Return of Organization Exempt From Income Tax

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

OMB No. 1545-0047 2018

Department of the Treasury

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

Open to Public

inter	nal Revenu		Go to www.irs.gov/rormsso for instructions and the latest informati	ion. / /	ux.	mspection
<u>A</u> _	For the	2018 cale	ndar year, or tax year beginning July 1 , 2018, and ending	June 30		, 20 19
В	Check if a	pplicable.	C Name of organization_BUILDERS EXCHANGE OF NORTHWEST MICHIGAN	PE	mployer i	dentification number
Ц	Address o	hange	Doing business as			8-1611992
	Name cha	inge	Number and street (or P.O box if mail is not delivered to street address) Room/suite	EΤ	elephone r	number
	Initial retu	rn	1373 BARLOW STREET		23	31-946-5531
	Final return	/terminated	City or town, state or province, country, and ZIP or foreign postal code	i		
	Amended	return	TRAVERSE CITY, MI 49686	G G	iross recei	pts \$ 335,813
	Applicatio	n pending	F Name and address of principal officer	his a group n	eturn for subc	ordinates? 🗌 Yes 🗹 No
						cluded? 🗌 Yes 🔲 No
<u>. </u>	Tax-exem	pt status	☐ 501(c)(3)	If "No," a	ttach a list	t. (see instructions)
J	Website:	► www	w.bxtvc.com	iroup exer	nption nui	mber ►
K	Form of or	ganızatıon.	✓ Corporation ☐ Trust ☐ Association ☐ Other ► ☐ L Year of formation: 1	951 N	State of I	legal domicile: MI
P	art I	Summ	ary			
	1 [Briefly de	scribe the organization's mission or most significant activities: To provide a pla	an room	for men	nbers to publish
9		periodic t	oulletins regarding jobs available, and to provide other trade information and service	es to its	member	s in the Grand
Governance	1 -	Fraverse				
9.	2 (Check th	is box ▶☐ if the organization discontinued its operations or disposed of more t	than 25	% of its	net assets.
Š	1		of voting members of the governing body (Part VI, line 1a)		3	9
	1		of independent voting members of the governing body (Part VI, line 1b)	1	4	9
es	I		nber of individuals employed in calendar year 2018 (Part V, line 2a)	1	5	4
ξ	1		nber of volunteers (estimate if necessary)		6	0
Activities &	I		elated business revenue from Part VIII, column (C), line 12		7a	0
_	I .		ated business taxable income from Form 990-T, line 38		7b	0
	-	tor union		or Year		Current Year
	8 (Contribut	tions and grants (Part VIII, line 1h)			
ř	h .		service revenue (Part VIII, line 2g)	24	0 254	246 125
Revenue	l .	-	nt income (Part VIII, inite 2g)		8,254	246,135
æ	1		renue (Part VIII, Column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		123	301
					5,347	28,055
	*		enue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	21	3,724	274,491
			nd similar amounts paid (Part IX, column (A), lines 1–3)		0	0
			paid to or for members (Part IX, column (A), line 4)		0	0
Expenses	I .		other compensation, employee benefits (Part IX, column (A), lines 5–10)	13	2,209	138,389
eŭ	1		onal fundraising fees (Part IX, column (A), line 11e)		0	0
×	I .		draising expenses (Part IX, column (D), line 25) ▶			
	I .	· ·	penses (Part IX, column (A), lines 11a–11d, 11f–24e)	9	7,542	98,403
ลเกร	I .	•	enses. Add lines 13–17 (must equal Part IX, column (A) line 25)		9,751	236,792
		Revenue	less expenses. Subtract line 18 from line (2) LIVED		3,973	37,699
28 S			N Beginning			End of Year
at Assets	20		ets (Part X, line 16)		0,668	250,010
					3,655	5,298
يني			ts or fund balances. Subtract line 21 from line 20	20	7,013	244,712
	art II		ture Block OGDEN, UT			
<u>L</u> Un	der penalti	ies of perju	(), I deflare that I have examined this return, including accompanying schedules and statements, and the Declaration of preparer (other than officer) is based on all information of which preparer has any k	d to the b	est of my l	knowledge and belief, it is
-	e, correct,	and compl	ate Declaration of picparer (other than officer) is based on all information of which preparer has any k	cnowleage		<u> </u>
₹.			Och M July			
Šić	jn	Sign	ature of afficer	Date	a a	1721G
He	re	1	Jack M () coboch		7-7	2011
	<u></u>		or print name and title		· · · · · ·	1
Pa	id	Print/Ty	pe preparer's name Preparer's signature Date		heck	PΠN if
	eparer	Susan	E. Boyd Son Joyd 9-ft		elf-employ	
	e Only	1	ame ► Advantage Accounting Services, Inc.	Firm's E	IN ►	38-3620619
_			ddress ► PO Box 1208, Traverse City, MI 49685-1208	Phone n	о.	231-883-2959
Ma	y the IRS		this return with the preparer shown above? (see instructions)			. 🗸 Yes 🗌 No
	-		ction Act Notice, see the separate instructions. Cat. No. 11282Y	,		Form 990 (2018)



) (Revenue \$

Other program services (Describe in Schedule O.)

Total program service expenses ▶

including grants of \$

(Expenses \$



Form 9	90 (2018)	X	ノ゛	Page \$
Part	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		√
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2		1
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		1
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h election in effect during the tax year? If "Yes," complete Schedule C, Part II) 4		
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part II			1
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I			1
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		1
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes, complete Schedule D, Part III"	" 8_		1
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, o debt negotiation services? If "Yes," complete Schedule D, Part IV			1
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	1 10		1
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI VII, VIII, IX, or X as applicable.	,		
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	" 11a	✓	
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		1
С	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		1
đ	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		1
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		✓
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		1
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a		1
b	Was the organization included in consolidated, independent audited financial statements for the tax year? It "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional			1
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		1
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		✓
ь	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			1
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		1
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV.	16		1
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services or Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17		1
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions or Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II.	18		1
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		√
20 a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		\
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		

Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II

Part	Checklist of Required Schedules (continued)		·	
			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		1
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	23		1
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a	24a		✓
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary penod exception?	24b		1
C	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 25a	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? 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	24d 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		1
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		1
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).			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		✓
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		✓
	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		✓
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		✓
30 31	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		1
32	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	31		√
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		√
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	34		✓
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		√
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity 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? If "Yes," complete Schedule R, Part V, line 2	36		
	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		✓
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	✓	
Part				
	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 1a 2	-	163	1
	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable		ĺ	
С	Did the organization comply with backup withholding rules for reportable payments to vendors and			
	reportable gaming (gambling) winnings to prize winners?	1c	√	

Part	Statements Regarding Other IRS Filings and Tax Compliance (continued)			-3-
			Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax			
	Statements, filed for the calendar year ending with or within the year covered by this return 2a 2	<u> </u>		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? .	2b	1	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		✓
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b		
4 a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over,			
	a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	1a		1
b	If "Yes," enter the name of the foreign country: ▶			l
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).		<u> </u>	<u> </u>
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a	<u> </u>	✓
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		1
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the]	
	organization solicit any contributions that were not tax deductible as charitable contributions?	6a		✓
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or		ŀ	
	gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			ļ
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods			
	and services provided to the payor?	7a		1
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
C	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was			
	required to file Form 8282?	7c		✓
d	If "Yes," indicate the number of Forms 8282 filed during the year			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		1
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? .	7f		✓
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8890 as required?	7g		✓
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		✓
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			
_	sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor adviscd funds.			ļ.——
a	Did the sponsoring organization make any taxable distributions under section 4966?	9a	<u></u>	ļ
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		<u> </u>
10	Section 501(c)(7) organizations. Enter:			
a	Initiation fees and capital contributions included on Part VIII, line 12	1 1		
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities . [10b]	1 1		1
11	Section 501(c)(12) organizations. Enter:	ł		
а	Gross income from members or shareholders	{		
b	Gross income from other sources (Do not net amounts due or paid to other sources			l
120	against amounts due or received from them.)	10-		
12a b		12a		
13	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	1 1		
	Is the organization licensed to issue qualified health plans in more than one state?	120		
а	Note. See the instructions for additional information the organization must report on Schedule O.	13a		
.				
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	1 1		
С	the organization is licensed to issue qualified health plans			
113	Did the organization receive any payments for indoor tanning services during the tax year?	14a		1
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O.	14b		√
		140	-	-
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year?	45		1
	excess parachute payment(s) during the year?	15		,
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		
	If "Yes " complete Form 4720. Schedule O	10		

Part	Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. S. Check if Schedule O contains a response or note to any line in this Part VI	See ins	struct	ions.
Secti	on A. Governing Body and Management	···		<u>. [₹]</u>
Secu	on A. Governing body and Management		Yes	No
12	Enter the number of voting members of the governing body at the end of the tax year 1a	<u>, — </u>	res	NO
ıa		4		
	If there are material differences in voting rights among members of the governing body, or	}		i l
	if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.			
_	·	<u> </u>		1
b	Enter the number of voting members included in line 1a, above, who are independent . 1b	4 '		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2		7
3	Did the organization delegate control over management duties customarily performed by or under the direct	1		} .
	supervision of officers, directors, or trustees, or key employees to a management company or other person?	3		/
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		✓
5	Did the organization become aware during the year of a significant diversion of the organization's assets? .	5		✓
6	Did the organization have members or stockholders?	6	>	<u></u>
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a	✓	
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,			
	stockholders, or persons other than the governing body?	7b	✓	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
а	The governing body?	8a	<u> </u>	
b	Each committee with authority to act on behalf of the governing body?	8b	1	
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		✓
Secti	on B. Policies (This Section B requests information about policies not required by the Internal Reven	ue C	ode.)	
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		✓
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a		√
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a		/
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b		
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done.	12c		
13	Did the organization have a written whistleblower policy?	13	-	✓
14	Did the organization have a written document retention and destruction policy?	14		
15	Did the process for determining compensation of the following persons include a review and approval by			-
13	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
a	The organization's CEO, Executive Director, or top management official	15a		✓_
Ь	Other officers or key employees of the organization	15b		<u>✓</u>
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement		1	
	with a taxable entity during the year?	16a		<u>√</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?	461		
Section	on C. Disclosure	16b	1	
17				
18	List the states with which a copy of this Form 990 is required to be filed Section 6104 requires an experimental make the Forms 1003 (1004 as 1004 A if contracts).			044
10	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A if applicable), 990, and 990-7 (3)s only) available for public inspection. Indicate how you made these available. Check all that apply. Own website Another's website Upon request Other (explain in Schedule O)	(Sec	tion 5	01(c)
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interinancial statements available to the public during the tax year.	erest p	oolicy	, and
20	State the name, address, and telephone number of the person who possesses the organization's books and rec	cords	•	
	Kendra Balderach, 1373 Barlow Street, Suite 4, Traverse City, MI 49686 231-946-5531		-	

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Form 990 (2018)

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

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.

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

☐ Check this box if neither the organization no	or any relate	d org	anız	atic	n c	ompe	nsa	ited any currer	t officer, directo	r, or trustee.
(4)	(6)				C) sition			(0)	m	<i>(</i> D)
(A) Name and Title	(B) Average hours per week (list any	box, office	unles er and	ss pe	rson	than one than one that is both or/trust	n an tee)	(D) Reportable compensation from	(E) Reportable compensation from related	(F) Estimated amount of other
	hours for related organizations below dotted line)		Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compensation from the organization and related organizations
(1) Jack Ocobock President/Director	11	1						o	0	0
(2) Darek Purgiel Vice President/Director	1	1		1				0		0
(3) Charlie Sole Treasurer/Director	1	1		1				0	0	0
(4) Keely Trombly Secretary/Director	1	1		1				0	0	0
(5) Mike Trippe Director	1	1						0	0	0
(6) Jason Horton Director	1	1						0	0	0
(7) Jim Winter Director	1	1						0		0
(8) Pat Harrison Director	1	✓						0	0	0
(9) Jim Isenhart Director	1	1						0	0	0
(10)										
(11)										
(12)										
(13)										
(14)	<u> </u>									

Par	Section A. Officers, Directors, Trus	tees, Key E	mplo	yees	s, aı	nd t	lighe	st C	ompensated E	mployees (co	ntinued)
	(A) Name and title	(B) Average hours per week (list any	box,	unles	Pos neck s pe	rson	e than one the thick the t	n an lee)	(D) Reportable compensation from	(E) Reportable compensation from related	(F) Estimated amount of other
		hours for related organizations below dotted line)		Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MiSo	compensation
(15)							_				
(16)								 			
(17)											
(18)								\vdash			
(19)					_						
(20)											
(21)											
(22)											
(23)											
(24)											
(25)											
1b c d	Sub-total			•			•	* * *	0		0 0
2	Total number of individuals (including but reportable compensation from the organi	not limited		ose	list	ed a	above	e) wi	ho received mo	ore than \$100,	
3	Did the organization list any former of employee on line 1a? If "Yes," complete 5	ficer, direc						mp	loyee, or high	est compens	Yes No
4	For any individual listed on line 1a, is the organization and related organizations individual										
5	Did any person listed on line 1a receive of for services rendered to the organization?									ation or indivi	dual
Section	on B. Independent Contractors		•								
1	Complete this table for your five highest compensation from the organization. Repyear.										
	(A) Name and business add	ress							(B) Description of se	ervices	(C) Compensation
None											
				·		_					
					_						
2	Total number of independent contractor received more than \$100,000 of compens.							the	ose listed abo	ove) who	

•

Par	VIII	Statement of Revenue					
		Check if Schedule O contains a res	ponse or note to	any line in this	Part VIII		🗆
	_			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512–514
Grants	1a	Federated campaigns 1a					
tributions, Gifts, Grants Other Similar Amounts	b	Membership dues 1b		1	ŀ		
ts, (C	Fundraising events 1c		1			
Contributions, Gifts, and Other Similar An	d	Related organizations 1d		1			
ns, Sim	e	Government grants (contributions) 1e		İ			ļ
utio	f	All other contributions, gifts, grants,		Ĭ			1
를 돌		and similar amounts not included above 1f		ľ			ļ
g g	g	Noncash contributions included in lines 1a–1f: \$		[
	h	Total. Add lines 1a-1f	Business Code				1
Program Service Revenue	2a	Mambarshin duas		400 405	400 405		
ě	b	Membership dues Blueprints	519100	192,405	192,405		
9	C	Member services	519100 900099	36,151 17,579	36,151 17,579		
<u> </u>	d	member 3ervices	900099	17,579	17,579	-	_
S	e					· · ·	
gra	f	All other program service revenue.					
Pro	g	Total. Add lines 2a–2f		246,135			
	3	Investment income (including divide		240,100			
		and other similar amounts)	▶	301	ł		301
	4	Income from investment of tax-exempt bo	ond proceeds ▶				
	5	Royalties	▶				
		(i) Real	(ii) Personal				1
	6a	Gross rents]	{	į		
	b	Less. rental expenses		[1		
	С	Rental income or (loss)			1		<u>.</u>
	d	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	<u></u> ▶				
	7a	Gross amount from sales of (i) Securities	(ii) Other				{
		assets other than inventory		İ			
	b	Less: cost or other basis	1	1			ł
		and sales expenses .			j		
	С	Gain or (loss)					
	d	Net gain or (loss)	▶	•			
Other Revenue	8a	Gross income from fundraising events (not including \$					
er Re		of contributions reported on line 1c). See Part IV, line 18 a	89,377				
뒫	b	Less: direct expenses b	61,322				
		Net income or (loss) from fundraising	events . >	28,055			28,055
	9 a	Gross income from gaming activities.					
1		See Part IV, line 19 a					
Ì		Less: direct expenses b					
		Net income or (loss) from gaming activ	vities 🕨				
	10a	Gross sales of inventory, less	1		i		}
ļ		returns and allowances a			ļ		
		Less: cost of goods sold b					
- 1	<u>C</u>	Net income or (loss) from sales of inve					
		Miscellaneous Revenue	Business Code				
	11a						
	b						
1	C	All					
1	d	All other revenue					
1	e 12	Total. Add lines 11a–11d	· · · · 🟲				
í	12	rotal revenue. See instructions	₽	274 401	246 125		20 250

	90 (2018)	_·	· · · · · · · · · · · · · · · · · · ·	· · · · · · · · · · · · · · · · · · ·	Page 10
	Statement of Functional Expenses on 501(c)(3) and 501(c)(4) organizations must com	ploto all columns. A	Il other emenization	as must complete so	luma (A)
Secin	Check if Schedule O contains a respons				
Do no	of include amounts reported on lines 6b, 7b,	(A)	(B)	(C)	∐ (D)
	b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	Fundraising
1	Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21		едрензез	general expenses	expenses
2	Grants and other assistance to domestic individuals. See Part IV, line 22				
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4 5	Benefits paid to or for members Compensation of current officers, directors, trustees, and key employees				
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	122,340			
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9	Other employee benefits	6,353			
10	Payroll taxes	9,696			
11	Fees for services (non-employees):				
а	Management				
b	Legal	195	<u> </u>		· · · · · · · · · · · · · · · · · · ·
C	Accounting	1,110			
d	Lobbying				· ··
e	Professional fundraising services. See Part IV, line 17				·
f g	Investment management fees Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.)				
12	Advertising and promotion	1,905			
13	Office expenses	6,893			
14	Information technology	22,166			
15	Royalties				
16	Occupancy	27,272	·		
17 18	Travel	1,567			
10	Payments of travel or entertainment expenses for any federal, state, or local public officials				
10	_ · · · · · · · · · · · · · · · · · · ·				
19 20	Conferences, conventions, and meetings . Interest	2,387			
21	Payments to affiliates				
22	Depreciation, depletion, and amortization .	3,458			
23	Insurance	3,220			
24	Other expenses. Itemize expenses not covered				
	above (List miscellaneous expenses in line 24e. If	}			
	line 24e amount exceeds 10% of line 25, column				
	(A) amount, list line 24e expenses on Schedule O.)				
а	Bank & merchant fees	3,853			
b	Dues & subscriptions	2,368			
C	Member services expenses	6,037			
d	Member meeting expenses	10,972			
е	All other expenses Scholarships	5,000			
25	Total functional expenses. Add lines 1 through 24e	236,792			
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here				

Part X Balance Sheet

		Check if Schedule O contains a response or note to any line in this Pai	tX		🗆
			(A) Beginning of year		(B) End of year
	1	Cash—non-interest-bearing	73,309	1	44,814
	2	Savings and temporary cash investments	118,713	2	169,024
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net	7,899	4	18,705
	5	Loans and other receivables from current and former officers, directors,			
		trustees, key employees, and highest compensated employees.			
		Complete Part II of Schedule L		5	
	6	Loans and other receivables from other disqualified persons (as defined under section			
		4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and			
		sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary			
ets	_	organizations (see instructions). Complete Part II of Schedule L		6	
Assets	7	Notes and loans receivable, net		7	
•	8	Inventories for sale or use		8	
	9	Prepaid expenses and deferred charges	664	9	664
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D 10a 96 562			
		30,302			
		Less: accumulated depreciation 10b 79,759	10,083		16,803
	11 12	Investments—publicly traded securities		11	
	13	Investments—other securities. See Part IV, line 11	·············	12	
	14	Investments—program-related. See Part IV, line 11		14	.=
	15	Other assets. See Part IV, line 11		15	
	16	Total assets. Add lines 1 through 15 (must equal line 34)	240 000		252.040
-	17	Accounts payable and accrued expenses	210,668 3,655		250,010
	18	Grants payable	3,033	18	5,298
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D.		21	
S	22	Loans and other payables to current and former officers, directors,		= +	·
Liabilities		trustees, key employees, highest compensated employees, and	Į	ļ	
ā		disqualified persons. Complete Part II of Schedule L		22	
3	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties		24	
- 1	25	Other liabilities (including federal income tax, payables to related third			
		parties, and other liabilities not included on lines 17–24). Complete Part X		ł	
		of Schedule D		25	
_	26	Total liabilities. Add lines 17 through 25	3,655	26	5,298
seo		Organizations that follow SFAS 117 (ASC 958), check here ▶ ☐ and complete lines 27 through 29, and lines 33 and 34.		ļ	
a	27	Unrestricted net assets		27	
Ba	28	Temporarily restricted net assets		28	
밀	29	Permanently restricted net assets		29	
Net Assets or Fund Balances		Organizations that do not follow SFAS 117 (ASC 958), check here ▶ □ and complete lines 30 through 34.			
3	30	Capital stock or trust principal, or current funds		30	
986	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
Ž	32	Retained earnings, endowment, accumulated income, or other funds .	207,013	32	244,712
2	33	Total net assets or fund balances	207,013	$\overline{}$	244,712
	34_	Total liabilities and net assets/fund balances	210.668		250,010
				•	Form 990 (2018)

Form 9	90 (2018)			Р	age 12
Par	TXI 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)	1			74,491
2	Total expenses (must equal Part IX, column (A), line 25)	2		2	36,792
3	Revenue less expenses. Subtract line 2 from line 1	3			37,699
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		2	07,013
5	Net unrealized gains (losses) on investments	5			
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain in Schedule O)	9			
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10		2	44.712
Part	XII Financial Statements and Reporting	-t- · · · · · ·			
	Check if Schedule O contains a response or note to any line in this Part XII				. 🗆
				Yes	No
1	Accounting method used to prepare the Form 990: ☐ Cash				1
	If the organization changed its method of accounting from a prior year or checked "Other," ex Schedule O.	plain ır	i		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2	a	7
	If "Yes," check a box below to indicate whether the financial statements for the year were com- reviewed on a separate basis, consolidated basis, or both:	piled o	,		
_	□ Separate basis □ Consolidated basis □ Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		21	b	✓
	If "Yes," check a box below to indicate whether the financial statements for the year were audite separate basis, consolidated basis, or both:	ed on a	t		
	☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis			1	
C	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for or	versight	t T		}
	of the audit, review, or compilation of its financial statements and selection of an independent account	intant?	20		<u> </u>
	If the organization changed either its oversight process or selection process during the tax year, ex Schedule O.	ıplain ır	'		

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.

3a

3b

Form **990** (2018)

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service Name of the organization

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

Open to Public Inspection

Employer identification number

	ers Exchange of Northwest Michigan		38-1611992
Pai	t I Organizations Maintaining Donor Adv		
	Complete if the organization answered	"Yes" on Form 990, Part IV, line 6.	
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate value of contributions to (during year)		
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 h	eld in donor advised
	funds are the organization's property, subject to the		
6	Did the organization inform all grantees, donors, a	and donor advisors in writing that gra	
	only for charitable purposes and not for the bene		
	conferring impermissible private benefit?		
Par	Conservation Easements.		
	Complete if the organization answered	"Yes" on Form 990, Part IV, line 7.	
1	Purpose(s) of conservation easements held by the		
•	Preservation of land for public use (e.g., recrea		f a historically important land area
	Protection of natural habitat		f a certified historic structure
	Preservation of open space	Treservation o	a certified filstoric structure
2	Complete lines 2a through 2d if the organization he	ald a gualified conservation contribution	on in the form of a conseniation
_	easement on the last day of the tax year.	eid a quaimed conservation contributio	Held at the End of the Tax Year
_			
a			
b	Total acreage restricted by conservation easement		
C	Number of conservation easements on a certified I		
d	Number of conservation easements included in historic structure listed in the National Register .	(c) acquired after 7725706, and not	I I
_	_		· · [2d]
3	Number of conservation easements modified, trans	sterred, released, extinguished, or terr	ninated by the organization during the
	tax year >		
4	Number of states where property subject to conse		
5	Does the organization have a written policy re-		·
_	violations, and enforcement of the conservation ea		
6	Staff and volunteer hours devoted to monitoring, inspe	cting, handling of violations, and enforcing	g conservation easements during the year
_	-		
7	Amount of expenses incurred in monitoring, inspecting	ng, handling of violations, and enforcing	conservation easements during the year
	▶ \$		
8	Does each conservation easement reported on line	, ,	· · · · · · ·
			· · · · · · · · · · Yes No
9	In Part XIII, describe how the organization reports		•
	balance sheet, and include, if applicable, the text of		ancial statements that describes the
	organization's accounting for conservation easeme		
Part			
	Complete if the organization answered		
1a	If the organization elected, as permitted under SF		
	works of art, historical treasures, or other similar		
	public service, provide, in Part XIII, the text of the f	footnote to its financial statements tha	t describes these items.
b	If the organization elected, as permitted under S		
	works of art, historical treasures, or other similar		fucation, or research in furtherance of
	public service, provide the following amounts relati	_	
	(i) Revenue included on Form 990, Part VIII, line 1		▶ \$
	(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,	, histoncal treasures, or other similar	assets for financial gain, provide the
	following amounts required to be reported under S	EAS 116 (ASC 958) relating to those if	ome.
а	Revenue included on Form 990, Part VIII, line 1. Assets included in Form 990, Part X		> \$
	Assets included in Form 990. Part X		•

Par	Organizations Maintaining	Collections of	Art, His	torical	Treasures,	or Othe	er Similar Ass	ets (con	tinued)
3	Using the organization's acquisition, collection items (check all that apply):		her reco	ords, che	ck any of the	e followir	ng that are a sig	gnificant u	use of its
а	☐ Public exhibition		d	☐ Loan	or exchang	e prograi	ms		
b	☐ Scholarly research		e	☐ Othe	r				
С	Preservation for future generations								
4	Provide a description of the organiza XIII.	tion's collections a	and expl	ain how t	they further	the orgar	nization's exem	pt purpos	e in Part
5	During the year, did the organization assets to be sold to raise funds rather								□ No
Part	IV Escrow and Custodial Arra								
	Complete if the organization 990, Part X, line 21.								orm
1a	Is the organization an agent, trustee included on Form 990, Part X?								. □ No
b	If "Yes," explain the arrangement in P	art XIII and comple	ete the fo	ollowing t	able:		An	nount	
С	Beginning balance					1c			
d	Additions during the year					1d			
e	Distributions during the year					1e			
f	Ending balance					1f			
2a	Did the organization include an amount	nt on Form 990, Pa	art X, line	e 21, for e	escrow or cu	stodial a	ccount liability?	Yes	☐ No
b	If "Yes," explain the arrangement in P	art XIII. Check here	e if the e	xplanatio	n has been j	provided	on Part XIII .		
Par	t V Endowment Funds.								
	Complete if the organization	answered "Yes"	on Fo	m 990, l					
		(a) Current year	(b) Pr	or year	(c) Two years	s back (d) Three years back	(e) Four ye	ears back
1a	Beginning of year balance								
b	Contributions								
С	Net investment earnings, gains, and losses								
d	Grants or scholarships								
е	Other expenditures for facilities and programs								
f	Administrative expenses				" " "				
g	End of year balance				1				
2	Provide the estimated percentage of t	he current year en	d baland	e (line 1	, column (a)) held as:	•		
а	Board designated or quasi-endowmen			•		•			
b	Permanent endowment ▶	%	· -						
С	Temporanly restricted endowment ▶	 %							
	The percentages on lines 2a, 2b, and	2c should equal 10	00%.						
3a	Are there endowment funds not in the	e possession of th	e organ	zation th	at are held a	and admi	nistered for the	!	
	organization by:							Y	es No
	(i) unrelated organizations							3a(i)	1
	(ii) related organizations							3a(ii)	
b	If "Yes" on line 3a(ii), are the related or	rganizations listed	as requ	red on S	chedule R?			3b	
4	Describe in Part XIII the intended uses	of the organization	n's end	owment f	unds.				
Part	VI Land, Buildings, and Equip	ment.							
	Complete if the organization	answered "Yes"	on Fo	m 990, I	Part IV, line	11a. Se	e Form 990, F	art X, lir	ie 10.
	Description of property	(a) Cost or oth		1	or other basis other)		cumulated eciation	(d) Book	/alue
1a	Land								
b	Buildings								
С	Leasehold improvements						İ		
d	Equipment						-		
e	Other				96,562		79,759		16,803
Total.	Add lines 1a through 1e. (Column (d) n	nust equal Form 99	90, Part	X, columi		c.)	▶		16,803

Part VII	Investments—Other Securities		000 D. AB/ E	11b O. F.	000 D. IV E. 40
	Complete if the organization ans				
	(a) Description of security or categor (including name of security)	y 	(b) Book value		od of valuation of-year market value
(1) Financia					
	held equity interests				
(3) Other				· · · · · · · · · · · · · · · · · · ·	
(A)					
(B)					
(C)					
(D)					
(E)					
(F) (G)					· ·
(G) (H)					
	(h) must a sul Farm 200 Part V and (D) line 10) b				<u> </u>
Part VIII	(b) must equal Form 990, Part X, col (B) line 12) ► Investments—Program Relate	d			
rait viii	Complete if the organization ans		m 990 Part IV line	11c See Form	990 Part Y line 13
	(a) Description of investment	wered res off of	(b) Book value		nod of valuation.
	(a) Description of investment		(b) BOOK Value		of-year market value
(1)	· · · · · · · · · · · · · · · · · · ·				
(2)					.,
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
	b) must equal Form 990, Part X, col. (B) line 13)		<u> </u>		<u> </u>
Part IX	Other Assets. Complete if the organization ans	wered "Ves" on For	m 990 Part IV line	11d See Form	990 Part X line 15
		a) Description	11 000, I dit IV, mic	710.00070111	(b) Book value
(1)					
(2)					
(3)			•		
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
	mn (b) must equal Form 990, Part X, c	ol. (B) line 15.)	<u> </u>	<u> ▶</u>	
Part X	Other Liabilities.	1007 11 5	000 D. I.W. I	44 446 0	E 000 D 1 V
	Complete if the organization ans	wered "Yes" on Fon	m 990, Part IV, line	11e or 11f. See	Form 990, Part X,
 -	line 25.	A) D. L			
1. (1) Federal in	(a) Description of liability	(b) Book value			
(2)	icome taxes				
(3)			_ -		
(4)					
(5)					
(6)		 			
(7)		 			
					
(8)		3			
(8)					
(9)	b) must equal Form 990, Part X, col. (B) line 25) ▶				

organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII

Part	•	· · · · · · · · · · · · · · · · · · ·	er Return.	
	Complete if the organization answered "Yes" on Form 990			
1	Total revenue, gains, and other support per audited financial statement	s	1	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
а	Net unrealized gains (losses) on investments		_	
b	Donated services and use of facilities			
С	Recovenes of prior year grants			
d	Other (Describe in Part XIII.)			
е	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:			
а	Investment expenses not included on Form 990, Part VIII, line 7b		_	
b	Other (Describe in Part XIII.)			
_	Add lines 4a and 4b			_
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, lin			
Part			per Return.	
	Complete if the organization answered "Yes" on Form 990		·· · · · · · · · · · · · · · · · ·	
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:	1-1		
a	Donated services and use of facilities		_	
þ	Prior year adjustments	 	_	
C	Other losses	. 2c	<u> </u>	
d	Other (Describe in Part XIII.)	- 	 	
e	Add lines 2a through 2d		2e	_
3	Subtract line 2e from line 1		3	_
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:	4-		
a	Investment expenses not included on Form 990, Part VIII, line 7b		- 	
b	Other (Describe in Part XIII.)	•	 _ 	
С 5	Add lines 4a and 4b		4c	_
Part	•	nne 10.)] 3]	_
	e the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a a	and A: Part IV lines 1b and	2h: Part V line 4: Part V lin	_
	XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this pa			ی
_,		,		
			1	
	\	*******		

Schedule D (Fo		Page 5
Part XIII	Supplemental Information (continued)	

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SCHEDULE G (Form 990 or 990-EZ)

Department of the Treasury

Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered "Yes" on Form 990, Part IV, line 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

▶ Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

Internal Revenue Service Name of the organization **Employer** identification number **Builders Exchange of Northwest Michigan** 38-1611992 Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Part I Form 990-EZ filers are not required to complete this part. Indicate whether the organization raised funds through any of the following activities. Check all that apply. 1 Mail solicitations e Solicitation of non-government grants а ☐ Internet and email solicitations f ☐ Solicitation of government grants b Phone solicitations Special fundraising events d In-person solicitations 2a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? ☐ Yes ☐ No If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization. (v) Amount paid to (or retained by) fundraiser listed in col (i) (iii) Did fundraiser have custody or control of contributions? (vi) Amount paid to (or retained by) (i) Name and address of individual (iv) Gross receipts (ii) Activity or entity (fundraiser) from activity organization Yes No 1 2 3 4 5 6 7 8 9 10 Total List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.

	r	gross receipts greater tha				
			(a) Event #1	(b) Event #2	(c) Other events	(d) Total events
			Golf Outing	Awards Event (event type)	(total number)	(add col. (a) through col. (c))
<u>o</u>	}		(event type)	(event type)	(total number)	
Revenue	1	Gross receipts	65,993	23,384		89,377
_	2	Less: Contributions		}		
	3	Gross income (line 1 minus				
		line 2)	65,993	23,384		89,377
	4	Cash prizes				<u></u>
	5	Noncash prizes				
sesu	6	Rent/facility costs				
Direct Expenses	7	Food and beverages				
Direc	8	Entertainment				· · · · · · · - · · · - · · · · · · · ·
	9	Other direct expenses .	43,567	17,755		61,322
	10	Direct expense summary. Ad				28,055
	11	Net income summary. Subtra	act line 10 from line 3, co	olumn (d)		
Pa	rt III	Gaming. Complete if the		red "Yes" on Form 9	90, Part IV, line 19,	or reported more than
	ı	\$15,000 on Form 990-E2	z, line ba.			· · · · · · · · · · · · · · · · · · ·
Revenue			(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
e e						
ď	1	Gross revenue				
ses	2	Cash prizes				
xpen	3	Noncash prizes				
ect Expenses		Tronoadii prizod				· · · ·
Direct E	4	Rent/facility costs				
Direct E		Rent/facility costs				
Direct E	4 _ 5	·	☐ Yes %	☐ Yes %	☐ Yes %	
Direct E		Rent/facility costs	☐ Yes%	☐ Yes % ☐ No	☐ Yes % ☐ No	
Direct E	5	Rent/facility costs Other direct expenses .	☐ No	□ No		
Direct E	5	Rent/facility costs Other direct expenses	No lines 2 through 5 in co	No No No No No No No No No No No No No N	□ No ▶	
<u>ה</u>	5 6 7 8	Rent/facility costs Other direct expenses . Volunteer labor Direct expense summary. Ad Net gaming income summary	No d lines 2 through 5 in co	No No No No No No No No No No No No No N	□ No	
9	5 6 7 8	Rent/facility costs Other direct expenses . Volunteer labor Direct expense summary. Ad Net gaming income summary.	No d lines 2 through 5 in co y. Subtract line 7 from lin ganization conducts gar	No No ne 1, column (d)	□ No	□Vac □No
9	5 6 7 8 Er	Rent/facility costs Other direct expenses . Volunteer labor Direct expense summary. Ad Net gaming income summary nter the state(s) in which the ore the organization licensed to co	No d lines 2 through 5 in co y. Subtract line 7 from lin ganization conducts gar anduct gaming activities	No Plumn (d)	□ No	
9	5 6 7 8 Er	Rent/facility costs Other direct expenses . Volunteer labor Direct expense summary. Ad Net gaming income summary.	No d lines 2 through 5 in co y. Subtract line 7 from lin ganization conducts gar anduct gaming activities	No Plumn (d)	□ No	□Yes □No
9	5 6 7 8 Er a Is	Rent/facility costs Other direct expenses . Volunteer labor Direct expense summary. Ad Net gaming income summary nter the state(s) in which the or the organization licensed to co	No d lines 2 through 5 in co y. Subtract line 7 from lin ganization conducts gar anduct gaming activities	No No No No No No No No No No No No No N	□ No	
j 9	5 6 7 8 Er a Is b If	Rent/facility costs Other direct expenses . Volunteer labor Direct expense summary. Ad Net gaming income summary nter the state(s) in which the ore the organization licensed to co	No d lines 2 through 5 in co y. Subtract line 7 from lin ganization conducts gar anduct gaming activities aming licenses revoked	No plumn (d)	No P	

Schedu	ule G (Form 990 or 990-EZ) 2018		Page 3					
11.	Does the organization conduct gaming activities with nonmembers?	☐ Yes	□No					
12	Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed to administer charitable gaming?	☐ Yes	□ No					
13	Indicate the percentage of gaming activity conducted in:							
а	The organization's facility		%					
b	An outside facility		%					
14	Enter the name and address of the person who prepares the organization's gaming/special events books and records:							
	Name							
	Address ▶							
15a	Does the organization have a contract with a third party from whom the organization receives gaming revenue?	☐ Yes	□ No					
b	If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ and the							
	amount of gaming revenue retained by the third party ► \$							
С	If "Yes," enter name and address of the third party.							
	Name ►	·						
	Address ▶							
16	Gaming manager information:							
	Name ►							
	Gaming manager compensation ▶ \$							
	Description of services provided ▶							
	□ Director/officer □ Employee □ Independent contractor							
17	Mandatory distributions:							
a	Is the organization required under state law to make charitable distributions from the gaming proceeds to							
•	retain the state gaming license?	☐ Yes	□No					
ь	Enter the amount of distributions required under state law to be distributed to other exempt organizations or							
	spent in the organization's own exempt activities during the tax year ▶ \$							
Part	Supplemental Information. Provide the explanations required by Part I, line 2b, columns (Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any addition See instructions.	iii) and (nal inform	v); and nation.					
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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.

2018

Employer identification number

Open to Public Inspection

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization ► Attach to Form 990 or 990-EZ.

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

Builders Exchange of Northwest Michigan 38-1611992 Part VI, Section B, Line 11A: The complete Form 990 and applicable schedules are reviewed by the Treasurer and Executive Director prior to presentation to the remaining board members at a regularly scheduled board meeting. Part VI, Section C, Line 19: All governing documents and financial statements of the organization are available for inspection by the public upon request.