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Form 990-EZ

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)

2015

Open to Public
InspectionDepartment of the Treasury
Internal Revenue Service

- 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.

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	D Employer identification number 62-0899334
Number and street (or P O box, if mail is not delivered to street address) 1200 EAST SEVIER AVENUE	Room/suite
ETelephone number (423) 378-5501	
City or town, state or province, country, and ZIP or foreign postal code KINGSPORT, TN 37664	
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: ► WWWKINGSPORTHOMEBUILDERS.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

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 <input checked="" type="checkbox"/> 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 <input checked="" type="checkbox"/>	28a	53,312
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29

(Grants \$)	If this amount includes foreign grants, check here <input checked="" type="checkbox"/>	29a	
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30

(Grants \$)	If this amount includes foreign grants, check here <input checked="" type="checkbox"/>	30a	
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31 Other program services (describe in Schedule O) (Grants \$)	If this amount includes foreign grants, check here <input checked="" type="checkbox"/>	31a	
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32 Total program service expenses (add lines 28a through 31a)	<input checked="" type="checkbox"/>	32	53,312
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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 SALTER 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		No
34		No
35a		No
35b		
35c		No
36		No
37a	0	
37b		
38a		No
38b		
39		
39a		
39b		
40a		
40b		
40c		
40d		
40e		No
41	TN	
42a	CAROLYN ROBERTSON EXEC DIR	Telephone no (423) 378-5501
	Located at 1200 EAST SEVIER AVENUE KINGSPORT, TN	ZIP + 4 37664
42b		No
42c		No
43		
44a		
44b		No
44c		No
44d		
45a		No
45b		

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

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)

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)?

b If "Yes," to line 35a, has the organization filed a **Form 990-T** for the year? If "No," provide an explanation in Schedule O

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

36 Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N

37a Enter amount of political expenditures, direct or indirect, as described in the instructions ► **37a** 0

b Did the organization file **Form 1120-POL** for this year? ► **37b**

38a Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee **or** were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?

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 ► , section 4912 ► , section 4955 ►

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 ► **40c**

d Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations Enter amount of tax on line 40c reimbursed by the organization ► **40d**

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 ► TN

42a The organization's books are in care of ► CAROLYN ROBERTSON EXEC DIR Telephone no (423) 378-5501

Located at ► 1200 EAST SEVIER AVENUE KINGSPORT, TN ZIP + 4 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 ►

See the instructions for exceptions and filing requirements for **FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)**

c At any time during the calendar year, did the organization maintain an office outside the U.S.? ► **42c** No

If "Yes," enter the name of the foreign country ►

43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of **Form 1041** - Check here ► **43** and enter the amount of tax-exempt interest received or accrued during the tax year

44a Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ

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

c Did the organization receive any payments for indoor tanning services during the year?

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

45a Did the organization have a controlled entity within the meaning of section 512(b)(13)?

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)

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

	Yes	No
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		
48		
49a		
49b		

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

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

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

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

50 Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees and 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 PHIL RICKMAN PRESIDENT Type or print name and title	2016-05-04 Date
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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 ► Yes 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.

2015

Open to Public
InspectionSCHEDULE G
(Form 990 or 990-EZ)Supplemental Information Regarding
Fundraising or Gaming ActivitiesComplete 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.Department of the Treasury
Internal Revenue Service

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

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 Yes No services?**b** If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization

(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
1		Yes	No			
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.

	(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))
Revenue				
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.

	(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col (a) through col (c))
Revenue				
1 Gross revenue				
Direct Expenses				
2 Cash prizes				
3 Noncash prizes				
4 Rent/facility costs				
5 Other direct expenses				
6 Volunteer labor	<input type="checkbox"/> Yes % <input type="checkbox"/> No	<input type="checkbox"/> Yes % <input type="checkbox"/> No	<input type="checkbox"/> Yes % <input type="checkbox"/> No	
7 Direct expense summary Add lines 2 through 5 in column (d)				►
8 Net gaming income summary Subtract line 7 from line 1, column (d)				►

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

Yes No

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

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 _____

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

13a	%
13b	%

a The organization's facility

b An outside facility

14 Enter the name and address of the person who prepares the organization's gaming/special events books and records

Name ►

Address ►

15a Does the organization have a contract with a third party from whom the organization receives gaming revenue? Yes No

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

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

SCHEDULE O
(Form 990 or 990-EZ)**Supplemental Information to Form 990 or 990-EZ****2015****Open to Public
Inspection**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.Department of the Treasury
Internal Revenue ServiceName of the organization
HOME BUILDERS ASSOCIATION OF GREATER
KINGSPORT**Employer identification number**

62-0899334

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