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Short Form
Return of Organization Exempt From Income Tax

OMB No 1545 1150

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code
(except black lung benefit trust or private foundation)

2009

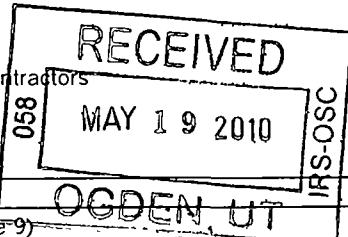
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► Sponsoring organizations of donor advised funds and controlling organizations as defined in section 512(b)(13) must file Form 990. All other organizations with gross receipts less than \$500,000 and total assets less than \$1,250,000 at the end of the year may use this form.

► The organization may have to use a copy of this return to satisfy state reporting requirements

A For the 2009 calendar year, or tax year beginning		, 2009, and ending	
B Check if applicable <input checked="" type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Termination <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending		C HOME BUILDERS ASSOCIATION OF GREATER KINGSPORT 1200 E SEVIER AVE KINGSPORT, TN 37664	
		D Employer identification number 62-0899334	
		E Telephone number _____	
		F Group Exemption Number _____	
• Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ).			
G Accounting method <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Accrual Other (specify) ►			
H Check ► <input checked="" type="checkbox"/> if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF)			
I Website: ► N/A			
J Tax exempt status (check only one) — <input checked="" type="checkbox"/> 501(c) (6) (insert no) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527			
K Check ► <input type="checkbox"/> if the organization is not a section 509(a)(3) supporting organization and its gross receipts are normally not more than \$25,000. A Form 990-EZ or Form 990 return is not required, but if the organization chooses to file a return, be sure to file a complete return 			
L Add lines 5b, 6b, and 7b, to line 9 to determine gross receipts, if \$500,000 or more, file Form 990 instead of Form 990-EZ ► \$ 199,714.			

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See the instructions for Part I.)		
REVENUE	1 Contributions, gifts, grants, and similar amounts received	1
	2 Program service revenue including government fees and contracts	2
	3 Membership dues and assessments	3 75,408.
	4 Investment income	4 4,926.
	5a Gross amount from sale of assets other than inventory	5a
	b Less cost or other basis and sales expenses	5b
	c Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	5c
	6 Special events and activities (complete applicable parts of Schedule G). If any amount is from gaming, check here ► <input type="checkbox"/>	6a 119,380. 6b 52,499. 6c 66,881.
	a Gross revenue (not including \$ _____ of contributions reported on line 1)	7a
	b Less direct expenses other than fundraising expenses	7b
7a Gross sales of inventory, less returns and allowances	7c	
b Less cost of goods sold	8	
c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	9 147,215.	
8 Other revenue (describe ► _____)	10	
9 Total revenue Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8	11	
10 Grants and similar amounts paid (attach schedule)	12 27,177.	
11 Benefits paid to or for members	13 600.	
12 Salaries, other compensation, and employee benefits	14 6,000.	
13 Professional fees and other payments to independent contractors	15 4,829.	
14 Occupancy, rent, utilities, and maintenance	16 78,322.	
15 Printing, publications, postage, and shipping	17 116,928.	
16 Other expenses (describe ► See Statement 1)	18 30,287.	
17 Total expenses. Add lines 10 through 16	19 171,081.	
18 Excess or (deficit) for the year (Subtract line 17 from line 9)	20 201,368.	
19 Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)	21	
20 Other changes in net assets or fund balances (attach explanation)		
21 Net assets or fund balances at end of year Combine lines 18 through 20		



Part II Balance Sheets . If Total assets on line 25, column (B) are \$1,250,000 or more, file Form 990 instead of Form 990-EZ			
(See the instructions for Part II)			
		(A) Beginning of year	(B) End of year
22 Cash, savings, and investments	171,521.	22	95,120.
23 Land and buildings		23	105,228.
24 Other assets (describe ► See Statement 2)		24	1,485.
25 Total assets	171,521.	25	201,833.
26 Total liabilities (describe ► See Statement 3)	440.	26	465.
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	171,081.	27	201,368.

BAA For Privacy Act and Paperwork Reduction Act Notice, see separate instructions.

Form 990-EZ (2009)

Part III Statement of Program Service Accomplishments (See the instructions.)

What is the organization's primary exempt purpose? See Statement 4

Describe what was achieved in carrying out the organization's exempt purposes. In a clear and concise manner, describe the services provided, the number of persons benefited, or other relevant information for each program title

Expenses
(Required for section 501(c)(3) and (4) organizations and section 4947(a)(1) trusts, optional for others)

28 SPONSORSHIP OF HOME SHOWS OPEN TO THE MEMBERS AND GENERAL PUBLIC TO EDUCATE QUALITY HOMEBUILDING

► 28a

29 www.english-test.net

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

29a

30 www.english-test.net © 2009

If this amount includes foreign grants, check here.

30 a

31 Other program services (attach schedule)

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

▶  31a

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

► 32 52 499

Part IV List of Officers, Directors, Trustees, and Key Employees. List each one even if not compensated. (See the instrs.)

(a) Name and address	(b) Title and average hours per week devoted to position	(c) Compensation (If not paid, enter -0-.)	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account and other allowances
<u>See Statement 5</u>		0.	0.	0.

Part V | **Other Information** (Note the statement requirements in the instrs for Part V.)

	Yes	No
33 Did the organization engage in any activity not previously reported to the IRS? If 'Yes,' attach a detailed description of each activity	33	X
34 Were any changes made to the organizing or governing documents? If 'Yes,' attach a conformed copy of the changes	34	X
35 If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but not reported on Form 990-T, attach a statement explaining why the organization did not report the income on Form 990-T	35a	X
a Did the organization have unrelated business gross income of \$1,000 or more or was it subject to section 6033(e) notice, reporting, and proxy tax requirements?	35b	
b If 'Yes,' has it filed a tax return on Form 990-T for this year?	36	X
36 Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If 'Yes,' complete applicable parts of Schedule N	37a	0
37a Enter amount of political expenditures, direct or indirect, as described in the instructions ►	37b	X
b Did the organization file Form 1120-POL for this year?	38a	X
38a Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the period covered by this return?	38b	N/A
b If 'Yes,' complete Schedule L, Part II and enter the total amount involved	39a	N/A
39 Section 501(c)(7) organizations Enter	39b	N/A
a Initiation fees and capital contributions included on line 9		
b Gross receipts, included on line 9, for public use of club facilities		
40a Section 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under section 4911 ►	N/A	N/A
40a Section 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under section 4912 ►	N/A	N/A
c Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958	40b	0
d Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax on line 40c reimbursed by the organization	40c	0
e All organizations At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If 'Yes,' complete Form 8886-T	40e	X
41 List the states with which a copy of this return is filed ►	None	
42a The organization's books are in care of ►	CAROL ROBERTSON	
42a Located at ►	1038 S WILCOX DRIVE 110, KINGSPORT, TN	
42a	Telephone no	423-378-5501
42a	ZIP + 4	37660
b At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? If 'Yes,' enter the name of the foreign country ►	42b	X
42c	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of a Foreign Bank and Financial Accounts	
c At any time during the calendar year, did the organization maintain an office outside of the U.S.? If 'Yes,' enter the name of the foreign country ►	42c	X
43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 — Check here and enter the amount of tax-exempt interest received or accrued during the tax year	43	N/A
44 Did the organization maintain any donor advised funds? If 'Yes,' Form 990 must be completed instead of Form 990-EZ	44	X
45 Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If 'Yes,' Form 990 must be completed instead of Form 990-EZ	45	X

Part VI **Section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts only.** All section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts must answer questions 46-49b and complete the tables for lines 50 and 51.

- 46** Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If 'Yes,' complete Schedule C, Part I

47 Did the organization engage in lobbying activities? If 'Yes,' complete Schedule C, Part II

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

49a Did the organization make any transfers to an exempt non-charitable related organization?

b If 'Yes,' was the related organization a section 527 organization?

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

	Yes	No
46		
47		
48		
49a		
49b		

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

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

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

(a) Name and address of each independent contractor paid more than \$100,000	(b) Type of service	(c) Compensation

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

Sign Here	<p>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.</p> <p>► <u>Philip A. Rickman</u> 1 5-11-10 Signature of officer Date</p> <p>► <u>PHILIP A. RICKMAN, PRESIDENT</u> Type or print name and title</p>	
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Paid Pre- parer's Use Only	Preparer's signature	► 	Date	5-6-10	Check if self- employed	<input checked="" type="checkbox"/> X	Preparer's Identifying Number (See instructions)
	Firm's name (or yours if self- employed), address, and ZIP + 4	► Paul J. Rhoton, CPA	► 1524 Bridgewater Lane, #102	Kingsport, TN 37660	EIN	► N/A	Phone no ► (423) 246-5521

May the IRS discuss this return with the preparer shown above? See instructions

BAA

► Yes No

Complete if the organization answered 'Yes' to Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.
► Attach to Form 990 or Form 990-EZ. ► See separate instructions.

Name of the organization **HOME BUILDERS ASSOCIATION OF GREATER KINGSPORT**

Employer identification number
62-0899334

Part I

Fundraising Activities. Complete if the organization answered 'Yes' to Form 990, Part IV, line 17. Form 990EZ filers are not required to complete this part

1. Indicate whether the organization raised funds through any of the following methods:

1 Indicate whether the organization raised funds through any of the following activities. Check all that apply

<input type="checkbox"/> Mail solicitations	<input type="checkbox"/> Solicitation of non-government grants
<input type="checkbox"/> Internet and email solicitations	<input type="checkbox"/> Solicitation of government grants
<input type="checkbox"/> Phone solicitations	<input type="checkbox"/> Special fundraising events
<input type="checkbox"/> In-person solicitations	

2a Did the organization have written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services?

b If 'Yes,' list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization

3 List all states in which the organization is registered or licensed to solicit funds or has been notified it is exempt from registration or licensing

Part II Fundraising Events. Complete if the organization answered 'Yes' to Form 990, Part IV, line 18, or reported more than \$15,000 on Form 990-EZ, line 6a. List events with gross receipts greater than \$5,000.

REVENUE		(a) Event #1 HOME SHOWS (event type)	(b) Event #2 (event type)	(c) Other Events (total number)	(d) Total Events (Add col (a) through col (c))
	1 Gross receipts	119,380.			119,380.
	2 Less Charitable contributions				
	3 Gross income (line 1 minus line 2)	119,380.			119,380.
DIRECT EXPENSES	4 Cash prizes				
	5 Noncash prizes				
	6 Rent/facility costs				
	7 Food and beverages				
	8 Entertainment				
	9 Other direct expenses	52,499.			52,499.
	10 Direct expense summary Add lines 4- through 9 in column (d)				52,499.
	11 Net income summary Combine lines 3, column (d) and line 10				66,881.

Part III Gaming. Complete if the organization answered 'Yes' to Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.

REVENUE		(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (Add col (a) through col (c))
	1 Gross revenue				
DIRECT EXPENSES	2 Cash prizes				
	3 Non-cash prizes				
	4 Rent/facility costs				
	5 Other direct expenses				
	6 Volunteer labor	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	
	7 Direct expense summary Add lines 2 through 5 in column (d)				
	8 Net gaming income summary Combine lines 1, column (d) and line 7				

9 Enter the state(s) in which the organization operates gaming activities _____

a Is the organization licensed to operate gaming activities in each of these states?

b If 'No,' explain _____

YES NO

9a

10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year?

b If 'Yes,' explain _____

10a

11 Does the organization operate gaming activities with nonmembers?

11

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?

12

13 Indicate the percentage of gaming activity operated in
 a The organization's facility
 b An outside facility

	YES	NO
13a	%	
13b	%	

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 contact with a third party from whom the organization receives gaming revenue?

b If 'Yes,' enter the amount of gaming revenue received by the organization \$ _____ and the amount of gaming revenue retained by the third party \$ _____
 c If 'Yes,' enter name and address of the third party

Name ► _____

Address ► _____

16 Gaming manager information

Name ► _____

Gaming manager compensation ► \$ _____

Description of services provided ► _____

Director/officer Employee Independent contractor

17 Mandatory distributions

a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?
 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 ► \$

17a

Statement 1
Form 990-EZ, Part I, Line 16
Other Expenses

BANQUET EXPENSE	\$ 1,331.
CC COMMISSIONS	1,523.
CONTRIBUTIONS	1,046.
Depreciation	564.
DUES	44,610.
GOLF OUTING EXPENSES	3,838.
Insurance	633.
MEMBERSHIP MEETINGS EXP	9,671.
MISCELLANEOUS	29.
OFFICE MEALS	137.
OFFICE SUPPLIES	4,476.
PICNIC	1,062.
PROMOTIONS	156.
PROPERTY MAINTENANCE	361.
PROPERTY TAXES	19.
SCHOLARSHIPS	301.
Travel	8,565.
Total	\$ 78,322.

Statement 2
Form 990-EZ, Part II, Line 24
Other Assets

	<u>Beginning</u>	<u>Ending</u>
Furniture and Fixtures	\$ 0.	\$ 1,485.
Total	\$ 0.	\$ 1,485.

Statement 3
Form 990-EZ, Part II, Line 26
Total Liabilities

	<u>Beginning</u>	<u>Ending</u>
PAYROLL LIABILITIES	\$ 440.	\$ 465.
Total	\$ 440.	\$ 465.

Statement 4
Form 990-EZ, Part III
Organization's Primary Exempt Purpose

A PROFESSIONAL TRADE ASSOCIATION COMMITTED TO PROMOTING A STANDARD OF QUALITY
 HOUSING IN THE LOCAL REGION

Statement 5
Form 990-EZ, Part IV
List of Officers, Directors, Trustees, and Key Employees

Name and Address	Title and Average Hours Per Week Devoted	Compensation	Contri- butio- n to EBP & DC	Expense Account/ Other
SAM KASSEM KINGSPORT, TN	Nat'l Director 0	0. \$	0. \$	0.
LARRY KERNS KINGSPORT, TN	President 0	0.	0.	0.
RHENDA DYE KINGSPORT, TN	Secretary 0	0.	0.	0.
ROGER WARNER KINGSPORT, TN	Treasurer 0	0.	0.	0.
DAVID STAUFFER KINGSPORT, TN	NATIONAL DIRECT 0	0.	0.	0.
WILLIAM WAGNER KINGSPORT, TN	LIFE NATL DIREC 0	0.	0.	0.
WAYNE LONG KINGSPORT, TN	ALT NATL DIRECT 0	0.	0.	0.
DOUG CROSS KINGSPORT, TN	ASSOC STATE DIR 0	0.	0.	0.
R DAN ROSENBALM KINGSPORT, TN	2ND VICE PRES 0	0.	0.	0.
ED MCCALL KINGSPORT, TN	ALT STATE DIREC 0	0.	0.	0.
PHIL RICKMAN KINGSPORT, TN	Vice President 0	0.	0.	0.
PHIL RICKMAN KINGSPORT, TN	STATE DIRECTOR 0	0.	0.	0.

Statement 5 (continued)
Form 990-EZ, Part IV
List of Officers, Directors, Trustees, and Key Employees

<u>Name and Address</u>	<u>Title and Average Hours Per Week Devoted</u>	<u>Compensation</u>	<u>Contri- butio- n to EBP & DC</u>	<u>Expense Account/ Other</u>
RAY TODD KINGSPORT, TN	LIFE BOD 0	0.	\$ 0.	\$ 0.
WAYNE LONG KINGSPORT, TN	LIFE BOD 0	0.	0.	0.
PHIL RICKMAN KINGSPORT, TN	NATL DIRECT 0	0.	0.	0.
DAVID STAUFFER KINGSPORT, TN	STATE AREA VP 0	0.	0.	0.
DIANE HILLS KINGSPORT, TN	STATE DIRECTOR 0	0.	0.	0.
WILLIAM WAGNER KINGSPORT, TN	LOCAL LIFE BOD 0	0.	0.	0.
BILL POWERS KINGSPORT, TN	BOARD OF DIRECT 0	0.	0.	0.
WAYNE LONG KINGSPORT, TN	LIFE STATE DIR 0	0.	0.	0.
ROB MCLEAN KINGSPORT, TN	ASSOC ST DR 0	0.	0.	0.
VICKY FIELDS KINGSPORT, TN	ALT ASSOC ST DR 0	0.	0.	0.
ED MCCALL KINGSPORT, TN	BOD 0	0.	0.	0.
LINDA ROSE KINGSPORT, TN	BOARD OF DIR 0	0.	0.	0.

Statement 5 (continued)

Form 990-EZ, Part IV

List of Officers, Directors, Trustees, and Key Employees

Name and Address	Title and Average Hours Per Week Devoted	Compensation	Contri- bution to EBP & DC	Expense Account/ Other
R DAN ROSENBALM KINGSPORT, TN	STATE DIR 0	0.	\$ 0.	0.
CONNIE SALYER KINGSPORT, TN	BOARD OF DIRECT 0	0.	0.	0.
BUTCH ROSE KINGSPORT, TN	BOD 0	0.	0.	0.
AL WEBB KINGSPORT, TN	BOD 0	0.	0.	0.
CHARLES ENGLISH KINGSPORT, TN	LIFE BOARD OF D 0	0.	0.	0.
SAM R KASSEM KINGSPORT, TN	IMMEDIATE PAST 0	0.	0.	0.
DAVID STAUFFER KINGSPORT, TN	LOCAL LIFE BOD 0	0.	0.	0.
Total		\$ 0.	\$ 0.	\$ 0.