### KITSAP COUNTY LODGING TAX FUNDING AWARD APPLICATION

Application Deadline: August 30, 2024 @ 2:00 pm

Project Title: Peninsula Home + Remodel Expo
Project Dates: Beginning: 5.2.25 Ending: 5.4.25
Name of Organization Kitsap Building Association Web Site Kitsap builds. com
Mailing Address: 5251 Auto center way, Bremerton WA 98312
Contact Person: Randall King E-Mail: King@kitsapbuilds.com Phone: 300-419-5778
Amount Requested: \$200,000 Total Project Cost: \$259,450
Portion of Total Project Cost Requested: (%)
Signature of Authorized Representative
Indicate the Project Type:
Tourism marketing;
Marketing and operations of special events and festivals designed to attract tourists;

- Operations and capital expenditures of tourism-related facilities owned or operated by a municipality or a public facilities district; or
- Operations of tourism-related facilities owned or operated by nonprofit 501(c)(3) and 501(c)(6) organizations.

## NOTE: Applicants must refer to the Kitsap County Lodging Tax Funding Award Process Instructions for complete details of requirements.

### **Applicants Must Submit The Following:**

- Application Funding Cover Sheet signed by an Authorized Representative
- Project Description
- □ Scope of Work
- □ Project Timeline
- Project Budget
- Project/Organizational History
- Business Qualification
- □ Tax Information
- □ Certificates of Insurance

If these basic criteria are not met, the application will not be considered by the Lodging Tax Committee.

Applications must be submitted in one combined PDF document and emailed to <u>purchasing@kitsap.gov</u>. Hardcopies will not be accepted.

Questions? Contact Glen McNeill at (360) 337-4789 or <u>gsmcneil@kitsap.gov</u> Kitsap County Administrative Services 614 Division St., MS-7 Port Orchard, WA 98366

Project Title:	Peninsula Home & Remodel Expo
Name of Organization:	Kitsap Building Association
Size of Staff and Board:	4 Staff Members/ 34 Board Members
Size of Volunteer Base:	160 Volunteers
Geographic Area Served:	Kitsap County
Demographic Served:	Homeowners, Future Homeowners, and Families
Type of Service Provided:	Tourism Marketing Activities

**B. Project Description:** The Peninsula Home & Remodel Expo, organized by the Kitsap Building Association (KBA), is the peninsula's premier event for home design and improvement, significantly contributing to local tourism and the economy. As the largest home show west of Seattle, the Expo is a trusted source of inspiration for homeowners and industry professionals alike.

Our ticket sales platform provided accurate data on visitor origins, revealing that 923 attendees traveled from outside Kitsap County. Most of these guests came from Pierce, King, and Jefferson Counties, with additional visitors from as far as California, Oregon, Arizona, and Minnesota. This achievement validates the success of our marketing strategies in broadening the event's reach, with even greater expansion expected in 2025. To sustain this, we will continue to prioritize targeted marketing, focusing on outreach to neighboring counties and beyond. This approach not only stimulates the local economy through increased spending on accommodations, dining, and retail but also positions Kitsap County as a destination for both leisure and business travelers. Our goal is to encourage visitors to extend their stay, explore local attractions, and contribute to the county's year-round tourism growth.

This year, the Expo reached a record post-COVID attendance of 9,275—an 11% increase from 2023—largely due to enhanced marketing efforts supported by our first Lodging Tax Advisory Committee (LTAC) grant. This growth underscores the event's rising popularity and its positive impact on Kitsap County tourism. Approximately 70% of our exhibitors come from outside Kitsap County, and these vendors are encouraged to stay in local accommodations, further stimulating our economy. Notably, several nearby hotels experienced significant occupancy rates during the Expo weekend in May. For example, the Oxford Inn in Silverdale reported a 78% occupancy on May 3rd, 2024, and 75% on May 4th, 2024—an increase from 51% and 45% on the corresponding dates in 2023. Similarly, Best Western in Silverdale recorded occupancy rates of 79% and 74% for May 3rd and 4th, 2024, compared to 64% and 67% for the same dates in 2023.

The LTAC grant we received in 2024 helped us to launch a comprehensive marketing campaign, including the creation of a dedicated website for the Expo and coverage in various news outlets. Press releases were distributed to key publications such as Tacoma Weekly, News Break, Fab WA (statewide online media site), Puget Sound Business Journal, and several other prominent media outlets. While the \$70,000 LTAC grant significantly contributed to our marketing and advertising efforts, the Kitsap Building Association invested additional funds beyond what was provided to ensure the campaign's success. Moving forward, we plan to strengthen our collaboration with community partners to enhance the educational offerings at the Expo. By introducing hands-on workshops, such as a live shed build with Habitat for Humanity or a 'Build Your Own' class led by students from West Sound Tech, we will provide engaging experiences for attendees of all ages, making the Expo as a must-attend event.

With the requested funding, we are confident that the Peninsula Home & Remodel Expo will continue to grow as a leading event in the region, drawing thousands of visitors to Kitsap County and generating substantial economic benefits. Our ultimate goal is to increase attendance to 20,000 visitors or more, making the Expo a foundational element of tourism in Kitsap County. With an additional \$200,000 in funding, we would broaden our marketing reach, attracting more visitors, vendors, and tourists from across the country, ensuring the biggest and best Home Expo west of Seattle!

<u>C. Scope of Work:</u> The Peninsula Home & Remodel Expo is a large-scale event that requires meticulous planning and coordination to ensure its success. The Kitsap Building Association (KBA) initiates the planning process described below immediately after the conclusion of the current year's Expo to secure venues and marketing commitments for the following year.

### 1. Venue and Marketing Reservations:

- The day after the Expo, KBA staff begins making reservations for the next Peninsula Home & Remodel Expo. This includes securing the Kitsap Fairgrounds and reserving advertising space across various platforms.
- Marketing efforts, involving the creation of promotional materials and booking of advertising slots, begin nine months prior to the event to broaden outreach.

### 2. Registration and Vendor Coordination:

- EventHub, the Expo's registration platform, and the event-specific website are prepared and updated nine months prior to the event. This allows ample time for vendors to register and for staff to manage the process efficiently.
- The registration process is comprehensive, involving the evaluation of vendor contracts, verification of insurance, and arrangement of payments to make sure all vendors meet the necessary requirements to participate.
- A detailed floor plan is created and continuously updated as vendors register. This dynamic plan ensures optimal booth placement and allows for adjustments as needed.
- New attractions are locked in, for example chainsaw carving contest or Reginal BBQ competition to enhance this weekend experience, like chainsaw carving contest, a shed build with Habitat for Humanity, or a hands-on workshop with West Sound Tech.

### **3.** Event Planning and Coordination:

- The Expo committee, comprised of various Kitsap County Businesses, work to coordinate smaller events within the Expo, such as workshops, demonstrations, and family activities including Construction in Motion and the Lego Brand Building Challenge. Recruiting and scheduling volunteers, planning day-of logistics, and ensuring all smaller events align with the overall success and goals of the Expo.
- Ongoing communication between KBA staff and Kitsap County officials is critical. This collaboration confirms that move-in day logistics, fire inspections, electrical checks, and booth setups are executed smoothly.

### 4. Event Execution:

- On move-in day, KBA staff and volunteers oversee the check-in process for vendors, provide directional signage, assist with parking, and support vendor setup so that all vendors are ready and positioned correctly before the Expo begins.
- During the Expo, staff and volunteers are stationed throughout the venue to provide assistance to vendors, manage smaller events, and offer support to guests. Their presence establishes that the Expo runs smoothly and that any issues are promptly addressed.

### 5. Post-Event Activities:

- Following the conclusion of the Expo, staff and volunteers manage the vendor move-out process.
- Vendor exit surveys are conducted to gather feedback and insights for future improvements. This information is crucial for refining the Expo each year.
- Any prizes or awards won during the Expo are distributed to the appropriate recipients, providing a final touchpoint for engagement and recognition.

Through this structured and comprehensive approach, the Kitsap Building Association guarantees that the Peninsula Home & Remodel Expo remains an event that not only thrives in its execution but also delivers lasting benefits to the community and local economy year after year.

### **D. Project Timeline:**

### October 2024:

- Finalize EventHub software set up as well as all contracts and vendor paperwork.
- Lock in event Marketing and Public Relations company

### November 2024:

- Launch the updated Peninsula Home & Remodel Expo website and activate EventHub for vendor registrations.
- Schedule committee meetings.

### December 2024:

• Begin marketing efforts for member registration for the upcoming year's Expo.

### January 2025:

• Conduct a comprehensive accounting and budget review for financial readiness for the event.

### February 2025:

- Finalize and print all marketing materials for distribution to vendors, sponsors, and the public.
- Schedule and conduct a walk-through of the pavilion with County staff to review the layout and logistics.
- Finalize and complete contracts with pipe and drape service providers.

### March 2025:

- Complete all required contracts with the County and second-party vendors.
- Renew KBA's insurance policy for coverage for the event.
- Submit all necessary maps to the County, including the floor plan, pipe and drape layout, electrical configuration, and outdoor space utilization.
- Arrange plans for the required fire inspection, coordinating with local authorities.
- Organize the placement of promotional banners in high-traffic areas.

### April 2025:

- Collect receipts from committee members for any purchased items and process reimbursements.
- Make arrangements for portable restrooms, handwashing stations, and a tented area for the food court, and picnic tables.
- Update fire inspection times and dates in all exhibitor documentation.
- Place orders for all necessary items, covering all printed materials and online purchases.

### May 2025:

- Touch base with all vendors to confirm participation and provide them with the event schedule.
- Oversee and assist with vendor move-in, conduct all necessary inspections, manage day-of-event logistics, and support vendor move-out.
- Finalize the profit and loss spreadsheet for the event and make reservations and secure contracts for the following year's Expo.

### June2025:

- Distribute any awards or contest prizes to winners.
- Collect and analyze exit surveys from vendors and attendees to gather feedback.
- Conduct a wrap-up meeting with the committee to review the event and discuss improvements.
- Gather all information and data required for financial funding.

### July 2025:

- Update timelines, agendas, and after-action reports based on the event's outcomes.
- Collect and organize all comments from guests, volunteers, and vendors for future reference.
- Develop a contact list for the 2025 Expo to streamline future communications.

### August 2025:

• Renew the EventHub contract for the upcoming year and address any issues from the previous year's usage.

### September 2025:

- Set up EventHub for the next round of vendor registrations and update the KBA website accordingly.
- Address and resolve any foreseeable issues that may impact the upcoming Expo.

### E. Budget:

- Revenue and expense categories Please see page
- All income broken out by amount and source Please see page
- Itemized expenses Please see page
- A cash flow projection for the year showing cash needs by month-Please see page
- Salaries/related personal expenses, as well as travel and administrative costs Please see page

**F. History:** The Peninsula Home & Remodel Expo, organized by the Kitsap Building Association, has been a cornerstone of the community since its inception in the 1970s. Originally created as a platform for our members to promote their businesses, the Expo has grown to become the largest home show west of Seattle, featuring over 160 exhibitors each year. While the event still serves as a valuable venue for local companies to showcase their services and products, its focus has expanded to include providing knowledge, inspiration, and resources for all aspects of home design and improvement.

The Kitsap Building Association has been fortunate to receive lodging tax funding in 2024, which has played a crucial role in the continued growth and success of the Expo. Last year's LTAC grant enabled us to significantly expand our marketing efforts, entailing the creation of a dedicated website for the Expo and increased regional advertising. As a result, we saw attendance increase 11% in 2024. This funding has allowed us to reach new audiences, attract more exhibitors, and enhance the overall experience for attendees.

Building on this success, we plan to use the LTAC grant in 2025 to further extend our marketing reach, develop new partnerships, and introduce additional educational workshops and interactive experiences that will draw even more visitors to Kitsap County. Our goal is to continue growing the Expo into an essential event that not only benefits our exhibitors but also drives significant tourism and economic impact for the entire region.

### G. Business Qualification: Please see page

H. Tax Information: Please see page

### I. Certificate of Insurance: Please see page

Kitsap Building Association Profit & Loss by Class Mav 2024

> 9:07 AM 06/19/24 Accrual Bas

Accrual Basis		May 2024			
	Builder Grant Program	First Aid	Home and Garden Expo	Membership	Membership Luncheon
Ordinary Income/Expense Income					
Credit Card Surcharge Education Revenue	0.00	0.00 1,000.00	3,829.00	00.0	0.00
Event revenue Monthly Member Lunch Ticket Peninsula Home & Garden Expo	0.00	0.00	0.00 281,362.08	0.00	1,410.00
Total Event Revenue	0.00	0.00	281,362.08	0.00	1,410.00
Grant Revenue KBA PAC MAF & Other Rebates	3,000.00 0.00 0.00	0.00	0.0 00.0 00.0	0.00 725.00 0.00	0.00 00.0
Membership Dues Affiliate Dues Builder Membership Initiation Fee	0.00 0.00 0.00	0.00 0.00 0.00	0.00 0.00 00.0	262.00 8,908.00 250.00	0.000.000000000000000000000000000000000
Total Membership Dues	0.00	0.00	0.00	9,420.00	0.00
Outdoor Sign Sponsorship ROII	0.00	0.00	0.00	1,450.00 0.00	0.00
Total Income	3,000.00	1,000.00	285,191.08	11,595.00	1,468.47
Gross Profit	3,000.00	1,000.00	285,191.08	11,595.00	1,468.47
Expense Adminstrative Expense					
Advertising & Promotion	0.00	0.00	78,660.36	0.00	0.00
Bank Service Fees Contract Services		0.00	2.000	0.00	0.00
Contract Cervices	000	0.00	39.90		
Insurance	0.00	0.00	0.00	0.00	0.00
Landscaping	0.00	0.00	0.00	0.00	0.00
Licenses & Permits	0.00	0.00	20.00	0.00	0.00
Merchant Fees	0.00	3.34	3,851.40	304.71	58.58
Office Supplies	0.00	0.00	228.76	0.00	0.00
Repair/Maintenance- BUILDING	0.00	0.00	0.00	0.00	0.00
Telephone Travel/ Meeting & Training	0.00	0.00	0.00 283.15	0.00	0.00
Total Adminstrative Expense	0.00	828.34	83,086,25	304.71	58.58
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Kitsap Building Association Profit & Loss by Class

> 9:07 AM 06/19/24 Accrual B

Accrual Basis		May 2024			
	Builder Grant Program	First Aid	Home and Garden Expo	Membership	Membership Luncheon
			716.39	0.00	0.00
				1 028 75	1 572 98
	000	000	00.02		
	0.00	0.00		00.0	000
Event Insurance - direct	0.00	U.UU	926.00	0.00	0.00
Fixture/Equip Rental - Event	0.00	0.00	5,868.00	0.00	0.00
Peninsula Home & Garden Expo	0.00	0.00	139.31	0.00	0.00
Rent - Fvent Snace	0.00	0.00	9,613,38	0.00	0.00
Security	0.00	0.00	1,440.00	0.00	0.00
Total Event Expense	0.00	0.00	19,580.08	1,028.75	1,572.98
Payroll Expenses Benefits	0.00	0.00	0.00	0.00	0.00
Payroll Taxes Wages - Net	0.00	0.00	0.00	0.00	0.00
Total Payroll Expenses	0.00	0.0	0.00	0.00	0.00
Printing & Publications	0.00	0.00	2,735.10	0.00	0.00
Professional Fees Contracted Services	00.0	0.00	0.00	0.00	0.00
Payroll Processing Fees DetermenterVideontanter	00.00	0.00	0.00	0.00	0.00
TECH. (Web, IT, Hardware, BF)	0.00	0.00	48.63	0.00	0.00
Total Professional Fees	0.00	0.00	223.63	0.00	0.00
Taxes - Pers Property	0.00	0.00	0.00	0.00	0.00
Utilities Electric	0.00	0.00	0.00	0.00	0.00
Garbage	0.00	0.00	0.00	0.00	0.00
Water/ Sewer Exp Utilities - Other	0.00	0.00	0.00	0.00	0.00
Total Utilities	0.0	0.00	0.00	0.00	0.00
Total Expense	0.00	828.34	105,625.06	1,333.46	1,631.56
Net Ordinary Income	3,000.00	171.66	179,566.02	10,261.54	-163.09
Net Income	3,000.00	171.66	179,566.02	10,261.54	163.09

Page 2

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9:07 AM		Kitsap Building Association
06/19/24		Profit & Loss by Class
Accidal basis		11107 2021
,	Overhead	TOTAL
Ordinary Income/Expense Income		
Credit Card Surcharge Education Revenue	0.00	3,887.47 1,000.00
Event Revenue Monthly Member Lunch Ticket Peninsula Home & Garden Expo	0.00	1,410.00 281,362.08
Total Event Revenue	0.00	282,772.08
Grant Revenue KBA PAC	0.00	3,000.00 725.00
MAF & Other Rebates Membershin Dues	305.42	305.42
Affiliate Dues Builder Membership Initiation Fee	0.00	262.00 8,908.00 250.00
Total Membership Dues	0.00	9,420.00
Outdoor Sign Sponsorship ROII	300.00 83,896.51	1,750.00 83,896.51
Total Income	84,501.93	386,756.48
Gross Profit	84,501.93	386,756.48
Expense Adminstrative Expense Advertising & Promotion Bank Services Fees Contract Services Dues & Subscriptions Insurance Landscaping Licenses & Permits Merchant Fees Office Supplies Repair/Maintenance- BUILDING Telephone Travel/ Meeting & Training	83.01 1.00 1.00 0.00 384.00 365.83 80.00 0.00 385.85 378.33 378.33 1,052.20	78,743.37 3.68 825.00 972.62 384.00 365.83 100.00 4,218.03 614.61 206.82 378.33 1,335.35
Total Adminstrative Expense	3,869.76	88,147.64

# Kitsap Building Association

## Page 3

9:07 AM		Kitsap Building Association
06/19/24 Accrual Basis		Profit & Loss by class May 2024
	Overhead	TOTAL
Event Expense		
Awards	0.00	716.39
Catering	0.00	2,001.73 875.00
Event Entertainment	0.00	
Event Insurance - arrect Eixtura/Exuin Dantal - Event		5 868 DD
Fixiulercyulp Neniai - Eveni Peninsula Home & Garden Expo	000	139.31
Rent - Event Space	0.00	9,613.38
Security	0.00	1,440.00
Total Event Expense	0.00	22,181.81
Payroll Expenses		
Benefits	3,376.75	3,376.75
Payroll Taxes Warves - Not	6,901.95 20 123 09	6,901.95 20,123 09
	0.00	
Total Payroll Expenses	30,401.79	30,401.79
Printing & Publications	0.00	2,735.10
Protessional Fees	1 300 00	1 300 00
Payroll Processing Fees	198.64	198.64
Photographer/Videographer	0.00	175.00
TECH. (Web, IT, Hardware, BF)	1,512.4/	1,561.10
Total Professional Fees	3,011.11	3,234.74
Taxes - Pers Property	320.00	320.00
Utilities Flectric	364,89	364.89
Garbage	47.83	47.83
Water/ Sewer Exp Utilities - Other	126.57 33.52	126.57 33.52
Total Utilities	572.81	572.81
Total Expense	38,175.47	147,593.89
Net Ordinary Income	46,326.46	239,162.59
Net Income	46,326.46	239,162.59

# Kitsap Building Association

Form **4562** 

### **Depreciation and Amortization**

(Including Information on Listed Property)

Depart	ment of the Treasury Revenue Service	Go to w	Attac www.irs.gov/Form4562	sh to your tax n 2 for instruction		st informa	ation.		Attachment Sequence No. 179
	s) shown on return			ss or activity to wi		ites		Identi	fying number
	SAP BUILDING A			990 / Fo:				23-	7056290
Par			tain Property Und			molete P	art I.		
1			s)					11	
2	Total cost of section	179 property	placed in service (se	e instructions)				2	
			perty before reduction					3	
			e 3 from line 2. If zer					4	
	Dollar limitation for separately, see instr		otract line 4 from lir					5	
6		scription of propert		(b) Cost (busin			Elected cost		12.2.2
		and the second second	·	1					
_				1					
7	Listed property. Ent	er the amount	from line 29		7				
			roperty. Add amount			7		8	
			aller of line 5 or line 8					9	
			from line 13 of your					10	
11			smaller of business i					11	
12	Section 179 expens	e deduction. A	dd lines 9 and 10, bu	it don't enter i	more than line	e 11		12	
13	Carryover of disallo	wed deduction	to 2023. Add lines 9	and 10, less	line 12 ,	13		1	
Note	: Don't use Part II o	r Part III below	for listed property. In	nstead, use Pa	art V.				
Par	t II Special Dep	reciation All	owance and Othe	r Depreciati	ion (Don't in	clude lis	ted property	. See	instructions.)
			or qualified property						
			IS					14	
			) election					15	
16 Other depreciation (including ACRS) Part III MACRS Depreciation (Don't include listed property. See instructions.)								16	
				Section A				_	
18	If you are electing t asset accounts, che	o group any a ck here	ced in service in tax y ssets placed in servi ed in Service During (c) Basis for depreciation	ice during the	tax year into	one or i  Genera	nore general		
	Classification of property	placed in service	(business/investment use only-see instructions)	(d) Recovery period	(e) Convention		(f) Method	(g) D	epreciation deduction
<u>19a</u>								-	
b		126.3.2	0.001				200 DB	+	482.
		<u> </u>	3,371.	7.0 yrs	НҮ		200 DB	+	402.
	10-year property							+	
-	15-year property	A CONTRACTOR						+	
	20-year property	1.12		05.00			S/L	+	
	25-year property	abay si da da		25 yrs.	MM	-	5/L 5/L		
n	Residential rental			27.5 yrs.			5/L 5/L		
	property			27.5 yrs.	MM		5/L 5/L		
	Nonresidential real	06/22	11,520.	39 yrs.	MM	_	5/L 5/L		160.
	property			COOR Tour	MM	A 14 A			
			d in Service During	2022 Tax Yes	ar Using the	Alternati		UN SY	stern
	Class life			10		_	5/L		
	12-year			12 yrs.			S/L		
	30-year			30 yrs.	MM		S/L	-	
	40-year			40 yrs.	MM		S/L		
	IV Summary (							1	1
	Listed property. Ent							21	
22			lines 14 through 17 of your return. Partne					22	9,534.
23			ed in service during section 263A costs			23			

For Paperwork Reduction Act Notice, see separate instructions.

OMB No. 1545-0172

2022

Form <b>8879-TE</b>	IRS <i>e-file</i> Signature Authorization for a Tax Exempt Entity	OMB No. 1545-0047					
	For calendar year 2022, or fiscal year beginning, 2022, and ending, 20	0000					
Department of the Treasury Internal Revenue Service	Do not send to the IRS. Keep for your records. Go to <i>www.irs.gov/Form8879TE</i> for the latest information.	2022					
Name of filer	EIN or SSN						
KITSAP HOME BU	ILDERS FOUNDATION 33-1047457						
Name and title of officer or	person subject to tax						
RANDALL KING, H	EXECUTIVE OFFICER						
Part I Type of	Return and Return Information						
8038-CP and Form 53         3a, 4a, 5a, 6a, 7a, 8a,         3b, 4b, 5b, 6b, 7b, 8b,         applicable line below. I         1a       Form 990 chec         2a       Form 990-EZ c         3a       Form 1120-POL         4a       Form 990-PF c         5a       Form 8868 chec         6a       Form 990-T chec         7a       Form 4720 chec         8a       Form 5227 chec		the box on line <b>1a, 2</b> a, , then leave line <b>1b, 2b</b> ,					
10a       Form 8038-CP check here       .       b       Amount of credit payment requested (Form 8038-CP, Part III, line 22)       10b         Part II       Declaration and Signature Authorization of Officer or Person Subject to Tax							
	ury, I declare that 🛛 I am an officer of the above entity or 🔲 I am a person subject to tax w	ith respect to (name					
	(EIN) and that I have exa						
2022 electronic return complete. I further dec intermediate service pr acknowledgement of re- the date of any refund. (direct debit) entry to th return, and the financia 1-888-353-4537 no lat processing of the elect	and accompanying schedules and statements, and, to the best of my knowledge and belief, the lare that the amount in Part I above is the amount shown on the copy of the electronic return. I de rovider, transmitter, or electronic return originator (ERO) to send the return to the IRS and to rece eccept or reason for rejection of the transmission, (b) the reason for any delay in processing the u If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an elec- the financial institution account indicated in the tax preparation software for payment of the federal institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Trea- er than 2 business days prior to the payment (settlement) date. I also authorize the financial insti- ronic payment of taxes to receive confidential information necessary to answer inquiries and res- lected a personal identification number (PIN) as my signature for the electronic return and, if app	y are true, correct, and consent to allow my eive from the IRS (a) an return or refund, and (c) tronic funds withdrawal ral taxes owed on this asury Financial Agent at itutions involved in the solve issues related to					
PIN: check one box o		-					
	NDY BIEGENWALD CPA, PS to enter my PIN ERO firm name Enter five numbers, do not enter all zero	but					
agency(ies) regul	2022 electronically filed return. If I have indicated within this return that a copy of the return is ating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERC re consent screen.						

As an officer or person subject to tax with respect to the entity, I will enter my PIN as my signature on the tax year 2022 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.

Signature of officer or person subject to tax	Date <u>11/13/2023</u>
Part III Certification and Authentication	
<b>ERO's EFIN/PIN.</b> Enter your six-digit electronic filing identification number (EFIN) followed by your five-digit self-selected PIN.	9 1 2 5 2 9 9 8 3 8 3 Do not enter all zeros
I certify that the above numeric entry is my PIN, which is my signature of am submitting this return in accordance with the requirements of Pub. Providers for Business Returns.	
ERO Must Retain This Fo Do Not Submit This Form to the I	
For Privacy Act and Paperwork Reduction Act Notice, see back of form.	REV 05/17/23 PRO Form <b>8879-TE</b> (2022) 2

Department of the Treasury

### **Return of Organization Exempt From Income Tax**

OMB No. 1545-0047

20

22

**Open to Public** 

Inspection

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.

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

Inter		nue Service	Go to www.irs.gov/Form990 for instructions and the latest	information.		Inspection					
A	For the	e 2022 calend	dar year, or tax year beginning , 2022, and endi	ng		, 20					
в	Check il	f applicable:	C Name of organization KITSAP BUILDING ASSOCIATION		D Emplo	oyer identification number					
	Address	change	Doing business as		23-70	56290					
	Name cl	hange	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	E Teleph	ione number					
	Initial re	turn	5251 AUTO CENTER WAY		(360)	479-5778					
	Final ret	urn/terminated	City or town, state or province, country, and ZIP or foreign postal code								
	Amende	ed return	BREMERTON, WA 98312		-	receipts \$ 487,172.					
	Applicat	tion pending	F Name and address of principal officer:			r subordinates? 🗌 Yes 🔀 No					
			MIRIAM VILLARD, 5251 AUTO CENTER WAY, BREMERTON, WA 98			es included? 🗌 Yes 📋 No					
1	Tax-exe	empt status:	501(c)(3) X 501(c) ( 6 ) (insert no.) 4947(a)(1) or 527	lf "No," a	ittach a lis	st. See instructions.					
J	Website	: WWW.K	ITSAPBUILDS.COM	H(c) Group e							
к	Form of	organization: 🗙	Corporation Trust Association Other L Year of form	nation: 1955	M State	of legal domicile: WA					
P	art I	Summa									
	1			ND SERVICES THAT PROMOTE THE							
Ce		CONSTRUCTION INDUSTRY. WE FOSTER SAFE AFFORDABLE HOUSING, AND PROMOTE									
Activities & Governance		ECONOMIC DEVELOPMENT.									
	2		s box 🔲 if the organization discontinued its operations or disposed of more than 25% of its net assets.								
	3		voting members of the governing body (Part VI, line 1a) .		3	17					
	4		independent voting members of the governing body (Part VI, line 1		4	16					
	5		per of individuals employed in calendar year 2022 (Part V, line 2a)		5	7					
	6		per of volunteers (estimate if necessary)		6	30					
	7a		ated business revenue from Part VIII, column (C), line 12		7a	0.					
-	b	Net unrelat	ted business taxable income from Form 990-T, Part I, line 11 💡 🐁	Prior Yea	7b	0.					
					Current Year						
<u>e</u>	8		ons and grants (Part VIII, line 1h)		050.	286,310.					
Revenue	9		ervice revenue (Part VIII, line 2g)		228.	197,159.					
Bev	10		t income (Part VIII, column (A), lipes3, 4, and 7d)	3,	3,703.						
	11		nue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)			a status - variantary					
-	12		ue-add lines 8 through 11 (must equal Part VIII, column (A), line 12)	453	121.	487,172.					
	13		d similar amounts paid (Part IX, column (A), lines 1–3)			5,354.					
	14	,	aid to or for members (Part IX, column (A), line 4)	170	1.50	000 000					
ses	15		her compensation, employee benefits (Part IX, column (A), lines 5–10)	179	462.	200,239.					
ens	16a		al fundraising fees (Part IX, column (A), line 11e)								
Expenses	b		raising expenses (Part IX, column (D), line 25)	140	715	220,080					
	17		enses (Part IX, column (A), lines 11a–11d, 11f–24e)	all second se	715.	229,089.					
	18		nses. Add lines 13–17 (must equal Part IX, column (A), line 25)		177.	434,682.					
- 10	19	rievenue le	ess expenses. Subtract line 18 from line 12	Beginning of Curr	944.	52,490. End of Year					
Net Assets or Fund Balances	20	Total again	to (Dart V. Kao 16)			409,380.					
Bala	20		ts (Part X, line 16)		793.	409,380.					
Vet /	21 22		ties (Part X, line 26)		683.	365,340.					
	22 art II		or fund balances. Subtract line 21 from line 20		TTO.	305,540.					

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.

							11/14/2023		
Sign [	Signature of officer				Date				
Here	RANDALL	KING, EXECUTIV	E OFFICER						
	Type or print name a	and title	/						
Paid	Print/Type prepa	rer's name	Preparer's signature	19220	Date	Check if	PTIN		
Preparer	Randy Biegenwald 11/				11/15/2023	self-employed	P01245406		
Use Only						Firm's EIN 91-1494073			
ose only	Firm's address 3571 NW BYRON, SILVERDALE, WA 98383 Ph					пе по. (360) 692-4424			
May the IRS	S discuss this re	eturn with the preparer	shown above? See instruction	ons			XYes No		
For Paperw	ork Reduction A	ct Notice, see the separa	ate instructions. BAA		REV 05/17/23 PRO	Form <b>990</b> (2022)			

aperwork Reduction Act Notice, see the separate instructions. BAA

Form 99	0 (2022) Page	e <b>2</b>
Part		
1	Briefly describe the organization's mission: TO PROVIDE INFORMATION, EDUCATION AND SERVICES THAT PROMOTE THE CONSTRUCTION INDUSTRY. WE FOSTER SAFE AFFORDABLE HOUSING, AND PROMOTE ECONOMIC DEVELOPMENT.	
2	Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?	0
3	If "Yes," describe these new services on Schedule O. Did the organization cease conducting, or make significant changes in how it conducts, any program services?	lo
4	If "Yes," describe these changes on Schedule O. Describe the organization's program service accomplishments for each of its three largest program services, as measured expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to othe the total expenses, and revenue, if any, for each program service reported.	by ers,
4a	(Code:) (Expenses \$including grants of \$) (Revenue \$)         MEMBERSHIP SERVICES - HELD MONTHLY MEETINGS AND EDUCATIONAL SEMINARS         TO PROVIDE INFORMATION REGARDING THE CONSTRUCTION INDUSTRY TO MEMBERS.	
4b	(Code:) (Expenses \$including grants of \$) (Revenue \$)	·····
	MARKETING ASSISTANCE - PROVIDE MEMBERS WITH A NEWSLETTER AND A DIRECTORY OF BUILDERS, PROVIDE ACCESS TO GROUP MEDICAL INSURANCE AND TO WASHINGTON STATE WORKMEN'S COMPENSATION REBATE PLAN THAT ENCOURAGES JOB SAFETY AND REDUCES PAYROLL COSTS.	
4c	(Code:) (Expenses \$) (Revenue \$)         PRESENTED CONCERNS OF THE BUILDING INDUSTRY TO LEGISLATIVE AND         REGULATORY BODIES, INFORMED MEMBERS ABOUT GOVERNMENT ACTIONS.	
4d	Other program services (Describe on Schedule O.)	
4e	(Expenses \$ including grants of \$ ) (Revenue \$ )         Total program service expenses	

Part	V Checklist of Required Schedules			
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	Yes	No
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2		×
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>	3	×	
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 Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5	×	
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		×
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,		-	
8	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	7		×
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		×
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in guasi endowments? If "Yes," complete Schedule D, Part V.	10		×
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VII, 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		×
c	Did the organization report an amount for investments—program related in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		×
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		×
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 consolldated 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		×
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a		×
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		×
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		×
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		×
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? <i>If "Yes," complete Schedule F, Parts I and IV</i> .	14b		×
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		×
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		×
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17		×
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II.	18	×	
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		×
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H.	20a	_	x
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		×

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 22 Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III 22 X Did the organization answer "Yes" to Part VII. Section A, line 3, 4, or 5, about compensation of the 23 organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J. 23 X Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than 24a \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b 24a × 24b b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? . . Did the organization maintain an escrow account other than a refunding escrow at any time during the year С 24c to defease any tax-exempt bonds? d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? . . 24d Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit 25a transaction with a disgualified person during the year? If "Yes," complete Schedule L, Part I **25**a b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior vear, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? 25b Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current 26 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 X Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key 27 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 27 × Was the organization a party to a business transaction with one of the following parties (see the Schedule L, 28 Part IV, instructions for applicable filing thresholds, conditions, and exceptions): a A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If 28a х b A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV . . . . 28b X A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If × 28c 29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M X 29 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified 30 X 30 Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I 31 х 31 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," 32 х 32 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 X 34 Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, 34 × 35a X 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 b 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 36 36 Did the organization conduct more than 5% of its activities through an entity that is not a related organization 37 and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI 37 X Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 38 38 X Statements Regarding Other IRS Filings and Tax Compliance Part V Check if Schedule O contains a response or note to any line in this Part V . . Yes No 1a 1a Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable 0 Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable . . . 1b b 0

1c

2.4

### Form 990 (2022)

Part IV

Form 990	) (2022)		F	Page 5
Part '	V Statements Regarding Other IRS Filings and Tax Compliance (continued)		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 7			
	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? .	2b	×	
	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		×
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on 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)?	4a		X
b	If "Yes," enter the name of the foreign country			
-	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).	30201	(1) (3) (1)	×
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a 5b		x
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	50 50		<u> </u>
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	50		
04	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			-
-	gifts were not tax deductible?	6b	x	
7	Organizations that may receive deductible contributions under section 170(c).	- 7	1751	1.1.1
	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods	1.02		1
	and services provided to the payor?	7a	Laidensera	arte al frankright
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	1	
	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			L
	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		
	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? .	7f		
	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		<u> </u>
	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h	2. 17. 2	
	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the	0	لنتشفه	in the second
	sponsoring organization have excess business holdings at any time during the year?	8	27. 10	1
	Sponsoring organizations maintaining donor advised funds.	9a		the series
	Did the sponsoring organization make any taxable distributions under section 4966?	9b		-
	Section 501(c)(7) organizations. Enter:	1000		
	Initiation fees and capital contributions included on Part VIII, line 12	51 1	÷69'9	1
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities . 10b		10	
	Section 501(c)(12) organizations. Enter:			121
	Gross income from members or shareholders			12.5
b	Gross income from other sources. (Do not net amounts due or paid to other sources	1	2	
	against amounts due or received from them.)	1		1.2
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a	245	
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year		3	1.1.1
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	SOLE N	125.10	land and
а	Is the organization licensed to issue qualified health plans in more than one state?	13a	r	
ь	Note: See the instructions for additional information the organization must report on Schedule O. Enter the amount of reserves the organization is required to maintain by the states in which	1		17 s.s.
	the organization is licensed to issue qualified health plans			1
с	Enter the amount of reserves on hand			
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		×
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O.	14b		
	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?	15		
	If "Yes," see the instructions and file Form 4720, Schedule N.	3.8		
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16	1.0.00000000	
	If "Yes," complete Form 4720, Schedule O.			6
	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any activities			
	that would result in the imposition of an excise tax under section 4951, 4952, or 4953?	17		
	If "Yes," complete Form 6069.	14		1

Part	Governance, Management, and Disclosure. For each "Yes" response to lines 2 to response to line 8a, 8b, or 10b below, describe the circumstances, processes, or change	hrough 7b below, s on Schedule O.	and See in	for a struc	"No" tions.
	Check if Schedule O contains a response or note to any line in this Part VI				X
Secti	on A. Governing Body and Management			_	
		L . T		Yes	No
<b>1a</b>	Enter the number of voting members of the governing body at the end of the tax year.	1a 17			
	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		行用		
	committee, explain on Schedule O.				
h	Enter the number of voting members included on line 1a, above, who are independent	1b 16	100	橋	
ь 2	Did any officer, director, trustee, or key employee have a family relationship or a business		1		
2	any other officer, director, trustee, or key employee?		2	X	i-1
3	Did the organization delegate control over management duties customarily performed by or	under the direct		_	
	supervision of officers, directors, trustees, or key employees to a management company or o		3		×
4	Did the organization make any significant changes to its governing documents since the prior For		4		×
5	Did the organization become aware during the year of a significant diversion of the organizati	on's assets? .	5		X
6	Did the organization have members or stockholders?		6	×	
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	×	
Ь	Are any governance decisions of the organization reserved to (or subject to approva	l by) members,			
	stockholders, or persons other than the governing body?		7b		X
8	Did the organization contemporaneously document the meetings held or written actions un	ndertaken during		42.	
	the year by the following:		8a		L
a			oa 8b	×	
9	Each committee with authority to act on behalf of the governing body?				-
3	the organization's mailing address? If "Yes," provide the names and addresses on Schedule		9		×
Secti	on B. Policies (This Section B requests information about policies not required by th		ue C	ode.)	<u> </u>
				Yes	
10a	Did the organization have local chapters, branches, or affiliates?		10a		X
b	If "Yes," did the organization have written policies and procedures governing the activities of	f such chapters,			
	affiliates, and branches to ensure their operations are consistent with the organization's exen		10b		<u> </u>
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body bet		11a	×	1
b	Describe on Schedule O the process, if any, used by the organization to review this Form 990		6		Line 1
12a	bid tilb bigdrindato a trittor borninot of interest peneg til tito, ge te mie to		12a 12b	×	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could giv Did the organization regularly and consistently monitor and enforce compliance with the		120	<b> </b> ^	-
С	describe on 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	-	X
15	Did the process for determining compensation of the following persons include a review	and approval by	1-75.	1.2	
	independent persons, comparability data, and contemporaneous substantiation of the deliberation	on and decision?	53		
а	The organization's CEO, Executive Director, or top management official		15a	ertis and the	×
b	Other officers or key employees of the organization		15b		×
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.		A. I.	in the second	1
16a	Did the organization invest In, contribute assets to, or participate in a joint venture or sim	ilar arrangement	1 12	1	Same 1
	with a taxable entity during the year?		16a	- 11 - 51	×
b	If "Yes," did the organization follow a written policy or procedure requiring the organization			1	
	participation in joint venture arrangements under applicable federal tax law, and take steps organization's exempt status with respect to such arrangements?		16b		PL_SI
Secti	on C. Disclosure		100		<u> </u>
17	List the states with which a copy of this Form 990 is required to be filed				
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicab	le), 990, and 990-	T (sec	tion	501(c)
	(3)s only) available for public inspection. Indicate how you made these available. Check all that				
	Own website Another's website X Upon request Other (explain on S				
19	Describe on Schedule O whether (and if so, how) the organization made its governing doc		of inte	rest p	oolicy,
	and financial statements available to the public during the tax year.				
20	State the name, address, and telephone number of the person who possesses the organizati	on's books and re	cords		

RANDALL KING, 5251 AUTO CENTER WAY, BREMERTON, WA 98312 (360)479-5778

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

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 the 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, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) 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.

See the instructions for the order in which to list the persons above.

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

				(	C)					
(A) Name and title	(B) Average hours	box, office	unles er and	neck as pe	rson	e than o Is both or/trust	an	Reportable compensation	(E) Reportable compensation from related	(F) Estimated amount of other compensation
	per week (list any hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/ 1099-MISC/ 1099-NEC)	organizations (W-2/ 1099-MISC/ 1099-NEC)	from the organization and related organizations
(1) RANDALL KING	40.00						-			
EXECUTIVE OFFICER				×	×			89,263.	0.	0.
(2) DARYL READ IMMEDIATE PAST PRESEDENT	2.00	×		×				0.	ο.	0.
(3) MIRIAM VILLARD PRESIDENT	2.00	×		×				0.	0.	0.
(4) BOB DISNEY 1ST VICE PRESIDENT	2.00	×		×				0.	0.	0.
(5) BERNI KENWORTHY 2ND VICE PRESIDENT	2.00	×		×				0.	0.	0.
(6) BRADY MUELLER TREASURER	2.00	×		×				0.	0.	0.
(7) JASON WRIGHT SECRETARY	2.00	×		×				0.	0.	0.
(8) WAYNE KEFFER DIRECTOR	2.00	×						0.	0.	0.
(9) GARY LINDSEY DIRECTOR	2.00	×						0.	0.	0.
(10) ELLEN ROSS CARDOSO DIRECTOR	2.00	×						0.	0.	0.
(11) MARK EISSES DIRECTOR	2.00	×						0.	0.	0.
(12) JUSTIN INGALLS DIRECTOR	2.00	×						0.	0.	0.
(13) STEVE SEGO DIRECTOR	2.00	×						0.	0.	0.
(14) CHERYL BLOOM DIRECTOR	2.00	×						0.	0.	0.

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Form 990 (2022)

Page 7

Part VII Section A. Officers, Directors,	Trustees,	Key I	Emp	olo	yee	s, an	dH	lighest Compe	nsated Employ	yees (co	ontinued)
(A) Name and title	<b>(B)</b> Average hours	(do n box,	not ch unles	Pos Neck Is pe	C) ition more rson	e than o is both or/trust	one i an	(D) Reportable compensation from the	(E) Reportable compensation from related	( Estimate of c	F) d amount other ensation
	per week (list any hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former		organizations (W-2/ 1099-MISC/ 1099-NEC)	fron organiza	ation and ganizations
(15) ERIC PETERSON DIRECTOR	2.00	×						0.	0.		0.
(16) RON PERKEREWICZ DIRECTOR	2.00	×						0.	0.		0.
(17) CHAD LYONS DIRECTOR	2.00	×						0.	0.		0.
(18) MAY DISNEY DIRECTOR	2.00	×						0.	0.		0.
(19)											
(20)											
(21)											
(22)											
(23)											
(24)											
(25)											
1b Subtotal	t VII. Sectio			•	•	• •	•	89,263.	0.		0.
<ul> <li>d Total (add lines 1b and 1c).</li> <li>2 Total number of individuals (including b reportable compensation from the organication)</li> </ul>	ut not limited	•	nose	e lis	ted	 above	e) w	89,263. ho received mor	0. e than \$100,000	of	0.
3 Did the organization list any former	officer, dire						mp	loyee, or highes	st compensated		Yes No
<ul> <li>employee on line 1a? If "Yes," complete</li> <li>For any individual listed on line 1a, is the organization and related organizations individual</li></ul>	ne sum of re	porta	ble	con	npe	nsatio					×
5 Did any person listed on line 1a receive for services rendered to the organizatio									tion or individual	5	×
Section B. Independent Contractors 1 Complete this table for your five his compensation from the organization. Re	ghest comp port comper	ensat Isatio	ed n fo	ind r the	epe e ca	ndent lenda	co r ye	ontractors that a	received more within the organ	than \$1 hization's	00,000 of tax year.
(A) Name and business a	ldress				_			(B) Description of ser	vices	(C) Compensa	tion
					_						
2 Total number of independent contract received more than \$100,000 of competition							o th	nose listed abov	ve) who		

Page 8

Part VIII Statement of Revenue

							(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512–514
tà çă	1a	Federated campaigr	ns.		1a		3.3.3.4 (S	Phone States		San Strains
contributions, Girts, Grants, and Other Similar Amounts	b	Membership dues			1b	80,669.		학생님, 고양부,		
	с	Fundraising events			10	186,551.				
	d	Related organization			1d					RE SHOP IS
기꾼		Government grants			1e					
Sir	f	All other contribution and similar amounts no						1112-1121-520		Sec. St.
her					1f	19,090.				
E 5	g	Noncash contribution						122343.51		
	h.	Total. Add lines 1a-			1g		286,310.	1 Start Same		
,	<u>n</u>	Total. Add lines Ta-	-11 .	• • •		Business Code	200,510.		Concernance of the second	THE REAL PROPERTY OF
ų	2a	***************************************				524298	150,788.	150,788.	0.	0
Program Service Revenue						611430	6,060.	6,060.	0.	0
Revenue		MEMBERSHIP SEI			******	900099	39,450.	39,450.	0.	0
l s		REBATES	*****			900099	861.	861.	0.	0
<u>5</u> œ	е									
2	f	All other program se								
	g	Total. Add lines 2a-	-2f.		2 Z		197,159.			
	3	Investment income								0
		other similar amoun					3,703.	0.	0.	3,703
	4	Income from investr	nent	of tax-exer	npt bo	ond proceeds				
	5	Royalties		-				Contraction of the last of the	Charles and the	Theory Contraction of
	•	0		(i) Rei	31	(ii) Personal		Carl Same	建水晶晶晶质	
	6a	Gross rents	6a 6b							State State State
	b	Less: rental expenses Rental income or (loss)								
	c d	Net rental income o		(2)	DE					
	7a	Gross amount from	1,000	(i) Secur		(ii) Other		A STATISTICS		
		sales of assets						all all all all all all	A	Content of Lake
		other than inventory	7a						1.5	
e	b	Less: cost or other basis							28335 52.75	A CARLES IN
ent		and sales expenses .	7b						Carlos Statis	SAL SAL
ev.	С	Gain or (loss)	7c					1012120120120		10.00
5	d	Net gain or (loss)	$\alpha = \alpha$	2 <b>4</b> - 2 <b>4</b> - 254	a <u>.</u>	<u>,</u>				
Other Revenue	8a	Gross income fro					14年世纪6			Constant of
0		events (not including						Contra and		1000
		of contributions re 1c). See Part IV, line		on line	0-			Statistics and	The second second	
					8a 8b					
	b	Less: direct expens Net income or (loss							LOCASIAN ACCESS	
	с 9а	Gross income			gev			INCOMENTAL OF	the second states	
	u	activities. See Part		-	9a				Cold with the	
	b	Less: direct expens			9b			N/CHASTING		1 Suistan
	С	Net income or (loss				es				
	10a	Gross sales of in	nvent					1000		
		returns and allowar	ices		10a		CONTRACTOR IN	- Alight a las	A Second Sector	
	b	Less: cost of goods			10b				nearly to the	
	С	Net income or (loss	) fror	n sales of	invent				Concernation of the second	
sn						Business Code		12. 10. <b>1</b> 2.000 00		10. Y 23, 33 ()
le g	11a	•••••								
llar /en	b									
scellaneo Revenue	c	All ath an investor								
Miscellaneous Revenue	d	All other revenue		• • •	•	L		Contract In 199		a Crowner - Contract
	е	Total. Add lines 11: Total revenue. See			•••	· · · · ·	487,172.	197,159.	0.	3,703

ecti	t IX Statement of Functional Expenses on 501(c)(3) and 501(c)(4) organizations must complete	ete all columns. All	other organizations	must complete colur	тп (A).
	Check if Schedule O contains a response				
	ot include amounts reported on lines 6b, 7b, b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	4,419.			
2	Grants and other assistance to domestic individuals. See Part IV, line 22.	935.			
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	89,263.			
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 8	Other salaries and wages Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	87,558.			
9	Other employee benefits	8,314.			
10		15,104.			
11 a	Fees for services (nonemployees):	20,2011			
b	Legal				
С		9,523.			
d	Lobbying				
e	Professional fundraising services. See Part IV, line 17				
f 9	Investment management fees	1,147.			
12	Advertising and promotion	9,249.			
3	Office expenses	4,642.			
4	Information technology	21,385.			
5	Royalties				
6	Occupancy	. 22,426.			
7	Travel	13,835.			
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings .	27,863.			
20	Interest	474.			
21	Payments to affiliates				
2	Depreciation, depletion, and amortization	9,534.			
23		7,706.		To Date Change (1997)	OLVER STREET
24	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column				
	(A), amount, list line 24e expenses on Schedule O.)				
a	EQUIPMENT RENTAL	6,296.			
b	EQUIPMENT REPAIR	2,346.			
c d	BANK CHARGES POLITICAL GRANTS	6,897. 9,650.			
e	All other expenses	65,161.			
5	Total functional expenses. Add lines 1 through 24e	434,682.			
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)	-33,002.			

Form 990 ( Part )				Page 11
Part	Check if Schedule O contains a response or note to any line in this Par	rtX		🗍
		(A) Beginning of year		(B) End of year
1	Cash-non-interest-bearing	33,233.	1	104,962.
2	Savings and temporary cash investments		2	
3	Pledges and grants receivable, net		3	
4	Accounts receivable, net		4	
5	Loans and other receivables from any current or former officer, director,	Provincial Provincial	12 3 19	
	trustee, key employee, creator or founder, substantial contributor, or 35%		3557 6	NEW CALL
	controlled entity or family member of any of these persons		5	
6	Loans and other receivables from other disqualified persons (as defined	「「「「「「「「「「「「」」」	Vesti i	
	under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
si 2	Notes and loans receivable, net		7	250.
Assets	Inventories for sale or use		8	
- 5	Prepaid expenses and deferred charges		9	
10a				
	basis. Complete Part VI of Schedule D 10a 292, 337.		15.080 07	
þ		68,444.		73,801.
11	Investments-publicly traded securities	303,116.	11	230,367.
12	Investments-other securities. See Part IV, line 11		12	
13	Investments-program-related. See Part IV, line 11		13	
14	Intangible assets		14	
15	Other assets. See Part IV, line 11	404 707	15	400 200
16	Total assets. Add lines 1 through 15 (must equal line 33)	404,793.	16	409,380.
17	Accounts payable and accrued expenses	2,700.	17 18	6,075.
18	Grants payable	21,980.	19	9,585.
19		21,900.	20	3,505.
20	Tax-exempt bond liabilities		20	
	Loans and other payables to any current or former officer, director,	New College Annual	21	
iii Ei	trustee, key employee, creator or founder, substantial contributor, or 35%		1221	
	controlled entity or family member of any of these persons		22	
C2 Liabilities	Secured mortgages and notes payable to unrelated third parties		23	
24	Unsecured notes and loans payable to unrelated third parties		24	
25	Other liabilities (including federal income tax, payables to related third			
	parties, and other liabilities not included on lines 17-24). Complete Part X			
	of Schedule D	52,003.	25	28,380.
26	Total liabilities. Add lines 17 through 25	76,683.	26	44,040.
\$	Organizations that follow FASB ASC 958, check here		10.51	
2 I	and complete lines 27, 28, 32, and 33.		1.35	
8 27	Net assets without donor restrictions		27	
<u>m</u> 28	Net assets with donor restrictions		28	
ŭ	Organizations that do not follow FASB ASC 958, check here 🔀		120	
Щ. L	and complete lines 29 through 33.		1270-1-	
ດ ທີ່ 29	Capital stock or trust principal, or current funds		29	
08 ge	Paid-in or capital surplus, or land, building, or equipment fund		30	
Ϋ́Α 31	Retained earnings, endowment, accumulated income, or other funds	328,110.	31	365,340.
Net Assets or Fund Balances 8 2 2 2 8 2 1 2 0 6 8 2 2 2 8 2 2 2 2	Total net assets or fund balances	328,110.	32	365,340.
Z 33	Total liabilities and net assets/fund balances	404,793.	33	409,380. Form <b>990</b> (2022)

REV 05/17/23 PRO

Form 990 (2022)

Form 99	30 (2022)		Pa	age <b>12</b>
Part	XI Reconciliation of Net Assets			
	Check if Schedule O contains a response or note to any line in this Part XI			
1	Total revenue (must equal Part VIII, column (A), line 12)	1	487,1	172.
2	Total expenses (must equal Part IX, column (A), line 25)	2	434,6	
3	Revenue less expenses. Subtract line 2 from line 1	3	52,4	190.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	328,1	L10.
5	Net unrealized gains (losses) on investments	5	-15,2	260.
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 on Schedule O)	9		
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line			
	32, column (B))	10	365,3	340.
Part	XII Financial Statements and Reporting			
	Check if Schedule O contains a response or note to any line in this Part XII			
			Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other	1.1.	1000	
	If the organization changed its method of accounting from a prior year or checked "Other," e	xplain on	1287 F	
	Schedule O.		المستنا المسيسا	12.5.2
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a	×
	If "Yes," check a box below to indicate whether the financial statements for the year were co	mpileo or	<b>拉拉</b> 拉-5	
	reviewed on a separate basis, consolidated basis, or both:			
	Separate basis Consolidated basis Both consolidated and separate basis		الم <u>لا</u> لة الم	i hand
b	Were the organization's financial statements audited by an independent accountant?		2b	×
	If "Yes," check a box below to indicate whether the financial statements for the year were aud	lited on a		1.00
	separate basis, consolidated basis, or both:			
	Separate basis Consolidated basis Both consolidated and separate basis	ovoiaht of	تسبيه فستشلأ	: ·····
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for or the audit, review, or compilation of its financial statements and selection of an independent account			
	If the organization changed either its oversight process or selection process during the tax year, of		2c	
	Schedule O.	skpiant on	1. (2017)	
20		orth in the	k	· · · ·
38	As a result of a federal award, was the organization required to undergo an audit or audits as set f Uniform Guidance, 2 C.F.R. Part 200, Subpart F?		3a	×
L	If "Yes," did the organization undergo the required audit or audits? If the organization did not ur	dergo the		<u></u>
a	required audit or audits, explain why on Schedule O and describe any steps taken to undergo such	audits	36	
			Form 99	0 (0000)
	REV 05/17/23 PRO		Form 99	(2022)

	ent of the Treasury Revenue Service	ete if the organization is described to Go to www.irs.gov/Form990 for in	structions and the la	rorm 990 or Form 990-EZ. atest information.	Inspection					
If the o	rganization answered "Yes	," on Form 990, Part IV, line 3, or Fo	rm 990-EZ, Part V, li	ne 46 (Political Campaign A	ctivities), then					
		Complete Parts I-A and B. Do not cor								
	<ul> <li>Section 501(c) (other than section 501(c)(3)) organizations: Complete Parts I-A and C below. Do not complete Part I-B.</li> </ul>									
	Section 527 organizations: Complete Part I-A only.									
	•	," on Form 990, Part IV, line 4, or Fo	rm 990-EZ, Part VI, I	ine 47 (Lobbying Activities),	, then					
		that have filed Form 5768 (election une								
		that have NOT filed Form 5768 (election								
If the o	rganization answered "Yes	," on Form 990, Part IV, line 5 (Prox	v Tax) (See separate	instructions) or Form 990-I	EZ, Part V, line 35c (Proxy					
	ee separate instructions), t									
• Se	ction 501(c)(4), (5), or (6) orga	anizations: Complete Part III.								
Name	of organization			Employer ident	tification number					
KITS	AP BUILDING ASSOC	IATION		23-705629	90					
Part	-A Complete if th	e organization is exempt und	er section 501(c	) or is a section 527 of	rganization.					
1	Provide a description o	f the organization's direct and in	direct political ca	mpaign activities in Part	IV. See instructions for					
	definition of "political car									
2	•	y expenditures. See instructions		\$	5,000.					
3		cal campaign activities. See instru			0					
Part		e organization is exempt und								
1		excise tax incurred by the organiz								
2		excise tax incurred by organizatio								
3		ed a section 4955 tax, did it file Fo			. Yes No					
4a	Was a correction made?									
b	If "Yes," describe in Part									
Part	Complete if th	e organization is exempt und	er section 501/c	a), except section 501(	c)(3).					
1		ly expended by the filing organized			-1(-).					
	activities			\$	0.					
2	527 exempt function acti			\$	4,650.					
3	Total exempt function ( line 17b	expenditures. Add lines 1 and 2	. Enter here and	on Form 1120-POL,	4,650.					
4	Did the filing organization	n file Form 1120-POL for this year	?		. Yes X No					
5		ses and employer identification nu		action 527 political organiz	ations to which the filing					
-	organization made paym	ents. For each organization listed,	enter the amount	paid from the filing organiz	zation's funds. Also enter					
	the amount of political co	ontributions received that were pro	mptly and directly	delivered to a separate po	olitical organization, such					
	as a separate segregated	fund or a political action committee	e (PAC). If addition	al space is needed, provid	le information in Part IV.					
	(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds. If none, enter -0	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization. If none, enter -0					
(4)		111 21ST AVE SW								
WA 2	AFFORDABLE HOUSING COUNCIL	OLYMPIA, WA 98501	91-1325024	4,650.	5,150.					
(2)			-							
(3)										
(4)			-							

### **Political Campaign and Lobbying Activities**

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

SCHEDULE C (Form 990)

	Chief the amount of any excise text meaned by the eigennance entern receiver interest in the	*********	
2	Enter the amount of any excise tax incurred by organization managers under section 4955	\$	
3	If the organization incurred a section 4955 tax, did it file Form 4720 for this year?		Yes 🗌 No
4a	Was a correction made?	6.6.6	Yes No
b	If "Yes," describe in Part IV.		
Part	I-C Complete if the organization is exempt under section 501(c), except section 50	01(c)(3).	
1	Enter the amount directly expended by the filing organization for section 527 exempt function activities	\$	0.
2	Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities	\$	4,650.
3	Total exempt function expenditures. Add lines 1 and 2. Enter here and on Form 1120-POL,	¢	

			funds. If none, enter -0	promptly and directly delivered to a separate political organization. If none, enter -D
(1) WA AFFORDABLE HOUSING COUNCIL	111 21ST AVE SW Olympia, WA 98501	91-1325024	4,650.	5,150.
(2)				
(3)				
(4)				
(5)				
(6)				
For Paperwork Reduction Act Notice	, see the Instructions for Form 990 or 9	90-EZ.	Cat. No. 50084S	Schedule C (Form 990) 2022

### REV 05/17/23 PRO BAA

OMB No. 1545-0047



Schedule C (Form 990) 2022

		section 501(h)).	is exempt under section 501(c)(3) and filed		
A	Ch	neck if the filing organization belongs to EIN, expenses, and share of exces	an affiliated group (and list in Part IV each affiliate is lobbying expenditures).	d group member's	name, address,
В	Ch	neck 🔲 if the filing organization checked b	ox A and "limited control" provisions apply.		
			ing Expenditures ans amounts paid or incurred.)	(a) Filing organization's totals	(b) Affiliated group totals
	la	Total lobbying expenditures to influence p			
	b		legislative body (direct lobbying)		
	С	Total lobbying expenditures (add lines 1a	and 1b)		
	d				
	е		lines 1 c and 1 d)		
	f		he amount from the following table in both		
		columns.			
		If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:	Salar and Salar	
		Not over \$500,000	20% of the amount on line 1e.	The start Starter	
		Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.		
	1	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.		
	- [	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.		
		Over \$17,000,000	\$1,000,000.		A STREET STREET
	g	Grassroots nontaxable amount (enter 25%	6 of line 1 f)		
	h	Subtract line 1g from line 1a. If zero or les	s, enter-0- c c c c c c c c c c c c		
	i	Subtract line 1f from line 1c. If zero or less			
	j		on either line 1h or line 1i, did the organization		Yes No

4-Year Averaging Period Under Section 501(h) (Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the separate instructions for lines 2a through 2f.)

	Lobbyi	ng Expenditure	s During 4-Year Ave	eraging Period	1	
	Calendar year (or fiscal year beginning in)	<b>(a)</b> 2019	<b>(b)</b> 2020	<b>(c)</b> 2021	( <b>d</b> ) 2022	(e) Total
2a	Lobbying nontaxable amount					
b	Lobbying ceiling amount (150% of line 2a, column (e))					
С	Total lobbying expenditures					
d	Grassroots nontaxable amount					
е	Grassroots ceiling amount (150% of line 2d, column (e))					
f	Grassroots lobbying expenditures					

BAA

REV 05/17/23 PRO

Schedule C (Form 990) 2022

Schedule C (Form 990) 2022

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Part	(election under section 501(c)(3) and has NOT (election under section 501(c)(3) and has NOT	filed	Form	5768		
For a		(	a)		(b)	
	each "Yes" response on lines 1a through 1i below, provide in Part IV a detailed iption of the lobbying activity.	Yes	No	A	mount	
1	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:			5 - B S		
a	Volunteers?			12.5	100	-
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?			14-51		
C T	Media advertisements?					
d e	Mailings to members, legislators, or the public?       .					
f	Grants to other organizations for lobbying purposes?	-				
g	Direct contact with legislators, their staffs, government officials, or a legislative body?					
ĥ	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?	-				
ī	Other activities?					
j.	Total. Add lines 1c through 1i					
<b>2a</b>	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?			2 . 17	an and an an	
b	If "Yes," enter the amount of any tax incurred under section 4912					
C	If "Yes," enter the amount of any tax incurred by organization managers under section 4912 .	1	لندبينا			2.5.54.4.5
d	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?	Vet		Line	and a	100 1 1
Part I	II-A Complete if the organization is exempt under section 501(c)(4), section 501(c) 501(c)(6).	;)(5),	or se	ction		
					Yes	No
1	Were substantially all (90% or more) dues received nondeductible by members?	10	55 (225	1		X
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?			2		×
3	Did the organization agree to carry over lobbying and political campaign activity expenditures from the	prior	year?	3	×	
1	501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No" O answered "Yes." Dues, assessments and similar amounts from members	R (b)	Part	III-A,	line 3	
2	Section 162(e) nondeductible lobbying and political expenditures (do not include amounts political expenses for which the section 527(f) tax was paid).	s of			0070	
а	Current year		<b>2</b> a		9,6	550.
b	Carryover from last year	•	2b			095.
c	Total	•	2c		11,7	
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues .		3		5,3	330.
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of excess does the organization agree to carryover to the reasonable estimate of nondeductible lobb					
	and political expenditures next year?	ying	4		6 /	115.
5	Taxable amount of lobbying and political expenditures. See instructions		5		074	0.
Part		-	<u> </u>			
2 (See Pt I	e the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated gro instructions); and Part II-B, line 1. Also, complete this part for any additional information. -A Line 1: THE NATIONAL ASSOCIATION OF HOME BUILDERS AND THE BUILD	ING	INDU		ines 1	and
	CIATION OF WASHINGTON, OF WHICH EACH KITSAP BUILDING ASSOCIATION MEN					
	A MEMBER, CONDUCTED LOBBYING FOR THE BENEFIT OF THE CONSTRUCTION					
ADDI:	TIONALLY, CONTRIBUTIONS WERE MADE TO A PORT COMMISSIONER CAMPAIGN,	A CO	DUNT	¥		
COMM	ISSONER CAMPAIGN AND A STATE HOUSE MEMBER CAMPAIGN.	<b></b>				
BAA	REV 05/17/23 PRO		Sched	ule C (Fe	orm 99	0) 2022
	27					

(Form	ent of the Treasury	Complete if the orga Part IV, line 6, 7, 8, 9, 10 A	<b>Al Financial Statements</b> nization answered "Yes" on Form 990, 1, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b tttach to Form 990.		OMB No, 1545-0047 2022 Open to Public Inspection
-	Revenue Service	Go to www.irs.gov/Form99	0 for instructions and the latest informat		lentification number
		IG ASSOCIATION		23-7056	
Par			sed Funds or Other Similar Fund		
		ete if the organization answered "			
		0	(a) Donor advised funds	(b) F	unds and other accounts
1	Total number a	at end of year			
2	Aggregate valu	ue of contributions to (during year)			
3		ue of grants from (during year)			
4		e at end of year			TO STRUCT STR
5			advisors in writing that the assets hel organization's exclusive legal control?		
6	Did the organi only for charits	zation inform all grantees, donors, an able purposes and not for the benefit	ad donor advisors in writing that grant t of the donor or donor advisor, or for	funds car	be used
Part		rvation Easements.			
		ete if the organization answered "			
1 2	<ul> <li>Preservation</li> <li>Protection</li> <li>Preservatio</li> <li>Complete lines</li> </ul>	conservation easements held by the o of land for public use (for example, recrea of natural habitat n of open space s 2a through 2d if the organization hel he last day of the tax year.	ation or education) 🗌 Preservation of	a certified	
				20	Held at the End of the Tax Year
a				2a 2b	
b	-		storic structure included in (a)		
d	Number of cor		acquired after July 25, 2006, and not o		
3	Number of cor tax year	nservation easements modified, trans	ferred, released, extinguished, or term	ninated by	the organization during the
4 5	Does the org	tes where property subject to conserv anization have a written policy rega enforcement of the conservation eas	arding the periodic monitoring, inspe	ection, ha	ndling of · · · DYes DNo
6	Staff and volunt	eer hours devoted to monitoring, inspec	ting, handling of violations, and enforcing	conservati	on easements during the year
7	Amount of exp	enses incurred in monitoring, inspecting	g, handling of violations, and enforcing c	onservatio	n easements during the year
8			?(d) above satisfy the requirements of s		
9	balance sheet,		onservation easements in its revenue a the footnote to the organization's fina hts.		
Part		zations Maintaining Collections ete if the organization answered "	of Art, Historical Treasures, or C Yes" on Form 990, Part IV, line 8.	Other Sin	nilar Assets.
1a	If the organiza of art, historic	tion elected, as permitted under FAS al treasures, or other similar assets	B ASC 958, not to report in its revenue held for public exhibition, education, o its financial statements that describe	or resear	ch in furtherance of public
b	art, historical t provide the fol	reasures, or other similar assets held lowing amounts relating to these item		earch in fu	rtherance of public service,
	(i) Revenue in	cluded on Form 990, Part VIII, line 1	• • • • • • • • • • • • • • •	$\epsilon \sim \epsilon$	, \$
2	(ii) Assets inclu If the organization following amou	uded in Form 990, Part X	historical treasures, or other similar a SB ASC 958 relating to these items:	assets for	. \$ financial gain, provide the
a b	Revenue inclu	ded on Form 990, Part VIII, line 1			. \$ . \$
		ion Act Notice, see the Instructions for			Schedule D (Form 990) 2022

Schedu	e D (Form 990) 2022							Page <b>2</b>
Part	III Organizations Maintaining	Collections of	Art, Hist	torical T	reasures,	or Ot	her Similar As	sets (continued)
3	Using the organization's acquisition, a collection items (check all that apply):	ccession, and of	ther recor	ds, chec	k any of the	e follow	ving that make s	significant use of its
а			d	⊡ toan	or exchange	e progr	am	
b	Scholarly research							
_	Preservation for future generations		Ŭ					
4	Provide a description of the organizati	ion's collections	and expla	in how t	hey further	the org	anization's exer	npt purpose in Part
5	XIII. During the year, did the organization a assets to be sold to raise funds rather	solicit or receive	donation	s of art,	historical tr	easure	s, or other simil	ar
Dout					eorganizati			
Part	Escrow and Custodial Arra Complete if the organization	answered "Yes	" on For	m 990, l	Part IV, line	e 9, or	reported an ar	nount on Form
	990, Part X, line 21.							
1a	Is the organization an agent, trustee, included on Form 990, Part X?	custodian or oth	ner interm	nediary fo	or contribut	ions or	other assets n	ot
b	If "Yes," explain the arrangement in Pa							
	in res, explantine analyement in ra			nowing a			A	mount
~	Beginning balance					10	-	
c d						10		
	Additions during the year					1		
e	Distributions during the year					11		
f	Ending balance . Did the organization include an amoun							
2a	If "Yes," explain the arrangement in Pa	t On Form 990, P	art A, inte	relenatio	n has been	provide	d on Part XIII	
		IT AII. Check her	e ii the e	pianatio	IT has been	provide	SU OITPat All .	··· ·
Par	Complete if the organization	oppwarad "Vaa	" on For	m 000 I	Dart IV line	10		
	Complete il trie organization		-	or year	(c) Two year		(d) Three years bac	k (e) Four years back
	Parissis of search stars	(a) Current year		or year	(c) two year	SDACK	(u) miles years bac	IN INI YOU YOU'S DOOR
1a	Beginning of year balance			_				
b	Contributions							
c	Net investment earnings, gains, and losses							
	Grants or scholarships					î		
е	Other expenditures for facilities and programs							
f	Administrative expenses							
g	End of year balance							
2	Provide the estimated percentage of the	ne current vear er	nd balanc	e (line 10	, column (a	)) held	as:	
a	Board designated or quasi-endowmen	it	%					
b	Permanent endowment	%	8					
c	Term endowment %	8						
•	The percentages on lines 2a, 2b, and 2	c should equal 1	00%.					
3a	Are there endowment funds not in the			zation th	at are held	and ad	ministered for t	he
	organization by:		Ť					Yes No
	(i) Unrelated organizations							3a(i)
								3a(ii)
b	If "Yes" on line 3a(ii), are the related or							3b
4	Describe in Part XIII the intended uses							
Part								
	Complete if the organization		" on For	m 990.	Part IV. line	e 11a.	See Form 990	, Part X, line 10.
	Description of property	(a) Cost or o	ther basis	(b) Cost	or other basis	(c)	Accumulated	(d) Book value
		(investri		(C	other)	a	epreciation	
1a	Land		8,000.					28,000.
b	Buildings	16	7,244.			-	141,341.	25,903.
C	Leasehold improvements							
d	Equipment	9	7,093.				77,195.	19,898.
e	Other							
Total.	Add lines 1a through 1e. (Column (d) m	100			n (B), line 10	)c.) .	e se se se	73,801.
BAA		R	EV 05/17/23 P	RO			Sch	edule D (Form 990) 2021

[A]       [A]         [B]       [C]         [C]       [	Part VII	Investments-Other Securities.		2012	
Conter and of year market value  (I)  Conter an		Complete if the organization answered "Yes" on Fo	orm 990, Part IV, lin		
2) Closely held equity interests			(b) Book value		
3) Other         (A)           (A)         (A)           (B)         (A)           (C)         (A)           (B)         (A)           (C)         (A)           (B)         (B)           (C)         (B)           (B)         (B)           (B)         (A)           (B) </td <td>• •</td> <td></td> <td></td> <td></td> <td></td>	• •				
[A]       [A]         [B]       [C]         [C]       [	•••	eld equity interests			
(B)       (B)         (C)       (D)         (D)       (		(a) Description of security or category (including name of security)       (b) Book value       (c) Method of valuation: Cost or end-of-year market value         Financial derivatives			
(C)       (C)         (D)       (D)         (E)       (D)         (B)       (D)         (B)       (D)         (B)       (D)         (C)       (D)         (D)       (D)         (C)       (D)         (C)       (D)         (C)       (D)         (D)       (D)         (E)       (D)         (D)       (					
(0)       (0)         (6)       (1)         (6)       (2)         (7)       (9)         (9)       (9)         (9)       (9)         (9)       (9)         (9)       (9)         (9)       (9)         (9)       (9)         (9)       (9)         (9)       (9)         (9)       (9)         (9)       (9)         (9)       (9)         (9)       (9)         (9)       (9)         (9)       (9)         (9)       (9)         (9)       (9)         (9)       (9)         (9)       (9)         (9)       (9)         (1)       (1)         (1)       (1)         (1)       (1)         (1)       (1)         (1)       (1)         (1)       (1)         (1)       (1)         (1)       (1)         (1)       (1)         (1)       (1)         (1)       (1)         (2)       (1)         (1)       (					
(F)       (G)         (G)       (					
(P)       (P)         (G)       (G)         (G)       (	(A)       (A)         (B)       (A)         (C)       (C)         (D)       (C)         (E)       (C)         (G)       (C)         (G)       (C)         (H)       (C)         (H)       (C)         Part VIII       Investments – Program Related.         Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form         (a) Description of investment       (b) Book value         (1)       (C) Me         (2)       (C) Me         (3)       (C)         (4)       (C)         (5)       (C)         (6)       (C)				
(9)       (9)         otal. (Column (b) must equal Form 990, Part X, col. (B) line 12.)       (a) Description of investments — Program Related.         Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.       (a) Description of investment         (b) Book value       (c) Method of valuation:         (c) Description of investment       (b) Book value         (c) Method of valuation:       (c) Method of valuation:         (c) Description of investment       (c) Method of valuation:         (d)       (c) Method of valuation:         (e)       (c) Method of valuation:         (f)       (c) Method of valuation:					
(f)       (f)         Orbal, (Column (b) must equal Form 990, Part X, col. (b) line 12.)       (f)         Part VIII       Investments — Program Related.         Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.         (a) Description of investment       (b) Book value         (c) Method of valuation:       (c) Method of valuation:         (d)       (c) Antibut of valuation:         (d)       (c) Method of valuation:         (d)       (c)         (d)       (c)         (d)       (c)         (d)       (c)         (d)       (c)         (d)       (c)         (e)       (c)         (f)       (c)         (g)       (c)         (f)       (c)         (g)       (c)         (g)       (c)         (g)       (c)         (g)       (c)         (f)					
orbal. (Column (b) must equal Form 990, Part X, col. (B) line 12.)       Investments—Program Related.         Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.       (e) Method of valualation: (c) Method of valual					
Part VIII       Investments – Program Related. Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.         (a) Description of investment       (b) Book value       (c) Method of valuation: Coat or and of year market value         (1)       (a) Coat or and of year market value       (b) Book value       (c) Method of valuation: Coat or and of year market value         (2)       (a)       (b) Exercision of investment       (c) Method of valuation: Coat or and of year market value         (3)       (c) Method of valuation: (c) Coat or and of year market value       (c) Method of valuation: Coat or and of year market value         (6)       (c) Column (b) must equal Form 990, Part X, col. (B) line 13.)       (c) Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.         (a)       (c) Description       (c) Book value         (f)       (c) Description       (c) Book value         (f)       (c) Description       (c) Book value         (f)       (c) Description of fability       (c) Book value         (f		mn (b) must equal Form 990 Part X col (B) line 121	••	2 1.2 1. 10 March 1.1 41	STORAGE AND STORES
Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.           (a) Description of investment         (b) Book value         (c) Mathod of valualation: Coat or end-of-year market value           (1)         (a) Description of investment         (b) Book value         (c) Mathod of valualation: Coat or end-of-year market value           (2)         (c)         (c)         (c)         (c)         (c)           (3)         (c)         (c)         (c)         (c)         (c)           (6)         (c)         (c)         (c)         (c)         (c)         (c)           (6)         (c)         (c)         (c)         (c)         (c)         (c)         (c)           (7)         (c)         (c)         (c)         (c)         (c)         (c)         (c)         (c)           (9)         (b) must equal Form 990, Part X, col. (B) line 13.)         (c)	the second se			and the second s	Construction of the second
(a) Description of investment         (b) Book value         (c) Method of valuation: Cost or end-of-year market value           (1)	rartan	Complete if the organization answered "Yes" on Ec	orm 990, Part IV, li	ne 11c. See Form 99	0. Part X, line 13.
(1)       (2)         (3)       (3)         (4)       (4)         (5)       (5)         (6)       (7)         (7)       (8)         (8)       (7)         (9)       (7)         (9)       (7)         (9)       (7)         (9)       (8)         (9)       (9)         Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.         (9)       (9)         (1)       (9)         (9)       (9)         (10)       (9)         (11)       (9)         (12)       (9)         (13)       (9)         (14)       (9)         (15)       (9)         (16)       (9)         (17)       (10)         (18)       (11)         (19)       (11)         (11)       (11)         (12)       (11)         (13)       (11)         (14)       (11)         (16)       (11)         (17)       (11)         (11)       (11)         (12)       (12				(c) Method	of valuation:
[2]       [3]       [4]         [3]       [4]       [5]         [6]       [6]       [6]         [7]       [6]       [6]         [8]       [6]       [6]         [9]       [6]       [6]         [9]       [6]       [6]         [9]       [6]       [6]         [1]       [6]       [6]         [1]       [6]       [6]         [1]       [6]       [6]         [1]       [6]       [6]         [2]       [6]       [6]         [6]       [6]       [6]         [7]       [6]       [6]         [8]       [6]       [6]         [9]       [7]       [8]         [9]       [9]       [9]         Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.)       [9]         Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.]       [9]         [9]       [9]       [9]         [9]       [9]       [9]         [10]       [9]       [9]         [10]       [9]       [9]         [10]       [9]       [9]         [10]       [9]<	(1)				
(3)       (4)         (4)       (5)         (5)       (6)         (7)       (7)         (8)       (7)         (9)       (7)         Ottal. (Column (b) must equal Form 990, Part X, col. (B) line 13.)       (7)         (9)       (9)         Other Assets.       (9) Book value         (1)       (9) Book value					
(4)       (3)         (5)       (4)         (6)       (5)         (7)       (6)         (8)       (7)         (9)       (7)         Other Assets.       (7)         Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.         (9)       (9)         (1)       (9) Book value         (1)       (9) Book value         (2)       (9)         (3)       (9)         (4)       (9)         (5)       (9)         (6)       (9)         (7)       (9)         (9)       (9)         (9)       (9)         (9)       (9)         (9)       (9)         (1)       (9)         (1)       (9)         (1)       (9)         (1)       (1)         (2)       (1)         (3)       (1)         (4)       (2)         (5)       (1)         (6)       (1)         (1)       (1)         (2)       (2)         (1)       (1)         (2) <td< td=""><td></td><td></td><td></td><td></td><td></td></td<>					
(5)       (6)         (6)       (7)         (7)       (8)         (8)       (9)         (9)       (9)         (9)       (9)         (9)       (9)         (9)       (9)         (9)       (9)         (9)       (9)         (1)       (9)         (2)       (9)         (3)       (9)         (4)       (9)         (5)       (9)         (6)       (9)         (7)       (9)         (6)       (9)         (7)       (9)         (9)       (9)         (1)       (9)         (1)       (1)         (6)       (1)         (7)       (1)         (8)       (9)         (9)       (1)         (1)       (1)         (1)       (1)         (1)       (1)         (1)       (1)         (2)       (1)         (1)       (1)         (2)       (1)         (1)       (1)         (2)       (1)         (2)       (					
(7)       (8)       (9)         (9)       (9)       (9)         Other Assets.       Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.         (9)       (9) Book value         (1)       (9)         (1)       (9)         (1)       (9)         (1)       (9)         (1)       (9)         (1)       (1)         (2)       (1)         (3)       (1)         (4)       (1)         (7)       (1)         (8)       (1)         (9)       (2) Other Liabilities.         Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.         (1)       (9) Description of liability         (1)       (1) Description of liability         (2) DUE TO RELATED FOUNDATION       (29, 07)         (9)       OTHATE ASSOCIATION       14         (4)       (4) DUE TO NATIONAL ASSOCIATION       -83'         (9)       (9)       (9) <td></td> <td></td> <td></td> <td></td> <td></td>					
(8)       (9)         (9)       (9)         (9)       (1)         (9)       (9)         (9)       (9)         (9)       (9)         (9)       (9)         (9)       (9)         (1)       (9)         (2)       (9)         (3)       (9)         (4)       (9)         (6)       (1)         (7)       (9)         Fotal. (Column (b) must equal Form 990, Part X, col. (B) line 15.)       (9)         Fotal. (Column (b) must equal Form 990, Part X, col. (B) line 15.)       (9)         Fotal. (Column (b) must equal Form 990, Part X, col. (B) line 15.)       (9)         Fotal. (Column (b) must equal Form 990, Part X, col. (B) line 15.)       (9)         Fotal. (Column (b) must equal Form 990, Part X, col. (B) line 15.)       (9)         Fotal. (Column (b) must equal Form 990, Part X, col. (C) line 25.)       (9)         Inc. 25.       (9) Book value         (1)       <	(6)				
(9) Total. (Column (b) must equal Form 990, Part X, col. (B) line 13.)	(7)				
Total. (Column (b) must equal Form 990, Part X, col. (B) line 13.)       Part X         Other Assets.       Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.         (a) Description       (b) Book value         (1)       (a) Description         (b) Book value       (b) Book value         (1)       (a) Description         (a)       (b) Book value         (3)       (a)         (4)       (b) Expected if the organization answered "Yes" on Form 990, Part X, col. (B) line 15.)         (6)       (c) Other Liabilities.         (7)       (c) Other Liabilities.         (b) Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.)       (c) Part X         (a) Description of liability       (b) Book value         (b) Experimentation answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.         (c) Due to State Association answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.         (c) Due to State Association       (b) Book value         (c)       (c) Description of liability       (c) Book value         (f)       (c) Due to State Association       (c) Part X         (g)       (c)       (c)         (g)       (c)       (c)         (g)       (c)	(8)				
Other Assets.         Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.         (a) Description         (b) Book value         (c)         (a) Description         (b) Book value         (c)	(9)				10170 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.         (a) Description       (b) Book value         (1)       (a)         (2)       (b) Book value         (3)       (c)         (4)       (c)         (5)       (c)         (6)       (c)         (7)       (c)         (8)       (c)         (9)       (c)         (10)       (c)         (11)       (c)         (12)       (c)         (13)       (c)         (4)       (c)         (5)       (c)         (7)       (c)         (8)       (c)         (9)       (c)         (11)       (c)         (12)       (c)         (12)       (c)         (13)       (c)         (14)       (c)         (17)       (c)         (18)       (c)         (19)       (c)         (10)       (c)         (11)       (c)         (12)       (c)         (14)       (c)         (15)       (c) <t< td=""><td></td><td></td><td></td><td>I and the second se</td><td>helmulan ha shi u</td></t<>				I and the second se	helmulan ha shi u
(a) Description       (b) Book value         (1)       (a)         (2)       (b) Book value         (3)       (c)         (4)       (c)         (5)       (c)         (6)       (c)         (7)       (c)         (8)       (c)         (9)       (c) Hust equal Form 990, Part X, col. (B) line 15.)         Part X       Other Liabilities.         Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.         (a) Description of liability       (b) Book value         (1) Federal income taxes       (c) DUE TO RELATED FOUNDATION         (2) DUE TO RELATED FOUNDATION       29,07.         (3) DUE TO STATE ASSOCIATION       -83.°         (5)       (c)         (6)       (c)         (7)       (c)         (6)       (c)         (7)       (c)         (6)       (c)         (7)       (c)         (8)       (c)         (9)       (c)         (7)       (c)         (8)       (c)         (9)       (c)         (6)       (c)         (7)       (c)	Part IX	Other Assets.	orm 990. Part IV. li	ne 11d. See Form 99	0, Part X, line 15.
(2)       (3)         (3)       (4)         (4)       (5)         (5)       (6)         (7)       (7)         (8)       (7)         (9)       (7)         Part X       Other Liabilities.         Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.         I.       (e) Description of liability         (f) Federal income taxes       (b) Book value         (1) Federal income taxes       29,07.         (3) DUE TO RELATED FOUNDATION       29,07.         (3) DUE TO STATE ASSOCIATION       14.         (4) DUE TO NATIONAL ASSOCIATION       -83.         (5)       (6)         (7)       (8)         (9)       (7)         (8)       (7)         (9)       (6)         (7)       (7)         (8)       (7)         (9)       (7)         (9)       (7)         (9)       (7)         (9)       (7)         (9)       (7)         (9)       (7)         (9)       (7)         (9)       (7)         (9)       (7)     <					
(2)       (3)         (3)       (4)         (4)       (5)         (5)       (6)         (7)       (7)         (8)       (7)         (9)       (7)         Part X       Other Liabilities.         Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.         I.       (e) Description of liability         (f) Federal income taxes       (b) Book value         (1) Federal income taxes       29,07.         (3) DUE TO RELATED FOUNDATION       29,07.         (3) DUE TO STATE ASSOCIATION       14.         (4) DUE TO NATIONAL ASSOCIATION       -83.         (5)       (6)         (7)       (8)         (9)       (7)         (8)       (7)         (9)       (6)         (7)       (7)         (8)       (7)         (9)       (7)         (9)       (7)         (9)       (7)         (9)       (7)         (9)       (7)         (9)       (7)         (9)       (7)         (9)       (7)         (9)       (7)     <	(1)				
(3)       (4)         (4)       (5)         (5)       (6)         (7)       (7)         (8)       (9)         Fotal. (Column (b) must equal Form 990, Part X, col. (B) line 15.)       (7)         Part X       Other Liabilities.         Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.         I.       (a) Description of liability         (b) Book velue         (1) Federal income taxes         (2) DUE TO RELATED FOUNDATION         (3) DUE TO STATE ASSOCIATION         (4) DUE TO NATIONAL ASSOCIATION         (5)         (6)         (7)         (8)         (9)         Cotal. (Column (b) must equal Form 990, Part X, col. (B) line 25.)         Cotal. (Column (b) must equal Form 990, Part X, col. (B) line 25.)	(2)				
(4)       (5)         (5)       (6)         (7)       (7)         (8)       (9)         Fotal. (Column (b) must equal Form 990, Part X, col. (B) line 15.)       (9)         Fotal. (Column (b) must equal Form 990, Part X, col. (B) line 15.)       (9)         Part X       Other Liabilities.         Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.         I.       (a) Description of liability         (b) Book value       (b) Book value         (1) Federal income taxes       (2) DUE TO RELATED FOUNDATION         (2) DUE TO STATE ASSOCIATION       144         (4) DUE TO NATIONAL ASSOCIATION       -83°         (5)       (6)         (7)       (8)         (9)       Cotal. (Column (b) must equal Form 990, Part X, col. (B) line 25.)       28, 380	(3)				
(6)       (7)         (8)       (9)         Fotal. (Column (b) must equal Form 990, Part X, col. (B) line 15.)       (9)         Part X       Other Liabilities. Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.         I.       (a) Description of liability         (b) Book value       (b) Book value         (1) Federal income taxes       (b) Book value         (2) DUE TO RELATED FOUNDATION       29,07.         (3) DUE TO STATE ASSOCIATION       -83.         (6)       (6)         (7)       (9)         Fotal. (Column (b) must equal Form 990, Part X, col. (B) line 25.)       28,38.	(4)				
(6)       (7)         (8)       (9)         Fotal. (Column (b) must equal Form 990, Part X, col. (B) line 15.)       (9)         Part X       Other Liabilities. Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.         I.       (a) Description of liability         (b) Book value       (b) Book value         (1) Federal income taxes       (b) Book value         (2) DUE TO RELATED FOUNDATION       29,07.         (3) DUE TO STATE ASSOCIATION       -83.         (6)       (6)         (7)       (9)         Fotal. (Column (b) must equal Form 990, Part X, col. (B) line 25.)       28,38.	(5)				
(8) (9) Fotal. (Column (b) must equal Form 990, Part X, col. (B) line 15.) Part X Other Liabilities. Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25. (a) Description of liability (b) Book value (1) Federal income taxes (2) DUE TO RELATED FOUNDATION (2) OUE TO STATE ASSOCIATION (3) DUE TO STATE ASSOCIATION (4) DUE TO NATIONAL ASSOCIATION (5) (6) (7) (8) (9) Fotal. (Column (b) must equal Form 990, Part X, col. (B) line 25.) (2) Column (b) must equal Form 990, Part X, col. (B) line 25.) (6) (7) (8) (9) Fotal. (Column (b) must equal Form 990, Part X, col. (B) line 25.) (6) (7) (8) (9) (7) (9) (9) (7) (9) (9) (9) (9) (9) (9) (9) (9) (9) (9	(6)				
(9)       Image: Control of the second	(7)				
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.)         Part X         Other Liabilities.         Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.         (a) Description of liability       (b) Book value         (1) Federal income taxes       (b) Book value         (2) DUE TO RELATED FOUNDATION       29,07.         (3) DUE TO STATE ASSOCIATION       144         (4) DUE TO NATIONAL ASSOCIATION       -83°         (5)       (6)         (7)       (8)         (9)       (b) must equal Form 990, Part X, col. (B) line 25.)       28,380	(8)				
Part X       Other Liabilities. Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.         I.       (a) Description of liability       (b) Book value         (1) Federal income taxes       (b) Book value         (2) DUE TO RELATED FOUNDATION       29,073         (3) DUE TO STATE ASSOCIATION       144         (4) DUE TO NATIONAL ASSOCIATION       -833         (5)       (6)         (7)       (8)         (9)       Fotal. (Column (b) must equal Form 990, Part X, col. (B) line 25.)       28,384	(9)				
Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, ine 25.         I.       (a) Description of liability       (b) Book value         (1) Federal income taxes       (b) Book value       (c) Book value         (2) DUE TO RELATED FOUNDATION       29,07.         (3) DUE TO STATE ASSOCIATION       144         (4) DUE TO NATIONAL ASSOCIATION       -83°         (5)       (6)         (7)       (7)         (8)       (9)         Fotal. (Column (b) must equal Form 990, Part X, col. (B) line 25.)       28,384					
(a) Description of liability       (b) Book value         (1) Federal income taxes       29,07         (2) DUE TO RELATED FOUNDATION       29,07         (3) DUE TO STATE ASSOCIATION       144         (4) DUE TO NATIONAL ASSOCIATION       -83°         (5)       (6)         (7)       (7)         (8)       (9)         Fotal. (Column (b) must equal Form 990, Part X, col. (B) line 25.)       28,380	Part X		orm 990, Part IV, li	ine 11e or 11f. See F	orm 990, Part X,
(1) Federal income taxes       29,07         (2) DUE TO RELATED FOUNDATION       29,07         (3) DUE TO STATE ASSOCIATION       144         (4) DUE TO NATIONAL ASSOCIATION       -83°         (5)       (6)         (7)       (7)         (8)       (9)         Fotal. (Column (b) must equal Form 990, Part X, col. (B) line 25.)       28,38°		line 25.			
(2) DUE TO RELATED FOUNDATION       29,073         (3) DUE TO STATE ASSOCIATION       144         (4) DUE TO NATIONAL ASSOCIATION       -833         (5)       -833         (6)       -833         (7)       -833         (8)       -833         (9)       -834         Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)       28,384	1.	(a) Description of liability			(b) Book value
(3) DUE TO STATE ASSOCIATION       144         (4) DUE TO NATIONAL ASSOCIATION       -83°         (5)       -83°         (6)       -83°         (7)       -83°         (8)       -83°         (9)       -83°         Fotal. (Column (b) must equal Form 990, Part X, col. (B) line 25.)       28,38°	(1) Federal in	ncome taxes			
(4) DUE TO NATIONAL ASSOCIATION         -83'           (5)         (6)           (7)         (8)           (9)         (6)           Fotal. (Column (b) must equal Form 990, Part X, col. (B) line 25.)         28,380					29,073.
(5) (6) (7) (8) (9) Fotal. (Column (b) must equal Form 990, Part X, col. (B) line 25.)					144.
(6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)		O NATIONAL ASSOCIATION			-837.
(7) (8) (9) Fotal. (Column (b) must equal Form 990, Part X, col. (B) line 25.)	(5)				
(8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)	(6)				
(9) Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)	(7)				
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)	(8)				
	(9)				
					28,380.
2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII.					

(For	EDULE G m 990) ment of the Treasury Revenue Service	Complete if	the organization ar organization enter Att	nswered "Yes" red more that ach to Form 9	on Form 990 \$15,000 on 90 or Form 9	raising or Gam ), Part IV, line 17, 18, 4 Form 990-EZ, line 6a. 190-EZ. Id the latest informati	or 19, or if the	OMB No. 1545-0047
	of the organization		10 10 WWW.153.907/	0111030 101 11			Employer identif	Inspection Ication number
KIT	SAP BUILDING	G ASSOCIATIO	N				23-7056290	0
Par		sing Activities. 0-EZ filers are r				vered "Yes" on I	Form 990, Part IV	, line 17.
1 b c d 2a b	Mail solicita Internet and Phone solic In-person s Did the organiz or key employe If "Yes," list the	ations d email solicitatio citations solicitations zation have a writ aes listed in Form	ns ten or oral agree 990, Part VII) or individuals or e	e f g ement with r entity in co ntities (fund	Solicitati         Solicitati         Special f         any individ         onnection v	on of non-govern on of government fundraising events lual (including offi with professional f	t grants cers, directors, trus fundraising services	stees,
	(I) Name and addres or entity (fun		(ii) Activity	custody o	draiser have r control of outions?	(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (l)	(vi) Amount paid to (or retained by) organization
1				Yes	No			
2								
3								
4								
5								
7								
		12					*	1
9	-							
10								
<u>Total</u>			nization is regis	tered or lic	ensed to s	olicit contribution	s or has been noti	fied it is exempt from
	nonwork Poduction	Act Notice, see the l		- 000 000 5				chedule G (Form 990) 2022

### Schedule G (Form 990) 2022

Page 2

Part II

Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

		gross receipts greater that				/S
			(a) Event #1 HOME & GARDEN EXPO	(b) Event #2 GOLF TOURNAMENT	(c) Other events	(d) Total events (add col. (a) through col. (c))
a			(event type)	(event type)	(total number)	1010 102
Hevenue	1	Gross receipts	151,808.	25,877.	8,866.	186,551.
Ľ	2	Less: Contributions				
	3	Gross income (line 1 minus				
	-	line 2)	151,808.	25,877.	8,866.	186,551.
	4	Cash prizes		1,645.		1,645.
	5	Noncash prizes	1,579.			1,579.
nses	6	Rent/facility costs	15,777.	5,782.	2,533.	24,092.
Direct Expenses	7	Food and beverages		3,559.	2,312.	5,871.
Direct	8	Entertainment	11,161.	0.	6,305.	17,466.
	9	Other direct expenses	1,775.	126.		1,901.
	10		d lines ( through 0 in a			52,554.
	10 11	Direct expense summary. Ad Net income summary. Subtra				133,997.
⊃a	rt III		e organization answe	ered "Yes" on Form 9	990, Part IV, line 19,	
enu			(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
Revenue	1	Gross revenue				
es	2	Cash prizes				
Direct Expenses	3	Noncash prizes				-
rect E	4	Rent/facility costs				
õ	5	Other direct expenses .				
	6	Volunteer labor	□ Yes% □ No	□ Yes% □ No	□ Yes% □ No	
	7	Direct expense summary. Ac	ld lines 2 through 5 in c	olumn (d)		
	8	Net gaming income summar	y. Subtract line 7 from l	ine 1, column (d) .		
	b lf	nter the state(s) in which the or the organization licensed to c "No," explain:	ganization conducts ga onduct gaming activitie	ming activities: s in each of these states	s?	
10	a W	ere any of the organization's g	aming licenses revoked		ated during the tax year	? . 🗌 Yes 🗌 No

Schedu	le G (Form 990) 2022		Page 3
11	Does the organization conduct gaming activities with nonmembers?	Ves	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		
17	Mandatory distributions:		
а	Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?	🗌 Yes	
b	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 \$	iii) and	(A): 000
Part	IV 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.	nal infor	mation
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SCHEDULE O	Supplemental Information to Form 990 or 990-EZ	OMB No. 1545-0047
(Form 990)	Complete to provide information for responses to specific questions or Form 990 or 990-EZ or to provide any additional information.	2022
Department of the Treasury	Attach to Form 990 or Form 990-EZ.	Open to Public
Internal Revenue Service	Go to www.irs.gov/Form990 for the latest information.	Inspection Employer identification number
Name of the organization KITSAP BUILDING	ASSOCTATION	23-7056290
MITON DOITDIN	ADDOUTHIN	
	KITSAP BUILDING ASSOCIATION IS A CONSTRUCTION INDUST	
ASSOCIATION QUA	ALIFIED UNDER SECTION 501(C)(6).	
Pt VI, Line 7a	OFFICERS AND DIRECTORS ARE ELECTED AT AN ANNUAL MEE	FING BY THE
MEMBERSHIP. B	LAW CHANGES AND OTHER ASSOCIATION BUSINESS IS VOTED	ON AT THAT
MEETING		
Pt VI, Line 111	D: FORM 990 IS DELIVERED TO ALL OF THE MEMBERS OF THE	BOARD BEFORE
FILING.		
Pt VI, Line 120	: DIRECORS ARE REQUIRED TO SIGN REVIEWED RELATED PAR	TY DISCLOSURE
STATEMENTS		
Pt VI, Line 19	THE ORGANIZATION MAKES ITS GOVERNING DOCUMENTS, CON	FLICT OF
INTEREST POLICY	Y, AND TAX RETURNS AVAILABLE TO THE PUBLIC UPON REQUE	ST
Pt VI, Line 2:	BOB AND MAY DISNEY ARE MEMBERS OF THE SAME FAMILY	
Pt IX, Line 24	э;	
Description:	LICENSES, PERMITS, TAXES	
Total: \$2,983	3	
Description:	TELEPHONE	
Total: \$5,054	4	
Description:	EDUCATION	
Total: \$2,51	0	
Description:	DUES & SUBSCRIPTIONS	
Total: \$2,05	9	
Description:	FUNDRAISING EXPENSES	
Total: \$52,5	55	

SCHEDULE R	Related Or	rganizations and Unrelated Partnerships	d Unrelated	Partnership	Ø	0	OMB No. 1545-0047
Department of the Treasury triannel Bauence Service	Č.	Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37. Attach to Form 990. Go to www ins cont/Form900 for instructions and the latest Information.	on Form 990, Part IV, Form 990. ructions and the late	line 33, 34, 35b, 36, st Information.	, or 37.	ō	Open to Public Inspection
Name of the organization KITSAP BUILDING	ING ASSOCIATION					Employer identificati 23-7056290	Employer identification number 23-7056290
	ion of Disregarded Entities. Complet	te if the organization answered "Yes" on Form 990, Part IV, line 33.	answered "Yes" o	n Form 990, Par	t IV, line 33.		
Nam	(a) Name, address, and EIN (ff applicable) of disregarded entity	Prima	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
(1)							
(2)							
(3)							
(4)							
(5)							
(6)							
Part II Identi one o	Identification of Related Tax-Exempt Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related tax-exempt organizations during the tax year.	tions. Complete if th ing the tax year.	ie organization ar	Iswered "Yes" or	n Form 990, Par	t IV, line 34, bec	ause it had
Nam	(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	s Direct controlling	02
							Yes No
(1) KITSAP HOME 5251 AUTO CENT	TSAP HOME BUILDERS FOUNDATION 33-1047457 AUTO CENTER WAY BREMERTON WA 98312-3319	CHARITY AND EDUCATION WA	MA	501 (C) (3)	2	NA	×
(2)							
(3)							
(4)							
(2)							
(9)							
(7)							
For Paperwork Red	For Paperwork Reduction Act Notice, see the Instructions for Form 99	90. BAA REV 05/17/23 PRO	7/23 PRO			Schedule	Schedule R (Form 990) 2022

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ule R
Sched

	Yes	
Transactions With Related Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.	Domolete line 1 if any entity is listed in Parts II, III, or IV of this schedule.	
Part V	Note: (	

				Van No
Note: Complete line 1 if any entity is listed in Parts II, III, of IV of this schedule.	inora hotolar and a	actions listod in Dade		1.
le tollowing transactions with one	or more related organizations listed in Farts II-14	zauoris IIsieu III Paris		2 2 2 2 2 2 1 2 1 2 1 2 1 2 1 2 1 2 1 2
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity .	• • • • •	•		1a ×
b Gift. grant. or capital contribution to related organization(s)	• • • •	•	***	1b ×
e Gift. crant. or capital contribution from related organization(s)		• • •		1c ×
d I come or longer thread to define related correction(c)			2 2 2	1d ×
	• • •	•	- - - -	,
e Loans or loan guarantees by related organization(s)	• • • •	• • • • •		Te ×
f Dividends from related organization(s)				1f ×
	3 3 3 3 3 3 3 3 3			1a X
h Purchase of assets from related organization(s)	* * * * *			
i Exchange of assets with related organization(s)	* * * * * * *			
i Lease of facilities, equipment, or other assets to related organization(s)	* * * * *			1i ×
k I ease of facilities equipment or other assets from related organization(s)				1k ×
Derformance of services or membershin or fundraising sol		•		×
_	•	•	- - - -	
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s) .	• • • • •	* * * * * *	- - - - - -	
o Sharing of paid employees with related organization(s)	• • • • •		• • • •	10 ×
p Reimbursement paid to related organization(s) for expenses		* * * * * *	• • • • •	<del>1</del> 0 ×
a Reimbursement paid by related organization(s) for expenses	* * * * * *	* * * * * *	• • • • •	1q ×
r Other transfer of cash or property to related organization(s)				1r ×
		••••••		1s ×
1	omplete this line, inclu	ding covered relation	Iships and transaction	n thresholds.
	j.	(9)	17	
(e) Name of related organization	(b) Transaction type (as)	(c) Amount involved	(0) Method of determining amount involved	amount involved
(1) KITSAP HOME BUILDERS FOUNDATION	E	21,416.	CASH	
(2)				
(3)				
(4)				
(5)				
PAA REV 05/17/23 PRO			Schedule R	Schedule R (Form 990) 2022

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