

Form **990EZ**
Department of the Treasury
Internal Revenue Service

Short Form
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 1545-1150
2019
Open to Public Inspection

▶ Do not enter social security numbers on this form as it may be made public.
▶ Go to www.irs.gov/Form990EZ for instructions and the latest information.

A For the 2019 calendar year, or tax year beginning 04-01-2019, and ending 03-31-2020

- B** Check if applicable
 Address change
 Name change
 Initial return
 Final return/terminated
 Amended return
 Application pending

C Name of organization
HUMBOLDT BUILDERS EXCHANGE
Number and street (or P O box, if mail is not delivered to street address) Room/suite
1213 5TH STREET
City or town, state or province, country, and ZIP or foreign postal code
EUREKA, CA 95501

D Employer identification number
94-1520307
E Telephone number
(707) 442-3708
F Group Exemption Number

G Accounting Method Cash Accrual Other (specify) ▶

H Check if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF)

I Website: ▶ www.humbx.com
J Tax-exempt status (check only one) - 501(c)(3) 501(c)(6) ◀ (insert no) 4947(a)(1) or 527

K Form of organization Corporation Trust Association Other

L Add lines 5b, 6c, and 7b to line 9 to determine gross receipts If gross receipts are \$200,000 or more, or if total assets (Part II, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ ▶ \$

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instructions for Part I)
Check if the organization used Schedule O to respond to any question in this Part I

| | | | |
|---|---|-----------|---|
| Revenue | 1 Contributions, gifts, grants, and similar amounts received | 1 | |
| | 2 Program service revenue including government fees and contracts | 2 | |
| | 3 Membership dues and assessments | 3 | |
| | 4 Investment income | 4 | |
| | 5a Gross amount from sale of assets other than inventory | 5a | |
| | b Less cost or other basis and sales expenses | 5b | 0 |
| | c Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) | 5c | |
| | 6 Gaming and fundraising events | | |
| | a Gross income from gaming (attach Schedule G if greater than \$15,000) | 6a | |
| | b Gross income from fundraising events (not including \$ of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000) | 6b | 0 |
| c Less direct expenses from gaming and fundraising events | 6c | 0 | |
| d Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c) | 6d | | |
| 7a Gross sales of inventory, less returns and allowances | 7a | | |
| b Less cost of goods sold | 7b | 0 | |
| c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a) | 7c | | |
| 8 Other revenue (describe in Schedule O) | 8 | | |
| 9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 | 9 | 0 | |

| | | | |
|---|--|-----------|---------|
| Expenses | 10 Grants and similar amounts paid (list in Schedule O) | 10 | |
| | 11 Benefits paid to or for members | 11 | |
| | 12 Salaries, other compensation, and employee benefits | 12 | |
| | 13 Professional fees and other payments to independent contractors | 13 | |
| | 14 Occupancy, rent, utilities, and maintenance | 14 | |
| | 15 Printing, publications, postage, and shipping | 15 | |
| | 16 Other expenses (describe in Schedule O) | 16 | |
| 17 Total expenses. Add lines 10 through 16 | 17 | | |
| Net Assets | 18 Excess or (deficit) for the year (Subtract line 17 from line 9) | 18 | |
| | 19 Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return) | 19 | 769,868 |
| | 20 Other changes in net assets or fund balances (explain in Schedule O) | 20 | |
| | 21 Net assets or fund balances at end of year Combine lines 18 through 20 | 21 | 769,868 |

Part II Balance Sheets (see the instructions for Part II)
 Check if the organization used Schedule O to respond to any question in this Part II

| | (A) Beginning of year | (B) End of year |
|--|-----------------------|------------------|
| 22 Cash, savings, and investments | 764,225 | 22 65,120 |
| 23 Land and buildings | | 23 |
| 24 Other assets (describe in Schedule O) | 10,535 | 24 |
| 25 Total assets | 774,760 | 25 65,120 |
| 26 Total liabilities (describe in Schedule O). | 4,890 | 26 |
| 27 Net assets or fund balances (line 27 of column (B) must agree with line 21) | 769,868 | 27 0 |

Part III Statement of Program Service Accomplishments (see the instructions for Part III)
 Check if the organization used Schedule O to respond to any question in this Part III

What is the organization's primary exempt purpose?
PROMOTE THE LOCAL CONSTRUCTION INDUSTRY

Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title

Expenses
 (Required for section 501(c)(3) and 501(c)(4) organizations, optional for others)

28 See Additional Data Table

(Grants \$) If this amount includes foreign grants, check here **28a**

29 See Additional Data Table

(Grants \$) If this amount includes foreign grants, check here **29a**

30 See Additional Data Table

(Grants \$) If this amount includes foreign grants, check here **30a**

31 Other program services (describe in Schedule O)

(Grants \$) If this amount includes foreign grants, check here **31a**

32 Total program service expenses (add lines 28a through 31a) **32**

Part IV List of Officers, Directors, Trustees, and Key Employees (list each one even if not compensated — see the instructions for Part IV)
 Check if the organization used Schedule O to respond to any question in this Part IV.

| (a) Name and title | (b) Average hours per week devoted to position | (c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-) | (d) Health benefits, contributions to employee benefit plans, and deferred compensation | (e) Estimated amount of other compensation |
|-----------------------------------|--|--|---|--|
| JOHN VANDERMOLLEN Treasurer | 2 00 | 0 | | |
| KATHY RODRIGUEZ Vice President | 2 00 | 0 | | |
| BILL WELLIVER Director | 1 00 | 0 | | |
| FRANK BICKNER President | 2 00 | 0 | | |
| PIERRE CARBONNEAU Director | 1 00 | 0 | | |
| PATRICK HOOVEN Director | 1 00 | 0 | | |
| DAVE GONZALES Secretary | 1 00 | 0 | | |
| CODY LONG Director | 1 00 | 0 | | |
| BRUCE MCINTOSH Director | 1 00 | 0 | | |
| JASON JORDAN Director | 1 00 | 0 | | |
| GARY MANHART Director | 1 00 | 0 | | |
| DAVID MORRIS Director | 2 00 | 0 | | |

Part V Other Information (Note the Schedule A and personal benefit contract statement requirements in the instructions for Part V) Check if the organization used Schedule O to respond to any question in this Part V

Table with columns for question number, question text, and Yes/No columns. Rows include 33, 34, 35a, 35b, 35c, 36, 37a, 37b, 38a, 38b, 39, 39a, 39b, 40a, 40b, 40c, 40d, 40e, 41, and 42a.

42a The organization's books are in care of JUDI FERREIRA Telephone no (707) 442-3708
Located at 1213 5TH STREET EUREKA , CA ZIP + 4 95501

Table with columns for question number, question text, and Yes/No columns. Rows include 42b and 42c.

43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 - Check here and enter the amount of tax-exempt interest received or accrued during the tax year 43

Table with columns for question number, question text, and Yes/No columns. Rows include 44a, 44b, 44c, 44d, 45a, and 45b.

46 Did the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I

Table with 2 columns: Yes, No. Row 46: No

Part VI Section 501(c)(3) Organizations Only

All section 501(c)(3) organizations must answer questions 47- 49b and 52, and complete the tables for lines 50 and 51. Check if the organization used Schedule O to respond to any question in this Part VI

47 Did the organization engage in lobbying activities or have a section 501(h) election in effect during the tax year?
48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E
49a Did the organization make any transfers to an exempt non-charitable related organization?
49b If "Yes," was the related organization a section 527 organization?

Table with 2 columns: Yes, No. Rows 47, 48, 49a, 49b: All empty

50 Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter "None "

Table with 5 columns: (a) Name and title of each employee, (b) Average hours per week devoted to position, (c) Reportable compensation, (d) Health benefits, (e) Estimated amount of other compensation. Row 1: NONE

f Total number of other employees paid over \$100,000

51 Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None "

Table with 3 columns: (a) Name and business address of each independent contractor, (b) Type of service, (c) Compensation. Row 1: NONE

d Total number of other independent contractors each receiving over \$100,000.

52 Did the organization complete Schedule A? NOTE. All section 501(c)(3) organizations must attach a completed Schedule A

Yes No

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

Sign Here Signature of officer: FRANK BICKNER President Date: 2020-08-17

Paid Preparer Use Only Print/Type preparer's name: Keith D Borges Preparer's signature Date Check if self-employed PTIN: P00183935 Firm's name: AndersonLucasSomerville & Borges Firm's EIN: 94-1167235 Firm's address: 1338 Main Street Fortuna, CA 95540 Phone no: (707) 725-4442

May the IRS discuss this return with the preparer shown above? See instructions Yes No

Additional Data

Software ID: 19009920
Software Version: 2019v5.0
EIN: 94-1520307
Name: HUMBOLDT BUILDERS EXCHANGE

Form 990EZ, Part III - Statement of Program Service Accomplishments

| Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title. | Expenses (Required for section 501(c)(3) and 501(c)(4) organizations; optional for others.) | |
|--|--|--|
| <p>28 IMPROVE BUSINESS CONDITIONS FOR LOCAL AREA CONTRACTORS AND THEIR SUPPLIERS THROUGH THE OPERATION OF A PLAN ROOM AND SOLICITATION OF PLANS THROUGHOUT NORTHERN CALIFORNIA FOR BIDDING</p> <p>(Grants \$)</p> <p>If this amount includes foreign grants, check here . . . <input type="checkbox"/></p> | 28a | |

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|---|---|--|
| <p>29 PUBLISH A WEEKLY BULLETIN AND ANNUAL DIRECTORY THAT INCLUDES ITEMS OF GENERAL INTEREST TO THE CONSTRUCTION INDUSTRY AND CONDUCT MEMBER FUNCTIONS AND SEMINARS (Grants \$)</p> <p style="text-align: right;">If this amount includes foreign grants, check here . . . <input type="checkbox"/></p> | <p>29a</p> | |

Form 990EZ, Part III - Statement of Program Service Accomplishments

| <p>Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title.</p> | <p>Expenses (Required for section 501(c)(3) and 501(c)(4) organizations; optional for others.)</p> | |
|---|---|--|
| <p>30 ADMINISTER GROUP INSURANCE AND WORKERS' SAFETY PROGRAMS (Grants \$)</p> <p style="text-align: right;">If this amount includes foreign grants, check here . . . <input type="checkbox"/></p> | <p>30a</p> | |

SCHEDULE O
(Form 990 or 990-EZ)**Supplemental Information to Form 990 or 990-EZ**

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

▶ Attach to Form 990 or 990-EZ.

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

OMB No 1545-0047

2019**Open to Public Inspection**

Department of the Treasury

Name of the organization
HUMBOLDT BUILDERS EXCHANGE

Employer identification number

94-1520307

990 Schedule O, Supplemental Information

| Return Reference | Explanation |
|-------------------|---|
| Other Assets 1005 | Accounts Receivable - Beginning \$9503 Accounts Receivable - Ending \$0 |

990 Schedule O, Supplemental Information

| Return Reference | Explanation |
|-------------------------|--|
| Other Assets 1011 | Prepaid Expenses and Deferred Charges - Beginning \$532 Prepaid Expenses and Deferred Charges - Ending \$0 |

990 Schedule O, Supplemental Information

| Return Reference | Explanation |
|------------------|--|
| Other Assets 2 | State Fund Deposit - Beginning \$500 State Fund Deposit - Ending \$0 |

990 Schedule O, Supplemental Information

| Return Reference | Explanation |
|-------------------------|---|
| Total Liabilities 1001 | Accounts Payable and Accrued Expenses - Beginning \$1426 Accounts Payable and Accrued Expenses - Ending \$0 |

990 Schedule O, Supplemental Information

| Return Reference | Explanation |
|-------------------------|--|
| Total Liabilities 1 | Sales tax payable - Beginning \$172 Sales tax payable - Ending \$0 |

990 Schedule O, Supplemental Information

| Return Reference | Explanation |
|-------------------------|---|
| Total Liabilities 2 | Payroll liabilities - Beginning \$3292 Payroll liabilities - Ending \$0 |