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Form 990-EZ

Department of the Treasury  
Internal Revenue Service

Short Form

Return of Organization Exempt From Income Tax

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

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

Information about Form 990-EZ and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

OMB No 1545-1150

2015

Open to Public Inspection

**A** For the 2015 calendar year, or tax year beginning 01-01-2015, and ending 12-31-2015

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

**C** Name of organization  
HOME BUILDERS ASSOCIATION OF GREATER KINGSPORT  
Number and street (or P O box, if mail is not delivered to street address) Room/suite  
1200 EAST SEVIER AVENUE  
City or town, state or province, country, and ZIP or foreign postal code  
KINGSPORT, TN 37664

**D** Employer identification number  
62-0899334  
**E** Telephone number  
(423) 378-5501  
**F** Group Exemption Number

**G** Accounting Method ☒ Cash ☐ Accrual Other (specify) \_\_\_\_\_

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

**I** Website: [WWW.KINGSPORTHOMEBUILDERS.COM](http://WWW.KINGSPORTHOMEBUILDERS.COM)

**J** Tax-exempt status (check only one) ☐ 501(c)(3) ☒ 501(c)(6) (Insert no ) ☐ 4947(a)(1) or ☐ 527

**K** Form of organization ☒ Corporation ☐ Trust ☐ Association ☐ Other \_\_\_\_\_

**L** Add lines 5b, 6c, and 7b to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets (Part II, column (B)) below are \$500,000 or more, file Form 990 instead of Form 990-EZ. \$ 164,739

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instructions for Part I)						
Check if the organization used Schedule O to respond to any question in this Part I <input checked="" type="checkbox"/>						
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	47,138	
	4	Investment income . . . . .		4	459	
	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	Gaming and fundraising events				
	a	Gross income from gaming (attach Schedule G if greater than \$15,000) .	6a			
	b	Gross income from fundraising events (not including \$ _____ of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000)	6b			111,265
	c	Less direct expenses from gaming and fundraising events . . . . .	6c			
	d	Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)		6d	111,265	
	7a	Gross sales of inventory, less returns and allowances . . . . .	7a			
b	Less cost of goods sold . . . . .	7b				
c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a) . . . . .		7c			
8	Other revenue (describe in Schedule O) . . . . .		8	5,877		
9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8		9	164,739		
Expenses	10	Grants and similar amounts paid (list in Schedule O) . . . . .		10		
	11	Benefits paid to or for members . . . . .		11		
	12	Salaries, other compensation, and employee benefits . . . . .		12	24,821	
	13	Professional fees and other payments to independent contractors . . . . .		13		
	14	Occupancy, rent, utilities, and maintenance . . . . .		14	3,011	
	15	Printing, publications, postage, and shipping . . . . .		15		
	16	Other expenses (describe in Schedule O) . . . . .		16	123,814	
	17	Total expenses. Add lines 10 through 16		17	151,646	
Net Assets	18	Excess or (deficit) for the year (Subtract line 17 from line 9) . . . . .		18	13,093	
	19	Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return) . . . . .		19	278,576	
	20	Other changes in net assets or fund balances (explain in Schedule O) . . . . .		20	0	
	21	Net assets or fund balances at end of year. Combine lines 18 through 20		21	291,669	

Part II

Balance Sheets (see the instructions for Part II)

Check if the organization used Schedule O to respond to any question in this Part II

	(A) Beginning of year		(B) End of year
22 Cash, savings, and investments	172,089	22	187,749
23 Land and buildings	105,847	23	103,033
24 Other assets (describe in Schedule O)	1,082	24	1,334
25 Total assets	279,018	25	292,116
26 Total liabilities (describe in Schedule O)	442	26	447
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	278,576	27	291,669

Part III

Statement of Program Service Accomplishments (see the instructions for Part III)

Check if the organization used Schedule O to respond to any question in this Part III

What is the organization's primary exempt purpose?  
A PROFESSIONAL TRADE ASSOCIATION COMMITTED TO PROMOTING A STANDARD OF QUALITY HOUSING IN THE LOCAL REGION

Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title  
  
SPONSORSHIP OF HOME SHOWS OPEN TO THE MEMBERS AND GENERAL PUBLIC TO EDUCATE  
28 QUALITY HOMEBUILDING  
(Grants \$ 0) If this amount includes foreign grants, check here

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

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

31 Other program services (describe in Schedule O)  
(Grants \$ ) If this amount includes foreign grants, check here

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

Expenses

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

28a53,312

29a

30a

31a

3253,312

Part IV

List of Officers, Directors, Trustees, and Key Employees (list each one even if not compensated — see the instructions for Part IV)

Check if the organization used Schedule O to respond to any question in this Part IV.

(a) Name and title	(b) Average hours per week devoted to position	(c)Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
PHIL RICKMAN PRESIDENT	2 00	0	0	0
MARVIN EGAN VICE PRESIDENT	2 00	0	0	0
JEFF BEGLEY 2ND VICE PRESIDENT	2 00	0	0	0
CONNIE SALYER SECRETARY	2 00	0	0	0
ROGER L WARNER TREASURER	2 00	0	0	0
DAVID JOHNSON ASSOCIATE VICE PRESIDENT	1 00	0	0	0
A L WEBB NATIONAL DIRECTOR	1 00	0	0	0
PAULA STAUFFER ALTERNATE NATIONAL DIRECTOR	1 00	0	0	0
DAVID STAUFFER LIFE NATIONAL DIRECTOR	1 00	0	0	0
MARVIN EGAN STATE DIRECTOR	1 00	0	0	0
JEFF BEGLEY ALTERNATE STATE DIRECTOR	1 00	0	0	0
DOUG CROSS LIFE STATE DIRECTOR	1 00	0	0	0

Part V

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

		Yes	No
33	Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O . . . . .	33	No
34	Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O (see instructions) . . . . .	34	No
35a	Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)? . . . . .	35a	No
b	If "Yes," to line 35a, has the organization filed a <b>Form 990-T</b> for the year? If "No," provide an explanation in Schedule O . . . . .	35b	
c	Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III . . . . .	35c	No
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 . . . . .	36	No
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions <input type="checkbox"/> 37a 0		
b	Did the organization file <b>Form 1120-POL</b> for this year? . . . . .	37b	
38a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee <b>or</b> were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return? . . . . .	38a	No
b	If "Yes," complete Schedule L, Part II and enter the total amount involved . . . . .	38b	
39	Section 501(c)(7) organizations Enter . . . . .		
a	Initiation fees and capital contributions included on line 9 . . . . .	39a	
b	Gross receipts, included on line 9, for public use of club facilities . . . . .	39b	
40a	Section 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under section 4911 <input type="checkbox"/> _____, section 4912 <input type="checkbox"/> _____, section 4955 <input type="checkbox"/> _____		
b	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations Did the organization engage in any section 4958 excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I . . . . .	40b	
c	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 <input type="checkbox"/> _____		
d	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations Enter amount of tax on line 40c reimbursed by the organization . . . . . <input type="checkbox"/> _____		
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	No
41	List the states with which a copy of this return is filed <input type="checkbox"/> TN		
42a	The organization's books are in care of <input type="checkbox"/> CAROLYN ROBERTSON EXEC DIR Telephone no <input type="checkbox"/> (423) 378-5501 Located at <input type="checkbox"/> 1200 EAST SEVIER AVENUE KINGSFORT, TN ZIP + 4 <input type="checkbox"/> 37664		
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 <input type="checkbox"/> _____  See the instructions for exceptions and filing requirements for <b>FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)</b>	42b	No
c	At any time during the calendar year, did the organization maintain an office outside the U S ? If "Yes," enter the name of the foreign country <input type="checkbox"/> _____	42c	No
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of <b>Form 1041</b> - Check here <input type="checkbox"/> <input checked="" type="checkbox"/> and enter the amount of tax-exempt interest received or accrued during the tax year . . . . . <input type="checkbox"/> 43		
44a	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ . . . . .	44a	No
b	Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ . . . . .	44b	No
c	Did the organization receive any payments for indoor tanning services during the year? . . . . .	44c	No
d	If "Yes," to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O . . . . .	44d	
45a	Did the organization have a controlled entity within the meaning of section 512(b)(13)? . . . . .	45a	No
45b	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," Form 990 and Schedule R may need to be completed instead of Form 990-EZ (see instructions) . . . . .	45b	

		Yes	No
46	Did the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I . . . . .		
		46	No

Part VI

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

		Yes	No
47	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 . . . . .	47	
48	Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E . . . . .	48	
49a	Did the organization make any transfers to an exempt non-charitable related organization? . . . . .	49a	
b	If "Yes," was the related organization a section 527 organization? . . . . .	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 "

(a) Name and title of each employee	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation

f Total number of other employees paid over \$100,000 . . . . . 0




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 business address of each independent contractor	(b) Type of service	(c) Compensation

d Total number of other independent contractors each receiving over \$100,000. . . . . 0

52 Did the organization complete Schedule A? **NOTE.** All Section 501(c)(3) organizations must attach a completed Schedule A . . . . . ☐ Yes ☐ No

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here	***** Signature of officer		2016-05-04 Date				
	PHIL RICKMAN, PRESIDENT Type or print name and title						
Paid Preparer Use Only	Print/Type preparer's name KENNETH A BENSON		Preparer's signature		Date 2016-05-03	Check <input type="checkbox"/> if self-employed	PTIN P00641676
	Firm's name  BLACKBURN CHILDERS & STEAGALL PLC					Firm's EIN  62-0647474	
	Firm's address  1361 S WILCOX DRIVE KINGSPORT, TN 37660					Phone no (423) 246-1725	
May the IRS discuss this return with the preparer shown above? See instructions . . . . . <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No							

**TY 2015 Transfers Personal Benefits  
Contracts Declaration**

**Name:** HOME BUILDERS ASSOCIATION OF GREATER  
KINGSPORT

**EIN:** 62-0899334

**Declaration:** THE ORGANIZATION DID NOT, DURING THE YEAR, RECEIVE ANY FUNDS, DIRECTLY,OR INDIRECTLY, TO PAY PREMIUMS ON A PERSONAL BENEFIT CONTRACT.THE ORGANIZATION, DID NOT, DURING THE YEAR, PAY ANY PREMIUMS, DIRECTLY,OR INDIRECTLY, ON A PERSONAL BENEFIT CONTRACT.

SCHEDULE G  
(Form 990 or 990-EZ)

Department of the Treasury  
Internal Revenue Service

Supplemental Information Regarding  
Fundraising or Gaming Activities

Complete if the organization answered "Yes" on 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](http://www.irs.gov/form990).

OMB No 1545-0047

2015

Open to Public Inspection

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" on Form 990, Part IV, line 17.  
Form 990-EZ filers are not required to complete this part.

1

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

a

☐ Mail solicitations

b

☐ Internet and email solicitations

c

☐ Phone solicitations

d

☐ In-person solicitations

e

☐ Solicitation of non-government grants

f

☐ Solicitation of government grants

g

☐ Special fundraising events

2a

Did the organization have a 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?

☐ Yes☐ No

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.

(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
Total ▶						

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

Part II Fundraising Events.

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

Revenue		(a)Event #1  HOME SHOWS/EDUCATION (event type)	(b)Event #2  GOLF TOURNAMENT (event type)	(c)Other events  (total number)	(d) Total events (add col (a) through col (c))
	1	Gross receipts . . . . .	107,760	3,505	111,265
	2	Less Contributions . . . . .			
	3	Gross income (line 1 minus line 2) . . . . .	107,760	3,505	111,265
Direct Expenses	4	Cash prizes . . . . .	500	970	1,470
	5	Noncash prizes . . . . .			
	6	Rent/facility costs . . . . .	29,981	695	30,676
	7	Food and beverages . . . . .		365	365
	8	Entertainment . . . . .			
	9	Other direct expenses . . . . .	22,831	97	22,928
	10	Direct expense summary Add lines 4 through 9 in column (d) . . . . . ▶			55,439
	11	Net income summary Subtract line 10 from line 3, column (d) . . . . . ▶			55,826

Part III Gaming.

Complete if the organization answered "Yes" on 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	Noncash prizes . . . . .			
	4	Rent/facility costs . . . . .			
	5	Other direct expenses . . . . .			
	6	Volunteer labor . . . . .	<div><div><input type="checkbox"/> Yes _____ %</div><div><input type="checkbox"/> No</div></div>	<div><div><input type="checkbox"/> Yes _____ %</div><div><input type="checkbox"/> No</div></div>	<div><div><input type="checkbox"/> Yes _____ %</div><div><input type="checkbox"/> No</div></div>
7	Direct expense summary Add lines 2 through 5 in column (d) . . . . . ▶				
8	Net gaming income summary Subtract line 7 from line 1, column (d). . . . . ▶				

9 Enter the state(s) in which the organization conducts gaming activities \_\_\_\_\_

a Is the organization licensed to conduct gaming activities in each of these states? ☐ Yes ☐ No

b If "No," explain \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? ☐ Yes ☐ No

b If "Yes," explain \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Schedule G (Form 990 or 990-EZ) 2015



11

Does the organization conduct gaming activities with nonmembers?

☐ Yes ☐ No

12

Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming?

☐ Yes ☐ No

13

Indicate the percentage of gaming activity conducted in

a	The organization's facility	13a	%
b	An outside facility	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 contract with a third party from whom the organization receives gaming revenue?

☐ Yes ☐ No

b

If "Yes," enter the amount of gaming revenue received by the organization \$ and the amount of gaming revenue retained by the third party \$

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?

☐ Yes ☐ No

b

Enter the amount of distributions required under state law distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year \$

Part IV

Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also complete this part to provide any additional information (see instructions).

Return Reference	Explanation
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SCHEDULE O

(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](http://www.irs.gov/form990).

OMB No 1545-0047

2015

Open to Public Inspection

Name of the organization HOME BUILDERS ASSOCIATION OF GREATER KINGSPORT	Employer identification number  62-0899334
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990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990-EZ, PART I, LINE 4 - OTHER INVESTMENT INCOME	DESCRIPTION INTEREST INCOME AMOUNT 310 DESCRIPTION DIVIDEND INCOME AMOUNT 10 DESCRIPTION ROYALTY INCOME AMOUNT 139 TOTAL INCLUDED ON FORM 990-EZ, LINE 4 459
FORM 990-EZ, PART I, LINE 8 - OTHER REVENUE	DESCRIPTION CHRISTMAS BANQUET AMOUNT 1,946 DESCRIPTION MISCELLANEOUS INCOME AMOUNT 40 DESCRIPTION TRAVEL REIMBURSEMENT AMOUNT 680 DESCRIPTION NEWSLETTER ADVERTISING A MOUNT 228 DESCRIPTION RETURNED CHECK CHARGES AMOUNT 20 DESCRIPTION SHARE BACK ACCOU NT AMOUNT 607 DESCRIPTION MEMBERSHIP MEETINGS AMOUNT 2,356 TOTAL TO FORM 990-EZ, LI NE 8 5,877
FORM 990-EZ, PART I, LINE 14	DESCRIPTION DEPRECIATION AMOUNT 3,011
FORM 990-EZ, PART I, LINE 16 - OTHER EXPENSES	DESCRIPTION CREDIT CARD COMMISSIONS AMOUNT 1,817 DESCRIPTION FLOWER FUND AMOUNT 273 DESCRIPTION HOME SHOW EXPENSES AMOUNT 53,312 DESCRIPTION MEMBERSHIP MEETINGS EXPENS ES AMOUNT 7,450 DESCRIPTION NEWSLETTER EXPENSES AMOUNT 1,466 DESCRIPTION OFFICE EX PENSES AMOUNT 10,121 DESCRIPTION PICNIC AMOUNT 1,444 DESCRIPTION PROPERTY TAXES A MOUNT 2,843 DESCRIPTION TAXES AND LICENSES AMOUNT 2,155 DESCRIPTION TRAVEL AMOUNT 2,218 DESCRIPTION CHRISTMAS BANQUET AMOUNT 2,655 DESCRIPTION SCHOLARSHIP AMOUNT 3 00 DESCRIPTION GOLF TOURNAMENT AMOUNT 2,127 DESCRIPTION CONTRIBUTIONS AMOUNT 937  DESCRIPTION DUES AND SUBSCRIPTIONS AMOUNT 32,488 DESCRIPTION INSURANCE AMOUNT 2,208 TOTAL TO FORM 990-EZ, LINE 16 123,814
FORM 990-EZ, PART II, LINE 24 - OTHER ASSETS	DESCRIPTION OTHER ASSETS BEG OF YEAR AMOUNT 0 END OF YEAR AMOUNT 450 DESCRIPTION O THER DEPRECIABLE ASSETS BEG OF YEAR AMOUNT 1,082 END OF YEAR AMOUNT 884
FORM 990-EZ, PART II, LINE 26 - OTHER LIABILITIES	DESCRIPTION PAYROLL LIABILITIES BEG OF YEAR AMOUNT 442 END OF YEAR AMOUNT 447