EXTENDED TO NOVEMBER 15, 2017

Form **990** "

Department of the Treasury Internal Revenue Service

Return of Organization Exempt From Income Tax

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

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

Information about Form 990 and its instructions is at www.irs.gov/form990.

2016 Open to Public Inspection

		information about Form 990 and its insuructions is	at ww	w.irs.gov/torm990.	inspection
<u>A F</u>	or the		ending		
B C	heck if pplicabl			D Employer identifi	cation number
	Addre	• BETTER BUSINESS BUREAU NORTHWEST			
X	Name chang	Doing business as		91-1	614623
]initial return		Room/si		
	Final return			206-	431-2227
	termin ated	City or town, state or province, country, and ZIP or foreign postal code		G Gross receipts \$	9,708,316.
<u>_</u>	Ameni	DUPON1, WA 38327		H(a) Is this a group re	eturn
	Application pendir	F Name and address of principal officer IIIER ANDREW		for subordinates	Yes X No
		SAME AS C ABOVE		H(b) Are all subordinates ii	ncluded? Yes No
		empt status 501(c)(3) 501(c) (6) ◀ (insert no.) 4947(a)(1) c	or :		list (see instructions)
		te: WWW.THEBBB.ORG	<u> </u>	H(c) Group exemption	
	orm of I rt I	organization. X Corporation Trust Association Other	ILY	ear of formation: 1919	M State of legal domicile W.F.
		Summary	- DI	TOTATE OF DIRECT	
ě		Briefly describe the organization's mission or most significant activities BETTI NORTHWEST C. (PRR) MISSION IS TO TO ADVANCE M			
Governance		NORTHWEST'S (BBB) MISSION IS TO ADVANCE M			
eri		Check this box I if the organization discontinued its operations or dispos	ea or m	1	
ġ		Number of voting members of the governing body (Part VI, line 1a)		3	14 13
		Number of independent voting members of the governing body (Part VI, line 1b)		4	185
Activities &		Total number of individuals employed in calendar year 2016 (Part V, line 2a)		5	103
ξ		Total number of volunteers (estimate if necessary)		6	527,160.
Ac		Total unrelated business revenue from Part VIII, column (C), line 12 Net unrelated business taxable income from Form 990-T, line 34		7 <u>a</u>	527,160.
-	D	Net unrelated business taxable income from Form 990-1, line 34	Т	7b	
	8	Contributions and grants (Part VIII, line 1h)	ŀ	Prior Year 0.	Current Year 0 •
Revenue		Program service revenue (Part VIII, line 2g)	ŀ	6,599,196.	9,441,470.
틹		Investment income (Part VIII, column (A), lines 3; 4; and 7d)	ŀ	-3,864.	-18,050.
8		Other revenue (Part VIII, Column (A) Fines (5, 6) 8c, 9c, 10c, and 11e)	ŀ	14,518.	193,402.
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	ŀ	6,609,850.	9,616,822.
\dashv		Grants and similar aggiounts paid (Part IX, column (A), rines 1-3)		0,000,000.	0.
	14	Benefits paid to or for members (Part IX, Column (A) dine 4)	ł	0.	0.
	15	Salaries, other compensation, employee benefits (Part X, column (A), lines 5-10)	ľ	4,240,369.	6,534,800.
Expenses	16a	Professional fundraising fees (Cart X column (4) line 1 (e)	ŀ	0.	0.
힖	b	Total fundraising expenses Rart IX column (D); line 25)	0.		
Ш		Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	<u> </u>	2,135,802.	3,240,286.
		Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	Ī	6,376,171.	9,775,086.
		Revenue less expenses Subtract line 18 from line 12	Ī	233,679.	-158,264.
ets or ances				Beginning of Current Year	End of Year
뜷렬	20	Total assets (Part X, line 16)	Ī	5,671,550.	6,895,384.
Net Asser		Total liabilities (Part X, line 26)	ſ	3,086,912.	3,808,345.
<u>۽</u> ڇ	22	Net assets or fund balances Subtract line 21 from line 20	[2,584,638.	3,087,039.
Pa	rt II	Signature Block			
		ilties of perjury, I declare that I have examined this return, including accompanying schedules			knowledge and belief, it is
true,	correc	ct, and complete Declaration of preparer (other than officer) is based on all information of whi	ich prepa	rer has any knowledge.	
		Jyles Under		11/15	1/7
Sign	1	Signature et officer		Date	
Here	e	TYLER ANDREW, PRESIDENT AND CEO			
		Type or print name and title		Ta	
		Print/Type preparer's name Preparer's signature		Date Check	PTIN
Paid -		RAY HOLMDAHL		11/14/17 self-employ	
Prep		Firm's name PETERSON SULLIVAN LLP, CPA'S		Firm's EIN ▶	91-0605875
Use (Only	Firm's address 601 UNION ST, STE 2300			
		SEATTLE, WA 98101-2345			<u>06) 382-7777</u>
May	the IF	RS discuss this return with the preparer shown above? (see instructions)			X Yes No

Form	990 (2016) BETTER BUSINESS BUREAU NORTHWEST	91-161462	23 Page 2
Pa	t III Statement of Program Service Accomplishments		
	Check if Schedule O contains a response or note to any line in this Part III		X
1	Briefly describe the organization's mission		
	BETTER BUSINESS BUREAU NORTHWEST'S (BBB) MISSION IS TO A	DVANCE	
	MARKETPLACE TRUST. WE DO THIS BY REVIEWING BUSINESSES AN	D PROVIDIN	1G
	RATINGS AND BBB BUSINESS REVIEWS TO CONSUMERS, GIVING SP	EECHES ANI)
	HOLDING OTHER EVENTS FOR CONSUMERS TO EDUCATE THEM, AND	PROVIDING	
2	Did the organization undertake any significant program services during the year which were not listed on the		
	prior Form 990 or 990-EZ?		Yes X No
	If "Yes," describe these new services on Schedule O		
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?		Yes X No
	If "Yes," describe these changes on Schedule O.		
4	Describe the organization's program service accomplishments for each of its three largest program services, as	measured by exper	nses
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to other		
	revenue, if any, for each program service reported	,	
4a		rue \$)
	THE BETTER BUSINESS BUREAU (BBB) IS A NOT-FOR-PROFIT, PR		·
	ORGANIZATION, WITH THE GOAL OF MAINTAINING FAIR AND HONE	ST BUSINES	SS
	DEALINGS BETWEEN CONSUMERS AND BUSINESS IN OUR COMMUNITY	INCLUDING	MORE
	THAN 10,000 ACCREDITED BUSINESSES. THE BBB PROMOTES ETH	ICAL BUSIN	IESS
	PRACTICES BY ISSUING REVIEWS ON BUSINESSES, INVESTIGATIN	G ADVERTIS	SING,
	MEDIATING BUYER-SELLER DISPUTES, REPORTING ON CHARITABLE	AND SOLIC	CIT
	ORGANIZATIONS, ISSUING ALERTS ABOUT SCHEMES AND FRAUDS,	AND PROMOT	ring
	INTELLIGENT BUYING THROUGH CONSUMER AND BUSINESS EDUCATI	ON.	
)		
			<u> </u>
4b	(Code) (Expenses \$) (Rever	nue \$)
		<u> </u>	
4c	(Code) (Expenses \$ including grants of \$) (Rever	nue \$)
	· · · · · · · · · · · · · · · · · · ·		
		-	
4d	Other program services (Describe in Schedule O)	·	- <u>-</u> -
	(Expenses \$ including grants of \$) (Revenue \$	١	
4e	Total program service expenses		
		Fr	orm 990 (2016)

Form 990 (2016)

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

Pa	rt IV Checklist of Required Schedules (continued)		<u>.</u>	age -
L	(continued)	_	Yes	No
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a	103	X
	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	1200	t	
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		х
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on	\ <u></u> -		
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		х
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete	1		Ţ
	Schedule J	23	x	[
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the	120	 -	_
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete])
	Schedule K. If "No", go to line 25a	24a		х
h	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease	270	<u> </u>	
·	any tax-exempt bonds?	24c		
а	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	270	 	
2.50	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a	1	
h	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and	Zua	-	
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete	ļ	ļ	l
	Schedule L, Part I	25b		ľ
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or	230		
20	former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? /f "Yes."	ì	1	ì
		26	}	х
27	complete Schedule L, Part II Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial	20	├──	
21	contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member	l	[l
	of any of these persons? If "Yes," complete Schedule L, Part III	27		х
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV	1	┝─╴	
20	instructions for applicable filing thresholds, conditions, and exceptions)			ĺ
9	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a	ŀ	х
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b	-	X
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,	200	<u> </u>	
·	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c	١.,	_x_
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	-	X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation	23		
30	contributions? If "Yes," complete Schedule M	30		х
31	Did the organization liquidate, terminate, or dissolve and cease operations?	30		<u> </u>
31		1		X_
32	If "Yes," complete Schedule N, Part I Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete	31		
32	·	20	İ	Х
22	Schedule N, Part II	32		
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	1 22		Х
24	sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33		
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and	۱.,	X	
25-	Part V, line 1	34	X	
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		
D	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity	1		v
00	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		<u> </u>
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	_36_	L	
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization] ;		v
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		<u> X</u>
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?	 	17	
	Note. All Form 990 filers are required to complete Schedule O	38	X	
		Form	990 ((2016)

Form 990 (2016) BETTER BUSINESS BUREAU NORTHWEST Part V Statements Regarding Other IRS Filings and Tax Compliance

	Check if Schedule O contains a response or note to any line in this Part V				
				Yes	No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable	13			
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b	0			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gam	ing			
	(gambling) winnings to prize winners?	_	1c	х	
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	185			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?		2b	Х	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)				
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?		3a_	X	
b	If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule O		3b	X	
	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 (FBA	.R)			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		5a		X
þ	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		5b		X
	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?		5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization	n solicit			
	any contributions that were not tax deductible as charitable contributions?		6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts				
	were not tax deductible?		6b		ļ
7	Organizations that may receive deductible contributions under section 170(c).				
_	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided	to the payor?	7a		
b	,,, <u>,</u>	i	7b		<u> </u>
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		7.		
_			7c		
d			70		
e f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		7e 7f		
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as re	earmed?	7g		
-	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a For		7g 7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the	11 1000 0			
	sponsoring organization have excess business holdings at any time during the year?		8		
9	Sponsoring organizations maintaining donor advised funds.				
а	Did the sponsoring organization make any taxable distributions under section 4966?		9a		
b			9b		
10	Section 501(c)(7) organizations. Enter	ĺ			
а	Initiation fees and capital contributions included on Part VIII, line 12				
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities				
11	Section 501(c)(12) organizations. Enter				
а	Gross income from members or shareholders				
b	Gross income from other sources (Do not net amounts due or paid to other sources against				
	amounts due or received from them)				
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?		12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year				
13	Section 501(c)(29) qualified nonprofit health insurance issuers.				
а	Is the organization licensed to issue qualified health plans in more than one state?		<u>13a</u>		
-	Note. See the instructions for additional information the organization must report on Schedule O				
Ь	Enter the amount of reserves the organization is required to maintain by the states in which the				
	organization is licensed to issue qualified health plans [Total the amount of page as head				
	Enter the amount of reserves on hand [13c] Did the examination reserve any payments for indeer tanning convices during the tay year?		140		X
	Did the organization receive any payments for indoor tanning services during the tax year? If "Vec." has it filed a Form 720 to report these payments? (6 No. 2)		14a 14b		
D	If "Yes," has it filed a Form 720 to report these payments? If "No." provide an explanation in Schedule O			990	(2016)
			. 51111		(-0.0)

Section C. Disclosure

17	List the states with which a copy of this Form 990 is required to be filed	DOR, AK,	ID,MT,	<u>WY</u>

Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply

Own website. Another's website. I Upon request. Other (explain in Schedule O)

Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, 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 organization's books and records	>
	HEATHER TUTTLE - 206-676-4194	
	1000 STATION DRIVE, SUITE 222, DUPONT, WA 98327	

Form **990** (2016)

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

Check if Schedule O contains a response or note to any line in this Part VII

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid
 - List all of the organization's current key employees, if any See instructions for definition of "key employee"
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations

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

(A)	(B)				C)			(D)	(E)	(F)
Name and Title	Average	(40	not c	Pos	ition	than c		Reportable	Reportable	Estimated
	hours per	box	unle	ss pe	rson i	s both	an	compensation	compensation	amount of
	week	\vdash	ceran	dad	recto	r/trus1	ee)	from	from related	other
	(list any	ector	1	l	l			the	organizations	compensation
	hours for	l e	8	l	l	ated		organization	(W-2/1099-MISC)	from the
	related organizations	ustee	trust		 83	Dens		(W-2/1099-MISC)		organization and related
	below	휼	ton		g è	t con	_			organizations
	line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			organization o
(1) TYLER ANDREW	40.00						_			
PRESIDENT/CEO		X		Х				299,192.	0.	36,988
(2) JOHN MANOLIDES	2.00									
BOARD MEMBER		X		<u> </u>				0.	0.	0
(3) CASSIE BENSON	2.00									
BOARD MEMBER		X						0.	0.	0
(4) JACK ZURLINI	2.00	1		İ				_		_
BOARD MEMBER		Х	<u> </u>			Щ		0.	0.	0
(5) LON WILSON	2.00	l			İ					
BOARD MEMBER		X	<u> </u>		<u> </u>	Н	_	0.	0.	0
(6) FRED CHOWN	2.00	١.,		'	ł	1 1			_ [•
BOARD MEMBER (7) GREG MAYES	2.00	X	-	_	<u> </u>	Н		0.	0.	0
BOARD MEMBER	2.00	x						0.	0.	0
(8) SCOTT MILLSAP	2.00	₽	\vdash			Н			- 0.	
BOARD MEMBER		x						0.	0.	0
(9) COLLEEN RUDIO	2.00	m				Н				
BOARD MEMBER		x						0.	0.	0
(10) CHRIS WASHKO	2.00									
BOARD MEMBER		x						0.	_ 0.	0
(11) JIM BURBRIDGE	2.00									
BOARD MEMBER		Х						0.	0.	0
(12) DAMOND WATKINS	2.00]								
BOARD MEMBER		X				Ш		0.	0.	0
(13) ARI ZABELL	2.00									_
BOARD MEMBER		Х	_			Ш		0.	0.	0
(14) ELAINE DAMSCHEN	2.00									_
BOARD MEMBER	40.00	X			<u> </u>	Ш		0.	0.	0
(15) HEATHER TUTTLE	40.00	1		<u>, </u>]	ĺ	160 005	_	22 462
SVP	40.00	-		X	<u> </u>	$\vdash \vdash$	_	160,098.	0.	33,462
(16) DAVID QUINLAN	40.00	ł		v				116 355		16 000
VP	40.00	\vdash	-	X		$\vdash \vdash$		116,355.	0.	16,808
(17) TONY BARLOW	40.00	1		x				147 415	ا ۾ ا	27 216
VP	L	Ц.	L	Λ		Ш		147,415.	0.	27,216 Form 990 (201

	Section A. Officers, Directors, T	rustees, Key Emi	<u>pioy</u> T	ees,			ghes	it C			\neg		
	(A)	Average	(C) Position		(D) (E)		- 1	(F)	od				
	Name and title	hours per			heck	more	than d		Reportable compensation	Reportable compensation		Estimat amount	
		week	offi	cer ar	nd a d	lirecto	or/trus	tee)	from	from related	- }	other	
		(list any	ector		ł				the	organizations		compens	
		hours for related	Individual trustee or director	8	ŀ	}	ated		organization	(W-2/1099-MISC)	1	from th	
		organizations	rustee	l trust	i	8	ngens		(W-2/1099-MISC)			organiza and rela	
		below	deat	Institutional trustee	Ļ	Key employee	st con	 			- }	organizat	
		line)	Jag.	Instit	Officer	Key er	Highest compensated employee	Former				3	
(18) DALE DIXON	40.00						Γ			\neg		
CIO			L_	<u> </u>	X	L	L	<u>L</u>	92,957.	0	1.	27,3	94.
) ELEANOR SPRINKLE	40.00		1	i	1				_	. 1	a- a	
VP		10.00	├-	├	Х	├	┝	_	94,414.		<u>'- </u>	25,6	51.
) TIMOTHY BRYAN	40.00		1	ĺ	Ì			112 002	•	. 1	14 2	0.1
	INESS DEV REP) LILLAS JEFFERY	40.00	-	├	\vdash	-	X	-	112,993.	<u>_</u> U	<u>'- </u>	14,3	01.
	INESS DEV REP	40.00	1	1		Ì	x	1	136,374.	0		15,6	99
<u> </u>	INESS DEV REF			┢	┝	┢	╇	├-	130,3/4.		' +	13,0	99.
			Ì	1]	1	1	1			Ì		
			┢	t	 	t	t	┢	 		7		
			1	l	l	İ		1					
				Ī		Γ					寸		
						Г		Γ			7		
			L	<u> </u>	L		<u> </u>	L_			_		
			ļ	ļ	ļ				ļ		-		
			L_	<u> </u>	<u> </u>		<u></u>	<u>L</u>	4 450 500		-	100 5	1 0
	Sub-total								1,159,798.		-	197,5	
	Total from continuation sheets to Part	t VII, Section A							1,159,798.			197,5	0.
	Total (add lines 1b and 1c)	st not limited to th		hata	-d -ck		٠				•	197,3	15.
2	Total number of individuals (including but compensation from the organization		USE	11516	uai	JUVE	:) WII	o re	ceived more man \$100,	Jou of reportable			6
	compensation from the organization			_	_			_			-	Yes	No
3	Did the organization list any former office	cer, director, or tru	iste	e. ke	v en	olan	vee.	or I	nighest compensated en	nplovee on	Γ		<u> </u>
	line 1a? If "Yes," complete Schedule J fo			-, -	,	•	,,			.,,	- 1	3	x
4	For any individual listed on line 1a, is the		е со	mpe	ensa	tion	and	oth	er compensation from th	ne organization	Γ		
	and related organizations greater than \$										L	4 X	
5	Did any person listed on line 1a receive									ual for services]
_	rendered to the organization? If "Yes." of	complete Schedule) <u>J</u> f	or su	ıch i	o <u>ers</u>	on				_1	5	X
Sec	ction B. Independent Contractors												
1	Complete this table for your five highest	•	•							•	ısatı	on from	
	the organization Report compensation	for the calendar ye	ear e	endir	ng w	ith c	or wr	thin T		ear			
	(A) Name and busing	ess address	NIC	ONE	7				(B) Description of se	ervices	Co	(C) ompensatio	חמ
				7141			_	_					
								7			_		
								7					
_						_	_	-					
								_					
								- {					
	_ 							_1	 		_		
2	Total number of independent contractor		ot lın	nrtec	to '	thos	se lis N	ted	above) who received mo	re than			
	\$100,000 of compensation from the org	anization 🕨					<u>, </u>					50rm 990	

		Check if Schedule O cont.	ains a response d	or note to any lin	e in this Part VIII			
	_				(A)	(B)	(C)	(D) Revenue excluded
					Total revenue	Related or	Unrelated	l from tax under
						exempt function revenue	business revenue	sections 512 - 514
S 12	1 2	Federated campaigns	1al					012.014
ant		Membership dues	1b		1			
& <u>B</u>		Fundraising events	1c		1		i	
₽j		Related organizations	10					
is is		-			1			
Sig		Government grants (contributi			{	ļ		
utio er:	T	All other contributions, gifts, gran	1 1			1		
<u> </u>		similar amounts not included abor			-			
Contributions, Gifts, Grants and Other Similar Amounts	_	Noncash contributions included in lines	1a-1f \$		4			ļ
Oe	<u>n</u>	Total. Add lines 1a-1f		<u> </u>				
	_	MEMBERGUID BEEG		Business Code		0 104 440		ĺ
<u> </u>	2 a	MEMBERSHIP FEES			8,104,448.		247 200	
e e	b	WEBSITE ENHANCE		541800	803,874.		247,289.	
n S	C			900001	291,842.	291,842.	0.4.1 2.0.6	<u> </u>
Zev	d	ADVERTISING REV	ENUE	541800	241,306.		241,306.	
Program Service Revenue	е			 	ļ			
۵	f	All other program service reve	nue	L				
	<u>g</u>	Total. Add lines 2a-2f			9,441,470.			
	3	Investment income (including	dividends, intere	st, and				
		other similar amounts)		>	1,267.			1,267.
	4	Income from investment of tax	k-exempt bond p	roceeds >				
	5	Royalties			L			
			(i) Real	(ii) Personal	Ì		'	
	6 a	Gross rents	123,707.			ļ		
	b	Less rental expenses	72,177.					
	C	Rental income or (loss)	51,530.	l	1			
	đ	Net rental income or (loss)			51,530.		38,565.	12,965.
	7 a	Gross amount from sales of	(i) Securities	(ii) Other				
1		assets other than inventory						
- (b	Less cost or other basis	ļ		Į .			
		and sales expenses		19,317.				
	С	Gain or (loss)		-19,317.				
- 1	d	Net gain or (loss)			-19,317.			19,317.
	8 a	Gross income from fundraising	g events (not					
Revenue		including \$	of	,	}			
8		contributions reported on line	1c) See		ļ			
		Part IV, line 18	a					
Other	b	Less direct expenses	b		1			
δ		Net income or (loss) from fund	raising events	—	[
ĺ		Gross income from gaming ac	-					
}		Part IV, line 19	а	}				
	h	Less direct expenses	b		1			
		Net income or (loss) from gam	_					
- 1		Gross sales of inventory, less						
	10 a	and allowances						
1	h	Less cost of goods sold	a b					
- [<u>-</u>	1					
ł		Net income or (loss) from sale:		Business Code				 _
)	44 -	Miscellaneous Revenue PAYMENT PLAN FE		Business Code 900099				124,093.
ļ					124,093.			, 11,098.
		NON-DUES REVENU		900099	11,098.			
)		OTHER SERVICE F	<u> </u>	900099	5,214.			5,214.
J	_	All other revenue	ł	900099	1,467.			1,467.
		Total. Add lines 11a-11d			141,872.	0 050 055	E07 160	126 707
	12	Total revenue. See instructions.			D, 616,822.	8,952,875.	521,160.	
62200	11-11-	10						Form 990 (2016)

Form 990 (2016) . BETTER BUSINESS BUREAU NORTHWEST Part IX Statement of Functional Expenses

Sect	ion 501(c)(3) and 501(c)(4) organizations must comp			mplete column (A).	X
	Check if Schedule O contains a respor			(C)	
	not include amounts reported on lines 6b, 8b, 9b, 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				
2	Grants and other assistance to domestic				
	individuals See Part IV, line 22			 	
3	Grants and other assistance to foreign			l i	
	organizations, foreign governments, and foreign			Į.	Ti.
	individuals See Part IV, lines 15 and 16		 		
4	Benefits paid to or for members		 	 	
5	Compensation of current officers, directors,	1,077,950.		Į.	
	trustees, and key employees Compensation not included above, to disqualified	1,077,330.		 	
6	persons (as defined under section 4958(f)(1)) and				ll .
	persons (as defined under section 4958(r)(1)) and persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	4,178,490.		 	
8	Pension plan accruals and contributions (include	2/2/0/2500		 	
Ū	section 401(k) and 403(b) employer contributions)	107,897.		1	
9	Other employee benefits	666,253.		 	
10	Payroll taxes	504,210.			
11	Fees for services (non-employees)		· · · · · · · · · · · · · · · · · · ·		
а	Management			1	
b	Legal	71,851.			
С	Accounting	90,415.			
d	Lobbying				
е	Professional fundraising services. See Part IV, line 17	· · · · · · · · · · · · · · · · · · ·			
f	Investment management fees				
g	Other (If line 11g amount exceeds 10% of line 25,				
	column (A) amount, list line 11g expenses on Sch 0.)	20,530.	, , , , , , , , , , , , , , , , , , , 		
12	Advertising and promotion	338,619.	<u> </u>		
13	Office expenses	339,692.			
14	Information technology				
15	Royalties	170 200	 		
16	Occupancy	478,308. 73,028.		 	
17	Travel	13,020.			
18	Payments of travel or entertainment expenses]	
19	for any federal, state, or local public officials Conferences, conventions, and meetings	149,541.		 	
20	Interest	133,200.			
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	283,464.			
23	Insurance	94,825.			
24	Other expenses, Itemize expenses not covered		· · · · · · · · · · · · · · · · · · ·		
	above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A)				
	amount, list line 24e expenses on Schedule 0.)				
а	MEMBERSHIP PROGRAMS	523,842.			
b	DUES AND SUBSCRIPTIONS	470,079.			
c	OPERATING LEASE	101,675.			
đ	SALES DEPARTMENT	36,129.	·		
е	All other expenses SEE SCH O	35,088.		L	
<u>25</u>	Total functional expenses. Add lines 1 through 24e	9,775,086.			
26	Joint costs. Complete this line only if the organization	Ì			
	reported in column (B) joint costs from a combined	Į.			
	educational campaign and fundraising solicitation.	l			
	Check here ff following SOP 98-2 (ASC 958-720)			L	

Part X | Balance Sheet Check if Schedule O contains a response or note to any line in this Part X (B) Beginning of year End of year 515,006. 912,172. Cash - non-interest-bearing 697,235. 535,446. 2 Savings and temporary cash investments 2 3 Pledges and grants receivable, net 3 Accounts receivable, net 4 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L 6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instr). Complete Part II of Sch L. Assets 441,386. Notes and loans receivable, net 7 Inventories for sale or use 8 Prepaid expenses and deferred charges 10a Land, buildings, and equipment cost or other 7,180,044. basis Complete Part VI of Schedule D 10a 10b 2,499,954. 3,289,255. 4,680,090. 10c **b** Less accumulated depreciation 723,456. 772,888. 11 Investments - publicly traded securities 11 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 15 5,671,550. 6,895,384. 16 Total assets. Add lines 1 through 15 (must equal line 34) 16 Accounts payable and accrued expenses 17 17 Grants payable 18 18 19 Deferred revenue 19 20 Tax-exempt bond liabilities 20 21 Escrow or custodial account liability Complete Part IV of Schedule D Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L 3,084,889. 2,316,273. 23 Secured mortgages and notes payable to unrelated third parties 23 Unsecured notes and loans payable to unrelated third parties 24 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X of 770,639. 723,456. Schedule D 3,086,912. 3,808,345. 26 Total liabilities. Add lines 17 through 25 Organizations that follow SFAS 117 (ASC 958), check here

X
and complete lines 27 through 29, and lines 33 and 34. **Assets or Fund Balances** 27 2,584,638. 3,087,039. Unrestricted net assets 27 28 Temporarily restricted net assets 28 29 Permanently restricted net assets 29 Organizations that do not follow SFAS 117 (ASC 958), check here and complete lines 30 through 34. 30 Capital stock or trust principal, or current funds 30 31 Paid-in or capital surplus, or land, building, or equipment fund 31 Retained earnings, endowment, accumulated income, or other funds 32 32 3,087,039. 6,895,384. 2,584,638. 33 Total net assets or fund balances 33

Form 990 (2016)

Total liabilities and net assets/fund balances

5,671,550.

	orm 990 (2016). BETTER BUSINESS BUREAU NORTHWEST 91-1						
Par	rt XI Reconciliation of Net Assets						
	Check if Schedule O contains a response or note to any line in this Part XI					X	
		[[
1	Total revenue (must equal Part VIII, column (A), line 12)	1		9,616	, 8	22.	
2	Total expenses (must equal Part IX, column (A), line 25)	2		9,775	,08	86.	
3	Revenue less expenses Subtract line 2 from line 1	3		-158	,20	54.	
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		2,584	, 6:	38.	
5	Net unrealized gains (losses) on investments	5					
6	Donated services and use of facilities	6					
7	Investment expenses	7_					
8	Prior period adjustments	8_				72.	
9	Other changes in net assets or fund balances (explain in Schedule O)	9		643	5,5	93.	
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33,	1					
	column (B))	10	:	<u>3,087</u>	0.0	<u> 39.</u>	
Pa	rt XIII Financial Statements and Reporting						
	Check if Schedule O contains a response or note to any line in this Part XII					X	
					Yes	No	
1	Accounting method used to prepare the Form 990 Cash Accrual X Other SEE SCH	_0		1 1	}	1	
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule		1 1	- }	x		
2a	2a Were the organization's financial statements compiled or reviewed by an independent accountant?						
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a		} }]		
	separate basis, consolidated basis, or both			1 1		ı	
	Separate basis Consolidated basis Both consolidated and separate basis			1 1	- 1	ı	
b	Were the organization's financial statements audited by an independent accountant?			2b	X		
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	basis,		1 1	- {	ı	
	consolidated basis, or both			1 (ı	
	Separate basis X Consolidated basis Both consolidated and separate basis			1 (- {	ı	
С	c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit,						
	review, or compilation of its financial statements and selection of an independent accountant?						
	If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.						
3a	3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit						
	Act and OMB Circular A-133?					<u>_x</u> _	
b	b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit						
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits			3b	لي		
				Form 9	990 (2016)	

SCHEDULE C

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Political Campaign and Lobbying Activities

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

Complete if the organization is described below.

Attach to Form 990 or Form 990-EZ.

Information about Schedule C (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990

2016
Open to Public Inspection

If the organization answered "Yes," on Form 990, Part IV, line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then

- Section 501(c)(3) organizations Complete Parts I-A and B Do not complete Part I-C
- Section 501(c) (other than section 501(c)(3)) organizations Complete Parts I-A and C below Do not complete Part I-B
- Section 527 organizations Complete Part I-A only

If the organization answered "Yes," on Form 990, Part IV, line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)) Complete Part II-A Do not complete Part II-B.
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)) Complete Part II-B Do not complete Part II-A

If the organization answered "Yes," on Form 990, Part IV, line 5 (Proxy Tax) (see separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (see separate instructions), then

 Section 501(c)(4), (5), or (6) organizate 	ions_Complete Part III								
Name of organization	•								
BETTER	<u>BUSINESS BUREAU N</u>	ORTHWEST		91-1614623					
Part I-A Complete if the org	anization is exempt under	r section 501(c) o	r is a section 527 or	ganization.					
•	1 Provide a description of the organization's direct and indirect political campaign activities in Part IV								
2 Political campaign activity expendito			▶ \$	S					
3 Volunteer hours for political campaign	3 Volunteer hours for political campaign activities								
Part I-B Complete if the org	anization is exempt under	section 501(c)(3	<u>. </u>						
1 Enter the amount of any excise tax				·					
2 Enter the amount of any excise tax	, ,		>	8					
3 If the organization incurred a section	· -		•	Yes No					
4a Was a correction made?		•		Yes No					
b If "Yes," describe in Part IV									
Part I-C Complete if the org	anization is exempt under	r section 501(c), e	except section 501(c	:)(3).					
 Enter the amount directly expended 	l by the filing organization for sect	ion 527 exempt function	on activities	S					
2 Enter the amount of the filing organi	ization's funds contributed to othe	er organizations for sec	tion 527						
exempt function activities			▶ 9	S					
3 Total exempt function expenditures	Add lines 1 and 2 Enter here and	d on Form 1120-POL,							
line 17b			▶ \$	Yes No					
4 Did the filing organization file Form									
5 Enter the names, addresses and em made payments For each organizat									
contributions received that were pro									
political action committee (PAC). If a				o oogrogatod tarid or a					
(a) Name	(b) Address	(c) EIN	(d) Amount paid from	(e) Amount of political					
(6) (126	(5), (6), (5)	(0, 2	filing organization's	contributions received and					
			funds. If none, enter -0-	promptly and directly					
				delivered to a separate political organization.					
i		ļ		If none, enter -0-					
				<u> </u>					
ı									
				ļ					
		 	 	 					
		1							
		 		 					
•									

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

Schedule C (Form 990 or 990-EZ) 2016

LHA

632041 11-10-16

Schedule C (Form 990 or 990-EZ) 2016 E Part II-A Complete if the orga	BETTER E	exem	NESS BUREAU pt under section	NORTHWEST 501(c)(3) and file		1614623 Page 2 ection under
section 501(h)). A Check if the filing organization expenses, and share	_			Part IV each affiliated	group member's nam	ne, address, EIN,
			d "limited control" pro	visions apply		
Limits	s on Lobbying	Exper			(a) Filing organization's totals	(b) Affiliated group totals
1a Total lobbying expenditures to influe	ence public op	inion (a	rass roots lobbying)			1
b Total lobbying expenditures to influe			, ,,	Ì		
c Total lobbying expenditures (add lin	•		, (g,	Ì		
d Other exempt purpose expenditures	•			Ì		
e Total exempt purpose expenditures		and 1d)		j		
f Lobbying nontaxable amount. Enter	•	-		n columns		1
If the amount on line 1e, column (a) or		•	oying nontaxable am			
Not over \$500,000	~		he amount on line 1e.			}
Over \$500,000 but not over \$1,000,			0 plus 15% of the exc			
Over \$1,000,000 but not over \$1,50			0 plus 10% of the exc			1
Over \$1,500,000 but not over \$17,0			0 plus 5% of the exce			
Over \$17,000,000	1 .	1,000,0				1
						1
g Grassroots nontaxable amount (ente	er 25% of line	1f)				
h Subtract line 1g from line 1a If zero						1
i Subtract line 1f from line 1c If zero				Ī		
j If there is an amount other than zero	on either line	1h or l	ne 1, did the organiza	ation file Form 4720		<u> </u>
_ reporting section 4911 tax for this ye	ear?		·			Yes No
(Some organizations the	at made a sec	tion 50	raging Period Under ht(h) election do not l hte instructions for lir	nave to complete all o	f the five columns b	elow.
	Lobbying	Expen	ditures During 4-Yea	r Averaging Period		
Calendar year (or fiscal year beginning in)	(a) 2013		(b) 2014	(c) 2015	(d) 2016	(e) Total
2a Lobbying nontaxable amount						
b Lobbying ceiling amount						
(150% of line 2a, column(e))						
c Total lobbying expenditures						
d Consequents montaviable assessed		}				1
d Grassroots nontaxable amount						
e Grassroots ceiling amount (150% of line 2d, column (e))						
f Grassroots lobbying expenditures						

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Schedule C (Form 990 or 990-EZ) 2016

Schedule C (Form 990 or 990-EZ) 2016 BETTER BUSINESS BUREAU NORTHWEST 91-1614623 Page 3
Part II-B Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).

For e	ach "Yes," response on lines 1a through 1i below, provide in Part IV a detailed description	(i	a)	(t:))
of the	e lobbying activity	Yes	No	Amo	ount
1 a	During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of Volunteers?				
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?				
С	Media advertisements?				
đ	Mailings to members, legislators, or the public?				
	Publications, or published or broadcast statements?				
f	Grants to other organizations for lobbying purposes?			 _	
g	Direct contact with legislators, their staffs, government officials, or a legislative body?				
	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?			 -	
-	Other activities?		 		
	Total. Add lines 1c through 1:				
	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)? If "Yes," enter the amount of any tax incurred under section 4912				
	If "Yes," enter the amount of any tax incurred by organization managers under section 4912				
	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?	-		-	
	t III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(6).	1 501(c)(5), or sec	tion	
				Yes	No
1	Were substantially all (90% or more) dues received nondeductible by members?		1		X
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?		2		Х
3	Did the organization agree to carry over lobbying and political campaign activity expenditures from the				X
Par	t III-B Complete if the organization is exempt under section 501(c)(4), section				
	501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "answered "Yes."	No," OR	(b) Part	III-A, Iine	3, IS
				P 104	,448.
1	Dues, assessments and similar amounts from members	l	1	0,104	, 440.
2	Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of politic expenses for which the section 527(f) tax was paid).	aı			
а	Current year		2a		
	Carryover from last year		2b		
	Total		2c		
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues		3		
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the exce	ss			
	does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and po		()		
	expenditure next year?		4		
5	Taxable amount of lobbying and political expenditures (see instructions)		5		
Par					
Provi	de the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, Part II-A (affiliated group	ist), Part II-	A, lines 1 ai	nd 2 (see	
ınstrı	ictions), and Part II-B, line 1. Also, complete this part for any additional information				
SCI	IEDULE C PART III-B				
THE	ORGANIZATION RECEIVES MEMBERSHIP DUES, HOWEVER, IT	DOES	NOT C	ONDUCT	
POI	LITICAL OR LOBBYING ACTIVITIES.				
					
					

632043 11-10-16

SCHEDULE D

(Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

Complete if the organization answered "Yes" on Form 990,
Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

Attach to Form 990.

Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.

Open to Public Inspection

Name of the organization

BETTER BUSINESS BUREAU NORTHWEST

Employer identification number 91-1614623

Pa	rt I Organizations Maintaining Donor Advise	d Funds or Other Similar Funds or	r Accou	nts. Complete if the
	organization answered "Yes" on Form 990, Part IV, Iir	ne 6		
		(a) Donor advised funds	(b) Fu	nds and other accounts
1	Total number at end of year			
2	Aggregate value of contributions to (during year)			
3	Aggregate value of grants from (during year)			
4	Aggregate value at end of year	L		
5	Did the organization inform all donors and donor advisors in	writing that the assets held in donor advised	funds	
	are the organization's property, subject to the organization's	exclusive legal control?		Yes No
6	Did the organization inform all grantees, donors, and donor a	idvisors in writing that grant funds can be us	ed only	
	for charitable purposes and not for the benefit of the donor of	or donor advisor, or for any other purpose co	nferring	
	impermissible private benefit?			Yes No
Ц	rt II Conservation Easements. Complete if the or		rt IV, line 7	<u>'</u>
1	Purpose(s) of conservation easements held by the organization	·		
	Preservation of land for public use (e.g., recreation or e			
	Protection of natural habitat	Preservation of a certific	ed historic	structure
_	Preservation of open space			
2	Complete lines 2a through 2d if the organization held a quali	fied conservation contribution in the form of	a conserva	
_	day of the tax year.			Held at the End of the Tax Year
a	Total garage restricted by conservation assembnts		2a	
b	Total acreage restricted by conservation easements Number of conservation easements on a certified historic str	ustura included in (a)	2b	
4	Number of conservation easements included in (c) acquired a	, ,	2c	
-	listed in the National Register	arter 6/7/700, and not on a historic structure	2d	
3	Number of conservation easements modified, transferred, rel	eased extinguished or terminated by the or		during the tax
ŭ	year >	oasse, examplished, or terminated by the or	gariizatioi	during the tax
4	Number of states where property subject to conservation eas	sement is located		
5	Does the organization have a written policy regarding the per	·		
	violations, and enforcement of the conservation easements if			Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting,		vation eas	ements during the year
	>	,		.
7	Amount of expenses incurred in monitoring, inspecting, hand	fling of violations, and enforcing conservation	n easemer	nts during the year
	▶ \$			
8	Does each conservation easement reported on line 2(d) above	e satisfy the requirements of section 170(h)(4	4)(B)(i)	
	and section 170(h)(4)(B)(ii)?			Yes No
9	In Part XIII, describe how the organization reports conservation	on easements in its revenue and expense sta	atement, a	nd balance sheet, and
	include, if applicable, the text of the footnote to the organization	tion's financial statements that describes the	organizat	ion's accounting for
_	conservation easements.			
Pa	rt III Organizations Maintaining Collections of		er Simila	ır Assets.
	Complete if the organization answered "Yes" on Form			
1a	If the organization elected, as permitted under SFAS 116 (AS	•		
	historical treasures, or other similar assets held for public ext	· ·	of public	service, provide, in Part XIII,
	the text of the footnote to its financial statements that descri	•		
b	If the organization elected, as permitted under SFAS 116 (AS	The state of the s		
	treasures, or other similar assets held for public exhibition, ed	ducation, or research in furtherance of public	service, p	provide the following amounts
	relating to these items		_	
	(i) Revenue included on Form 990, Part VIII, line 1			\$ \$
_	(ii) Assets included in Form 990, Part X			
2	If the organization received or held works of art, historical tre		ain, provid	e
	the following amounts required to be reported under SFAS 1	10 (ASC 958) relating to these items	_	¢
	Revenue included on Form 990, Part VIII, line 1			\$
	Assets included in Form 990, Part X	for Form 000		Schodule D (Ferry 200) 2016
ᄓᄱ	For Paperwork Reduction Act Notice, see the Instructions	っしょ としだけ ママリ.		Schedule D (Form 990) 2016

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		BUSINESS B				- 04	Cimalia		1462.	
	t III Organizations Maintaining C									
3	Using the organization's acquisition, accessi	on, and other record	is, check	any of the f	following that	are a si	gnificant	use of its	collection	rtems
	(check all that apply)									
а	Public exhibition	(hange progra	ams				
b	Scholarly research	•	е	Other						
С	Preservation for future generations									
4	Provide a description of the organization's co							se in Part	XIII	
5	During the year, did the organization solicit of				•	r sımılar	assets		_	
_	to be sold to raise funds rather than to be ma								Yes	N
Pai	reported an amount on Form 990, Pa		lete if the	organizatio	n answered "	Yes" on	Form 99	0, Part IV,	line 9, or	
1a	Is the organization an agent, trustee, custodi	an or other intermed	diary for d	contributions	s or other ass	ets not	ncluded			
	on Form 990, Part X?								Yes	
b	If "Yes," explain the arrangement in Part XIII	and complete the fo	llowing to	able						
	•								Amount	
С	Beginning balance						1c	1		
đ	Additions during the year						1d	}		
е	Distributions during the year						1e			
f	Ending balance						11			
2a	Did the organization include an amount on F	orm 990, Part X, line	21, for e	scrow or cu	istodial accoi	unt liabil	ttv?		Yes	
	If "Yes," explain the arrangement in Part XIII		•				•			一
_	rt V Endowment Funds. Complete						10			
		(a) Current year		rior year	(c) Two year			vears back	(e) Four	vears bac
1a	Beginning of year balance	157 5 2 2 3	1				,		137	<u></u>
b	Contributions	·							<u> </u>	
c	Net investment earnings, gains, and losses				 					
ď	Grants or scholarships								<u> </u>	
e	Other expenditures for facilities		 						 	
·	and programs		ļ		Į.	- [ļ	
f	Administrative expenses		 		-	 			 	
	End of year balance		 			+			 	
g 2	Provide the estimated percentage of the curr	ent vear and halanc	o funo 1a		l					
	Board designated or quasi-endowment	ent year end balanc	o∠ o∠	, column (a)) rieid as					
a		~~~~~	 ″							
	Permanent endowment	 -								
C	Temporarily restricted endowment	%								
	The percentages on lines 2a, 2b, and 2c sho	· · · · · · · · · · · · · · · · · · ·								
за	Are there endowment funds not in the posse	ssion of the organiza	ation that	t are held an	id administeri	ea for th	e organiz	ation	٢	
	by									Yes N
	(i) unrelated organizations								3a(i)	-+-
	(ii) related organizations								3a(ii)	
	If "Yes" on line 3a(ii), are the related organiza	•							3b	
Do:	Describe in Part XIII the intended uses of the tVI Land, Buildings, and Equipm		wment fu	unds						
Pai										
	Complete if the organization answere									
	Description of property	(a) Cost or o			or other		ccumulat		(d) Book	: value
		basis (investi	ment)		(other)	de	preciation	'		
	Land	ļ			0,986.		200-5			986
b	Buildings				5,957.		320,1		3,185	
С	Leasehold improvements	ļ			5,757.		162,5			3,250
d	Equipment				4,871.		974,8		470	0,017
е	Other	<u>.l</u>	1	4	2,473.		42,4	73.		0
Tata	I. Add lines 1a through 1e (Column (d) must e		V						4.680	1 000

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Schedule D (Form 990) 2016

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

Schedule D (Form 990) 2016

SCHEDULE J. (Form 990)

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest
Compensated Employees

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 23.

Attach to Form 990.

Inspection Information about Schedule J (Form 990) and its instructions is at www.irs.gov/form990.

Department of the Treasury Internal Revenue Service

Name of the organization

Part I Questions Regarding Compensation

BETTER BUSINESS BUREAU NORTHWEST

Employer identification number 91-1614623

OMB No 1545-0047

			Yes	No
10	Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990,		168	INO
MCI	Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items			
	First-class or charter travel Housing allowance or residence for personal use			
	Travel for companions Payments for business use of personal residence			
	Tax indemnification and gross-up payments Health or social club dues or initiation fees		 	ĺ
	Discretionary spending account Personal services (such as, maid, chauffeur, chef)			
	Sibbibliary openioning about it			
h	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or			
_	reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	1b		
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors.			
	trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?	2		i
3	Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's			
-	CEO/Executive Director Check all that apply. Do not check any boxes for methods used by a related organization to		1	
	establish compensation of the CEO/Executive Director, but explain in Part III			
	X Compensation committee X Written employment contract			
	☐ Independent compensation consultant ☐ Compensation survey or study			
	X Form 990 of other organizations X Approval by the board or compensation committee			
				•
4	During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing			
	organization or a related organization			
а	Receive a severance payment or change-of-control payment?	4a	х	
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b		Х
C	Participate in, or receive payment from, an equity-based compensation arrangement?	4c		X
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III			
	Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.			
5	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
	contingent on the revenues of			
а	The organization?	5a		
þ	Any related organization?	_5b		
	If "Yes" on line 5a or 5b, describe in Part III.			
6	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
	contingent on the net earnings of			
а	The organization?	6a		
b	Any related organization?	6b		
	If "Yes" on line 6a or 6b, describe in Part III			
7	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments			
	not described on lines 5 and 6º If "Yes," describe in Part III	7		
8	Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the			
	initial contract exception described in Regulations section 53 4958-4(a)(3)? If "Yes," describe in Part III	8		
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in			
	Regulations section 53 4958-6(c)?	9	L	

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

Schedule J (Form 990) 2016

Schedule J (Form 990) 2016 BETTER BUSINESS BUREAU NORTHWEST 91-1614623

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii) Do not list any individuals that aren't listed on Form 990, Part VII

Note: The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual

		(B) Breakdown of	(B) Breakdown of W-2 and/or 1099-MISC compensation	SC compensation	(C) Retirement and	(D) Nontaxable	(E) Total of columns	(F) Compensation
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation	STILLED	(a)-(i)(a)	in column (b) reported as deferred on prior Form 990
(1) TYLER ANDREW	Ξ	275	24,192.	0	14,562.	22,426.	336,180.	0
PRESIDENT/CEO	∄			0	0	0		0
(2) HEATHER TUTTLE	ε	140,385.	5,00	14,713.	0	33,462.	193,560.	0
SVP				0	0	0		0
(3) TONY BARLOW	ε	29	112,11	5,491.	5,881.	21,335.	174,631.	0
VP	€			0	0	0	0	0
(4) LILLAS JEFFERY	ε	36'8	132,37	0	8,10	7,598.	152,073.	0.
BUSINESS DEV REP	(E)	0	• 0	0	0	0	0	.0
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SCHEDULE Q

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Name of the organization

Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or 990-EZ.

2016
Open to Public Inspection

Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

BETTER RUSINESS BUREAU NORTHWEST

Employer identification number 91 – 1614623

BELLEN BODINEDS BONEIRO NONTHINEST 32 2021020
FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:
THIS BY REVIEWING BUSINESSES AND PROVIDING RATINGS AND BBB BUSINESS
REVIEWS TO CONSUMERS, GIVING SPEECHES AND HOLDING OTHER EVENTS FOR
CONSUMERS TO EDUCATE THEM, AND PROVIDING PRESS RELEASES ON THE LATEST
MARKETPLACE SCAMS. BBB SUPPORTS OUR MISSION THROUGH ACCREDITATION DUES.
FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:
PRESS RELEASES ON THE LATEST MARKETPLACE SCAMS. BBB SUPPORTS OUR
MISSION THROUGH ACCREDITATION DUES.

FORM 990, PART VI, SECTION A, LINE 1:
AN EXECUTIVE COMMITTEE, COMPRISED OF MEMBERS OF THE BOARD, ADVISES THE
PRESIDENT/CEO ON ORGANIZATIONAL MATTERS.
FORM 990, PART VI, SECTION A, LINE 4:
NEW BY-LAWS WERE ADOPTED ON SEPTEMBER 15, 2016. NOTABLE CHANGES ARE AS
FOLLOWS:
1) UPDATE TO THE ACCREDITED BETTER BUSINESS BUREAU BUSINESS ELIGIBLITY AND
STANDARDS
2) MEETINGS OF THE ACCREDITED BETTER BUSINESS BUREAU BUSINESSES ARE NO
LONGER REQUIRED
3) CHANGES TO APPOINTMENT/VACANCY PROCESS OF THE BOARD OF DIRECTORS
FORM 990, PART VI, SECTION A, LINE 6:
MEMBERSHIP IS COMPRISED OF BUSINESSES THAT MEET BBB STANDARDS FOR TRUST.
MEMBERS ARE REFERRED TO AS ACCREDITED BUSINESSES.
LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. Schedule O (Form 990 or 990-EZ) (2016)

Schedule O (Form 990 or 990-EZ) (2016) Name of the organization Employer identification number BETTER BUSINESS BUREAU NORTHWEST 91-1614623 FORM 990, PART VI, SECTION A, LINE 7A: CERTAIN MEMBERS HAVE THE RIGHT TO ELECT THE BOARD. FORM 990, PART VI, SECTION B, LINE 11B: A COPY OF THE PROPOSED FILING ALONG WITH OUR ANNUAL AUDIT WILL BE E-MAILED TO THE BOARD FOR THEIR REVIEW, AND DISCUSSION WILL BE HAD IF NECESSARY. FORM 990, PART VI, SECTION B, LINE 12C: ANNUAL DISCLOSURES ARE SIGNED AND REVIEWED AT THE FOURTH QUARTER BOARD MEETING. WHEN DISCLOSURE OF A CONFLICT IS MADE BY AN EMPLOYEE OR OFFICER, THE BOARD REVIEWS THE CONFLICT TO DETERMINE IF THE ASSOCIATION/RELATIONSHIP IS INCOMPATIBLE WITH THE MISSION OF THE ORGANIZATION OR IF IT ADVERSELY AFFECTS THE ORGANIZATION. IF SO, IT IS DETERMINED WHETHER THE CONFLICT CAN BE AVOIDED BY RESTRICTING THE DUTIES OF SAID EMPLOYEE OR OFFICER SUCH AS NON-PARTICIPATION IN ANY REPORTS, REVIEWS OR ACTIONS PERTAINING TO THE DISCLOSED CONFLICT. FORM 990, PART VI, SECTION B, LINE 15: THE CEO'S COMPENSATION IS DETERMINED AND REVIEWED ANNUALLY BY A COMPENSATION COMMITTEE COMPRISED OF MEMBERS OF THE BOARD OF DIRECTORS. THE COMMITTEE REVIEWS PERFORMANCE RELATIVE TO CURRENT COMPARABILITY DATA. THE CURRENT COMPENSATION WAS SET IN 2013 AND IS REVIEWED YEARLY. MEMBERS OF THE EXECUTIVE TEAM (VICE PRESIDENTS AND DIRECTORS) RECEIVE ANNUAL PERFORMANCE REVIEWS BY THE CEO/PRESIDENT AT THE END OF EACH CALENDAR YEAR.

SCHEDULE R (Form 990)

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

▶ Attach to Form 990.

2016

OMB No 1545-0047

Information about Schedule R (Form 990) and its instructions is at www.irs.gov/form990.

Open to Public Inspection

(g) Section 512(b)(13) controlled ٥ Employer identification number 91-1614623× Direct controlling Yes entity 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. Ξ Direct controlling entity BUREAU NORTHWEST BETTER BUSINESS End-of-year assets Public charity status (if section 501(c)(3)) e LINE 10 Total income Exempt Code Ð section 501(C)(3) Legal domicile (state or Identification of Disregarded Entities. Complete if the organization answered "Yes" on Form 990, Part IV, line 33 Legal domicile (state or foreign country) foreign country) WASHINGTON BETTER BUSINESS BUREAU NORTHWEST Primary activity Primary activity CONSUMER EDUCATION 91-1313983, 1000 STATION DRIVE, STE 222, DUPONT, WA 98327 Name, address, and EIN (if applicable) BETTER BUSINESS BUREAU FOUNDATION Name, address, and EIN of related organization of disregarded entity Name of the organization Department of the Treasury Internal Revenue Service Part II 1 Part I

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Schedule R (Form 990) 2016

91-1614623

Page 2

BETTER BUSINESS BUREAU NORTHWEST Schedule R (Form 990) 2016

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

General or Percentage managing ownership 3 Code V-UBI amount in box 20 of Schedule - K-1 (Form 1065) Disproportionate Yes No allocations? Ξ (g)
Share of end-of-year assets (f) Share of total income Predominant income (related, unrelated, excluded from tax under sections 512-514) © (d)
Direct controlling entity (c)
Legal
domicile
(state or
foreign Primary activity Name, address, and EIN of related organization <u>a</u>

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

(e)	(q)	(c)	(a)	(e)	ε	(6)	Æ	€
Name, address, and EIN of related organization	Primary activity	Legal domicite (state or foreign country)	Direct controlling entity	Type of entity (C corp, S corp or trust)	Share of total income	Share of end-of-year assets	Percentage ownership	512(b)(13) controlled entity?
							1	
632162 09-06-16]		1	!	i	Schi	Schedule R (Form 990) 2016	990) 2016

Yes

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िहेन्त्र 💥 Transactions With Related Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.

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	ment beat and an are and alternative and the contract of
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ın Parts II, III,	
entity is listed	4
te line 1 if any	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
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- During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV? Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity
- Gift, grant, or capital contribution to related organization(s)
- c Gift, grant, or capital contribution from related organization(s)
 - d Loans or loan guarantees to or for related organization(s)
- e Loans or loan guarantees by related organization(s)
- Dividends from related organization(s)
- Sale of assets to related organization(s)
- Purchase of assets from related organization(s)
- Exchange of assets with related organization(s)
- Lease of facilities, equipment, or other assets to related organization(s)
- k Lease of facilities, equipment, or other assets from related organization(s)
- Performance of services or membership or fundraising solicitations for related organization(s)
 - m Performance of services or membership or fundraising solicitations by related organization(s)

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- n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)
- Sharing of paid employees with related organization(s)
- Reimbursement paid to related organization(s) for expenses
- Reimbursement paid by related organization(s) for expenses

dated organization(s)	r transfer of cash or property from related organization(s)
property to re	roperty from
מייים ומאיים	of cash or p
כוועו וושוואם	Other transfer
-	S

2 If the answer to any of the above is "Yes," see the instructions for information on w	ho must complete th	is line, including covered ri	nformation on who must complete this line, including covered relationships and transaction thresholds
(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1) BETTER BUSINESS BUREAU FOUNDATION	0	399,201.	
(2)			
(3)			
(4)			
(5)			
(9)			
632.163 09-06-16			Schedule R (Form 990) 2016

Page 4

Part VI Unrelated Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 37

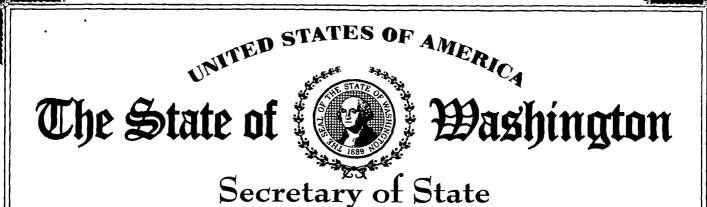
Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue)

that was not a related organization. See instructions regarding exclusion for certain investment partnerships	structions regarding exclus	sion for certain inve	stment partnerships					,		
(a)	(q)	(c)	(a) (b)	(J) (i)			(F)	(1)	(1)	₹
Name, address, and EIN	Primary activity	Legal domicile	Predominant income partner	0)	e of		Dispropor- tionate	Code V-UBI	General or managing	Percentage
or entity		(state or foreign country)	excluded from tax under sections 512-514)	income	a a	end-or-year assets	altocations?	of Schedule K-1 (Form 1065)	Yes No	diusiaumo
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Schedule R (Form 990) 2016

Schedule	R (Form 990) 2016 Supplemental Info	BETTER	BUSINESS	BUREAU	NORTHWEST	91-16146	23 Page 5
Part V	Supplemental Info	ormation.					
	Provide additional infor	mation for respor	ises to questions	on Schedule R	See instructions		
							
				-			
							
							
							
							
				•			
							
							
							
							
							
	 				· · · · · · · · · · · · · · · · · · ·		
							

632165 09-06-16



CERTIFICATE OF MERGER

I, Kim Wyman, Secretary of State of the State of Washington and custodian of its seal, hereby certify that documents meeting statutory requirements have been filed and processed with the Secretary of State merging the listed "Merging Entities" into:

BETTER BUSINESS BUREAU OF ALASKA, OREGON AND WESTERN WASHINGTON

WA Non-Profit Corporation

UBI: 601-494-541

Filing Date: May 6, 2016

Changing name to BETTER BUSINESS BUREAU NORTHWEST

Merging Entities:

600-609-238 BETTER BUSINESS BUREAU SERVING EASTERN WA & NORTH IDAHO
Not Qualified in WA BETTER BUSINESS BUREAU OF THE SNAKE RIVER REGION, INC.



Given under my hand and the Seal of the State of Washington at Olympia, the State Capital

Kim Wyman, Secretary of State

Date Issued: 5/10/2016