

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.

OMB No 1545-1150
2016
Open to Public Inspection

A For the 2016 calendar year, or tax year beginning 01-01-2016, and ending 12-31-2016

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

C Name of organization: KLAMATH BASIN HOMEBUILDERS
Number and street (or P O box, if mail is not delivered to street address) Room/suite: 205 RIVERSIDE DRIVE SUITE G
City or town, state or province, country, and ZIP or foreign postal code: KLAMATH FALLS, OR 97601

D Employer identification number: 93-0631567
E Telephone number: (541) 884-8570
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.KBHBA.ORG
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. \$ 134,201

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
2	Program service revenue including government fees and contracts
3	Membership dues and assessments
4	Investment income
5a	Gross amount from sale of assets other than inventory
5b	Less cost or other basis and sales expenses
5c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)
6	Gaming and fundraising events
6a	Gross income from gaming (attach Schedule G if greater than \$15,000)
6b	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)
6c	Less direct expenses from gaming and fundraising events
6d	Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)
7a	Gross sales of inventory, less returns and allowances
7b	Less cost of goods sold
7c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)
8	Other revenue (describe in Schedule O)
9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8
10	Grants and similar amounts paid (list in Schedule O)
11	Benefits paid to or for members
12	Salaries, other compensation, and employee benefits
13	Professional fees and other payments to independent contractors
14	Occupancy, rent, utilities, and maintenance
15	Printing, publications, postage, and shipping
16	Other expenses (describe in Schedule O)
17	Total expenses. Add lines 10 through 16
18	Excess or (deficit) for the year (Subtract line 17 from line 9)
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)
20	Other changes in net assets or fund balances (explain in Schedule O)
21	Net assets or fund balances at end of year Combine lines 18 through 20

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	97,640	22	91,128
23 Land and buildings		23	
24 Other assets (describe in Schedule O)	133	24	80
25 Total assets	97,773	25	91,208
26 Total liabilities (describe in Schedule O).	21,332	26	14,701
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	76,441	27	76,507

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

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

What is the organization's primary exempt purpose?

PROVIDE INFORMATION AND EDUCATION

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

28 See Additional Data Table			
(Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>		28a	
29		29a	
(Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>			
30		30a	
(Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>			
31 Other program services (describe in Schedule O)			
(Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>		31a	
32 Total program service expenses (add lines 28a through 31a) <input type="checkbox"/>		32	

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
RICH SCHMERBACH	000 00	0		
PRESIDENT				
MYRA SCHELB	000 00	0		
VICE PRESIDE				
AMY CHIPMAN	000 00	0		
TREASURER				
MICHELLE TYREE	000 00	0		
BOARD MEMBER				
HARRY MAUCH	000 00	0		
BOARD MEMBER				
GREG SEGER	000 00	0		
BOARD MEMBER				
MATTHEW JOHNSON	000 00	0		
BOARD MEMBER				
MARK KNUST	000 00	0		
SECRETARY				
ROBIN STEDMAN	000 00	23,417		
EXECUTIVE OF				
JEFF WILSEY	000 00	0		
ASSOCIATE VP				
RANDY SHAW	000 00	0		
BOARD MEMBER				
HEATHER CROWDER	000 00	9,917		
EXECUTIVE OF				

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

Table with columns for question number, question text, and Yes/No columns. Rows include questions 33 through 45b regarding organizational activities, financials, and foreign accounts.

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

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

Table with 5 columns: (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

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 "

Table with 3 columns: (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.

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 2017-11-08 Date
RICH SCHMERBACH PRESIDENT Type or print name and title

Paid Preparer Use Only Print/Type preparer's name NATALIE E FANNING CPA Preparer's signature Date 2017-11-08 Check if self-employed PTIN P00132255
Firm's name ISLER GROUP LLC Firm's EIN 20-4686385
Firm's address 626 S 7TH ST KLAMATH FALLS, OR 97601 Phone no (541) 882-2575

May the IRS discuss this return with the preparer shown above? See instructions Yes No

Additional Data

Software ID:
Software Version:
EIN: 93-0631567
Name: KLAMATH BASIN HOMEBUILDERS

Form 990EZ, Part III - Statement of Program Service Accomplishments

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.	Expenses (Required for section 501(c)(3) and 501(c)(4) organizations; optional for others.)	
28 NEW AND CONTINUING BUILDING CONTRACTOR EDUCATION (Grants \$) If this amount includes foreign grants, check here . . . <input type="checkbox"/>	28a	

Form 990EZ, Part III - Statement of Program Service Accomplishments

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<p>29 NEWSLETTERS PRINTED AND MAILED (Grants \$)</p> <p style="text-align: right;">If this amount includes foreign grants, check here . . . <input type="checkbox"/></p>	<p>29a</p>	

Form 990EZ, Part III - Statement of Program Service Accomplishments

<p>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.</p>	<p>Expenses (Required for section 501(c)(3) and 501(c)(4) organizations; optional for others.)</p>	
<p>30 SPONSERED HOME SHOW TO INFORM AND EDUCATE THE COMMUNITY REGARDING NEW PRODUCTS AND OPPORTUNITIES OFFERED BY THE HOME BUILDING INDUSTRY (Grants \$)</p> <p style="text-align: right;">If this amount includes foreign grants, check here . . . <input type="checkbox"/></p>	<p>30a</p>	

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	(b) Event #2	(c) Other events	(d)
		HOME SHOW (event type)	GOLF TOURNAMENT (event type)	3 (total number)	Total events (add col (a) through col (c))
1	Gross receipts	61,664	11,485	7,200	80,349
2	Less Contributions				
3	Gross income (line 1 minus line 2)	61,664	11,485	7,200	80,349
Direct Expenses	4 Cash prizes				
	5 Noncash prizes				
	6 Rent/facility costs	9,265	5,665		14,930
	7 Food and beverages				
	8 Entertainment				
	9 Other direct expenses	9,970	3,145	6,166	19,281
10	Direct expense summary Add lines 4 through 9 in column (d) ▶				34,211
11	Net income summary Subtract line 10 from line 3, column (d) ▶				46,138

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	<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 _____

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 _____

- 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

SCHEDULE O
(Form 990 or 990-EZ)Department of the Treasury
Internal Revenue ServiceName of the organization
KLAMATH BASIN HOMEBUILDERS**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.

OMB No 1545-0047

2016**Open to Public Inspection**

Employer identification number

93-0631567

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990-EZ, PART I, LINE 10	NATIONAL ASSOCIATION OF HOMEBUILDER 1201 15TH STREET NW WASHINGTON D C 20005 17,108 0 0 0 REGON HOME BUILDERS ASSOCIATION 375 TAYLOR STREET NE SALEM OR 97303 9,570 0 0

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990-EZ, PART I, LINE 16	EXPENSES OFFICE 1,133 NAHB/OHBA MEETINGS 4,234 INSURANCE 1,296 ADVERTISING 3,780 DUES & SUBSCRIPTIONS 176 MISCELLANEOUS EXPENSES 1,995 OFAH PAC 2,050 TAXES 25 UTILITIES 1,241 TECHNOLOGY MAINTENANCE 5,514 NON-INVESTMENT DEPRECIATION 53 TOTAL 21,497

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990-EZ, PART II, LINE 24	10,117 10,117 LESS ACCUMULATED DEPRECIATION 9,984 10,037 TOTAL 133 80

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990-EZ, PART II, LINE 26	PAYROLL TAX LIABILITIES 2,816 3,605 HOME SHOW DEPOSITS 18,516 11,096

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990-EZ, PART III, LINE 31	SPONSERED HOME SHOW TO INFORM AND EDUCATE THE COMMUNITY REGARDING NEW PRODUCTS AND OPPORTUNITIES OFFERED BY THE HOME BUILDING INDUSTRY