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Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

Department of the Treasury Internal Revenue Service ► The organization may have to use a copy of this return to satisfy state reporting requirements.

OMB No 1545-0047

2012

Open to Public

Α	For the	°2012 calen	dar year, or ta	x year beg	jinning		, 201	2, and endir	ng			,		
В	Check if a	applicable	C							D Emplo	yer Ident	ification Nu	mber	
	X Add	ress change	Home Bui	lders a	and Remodeler	s As	ssociati	ion		03-	0225	913		
	Nam	ne change	of North	ern Ver	mont, Inc.					E Teleph	one num	ber		
	Hinitia	al return	PO Box 9							(80	2)87	6-6200)	
	Tern	ninated	Willisto	n, VT ()5495						_,			
	\vdash	ended return								G Gross	receints	\$	789,	693
		lication pending	F Name and ad	Idress of princ	pal officer .Tosie	Pal	mer Lea	witt	H(a) Is this				Yes	X _{No}
	☐ ∠ ÞÞ	neation penuing	Same As	· ·		rai	.mcr nca	VICC	H(b) Are all If 'No,'	-			Yes	No
_	Taylor	empt status	501(c)(3)	X 501(c)		0)]	4947(a)(1)	or 527	If 'No,'	attach a list	(see ins	tructions) L		
+						·) [4347(a)(1)	01 327	H(c) Group		bar Þ	•		
K			w.homebui	Trust		ner►	1	Year of Forma				egal domicil	e VT	
		f organization Summar	Corporation	Trust	Association Ut	ier -		- rear or Forma	tion. 197	Z 181	state of i	egai domicii	e V 1	
17.6	1 1 8	Summar	be the organiz	ration's mi	ssion or most signif	cant a	activities: 1	To mana		han aa				
	' '	oneny descri	be the Organiz		ssion or most signif		activities.	TO DIOMO	re, en	nance	and	maint	ain a	<u> </u>
<u>8</u>	1				conomic envi			<u>aucive</u>	ro rue	COLIST	<u>Luct</u> .	ron or	- new	.
Tan	ļ <u>-</u>	ionziid	and Teno	GCTOII -	of existing	iions	7111d							
Governance	2 0	heck this ho	x ► X if the	organiza	tion discontinued its	opera	ations or dis	posed of m	ore than 2	5% of its	net as	 sets		
Ĝ	3 1				verning body (Part \			poscu or m	010 (11011 2	5 70 01 113	3 1	.5015.		26
•ಕ	l a n				ers of the governing			ne 1b)			4			26
Activities	5 T	otal number	of individuals	employed	l ın calendar year 20)12 (P	art V, line 2	2a)			5			6
₽ ≧	6 T	otal number	of volunteers	(estimate	ıf necessary)						6			0
Activ					n Part VIII, column						7 a		7,	584.
, 	bΝ	let unrelated	business tax	able incom	e from Form 990-T	line 3	34				7 b			546.
									Р	rior Year		Curr	ent Yea	ar
60	1		and grants (F		•									
Revenue	1	-	rice revenue (f					• • • •		535,				109.
ě					(A), lines 3, 4, and						748.			945.
Œ					lines 5, 6d, 8c, 9c,					17,8				<u>584.</u>
_					11 (must equal Part			line 12)		558,0	99.		382,	<u>748.</u>
	1			-	rt IX, column (A), Iır		3)							
	1	•		-	t IX, column (A), lin									
s Revenue	15 S	alaries, othe	er compensati	on, employ	/ee benefits (Part I)	(, colu	ımn (A), line	es 5-10)		232,8	349.		172,	<u>414.</u>
Expenses	16a F	Professional	fundraising fe	es (Part IX	i, column (A), line 1	1e)		11 /C C	-					
ē	Ь⊤	otal fundrais	sing expenses	(Part IX, o	column (D), line 25)	>	RECE	IAFD_			1			
Ω	17 0	ther expens	ses (Part IX, c	olumn (A),	lines 11a-11d, 11f-	24e			Ø	397,	598.		337,	929
					st equal Part IX, col		4) crie 25)	3 2013	옊	630,			510,	
					18 from line 12	6	001 -		थ	-72,		_	-127,	
8 8			·						Beginnir				of Yea	
	20 T	otal assets	(Part X, line 1	6)		1	OGDE	N, UI	i,	442,			168.	213.
\$ E	11		s (Part X, line			L				268,				025.
N S	22 N	let assets or	fund balance	s. Subtract	t line 21 from line 2	0				173,				188.
D		Signatur							1	1,5,	, 03.		-10,	100.
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com	plete Dec	laration of prepa	other than offi	cery is based	return, including accompar on all intermation of which	prepare	er has any know	ledge	uic best of it	ly Kilowicuge	and ben	/	correct, a	anu
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		Print/Type p	preparer's name		Preparer's signature			Date		Check	X ıf	PTIN		
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N. F	u the ID	S discuss th		Burli	er shown above? (s		structions)			Phone no	(802	2) 846 X Ye		
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Form 990 (2012)

Forn	990 (2012) Home Builders and Remodelers Association	03-022	5913	Page 2
Par	Statement of Program Service Accomplishments			
	Check if Schedule O contains a response to any question in this Part III			
1	Briefly describe the organization's mission:			
	To promote, enhance and maintain a positive business and			
	conducive to the construction of new housing and renovati	on or existing	nousing	
2	Did the organization undertake any significant program services during the year which were not list	ed on the prior		
_	Form 990 or 990-EZ?		Yes X	No
	If 'Yes,' describe these new services on Schedule O.		ت ۱۰۰۰	
3	Did the organization cease conducting, or make significant changes in how it conducts, any	program services?	Yes X	No
	If 'Yes,' describe these changes on Schedule O.			1
4	Describe the organization's program service accomplishments for each of its three largest p Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report to	rogram services, as mea he amount of grants and a	sured by expe llocations to	enses.
	others, the total expenses, and revenue, if any, for each program service reported.			
4 a	a (Code) (Expenses \$ including grants of \$) (Revenue \$)
	Organize the annual Vermont Home and Garden Show that all		s to show	case
	their products and services to the general public.			
			-	
			-	
4 b	(Code) (Expenses \$ including grants of \$) (Revenue \$_)
	Provide support and information to over 500 members, and	promote the bui	lding	
	industry to the general public.			
				- -
				- -
40	c (Code) (Expenses \$ including grants of \$) (Revenue \$		
	Recognize superior achievements in residential and commer		on.	
			-	
			-	
		- 		
				-
				
	Other program services. (Describe in Schedule O)			
40	, -	Revenue \$)	
40		т т	,	
	e Total program service expenses ►			

	The choosing of the dailed contraction	_		
			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		х_
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2		X
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		Х
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	х	
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? <i>If 'Yes,' complete Schedule D, Part I</i>	6		x_
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		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If 'Yes,' complete Schedule D, Part III	8		х
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		X_
10	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		Х
11	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.	謹		
a	a Did the organization report an amount for land, buildings and equipment in Part X, line 10? If 'Yes,' complete Schedule D, Part VI	11 a	Х	
t	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	11 b		Х
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	11 c		Х
	I 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	11 d		Х
e	e Did the organization report an amount for other liabilities in Part X, line 25? If 'Yes,' complete Schedule D, Part X	11 e		<u>X</u>
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	11 f	Х	
12 a	a Did the organization obtain separate, independent audited financial statements for the tax year? If 'Yes,' complete Schedule D, Parts XI, and XII	12a		Х
	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		X
-	Is the organization a school described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E	13		X
	a Did the organization maintain an office, employees, or agents outside of the United States?	14a		
t	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		х
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? If 'Yes,' complete Schedule F, Parts II and IV	15		Х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? If 'Yes,' complete Schedule F, Parts III and IV	16		<u>x</u>
17	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		x
18	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		x
	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		Х
	a Did the organization operate one or more hospital facilities? If 'Yes,' complete Schedule H	20		<u>X</u>
t	of 'Yes' to line 20a, did the organization attach a copy of its audited financial statements to this return?	20 b		

			Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? If 'Yes,' complete Schedule I, Parts I and II	21		х
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? If 'Yes,' complete Schedule I, Parts I and III	22		Х
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		х
24 a	a 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, and that was issued after December 31, 2002? If 'Yes,' answer lines 24b through 24d and complete Schedule K. If 'No,'go to line 25	24a		х
t	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		
c	Did the organization act as an 'on behalf of' issuer for bonds outstanding at any time during the year?	24d		
25 a	Section 501(c)(3) and 501(c)(4) 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		
t	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	Was a loan to or by a current or former officer, director, trustee, key employee, highest compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If 'Yes,' complete Schedule L, Part II	26		х
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? If 'Yes,' complete Schedule L, Part III	27		х
	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):			X
a	A current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L, Part IV.	28a		
t	A family member of a current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L, Part IV	28b		Х
	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 Did the organization receive more than \$25,000 in non-cash contributions? If 'Yes,' complete Schedule M	28c		<u> </u>
	- · · · · · · · · · · · · · · · · · · ·	23		
<i>3</i> 0 31	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If 'Yes,' complete Schedule M</i> Did the organization liquidate, terminate, or dissolve and cease operations? <i>If 'Yes,' complete Schedule N. Part I</i>	30 31		X
	, , , , , , , , , , , , , , , , , , , ,	31		
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If 'Yes,' complete Schedule N, Part II	32	x	
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? If 'Yes,' complete Schedule R, Part I	33	х	<u>-</u>
34	Was the organization related to any tax-exempt or taxable entity? If 'Yes,' complete Schedule R, Parts II, III, IV, and V, line 1	34		х
35 a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
b	olf '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	Section 501(c)(3) organizations. 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 and that is treated as a partnership for federal income tax purposes? <i>If 'Yes,' complete Schedule R, Part VI</i> .	37		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O	38	Х	
BAA		Form	990 (2012)

Form 990 (2012) Home Builders and Remodelers Association Part V Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response to any question in this Part V

	Check if Schedule O contains a response to any question in this Part V		<u> </u>							
•			Yes	No						
	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable . 1a 13 Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable . 1b 0									
C	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1 c		Х						
2 a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return .									
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	X							
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. (see instructions)									
3 a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3 a	Х							
b	If 'Yes' has it filed a Form 990-T for this year? If 'No,' provide an explanation in Schedule Q.	3 b	Х							
	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)?	4 a		х						
b	If 'Yes,' enter the name of the foreign country:									
	See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.			X						
5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?										
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5 b 5 c		Х						
c If 'Yes,' to line 5a or 5b, did the organization file Form 8886-T?										
6 a	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?	6 a		х						
b	If 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? .	6 Ь								
7	Organizations that may receive deductible contributions under section 170(c).									
а	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?	7 a								
b	If 'Yes,' did the organization notify the donor of the value of the goods or services provided?	7 b								
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7 c								
	If 'Yes,' indicate the number of Forms 8282 filed during the year 7 d									
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? .	7 e								
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7 f								
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7 g								
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7 h								
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	8								
9	Sponsoring organizations maintaining donor advised funds.									
а	Did the organization make any taxable distributions under section 4966?	9 a								
b	Did the organization make a distribution to a donor, donor advisor, or related person?	9 b								
10	Section 501(c)(7) organizations. Enter:									
	Initiation fees and capital contributions included on Part VIII, line 12									
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b									
	Section 501(c)(12) organizations. Enter:									
	Gross income from members or shareholders									
	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them).									
	Section 4947(a)(1) non - exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12 a								
	If 'Yes,' enter the amount of tax-exempt interest received or accrued during the year 12b									
	Section 501(c)(29) qualified nonprofit health insurance issuers.									
а	Is the organization licensed to issue qualified health plans in more than one state?	13 a								
	Note. See the instructions for additional information the organization must report on Schedule O									
	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 13b									
	Enter the amount of reserves on hand			.						
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		X						
<u>ь</u>	If 'Yes,' has it filed a Form 720 to report these payments? If 'No,' provide an explanation in Schedule O	14b								

Part W Governance, Management and Disclosure For each 'Yes' response to lines 2 through 7b below, and for a 'No' response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

Check if Schedule O contains a response to any question in this Part VI

~ -	Check it Scriedule O contains a response to any question in this Part VI			<u> </u>	<u> </u>	_	Х	
se.	ction A. Governing Body and Management							
1	a Enter the number of voting members of the governing body at the end of the tax year	1a		20		Yes	No	
•	If there are material differences in voting rights among members	1 4		26				
	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 .	1 ь		26				
2	Did any officer, director, trustee, or key employee have a family relationship or a business relations officer, director, trustee or key employee? See Schedule 0	hip with a	nv other					
	officer, director, trustee or key employee? See Schedule 0	• •	• •		2	X		
3	Did the organization delegate control over management duties customarily performed by or under the of officers, directors or trustees, or key employees to a management company or other personal trustees.	ne direct s on?	upervision		3		Х	
4	Did the organization make any significant changes to its governing documents			Ì				
	since the prior Form 990 was filed?			[4		X	
5	, , , , , , , , , , , , , , , , , , ,	tion's ass	ets? .	. [5		Х	
6	Did the organization have members or stockholders?	•		ļ	6		Х	
7 a 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?								
	b Are any governance decisions of the organization reserved to (or subject to approval by) me stockholders, or other persons other than the governing body?	mbers,			7 b	ı	х	
8	Did the organization contemporaneously document the meetings held or written actions undertaken the following:	during the	year by					
	a The governing body?			[8a	Х		
	b Each committee with authority to act on behalf of the governing body?				8 b	Х		
9	Is there any officer, director or trustee, or key employee listed in Part VII, Section A, who cannot be organization's mailing address? If 'Yes,' provide the names and addresses in Schedule O	reached	at the		9		x	
Sec	ction B. Policies (This Section B requests information about policies not required in			nue C)		
						Yes	No	
10	a Did the organization have local chapters, branches, or affiliates?			ſ	10 a		X	
	b If 'Yes,' did the organization have written policies and procedures governing the activities of such chapters, affiliates, a operations are consistent with the organization's exempt purposes?	and branche	s to ensure their		10 b			
11	a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the	form?		Ī	11 a	Х		
	b Describe in Schedule O the process, if any, used by the organization to review this Form 990) See	Schedule	0				
	a Did the organization have a written conflict of interest policy? If 'No,' go to line 13			. [12 a	Х		
	b Were officers, directors or trustees, and key employees required to disclose annually interests that of to conflicts?	could give	rise	. [12 b		_x	
•	c Did the organization regularly and consistently monitor and enforce compliance with the policy? If 'Y Schedule O how this is done See. Schedule O	∕es,' desci	ribe in		12 c	х		
13	Did the organization have a written whistleblower policy?			Ī	13		X	
14	Did the organization have a written document retention and destruction policy?			. [14		X	
15	Did the process for determining compensation of the following persons include a review and approva persons, comparability data, and contemporaneous substantiation of the deliberation and de-		pendent					
	a The organization's CEO, Executive Director, or top management official . See Schedule	2 Q		ſ	15 a	Х		
1	b Other officers of key employees of the organization . See Schedule 0 .			. [15 b	Х		
	If 'Yes' to line 15a or 15b, describe the process in Schedule O. (See instructions)							
16	a Did the organization invest in, contribute assets to, or participate in a joint venture or similar taxable entity during the year?	arranger	nent with a		16 a		Х	
İ	b If 'Yes,' did the organization follow a written policy or procedure requiring the organization to evaluar participation in joint venture arrangements under applicable federal tax law, and taken steps organization's exempt status with respect to such arrangements?	te its to safegi	uard the		16 b			
Sec	ction C. Disclosure							
17	List the states with which a copy of this Form 990 is required to be filed ► None							
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, an inspection. Indicate how you make these available. Check all that apply.	nd 990-T	(501(c)(3)s or	nly) ava	ailable	for p	ublic	
10			n in Schedule C	-	1. 1			
19	the public during the tax year. See Schedule O				ie to			
	State the name, physical address, and telephone number of the person who possesses the books ar		-	ation:				
	Josie Palmer Leavitt PO Box 934 Williston, VT 05495 (802)	876-6	<u> </u>					

Form 990 (2012) Home Builders and Remodelers Association	03-0225913	Page						
Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors								
Check if Schedule O contains a response to any question in this Part VII								
Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensat	ed Employees							
1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending v	with or within the							

- 1 a 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 employees.'
- 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, and 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 r	nor any rela	ited or	ganı	zatio	n cc	mpen	sated	d any current officer, di	rector, or trustee.	
(C)										
(A) Name and Title	(B) Average hours per	1		o not iless j id a d	check perso irecto	k more t on is both or/trusted		(D) Reportable compensation from	(E) Reportable compensation from	(F) Estimated amount of other compensation
	hours per week (list any hours for related organiza- tions below dotted line)	Individual trustee or director	Officer Institutional trustee Individual trustee		Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	related organizations (W-2/1099-MISC)	from the organization and related organizations
(1) See Attached List	0.9	L								_
Officers	0	Х		X				0.	0.	0.
(2) See Attached List	0.2									
Directors	0	Х						0.	0.	0.
(3) Josie Palmer Leavitt	40_									
Exec. Officer	0			Х				45,337.	0.	0.
(4)										
(5)										
(6)										
(7)		•	-					:		
(8)										
(9)										
(10)				-						
(11)										
(12)									•	
(13)										
(14)										

Part VII Section A. Officers, I	(B)	ney	⊵m¦	(C)	ees,	and	a rignest Con	ipensated Em	ployees (cont)
(A) Name and title	Average hours per	hours box, unless person is both an per officer and a director/trustee)		(D) Reportable compensation from	(E) Reportable compensation from	(F) Estimated amount of other			
·	week (list any hours for related organiza - tions below dotted line)	Individual trustee or director	Institutional trustee	Officer	employee	Former	the organization (W-2/1099-MISC)	related organizations (W-2/1099-MISC)	compensation from the organization and related organizations
(15)		\Box							
(16)									-
(17)					 				
(18)			_						
(19)			_	+		-			+
(20)		\Box							
(21)		++		-		ļ			
(22)				+				-	
(23)									
(24)									
(25)									
1 b Sub-total		1				>	45,337.	0.	. 0.
c Total from continuation sheets t	o Part VII, Section A					>	0.	0.	. 0.
d Total (add lines 1b and 1c) 2 Total number of individuals (including	ng but not limited to those I	ısted a	bove) who	recei	ved	45,337. more than \$100,00	0.0 of reportable com	pensation 0.
from the organization 0									
3 Did the organization list any form on line 1a? If 'Yes,' complete Sci	ner officer, director or trus hedule J for such individu	stee, k <i>ial</i>	key e	mplo	yee, (or hi	ghest compensate	ed employee	Yes No 3 X
4 For any individual listed on line 1 the organization and related organization and related organization.	a, is the sum of reportable inizations greater than \$1	le con 50,00	npen: 0? <i>If</i>	satioi <i>'Yes</i>	n and com	oth plet	er compensation : e Schedule J for	from	4 X
5 Did any person listed on line 1a if for services rendered to the organ	receive or accrue compen	isatior ete Sci	i fron hedul	n any le <i>J f</i> e	unre or suc	elate	d organization or	ındıvıdual	5 X
Section B. Independent Contra	ictors								
1 Complete this table for your five compensation from the organization	highest compensated inde Report compensation for	epend the ca	lent d lenda	contra ar yea	actors r endi	tha ng v	it received more th with or within the or	nan \$100,000 of ganization's tax yea	ır.
Name ar	(A) nd business address						(B) Description of	of services	(C) Compensation
						_			
			_					-	
Total number of independent contra \$100,000 in compensation from t	, ,	ted to	those	e liste	d abo	ve)	who received more	than	
DAA		TEEAAI	001 0	10411					Form 900 (2012

	Check if Schedule O contains a respon	nse to any question	on in this Part VIII		·	
			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
S I	1a Federated campaigns 1a			70.0.00	 	
SE	b Membership dues 1 b					
A S	c Fundraising events. 1c					
늉뚤	d Related organizations 1 d		İ			}
S S	e Government grants (contributions) 1 e					
CONTRIBUTIONS, GIFTS, GRANTS AND OTHER SIMILAR AMOUNTS	f All other contributions, gifts, grants, and similar amounts not included above					
	g Noncash contributions included in Ins 1a-1f \$					
ວັ	h Total. Add lines 1a-1f.	•				
PROGRAM SERVICE REVENUE		Business Code				
2	2a Home show 9	00099	198,034.	198,034.		
뜻	b Associations dues 5	31390	152,743.	152,743.		
₹	c Better Home Awards 9	00099	38,307.	38,307.		
鉴		00099	18,180.	18,180.	····	
\$		00099	16,411.	16,411.		
8	f All other program service revenue		34,434.	34,434.		
	g Total. Add lines 2a-2f		458,109.			
	3 Investment income (including dividends, other similar amounts)	▶				
	4 Income from investment of tax-exempt b	ond proceeds 🟲				
	5 Royalties	•				
	(i) Real	(II) Personal				
	6 a Gross rents					
	b Less: rental expenses					1
	c Rental income or (loss)					
	d Net rental income or (loss)	(II) Other				
	7 a Gross amount from sales of assets other than inventory					
		324,000.				
	b Less cost or other basis and sales expenses	106 045	İ			
	c Gain or (loss)	406,945. -82,945.				
	d Net gain or (loss)	<u>02,94</u> J.	-82,945.	-82,945.		
	8a Gross income from fundraising events		02, 943.	02, 743.		
OTHER REVENUE	(not including. \$		İ			
밁	of contributions reported on line 1c)					
쭕	See Part IV, line 18					
뷤	b Less: direct expenses b					
Ö	c Net income or (loss) from fundraising even	ents >				
	9a Gross income from gaming activities. See Part IV, line 19					
	b Less direct expenses b					
	c Net income or (loss) from gaming activiti	es ►				
	10a Gross sales of inventory, less returns and allowances					
	b Less: cost of goods sold. b					
	c Net income or (loss) from sales of invent	ory ►				
	Miscellaneous Revenue	Business Code				
	11a Advertising 5	41800	7,584.		7,584.	
	b					
1	с					
	d All other revenue.					
	e Total. Add lines 11a-11d	•	7,584.			
	12 Total revenue. See instructions	>	382,748.	375,164.	7,584.	0.

Part X Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A) Check if Schedule O contains a response to any question in this Part IX (D) Do not include amounts reported on lines 6b, Total expenses Program service Management and Fundraising 7b, 8b, 9b, and 10b of Part VIII. expenses general expenses expenses Grants and other assistance to governments and organizations in the United States. See Part IV, line 21 Grants and other assistance to individuals in the United States. See Part IV, line 22 Grants and other assistance to governments, organizations, and individuals outside the United States See Part IV, lines 15 and 16 Benefits paid to or for members . Compensation of current officers, directors, trustees, and key employees 45,337 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) 0 Other salaries and wages ... 91,204. Pension plan accruals and contributions (include section 401(k) and section 403(b) employer contributions) 4,663 Other employee benefits 17,136. Payroll taxes 14,074. 10 Fees for services (non-employees) a Management 3,691. **b** Legal 28,776. c Accounting **d** Lobbying e Professional fundraising services See Part IV, line 17 f Investment management fees g Other. (If line 11g amt exceeds 10% of line 25, col-10,635. umn (A) amt, list line 11g expenses on Sch O) Advertising and promotion 2,853. 13 Office expenses 2,214. Information technology 14 Royalties. 15 16 Occupancy 9,862 17 Travel 3,202. Payments of travel or entertainment 18 expenses for any federal, state, or local public officials 19 Conferences, conventions, and meetings 944 Interest 5,638 21 Payments to affiliates . 22 Depreciation, depletion, and amortization 9,881 23 Insurance 6,068 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.) a Home_show____ 125,276 b NAHB Dues 45,515 c Better Home Awards 38,421 d Social events 17,016. e All other expenses. 27,937 25 Total functional expenses. Add lines 1 through 24e 510,343 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 to any question in this Part X			
		•	(A) Beginning of year		(B) End of year
	1	Cash — non-interest-bearing	1,512.	1	127,566.
	2	Savings and temporary cash investments		2	
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net	18,559.	4	2,830.
	5	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5	
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Complete Part II of Schedule L		6	
A S	7	Notes and loans receivable, net		7	
A S S E T S	8	Inventories for sale or use		8	
T S	9	Prepaid expenses and deferred charges	24,463.	9	36,668.
	10 a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D			
	b	Less: accumulated depreciation 10b 28,878.	397,794.	10 c	1,149.
	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	Total assets. Add lines 1 through 15 (must equal line 34)	442,328.	16	168,213.
	17	Accounts payable and accrued expenses	46,357.	17	7,974.
	18	Grants payable		18	
	19	Deferred revenue	67,374.	19	114,051.
Ļ	20	Tax-exempt bond liabilities	-	20	
A B	21	Escrow or custodial account liability Complete Part IV of Schedule D		21	
	22	Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L		22	
Ë	23	Secured mortgages and notes payable to unrelated third parties.	154,814.	23	
Š	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D		25	
	26	Total liabilities. Add lines 17 through 25	268,545.	26	122,025.
N E T		Organizations that follow SFAS 117 (ASC 958), check here ► X and complete lines 27 through 29, and lines 33 and 34.			
A Ş	27	Unrestricted net assets	173,783.	27	46,188.
ASSETS	28	Temporarily restricted net assets		28	
	29	Permanently restricted net assets		29	
R F		Organizations that do not follow SFAS 117 (ASC 958), check here ► and complete lines 30 through 34.			
#DZD	30	Capital stock or trust principal, or current funds		30	
	31	Paid-in or capital surplus, or land, building, or equipment fund.		31	
۲	32	Retained earnings, endowment, accumulated income, or other funds .		32	
B女し女之 ひ世の	33	Total net assets or fund balances	173,783.	33	46,188.
Š	34	Total liabilities and net assets/fund balances	442,328.	34	168,213.

BAA

Form 990 (2012)

Forr	n 990 (2012) Home Builders and Remodelers Association	03-022591	3 P	age 12
Pa	rt XI₺ Reconciliation of Net Assets			
	Check if Schedule O contains a response to any question in this Part XI			
1	Total revenue (must equal Part VIII, column (A), line 12)	1	382,	748.
2	Total expenses (must equal Part IX, column (A), line 25)	2		343.
3	Revenue less expenses. Subtract line 2 from line 1	3	-127,	
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)).	4		783.
5	Net unrealized gains (losses) on investments	5		
6	Donated services and use of facilities	6		
7	Investment expenses	. 7		
8	Prior period adjustments	8		_
9	Other changes in net assets or fund balances (explain in Schedule O)	9		0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	46,	188.
Pa	teXIIa Financial Statements and Reporting			
	Check if Schedule O contains a response to any question in this Part XII			. П
			Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other			
	If the organization changed its method of accounting from a prior year or checked 'Other,' explain in Schedule O.			
2:	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a X	1
	If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or rev separate basis, consolidated basis, or both:	iewed on a		
	X Separate basis Consolidated basis Both consolidated and separate basis			T
ı	were the organization's financial statements audited by an independent accountant?.		2 b	X
	If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a se	parate	377 258	
	basis, consolidated basis, or both:			
	Separate basis Consolidated basis Both consolidated and separate basis			
(If 'Yes' to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the a review, or compilation of its financial statements and selection of an independent accountant?	udıt,	2 c	<u> </u>
	If the organization changed either its oversight process or selection process during the tax year, explain in Schedule ${\sf O}$			
3 :	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sing Audit Act and OMB Circular A-133?	le	3 a	Х
ı	of 'Yes,' did the organization undergo the required audit or audits? If the organization did not undergo the required or audits, explain why in Schedule O and describe any steps taken to undergo such audits	audit	3 b	
BAA			Form 990	(2012)

SCHEDULE C (Form 990 or 990-EZ)

Political Campaign and Lobbying Activities

For Organizations Exempt From Income Tax Under section 501(c) and section 527

OMB No 1545-0047

©pan (ල Public Inspaction

Schedule C (Form 990 or 990-EZ) 2012

Department of the Treasury Internal Revenue Service ► Complete if the organization is described below. ► Attach to Form 990 or Form 990-EZ.

► See separate instructions.

- 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) or Form 990-EZ, Part V, line 35a (Proxy Tax), then • Section 501(c)(4), (5), or (6) organizations: Complete Part III.

	36611011 301(6)(4), (3), 61 (6) 6	rganizations. Complete Fait III.			
Name	of organization			Employer identifi	cation number
		odelers Association		03-022593	
Pa	記述A Complete if the o	rganization is exempt under section	on 501(c) or is a s	section 527 organ	ization.
1	Provide a description of the	organization's direct and indirect political of	ampaign activities in	Part IV.	
2	Political expenditures			►:	\$
	Volunteer hours				
Pa	化B Complete if the o	rganization is exempt under section	on 501(c)(3).		
1	Enter the amount of any exc	ise tax incurred by the organization under	section 4955	▶ ;	\$
2	Enter the amount of any exc	cise tax incurred by organization managers	under section 4955	►:	\$
3	If the organization incurred a	a section 4955 tax, did it file Form 4720 for	this year?		Yes No
4 a	Was a correction made?			•	Yes No
t	If 'Yes,' describe in Part IV.				<u> </u>
Pa	নিটি© Complete if the o	rganization is exempt under section	on 501(c), except	section 501(c)(3)).
1	Enter the amount directly ex	pended by the filing organization for section	on 527 exempt function	n activities	\$
2	Enter the amount of the filing of function activities	organization's funds contributed to other organ	izations for section 527		\$
3	Total exempt function expen line 17b	ditures. Add lines 1 and 2. Enter here and	on Form 1120-POL,	▶;	\$
4	Did the filing organization file	e Form 1120-POL for this year?			Yes X No
5	organization made payments amount of political contribution	and employer identification number (EIN) s. For each organization listed, enter the ail is received that were promptly and directly del action committee (PAC). If additional span	mount paid from the f ivered to a separate po	iling organization's fur litical organization, such	nds. Also enter the has a separate
	(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds if none, enter-0-	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization if none, enter -0-
(1)					
(2)				_	
(3)					
(4)					
(5)					
(6)		-			

BAA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule C (Form 990 or 990-EZ) 201	² Home Builde:	rs and Remodeler:	s Association	03-022	25913 Page 2
ParturA Complete if	the organization	is exempt under se			election under
address,	g organization belong EIN, expenses, and	s to an affiliated group (and share of excess lobbying ked box A and 'limited co	expenditures).	ated group member's nan	ne,
(The term		ing Expenditures ns amounts paid or incur	red.)	(a) Filing organization's totals	(b) Affiliated group totals
1 a Total lobbying expenditi b Total lobbying expenditi c Total lobbying expenditi d Other exempt purpose e Total exempt purpose e f Lobbying nontaxable an	ures to influence a le ures (add lines 1a ai expenditures expenditures (add lin	egislative body (direct lobb nd 1b)	oying)		
If the amount on line 1e, col	umn (a) or (b) is:	The lobbying nontaxable	amount is:		
Not over \$500,000 20% of the amount on line 1e Over \$500,000 but not over \$1,000,000 \$100,000 plus 15% of the excess over \$500,000.					
Over \$500,000 but not over \$1,	,000,000				
Over \$1,000,000 but not over \$1,500,000 \$175,000 plus 10% of the excess over \$1,000,000.					
Over \$1,500,000 but not over \$	17,000,000	\$225,000 plus 5% of the excess of	over \$1,500,000.		
Over \$17,000,000 \$1,000,000					
g Grassroots nontaxable amount (enter 25% of line 1f)					
h Subtract line 1g from lir	ne 1a If zero or less	, enter -0			
¡ Subtract line 1f from lin	e 1c If zero or less,	enter -0-			-
i Subtract line 1f from line 1c If zero or less, enter -0- j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year? Yes No					
(Som	e organizations that	l-Year Averaging Period L t made a section 501(h) el s below. See the instruction	ection do not have to o		
	Lobby	ing Expenditures During	4-Year Averaging Peri	od	
Calendar year (or fiscal year beginning in)	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) Total
2 a Lobbying non-taxable amount.					
b Lobbying ceiling amount (150% of line 2a, column (e))					
c Total lobbying expenditures					·=

f Grassroots lobbying expenditures

d Grassroots nontaxable amount

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

Schedule C (Form 990 or 990-EZ) 2012

Schedule C (Form 990 or 990-EZ) 2012 Home Builders and Remodelers Association 03-0225913

[Partill B Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).

For each 'Yes' response to lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity. 1 During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of: a Volunteers? b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)? c Media advertisements? d Mailings to members, legislators, or the public? e Publications, or published or broadcast statements? f Grants to other organizations for lobbying purposes? g Direct contact with legislators, their staffs, government officials, or a legislative body? h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means? i Other activities? j Total Add lines 1c through 1i 2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)? b If 'Yes,' enter the amount of any tax incurred under section 4912 c If 'Yes,' enter the amount of any tax incurred by organization managers under section 4912
through the use of: a Volunteers? b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)? c Media advertisements? d Mailings to members, legislators, or the public? e Publications, or published or broadcast statements? f Grants to other organizations for lobbying purposes? g Direct contact with legislators, their staffs, government officials, or a legislative body? h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means? i Other activities? j Total Add lines 1c through 1i 2 a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)? b If 'Yes,' enter the amount of any tax incurred under section 4912
b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)? c Media advertisements? d Mailings to members, legislators, or the public? e Publications, or published or broadcast statements? f Grants to other organizations for lobbying purposes? g Direct contact with legislators, their staffs, government officials, or a legislative body? h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means? i Other activities? j Total Add lines 1c through 1i 2 a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)? b If 'Yes,' enter the amount of any tax incurred under section 4912
c Media advertisements? d Mailings to members, legislators, or the public? e Publications, or published or broadcast statements? f Grants to other organizations for lobbying purposes? g Direct contact with legislators, their staffs, government officials, or a legislative body? h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means? i Other activities? j Total Add lines 1c through 1i 2 a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)? b If 'Yes,' enter the amount of any tax incurred under section 4912
c Media advertisements? d Mailings to members, legislators, or the public? e Publications, or published or broadcast statements? f Grants to other organizations for lobbying purposes? g Direct contact with legislators, their staffs, government officials, or a legislative body? h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means? i Other activities? j Total Add lines 1c through 1i 2 a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)? b If 'Yes,' enter the amount of any tax incurred under section 4912
e Publications, or published or broadcast statements?
e Publications, or published or broadcast statements?
g Direct contact with legislators, their staffs, government officials, or a legislative body?
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means? i Other activities? j Total Add lines 1c through 1i 2 a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)? b if 'Yes,' enter the amount of any tax incurred under section 4912
i Other activities? j Total Add lines 1c through 1i 2 a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?. b If 'Yes,' enter the amount of any tax incurred under section 4912
j Total Add lines 1c through 1i 2 a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)? b If 'Yes,' enter the amount of any tax incurred under section 4912
2 a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?. b if 'Yes,' enter the amount of any tax incurred under section 4912
b If 'Yes,' enter the amount of any tax incurred under section 4912 .
o if 'Ves' enter the amount of any tay incurred by organization managers under section 4012
the restriction amount of any tax incurred by organization managers under section 4312
d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?
Partill-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6).
Yes No
1 Were substantially all (90% or more) dues received nondeductible by members?
2 Did the organization make only in-house lobbying expenditures of \$2,000 or less?
3 Did the organization agree to carry over lobbying and political expenditures from the prior year?
Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c) (6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered 'No' OR (b) Part III-A, line 3, is answered 'Yes.'
1 Dues, assessments and similar amounts from members.
Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).
a Current year
b Carryover from last year 2b
c Total 2c 28,009.
3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues 30,105.
4 If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political
expenditure next year? 4 0.
5 Taxable amount of lobbying and political expenditures (see instructions)
Part W Supplemental Information
Complete this part to provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated group list), Part II-A, line 2; and Part II-B, line 1. Also, complete this part for any additional information.

SCHEDULE D (Form 990)

Supplemental Financial Statements

OMB No 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization

► Complete if the organization answered 'Yes,' to Form 990, Part IV, lines 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. ► Attach to Form 990. ► See separate instructions.

Open to Public inspection

	ne Builders and Remodelers Ass Northern Vermont, Inc.	ociation		03-0225913
	र 🎉 Organizations Maintaining Dono	or Advised Funds or Oth	er Similar Funds or Acc	
Fai	the organization answered 'Yes'	to Form 990. Part IV. line	e 6.	complete ii
		(a) Donor advised to		unds and other accounts
1	Total number at end of year	(a) Donor advised i	iulius (b) i	unds and other accounts
_	Aggregate contributions to (during year)			
2	Aggregate contributions to (during year) Aggregate grants from (during year)			
3 4	Aggregate value at end of year .			
-	Aggregate value at end of year .			
5	Did the organization inform all donors and dor are the organization's property, subject to the			funds Yes No
6	Did the organization inform all grantees, dono for charitable purposes and not for the benefit impermissible private benefit?	rs, and donor advisors in writing of the donor or donor advisor	ng that grant funds can be us , or for any other purpose cor 	ed only nferring Yes No
Par	t II Conservation Easements. Comp	lete if the organization a	nswered 'Yes' to Form 9	990. Part IV. line 7.
_	Purpose(s) of conservation easements held by			
	Preservation of land for public use (e.g., r	ecreation or education)	Preservation of an historic	ally important land area
	Protection of natural habitat	· •	Preservation of a certified	historic structure
	Preservation of open space			
2	Complete lines 2a through 2d if the organization hast day of the tax year.	neld a qualified conservation cont	·	vation easement on the
				leld at the End of the Tax Year
a	Total number of conservation easements.	• ••	2 a	
t	Total acreage restricted by conservation ease	ments	2 b	
C	Number of conservation easements on a certification	fied historic structure included	ın (a) 2 c	
C	Number of conservation easements included i structure listed in the National Register	n (c) acquired after 8/17/06, ar	nd not on a historic 2 d	
3	Number of conservation easements modified, trantax year ►	sferred, released, extinguished, o	or terminated by the organization	on during the
4	Number of states where property subject to conse	rvation easement is located >		
5	Does the organization have a written policy re and enforcement of the conservation easemer	garding the periodic monitoring its it holds?	g, inspection, handling of viol	ations, Yes No
6	Staff and volunteer hours devoted to monitoring, i	nspecting, and enforcing conserv	vation easements during the yea	ar
7	Amount of expenses incurred in monitoring, insper ▶\$	cting, and enforcing conservation	n easements during the year	
8	Does each conservation easement reported or and section 170(h)(4)(B)(ii)?	n line 2(d) above satisfy the red	quirements of section 170(h)((4)(B)(i) Yes No
9	In Part XIII, describe how the organization reports include, if applicable, the text of the footnote is	conservation easements in its reso the organization's financial s	evenue and expense statement, statements that describes the	and balance sheet, and organization's accounting for
_	conservation easements.		-	
Par	Complete if the organization answers	wered 'Yes' to Form 990,	Part IV, line 8.	illar Assets.
1 a	If the organization elected, as permitted under art, historical treasures, or other similar assets he in Part XIII, the text of the footnote to its finar	ld for public exhibition, education	 or research in furtherance of it 	nt and balance sheet works of public service, provide,
b	If the organization elected, as permitted under historical treasures, or other similar assets held for following amounts relating to these items:			
	(i) Revenues included in Form 990, Part VIII,	line 1		► \$
	(ii) Assets included in Form 990, Part X			► \$
2	If the organization received or held works of art, h amounts required to be reported under SFAS	istorical treasures, or other simila 116 (ASC 958) relating to these	ar assets for financial gain, prove e items:	vide the following
а	Revenues included in Form 990, Part VIII, line	1		- \$
b	Assets included in Form 990, Part X			

Schedule D (Form 990) 2012 Home	Bullders	ana	кешодете	rs As	ssociation	03-02	259I3		Page 2
Part III Organizations Mainta	ining Colle	ctions	s of Art, Hist	torica	Treasures,	or Other Similar As	sets (d	contin	ued)
3 Using the organization's acquisition items (check all that apply):	n, accession, a	nd other	r records, check	any of	the following that	are a significant use of its	collecti	on	
a Public exhibition			d Loar	or ex	change programs	S			
b Scholarly research			e 🔲 Othe	er					
c Preservation for future gene									
4 Provide a description of the organiz Part XIII				_	_				
5 During the year, did the organiza to be sold to raise funds rather t	ation solicit or han to be mai	receive	donations of a las part of the	art, his organi	torical treasures, zation's collectio	or other similar assets in?	Yes	.	No
Part IV. Escrow and Custodial Arr reported an amount o	angements. (n Form 990	Comple), Part	te if the organi X, line 21.	zation	answered 'Yes'	to Form 990, Part IV, III	ne 9, or		
1 a Is the organization an agent, trus on Form 990, Part X?			• •			ther assets not included	Yes	: [No
b If 'Yes,' explain the arrangement	t in Part XIII a	nd com	plete the follow	ving ta	ble:		Amour		
c Beginning balance						1 c	Ailloui	-	
d Additions during the year .					•••	1 d			
e Distributions during the year		•				1 e			
f Ending balance.	••		••	• •	•	1 1			
2 a Did the organization include an a	amount on Fo	m 990	Part X June 21	 2			Yes		No
b If 'Yes,' explain the arrangement					has been provide	ed in Part XIII	1es	` . [
Part V Endowment Funds. C	omplete if	the or	ganization a	nswe	red 'Yes' to F	orm 990, Part IV, lii	ne 10.		
	(a) Curren		(b) Prior ye		(c) Two years	(d) Three years		Four yea	irs
1 a 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	e of the curre	nt year	end balance (li	ne 1g,	column (a)) held	d as		_	
a Board designated or quasi-endowm	ent ►		%						
b Permanent endowment ►	%								
c Temporarily restricted endowmer	nt ►		%						
The percentages in lines 2a, 2b,	and 2c should	l equal	100%						
3 a Are there endowment funds not in t	he possession	of the o	rganization that	are hel	d and administere	ed for the			
organization by	•		•					Yes	No
(i) unrelated organizations			•		•		3a(i)		
(ii) related organizations.			• • • •			• • •	3a(ii)		
b If 'Yes' to 3a(II), are the related of	-						3b		
4 Describe in Part XIII the intended									
Part VI Land, Buildings, and					·				
Description of property			t or other basis ivestment)		Cost or other ()	(c) Accumulated depreciation	(d)	Book va	alue
1 a Land .				 		ATT CONTRACTOR	_		
b Buildings						こうち あるからたったいのはのはのは、海のはのかんとう			
c Leasehold improvements.	ŀ			<u> </u>		····		_	
d Equipment	ŀ								
e Other	ļ			 	30,027.	28,878.	_	1	,149.
Total. Add lines 1a through 1e. (Colum	n (d) must ea	ual For	m 990, Part X.	colum					149

BAA

Schedule **D** (Form 990) 2012

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Emphasis desired		end-or-year market value
(2) Closely-held equity interests		
(3) Other		
	-	
(A) (B) (C) (D) (E) (F)		· · · · · · · · · · · · · · · · · · ·
(C)	-	
(D)	-	
(E)		
(F)	-	
(G)		
(H)	_	
(I)	-	· · · · · · · · · · · · · · · · · · ·
Total. (Column (b) must equal Form 990, Part X, column (B) line 12.)	>	
Part VIII Investments – Program Related. Se		ine 13. N/A
(a) Description of investment type	(b) Book value	(c) Method of valuation: Cost or
(a) Description of investment type	(2) Doon value	end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
(10)		
Total. (Column (b) must equal Form 990, Part X, column (B) line 13)	>	
Part IX Other Assets. See Form 990, Part X		
(a) [line 15. N/A escription	(b) Book value
(a) [(b) Book value
(a) [(1) (2)		(b) Book value
(a) [(1) (2) (3)		(b) Book value
(a) D (1) (2) (3) (4)		(b) Book value
(a) C (1) (2) (3) (4) (5)		(b) Book value
(a) C (1) (2) (3) (4) (5)		(b) Book value
(a) C (1) (2) (3) (4) (5) (6) (7)		(b) Book value
(a) C (1) (2) (3) (4) (5) (6) (7) (8)		(b) Book value
(a) C (1) (2) (3) (4) (5) (6) (7) (8) (9)		(b) Book value
(a) C (1) (2) (3) (4) (5) (6) (7) (8) (9)	escription	
(a) C (1) (2) (3) (4) (5) (6) (7) (8) (9) (10) Total. (Column (b) must equal Form 990, Part X, column	(B), line 15.)	(b) Book value
(a) [1] (2) (3) (4) (5) (6) (7) (8) (9) (10) Total. (Column (b) must equal Form 990, Part X, column Part X Other Liabilities. See Form 990, Part	(B), line 15.) X, line 25.	
(a) [0] (1) (2) (3) (4) (5) (6) (7) (8) (9) (10) Total. (Column (b) must equal Form 990, Part X, column Part X Other Liabilities. See Form 990, Part (a) Description of liability	(B), line 15.)	
(a) E (1) (2) (3) (4) (5) (6) (7) (8) (9) (10) Total. (Column (b) must equal Form 990, Part X, column Part X Other Liabilities. See Form 990, Part (a) Description of liability (1) Federal income taxes	(B), line 15.) X, line 25.	
(a) E (1) (2) (3) (4) (5) (6) (7) (8) (9) (10) Total. (Column (b) must equal Form 990, Part X, column Part X Other Liabilities. See Form 990, Part (a) Description of liability (1) Federal income taxes (2)	(B), line 15.) X, line 25.	
(a) E (1) (2) (3) (4) (5) (6) (7) (8) (9) (10) Total. (Column (b) must equal Form 990, Part X, column Part X Other Liabilities. See Form 990, Part (a) Description of liability (1) Federal income taxes (2) (3)	(B), line 15.) X, line 25.	
(a) E (1) (2) (3) (4) (5) (6) (7) (8) (9) (10) Total. (Column (b) must equal Form 990, Part X, column Part X Other Liabilities. See Form 990, Part (a) Description of liability (1) Federal income taxes (2) (3) (4)	(B), line 15.) X, line 25.	
(a) E (1) (2) (3) (4) (5) (6) (7) (8) (9) (10) Total. (Column (b) must equal Form 990, Part X, column Part X Other Liabilities. See Form 990, Part (a) Description of liability (1) Federal income taxes (2) (3) (4) (5)	(B), line 15.) X, line 25.	
(a) E (1) (2) (3) (4) (5) (6) (7) (8) (9) (10) Total. (Column (b) must equal Form 990, Part X, column Part X Other Liabilities. See Form 990, Part (a) Description of liability (1) Federal income taxes (2) (3) (4) (5) (6)	(B), line 15.) X, line 25.	
(a) E (1) (2) (3) (4) (5) (6) (7) (8) (9) (10) Total. (Column (b) must equal Form 990, Part X, column Part X Other Liabilities. See Form 990, Part (a) Description of liability (1) Federal income taxes (2) (3) (4) (5) (6) (7)	(B), line 15.) X, line 25.	
(a) E (1) (2) (3) (4) (5) (6) (7) (8) (9) (10) Total. (Column (b) must equal Form 990, Part X, column Part X Other Liabilities. See Form 990, Part (a) Description of liability (1) Federal income taxes (2) (3) (4) (5) (6) (7) (8)	(B), line 15.) X, line 25.	
(a) E (1) (2) (3) (4) (5) (6) (7) (8) (9) (10) Total. (Column (b) must equal Form 990, Part X, column Part X Other Liabilities. See Form 990, Part (a) Description of liability (1) Federal income taxes (2) (3) (4) (5) (6) (7) (8) (9)	(B), line 15.) X, line 25.	
(a) E (1) (2) (3) (4) (5) (6) (7) (8) (9) (10) Total. (Column (b) must equal Form 990, Part X, column Part X Other Liabilities. See Form 990, Part (a) Description of liability (1) Federal income taxes (2) (3) (4) (5) (6) (7) (8) (9) (10)	(B), line 15.) X, line 25.	
(a) E (1) (2) (3) (4) (5) (6) (7) (8) (9) (10) Total. (Column (b) must equal Form 990, Part X, column Part X Other Liabilities. See Form 990, Part (a) Description of liability (1) Federal income taxes (2) (3) (4) (5) (6) (7) (8) (9) (10) (11)	(B), line 15.) X, line 25. (b) Book value	
(a) C (1) (2) (3) (4) (5) (6) (7) (8) (9) (10) Total. (Column (b) must equal Form 990, Part X, column Part X Other Liabilities. See Form 990, Part (a) Description of liability (1) Federal income taxes (2) (3) (4) (5) (6) (7) (8) (9) (10) (11) Total (Column (b) must equal Form 990, Part X, column (B) line 25)	(B), line 15.) X, line 25. (b) Book value	

Schedule D (Form 990) 2012 Home Builders and Remodelers Association 03	3-0225913 Page 4
Reconciliation of Revenue per Audited Financial Statements With Revenue per Re	eturn N/A
1 Total revenue, gains, and other support per audited financial statements	1
2 Amounts included on line 1 but not on Form 990, Part VIII, line 12:	
a Net unrealized gains on investments	
b Donated services and use of facilities	
c Recoveries of prior year grants	1
d Other (Describe in Part XIII.)	
e Add lines 2a through 2d.	2 e
3 Subtract line 2e from line 1	3
4 Amounts included on Form 990, Part VIII, line 12, but not on line 1.	
a Investment expenses not included on Form 990, Part VIII, line 7b.	
b Other (Describe in Part XIII.)	
c Add lines 4a and 4b	4c
5 Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)	5
Reconciliation of Expenses per Audited Financial Statements With Expenses per	Return N/A
1 Total expenses and losses per audited financial statements	1
2 Amounts included on line 1 but not on Form 990, Part IX, line 25:	
a Donated services and use of facilities	
b Prior year adjustments 2b	
c Other losses 2c	
d Other (Describe in Part XIII.)	
e Add lines 2a through 2d.	2 e
3 Subtract line 2e from line 1	3
4 Amounts included on Form 990, Part IX, line 25, but not on line 1:	3
a Investment expenses not included on Form 990, Part VIII, line 7b 4a	
b Other (Describe in Part XIII.)	
c Add lines 4a and 4b	4 c
5 Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5
Part XIII Supplemental Information	<u> </u>
Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4; Part IV, line 4; Part X, line 2, Part XI, lines 2d and 4b, and Part XII, lines 2d and 4b. Also complete this part to provide any	, lines 1b and 2b; Part V, additional information
Part X - FIN 48 Footnote	
The Association is exempt from income taxes under Internal Revenue Co	ode Section
501(c)(6). The Association is subject to income taxes on its unrelat	ced_business
income, as applicable.	
The Association believes it has taken no uncertain tax positions that	could have an
effect on its financial statements. The Association's income tax fil	lings are subject
to audit by the IRS and state taxing authorities. The Association's	open_audit
periods are 2009-2012.	
	Schedule D (Form 990) 2012

SCHEDULE N (Form 990 or 990-EZ)

Part 1

Liquidation, Termination, Dissolution, or Significant Disposition of Assets

OMB No 1545-0047



Liquidation, Termination, or Dissolution. Complete this part if the organization answered 'Yes' to Form 990, Part IV, line 31, or Form 990-EZ, **Employer identification numbe** 03-0225913 Complete if the organization answered 'Yes' to Form 990, Part IV, lines 31 or 32; or Form 990-EZ, line 36.
 Attach certified copies of any articles of dissolution, resolutions, or plans.
 Attach to Form 990 or 990-EZ. line 36. Part I can be duplicated if additional space is needed Home Builders and Remodelers Association of Northern Vermont, Inc. Department of the Treasury Internal Revenue Service Name of the organization

-					
(b) Date of distribution	(c) Fair market value of asset(s) distributed or amount of transaction expenses	(d) Method of determining FMV for asset(s) distributed or transaction expenses	(e) EIN of recipient	(f) Name and address of recipient	(g) IRC section of recipient(s) (if tax-exempt) or type of entity
-					

BAA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or Form 990-EZ.

d Receive, or become entitled to, compensation or other similar payments as a result of the organization's liquidation, termination, or dissolution?

b Become an employee of, or independent contractor for, a successor or transferee organization?

2 Did or will any officer, director, trustee, or key employee of the organization: a Become a director or trustee of a successor or transferee organization? c Become a direct or indirect owner of a successor or transferee organization?

e If the organization answered 'Yes' to any of the questions in this line, provide the name of the person involved and explain in Part III.

TEEA4701L 12/17/12

Schedule N (Form 990 or 990-EZ) 2012

Yes **建造物的**

2 b

2a

2 d 2 c

390-EZ) 2012	Schedule N (Form 990 or 990-EZ) 2012		21/7/12	TEEA4702L 12/17/12			ВАА
		n Part III.▶	ı nıvolved and explaını	the name of the persor	ons in this line, provide	any of the quest	e If the organization answered "Yes" to any of the questions in this line, provide the name of the person involved and explain in Part III.
< >			 nepition's significan	as a result of the or	other similar navments	mnensation or o	d Receive, or become entitled to, compensation or other similar navments as a result of the organization's significant disposition of assets?
×	2b			transferee organization?	or for, a successor or t	endent contracti	Become an employee of, of independent contractor for, a successor of transf Become a direct or indirect owner of a currector or transferoe organization?
×	. 2a		1		nsferee organization?	successor or tra	a Become a director or trustee of a successor or transferee organization?
Yes No				tion:	ployee of the organizal	ustee, or key em	2 Did or will any officer, director, trustee, or key employee of the organization
	9 9 9 9 9						
				:			
	05495	Williston, VT					
Individu	y L. Limoge	Ricky and Sherry 2911 South Road		Comparable propert.	315,000.	10/12/12	Real estate - James Brown Dr.
(g) IRC section of recipient(s) (if tax-exempt) or type of entity	(f) Name and address of recipient	(f) Name a	(e) EIN of recipient	(d) Method of determining FMV for asset(s) distributed or transaction expenses	(c) Fair market value of asset(s) distributed or amount of transaction expenses	(b) Date of distribution	1 (a) Description of asset(s) distributed or transaction expenses paid
answered	is part if the organization answered seded.	than 25% of the Organization's Assets. Complete this part if the 36. Part II can be duplicated if additional space is needed.	e Organization's v be duplicated if a	e than 25% of the 36. Part II can	er Transfer of Mor r Form 990-EZ, lin	sition, or Oth IV, line 32, o	Partill Sale, Exchange, Disposition, or Other Transfer of More 'Yes' to Form 990, Part IV, line 32, or Form 990-EZ, line
			ities If 'No,' explain in	vise settled these liabil	ation defeased or other	II how the organiz	c If 'Yes,' to line 6b, describe in Part III how the organization defeased or otherwise settled these liabilities If 'No,' explain in Part III.
	Code and state laws? 6b	th the Internal Revenue (· · year in accordance wi	year? Ilities during the tax ye	outstanding during the stax-exempt bond liab	exempt bonds of the defease all of its	 6 a Did the organization have any tax-exempt bonds outstanding during the year? b Did the organization discharge or defease all of its tax-exempt bond liabilities during the tax year in accordance with the Internal Revenue Code and state laws?
	:	•		ate laws?	in accordance with sta	pay all liabilities	5 Did the organization discharge or pay all liabilities in accordance with state laws?
	44			:		ide such notice?	b If 'Yes', did the organization provide such notice?
	. A	Inquidate, or terminate?	instrument(s)? If 'No,' describe in Part III priate state official of its intent to dissolve.	g instrument(s)? If 'N priate state official o	lance with its governing general or other appro	assets in accord tify the attorney	3 Did the organization distribute its assets in accordance with its governing instrument(s)? If No, describe in Part III 4a is the organization required to notify the attorney general or other appropriate state official of its intent to dissolve, liquidate, or terminate?
Yes No		then Form 990, Part X, column (B), line 16 (Total assets), and line 26	X, column (B), line 16	then Form 990, Part		ed all of its asset	Note. If the organization distributed all of its assets during the tax year, (Total liabilities), should equal -0
Page 2	03-0225913		Association		nome bullders and kemodelers or Dissolution (continued)	n,	Schedule N (Form 990 of 990-EZ) 2012 HOME BUILDEES and Ke Partill Liquidation, Termination, or Dissolution (continued)
C and	-022501		·intion		ilders and Bem		Schedule N (Form 990 or 990-FZ) 2012

Schedule N (Form 990 or 990-EZ) 2012 Home Builders and Remodelers Association 03-0225913 Page Supplemental Information. Complete to provide the information required by Part I, lines 2e and 6c, and Part II, line 2e. Also complete this part to provide any additional information.	e 3
•	
	
	
	

SCHEDULE 0 (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

OMB No 1545-0047 2012

Department of the Treasury Internal Revenue Service

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.

Name of the organization Home Builders and Remodelers Association

open to Public Inspection

Employer identification number

of Northern Vermont, Inc.	03-0225913
Form 990, Part VI, Line 2 - Business or Family Relationship of Officers, Direct	ors, Etc.
1. Dixie O'Connor and Bob Schwartz - business relationship	
2. Robert Snyder and Chris Snyder - business and family relat	ionship
3. Robert Snyder and Kathye Boll - business relationship	
4. Chris Snyder and Kathye Boll - business relationship	
5. Adam Hergenrother and Tom Hergenrother - business and fami	ly_relationship
Form 990, Part VI, Line 11b - Form 990 Review Process	
The executive committee reviews form 990 and all other finance	ial matters. The
executive officer signs it. Board Members are notified of the	completion of form 990
and are able to review it upon request.	
Form 990, Part VI, Line 12c - Explanation of Monitoring and Enforcement of C	onflicts
Officers and employees are expected to disclose interests that	t could give rise to a
confict of interest. They are also expected to disclose any c	hange in status.
Form 990, Part VI, Line 15a - Compensation Review & Approval Process - CEO, To	op Management
The executive committee determines the compensation of the ex	ecutive officer based
on the experience and comparable positions in the area. The B	oard of Directors
approves the compensation.	
Form 990, Part VI, Line 15b - Compensation Review & Approval Process - Officers	s & Key Employees
Board members set the compensation budget for key employees.	The executive officer
has to meet the budget. The executive officer determines the	compensation of key
employees based on the experience and comparable positions in	the area. Performance
reviews are done annually and approved by the executive offic	er.
Form 990, Part VI, Line 19 - Other Organization Documents Publicly Available	·
The governing documents, board meeting minutes, employee manu-	al, conflict of
interest policy and financial statements are available upon r	equest.

SCHEDULE R (Form 990) Department of the Treasury Internal Revenue Service

Name of the organization

Home Builders and Remodelers Association of Northern Vermont, Inc

Related Organizations and Unrelated Partnerships

Complete if the organization answered 'Yes' to Form 990, Part IV, line 33, 34, 35, 36, or 37.

▶ Attach to Form 990. ► See separate instructions.

2012

OMB No. 1545-0047

Open to Public Inspection Employer identification number

03-0225913

(g) Sec 512(b)(13) controlled entity? ŝ Schedule R (Form 990) 2012 (f)
Direct controlling
entity **Partitut** Identification of Related Tax-Exempt Organizations (Complete if the organization answered 'Yes' to Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.) Yes N/A (f)
Direct controlling
entity (e) End-of-year assets 159,928 (e)
Public charity status (if section 501(c)(3)) Parti Identification of Disregarded Entities (Complete of the organization answered 'Yes' to Form 990, Part IV, line 33.) -85,330 (d) Total income (**d)** Exempt Code section TEEA5001L 12/28/12 (c)
Legal domicile (state or foreign country) Z (c)
Legal domicile (state or foreign country) (b)
Primary activity Rental (b) Primary activity BAA For Paperwork Reduction Act Notice, see the Instructions for Form 990. -----(a) Name, address, and EIN (if applicable) of disregarded entity 1 1 1 1 1 1 1 (a) (a) Name, address, and EIN of related organization Williston, VI 05495 HBRA_Building_LLC PO Box 934 03-0369333 1 1 1 1 1 \<u>@</u> ୍ର ପ୍ର ئ ල

Page 2

. Inc. Schedule R (Form 990) 2012 Home Builders and Remodelers Association of Northern Vermont,

8 Identification of Related Organizations Taxable as a Partnership (Complete if the organization answered 'Yes' to Form 990, Part IV, line because it had one or more related organizations treated as a partnership during the tax year.) 03-0225913 [Pent III

(f) Sec 512(b)(13) controlled entity? (k) Percentage ownership No Schedule R (Form 990) 2012 Identification of Related Organizations Taxable as a Corporation or Trust (Complete of the organization answered 'Yes' to Form 990, Part IV, Inne 34 because of had one or more related organizations treated as a corporation or trust during the tax year.) Yes General or managing , partner? ŝ (h) Percentage ownership Yes Code V-UBI amount in box 20 of Schedule K-1 (Form 1065) (g) Share of end-ofyear assets Dispropor-tionate allocations? Ŷ ϵ Yes (f) Share of total income (g) Share of end-of-year assets (C corp, S corp, or trust) (f) Share of total income (d)
Direct
controlling
entity TEEA5002L 12/28/12 (e)
Predominant income (related, unrelated, excluded from tax under sections 512-514) (c)
Legal domicile
(state or foreign country) (d)
Direct
controlling
entity (b)
Primary activity (c) Legal domicile (state or foreign country) (a) Name, address, and EIN of related organization (b)
Primary activity (a)
Name, address, and EIN of related organization ١ PerilW İ 1 1 1 1 BAA ı 1 \mathfrak{S}_{l}^{l} t 1 $\mathbf{\epsilon}_{\mathbf{l}}$ **8**| Ξ¦ ල¦ ଫ୍ର¦

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Part V. Transactions With Related Organizations (Complete of the organization answered 'Yes' to Form 990, Part IV, line 34, 35b, or 36.)

Marke Constitute 1 of any analysis of backet in Daniel II II and the additional and the second of the				-	2
Note: Complete line 1 II any entity is listed in Parts II, III, Of IV of this schedule	:			Les	2
	ed in Parts II-1V		A STATE OF THE PARTY OF THE PAR	مقففاغ	2 43.7°
a Receipt of (i) interest (ii) annumes (iii) royames of (iv) rent from a contioned entity		:			×
b Gift, grant, or capital contribution to related organization(s)		:	1 p		×
c Gift, grant, or capital contribution from related organization(s)	:	. :	100		×
d Loans or loan guarantees to or for related organization(s)	:		19		×
e Loans or loan guarantees by related organization(s)			-		: >
	•				
f Dividends from related organization(s)			-		×
	•		-		: >
b Durchase of accept from related organization(c)		• •			< >
יייייייייייייייייייייייייייייייייייייי	: .			1	ا>
i Exchange of assets with related organization(s)		: : : : : : : : : : : : : : : : : : : :	=		×
j Lease of facilities, equipment, or other assets to related organization(s)					×
				12.00	
k Lease of facilities, equipment, or other assets from related organization(s)	:	:	7		×
I Performance of services or membership or fundraising solicitations for related organization(s)		:	F		×
m Performance of services or membership or fundraising solicitations by related organization(s)	:		- E :	_	×
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)		:	-	<u> </u>	×
o Sharing of paid employees with related organization(s)	•	:	10		×
			2.2	100	1
p Reimbursement paid to related organization(s) for expenses			-		×
q Reimbursement paid by related organization(s) for expenses	:		1		×
				1	2,3 2,5
r Other transfer of cash or property to related organization(s).			-		×
s Other transfer of cash or property from related organization(s)	:	:	1s		×
2 If the answer to any of the above is 'Yes,' see the instructions for information on who must complete this line, including cover	covered relationships and transaction thresholds	saction thresholds			
(a)	(p)	9		€	
Name of other organization	Transaction type (a-s)	Amount involved	Method of determining amount involved	f determit	bulug pg
(1)					
(2)					
(3)					
(4)					
(6)				ļ	
(9)					
BAA TEEA5003L 12/28/12		Schedule	œ	(Form 990) 2012	2012

03-0225913

Parivin Unrelated Organizations Taxable as a Partnership (Complete of the organization answered 'Yes' to Form 990, Part IV, line 37.) Schedule R (Form 990) 2012

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships

	cuolis regarding exclus	פוסוג וסו כבו נשווו ווואפ	פווובווו אמונו	edilips					
(a) Name, address, and EIN of entity Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unre-	(e) Are all partners section 501(c)(3)	Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?	Code V-UBI amount in box 20 of Schedule	(0) ' General or managing partner?	(K) Percentage ownership
		from tax under	organizations				K-1 Form (1065)		
		section 512-514)	Yes No			Yes No		Yes No	_
(I)									
(2)									
(3)									
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(4)									
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ВАА		132	TEEA5004L 12/28/12	12			Schedule	Schedule R (Form 990) 2012	990) 2012

Schedule R	(Form 990) 2012	Page 5
PartVII	Supplemental Information Complete this part to provide additional information for responses to questions on Schedule R (see instructions).	
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Home Builders and Remodelers Association of Northern Vermont, Inc 2012 Officers & Board of Directors 03-0225913 Form 990 Attachment #1

Officers

President
Todd Leach, CGP
Leach Construction of Vermont
30 Bradley Bow Road
Jericho, VT 05465
802-434-5578
Avg hrs/week: .9

Vice-President of Education Dixie O'Connor, CGR, CGP Great Northern Construction, Inc. 199 Church Street, Suite 1 Burlington, VT 05401 802-862-1463 Avg hrs/week: .9

Vice-President of Associates Michael Languasco People's United Bank 150 Bank Street Burlington, VT 05401 802-660-7460 Avg hrs/week: .9

Vice-President of Financial Brad Dousevicz Dousevicz, Inc. 21 Carmichael Street, Ste 201 Essex Junction, VT 05452 802-879-4477 Avg hrs/week: .9

Presidential Appointment Collin Frisbie, CGP Sterling Construction, Inc. 4049 Williston Road, Suite 8 South Burlington, VT 05403 802-864-0600 Avg hrs/week: .9 Home Builders and Remodelers Association of Northern Vermont, Inc 03-0225913
Page 2 of 5

Immediate Past President Stu MacDonlad Closet Crafters 446 Shunpike Road Williston, VT 05495 802-658-0000 Avg hrs/week: .9

Chair of Remodelers Council Cliff Deetjen Peregrine Design Build 49 Commerce Ave., Unit A1 South Burlington, VT 05403 802-383-1808 Avg hrs/week: .9

2012 Board of Directors

Senior Life Directors

Robert Marcotte Pinewood Development, LLC 57 River Road, Unit #1003 Essex Jct., VT 05452 802-878-4606 Avg hrs/week: .2

Robert Snyder Snyder Homes 4076 Shelburne Road, Ste 6 Shelburne, VT 05482 802- 985-5722 Avg hrs/week: .2

Andre Thibault
A. Thibault & Sons LLC
95 Rivermount Terrace
Burlington, VT 05408
802-862-3562
Avg hrs/week: .2

Home Builders and Remodelers Association of Northern Vermont, Inc 03-0225913
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LIFE NATIONAL DIRECTORS

National Directors

Chris Snyder Snyder Homes 4076 Shelburne Road, Ste 6 Shelburne, VT 05482 802-985-5722 Avg hrs/week: .2

William Hauke, Jr. Hauke Building Supply Inc. 1099 North Ave. Burlington, VT 05401 802-658-6688 Avg hrs/week: .2

National Representative-Vermont

Mike Gervais, CR, CGR, CAPS, CGP Prime Renovation Group 4735 Williston Road, Suite 50 Williston, VT 05495 802-865-9276 Avg hrs/week: .2

State Director- Vermont

Jim Ewing
Ewing Commercial Park
9 Dubois Drive
South Burlington, VT 05403
802-878-0110
Avg hrs/week: .2

Board of Directors

Kathye Boll Snyder Homes 4076 Shelburne Road, Ste 6 Shelburne, VT 05482 802-985-5722 Avg hrs/week: .2 Home Builders and Remodelers Association of Northern Vermont, Inc 03-0225913
Page 4 of 5

Tim Duff Autumn Design Build, LLC 9 Brownell Way South Burlington, VT 05403 802-872-8501 Avg hrs/week: .2

Mark Groleau, CGP Groleau Construction Company, Inc. 25 South Main Street Barre, VT 05641 802-476-8481 Avg hrs/week: .2

Adam Hergenrother
Black Rock Construction
302 Mountain View Drive Suite 300
Colchester, VT 05446
802-488-3450
Avg hrs/week: .2

Tom Hergenrother Black Rock Construction 302 Mountain View Drive Suite 300 Colchester, VT 05446 802-488-3424 Avg hrs/week: .2

James Jorschick
Jorschick Construction & Development
145A Raceway Road
Jericho, VT 05465
802-899-1700
Avg hrs/week: .2

Bill LaCroix, CGP r.k. MILES, Inc. PO Box 746 Middlebury, VT 05753 802-881-2748 Avg hrs/week: .2 Home Builders and Remodelers Association of Northern Vermont, Inc 03-0225913
Page 5 of 5

Chris LeBlanc Champlain Building Specialties 32 Martel Lane Williston, VT 05495 802-598-8355 Avg hrs/week: .2

Joseph Meccia, CGP Joseph Meccia Builder, LLC 1330 Main Road Huntington, VT 05462 802-578-5903 Avg hrs/week: .2

John Olson Beacon Wealth Management LLC 336 Water Tower Circle Colchester, VT 05446 802-343-3227 Avg hrs/week: .2

Bob Schwartz, CGR, CGP Great Northern Construction, Inc. 199 Church Street, Suite 1 Burlington, VT 05401 802-862-1463 Avg hrs/week: .2

Ali White Kitchens by Design P.O. Box 2050 Georgia, VT 05468 802-524-2900 Avg hrs/week: .2