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DLN: 93493317038605

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 <a href="https://www.IRS.gov/form990">www.IRS.gov/form990</a>

OMB No 1545-0047

2014

Open to Public Inspection

			lendar year, or tax year beginning 01-01-2014 , and ending 12-31-2014 C Name of organization		D Family		
		applicable hange	BLACK HILLS HOME BUILDERS ASSOCIATION INC		_	-	ntification number -
Γ Na		_			46-03	31783	8
		_	Doing business as				
Initial return Final		4111	Number and street (or P O box if mail is not delivered to street address) Room/suite	e	E Telepho	ne num	ber
		rmınated	3121 W CHICAGO STREET		(605)	348-7	850
M Am	ended	return	City or town, state or province, country, and ZIP or foreign postal code RAPID CITY, SD 57702		<b>6</b> 6		h 720 040
Г Ар	olicatio	n pending	RAFID CITT, 3D 37702		G Gross r	eceipts :	\$ 739,840
			F Name and address of principal officer		s this a group	return	
			RICK ASKVIG 3121 W CHICAGO	S	ubordinates?		┌ Yes ┌ No
			RAPID CITY,SD 57702	<b>H(b)</b> A	re all subordi	nates	┌ Yes ┌ No
	v-avar	npt status	5		ncluded? f "No " attach	a liet	(coounctructions)
							(see instructions)
J W	ebsit	e:⊫ BL	ACKHILLSHOMEBUILDERS COM	H(c) (	Group exempt	ion nui	mber 🟲
			n	<b>L</b> Year	of formation 19	78 <b>M</b>	State of legal domicile SD
Pa	rt I		nmary				
Governance		TO SER	describe the organization's mission or most significant activities RVE AS AN ADVOCATE FOR THOSE INVOLVED IN THE BUILDING IN DNMENT THAT PROVIDES THE OPPORTUNITY OF HOME OWNERSHI O DISSEMINATE INFORMATION ON INDUSTRY STANDARDS AND R	PFORA	ALL MEMBER		
Ĭ							
Š	2	Check t	this box দ if the organization discontinued its operations or disposed of	more th	an 25% of its	net as	sets
<i>ు</i> జర							1
Activities &			r of voting members of the governing body (Part VI, line 1a)			3	26
Ĭ			r of independent voting members of the governing body (Part VI, line 1b) umber of individuals employed in calendar year 2014 (Part V, line 2a)			5	26
व			umber of volunteers (estimate if necessary)			6	100
			nrelated business revenue from Part VIII, column (C), line 12			7a	18,385
	b	Net unr	elated business taxable income from Form 990-T, line 34			7b	-10,853
					Prior Year		Current Year
Q)	8		abutions and grants (Part VIII, line 1h)				0
Rayenue	9		ram service revenue (Part VIII, line 2g)		465,		482,180
Η̈́	10 11		stment income (Part VIII, column (A), lines 3, 4, and 7d) rrevenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		40,9	257	-14,369 31,370
	12		revenue—add lines 8 through 11 (must equal Part VIII, column (A), line		40,	730	
	_		<del> </del>		506,4	147	499,181
	13		es and similar amounts paid (Part IX, column (A), lines 1-3)				0
	14		fits paid to or for members (Part IX, column (A), line 4)				
8	13	5-10			131,	762	139,140
Expenses	16a	Profe	ssional fundraising fees (Part IX, column (A), line 11e)				0
ਨੂੰ	ь	Total f	undraising expenses (Part IX, column (D), line 25) ▶ 57,953				
_	17	Othe	r expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		397,8	347	385,690
	18		expenses Add lines 13-17 (must equal Part IX, column (A), line 25)		529,6	509	524,830
	19	Reve	nue less expenses Subtract line 18 from line 12		-23,		-25,649
Net Assets or Fund Balances				Begir	nning of Curre Year	nt	End of Year
sset Jafa	20	Total	assets (Part X, line 16)		448,6	528	337,827
A B	21		liabilities (Part X, line 26)		262,	729	177,577
	22		ssets or fund balances Subtract line 21 from line 20		185,	399	160,250
	rt II	_	nature Block				_
my k	nowle	dge and	perjury, I declare that I have examined this return, including accompany belief, it is true, correct, and complete Declaration of preparer (other that converge conve				
	_	***			2015-11-13		
Sigr		Sign	nature of officer		Date		
Her	е		ER TRIBBY TREASURER e or print name and title				
		<u> </u>	Print/Type preparer's name Preparer's signature Da	te	Check If	PTIN	
Paid	t	L	NINA BRAUN CPA NINA BRAUN CPA 20:	15-11-13	self-employed	P0124	
Pre			Firm's name   KETEL THORSTENSON LLP		Firm's EIN 🟲 4	5-02575	38
Use	•		Firm's address ► PO BOX 3140		Phone no (605	) 342-5	630
		·	RAPID CITY, SD 577093140				

orn	n 990 (2014)				Page <b>2</b>
Par		ment of Program Service A  If Schedule O contains a response	Accomplishments or note to any line in this Part III		٦
1	Briefly descri	be the organization's mission			
NV	IRONMENT TH		ED IN THE BUILDING INDUSTRY TY OF HOME OWNERSHIP FOR A NDARDS AND REGULATIONS		
2	the prior Form	990 or 990-EZ?	ogram services during the year wh		┌ Yes ┌ No
	If "Yes," desc	ribe these new services on Schedi	ıle O		
3	services? .		significant changes in how it condu · · · · · · · · · · · · ·		┌ Yes ┌ No
_	·	_			
4	expenses Sec		omplishments for each of its three anizations are required to report th program service reported		
4a	(Code	) (Expenses \$	399,357 including grants of \$	) (Revenue \$	)
		ON SERVED ITS 440 ACTIVE MEMBERS BY WHAT IS AVAILABLE IN THE HOME BUILDI	PROVIDING A HOME SHOW, A PARADE OF NG INDUSTRY	HOMES EVENT, AND OTHER BUILDER	ACTIVITIES TO EDUCATE
4b	(Code	) (Expenses \$	including grants of \$	) (Revenue \$	)
					,
<b>4</b> c	(Code	) (Expenses \$	including grants of \$	) (Revenue \$	)
	-				
	-				
4d	Other progra (Expenses \$	m services (Describe in Schedule including	O ) grants of \$	) (Revenue \$	)
4e	Total prograr	m service expenses 🕒	399,357		
		-			

Part IV	Checklist of	Required	<b>Schedules</b>
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			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1		No
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2		Νο
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3		No
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 Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5	Yes	
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		No
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		No
LO	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		Νo
1	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable			
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	Yes	
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		No
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		No
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		No
e	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Yes	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X.	11f		No
.2a	Did the organization obtain separate, independent audited financial statements for the tax year?  If "Yes," complete Schedule D, Parts XI and XII	12a		No
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		No
.3	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule $E$	13		No
.4a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		No
	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? If "Yes," complete Schedule F, Parts I and IV	14b		No
.5	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		No
L <b>6</b>	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		No
. <b>7</b>	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		No
<b>.8</b>	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	Yes	
.9	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		No
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		No
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		

Pal	Checklist of Required Schedules (continued)			
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		No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		No
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? <i>If "Yes," complete Schedule J</i>	23		No
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a	24a		No
b	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 any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part $I$	25a		
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25b		
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes," complete Schedule L, Part II	26		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i>	27		No
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part			
		28a		No_
b	A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes,"</i> complete Schedule L, Part IV	28b		No
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		No
29	Did the organization receive more than $$25,000$ in non-cash contributions? If "Yes," complete Schedule M	29		No
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		Νo
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>	32		No
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? <i>If "Yes," complete Schedule R, Part I</i>	33		No
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	34		No
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		No
b	If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line $2$	35b		
36	<b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36		
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization	30		
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?	38	Yes	

	Check if Schedule O contains a response or note to any line in this Part V	<u> </u>	 V	
1 a	Enter the number reported in Box 3 of Form 1096 Enter -0 - if not applicable   1a   10		Yes	No
	Enter the number of Forms W-2G included in line 1a Enter-0- if not applicable  1b  10	-		
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable	1		
	gaming (gambling) winnings to prize winners?	<b>1</b> c		
.a	Tax Statements, filed for the calendar year ending with or within the year covered by this return	i		
Ь	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?  Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	2b	Yes	
a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	За	Yes	
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b	Yes	
a	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		No
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)			
a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		No
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		No
	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?			
-		5c		
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6a		No
	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b		
	Organizations that may receive deductible contributions under section 170(c).	l _		
	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		
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		
a	If "Yes," indicate the number of Forms 8282 filed during the year	-		
2	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e	J.	
•	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		
J	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
3	Sponsoring organizations maintaining donor advised funds.  Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	8		
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
	Section 501(c)(7) organizations. Enter			
a	Initiation fees and capital contributions included on Part VIII, line 12 10a			
•	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
	Section 501(c)(12) organizations. Enter			
a	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 )			
a	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			
	Section 501(c)(29) qualified nonprofit health insurance issuers.	1		
a	Is the organization licensed to issue qualified health plans in more than one state? <b>Note.</b> See the instructions for additional information the organization must report on Schedule O	13a		
b	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	1		
	Did the organization receive any payments for indoor tanning services during the tax year?	14a 14b		N c

Form 990 (2014) Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a Part VI "No" response to lines 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions. Section A. Governing Body and Management

			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year			
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O			
b	Enter the number of voting members included in line 1a, above, who are independent			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2		No
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? .	3		No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		No
5	Did the organization become aware during the year of a significant diversion of the organization's assets? .	5		Νo
6	Did the organization have members or stockholders?	6		Νo
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a	Yes	
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b		No
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following			
а	The governing body?	8a	Yes	
b	Each committee with authority to act on behalf of the governing body?	8b	Yes	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? <i>If "Yes," provide the names and addresses in Schedule O</i>	9		No
Se	ection B. Policies (This Section B requests information about policies not required by the Internal R	evenu	ue Cod	e.)
Se	ection B. Policies (This Section B requests information about policies not required by the Internal R	evenu	ue Cod Yes	e.) <b>No</b>
	Did the organization have local chapters, branches, or affiliates?	evenu 10a		
10a	·			No
10a b	Did the organization have local chapters, branches, or affiliates?	10a		No
10a b 11a	Did the organization have local chapters, branches, or affiliates?	10a 10b		No No
10a b 11a b	Did the organization have local chapters, branches, or affiliates?	10a 10b		No No
10a b 11a b 12a	Did the organization have local chapters, branches, or affiliates?	10a 10b 11a	Yes	No No
10a b 11a b 12a b	Did the organization have local chapters, branches, or affiliates?	10a 10b 11a	Yes	No No
10a b 11a b 12a b	Did the organization have local chapters, branches, or affiliates?	10a 10b 11a 12a 12b	Yes	No No
10a b 11a b 12a b	Did the organization have local chapters, branches, or affiliates?  If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?  Describe in Schedule O the process, if any, used by the organization to review this Form 990  Did the organization have a written conflict of interest policy? If "No," go to line 13  Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?  Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	10a 10b 11a 12a 12b	Yes	No No
10a b 11a b 12a b	Did the organization have local chapters, branches, or affiliates?	10a 10b 11a 12a 12b 12c 13	Yes Yes Yes	No No
10a b 11a b 12a b c 13 14 15	Did the organization have local chapters, branches, or affiliates?	10a 10b 11a 12a 12b 12c 13	Yes Yes Yes	No No
10a b 11a b 12a b c 13 14 15	Did the organization have local chapters, branches, or affiliates?  If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?  Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?  Describe in Schedule O the process, if any, used by the organization to review this Form 990  Did the organization have a written conflict of interest policy? If "No," go to line 13  Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?  Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done  Did the organization have a written whistleblower policy?  Did the organization have a written document retention and destruction policy?  Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?	10a 10b 11a 12a 12b 12c 13	Yes Yes Yes Yes Yes	No No
10a b 11a b 12a b c 13 14 15	Did the organization have local chapters, branches, or affiliates?	10a 10b 11a 12a 12b 12c 13 14	Yes Yes Yes Yes Yes	No No
10a b 11a b 12a b c 13 14 15 a b	Did the organization have local chapters, branches, or affiliates?  If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?  Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?  Describe in Schedule O the process, if any, used by the organization to review this Form 990  Did the organization have a written conflict of interest policy? If "No," go to line 13  Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?  Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done  Did the organization have a written whistleblower policy?  Did the organization have a written document retention and destruction policy?  Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?  The organization's CEO, Executive Director, or top management official  Other officers or key employees of the organization  If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)  Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	10a 10b 11a 12a 12b 12c 13 14	Yes Yes Yes Yes Yes	No No
10a b 11a b 12a b c 13 14 15 a b	Did the organization have local chapters, branches, or affiliates?	10a 10b 11a 12a 12b 12c 13 14	Yes Yes Yes Yes Yes	No No No

#### Section C. Disclosure

- 17 List the States with which a copy of this Form 990 is required to be filed▶
- Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c) (3)s only) available for public inspection. Indicate how you made these available. Check all that apply
  - Own website Another's website V 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
- State the name, address, and telephone number of the person who possesses the organization's books and records
  - ►CHERYL BETTMENG
  - 3121 W CHICAGO ST
  - RAPID CITY, SD 57702 (605) 348-7850

Form 990 (2014)	
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# 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, or 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

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

(A) Name and Title	(B) A verage hours per week (list any hours	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)	(D) Reportable compensation from the organization (W-	(E) Reportable compensation from related organizations (W-	(F) Estimated amount of other compensation from the
	for related organizations below dotted line)	Former Highest compensated employee Key employee Officer Institutional Trustee Individual trustee or chiector	2/1099-MISC)	2/1099-MISC)	organization and related organizations

Form **990** (2014)

Irt VIII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

(A) Name and Title	(B) A verage hours per week (list any hours	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-	(E) Reportable compensation from related organizations (W-	(F) Estimated amount of other compensation from the
	for related organizations below dotted line)	Individual trustiee or director	_   _	2/1099-MISC)	organization and related organizations					

1b	Sub-Total	•		
c	Total from continuation sheets to Part VII, Section A	۰		
d	Total (add lines 1b and 1c)	•	60,717	7,821

Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization ►

			Yes	No	
3	Did the organization list any <b>former</b> officer, director or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>	3		No	
4	For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual				
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person	5		No	

Section	R Ind	anandant	Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	(B) Description of services	<b>(C)</b> Compensation

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

Part V		Statement o	f Revenue					Page 9
rait v			ule O contains a respor	nse or note to any lir	ne in this Part VIII		<u> </u>	<u> </u>
					(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
u L	1a	Federated cam	paigns 1a					
ant un	b	Membership du	es <b>1b</b>					
Contributions, Gifts, Grants and Other Similar Amounts	С	Fundraising eve	ents <b>1c</b>					
	d	Related organiz	zations 1d					
	е	Government grants	s (contributions) <b>1e</b>					
	f	All other contribution	ons, gifts, grants, and <b>1f</b>					
	_	sımılar amounts no	ot included above					
ntril A Or	g	1a-1f \$	ons included in lines					
Col	h	Total. Add lines	s 1a-1f	· · · •				
<u>-e</u>				Business Code				
Program Service Revenue	2a	HOME SHOW		900099	237,283	237,283		
æ	b	MEMBERSHIP DUES	S/ASSESSMENTS	900099	155,838	155,838		
МСе	C	OTHER INCOME		900099	46,614	46,614		
Se.	d	PARADE OF HOMES  EDUCATION & TRA		900099	36,045	36,045		
ranı	e f		am service revenue	900099	6,400	6,400		
¥ંા	•							
	g 3		s 2a-2f		482,180			
	,		ome (including dividen ar amounts)		200			200
	4		stment of tax-exempt bond	proceeds -				
	5	Royalties	(ı) Real	(u) Parcanal				
	6a	Gross rents	(I) Real	(II) Personal				
	ь	Less rental						
	С	expenses Rental income						
	d	or (loss) Net rental incoi	Lme or (loss)					
			(ı) Securities	(II) Other				
	7a	Gross amount from sales of assets other than inventory		203,231				
	Ь	Less cost or other basis and		217,800				
	С	sales expenses Gaın or (loss)		-14,569				
	d	Net gain or (los	s)		-14,569	-14,569		
une	8a	Gross income f events (not inc \$	ludıng 					
Other Revenue		of contributions See Part IV, lin	reported on line 1c) le 18 a	27,486				
Ě			penses <b>b</b> (loss) from fundraising	22,859	4,627			4,627
•	c 9a		rom gamıng actıvıtıes	events p-	1,027			1,027
	b	Less direct ex	penses b					
			(loss) from gaming acti	vities				
	10a	Gross sales of returns and allo						
	b	Less cost of go	oods sold <b>b</b>					
	С		(loss) from sales of inv					
		Miscellaneous		Business Code	26,743	0.350	10 205	
	11a b	ADV REVENU	<u>E</u>	511140	26,743	8,358	18,385	
	C		_					
	d	All other reven	ue					
	e		s 11a-11d	🕨				
	12	Total revenue.	See Instructions .	🕨	26,743			
	i		· · · <del>-</del>		499,181	475,969	18,385	4,827

### Part IX Statement of Functional Expenses

Section $501(c)(3)$ and $501(c)(4)$ organizations must complete all columns. All other organizations must complete colu
---

		ounce organizat			
	Check if Schedule O contains a response or note to any line in this	Part IX	<u> </u>	<u> </u>	<u> </u>
	ot include amounts reported on lines 6b, b, 9b, and 10b of Part VIII.	(A) Total expenses	<b>(B)</b> Program service expenses	(C) Management and general expenses	<b>(D)</b> Fundraising expenses
1	Grants and other assistance to domestic organizations and domestic governments See Part IV, line 21				<u> </u>
2	Grants and other assistance to domestic individuals See Part IV, line 22				
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees	68,538	54,830	13,708	
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	Other salaries and wages	54,274	43,419	10,855	
8	Pension plan accruals and contributions (include section $401(k)$ and $403(b)$ employer contributions)	1,768	1,415	353	
9	Other employee benefits	7,246	5,797	1,449	
10	Payroll taxes	7,314	5,852	1,462	
11	Fees for services (non-employees)				
а	Management				
b	Legal	127		127	
C	Accounting	2,231		2,231	
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 Schedule O)				
12	Advertising and promotion	35,014	35,014		
13	Office expenses	64,657	18,192	17,227	29,238
14	Information technology	5,292	487	4,805	
15	Royalties				
16	Occupancy	52,049	42,036	10,013	
17	Travel	13,071	9,942	3,129	
18	Payments of travel or entertainment expenses for any federal, state, or local public officials	589		589	
19	Conferences, conventions, and meetings	771		771	
20	Interest	1,208	407	801	
21	Payments to affiliates	86,021	86,021		
22	Depreciation, depletion, and amortization	10,836	10,836		
23	Insurance	4,552	4,552		
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 O)				
а	MEMBERSHIP EXPENSES	39,960	39,960		
b	READERSHIP COSTS	24,179			24,179
c	OTHER HOME SHOW EXPENSES	22,064	22,064		
d	PARADE EXPENSES	7,309	7,309		
е	All other expenses	15,760	11,224		4,536
25	Total functional expenses. Add lines 1 through 24e	524,830	399,357	67,520	57,953
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)				

Part X Balance Sheet

		Check if Schedule O contains a response or note to any line in this	s rart X		• •	<u>'</u>
				(A) Beginning of year		<b>(B)</b> End of year
	1	Cash-non-interest-bearing		23,917	1	80,691
হ	2	Savings and temporary cash investments	31,560		85,575	
	3	Pledges and grants receivable, net		, ,	3	·
	4	Accounts receivable, net		26,681	4	26,429
	5	Loans and other receivables from current and former officers, dire employees, and highest compensated employees Complete Part Schedule L	,	5	,	
	6	Loans and other receivables from other disqualified persons (as c $4958(f)(1)$ ), persons described in section $4958(c)(3)(B)$ , and coland sponsoring organizations of section $501(c)(9)$ voluntary emporganizations (see instructions) Complete Part II of Schedule L		6		
Assets	7	Notes and loans receivable, net			7	
⋖	8	Inventories for sale or use			8	
	9	Prepaid expenses and deferred charges		8,966		8,465
	10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	10a 278,769	,		5, 155
	Ь	Less accumulated depreciation	<b>10b</b> 142,102	357,504	10c	136,667
	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	
	16	<b>Total assets.</b> Add lines 1 through 15 (must equal line 34)		448,628	16	337,827
	17	Accounts payable and accrued expenses		24,577	17	36,307
	18	Grants payable			18	<u> </u>
	19	Deferred revenue		117,773	19	136,769
	20	Tax-exempt bond liabilities			20	
	21	Escrow or custodial account liability Complete Part IV of Schedu			21	
lities	22	Loans and other payables to current and former officers, directors key employees, highest compensated employees, and disqualifie	s, trustees,			
Liabiliti		persons Complete Part II of Schedule L	P	22		
Ξ	23	Secured mortgages and notes payable to unrelated third parties	111,032	23		
	24	Unsecured notes and loans payable to unrelated third parties .		24		
	25	Other liabilities (including federal income tax, payables to related and other liabilities not included on lines 17-24) Complete Part				
		D		9,347	25	4,501
	26	Total liabilities. Add lines 17 through 25		262,729	26	177,577
S O		Organizations that follow SFAS 117 (ASC 958), check here ►  lines 27 through 29, and lines 33 and 34.	and complete			
anc S	27	Unrestricted net assets	185,899	27	160,250	
or Fund Balance	28	Temporarily restricted net assets		28		
=	29	Permanently restricted net assets		29		
ä		Organizations that do not follow SFAS 117 (ASC 958), check here				
<u> </u>		complete lines 30 through 34.	,			
9 9	30	Capital stock or trust principal, or current funds			30	
Assets	31	Paid-in or capital surplus, or land, building or equipment fund .			31	
As	32	Retained earnings, endowment, accumulated income, or other fun	ds		32	
Ř	33	Total net assets or fund balances		185,899	33	160,250
ž	34	Total liabilities and net assets/fund balances		448,628	34	337,827

Form	9	90	(2014)
Par	t	$\mathbf{IX}$	Rec

Page **12** 

Par	t XI	Reconcilliation of Net Assets Check if Schedule O contains a response or note to any line in this Part XI				
1	Total	revenue (must equal Part VIII, column (A), line 12)	1		4	99,181
2	Total	expenses (must equal Part IX, column (A), line 25)	2		5	524,830
3	Rever	nue less expenses Subtract line 2 from line 1	3			-25,649
4	Net as	ssets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		1	.85,899
5	Net u	nrealized gains (losses) on investments	5			
6	Donat	red services and use of facilities	6			
7	Inves	tment expenses	7			
8	Prior	period adjustments	8			
9	Other	changes in net assets or fund balances (explain in Schedule O)	9			
10		ssets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, in (B))	10		1	60,250
Par	t XII	Financial Statements and Reporting				
		Check if Schedule O contains a response or note to any line in this Part XII				. Г
					Yes	No
1		organization changed its method of accounting from a prior year or checked "Other," explain in dule O				
2a	Were	the organization's financial statements compiled or reviewed by an independent accountant?		2a		Νo
		s,' check a box below to indicate whether the financial statements for the year were compiled or revie arate basis, consolidated basis, or both	wed on			
	Γs	eparate basis				
b	Were	the organization's financial statements audited by an independent accountant?		2b		Νo
		s,' check a box below to indicate whether the financial statements for the year were audited on a sepa , consolidated basis, or both	arate			
	Γs	eparate basis				
С		s," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight review, or compilation of its financial statements and selection of an independent accountant?	nt of the	2c		
	If the Sched	organization changed either its oversight process or selection process during the tax year, explain i dule O	n			
3a		result of a federal award, was the organization required to undergo an audit or audits as set forth in the Audit Act and OMB Circular A-133?	е	3a		No
b		s," did the organization undergo the required audit or audits? If the organization did not undergo the		3b		

Software ID: **Software Version:** 

**EIN:** 46-0317838

Name: BLACK HILLS HOME BUILDERS ASSOCIATION INC

hours per week (list any hours for related organizations below dotted line)   hours per week (list any hours for related organizations below dotted line)	(F) ted amount fother pensation om the zation and elated nizations
organizations below dotted line)  Officel  Offic	elated nizations 0
X	
(1) ROSS JONES	0
X 0 0 0  ALT STATE D (2) RALPH SIEMONSMA 1 00 0	0
(2) RALPH SIEMONSMA 1 00	
X 0 0 0 STATE DIRECT	0
(3) WILLIAM MORRISON 1 00 0	0
STATE DIRECT	
(4) JAY MENDEL 1 00 X X X 0 0 0	0
1ND VICE PRE (5) RICK ASKVIG 1 00	
X X X 0 0 0	0
PAST PRESIDE (6) JIM TOLLEY 1 00	
X	0
(7) JAMISON ASBRIDGE 1 00	
X	0
(8) JEFF WEIDENBACH 1 00	
X 0 0 0 DIRECTOR - B	0
(9) JEFF LAGE 1 00 X 0 0	0
NATIONAL DIR	
(10) BRYAN MEHLHAFF 1 00 X X X 0 0 0	0
SECRETARY (11) TYLER TRIBBY 1 00	
`` x   x   x   0   0	0
TREASURER	
2ND VICE PRE	0
(13) CURT CARTWRIGHT 1 00	
X	0
(14) JENNIFER LAGE-LANDGUTH 1 00	
X 0 0 0 LIFE DIRECTO	0
(15) TIM STULKEN 1 00 X 0 0	0
ALTERNATE FO	
(16) TERI MCNALLY 1 00 X 0 0 0	0
DIRECTOR - A	
`´	0
LIFE DIRECTO	
	0
(19) JEREMY MUTH 1 00	
DIRECTOR - B X 0 0 0	0
(20) MUTCH USERA 1 00 X 0 0	0
DIRECTOR - A	
(21) SHANE REGELIN 1 00 X 0 0	0
DIRECTOR - A	
(22) DESI MENDEL 1 00 X 0 0	0
STATE DIRECT 1 00 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
ALT STATE DI	0
(24) ZACH SCHULL 1 00   1 00	
X	0

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

( <b>A</b> ) Name and Title	A verage hours per week (list any hours for related hours per weak (list any hours for related hours person is both an officer and a director/trustee)			(D)  Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and				
	organizations below dotted line)	Individual trustae or director	Institutional Trustee	CEI	Key employee	e policina Highest compensated	Former		,	related organizations
(26) DWIGHT EICH  NAT BUILDER	1 00	Х						0	0	0
(1) CHERYL BETTMENG EXECUTIVE VI	40 00			х				60,717	0	7,821

DLN: 93493317038605

OMB No 1545-0047

Open to Public Inspection

# **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.

If the organization answered "Yes" to 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" to 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" to 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) organizations Complete Part III Name of the organization **Employer identification number** BLACK HILLS HOME BUILDERS

	SOCIATION INC			46-0317838	
Par	t I-A Complete if the or	ganization is exempt under	section 501(	c) or is a section 52	7 organization.
1	Provide a description of the or	ganızatıon's dırect and ındırect politi	cal campaıgn act	ivities in Part IV	
2	Political expenditures			<b>▶</b>	\$
3	Volunteer hours				
Par	Complete if the or	ganization is exempt under	section 501(	c)(3).	
1		e tax incurred by the organization un	_		<b>\$</b>
2	·	e tax incurred by organization manag			\$
3	If the organization incurred a s		↑ — Yes No		
- 4a	Was a correction made?	□ Yes □ No			
ь	If "Yes," describe in Part IV				
		ganization is exempt under	section 501(	c), except section 50	01(c)(3).
1	Enter the amount directly expe	ended by the filing organization for se	ction 527 exemp	ot function activities 🕨	\$
2	<del>-</del>	organization's funds contributed to ot	her organizations	s for section 527	
	exempt function activities			▶	\$
3	Total exempt function expendi	tures Add lines 1 and 2 Enter here	and on Form 112	0-POL, line 17b	\$
4	Did the filing organization file I	Form 1120-POL for this year?			☐ Yes ☐ No
5	organization made payments amount of political contribution	nd employer identification number (E For each organization listed, enter th ns received that were promptly and d political action committee (PAC) If	e amount paid fro irectly delivered	om the filing organization's to a separate political org	funds Also enter the lanization, such as a
	(a) Name	(b) Address	(c) EIN	(d) A mount paid from filing organization's funds If none, enter -0	(e) A mount of political contributions received and promptly and directly delivered to a separate political organization If none, enter - 0-
For F	Paperwork Reduction Act Notice, s	 ee the instructions for Form 990 or 990	<u> </u> )- <b>EZ</b> . <i>(</i>	l Cat No 50084S Schedule C	 (Form 990 or 990-EZ) 2014

e Grassroots ceiling amount (150% of line 2d, column (e))

**f** Grassroots lobbying expenditures

Sch	nedule C (Form 990 or 990-EZ) 2014					Page <b>2</b>
P	cart II-A Complete if the organization under section 501(h)).	is exempt under	section 501(	c)(3) and fi	led Form 5768	
	Check ► If the filing organization belongs to a		list in Part IV ea	ich affiliated gr	oup member's nam	e, address, EIN,
В	expenses, and share of excess lobb		ol" provisions apr	olv		
	Limits on Lobbying E (The term "expenditures" means an	Expenditures		,	(a) Filing organization's totals	(b) Affiliated group totals
1a	Total lobbying expenditures to influence public o	ppinion (grass roots lob	obying)			
b	Total lobbying expenditures to influence a legisl	atıve body (dırect lobb	yıng)			
c	Total lobbying expenditures (add lines 1a and 1	b)				
d	Other exempt purpose expenditures					
e	Total exempt purpose expenditures (add lines 1	c and 1d)				
f	Lobbying nontaxable amount Enter the amount to	from the following table	ın both			
	If the amount on line 1e, column (a) or (b) is:	The lobbying nontax	able amount is:			
	Not over \$500,000	20% of the amount on li	ne 1e			
	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of th	e excess over \$500,0	000		
	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of th	e excess over \$1,000	0,000		
	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				
	Grassroots nontaxable amount (enter 25% of lir	ne 1f)				
h	Subtract line 1g from line 1a If zero or less, ent	er-0-				
i	Subtract line 1f from line 1c If zero or less, ente	er -0-				
j	If there is an amount other than zero on either li section 4911 tax for this year?	ne 1h or line 1ı, did the	organization file	Form 4720 rep	oorting	┌ Yes ┌ No
	(Some organizations that made a columns below. See t		ection do not uctions for li	have to co nes 2a thro	ugh 2f.)	he five
	Calendar year (or fiscal year beginning in)	(a) 2011	<b>(b)</b> 2012	<b>(c)</b> 2013	( <b>d)</b> 2014	(e) Total
2a	Lobbying nontaxable amount					
b	Lobbying ceiling amount (150% of line 2a, column(e))					
c	Total lobbying expenditures					
d	Grassroots nontaxable amount					

	art II-B Complete if the organization is exempt un filed Form 5768 (election under section 5					
For e	each "Yes" response to lines 1a through 11 below, provide in Part IV a d	etailed description of the lobbying	(a)		( <u> </u>	)
	rivity.	, , ,	Yes	No	Amo	unt
1 a	legislation, including any attempt to influence public opinion on a through the use of					
b c	Paid staff or management (include compensation in expenses rep	ported on lines 1c through 1i)?				
d	d Mailings to members, legislators, or the public?					
е	e Publications, or published or broadcast statements?					
f	f Grants to other organizations for lobbying purposes?					
g	<b>g</b> Direct contact with legislators, their staffs, government officials,	or a legislative body?				
h i		res, or any sımılar means?				
j				-		
2a	3	<b>⊢</b>				
b	,					
C	, , , , , ,			Ī		
_	If the filing organization incurred a section 4912 tax, did it file Fo	•			_	
Par	art III-A Complete if the organization is exempt un 501(c)(6).	der section 501(c)(4), section 5	501(c	)(5), c	r sect	ion
	501(0)(0).				Ye	s No
1	Were substantially all (90% or more) dues received nondeductib	le by members?		Г	1	No
2		•			<b>2</b> Ye	s
3					3	No
Pai	complete if the organization is exempt un 501(c)(6) and if either (a) BOTH Part III-A	der section 501(c)(4), section 5				
	line 3, is answered "Yes."	,				•
1	,		1			
2	expenses for which the section 527(f) tax was paid).	s (do not include amounts of political	2a			
a b			2b			
C			2c			
3		nondeductible section 162(e) dues	3			
4						
-	does the organization agree to carryover to the reasonable estime political expenditure next year?	ate of nondeductible lobbying and	4			
5	, 3 1	uctions)	5			
	Part IV Supplemental Information					
	rovide the descriptions required for Part I-A, line 1, Part I-B, line 4, (see instructions), and Part II-B, line 1 Also, complete this part for		ıp lıst),	Part II	-A , lines	1 and
	Return Reference Exp	planation				

Part IV Supplemental Inf	ormation (continued)			
Return Reference	Explanation			
·	_			

Schedule C (Form 990 or 990EZ) 2014

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#### DLN: 93493317038605

OMB No 1545-0047

Open to Public

### **SCHEDULE D**

(Form 990)

Department of the Treasury Internal Revenue Service

### **Supplemental Financial Statements**

► Complete if the organization answered "Yes," to 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 <a href="www.irs.gov/form990">www.irs.gov/form990</a>.

	t the organization LLS HOME BUILDERS TON INC			oloyer identification number	
Part I		vised Funds or Other Similar I		0317838 or Accounts Complete if	the
u	organization answered "Yes" to Form 990		unus	or Accounts. Complete in	tiic
		(a) Donor advised funds		(b) Funds and other accounts	
Tota	al number at end of year				
Agg	regate value of contributions to (during year)				
Agg	regate value of grants from (during year)				
Agg	regate value at end of year				
	the organization inform all donors and donor adviso ds are the organization's property, subject to the or		nor advi		No
use	the organization inform all grantees, donors, and do d only for charitable purposes and not for the benef iferring impermissible private benefit?			er purpose	No
art II		the organization answered "Yes"	to Forn	n 990. Part IV. line 7.	
┌ ┌ ┌ Cor	pose(s) of conservation easements held by the organiser preservation of land for public use (e.g., recreation protection of natural habitat  Preservation of open space  mplete lines 2a through 2d if the organization held a lement on the last day of the tax year	or education)  Preservation of a Preservation of a	certifie	rically important land area d historic structure n of a conservation	
eas	ement on the last day of the tax year			Held at the End of the Yea	P
<b>n</b> Tot	al number of conservation easements		2a	ried at the End of the Fed	
-	al acreage restricted by conservation easements		2b		
	mber of conservation easements on a certified histo	oric structure included in (a)	2c		
Nur	mber of conservation easements included in (c) acq toric structure listed in the National Register	• •	2d		
	mber of conservation easements modified, transferr	ed. released. extinguished. or terminal	ted by th	ne organization during	
	tax year ►	<u> </u>	,		
Nur	mber of states where property subject to conservati	on easement is located ►			
	es the organization have a written policy regarding torcement of the conservation easements it holds?	the periodic monitoring, inspection, had	ndling of		No
Sta <b>⊳</b>	ff and volunteer hours devoted to monitoring, inspe	cting, and enforcing conservation ease	ements o	during the year	
Δ m	ount of expenses incurred in monitoring, inspecting	and enforcing conservation easemen	ts durin	a the year	
<b>⊁</b> \$		,, and emoreing conservation easemen	to during	g ine yeu.	
Doe	es each conservation easement reported on line 2(c l section 170(h)(4)(B)(ii)?	d) above satisfy the requirements of se	ection 17		No
bala	Part XIII, describe how the organization reports cor ance sheet, and include, if applicable, the text of the organization's accounting for conservation easeme	e footnote to the organization's financiants	al stater	ments that describes	
rt II	Organizations Maintaining Collection Complete if the organization answered "Y		, or Otl	her Similar Assets.	
wor	he organization elected, as permitted under SFAS 1 ks of art, historical treasures, or other similar asse vice, provide, in Part XIII, the text of the footnote t	ts held for public exhibition, education	, or rese	earch in furtherance of public	
wor	he organization elected, as permitted under SFAS 1 ks of art, historical treasures, or other similar asse vice, provide the following amounts relating to these	ts held for public exhibition, education			
(i)	Revenue included in Form 990, Part VIII, line 1			<b>►</b> \$	
(ii)	Assets included in Form 990, Part X			<b>-</b>	
Iftl	he organization received or held works of art, historiously amounts required to be reported under SFAS			cial gain, provide the	
	venue included in Form 990, Part VIII, line 1			<b>▶</b> - \$	

**b** Assets included in Form 990, Part X

Par	Organizations Maintaining Collections of Art, His	tori	ca	l Treasu	res, or Ot	he	r Similar Asse	ts (ca	ntınued)
3	Using the organization's acquisition, accession, and other records, ch collection items (check all that apply)	eck	an	y of the foll	owing that ai	re a	significant use of	ıts	
а	Public exhibition d	Γ	L	oan or excl	nange progra	ms			
b	□ Scholarly research     ■	$\Gamma$	C	ther					
С	Preservation for future generations								
4	Provide a description of the organization's collections and explain how Part XIII	the	y f	urther the o	rganızatıon's	s ex	empt purpose ın		
5	During the year, did the organization solicit or receive donations of art assets to be sold to raise funds rather than to be maintained as part of							Yes	□ No
Pai	t IV Escrow and Custodial Arrangements. Complete if	the	or	<u>-</u> ganızatıor			<u> </u>		, 140
	Part IV, line 9, or reported an amount on Form 990, Part Is the organization an agent, trustee, custodian or other intermediary				or other asse	ts r	not		
	included on Form 990, Part X?				or other about		Г,	Yes	┌ No
Ь	If "Yes," explain the arrangement in Part XIII and complete the follow	ing i	tab	le			A		
c	Denimina halansa				-	lc	Amou	nt	
d	Beginning balance Additions during the year					ld			
e	Distributions during the year				<u> </u>	Lu Le			
f	Ending balance				_	Lf			
2a	Did the organization include an amount on Form 990, Part X, line 21, 1	or e	50	nw or cust	<u> </u>		bility?	Yes	
2u h							,		,
Da	If "Yes," explain the arrangement in Part XIII Check here if the explaint V Endowment Funds. Complete if the organization ans							•	<u>'</u>
FC		Prior						Four y	ears back
1a	Beginning of year balance								
b	Contributions								
C	Net investment earnings, gains, and losses								
d	Grants or scholarships								
e	Other expenditures for facilities and programs								
f	Administrative expenses								
g	End of year balance								
2	Provide the estimated percentage of the current year end balance (lin	e 1g	, c	olumn (a)) l	neld as				
а	Board designated or quasi-endowment 🕨								
b	Permanent endowment ▶								
c	Temporarily restricted endowment ► The percentages in lines 2a, 2b, and 2c should equal 100%								
3a	Are there endowment funds not in the possession of the organization t	hat	are	held and a	dmınıstered	for	the		
	organization by (i) unrelated organizations						3a(i)	Yes	No
	(ii) related organizations	•	•			•	3a(ii)		
ь	If "Yes" to 3a(II), are the related organizations listed as required on S	ched	dul	eR?			3b		<u> </u>
4	Describe in Part XIII the intended uses of the organization's endowment	ent f	un	ds					<u> </u>
Par	<b>t VI</b> Land, Buildings, and Equipment. Complete if the oil 11a. See Form 990, Part X, line 10.	gar	ΊZ	ation ansv	vered 'Yes'	to	Form 990, Part	IV, lıı	ne
	Description of property			Cost or other (investment)	(b)Cost or ot basis (othe		(c) Accumulated depreciation	( <b>d</b> ) B	ook value
1a	Land	T			40,	074			40,074
b	Buildings				168,	880	76,037		92,843
c	Leasehold improvements								
	Equipment				69,	815	66,065		3,750
	I. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, colu	mn /	B)	line 10(c) )	<u> </u>				136,667
		(	-//	20(0/./	· · ·	-	Schedule D (F	orm 9	
							CONCRAIG D (I	J J	, <del>-</del>

Part VII Investments—Other Securities. Co	mplete if the organizatior	answered 'Yes' to Form 990, Part IV, line 11b.
See Form 990, Part X, line 12.  (a) Description of security or category	(b)Book value	(c) Method of valuation
(including name of security)		Cost or end-of-year market value
(1)Financial derivatives		
(2)Closely-held equity interests Other		
Total. (Column (b) must equal Form 990, Part X, col (B) line 12)	<b>F</b>	
Part VIII Investments—Program Related. C	omplete if the organization	on answered 'Yes' to Form 990, Part IV, line 11c
See Form 990, Part X, line 13.  (a) Description of investment	(b) Book value	(c) Method of valuation
(a) Description of investment	(b) Book value	Cost or end-of-year market value
Total. (Column (b) must equal Form 990, Part X, col (B) line 13)	<b>*</b>	
		0, Part IV, line 11d See Form 990, Part X, line 15
(a) Desc	ription	(b) Book value
Total. (Column (b) must equal Form 990, Part X, col.(B) line.		
Part X Other Liabilities. Complete if the org Form 990, Part X, line 25.	anization answered 'Yes'	to Form 990, Part IV, line 11e or 11f. See
1 (a) Description of liability	(b) Book value	
Federal income taxes		
COPIER LEASE PAYABLE	4,501	
	,	
		1
		1
Total. (Column (b) must equal Form 990, Part X, col (B) line 25)	4 501	1
2 Liebility for an action by mast equal to mile 25	4,501	hha ann an a

Par		<b>evenue per Audited Financial Stat</b> vered 'Yes' to Form 990, Part IV, line 1		is with Revenue	рег к	<b>eturn</b> Complete i
L		er support per audited financial statements			1	
	Amounts included on line 1 bu	it not on Form 990, Part VIII, line 12				
а	Net unrealized gains (losses)	on investments	2a			
b	Donated services and use of f	acılıtıes	2b			
С	Recoveries of prior year grant	s	2c			
t	Other (Describe in Part XIII )		2d			
•	Add lines <b>2a</b> through <b>2d</b> .				2e	
	Subtract line ${f 2e}$ from line ${f 1}$ .				3	
	Amounts included on Form 99	0, Part VIII, line 12, but not on line 1				
3	Investment expenses not incl	uded on Form 990, Part VIII, line 7b .	4a			
b	Other (Describe in Part XIII )		4b			
2	Add lines <b>4a</b> and <b>4b</b>				4c	
	Total revenue Add lines <b>3</b> and	d <b>4c.</b> (This must equal Form 990, Part I, line	12).		5	
art		xpenses per Audited Financial Sta		nts With Expense	s per	Return. Comple
		swered 'Yes' to Form 990, Part IV, line			<del></del>	T
	·	raudited financial statements			1	
		it not on Form 990, Part IX, line 25	1 -	I		
1		acılıtıes	2a			
)	· -		2b			
0			2c			
d	Other (Describe in Part XIII)		2d			
9	<u>-</u>				2e	
					3	
		0, Part IX, line 25, but not on line 1:		ı		
3	Investment expenses not incl	uded on Form 990, Part VIII, line 7b	4a			
)	Other (Describe in Part XIII)		4b			
2					4c	
		nd <b>4c.</b> (This must equal Form 990, Part I, lin	e 18 )		5	
	Supplemental Inf					
art		Part II, lines 3, 5, and 9, Part III, lines 1a , lines 2d and 4b, and Part XII, lines 2d and				de any addıtıonal
	Return Reference	Explanation				

	<u> </u>	
Part XIII	Supplemental Info	ormation (continued)
Ret	turn Reference	Explanation

Schedule D (Form 990) 2014

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DLN: 93493317038605

Employer identification number

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

(Form 990 or 990-EZ)

Name of the organization

**SCHEDULE G** 

**Supplemental Information Regarding Fundraising or Gaming Activities** 

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.

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

Open to Public Inspection

LACK HILLS HOME BUILDER SSOCIATION INC	S				46-0317838	
Fundraising Acti			ganızatıo	n answered "Yes" to	Form 990, Part IV,	line 17. Form 990-EZ
Indicate whether the organ		•	nv of the 1	following activities. Che	eck all that apply	
a Mail solicitations	neation raisea rainas	an ough u		Solicitation of nor		
<b>b</b> Internet and email sol	ıcıtatıons		f	Solicitation of gov	-	
c Phone solicitations			q	Special fundraisin		
d  In-person solicitation	S		,	, - ,	<b>J</b>	
Did the organization have     or key employees listed in						Г <sub>Yes</sub> Г <sub>No</sub>
<b>b</b> If "Yes," list the ten highe to be compensated at leas			fundraise	rs) pursuant to agreem	ents under which the fu	
(i) Name and address of Individual or entity (fundraiser)	(ii) Activity	fundrai cust cont	) Did ser have ody or trol of outions?	(iv) Gross receipts from activity	(v) A mount paid to (or retained by) fundraiser listed in col (i)	(vi) A mount paid to (or retained by) organization
1		Yes	No			
2						
3						
4						
5						
6						
7						
8						
9						
.0						
otal			<b>.</b>			
List all states in which the registration or licensing	organization is regis	tered or lı	censed to	solicit contributions o	r has been notified it is	exempt from

Pa	rt II	Fundraising Events. Commore than \$15,000 of fundrevents with gross receipts g	aising event contribut			
			(a) Event #1  GOLF TOURNAMENT (event type)	(b) Event #2	(c) O ther events (total number)	(d) Total events (add col (a) through col (c))
₽	1	Gross receipts	27,48			27,486
Revenue	2	Less Contributions	,			,
<b>₩</b>	3	Gross income (line 1 minus line 2)	27,48	6		27,486
	4	Cash prizes	11,27	0		11,270
	5	Noncash prizes	780	5		786
Expenses	6	Rent/facility costs	6,48	0		6,480
× Del	7	Food and beverages	2,989			2,989
	8	Entertainment	·			
Direct	9	Other direct expenses .	1,334	4		1,334
	10	Direct expense summary Add lin			•	(22,859)
	11	Net income summary Subtract li				
Par	t III		rganization answered	"Yes" to Form 990, Pa	art IV, line 19, or rep	4,627 orted more than
Revenue	1	\$15,000 on Form 990-EZ, li	(a) Bingo	<b>(b)</b> Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col (a) through col (c))
မှာ	2	Cash prizes				
Expenses	3	Non-cash prizes				
	4	Rent/facility costs				
Direct	5	Other direct expenses				
	6	Volunteer labor	Г Yes%. Г No	Г Yes% Г No	┌ Yes %	
		Direct expense summary Add line  Net gaming income summary Subt				
9 a b	Ent Is t	er the state(s) in which the organization licensed to conduct	ation conducts gaming ac t gaming activities in eac	ctivities :h of these states?		
10a b		re any of the organization's gaming Yes," explain	licenses revoked, suspei	nded or terminated during	; the tax year?	

Sche	edule G (Form 990 or 990-EZ) 2014				Page <b>3</b>			
11	Does the organization conduct gaming	activities with nonn	members?	T <sub>Yes</sub> [				
12	Is the organization a grantor, beneficia	ry or trustee of a tru	ust or a member of a partnership or other entity					
	formed to administer charitable gaming	J <sup>2</sup>		Г <sub>Yes</sub> Г	— No			
13	Indicate the percentage of gaming acti		1 1	, , , ,				
а	The organization's facility		13a		%			
b	An outside facility				%			
14	Enter the name and address of the pers	on who prepares th	ne organization's gaming/special events books and records					
	Name <b>▶</b>							
	Address ►							
15a	Does the organization have a contract	with a third party fro	om whom the organization receives gaming					
154				┌ Yes 「	– <sub>No</sub>			
b	If "Yes," enter the amount of gaming re amount of gaming revenue retained by	•	the organization <b>&gt;</b> \$ and the					
С	If "Yes," enter name and address of the	e third party						
	Name ►							
	Address 🏲							
16	Gaming manager information							
	Name 🟲							
	Gaming manager compensation 🕨 \$		······					
	Description of services provided							
	Director/officer	<del>_</del> Employee	☐ Independent contractor					
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?							
b	Enter the amount of distributions requi	red under state law	distributed to other exempt organizations or spent					
	ın the organization's own exempt activi		·					
Pa			explanations required by Part I, line 2b, columns (iii) 17b, as applicable. Also provide any additional inforr					
	Return Reference		Explanation					

DLN: 93493317038605

OMB No 1545-0047

Open to Public Inspection

#### **SCHEDULE 0** (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

## 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.

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

Name of the organization BLACK HILLS HOME BUILDERS **Employer identification number** ASSOCIATION INC 46-0317838

#### 990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990 - ORGANIZATION'S MISSION	
FORM 990, PAGE 1, PART I, LINE 6	VOLUNTEERS AID WITH THE DIRECT EVENTS - I.E. THE HOME SHOW, THE HOME IMPROVEMENT SHOW, THE GOLF TOURNAMENT AND THE PARADE OF HOMES
FORM 990, PAGE 6, PART VI, LINE 7A	ELECTIONS ARE HELD ANNUALLY AND MOST POSITIONS ARE A THREE-YEAR TERM, WITH THE EXCEPTION O FRESIDENT, 1ST VICE PRESIDENT, 2ND VICE PRESIDENT THE ELECTION PROCESS IS STARTED BY THE NOMINATING COMMITTEE IN JULY OR AUGUST, WHICH IS COMPRISED OF PAST PRESIDENTS AND THE EXECUTIVE BOARD OR OFFICERS OF THE BOARD, WHICH ARE THE TREASURER, SECRETARY, PRESIDENT, PAS  T PRESIDENT, 1ST VICE PRESIDENT AND 2ND VICE PRESIDENT AFTER A SLATE OF CANDIDATES IS RECEIVED, A SLATE IS POSTED TO THE MEMBERSHIP IN THEIR SEPTEMBER NEWSLETTER ELECTIONS ARE HE LD IN OCTOBER AT THE MONTHLY MEMBERSHIP MEETING, OF WHICH ALL MEMBERS ARE INVITED TO ATTEN  D AT THAT MEETING NOMINATIONS FOR OPEN POSITIONS CAN ALSO BE MADE FROM THE FLOOR IF THE NOMINATIONS MADE FROM THE FLOOR RECEIVE A MAJORITY VOTE, THEY ARE ADDED TO THE BALLOT AND  ELECTIONS TAKE PLACE THAT NIGHT THOSE ELECTED POSITIONS TAKE THEIR PLACE ON THE BOARD ON JANUARY 1ST THIS IS THE CASE FOR ALL POSITIONS EXCEPT SECRETARY AND TREASURER, WHICH ARE ELECTED FROM THE BOARD AND BY THE BOARD AT THE JANUARY BOARD MEETING THESE TWO POSITIONS  ARE ALSO ELECTED ANNUALLY FROM THE BOARD AND BY THE BOARD
FORM 990, PAGE 6, PART VI, LINE 11B	BLACK HILLS HOME BUILDERS ASSOCIATION OFFICERS MEET WITH THE TAX PREPARER AND THEY REVIEW AND DISCUSS THE CONTENTS OF THE 990 FORM THE 990 FORM IS NOT PRESENTED TO ALL 26 VOTING M EMBERS PRIOR TO BEING FILED
FORM 990, PAGE 6, PART VI, LINE 12C	ANY POTENTIAL CONFLICT OF INTEREST THAT COULD RESULT IN A DIRECT OR INDIRECT FINANCIAL OR PERSONAL BENEFIT TO A DIRECTOR, OFFICER OR STAFF MEMBER MUST BE DISCLOSED IN GOOD FAITH OR BE KNOWN TO THE BOARD OF DIRECTORS OR COMMITTEE AUTHORIZING A CONTRACT OR OTHER TRANSACTI  ON ALL QUESTIONS AS TO WHETHER A CONFLICT OF INTEREST EXISTS ARE RESOLVED BY A VOTE OF TH  E BOARD OF DIRECTORS IN WHICH THE INTERESTED INDIVIDUAL MAY NOT VOTE. IT IS LEFT UP TO THE INDIVIDUAL TO DISCLOSE TO THE BOARD ANY CONFLICT OF INTEREST AND HE OR SHE MUST ABSTAIN F ROM VOTING ON THE TRANSACTION RELATED TO THAT CONFLICT. A COPY OF THIS POLICY IS PROVIDED TO EACH OFFICER, DIRECTOR AND ASSOCIATION EMPLOYEE ANNUALLY
FORM 990, PAGE 6, PART VI, LINE 15A	THE BOARD REVIEWS THE COMPENSATION OF THE EXECUTIVE DIRECTOR ON AN ANNUAL BASIS AND APPROV ES ANY COMPENSATION INCREASES OR BONUSES THEY DO NOT REVIEW COMPARIABILITY DATA BUT BELIE VE THAT SALARIES/WAGES PAID ARE ON PAR WITH INDUSTRY NORMS THE ORGANIZATION ANSWERED "NO" TO QUESTION 15B BECAUSE THE EXECUTIVE DIRECTOR IS THE ONLY "KEY" EMPLOYEE OR OFFICER RECE IVING COMPENSATION
FORM 990, PAGE 6, PART VI, LINE 19	GOVERNING DOCUMENTS ARE AVAILABLE TO THE PUBLIC UPON REQUEST