any knowledge. Signatui Sign Erik' Jensen, President Here Type or print name and title Date PTIN Check Print/Type preparer's name Preparer's signature 08/14/19 self-employed P00004144 David A. Coates, CPA Paid PLLC Firm's EIN 27-5137616 Firm's name Frost & Company, Preparer Firm's address ▶ 676 Woodland Square Loop SE Use Only Phone no (360) 786-8080 Lacey, WA 98503

832001 12-31-18 LHA For Paperwork Reduction Act Notice, see the separate instructions.

May the IRS discuss this return with the preparer shown above? (see instructions)

X Yes No Form 990 (2018)

See Schedule O for Organization Mission Statement Continuation

Form 990 (2018) Olympia Master Builders
Part IV 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		Х
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2		X
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	3		х
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	_		
5	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5	x	
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
O	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		Х
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		х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
0	Schedule D, Part III	8		Х
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
9	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		Х
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent	-		
10	endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		х
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, IX, or X			
• •	as applicable			
2	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
u	Part VI	11a	х	
h	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		Х
c	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	11c		Х
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 in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11 <u>d</u>		X
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	X	
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	11f		X
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a		X
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	ļļ	X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Х
14a		14 <u>a</u>		X
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_		X
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			v
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			v
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,	47		Х
40	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17_		
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines	18		х
40	1c and 8a? If "Yes," complete Schedule G, Part II Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"	10		- 12
19		19		Х
20-	complete Schedule G, Part III Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
20a	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or	~~~		
<u>~ 1</u>	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		X
	The state of the s	·		

<u> </u>	The Original of Hedgines Commissedy			
			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on	00		x
22	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current	22		<u> </u>
23	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23		x
24 a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
270	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		х
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
	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		
	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		X
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		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			
	instructions for applicable filing thresholds, conditions, and exceptions)			1
	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		X
C	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,			
	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		X.
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			٠,,
	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations?			
	If "Yes," complete Schedule N, Part I	31	<u> </u>	X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete	00		v
	Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	33		x
04	sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and	33		<u>^ </u>
34	Part V, line 1	34	х	
25.0	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity	000		<u> </u>
U	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?	,		
00	If "Yes," complete Schedule R, Part V, line 2	36		
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		Х
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?			
	Note. All Form 990 filers are required to complete Schedule O	38_	Х	
Pai	rt 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
1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable 12			
	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable 1b 0		İ	
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c	X	
82200	4 12.31.18	Form	990	(2018)

				\\\	
29	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,		1	Yes	No
20	filed for the calendar year ending with or within the year covered by this return	2a 6		•	
ь	If at least one is reported on line 2a, did the organization file all required federal employment tax returns		2b	x	
-	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions				
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?	,	3a	x	
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule)	3b	X	
	At any time during the calendar year, did the organization have an interest in, or a signature or other				
	financial account in a foreign country (such as a bank account, securities account, or other financial	•	4a		X
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 A	ccounts (FBAR)			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transa	ction?	5b		Х
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 th	e organization solicit			
	any contributions that were not tax deductible as charitable contributions?		6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contribut	ions or gifts			
	were not tax deductible?		6b		
7	Organizations that may receive deductible contributions under section 170(c).			1	
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and set	vices provided to the payor?	7a		
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		7b		<u>. </u>
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it w	as required			
	to file Form 8282?	1	7c		
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit of		7e	<u> </u>	-
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contr		7f		
g	If the organization received a contribution of qualified intellectual property, did the organization file Fo		7g	 	-
	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization of cars, boats, airplanes, or other vehicles, did the organization of cars, boats, airplanes, or other vehicles, did the organization of cars, boats, airplanes, or other vehicles, did the organization of cars, boats, airplanes, or other vehicles, did the organization of cars, boats, airplanes, or other vehicles, did the organization of cars, boats, airplanes, or other vehicles, did the organization of cars, boats, airplanes, or other vehicles, did the organization of cars, boats, airplanes, or other vehicles, did the organization of cars, boats, airplanes, or other vehicles, did the organization of cars, boats, airplanes, or other vehicles, did the organization of cars, boats, airplanes, or other vehicles, did the organization of cars, boats, airplanes, or other vehicles, did the organization of cars, boats, airplanes, or other vehicles, did the organization of cars, boats, airplanes, air		7h	 	
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained	by trie	8		
	sponsoring organization have excess business holdings at any time during the year?		-		
9	Sponsoring organizations maintaining donor advised funds. Did the sponsoring organization make any taxable distributions under section 4966?		9a	:	
a	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		9b		
10	Section 501(c)(7) organizations. Enter		30		
а	Initiation fees and capital contributions included on Part VIII, line 12	10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b			
11	Section 501(c)(12) organizations. Enter				
	Gross income from members or shareholders	11a			
	Gross income from other sources (Do not net amounts due or paid to other sources against				
	amounts due or received from them)	11b			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form	1041?	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.				
а	Is the organization licensed to issue qualified health plans in more than one state?		13a		
	Note. See the instructions for additional information the organization must report on Schedule O				
b	Enter the amount of reserves the organization is required to maintain by the states in which the	•			
	organization is licensed to issue qualified health plans	13b			
С	Enter the amount of reserves on hand	13c		ļ	
14a	Did the organization receive any payments for indoor tanning services during the tax year?		14a		X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule		14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remune	ration or			<u></u>
	excess parachute payment(s) during the year?		15		X
	If "Yes," see instructions and file Form 4720, Schedule N.				,,
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment	t income?	16		X
	If "Yes," complete Form 4720, Schedule O		Fa	990	(2040)

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions

	to line da, bb, or rob below, describe the circumstances, processes, or changes in centence or occ institutions.			
	Check if Schedule O contains a response or note to any line in this Part VI			X
<u>Sec</u>	tion A. Governing Body and Management			-
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 29			
	If there are material differences in voting rights among members of the governing body, or if the governing			
	body delegated broad authority to an executive committee or similar committee, explain in Schedule O.			
b	Enter the number of voting members included in line 1a, above, who are independent 29			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other	_		4,7
	officer, director, trustee, or key employee?	_ 2		X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision	_		•
	of officers, directors, or trustees, or key employees to a management company or other person?	3		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5_	X	X
6	Did the organization have members or stockholders?	_6_		
/a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or	7.	Х	
	more members of the governing body?	7a		
D	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or	7h	Х	
_	persons other than the governing body?	7b		
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:	8a	Х	
	The governing body? Each committee with authority to act on behalf of the governing body?	8b	X	
	,	ΟD		
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		Х
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code)			- 4.5
000	tion B. I onotes (this section b requests information about policies not required by the internal revenue code y		Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		X
	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,			
•	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a		X
	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			
	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	X	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	X	
	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe			
	ın Schedule O how this was done	12c	X	
13	Did the organization have a written whistleblower policy?	13	X	
14	Did the organization have a written document retention and destruction policy?	14	X	
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	X	
b	Other officers or key employees of the organization	15b	X	
	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		<u>X</u>
b	if "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation			
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's			
	exempt status with respect to such arrangements?	16b		
Sec	tion 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 Forms 1023 (1024 or 1024-A if applicable), 990, and 990-T (Section 501(c)(3):	s only)	availa	ible
	for public inspection. Indicate how you made these available. Check all that apply.			
	Own website Another's website X Upon request Other (explain in Schedule O)			
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and	tinan	cial	
	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			
	The Organization - 360-754-0912	-		
	1211 State Ave NE, Olympia, WA 98506			

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, and 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

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee

List persons in the following order: individual trustees or directors, institutional trustees, officers, key employees, highest compensated employees, and former such persons.

(A)	(B)			((>)			(D)	(E)	(F)
Name and Title	Average		not c	Posi heck	more	than		Reportable	Reportable	Estimated
	hours per week			ss pe d a d				compensation	compensation from related	amount of other
	(list any	슳						the	organizations	compensation
	hours for	Individual trustee or director	, 85			ate		organization	(W-2/1099-MISC)	from the
	related organizations	astee	trust		93	Dens		(W-2/1099-MISC)		organization and related
	below	dual tr	Institutional trustee	_	oldu	s st co				organizations
	line)	Ind.	Institu	Officer	Key employee	Highest compensated employee	Former			
(1) John McKinlay	1.00									
Builder at Large		X					_	0.	0.	0.
(2) Kim Asay	1.00									•
Associate Director	1 22	X					_	0.	0.	0.
(3) Janine Ezzell	1.00									•
Associate Director	1 00	X	_			├		0.	0.	0.
(4) Andy Gruhn	1.00		ŀ							0
Builder Director	1 00	X					_	0.	0.	0.
(5) John Johnson	1.00		ŀ						_	0
Lewis County Chapter Presi	1 00	X				├		0.	0.	_0.
(6) Scott Bergford	1.00			:		ĺ			0.	^
Builder Director	1 00	X	\vdash					0.	0.	0.
(7) Becky Rieger	1.00	٠,				ł		0.	0.	0.
Second Associate VP	1 00	X	\vdash			├-		0.		0.
(8) Harv Lillegard	1.00	X	ŀ					0.	0.	0.
Grays Harbor Chapter Pres.	1.00	^					┢			
(9) Steve Waltemate	1.00	X						0.	٥.	0.
South Pacific Chapter Pres	1.00	^		-		-		0.		
(10) Tina Allen	1.00	X						0.	0.	0.
Associate Director	1.00	Α	 		-	 		0.	0.	
(11) Merrilee DeForest Life Director	1.00	x						0.	0.	0.
(12) Jay Goldstein	1.00	-				 	-	<u> </u>		
Legal Counsel	1100	x				ļ		0.	0.	0.
(13) John Erwin	1.00									
Builder Director		x						0.	0.	0.
(14) Andrew Spear	1.00									
Mason County Chapter Pres.		x				ł		0.	0.	0.
(15) Michael Geisen	1.00									
State Director		X		X				0.	0.	0.
(16) Jennie McDonald	1.00									
Second Vice-President		X	L					0.	0.	0.
(17) Rusty Ruiz	1.00									
Second Associate VP		X						0.	0.	0.
922007 12 21 19								- · · ·		Form 990 (2018)

832007 12-31-18

Form **990** (2018)

Section A. Officers, Directors, 1143	tees, Key Lin	Picy	CCS	, and	<u> </u>	give	<u> </u>	ompensated Employe	20 100//////////////////////////////////			
(A) Name and title	(B) Average hours per week	box	not c , unle	Pos heck ss pe	ntion more	than is bot	h an	(D) Reportable compensation from	(E) Reportable compensation from related	1	(F) stimate mount other	
	(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	f org an	npensa rom the ganizat id relat anizati	e ion ed
(18) Amy Winters	1.00					Ì						
Builder Director		X				<u> </u>		0.	0.	<u> </u>		0.
(19) Barb Whitlow	1.00								_			_
Associate Director		X				ļ	<u> </u>	0.	0.	 		0.
(20) Bob Kagy	1.00								0			^
Associate Director	1 00	X			_	ļ	-	0.	0.	-		0.
(21) Gerald Lord	1.00	.							0.			Λ
Associate Director	1.00	X	_		-			0.		 -		0.
(22) Linda Mosier-Vaudt	1.00	x						0.	0.			0.
Life Director (23) Matt Jones	1.00	^				<u> </u>		0.				<u> </u>
Associate Director	1.00	X						0.	0.			0.
(24) Ron Deering	1.00											
President				х				0.	0.			0.
(25) Mike Auderer	1.00											
Immediate Past President]		X				0.	0.			0.
(26) Jon Jones	1.00											
Secretary				X		<u> </u>		0.	0.	ļ		0.
1b Sub-total								0.	0.	<u> </u>		0.
c Total from continuation sheets to Part VI	I, Section A							82,844.		 	3,1	
d Total (add lines 1b and 1c)			1	ام ام	.			82,844.		<u> </u>	3,1	<u> </u>
2 Total number of individuals (including but n compensation from the organization	ot ilmited to tr	iose	IISTE	eu ai	OOVE	e) wi	10 1	eceived more than \$100	,000 of reportable			0
compensation from the organization											Yes	No
3 Did the organization list any former officer, line 1a? If "Yes," complete Schedule J for s			e, ke	y en	nplo	yee	, or	highest compensated e	mployee on	3		х
4 For any individual listed on line 1a, is the su			amo	ensa	ation	n and	d ot	her compensation from	the organization			
and related organizations greater than \$150	•		•					•	J	4		Х
5 Did any person listed on line 1a receive or a									dual for services			
rendered to the organization? If "Yes," com	plete Schedul	e <i>J f</i>	or s	uch	pers	son			, .	5		X
Section B. Independent Contractors												
 Complete this table for your five highest co 										ation	from	
the organization Report compensation for	the calendar y	ear	<u>endı</u>	ng v	vith ·	or w	<u>ithir</u>		/ear			
(A) Name and business	address	NT/	ONE	~				(B) Description of s	ervices (C) ensatio	n
		TA) I V I	<u>د</u>			\dashv					
							_					
							_		-			
2 Total number of independent contractors (i	neluding but n	ot l	mite	d to	tho	ا مو	stec	l above) who received m	ore than		,	
2 Total number of independent contractors (i \$100,000 of compensation from the organic		i je il		u 10		0	J. 60	abovo, who leceived it	ioro triari			
See Part VII, Section		tiı	nua	ati			sh	eets	•	Form	990 (2	2018)
,,						-						

Form 990 Olympia I	Master I	3u	ild	lei	cs				91-605	6428
Part VII Section A. Officers, Directors, Tru	ıstees, Key Er	nplo	yee	s, a	nd F	ligh	est	Compensated Employ	ees (continued)	
(A)	(B)			(0	C)			(D)	(E)	(F)
Name and title	Average				ition			Reportable	Reportable	Estimated
	hours	(cl	neck	all 1	that	app	ly)	compensation	compensation	amount of
	per					_		from	from related	other
	week	5				loye		the	organizations	compensation
	(list any hours for	direct				d em		organization (W-2/1099-MISC)	(W-2/1099-MISC)	from the organization
	related	, ee 0.	stee			nsate		(** 2/ 1000 101100)		and related
	organizations	Individual trustee or director	Institutional trustee		Key employee	Highest compensated employee				organizations
	below	vidua	tuto	je,	em j	esto	Former			
	line)	E E	Inst	Officer	Key	HIG	를			
(27) Debbi Boyd	1.00									
Associate Vice President				X				0.	0.	0.
(28) Karen McClennen	1.00									•
First Vice President	1 00	_	<u> </u>	X				0.	0.	0.
(29) Erik Jensen	1.00			3,7					ا م	0
Treasurer	40.00			X				0.	0.	0.
(30) Angela White	40.00			x				82,844.	0.	3,120.
Executive Director				^				02,044.		3,120.
										u.
		_								
									•	
			<u> </u>		_					
										<u></u>

Total to Part VII, Section A, line 1c

3,120.

		Check if Schedule O con	tains a response	or note to any line		.		
					(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
ts s	1 a	Federated campaigns	1a		***			
iran		Membership dues	1b					
P'S		Fundraising events	1c					
a it		Related organizations	1d					
S,C		Government grants (contribu	tions) 1e					
i Si	f	All other contributions, gifts, grain	nts, and					
를 를 들		similar amounts not included abo	ove 1f					
Contributions, Gifts, Grants and Other Similar Amounts	g	Noncash contributions included in line	s 1a-1f \$					
3 8	h	Total. Add lines 1a-1f		<u> </u>	<u>.</u> .			
				Business Code	0.60 0.50			262 050
Program Service Revenue	2 a	Benefit Rebates		900099	<u>363,252.</u>	050 664		363,252.
	b		<u> </u>	900099	253,664.	253,664.		
n S	С	Event Revenue		900099	224,104.	224,104.	00 450	1
Rey	d	Advertising inc	come	900099	20,470.		20,470.	
<u>5</u> _	е							
<u>-</u>	f	All other program service rev	enue		061 400		<u> </u>	
	g	·····			861,490.			ļ
	3	Investment income (including	g dividends, intere	est, and	14 045			14 045
İ		other similar amounts)		P	14,845.			14,845.
	4	Income from investment of ta	x-exempt bond p	proceeds -				
1	5	Royalties		<u> </u>				
ĺ			(ı) Real	(ii) Personal				
	6 a							
	b	•						
	С	Rental income or (loss)	<u> </u>					
		Net rental income or (loss)						}-
	7 a	Gross amount from sales of	(i) Securities	(II) Other				
		assets other than inventory	107,922.					
	b	Less cost or other basis						
		and sales expenses	102,551.					
		Gain or (loss)	5,371.	L	F 201			F 271
		Net gain or (loss)		<u> </u>	<u>5,371.</u>			5,371.
e le	8 a	Gross income from fundraising	-					
		including \$						
è		contributions reported on line	e 1c) See					
Other Rever		Part IV, line 18	а					
5		Less direct expenses	b	L				
		Net income or (loss) from fun		<u> </u>				
-	9 a	Gross income from gaming a						
		Part IV, line 19	a	<u> </u>				
		Less direct expenses	b	L				
		Net income or (loss) from gar	_	P			<u></u>	
	10 a	Gross sales of inventory, less	s returns					
		and allowances	а					
		Less cost of goods sold	b	L				
-	С	Net income or (loss) from sale		<u> </u>				
-		Miscellaneous Revenu	TB	Business Code	0 100			0 126
	11 a	Miscellaneous		900099	8,126.		 	8,126.
	b							
	С			-				
	d	All other revenue		L	0 100	-	···	-
	_	Total. Add lines 11a-11d		P	8,126.	177 760	20 470	391,594.
	12	Total revenue See instructions		P	889,832.	477,768.	<u> </u>	Form 990 (2018)

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete co	olumn (A	V

	Check if Schedule O contains a response not include amounts reported on lines 6b,	(A) Total expenses	(B) Program service	(C) Management and	(D) Fundraising
7b,	8b, 9b, and 10b of Part VIII.	· otal oxponess	expenses	general expenses	expenses
1	Grants and other assistance to domestic organizations				
_	and domestic governments. See Part IV, line 21		-		
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22				<u> </u>
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
_	individuals See Part IV, lines 15 and 16				<u> </u>
4 -	Benefits paid to or for members				
5	Compensation of current officers, directors,	82,844.			
	trustees, and key employees	02,044.		-	
)	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
,		196,959.			
7 5	Other salaries and wages Pension plan accruals and contributions (include				
3	section 401(k) and 403(b) employer contributions)	6,738.			
•	Other employee benefits	2,675.			
,	Payroll taxes	21,686.			
, 1	Fees for services (non-employees)	21,000.			
' a	Management				
b	Legal				
C	Accounting	41,370.			
d	Lobbying	11/0/01			
e	Professional fundraising services See Part IV, line 17				
f	Investment management fees				
g	Other (If line 11g amount exceeds 10% of line 25,				
9	column (A) amount, list line 11g expenses on Sch O.)	28,424.			
2	Advertising and promotion				
3	Office expenses	40,627.			-
1	Information technology	11,438.			
5	Royalties				
3	Occupancy	25,744.			
7	Travel	3,715.	<u>.</u>		
3	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
9	Conferences, conventions, and meetings	138,482.			
0	Interest	3,072.			
1	Payments to affiliates	135,168.			
2	Depreciation, depletion, and amortization	17,784.			
3	Insurance	7,285.			
4	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 0.)				
а	Miscellaneous	7,669.			
b	PAC contribution	6,735.			
c	Bank and credit card fe	6,393.			
d	Taxes and licenses	2,228.			
	All other expenses				
5	Total functional expenses Add lines 1 through 24e	787,036.			
<u></u>	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)				

•		•	,
	<u>Form</u>	<u> 9</u> 90 (2018) Olympia
	Pa	rt X	Balance Sheet
			Check if Schedule O contains a re
		1	Cash · non-interest-bearing
		2	Savings and temporary cash inve
		3	Pledges and grants receivable, ne
		4	Accounts receivable, net
		5	Loans and other receivables from
			trustees, key employees, and high

		Check if Schedule O contains a response or not	e to any line in this Part X			
				(A) Beginning of year		(B) End of year
	1	Cash · non-interest-bearing		100.	1	99.
	2	Savings and temporary cash investments	_	141,200.	_2	220,315
	3	Pledges and grants receivable, net		3		
	4	Accounts receivable, net	_	1,474.	4	0.
	5	Loans and other receivables from current and fo	rmer officers, directors,			
		trustees, key employees, and highest compensa	ited employees. Complete			
		Part II of Schedule L	-		5	
	6	Loans and other receivables from other disqualif				
		section 4958(f)(1)), persons described in section				
		employers and sponsoring organizations of sect				
sts		employees' beneficiary organizations (see instr)	Complete Part II of Sch L		6	
Assets	7	Notes and loans receivable, net	}-		7	
⋖	8	Inventories for sale or use	}		8	5 055
	9	Prepaid expenses and deferred charges		0.	9	7,055.
	10a	Land, buildings, and equipment cost or other				
		basis Complete Part VI of Schedule D	10a 582,116.	256 511	1	220 500
	ь	Less accumulated depreciation	10b 243,388.	356,511.	10c	338,728.
	11	Investments - publicly traded securities	ļ.	352,779.	11	332,280.
	12	Investments - other securities. See Part IV, line 1		<u></u>	12	
	13	Investments - program-related See Part IV, line	l1 <u> </u>		13	
	14	Intangible assets	ļ-		14	
	15	Other assets See Part IV, line 11		050 064	15	000 477
	16	Total assets. Add lines 1 through 15 (must equa	al line 34)	852,064.	16	898,477.
	17	Accounts payable and accrued expenses	-	24,236.	17	34,044.
	18	Grants payable		21 205	18	6 025
	19	Deferred revenue	-	31,305.	19	6,835.
	20	Tax-exempt bond liabilities			20	
	21	Escrow or custodial account liability Complete F			21	
ies	22	Loans and other payables to current and former				
Liabilities		key employees, highest compensated employee	s, and disqualified persons			
Lia I		Complete Part II of Schedule L		10,178.	22	8,205.
_	23	Secured mortgages and notes payable to unrela		10,170.	23	
	24	Unsecured notes and loans payable to unrelated	·		24	
	25	Other liabilities (including federal income tax, pay				
		parties, and other liabilities not included on lines	17-24) Complete Part X of	2,397.	05	188.
		Schedule D	-	68,116.	25 26	49,272.
	26	Total liabilities. Add lines 17 through 25	, check here	00,110.	20	43,414.
		Organizations that follow SFAS 117 (ASC 958				
ces		complete lines 27 through 29, and lines 33 an	d 34.	783,948.	27	849,205.
lan	27	Unrestricted net assets		703,340.	28	040,2000
Ba	28	Temporarily restricted net assets Permanently restricted net assets	l l	· · · · · · · · · · · · · · · · · · ·	29	
pun	29	Organizations that do not follow SFAS 117 (A	SC 059) shock hars		25	
řΕ		and complete lines 30 through 34.	30 936), Check here			
ts o	20	Capital stock or trust principal, or current funds			30	
Net Assets or Fund Balances	30 31	Paid-in or capital surplus, or land, building, or eq	unment fund		31	
t As	32	Retained earnings, endowment, accumulated inc			32	
Z	33	Total net assets or fund balances	Joine, or other lands	783,948.	33	849,205.
	34	Total liabilities and net assets/fund balances	į.	852,064.	34	898,477.
	J-1	rotal liabilities and het assets/fund balafices		00010040	<u> </u>	Form 990 (2018

Form	990 (2018) Olympia Master Builders 91-6	056428	Pag	_{1e} 12
Pai	rt XI Reconciliation 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)	889		
2	Total expenses (must equal Part IX, column (A), line 25)	787		
3	Revenue less expenses Subtract line 2 from line 1			96.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	783		
5	Net unrealized gains (losses) on investments	<u> </u>	<u>, 5</u>	<u>40.</u>
6	Donated services and use of facilities 6			
7	Investment expenses 7			
8	Prior period adjustments			
9	Other changes in net assets or fund balances (explain in Schedule O)			0.
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33,			
	column (B))	849	2	04.
Pai	rt XIII Financial Statements and Reporting			
	Check if Schedule O contains a response or note to any line in this Part XII			<u></u>
1	Accounting method used to prepare the Form 990 Cash X Accrual Other	_	Yes	No
	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	X	
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a			
	separate basis, consolidated basis, or both			
	Separate basis X Consolidated basis Both consolidated and separate basis	1 1		
þ	Were the organization's financial statements audited by an independent accountant?	2b		<u>X</u>
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis,		ł	
	consolidated basis, or both			
	Separate basis Consolidated basis Both consolidated and separate basis		1	
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit,	1 1	1	
	review, or compilation of its financial statements and selection of an independent accountant?	2c_	X	
	If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O			
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit			
	Act and OMB Circular A-133?	3a		<u>X</u>
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit			
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits	3b		
		Form 9	9 90 (2018)

SCHEDULE C (Form 990 or 990-EZ)

Political Campaign and Lobbying Activities

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

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.

Open to Public Inspection

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

	, (555 56pa. 215 m.c., 25mc. 15, 11.5m				
•	Section 501(c)(4), (5), or (6) organiza	tions: Complete Part III			
Nan	ne of organization			Em	ployer identification number
	Olympia	Master Builders	<u></u>		91-6056428
Pa	art I-A Complete if the org	janization is exempt une	der section 501(c)	or is a section 527	organization.
2	Provide a description of the organiz Political campaign activity expendit Volunteer hours for political campai	ures	cal campaign activities	_	\$
Pa	art I-B Complete if the org	janization is exempt un	der section 501(c)	(3).	
Ь	Enter the amount of any excise tax				\$
	Enter the amount of any excise tax				\$
	If the organization incurred a section				Yes No
	Was a correction made?	TOO TAN, OLD IN MO YOUR THE	, , , , , , , , , , , , , , , , , , , ,		Yes No
	of "Yes," describe in Part IV				
Pa	art I-C Complete if the org	anization is exempt un	der section 501(c)	, except section 50	1(c)(3).
	Enter the amount directly expended				\$
	Enter the amount of the filing organ				
_	exempt function activities		• • •	•	s6,735.
3	Total exempt function expenditures	. Add lines 1 and 2 Enter here	and on Form 1120-POL		
Ü	line 17b			•	\$ 6,735.
А	Did the filing organization file Form	1120-POI for this year?			Yes X No
	Enter the names, addresses and er	=	IN) of all section 527 pe	olitical organizations to w	 ::: :
3	made payments For each organiza				
	contributions received that were pr				
	political action committee (PAC) If				5 0
	·-· · · ·- ·- ·-	(b) Address	(c) EIN	(d) Amount paid from	(e) Amount of political
	(a) Name	(b) Address	(0) = 114	filing organization's	contributions received and
				funds If none, enter (
				·	delivered to a separate
					political organization. If none, enter -0-
					in field, effect o
					

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

Schedule C (Form 990 or 990-EZ) 2018

LHA

832041 11-08-18

Schedule (C (Form 990 or 990-EZ) 2018 of A Complete if the org	Olymp	<u>ia Mas</u>	ster Builder	S on 501(c)(3) and fil	91-	6056428 Page 2
T CITE II-	section 501(h)).	ainzati	DII IS EXE	mpt under section	ni sor(c)(s) and m	ea ronn 5700 (e	nection under
A Check	 			= ' '	n Part IV each affiliated	group member's nar	ne, address, EIN,
B Check	if the filing organiza	tion chec	ked box A a	nd "limited control" pr	ovisions apply		
			bying Expe neans amoi	nditures unts paid or incurred.)	(a) Filing organization's totals	(b) Affiliated group totals
1a Total	I lobbying expenditures to influ	Jence pub	olic opinion ((grass roots lobbying)			
	I lobbying expenditures to influ	•	•				
	I lobbying expenditures (add Iii			, , , , , ,			
	er exempt purpose expenditure		,				
	l exempt purpose expenditure		es 1c and 1d	d)		· · · · · · · · · · · · · · · · · · ·	
	oying nontaxable amount Ente	•		•	th columns		
	amount on line 1e, column (a) o			bying nontaxable am			
	over \$500,000	1 (0) 13.		the amount on line 1e			1
	r \$500,000 but not over \$1,000	0.000		00 plus 15% of the exc			
	\$1,000,000 but not over \$1,5			00 plus 10% of the exc			
	\$1,500,000 but not over \$1,5			00 plus 10% of the exce			
	*\$17,000,000 but not over \$17,	000,000	\$1,000.		355 0 401 \$1,500,000		
Cover	\$17,000,000		<u> </u>	000			
g Gras	sroots nontaxable amount (en	ter 25% c	of line 1ft				
_	ract line 1g from line 1a. If zero					· · · · · · · · · · · · · · · · · · ·	
	ract line 1f from line 1c. If zero						
	ere is an amount other than zer	•		line 1: did the organiz	ation file Form 4720		
-	rting section 4911 tax for this		er inte tiror	inte it, did the organiz	ation ille 1 on 1 4720		Yes No
<u>3F3:</u>		<u>,</u>	4-Year Ave	eraging Period Under	Section 501(h)		<u> </u>
	(Some organizations th	nat made				of the five columns l	oelow.
		Se	e the separ	ate instructions for li	nes 2a through 2f.)		
		Lob	oying Expe	nditures During 4-Ye	ar Averaging Period		·
(or fi	Calendar year iscal year beginning in)	(a)	2015	(b) 2016	(c) 2017	(d) 2018	(e) Total
2a_Lobb	bying nontaxable amount		_				
b Lobb	ying ceiling amount						
(1509	% of line 2a, column(e))						
a Total	l lobbying expenditures						
U IUIAI	inoppying expenditures	-				-	
d Grass	sroots nontaxable amount						
	sroots ceiling amount					 -	
	% of line 2d, column (e))						
<u> </u>	- , , , , , , , , , , , , , , , , , , ,						
f Grass	sroots lobbying expenditures						

Schedule C (Form 990 or 990-EZ) 2018

Schedule C (Form 990 or 990 EZ) 2018 Olympia Master Builders 91-6056428 Page 3 Part II-B | Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).

For e	each "Yes," response on lines 1a through 1i below, provide in Part IV a detailed description	(a	1)	(b)
	e lobbying activity	Yes	No	Amo	ount
-	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 Volunteers?				
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)? Media advertisements?				
ď	Mailings to members, legislators, or the public?				
е	Publications, or published or broadcast statements?				
f	Grants to other organizations for lobbying purposes?				
g	Direct contact with legislators, their staffs, government officials, or a legislative body?				
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?				
i	Other activities?				
i	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?				
	t III-A Complete if the organization is exempt under section 501(c)(4), sect 501(c)(6).	ion 501(c)	(5), or se	ction	
	001(0)(0).	· · · · · · · · · · · · · · · · · · ·		Yes	No
	Were substantially all (90% or more) dues received nondeductible by members?		1		X
1	Did the organization make only in-house lobbying expenditures of \$2,000 or less?		2		X
2	Did the organization make only inhibuse lobbying expenditures of \$2,000 of less? Did the organization agree to carry over lobbying and political campaign activity expenditures from:	the prior year	-		X
3 Par	t III-B Complete if the organization is exempt under section 501(c)(4), sect	ion 501(c)	(5), or se	ction	
	501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered answered "Yes."				ne 3, is
			1	253	3,664.
1	Dues, assessments and similar amounts from members	u a a l		<u> </u>	,,004.
2	Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenditures)	icai			
_	expenses for which the section 527(f) tax was paid).		2a	5.2	2,108.
	Current year		2b		,,100.
	Carryover from last year		20 2c	5.2	2,108.
	Total		3		2,762.
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues		-3		1,102.
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the ex-				
	does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and	political			
_	expenditure next year?		5		-654.
5 Dar	Taxable amount of lobbying and political expenditures (see instructions) † IV Supplemental Information				034.
	ide the descriptions required for Part I A, line 1, Part I-B, line 4, Part I-C, line 5, Part II-A (affiliated grounds)	in liet). Part II	Δ lines 1 s	nd 2 /see	
	uctions), and Part II-B, line 1. Also, complete this part for any additional information	p iisty, r airt ii	7, 11103 1 6	1110 2 1300	
ınstrı	uctions), and Part II-B, line 1. Also, complete this part for any additional information				
					

Department of the Treasury Internal Revenue Service

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 instructions and the latest information.

OMB No 1545-0047

Name of the organization

Inspection Employer identification number

	Olympia Master Bui	lders	91-6056428
Pai	t I Organizations Maintaining Donor Advise	ed Funds or Other Similar Fund	s or Accounts. Complete if the
	organization answered "Yes" on Form 990, Part IV, Iir	ie 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)		
3	Aggregate value of grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in	writing that the assets held in donor advi	sed funds
	are the organization's property, subject to the organization's		Yes No
6	Did the organization inform all grantees, donors, and donor a		used only
	for charitable purposes and not for the benefit of the donor of	or donor advisor, or for any other purpose	conferring
	impermissible private benefit?		Yes No
Pai	t II Conservation Easements. Complete if the org	ganization answered "Yes" on Form 990,	Part IV, line 7
1	Purpose(s) of conservation easements held by the organizat	ion (check all that apply)	
	Preservation of land for public use (e.g., recreation or e	education) Preservation of a his	torically important land area
	Protection of natural habitat	Preservation of a cer	tified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a quali	fied conservation contribution in the form	of a conservation easement on the last
	day of the tax year		Held at the End of the Tax Year
а	Total number of conservation easements		2a
b	Total acreage restricted by conservation easements		2b
С	Number of conservation easements on a certified historic str	ructure included in (a)	2c
d	Number of conservation easements included in (c) acquired	after 7/25/06, and not on a historic struct	ure
	listed in the National Register		2d
3	Number of conservation easements modified, transferred, re	leased, extinguished, or terminated by th	e organization during the tax
	year ▶		
4	Number of states where property subject to conservation ea		
5	Does the organization have a written policy regarding the pe	riodic monitoring, inspection, handling of	
	violations, and enforcement of the conservation easements i		└─ Yes
6	Staff and volunteer hours devoted to monitoring, inspecting,	handling of violations, and enforcing cor	servation easements during the year
_	<u> </u>		ation and a second all the second
7	Amount of expenses incurred in monitoring, inspecting, hand	dling of violations, and enforcing conserva	ation easements during the year
_	► \$	re patient the requirements of contion 17/	V(x)(A)(B)(i)
8	Does each conservation easement reported on line 2(d) about and section 170(h)(4)(B)(ii)?	ve satisfy the requirements of section 170	Yes No
_	In Part XIII, describe how the organization reports conservat	on accoments in its revenue and expens	
9	include, if applicable, the text of the footnote to the organization		
	-	tion's imancial statements that describes	the organization a accounting for
Par	conservation easements t III Organizations Maintaining Collections o	f Art. Historical Treasures, or C	Other Similar Assets.
	Complete if the organization answered "Yes" on Form		
12	If the organization elected, as permitted under SFAS 116 (AS		ment and balance sheet works of art.
,	historical treasures, or other similar assets held for public ex		
	the text of the footnote to its financial statements that descr		,
h	If the organization elected, as permitted under SFAS 116 (AS		it and balance sheet works of art, historical
-	treasures, or other similar assets held for public exhibition, e		
	relating to these items	,	.,
	(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, historical tre	asures, or other similar assets for financia	
-	the following amounts required to be reported under SFAS 1		.
а	Revenue included on Form 990, Part VIII, line 1		> \$
	Assets included in Form 990, Part X		> \$
	For Paperwork Reduction Act Notice, see the Instruction	s for Form 990.	Schedule D (Form 990) 2018

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets; continued) 3	Sche	dule D (Form 990) 2018 Olympia	Master Bu	ilders			91	-605642	8 Page 2
(check all that apply): a	Par				Treasures, o	or Other	Similar A	Assets(conti	nued)
a	3	Using the organization's acquisition, accessi	on, and other recor	ds, check any of th	ne following tha	it are a sign	nficant use	of its collection	n items
b Scholarly research c Preservation for future generations 4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII 5 During the year, did the organization solict or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Part IV Escrow and Custodial Arrangements. Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Is If "Yes," explain the arrangement in Part XIII and complete the following table C Beginning balance d Additions during the year f Ending balance 2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes IN b If "Yes," explain the arrangement in Part XIII Check here if the explanation has been provided on Part XIII Part V Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10 1a Beginning of year balance b Contributions (a) Current year (b) Prior year (c) Two years back (d) Three years back (e) Four years back of Grants or scholarships c Other expenditures for facilities and programs f Administrative expenses g End of year balance Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as. a Board designated or quasi-endowment — % The percentages on lines 2a, 2b, and 2c should equal 100% 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by (i) unrelated organizations (ii) related organizations (iii) related organizations (iii) related organizations (iii) lite the tended uses of the organization is endowment funds Describe in Part XIII the intended uses of the organization is endow		(check all that apply).							
c	а	Public exhibition		d 🔲 Loan or e	xchange progra	ams			
4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII 5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold for raise funds rather than to be maintained as part of the organization and celetion? Part IV Escrow and Custodial Arrangements. Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21 a is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X, line 21 b if "Yes," explain the arrangement in Part XIII and complete the following table C Beginning balance d Additions during the year f Ending balance 2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes N If "Yes," explain the arrangement in Part XIII Check here if the explanation has been provided on Part XIII Part V Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10 1a Beginning of year balance b Contributions c Net investment earnings, gains, and losses d Grants or scholarships e Other expenditures for facilities and programs f Administrative expenses g End of year balance Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as. a Board designated or quasi-endowment % Permove the interactive expenses g End of year balance Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as. a Board designated or quasi-endowment % Permove the estimated percentages of the current year end balance (line 1g, column (a)) held as. a Board designated or quasi-endowment % Permove the expenditures for facilities and programs f Administrative expenses g End of year balance Provide the estimated percentages of the current year end balance (line 1g, column (b	Scholarly research	•	e 🔲 Other			_		
5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Part IV Escrow and Custodial Arrangements. Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? b If "Yes," explain the arrangement in Part XIII and complete the following table c Amount 1c С	Preservation for future generations								
to be sold to raise funds rather than to be maintained as part of the organization's collection? Part IV Escrow and Custodial Arrangements. Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part IV in e 1 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Yes Ni If "Yes," explain the arrangement in Part XIII and complete the following table Amount 1c Amount 1d Additions during the year 1d Amount 1d Additions during the year 1d Amount 1d	4	Provide a description of the organization's co	ollections and expla	in how they furthe	r the organizati	on's exemp	ot purpose	ın Part XIII	
Part IV Escrow and Custodial Arrangements. Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?	5	During the year, did the organization solicit of	r receive donations	of art, historical tr	easures, or oth	er sımılar a	ssets		
reported an amount on Form 990, Part X, line 21 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? b If "Yes," explain the arrangement in Part XIII and complete the following table C Beginning balance d Additions during the year e Distributions during the year 1 the straing balance 2 and the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes No. b If "Yes," explain the arrangement in Part XIII Check here if the explanation has been provided on Part XIII Part V Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10 1a Beginning of year balance b Contributions Contr		to be sold to raise funds rather than to be m	aintained as part of	the organization's	collection?			Yes	No_
1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? b If "Yes," explain the arrangement in Part XIII and complete the following table C Beginning balance d Additions during the year e Distributions during the year 1 Ending balance 2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes Into If "Yes," explain the arrangement in Part XIII Check here if the explanation has been provided on Part XIII Part V Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10 [a] Current year (b) Prior year (c) Two years back (d) Three years back (e) Four years back or Rotinbutions c Net investment earnings, gains, and losses of Cher expenditures for facilities and programs f Administrative expenses g End of year balance 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as. a Board designated or quasi-endowment S Permanent endowment S	Par	t IV Escrow and Custodial Arran	gements. Comp	lete if the organiza	tion answered	"Yes" on Fo	orm 990, P	art IV, line 9, o	٢
on Form 990, Part X? b If "Yes," explain the arrangement in Part XIII and complete the following table c Beginning balance d Additions during the year e Distributions during the year 1 Ending balance 2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? b If "Yes," explain the arrangement in Part XIII Check here if the explanation has been provided on Part XIII Part V Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10 1a Beginning of year balance b Contributions c Net investment earnings, gains, and losses d Grants or scholarships e Other expenditures for facilities and programs f Administrative expenses g End of year balance 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as. a Board designated or quasi-endowment ### Serion Form 990, Part IV, line 10 ### C Temporarly restricted endowment ### Serion Form 990, Part IV, line 10	reported an amount on Form 990, Pa	rt X, line 21							
b If "Yes," explain the arrangement in Part XIII and complete the following table c Beginning balance d Additions during the year e Distributions during the year f Ending balance 2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes N If "Yes," explain the arrangement in Part XIII Check here if the explanation has been provided on Part XIII Part V Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10 [a) Current year (b) Prior year (c) Two years back (d) Three years back (e) Four years back b Contributions c Net investment earnings, gains, and losses d Grants or scholarships e Other expenditures for facilities and programs f Administrative expenses g End of year balance Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as. a Board designated or quasi-endowment >	1a	Is the organization an agent, trustee, custod	ian or other interme	diary for contribut	ons or other as	sets not in	cluded		
c Beginning balance d Additions during the year e Distributions during the year f Ending balance 2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?		on Form 990, Part X?						Yes	No
c Beginning balance d Additions during the year e Distributions during the year f Ending balance 2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? b If "Yes," explain the arrangement in Part XIII Check here if the explanation has been provided on Part XIII Part V Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10 a Beginning of year balance (a) Current year (b) Prior year (c) Two years back (d) Three years back (e) Four years back (d) Three years back (e) Four years back (d) Three years back (e) Four years back (d) Three years back (e) Four	b	If "Yes," explain the arrangement in Part XIII	and complete the fo	ollowing table					
d Additions during the year e Distributions during the year f Ending balance 2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? bit "Yes," explain the arrangement in Part XIII Check here if the explanation has been provided on Part XIII Part V Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10 1a Beginning of year balance b Contributions c Net investment earnings, gains, and losses d Grants or scholarships e Other expenditures for facilities and programs f Administrative expenses g End of year balance 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as. a Board designated or quasi-endowment ye c Temporarily restricted endowment ye c Temporarily restricted endowment ye i) unrelated organizations (ii) related organizations (iii) related organizations 4 Describe in Part XIII the intended uses of the organization's endowment funds		, ,		_				Amoun	t
d Additions during the year e Distributions during the year f Ending balance 2 Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? b If "Yes," explain the arrangement in Part XIII Check here if the explanation has been provided on Part XIII Part V Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10 Beginning of year balance b Contributions c Net investment earnings, gains, and losses d Grants or scholarships e Other expenditures for facilities and programs f Administrative expenses g End of year balance 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as. a Board designated or quasi-endowment % Temporarily restricted endowment % Temporarily restricted endowment Funds not in the possession of the organization that are held and administered for the organization by (i) unrelated organizations (ii) related organizations (ii) related organizations (ii) related organizations (iii) related organizations (iv) restrict on line 3a(ii), are the related organizations listed as required on Schedule R? 4 Describe in Part XIII the intended uses of the organization's endowment funds	С	Beginning balance					1c		
e Distributions during the year f Ending balance 2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Ves Ni b If "Yes," explain the arrangement in Part XIII Check here if the explanation has been provided on Part XIII Part V Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10 1a Beginning of year balance b Contributions c Net investment earnings, gains, and losses d Grants or scholarships e Other expenditures for facilities and programs f Administrative expenses g End of year balance 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as. a Board designated or quasi-endowment % b Permanent endowment % The percentages on lines 2a, 2b, and 2c should equal 100% 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by (i) unrelated organizations b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? 4 Describe in Part XIII the intended uses of the organization's endowment funds							1d		
f Ending balance 2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? b If "Yes," explain the arrangement in Part XIII Check here if the explanation has been provided on Part XIII Part V Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10 [a) Current year (b) Prior year (c) Two years back (d) Three years back (e) Four years back or Scholarships (e) Four years back or Scholarships (e) Four years back or Scholarships (e) Four year balance (line 1g, column (a)) held as. a Board designated or quasi-endowment (b) Prior year balance (line 1g, column (a)) held as. b Permanent endowment (c) Two years back (e) Four year		•							
Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? The percentages on lines 2a, 2b, and 2c should equal 100% The percentages on lines 2a, 2b, and 2c should equal 100% Time percentages on lines 2a, 2b, and 2c should equal 100% Time percentage of line related organizations	_	• •							
b If "Yes," explain the arrangement in Part XIII Check here if the explanation has been provided on Part XIII Part V Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10 (a) Current year (b) Prior year (c) Two years back (d) Three years back (e) Four years back (organization part XIII the intended uses of the organization has been provided on Part XIII the intended uses of the organization's endowment funds Part V Endowment Funds. Complete if the explanation has been provided on Part XIII the intended uses of the organization's endowment funds (a) Current year (b) Prior year (c) Two years back (d) Three years back (e) Four years		-	orm 990 Part X line	e 21 for escrow or	custodial acco	ount liability		Yes	□ No
Part V Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10 (a) Current year (b) Prior year (c) Two years back (d) Three years back (e) Four years back		•					•		—
(a) Current year (b) Prior year (c) Two years back (d) Three years back (e) Four years back become become and programs and losses described for facilities and programs for facilities and programs for facilities and programs for facilities and programs for facilities and programs for facilities and programs for facilities and programs for facilities and programs for facilities and programs for facilities and programs for facilities and programs for facilities and programs for facilities and programs for facilities facilities for facilities facil								.	
Beginning of year balance b Contributions c Net investment earnings, gains, and losses d Grants or scholarships e Other expenditures for facilities and programs f Administrative expenses g End of year balance 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as. a Board designated or quasi-endowment ▶			· · · · · · · · · · · · · · · · · · ·					s back (e) Fou	r vears back
b Contributions c Net investment earnings, gains, and losses d Grants or scholarships e Other expenditures for facilities and programs f Administrative expenses g End of year balance Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as. a Board designated or quasi-endowment b Permanent endowment c Temporarily restricted endowment make there endowment funds not in the possession of the organization that are held and administered for the organization by (i) unrelated organizations (ii) related organizations b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? 4 Describe in Part XIII the intended uses of the organization's endowment funds	40	Reginning of year balance	(a) Current year	(b) i noi year	(6) 1 110 year	TO SUON (U	, , , , , , , , , , , , , , , , , , ,	5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5	- Journ Duon
c Net investment earnings, gains, and losses d Grants or scholarships e Other expenditures for facilities and programs f Administrative expenses g End of year balance 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as. a Board designated or quasi-endowment ▶								-	
d Grants or scholarships e Other expenditures for facilities and programs f Administrative expenses g End of year balance 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as. a Board designated or quasi-endowment ▶	_								
e Other expenditures for facilities and programs f Administrative expenses g End of year balance 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as. a Board designated or quasi-endowment ▶	_	<u> </u>							
and programs f Administrative expenses g End of year balance 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as. a Board designated or quasi-endowment ▶	_	·							
f Administrative expenses g End of year balance 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as. a Board designated or quasi-endowment \(\)	е	· ·						İ	
g End of year balance 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as. a Board designated or quasi-endowment ▶		, ,		· · · · · · · · · · · · · · · · · · ·	-				
Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as. Board designated or quasi-endowment	f	Administrative expenses							
a Board designated or quasi-endowment ▶	g	•		<u> </u>	L	i			
b Permanent endowment	2	· -	rent year end balan	ce (line 1g, columr	ı (a)) held as.				
The percentages on lines 2a, 2b, and 2c should equal 100% 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by (i) unrelated organizations (ii) related organizations b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? 4 Describe in Part XIII the intended uses of the organization's endowment funds	а	Board designated or quasi-endowment		%					
The percentages on lines 2a, 2b, and 2c should equal 100% 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by (i) unrelated organizations (ii) related organizations b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? 4 Describe in Part XIII the intended uses of the organization's endowment funds	b	Permanent endowment >	%						
Are there endowment funds not in the possession of the organization that are held and administered for the organization by (i) unrelated organizations (ii) related organizations b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? 4 Describe in Part XIII the intended uses of the organization's endowment funds	С	Temporarily restricted endowment ▶	%						
by (i) unrelated organizations (ii) related organizations (iii) related organizations		The percentages on lines 2a, 2b, and 2c sho	uld equal 100%			,			
(i) unrelated organizations (ii) related organizations (ii) related organizations b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? 4 Describe in Part XIII the intended uses of the organization's endowment funds	За	Are there endowment funds not in the posse	ession of the organiz	zation that are held	d and administe	ered for the	organizatio	on	, <u> </u>
(ii) related organizations b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? 4 Describe in Part XIII the intended uses of the organization's endowment funds		by							Yes No
(ii) related organizations b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? 4 Describe in Part XIII the intended uses of the organization's endowment funds		-						3a(i)	
b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? 4 Describe in Part XIII the intended uses of the organization's endowment funds								3a(ii)	L
4 Describe in Part XIII the intended uses of the organization's endowment funds	b	• •	ations listed as requ	red on Schedule I	7?			3b	
		• • • • • • • • • • • • • • • • • • • •							
i dit ii (Edila) Ballaligo, dila mqalpillotti					, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			· ·	
Complete if the organization answered "Yes" on Form 990, Part IV, line 11a See Form 990, Part X, line 10				0, Part IV, line 11a	See Form 990), Part X, lin	ne 10		
Description of property (a) Cost or other (b) Cost or other (c) Accumulated (d) Book value		Description of property	(a) Cost or	other (b) Co	st or other	(c) Acci	umulated	(d) Boo	k value
basis (investment) basis (other) depreciation		view or property		' '				` '	
	12	Land	:			· · ·		3	6,600.
404 547 100 518 205 029						1 9	9,518		
		_						<u> </u>	
c Leasehold improvements	_	·			-				
d Equipment e Other 50,969. 43,870. 7,099	-	· ·		+	50 969		13 870	-	7,099.
e Other 50,969. 43,870. 7,099 Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10c) 338,728			agual Form 990 Por	t X column (B) lin			<u> , . ,</u>		

Schedule D (Form 990) 2018

832053 10-29-18

Schedule D (Form 990) 2018

Schedule D (Form 990) 2018 Olympia Master Builder		91-6056428 Page 4
Part XI Reconciliation of Revenue per Audited Financial S		per Return.
Complete if the organization answered "Yes" on Form 990, Part IV,	line 12a	_
1 Total revenue, gains, and other support per audited financial statements		1
2 Amounts included on line 1 but not on Form 990, Part VIII, line 12		
a Net unrealized gains (losses) on investments	2a	
b Donated services and use of facilities	2b	
c 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, Part VIII, line 12, but not on line 1		
a Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b Other (Describe in Part XIII)	4b	
c Add lines 4a and 4b		4c
5 Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 1	12)	5
Part XII Reconciliation of Expenses per Audited Financial	Statements With Expenses	
Complete if the organization answered "Yes" on Form 990, Part IV,		5 po. 1.0.a
	124	
1 Total expenses and losses per audited financial statements		1
2 Amounts included on line 1 but not on Form 990, Part IX, line 25	0-	
a Donated services and use of facilities		
b Prior year adjustments	2b	
c Other losses	2c	- · -
d Other (Describe in Part XIII)	2d	
e Add lines 2a through 2d		
3 Subtract line 2e from line 1		3
4 Amounts included on Form 990, Part IX, line 25, but not on line 1	1 1	
a Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b Other (Describe in Part XIII)	4b	
c Add lines 4a and 4b		4c
5 Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line	18)	5
Part XIII Supplemental Information.	·	
Provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a an	d 4, Part IV, lines 1b and 2b, Part	V, line 4, Part X, line 2; Part XI,
lines 2d and 4b, and Part XII, lines 2d and 4b. Also complete this part to provide		
_		
		

SCHEDULE O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information. ➤ Attach to Form 990 or 990-EZ.

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

Inspection

Department of the Treasury Internal Revenue Service Name of the organization

Employer identification number 91-6056428

Olympia Master Builders	91-6056428
Form 990, Part I, Line 1, Description of Organization Mis	sion:
and the business climate in which it operates. Members a	re dedicated
to integrity, craftsmanship and respect for consumers, the	e environment
and one another. The primary goal of the association is	to provide
affordable housing for all economic segments of society.	
Form 990, Part III, Line 1, Description of Organization M	ission:
goal of the association is to provide affordable housing	for all
economic segments of society.	····
Form 990, Part VI, Section A, line 6:	
This organization is made up of members.	
Form 990, Part VI, Section A, line 7a:	
Board members are elected by all of the members at large.	
Form 990, Part VI, Section A, line 7b:	
All major decisions of the board require approval of the	members.
Form 990, Part VI, Section B, line 11b:	
Form 990 was provided to Treasurer for review before fili	ng.
Form 990, Part VI, Section B, Line 12c:	
During the fiscal year the organization consistently moni-	tored the conflict
of interest policy.	

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

Schedule O (Form 990 or 990-EZ) (2018) -

SCHEDULE R (Form 990)

Part

Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37. Related Organizations and Unrelated Partnerships

▶ Attach to Form 990.

► Go to www.irs.gov/Form990 for instructions and the latest information.

2018

OMB No 1545-0047

Open to Public Inspection

Employer identification number 91-6056428Identification of Disregarded Entities. Complete if the organization answered "Yes" on Form 990, Part IV, line 33 Olympia Master Builders Name of the organization Department of the Treasury Internal Revenue Service

Direct controlling 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 entity End-of-year assets Total income € Legal domicile (state or foreign country) Primary activity Name, address, and EIN (if applicable) of disregarded entity Part II

organizations dufing the tax year							
(a)	(q)	(2)	(p)	(e)	E	(6)	6
Name, address, and EIN	Primary activity	Legal domicile (state or	Exempt Code	Public charity	Direct controlling	Section 3 (2(b) 13)	(2 XQ)
of related organization		foreign country)	section	status (if section	entity	entity?	
				501(c)(3))		Yes	No
Olympia Master Builders Education Foundation							
- 81-4332603, 1211 State Ave NE, Olympia, WA							
98506	Awards scholarships	Washington	Education	Line 7			×
	1						
	1						

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

23

Schedule R (Form 990) 2018

91-6056428 Page 2

Schedule R (Form 990) 2018 Olympia Master Builders

Identification of Related Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a partnership during the tax year Part III

(j) (k) General or Percentage managing ownership partner?		
General or managing partner?		
Code V-UBI amount in box amount in box Code V-UBI Code V-UBI Code Code Code Code Code Code Code Code		
(h) Disproportonate allocations?		
(g) Share of end-of-year assets		
(f) Share of total income		
(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)		
(d) Direct controlling entity		
(c) Legal domicile (state or foreign country)		
(b) Primary activity		1
(a) Name, address, and EIN of related organization		

Identification of Related Organizations Taxable as a Corporation or Trust. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a corporation or trust during the tax year Part IV

· -	•				
tron 5(13) colled ity? No					
Percentage 512(0)(1) Section 512(0)(13) Ownership entity7					
age					
(h) rrcent wners					
			,		
of year ts					
(g) Share of end-of-year assets					
.	_	_			
otal					
(f) e of to					
ا تقا					
f entif S co ust)					
(e ype o corp, or ti					
(d) (e) Direct controlling Type of entity Sientity (C corp, S corp, or trust)					
rolling					
(d) cont entity					
Direct					
ucite					
(c) Legal domicile (state or foreign					
, le		-			
(b) Primary activity					
(b) nary a					
Prın					
Nii o					
(a) Name, address, and EIN of related organization					
(a) dress, l orga					
e, adt					
Nam of re					
			I I I	l ł í	

832162 10-02-18

Schedule R (Form 990) 2018

24

Page 3

91-6056428

Note: Complete line 1 if any entity is listed in Parts II, iII, or IV of this schedule	:			Yes No
1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV? a Recent of (i) interest (ii) annuries (iii) royalties or (iv) rent from a controlled entity.	ns with one or more re	elated organizations listed	in Paris II-IV	ţ.
	•			4 ×
f Dividends from related organization(s)				1f X
g Sale of assets to related organization(s)				1g X
h Purchase of assets from related organization(s)				th X
i Exchange of assets with related organization(s)				1; X
j Lease of facilities, equipment, or other assets to related organization(s)				1; X
k Lease of facilities, equipment, or other assets from related organization(s)				¥
I Performance of services or membership or fundraising solicitations for related organization(s)	anization(s)			# X
m Performance of services or membership or fundraising solicitations by related organization(s)	anization(s)			1m X
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	tion(s)			Th X
 Sharing of paid employees with related organization(s) 				ot X
p Reimbursement paid to related organization(s) for expenses				ot X
. Other transfer of resh or armedit to related armediately				÷
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.	who must complete the	is line, including covered	relationships and transaction thresholds.	
(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved	nvolved
(F)				
[7]				
(3)				
(4)				
(5)				
(9)				
832163 10-02-18	25		Schedul	Schedule R (Form 990) 2018

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

(k) centage	ership					
or Perce	own Own					
(j) General	managing partner? Yes No		 			
(i) Code V-UBI	the state of the s					
(h)	allocations?					
(9) Share of	<u>.</u>					
(f) Share of				,		
(e) Are all	501(c)(3) orgs 7 Yes No					
(d) Predominant income	excluded from fax under sections 512-514)					
(c)	(state or foreign country)					
(b) Primary activity						
(a) (b) (c) (d) (d) (d) (d) (e) Name, address, and EiN Primary activity Legal domicile Predominant income	of entity					

Schedule R (Form 990) 2018

Schedule F	R (Form 990) 2018	Olympia Master Builders	91-6056428 Page 5
Part VII	R (Form 990) 2018 Supplemental Info	prmation.	
		mation for responses to questions on Schedule R. See instructions.	
	<u> </u>		
-			
	<u>-</u>		
-			
			-
			
	<u> </u>		
	<u> </u>		
		v	
	<u> </u>		
-			•