DLN: 93493237002120 OMB No 1545-0047 Return of Organization Exempt From Income Tax Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations) ▶ Do not enter social security numbers on this form as it may be made public Department of the ▶ Go to www.irs.gov/Form990 for instructions and the latest information. Treasury Internal Revenue Service For the 2019 calendar year, or tax year beginning 01-01-2019 , and ending 12-31-2019 C Name of organization D Employer identification number B Check if applicable BUILDERS ASSOCIATION OF ELKHART COUNTY ☐ Address change 35-1469260 ☐ Name change Doing business as ☐ Initial return ☐ Final return/terminated E Telephone number Number and street (or P O $\,$ box if mail is not delivered to street address) 25428 COUNTY ROAD 20 $\,$ ☐ Amended return ☐ Application pending (574) 293-0997 City or town, state or province, country, and ZIP or foreign postal code ELKHART, IN $\,$ 46517 $\,$ G Gross receipts \$ 316,623 Name and address of principal officer H(a) Is this a group return for NIKI S GROVES ☐Yes **☑**No subordinates? 25428 COUNTY ROAD 20 H(b) Are all subordinates ELKHART, IN 465173223 ☐ Yes ☐No included? Tax-exempt status 501(c)(3) **✓** 501(c) (6) **◄** (insert no) ☐ 4947(a)(1) or □ 527 If "No," attach a list (see instructions) **H(c)** Group exemption number ▶ Website: ▶ WWW BAEC COM L Year of formation 1967 M State of legal domicile IN K Form of organization ✓ Corporation ☐ Trust ☐ Association ☐ Other ▶ Summary 1 Briefly describe the organization's mission or most significant activities THE BUILDERS ASSOCIATION OF ELKHART COUNTY, INC (THE ASSOCIATION) IS A NOT-FOR-PROFIT TRADE ASSOCIATION THAT IS THE RESPECTED VOICE OF THE PROFESSIONAL BUILDING INDUSTRY THE ASSOCIATION EDUCATES AND PROMOTES ITS MEMBERS AND THE COMMUNITY THE ASSOCIATION SEEKS TO BUILD A BETTER ENVIRONMENT AND MEET THE CHANGING NEEDS OF ITS INDUSTRY AND Activities & Governance Check this box ▶ ☐ if the organization discontinued its operations or disposed of more than 25% of its net assets Number of voting members of the governing body (Part VI, line 1a) . . . 3 4 17 Number of independent voting members of the governing body (Part VI, line 1b) 5 Total number of individuals employed in calendar year 2019 (Part V, line 2a) 6 Total number of volunteers (estimate if necessary) Total unrelated business revenue from Part VIII, column (C), line 12 7a b Net unrelated business taxable income from Form 990-T, line 39 7b **Current Year** 8 Contributions and grants (Part VIII, line 1h) . 71,970 59,817 Ravenue 262,601 255,439 Program service revenue (Part VIII, line 2g) . 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) . 350 1,258 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 334.921 316.514 12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12) Grants and similar amounts paid (Part IX, column (A), lines 1-3) . . . 5,150 5,342 14 Benefits paid to or for members (Part IX, column (A), line 4) . . 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10) 88,844 75,859 16a Professional fundraising fees (Part IX, column (A), line 11e) . **b** Total fundraising expenses (Part IX, column (D), line 25) ▶28,139 237,345 228,423 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) . 309,624 18 Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25) 331,339 19 Revenue less expenses Subtract line 18 from line 12 . 3,582 6,890 Assets or d Balances End of Year Beginning of Current Year 347,779 20 Total assets (Part X, line 16) . 351,522 21 Total liabilities (Part X, line 26) . 66,031 55,398 Net assets or fund balances Subtract line 21 from line 20 285,491 292,381 Signature Block Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge 2020-08-24 Signature of officer Date Sign Here NIKI GROVES EXECUTIVE OFFICER Type or print name and title Print/Type preparer's name Preparer's signature Check 🔲 ıf P01548756 Paid self-employed ► Loucks & Weaver CPA Firm's EIN > 35-2122749 Firm's name Preparer Use Only Firm's address ▶ 719 East Bristol Street Phone no (574) 264-0395 Elkhart, IN 46514 ☑ Yes ☐ No May the IRS discuss this return with the preparer shown above? (see instructions) . For Paperwork Reduction Act Notice, see the separate instructions. Form 990 (2019) Cat No 11282Y

Form	990 (2019)					Page 2				
Pa	statement	of Program Se	rvice Accomplis	hments						
	Check if Sched	dule O contains a r	esponse or note to a	any line in this Part III		🗹				
1	Briefly describe the o	rganızatıon's mıssı	on	·						
					r-FOR-PROFIT TRADE ASSOCIATIO					
					DUCATES AND PROMOTES ITS MEN THE CHANGING NEEDS OF ITS INI					
	HOWITT THE ASSOCIA	TION SEEKS TO B	OLD A BETTER ENV	INORMERT AND MEET	THE CHANGING NEEDS OF ITS IN	SOSTRI AND MEMBERS				
2	Did the organization	undertake any sigr	nificant program ser	vices during the year v	which were not listed on					
						🗌 Yes 🗹 No				
	If "Yes," describe the									
3	Did the organization cease conducting, or make significant changes in how it conducts, any program									
	services?									
	If "Yes," describe the	If "Yes," describe these changes on Schedule O								
4	Describe the organization Section 501(c)(3) and expenses, and revenue									
			program service re							
4a	(Code) (Expenses \$	118,462	including grants of \$) (Revenue \$)				
	See Additional Data									
4b	(Code) (Expenses \$	108,020	including grants of \$) (Revenue \$)				
	See Additional Data	, (, (, 				
4c	(Code) (Expenses \$	5,342	including grants of \$	5,000) (Revenue \$)				
	See Additional Data					<u> </u>				
4d	Other program service									
	(Expenses \$	5,000	including grants of	\$) (Revenue \$)				
4e	Total program serv	rice expenses 🕨	236,8	24						

Pa	rt 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		No
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2		No
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I 🕏	3	Yes	
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i>	4		
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5	Yes	
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part	6		No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			

7 the environment, historic land areas, or historic structures? If "Yes," complete Schedule D. Part II 🛸 .

Nο 8 Nο

No

No

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Form **990** (2019)

11c

11d

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12a

12b

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20b

21

Yes

Yes

Did the organization report an amount in Part X, line 21 for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation No 9 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, 10 Nο permanent endowments, or quasi endowments? If "Yes," complete Schedule D, Part V 🛸 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Yes 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 11b assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII 🔧 Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its

Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"

total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII 💆 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

12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete

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

b Was the organization included in consolidated, independent audited financial statements for the tax year?

Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E

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

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

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

14a Did the organization maintain an office, employees, or agents outside of the United States? . . .

foreign organization? If "Yes," complete Schedule F, Parts II and IV

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

Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X 🥦

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

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

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

Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,

Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII.

Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"

Did the organization report 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

e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X 🔧

m 9	990 (2019)			Page
art	Checklist of Required Schedules (continued)			
			Yes	No
	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 27 If "Yes," complete Schedule I, Parts I and III	22	Yes	
	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>	23		No
	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K If "No," go to line 25a	24a		No
)	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		
	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		
	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? <i>If "Yes," complete Schedule L, Part I</i>	25b		
	Did the organization report any amount on Part X, line 5 or 22 for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		No
	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L,Part III	27		No
	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If "Yes," complete Schedule L, Part IV</i>	28a		No
,	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		No
	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If "Yes," complete Schedule L, Part IV	28c		No
	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		No
	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		No
	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		No
	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		No
	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-3 If "Yes," complete Schedule R, Part I	33		No
	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		No
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		No
	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		
	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		No
	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 197 Note. All Form 990 filers are required to complete Schedule O	38	Yes	
	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			
	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable		Yes	No

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

1b

0

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Pa	Statements Regarding Other IRS Filings and Tax Compliance (continued)						
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						
	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	2b	Yes				
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		No			
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b					
	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)? If "Yes," enter the name of the foreign country	4a		No			
E >	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR) Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a					
эа b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?			No No			
		5b					
	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c	V				
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6a	Yes				
	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6 b	Yes				
	Organizations that may receive deductible contributions under section 170(c).	7 -					
	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?						
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b					
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c					
u	The s, indicate the number of forms 5252 filed during the year 1. 1. 1.						
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e					
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f					
g	g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?						
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 advised funds.						
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a					
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b					
10	Section 501(c)(7) organizations. Enter						
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						
Ь	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)						
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a					
b	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.						
	Is the organization licensed to issue qualified health plans in more than one state?	13a					
	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						
	Enter the amount of reserves on hand	14a		No			
	14a Did the organization receive any payments for indoor tanning services during the tax year?						
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess	14b					
15	parachute payment(s) during the year?	15		No			
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O	16		No			

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Par	Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O See instructions Check if Schedule O contains a response or note to any line in this Part VI	o" respo	onse to	lines 🗸
Se	ction A. Governing Body and Management			1
1.	Enter the number of voting members of the governing body at the end of the tax year 1a 17	\square	Yes	No
Id	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O	•		
b	Enter the number of voting members included in line 1a, above, who are independent 1b 17			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2	Yes	
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? •	3		No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? .	4		No
5	Did the organization become aware during the year of a significant diversion of the organization's assets? .	5		No
6	Did the organization have members or stockholders?	6	Yes	
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	Yes	
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b		No
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following			
а	The governing body?	8a	Yes	
b	Each committee with authority to act on behalf of the governing body?	8 b	Yes	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? <i>If "Yes," provide the names and addresses in Schedule O</i>	9		No
Se	ction B. Policies (This Section B requests information about policies not required by the Internal Revenu	e Code		1
			Yes	No
	Did the organization have local chapters, branches, or affiliates?	10a		No
	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Yes	
Ь	Describe in Schedule O the process, if any, used by the organization to review this Form 990			
L2a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Yes	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	12c	Yes	
L3	Did the organization have a written whistleblower policy?	13		No
14	Did the organization have a written document retention and destruction policy?	14	Yes	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a	Yes	
Ь	Other officers or key employees of the organization	15b	Yes	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a		No
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?		,	
	-	16b		
	ction C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed▶ IN			
18	Section 6104 requires an organization to make its Form 1023 (or 1024-A if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply			
10	Own website Another's website Upon request Other (explain in Schedule O) Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest			
19	Describe in Schedule O whether (and it so, now) the organization made its governing documents, conflict of interest			

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

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Part VII

PAST PRESIDENT

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

- 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)
- organization and any related organizations List all of the organization's former officers, key employees, or highest compensated employees who received more than \$100,000

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

- 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 co See instructions for the order in which to list the		in the t	n yan	IIZati	1011 6	and an	ıy ı c	elated organization	•		
☐ Check this box if neither the organization no	•	raanızat	ion c	omp	ens	ated a	anv o	current officer. dire	ctor, or trustee		
(A) Name and title	(B) Average hours per week (list any hours	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						compensation from the organization	(E) Reportable compensation from related organizations	(F) Estimated amount of other compensation from the	
	for related organizations below dotted line)	Officer Institutional Trustee Individual trustee or director		Officer	key employee	Highest compensated employee	Former	(W-2/1099- MISC)	(W-2/1099- MISC)	organization and related organizations	
(1) KIMBERLY E MCKIBBIN	40 00							22.761			
Executive Dir	0 00	×		X				33,761	0	0	
(2) NIKI S GROVES	40 00										
Executive Dir	0 00	X		X				11,538	0	0	
(3) PEGGY MILTON	0 00										
Director		×						0	0	0	
(4) BRIAN LEVAN	0 00										
		×						0	0	0	
Director	0 00										
(5) STEVE OTIS		×						0	0	0	
Director	0 00										
(6) JAMES BYARS	0 00	×						0	0	0	
Director	0 00										
(7) RHONDA BANTA	0 00										
Director	0 00	×						0	0	0	
(8) BRYAN BARR	0 00										
Director	0 00	×						0	0	0	
(9) MEGHANN SULLIVAN President	0 00	×		x				0	0	0	
(10) JUSTIN HURTEKANT Vice President	0 00			×				0	0	0	
(11) MANDY LEAZENBY Secretary	0 00	×		×				0	0	0	
(12) DAN REIFF Treasurer	0 00	×		х				0	0	0	
(13) KAREN JOHNSON ASSOCIATE ELECT	0 00	×		х				0	0	0	
(14) SCOTT AUGUST ASSOCIATE ELECT	0 00	×		x				0	0	0	
(15) ANDY HARLOW PAST PRESIDENT	0 00	×						0	0	0	
(16) RYAN CASEY	0 00										
PAST PRESIDENT		×						0	0	0	
(17) JEFF LOUCKS	0 00										
(17) JEH LOUCKS		l		l	l	l			_	1	

0.00

Page 8 Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued) Part VII (A) (B) (C) (F) (D) (E) Name and title Average Position (do not check more Reportable Reportable Estimated hours per than one box, unless person compensation compensation amount of other week (list is both an officer and a from the from related compensation director/trustee) any hours organization organizations from the for related (W-2/1099-(W-2/1099organization and Officer Highest compensatemptovee Former Individual trustee or director organizations MISC) MISC) related Institutional Trustee below dotted organizations employee line) (18) TODD MEIER 0.00 PAST PRESIDENT 0 00

			·			

45,299

Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for

from the organization. Report compensation for the calendar year ending with or within the organization's tax year

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

c Total from continuation sheets to Part VII, Section A . d Total (add lines 1b and 1c)

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

_	of reportable compensation from the organization ▶ 0			
			Yes	No
3	Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>	3		No
4	For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual	4		No

5

(B)

Description of services

No

(C)

Compensation

Form 990 (2019)

			Yes	No
3	Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>	3		No
4	For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual	4		No

Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation

services rendered to the organization? If "Yes," complete Schedule J for such person **Section B. Independent Contractors**

compensation from the organization ▶ 0

(A)

Name and business address

Form 9 Part		(2019) Statement	of Revenue						Page 9
		Check If Scheo	dule O contains	a respo	onse or note to any	/ line in this Part VIII (A) Total revenue	(B) Related or exempt function	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections
	1:	a Federated campa	aigns	1a			revenue		512 - 514
nts ints		b Membership due:	s	1b	47,668				
Gra not		c Fundraising even	nts	1c					
Ts' F		d Related organiza	tions	1d					
<u> </u>		e Government grants	(contributions)	1e					
ns, Sir	1	f All other contribution	ons, gifts, grants,						
utio		and similar amounts above		1f	12,149				
를함	!	g Noncash contribution lines 1a - 1f \$	ons included in	1g					
Contributions, Gifts, Grants and Other Similar Amounts		h Total. Add lines	1a-1f	9_	•				
<u> </u>					Business Code	59,817			
)a	EDUCATIONAL ACTIV	/ITIES			12,500			12,500
<u> 1</u>					611710				
Ven	b	HOME IMPROVEMENT	ΓSHOW		611710	54,585			54,585
Program Service Revenue		MEMBERSHIP EVENTS	S			37,696			37,696
					611710				
3	d	OTHER PROGRAMS			611710	7,911			7,911
ranı	e	PARADE OF HOMES P	PLUS		611710	137,747			137,747
≯og					011710				
	f	All other program	service revenue	2		5,000			5,000
	g	Total. Add lines 2	2a-2f	. •	255,439		L		
	3	Investment income					.7		1,367
		imilar amounts) . Income from invest					0		
					_	•	0		
			(ı) Re	al	(II) Personal				
	6a	Gross rents	6a						
	b	Less rental							
		expenses	6b			_			
	С	Rental income or (loss)	6c						
	c	Net rental income	or (loss)]	0		
		_	(ı) Secu	rities	(II) Other	_			
	7a	Gross amount from sales of	7a						
		assets other than inventory							
	b	Less cost or other basis and	7b		10	99			
		sales expenses							
	С	Gain or (loss)	7c		-10	9			
	c	l Net gain or (loss)			· · · •	-10	-109		
a)	8a	Gross income from fu (not including \$	ındraısıng events of						
eun		contributions reported See Part IV, line 18	d on line 1c)						
³ev				8a		_			
er f		Less direct expen Net income or (los		8b sing ev	ents		0		
Other Revenue	_	(100	,		ents •	1			
	9a	Gross income from See Part IV, line 19		ı					
	ŀ	Less direct expen		9a 9b		_			
		: Net income or (los			les •		0		
	10	aGross sales of inve returns and allowa		10a					
	Ŀ	Less cost of good	s sold	10b	-	-			
		Net income or (los		f invent	tory ►		0		
			us Revenue		Business Code				
	11	.a							
	Ŀ	,							
							1		
	C	-							
		All other revenue					1		
		Total. Add lines 1			>		+		
	12	? Total revenue. S	ee instructions				0		
		Julian Colonidor 5		- •	• • • •	316,51	4 -109		256,806 Form 990 (2019)

Form 990 (2019)				Page 10
Part IX Statement of Functional Expenses				
Section 501(c)(3) and 501(c)(4) organizations must c	complete all columns	All other organizatio	ns must complete col	· · · —
Check if Schedule O contains a response or note to ar	ny line in this Part IX			<u>.</u> <u>V</u>
Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
Grants and other assistance to domestic organizations and domestic governments See Part IV, line 21	0			
2 Grants and other assistance to domestic individuals. See Part IV, line 22	5,342	5,342		
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals See Part IV, lines 15 and 16	0			
4 Benefits paid to or for members	0			
5 Compensation of current officers, directors, trustees, and key employees	45,299	25,367	9,966	9,966
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	0			
7 Other salaries and wages	23,827	13,343	5,242	5,242
8 Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions)	0			
9 Other employee benefits	850	476	187	187
10 Payroll taxes	5,883	3,294	1,295	1,294
11 Fees for services (non-employees)				
a Management	0			
b Legal	352		352	
c Accounting	14,665		14,665	
d Lobbying	5,000	5,000		
e Professional fundraising services See Part IV, line 17	0			
f Investment management fees	0			
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	0			
12 Advertising and promotion	808	452	178	178
13 Office expenses	4,320	2,419	951	950
14 Information technology	3,415	3,415		
15 Royalties	0			
16 Occupancy	2,764	1,548	608	608
17 Travel	0			
18 Payments of travel or entertainment expenses for any federal, state, or local public officials .	0			
19 Conferences, conventions, and meetings	14,047	14,047		

18

0

12,490

3,049

89,862

18,158

16,381

14,629

28,465

309,624

10

6,994

1,707

89,862

18,158

9,173

14,629

21,588

236,824

4

2,748

3,604

4,190

44,661

671

4

2,748

3,604

2,687

28,139

Form 990 (2019)

671

20 Interest . .

23 Insurance .

21 Payments to affiliates . . .

expenses on Schedule O) a PARADE OF HOMES PLUS

b HOME IMPROVEMENT SHOW

c REPAIRS AND MAINTENANCE

d MEMBERSHIP EVENTS

e All other expenses

22 Depreciation, depletion, and amortization .

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

25 Total functional expenses. Add lines 1 through 24e 26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation Check here ▶ ☐ If following SOP 98-2 (ASC 958-720)

Forn	1 990	(2019)					Page 11
P	art X	Balance Sheet					
		Check if Schedule O contains a response or no	te to a	ny line in this Part IX			🗆
					(A) Beginning of year		(B) End of year
	1	Cash-non-interest-bearing		127,481	1	128,901	
	2	Savings and temporary cash investments .		[51,025	2	52,349
	3	Pledges and grants receivable, net		. [3	0
	4	Accounts receivable, net	[15,237	4	23,506	
	5	Loans and other payables to any current or forr key employee, creator or founder, substantial of entity or family member of any of these person		5	0		
	6	Loans and other receivables from other disquali section $4958(f)(1)$), and persons described in s		6	0		
S	7	Notes and loans receivable, net			7	0	
ssets	8	Inventories for sale or use		[1,261	8	487
ΑS	9	Prepaid expenses and deferred charges		[3,533	9	2,155
	10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	10a	347,445			
	ь	Less accumulated depreciation	10b	207,064	152,985	10 c	140,381
	11	Investments—publicly traded securities .				11	0
	12	Investments—other securities See Part IV, line	11 .	[12	0
	13	Investments—program-related See Part IV, line	[13	0	
	14	Intangible assets	[14	0	
	15	Other assets See Part IV, line 11		[15	0
	16	Total assets. Add lines 1 through 15 (must eq	ual line	e 34)	351,522	16	347,779

4,429

54.060

7,542

66.031

279,765

285,491

351,522

5,726

17

18

19

20

21

22 23

24

25

26

27

28

29

30

31

32

33

5,319

36.687

13,392

55.398

287,609

292,381 347,779

Form **990** (2019)

4,772

Liabilities

17

18

19

20

21

22

23

24

26

27

28

31

32

33

Fund Balances

ō 29

Assets 30 Accounts payable and accrued expenses

Tax-exempt bond liabilities . . .

or family member of any of these persons . . .

and other liabilities not included on lines 17 - 24)

Total liabilities. Add lines 17 through 25 . .

Capital stock or trust principal, or current funds

Escrow or custodial account liability Complete Part IV of Schedule D

Secured mortgages and notes payable to unrelated third parties

Unsecured notes and loans payable to unrelated third parties

Organizations that follow FASB ASC 958, check here ▶

Organizations that do not follow FASB ASC 958, check here ▶

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

Retained earnings, endowment, accumulated income, or other funds

Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity

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

Grants payable .

Deferred revenue . .

Complete Part X of Schedule D

complete lines 27, 28, 32, and 33.

Net assets without donor restrictions

Net assets with donor restrictions .

complete lines 29 through 33.

Total net assets or fund balances .

Total liabilities and net assets/fund balances

Form	990 (2019)				Page 12
Pai	Reconcilliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				
1	Total revenue (must equal Part VIII, column (A), line 12)	1			316,514
2	Total expenses (must equal Part IX, column (A), line 25)	2			309,624
3	Revenue less expenses Subtract line 2 from line 1	3			6,890
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4			285,491
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			292,381
Pa	TXII Financial Statements and Reporting	•			
	Check if Schedule O contains a response or note to any line in this Part XII				
				Yes	No
1	Accounting method used to prepare the Form 990				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a	Yes	
	If `Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed separate basis, consolidated basis, or both	on a			
	✓ Separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b		No
	If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate consolidated basis, or both	basıs,			
	☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis				
С	If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?		2c	Yes	
	If the organization changed either its oversight process or selection process during the tax year, explain in Sche	dule O			
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sil Audit Act and OMB Circular A-133?	ngle	3a		No
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requadit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	red	3b		

Additional Data

Software ID: 19009920 Software Version: 2019v5.0

EIN: 35-1469260

Name: BUILDERS ASSOCIATION OF ELKHART COUNTY

Form 990 (2019)

Form 990, Part III, Line 4a:

INFORMATION REGARDING INDUSTRY UPDATES AND TRENDS ARE ALSO MADE AVAILABLE TO MEMBERS.

INC

THE ASSOCIATION PROVIDES TRAINING, MEMBERSHIP SUPPORT, AND FORUMS FOR MEMBERS TO DEMONSTRATE THEIR PRODUCTS AND SERVICES TO ONE ANOTHER

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

AND REMODELING SHOWS

Form 990, Part III, Line 4c: THE ASSOCIATION PROVIDES ACADEMIC SCHOLARSHIPS FOR QUALIFIED STUDENTS

SCHEDULE C

Political Campaign and Lobbying Activities

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

Open to Public Inspection

OMB No 1545-0047

Department of the Treasury Internal Revenue Service If the organization answered "Yes" on Form 990, Part IV, Line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then

EZ)

(Form 990 or 990-

▶ Complete if the organization is described below. ▶ Attach to Form 990 or Form 990-EZ.

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

DLN: 93493237002120

• :	Section 501(c) (other than section 5	nplete Parts I-A and B Do not complete 01(c)(3)) organizations Complete Pa		Do not complete Par	t I-B	·		
If the	Section 501(c)(3) organizations that Section 501(c)(3) organizations that	n Form 990, Part IV, Line 4, or Form have filed Form 5768 (election unde have NOT filed Form 5768 (election n Form 990, Part IV, Line 5 (Proxy T s), then	r section 501(h)) Co under section 501(h	omplete Part II-A Do i i)) Complete Part II-B	not co	mplete Pa not comple	te Par	
	ne of the organization	ations Complete Fait III		Employe	iden	tification	num	ber
	LDERS ASSOCIATION OF ELKHART COUN	TY						
		nization is exempt under sect	ion 501(c) or is	35-146920 a section 527 or		zation.		
1		ization's direct and indirect political c					n of	
2	Political campaign activity expend	itures (see instructions)		•	•	\$		6,000
3	Volunteer hours for political camp	aign activities (see instructions)						
Par	t I-B Complete if the organ	nization is exempt under sect	ion 501(c)(3).					
1	· ·	x incurred by the organization under		,	> :	\$		
2		x incurred by organization managers		•	• :	\$		
3	If the organization incurred a sect	ion 4955 tax, did it file Form 4720 fo	r this year?			□ Y	es	□ No
4a	Was a correction made?					□ Y	es	□ No
b	If "Yes," describe in Part IV							
Par	t I-C Complete if the organ	nization is exempt under sect	ion 501(c), exce	ept section 501(c)(3).	•		
1	Enter the amount directly expend	ed by the filing organization for section	on 527 exempt funct	tion activities	:	\$		
2	Enter the amount of the filing org function activities	anızatıon's funds contributed to other	organizations for se	ection 527 exempt	:	\$		
3	Total exempt function expenditure	es Add lines 1 and 2 Enter here and	on Form 1120-POL,	line 17b ►	,	\$		
4	Did the filing organization file For	m 1120-POL for this year?				[™] Y		√ No
5	organization made payments For of political contributions received	employer identification number (EIN) each organization listed, enter the a that were promptly and directly deliv se (PAC) If additional space is neede	mount paid from the ered to a separate p	e filing organization's foolitical organization, s	funds	h the filing Also ente	g r the a	
	(a) Name	(b) Address	(c) EIN	(d) Amount paid f filing organization funds If none, en -0-	n's	contribu and p directly sepai organiz	utions prompt delive rate po	If none,
1								
2								
3								
4								
5								
6								
For P	aperwork Reduction Act Notice, see t	he instructions for Form 990 or 990-E2	. Cat	No 50084S Schedu	ıle C (I	Form 990 c	or 990	EZ) 2019

activity

Volunteers?

Part IV

Return Reference

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

Media advertisements?

Mailings to members, legislators, or the public?

Supplemental Information

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

1

(b)

Amount

(a)

Yes | No

Publications, or published or broadcast statements? Grants to other organizations for lobbying purposes? Direct contact with legislators, their staffs, government officials, or a legislative body? Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means? Other activities? Total Add lines 1c through 1i 2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)? b 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 d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year? Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section Part III-A 501(c)(6). Yes No Were substantially all (90% or more) dues received nondeductible by members? 1 No 1 2 Did the organization make only in-house lobbying expenditures of \$2,000 or less? 2 No 3 Did the organization agree to carry over lobbying and political expenditures from the prior year? No Part III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6)and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No" OR (b) Part III-A, line 3, is answered "Yes." 136,453 1 Dues, assessments and similar amounts from members 1 2 Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid). 6,000 2a Current year b Carryover from last year 2b 6,000 C Total 2c 17,509 3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues 3 4 If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year? 4 5 5 Taxable amount of lobbying and political expenditures (see instructions)

Provide the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, Part II-A (affiliated group list), Part II-A, lines 1 and 2 (see

CAMPAIGN FINANCING - \$1,000CONTRIBUTION TO INDIANA BUILDERS PAC - \$5,000

Explanation

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

Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?

During the year, did the filing organization attempt to influence foreign, national, state or local legislation,

including any attempt to influence public opinion on a legislative matter or referendum, through the use of

efile GRAPHIC print - DO NOT PROCESS **SCHEDULE D**

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

As Filed Data -

DLN: 93493237002120

OMB No 1545-0047

(Form 990)

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.

Open to Public

Schedule D (Form 990) 2019

Cat No 52283D

Department of the Treasury Internal Revenue Service

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

	me of the organization LDERS ASSOCIATION OF ELKHART COUNTY		Employer identification number
INC			35-1469260
Pa	Organizations Maintaining Donor Advi Complete of the organization answered "Ye		Accounts.
	Complete if the organization answered Te	(a) Donor advised funds	(b) Funds and other accounts
L	Total number at end of year	(a) polici autiscu iaitas	(D) Farias and series decounts
2	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year)		
1	Aggregate value at end of year		
5	Did the organization inform all donors and donor adviso		
=	organization's property, subject to the organization's ex Did the organization inform all grantees, donors, and do	•	Yes No
•	charitable purposes and not for the benefit of the donor private benefit?		
Pa	rt II Conservation Easements. Complete if the organization answered "Ye	es" on Form 990, Part IV, line 7.	
L	Purpose(s) of conservation easements held by the orga	nızatıon (check all that apply)	
	\square Preservation of land for public use (e g , recreation	n or education)	historically important land area
	Protection of natural habitat	☐ Preservation of a co	ertified historic structure
	☐ Preservation of open space		
2	Complete lines 2a through 2d if the organization held a easement on the last day of the tax year	qualified conservation contribution in the form	
_	Total number of conservation easements		Held at the End of the Year
a b	Total acreage restricted by conservation easements	-	2b
	Number of conservation easements on a certified histori	us structure included in (a)	2c
C	Number of conservation easements included in (c) acqu	` '	2d
d	structure listed in the National Register		
3	Number of conservation easements modified, transferre tax year ▶	ed, released, extinguished, or terminated by t	he organization during the
1	Number of states where property subject to conservation	on easement is located >	
5	Does the organization have a written policy regarding the and enforcement of the conservation easements it holds		of violations,
5	Staff and volunteer hours devoted to monitoring, inspec	cting, handling of violations, and enforcing co	nservation easements during the year
7	Amount of expenses incurred in monitoring, inspecting, \$ \\$	handling of violations, and enforcing conserv	ation easements during the year
3	Does each conservation easement reported on line 2(d) and section 170(h)(4)(B)(ii)?) above satisfy the requirements of section 17	
9	In Part XIII, describe how the organization reports cons		
	balance sheet, and include, if applicable, the text of the the organization's accounting for conservation easemen	nts	
ar	† IIII Organizations Maintaining Collections Complete if the organization answered "Ye		er Similar Assets.
La	If the organization elected, as permitted under SFAS 11 art, historical treasures, or other similar assets held for provide, in Part XIII, the text of the footnote to its finar	public exhibition, education, or research in fu	
b	If the organization elected, as permitted under SFAS 11 historical treasures, or other similar assets held for pub following amounts relating to these items		
((i) Revenue included on Form 990, Part VIII, line 1		▶ \$
(i	ii)Assets included in Form 990, Part X		<u> </u>
2	If the organization received or held works of art, histori following amounts required to be reported under SFAS		icial gain, provide the
а	Revenue included on Form 990, Part VIII, line 1	- -	▶ \$
ь	Assets included in Form 990, Part X		<u></u> -

 \boldsymbol{d} Equipment .

	edule D (101111 990) 2019						a:			Page Z
	t III Organizations Maintaining C									
3	Using the organization's acquisition, access items (check all that apply)	sion, and other	·	any of	the follo	wing that are a	significant us	e of its o	collection	
а	Public exhibition		d	Ш	Loan o	exchange prog	ırams			
b	Scholarly research		е		Other					
c	Preservation for future generations									
4	Provide a description of the organization's Part XIII	collections and	explain how the	y furth	er the o	organization's ex	kempt purpos	e in		
5	During the year, did the organization solici assets to be sold to raise funds rather than						nılar	☐ Yes	N	o
Par	rt IV Escrow and Custodial Arran	gements.								
	Complete if the organization ar X, line 21.	swered "Yes	" on Form 990	, Part	IV, line	9, or reporte	ed an amour	nt on Fo	orm 990,	Part
1a	Is the organization an agent, trustee, cust included on Form 990, Part X?	odian or other	intermediary for	contril	outions (or other assets	not	☐ Yes	. 🗆 N	lo
	75 134 11 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1									_
b	, ,	III and comple	ete the following	table		1c	An	nount		_
C	Beginning balance					1d				_
d	Additions during the year					1e				_
e	Distributions during the year					1f				_
f	Ending balance									_
2a	Did the organization include an amount on	Form 990, Pai	rt X, line 21, for	escrow	or cust	odial account lia	ability?	☐ Yes	. 🗆 N	lo
b	If "Yes," explain the arrangement in Part X	III Check here	e if the explanati	on has	been p	ovided in Part	XIII			
Pa	art V Endowment Funds.									
	Complete if the organization ar						(d) Three year	rs back /	e) Four yea	re bask
1a	Beginning of year balance	(a) Currer	it year (b) P	rıor yea	1 (6	1 TWO YEARS DACK	(d) Tillee year	S Dack (e) Four yea	IIS DACK
	Contributions				-			-		-
	Net investment earnings, gains, and losses				+			-+		
	Grants or scholarships				+			-+		
e	Other expenditures for facilities and programs									
	Administrative expenses				\vdash					
	End of year balance				+			-+		-
2	Provide the estimated percentage of the cu	rrent vear end	t halance (line 1/		mn (a))	held as				
- а	Board designated or quasi-endowment	arrene year ene	a balance (into 1)	,, colu	···· (a))	ricia as				
ь	Permanent endowment ►									
	Temporarily restricted endowment ▶									
С	The percentages on lines 2a, 2b, and 2c sh	ould equal 100	0%							
3 a	Are there endowment funds not in the pos			are h	eld and	administered fo	r the			
	organization by		J						Yes	No
	(i) unrelated organizations							3a(
	(ii) related organizations					•		3a(
	If "Yes" on 3a(II), are the related organization		•		· · ·			31	b	<u> </u>
4	Describe in Part XIII the intended uses of t		n's endowment f	unds						
Par	rt VI Land, Buildings, and Equipm Complete if the organization ar		" on Form 900	Dar+	TV/ lune	11a See Ee	m 990 Bar	t X line	10	
	Description of property (a) Cost or	other basis tment)	(b) Cost or other			(c) Accumulated of) Book valu	e
1	Land				0,000					40,000
	Land				3,849		145 660			
D	Buildings				1 014		145,669			78,180

31,782

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

6,308

140,381

25,474

Part VII	Investments—Other Securities. Complete if the organization answered "Yes" on Form 990,	Part IV li	ne 11h	See Form 990 F	Part X	line 12
	(a) Description of security or category (including name of security)	(b) Book value	ile III.	(c) Metho Cost or end-of-	d of va	luation
	l derivatives					
(2) Closely- (3)Other	held equity interests					
(A)						
(B)						
(C)						
(D)						
(E)						
(F)						
(G)						
(H)						
Total. (Colum	n (b) must equal Form 990, Part X, col (B) line 12)	•				
Part VIII	Investments—Program Related. Complete if the organization answered 'Yes' on Form 990,	Part IV, lı	ne 110	:. See Form 990,	Part X	(, line 13.
	(a) Description of investment			(b) Book value	(c)	Method of valuation or end-of-year market
(1)						value
(2)						
(3)						
(4)						
(5)						
(6)						
(7)						
(8)						
(9)						
	n (b) must equal Form 990, Part X, col (B) line 13)					
Part IX	Other Assets.) > =+ T) /		S F 000 P	+ V	
	Complete if the organization answered 'Yes' on Form 990, F (a) Description	art IV, III	ie iiu	. See Form 990, Par	t X, III	(b) Book value
(1)						
(2)						
(3)						
(4)						
(5)						
(6)						
(7)						
(8)						
(9)						
	mn (b) must equal Form 990, Part X, col (B) line 15) Other Liabilities.				١	
Part X	Complete if the organization answered 'Yes' on Form 990, F	Part IV, lır	ne 11e	or 11f.See Form	990,	
1. (1) Federal	(a) Description of liability					(b) Book value
(2)						
(3)						
(4)						
(5)						
(6)						
(7)						
(8)						
(9)						
Total. (Colum	n (b) must equal Form 990, Part X, col (B) line 25)			•		13,392
	or uncertain tax positions. In Part XIII, provide the text of the footnot					_

Schedule D (Form 990) 2019

Page 4

1	Total revenue, gains, and other s	upport per audited financial statements			1	
2	Amounts included on line 1 but no	ot on Form 990, Part VIII, line 12				
а	Net unrealized gains (losses) on i	nvestments	2a			
b	Donated services and use of facili	ities	2b]	
С	Recoveries of prior year grants		2c]	
d	Other (Describe in Part XIII) .		2d		1	
е	Add lines 2a through 2d				2e	
3	Subtract line ${f 2e}$ from line ${f 1}$.				3	
4	Amounts included on Form 990, F	Part VIII, line 12, but not on line 1				
а	Investment expenses not included	d on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII) .		4b			
c	Add lines 4a and 4b				4c	
5	Total revenue Add lines 3 and 40	c. (This must equal Form 990, Part I, line 12)			5	
Par		penses per Audited Financial Statem zation answered 'Yes' on Form 990, Part			Returi	n.
1	·	dited financial statements			1	
2	Amounts included on line 1 but no	ot on Form 990, Part IX, line 25				
а	Donated services and use of facili	ities	2a			
b	Prior year adjustments		2b		1	
С	Other losses		2c			
d	Other (Describe in Part XIII) $\ .$		2d			
е	Add lines 2a through 2d				2e	
3	Subtract line ${f 2e}$ from line ${f 1}$.				3	
4	Amounts included on Form 990, F	Part IX, line 25, but not on line 1:				
а	Investment expenses not included	d on Form 990, Part VIII, line 7b	4a]	
b	Other (Describe in Part XIII) .		4b]	
C	Add lines 4a and 4b				4c	
5		4c. (This must equal Form 990, Part I, line 18) .		5	
	t XIII Supplemental Info					
		art II, lines 3, 5, and 9, Part III, lines 1a and ϵ s 2d and 4b Also complete this part to provide			V, line	4, Part X, line 2, Part
	Return Reference		Exp	lanation		
See /	Additional Data Table					
						·

Page 5		chedule D (Form 990) 2019	
	ormation (continued)	Part XIII Supplemental Info	Part XIII
	Explanation	Return Reference	Re

Schedule D (Form 990) 2019

Additional Data

TIES ASSOCIATED WITH UNCERTAIN TAX POSITIONS AS PART OF THE INCOME TAX PROVISION MANAGEME NT HAS DETERMINED THAT THE ORGANIZATION HAS NOT TAKEN, NOR DOES IT PLAN TO TAKE ANY TAX PO SITIONS THAT IT DOES NOT BELIEVE WOULD BE FULLY RECOGNIZED BY THE APPLICABLE GOVERNING TAX AUTHORITY THEREFORE, NO TAX LIABILITY HAS BEEN RECORDED FOR UNCERTAIN TAX POSITIONS

Supplemental	Information
Dotum D	oforon co

Return Reference	Explanation
Part X FIN48 Footnote	FIN 48 FOOTNOTETHE ORGANIZATION HAS ADOPTED THE ACCOUNTING FOR UNCERTAINTY IN INCOME TAX GUIDANCE WHICH CLARIFIES THE ACCOUNTING AND RECOGNITION FOR TAX POSITIONS TAKEN OR EXPECTED TO BE TAKEN IN ITS INCOME TAX RETURNS. THE ORGANIZATION DOES NOT ACCRUE INTEREST OR PENAL

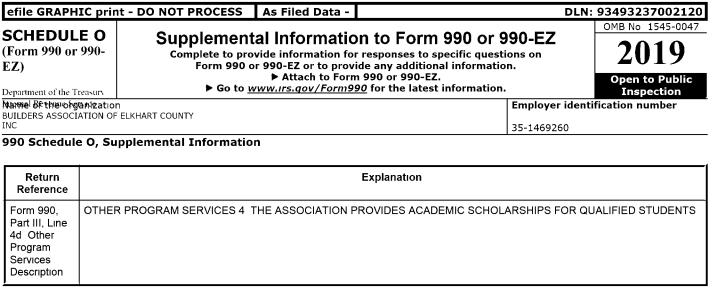
EIN: 35-1469260 Name: BUILDERS ASSOCIATION OF ELKHART COUNTY

Software ID: 19009920 Software Version: 2019v5.0

INC

DLN: 93493237002120 Note: To capture the full content of this document, please select landscape mode (11" x 8.5") when printing. OMB No 1545-0047 Schedule I **Grants and Other Assistance to Organizations**, (Form 990) Governments and Individuals in the United States Complete if the organization answered "Yes," on Form 990, Part IV, line 21 or 22. Open to Public ▶ Attach to Form 990. Department of the Inspection ▶ Go to www.irs.gov/Form990 for the latest information. Treasury Internal Revenue Service Name of the organization Employer identification number BUILDERS ASSOCIATION OF ELKHART COUNTY 35-1469260 INC Part I **General Information on Grants and Assistance** Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and 1 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete If the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000 Part II can be duplicated if additional space is needed (a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (q) Description of (h) Purpose of grant (if applicable) organization cash (book, FMV, appraisal, noncash assistance or assistance grant or government assistance other) (2)(4)(5)(6)(7)(8)(9)(10)(11)(12)Enter total number of section 501(c)(3) and government organizations listed in the line 1 table For Paperwork Reduction Act Notice, see the Instructions for Form 990. Cat No 50055P Schedule I (Form 990) 2019

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of noncash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
(1) ACADEMIC SCHOLARSHIPS	5	5,000	FMV	N/A	
·)					
·)					
)					
)					
)					



Return Reference Form 990, VARIOUSVARIOUS SERVICES PROVIDED

Part VI, Line
2
Description
of Business
or Family
Relationship
of Officers,
Directors, Et

Return Reference	Explanation
Form 990, Part VI, Line 6 Explanation of Classes of Members or Shareholder	INDIVIDUALS AND BUSINESSES DEVOTED TO EDUCATION AND PROMOTION OF THE BUILDING TRADES INDUSTRY

Return Explanation

Form 990,
Part VI, Line
11b Form
990 Review
Process

A COPY OF THE 990 IS MADE AVAILABLE TO ALL MEMBERS OF THE GOVERNING BODY PRIOR TO FILING AND
REVIEWED WITH THEM BY THE PREPARER

Return Reference	Explanation
Form 990, Part VI, Line 12c Explanation of Monitoring and Enforcement of Conflicts	EACH NEW RESPONSIBLE PERSON IS REQUIRED TO REVIEW AND ACKNOWLEDGE THE POLICY IN WRITING E ACH RESPONSIBLE PERSON SHALL ANNUALLY COMPLETE A DISCLOSURE FORM IDENTIFYING ANY RELATIONS HIPS, POSITIONS, OR CIRCUMSTANCES IN WHICH THE RESPONSIBLE PERSON IS INVOLVED THAT HE OR S HE BELIEVES COULD CONTRIBUTE TO A CONFLICT OF INTEREST THIS POLICY SHALL BE REVIEWED ANNU ALLY BY EACH MEMBER OF THE BOARD OF DIRECTORS ANY CHANGES TO THE POLICY SHALL BE COMMUNIC ATED IMMEDIATELY TO ALL RESPONSIBLE PERSONS

Return Reference	Explanation
Form 990, Part VI, Line 15a	THE GOVERNING BODY REVIEWS AND APPROVES ALL COMPENSATION OF TOP MANAGEMENT OFFICERS COMPENSATION IS BASED ON PERFORMANCE AND COMPARABLE COMPENSATION OF SIMILAR ORGANIZATIONS
Compensation Review &	
Approval	
Process - CEO, Top	
Management	

Return Reference	Explanation
Form 990, Part VI, Line 15b Compensation Review and Approval Process for Officers and Key Employees	THE GOVERNING BODY REVIEWS AND APPROVES ALL COMPENSATION OF OFFICERS AND KEY EMPLOYEES CO MPENSATION IS BASED ON PERFORMANCE AND COMPARABLE COMPENSATION OF SIMILAR ORGANIZATIONS

990 Schedule O, Supplemental Information

Return
Reference

Explanation

Form 990,	GOVERNING DOCUMENTS, POLICIES, AND FINANCIAL STATEMENTS ARE MADE AVAILABLE UPON REQUEST
Part VI, Line	
19 Other	
Organization	
Documents	
Publicly	

Available