

Form **990EZ**


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.

▶ Go to www.irs.gov/Form990EZ for instructions and the latest information.

OMB No 1545-1150
2019
Open to Public Inspection

Department of the Treasury
Internal Revenue Service

A For the 2019 calendar year, or tax year beginning 01-01-2019, and ending 12-31-2019
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 INC
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 376643728

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

G Accounting Method ☐ Cash ☐ Accrual Other (specify) ▶ **MODIFIED CASH BASIS**

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

I Website: ▶ 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 ▶ \$ 188,541

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	2,800
	2	Program service revenue including government fees and contracts	2	123,371
	3	Membership dues and assessments	3	54,487
	4	Investment income	4	680
	5a	Gross amount from sale of assets other than inventory	5c	
	b	Less cost or other basis and sales expenses		
	c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)		
	6	Gaming and fundraising events	6d	
	a	Gross income from gaming (attach Schedule G if greater than \$15,000)		
	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)		
	c	Less direct expenses from gaming and fundraising events		
	d	Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)	7c	
	7a	Gross sales of inventory, less returns and allowances		
	b	Less cost of goods sold		
	c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	8	7,203
	8	Other revenue (describe in Schedule O)	9	188,541
	9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 ▶		

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	24,977
	13	Professional fees and other payments to independent contractors	13	800
	14	Occupancy, rent, utilities, and maintenance	14	9,541
	15	Printing, publications, postage, and shipping	15	1,045
	16	Other expenses (describe in Schedule O)	16	135,083
	17	Total expenses. Add lines 10 through 16 ▶	17	171,446
Net Assets	18	Excess or (deficit) for the year (Subtract line 17 from line 9)	18	17,095
	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	296,976
	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	314,071

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	146,025	22	168,905
23 Land and buildings	94,591	23	91,777
24 Other assets (describe in Schedule O)	56,800	24	53,876
25 Total assets	297,416	25	314,558
26 Total liabilities (describe in Schedule O).	440	26	487
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	296,976	27	314,071

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	Expenses (Required for section 501(c)(3) and 501(c)(4) organizations, optional for others)
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) 32		122,581

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
JEFF BEGLEY	2 00	0	0	0
PRESIDENT				
TRAVIS PATTERSON	2 00	0	0	0
VICE PRESIDENT				
SAM KASSEM	2 00	0	0	0
2ND VICE PRESIDENT				
CONNIE SALYER	2 00	0	0	0
SECRETARY				
ROGER L WARNER	2 00	0	0	0
TREASURER				
MIKE DRAINE	1 00	0	0	0
ASSOCIATE VICE PRESIDENT				
A L WEBB	1 00	0	0	0
BOARD OF DIRECTORS				
LARRY KERNS	1 00	0	0	0
BOARD OF DIRECTORS				
ROY MEADE	1 00	0	0	0
BOARD OF DIRECTORS				
TAMARA ROLLER	1 00	0	0	0
BOARD OF DIRECTORS				
DOUG CROSS	1 00	0	0	0
LOCAL LIFE BOARD OF DIRECT				
WAYNE LONG	1 00	0	0	0
LOCAL LIFE BOARD OF DIRECT				

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 Form 990-T 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 ▶ 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?	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 ▶ , 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 ▶		
d Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations Enter amount of tax on line 40c reimbursed by the organization ▶		
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 A ROBERTSON EXEC DIR Telephone no ▶ (423) 378-5501		
Located at ▶ 1200 EAST SEVIER AVENUE KINGSPOUT, TN ZIP + 4 ▶ 376643728		
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)?	42b	No
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 ▶ <input type="checkbox"/> and enter the amount of tax-exempt interest received or accrued during the tax year ▶ 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		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		
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?		
49b	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 ►

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. ►

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		2020-06-22 Date		
	JEFF BEGLEY, PRESIDENT Type or print name and title				
Paid Preparer Use Only	Print/Type preparer's name KENNETH A BENSON	Preparer's signature	Date 2020-06-22	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**

Additional Data

Software ID:

Software Version:

EIN: 62-0899334

Name: HOME BUILDERS ASSOCIATION OF GREATER
KINGSPORT INC

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 SPONSORSHIP OF HOME SHOWS OPEN TO THE MEMBERS AND GENERAL PUBLIC TO EDUCATE QUALITY HOMEBUILDING (Grants \$ 0) If this amount includes foreign grants, check here . . . <input type="checkbox"/>	28a	122,581

TY 2019 Transfers Personal Benefits Contracts Declaration

Name: HOME BUILDERS ASSOCIATION OF GREATER
KINGSPORT INC

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 O
(Form 990 or 990-EZ)**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.

► Go to www.irs.gov/Form990 for the latest information.

OMB No 1545-0047

2019**Open to Public Inspection**

Department of the Treasury

Name of the organization

HOME BUILDERS ASSOCIATION OF GREATER
KINGSPORT INC

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 574 DESCRIPTION DIVIDEND INCOME AMOUNT 78 DESCRIPTION ROYALTY INCOME AMOUNT 28 TOTAL INCLUDED ON FORM 990-EZ, LINE 4 680

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990-EZ, PART I, LINE 8 - OTHER REVENUE	DESCRIPTION MISCELLANEOUS INCOME AMOUNT 153 DESCRIPTION MEMBERSHIP MEETINGS AMOUNT 559 DESCRIPTION CHRISTMAS BANQUET AMOUNT 4,125 DESCRIPTION NAHB INCOME AMOUNT 2,366 TOTAL TO FORM 990-EZ, LINE 8 7,203

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990-EZ, PART I, LINE 14	DESCRIPTION DEPRECIATION AMOUNT 5,738 DESCRIPTION OTHER EXPENSES AMOUNT 3,803 TOTAL TO FORM 990-EZ, LINE 14 9,541

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990-EZ, PART I, LINE 16 - OTHER EXPENSES	DESCRIPTION ADVERTISING AND PROMOTIONS, MARKETING AMOUNT 500 DESCRIPTION CREDIT CARD PROCESSING FEES AMOUNT 2,753 DESCRIPTION MEMBERSHIP MEETINGS EXPENSES AMOUNT 3,174 DESCRIPTION OFFICE EXPENSES AMOUNT 5,502 DESCRIPTION PICNIC AMOUNT 2,295 DESCRIPTION TAXES AND LICENSES AMOUNT 4,920 DESCRIPTION TRAVEL AMOUNT 8,096 DESCRIPTION CHRISTMAS BANQUET AMOUNT 6,007 DESCRIPTION CONTRIBUTIONS AMOUNT 650 DESCRIPTION DUES AND SUBSCRIPTIONS AMOUNT 40,944 DESCRIPTION INSURANCE AMOUNT 2,499 DESCRIPTION HOME SHOW EXPENSES AMOUNT 57,117 DESCRIPTION MISCELLANEOUS EXPENSES AMOUNT 626 TOTAL TO FORM 990-EZ, LINE 16 135,083

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990- EZ, PART II, LINE 24 - OTHER ASSETS	DESCRIPTION OTHER DEPRECIABLE ASSETS BEG OF YEAR AMOUNT 56,800 END OF YEAR AMOUNT 53,876

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990- EZ, PART II, LINE 26 - OTHER LIABILITIES	DESCRIPTION PAYROLL LIABILITIES BEG OF YEAR AMOUNT 440 END OF YEAR AMOUNT 487