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Form **990**

Return of Organization Exempt From Income Tax

OMB No 1545-0047

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

► Do not enter social security numbers on this form as it may be made public. ► Information about Form 990 and its instructions is at www.irs.gov/form990.

Open to Public Inspection

Depa nterr	rtment of the al Revenue	e Treasury Service	► Do not enter social security numbers on this form as it may be mad ► Information about Form 990 and its instructions is at www.irs.gov/	e public. form990.	Inspection
4	For the 2	014 calend	lar year, or tax year beginning , 2014, and ending]	,
3	Check if app	licable	C	D Employer	identification number
	Address		Home Builders and Remodelers Association		225913
	Name o		of Northern Vermont, Inc. PO Box 934	E Telephone	
	Initial re		Williston, VT 05495	(802	876-6200
	\vdash	irn/terminated			^ 222 254
	\vdash	ed return	F Name and address of principal officer	G Gross rec	
	Applica	tion pending	The same same same same same same same sam	• • • • • • • • • • • • • • • • • • • •	
	Tax-exem			H(b) Are all subordinates in If 'No,' attach a list (s	ee instructions)
_	Website	<u> </u>		(c) Group exemption num	her ▶
<u> </u>		rganization	Corporation Trust X Association Other L Year of formation	'''	te of legal domicile VT
Pa		Summar			
	1 Brie	efly describ		e, enhance a	nd maintain a
a			business and economic environment conducive to		
Governance	<u>ho</u>	using	and renovation of existing housing.		
등					
흲		eck this bo			et assets 3 19
∞	4 Nun	nber of inc	lependent voting members of the governing body (Part V), line 1h	IVED -	4 19
lies	5 Tota	al number	of individuals employed in calendar year 2014 (Part V, Iin 22a)	78	5
Activities &	6 Tota	al number	of individuals employed in calendar year 2014 (Part V, In 192a) of volunteers (estimate if necessary)	4 2015	6
¥∣	7a lota	al unrelate	d business revenue from Part VIII, column (C), line 12	- 8	7a 5,677
\dashv	net	unrelated	business taxable income from Form 990-T, line 34	Prior Year	7b 221.
1	8 Con	ntributions	and grants (Part VIII, line 1h)	Prior Tear	Current rear
9			ce revenue (Part VIII, line 2g)	389,03	2. 317,577.
Revenue		-	come (Part VIII, column (A), lines 3, 4, and 7d)	-85	
울	11 Oth	er revenue	(Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	10,91	
			- add lines 8 through 11 (must equal Part VIII, column (A), line 12)	399,08	
			milar amounts paid (Part IX, column (A), lines 1-3)		
ł			to or for members (Part IX, column (A), line 4)		
စ္က			r compensation, employee benefits (Part IX, column (A), lines 5-10)	122,58	4. 113,288.
Expenses			undraising fees (Part IX, column (A), line 11e)		
x b	b Tota	al fundrais	ng expenses (Part IX, column (D), line 25) ►		
ш		· · · · · · · · · · · · · · · · · · ·	es (Part IX, column (A), lines 11a-11d, 11f-24e)	306,13	2. 264,963.
I		-	s Add lines 13-17 (must equal Part IX, column (A), line 25)	428,71	6. 378,251.
	19 Rev	enue less	expenses Subtract line 18 from line 12	-29,62	954,997.
970	 .		2 1 1 1 1 1 2 1 2 1 2 1 2 1 2 1 2 1 2 1	Beginning of Current	
8 8			Part X, line 16) s (Part X, line 26)	114,10	
Net Assets or Fund Balance				97,54	
			fund balances Subtract line 21 from line 20	16,55	933,438.
		ignatur	 	- 1 - 1 - 1 - 1	
naer Impi	ete Declara	r perjury, i dec ition of prepar	clare that I have examined this return, including accompanying schedules and statements, and to the control of	e best of my knowledge an	d belief, it is true, correct, and
		all	naan Connelle	15000	2015
ig	n	Signatur	e of officer	Date	
ler	e	Maur	een Cregan Connolly	ExecOffice	er
			print name and title		
		Print/Type pr	eparer's name Preparer's signature Date	Check X	If PTIN
aio			C Grippin, CPA David C Grippin, CPA 9/18	self-employed	P00040840
	parer	Firm's name	► Grippin, Donlan & Pinkham, PLC		
re	^ _1				
re	Only	Firm's addre			03-0354347
Pre Use	Only		South Burlington, VT 05403 s return with the preparer shown above? (see instructions)		03-0354347 802) 846-2000 X Yes No

Form	990 (2014) Home Builders and Remodelers Association	03-02	22591	13_	F	age 2
Par				-		
	Check if Schedule O contains a response or note to any line in this Part III					
1	Briefly describe the organization's mission:		_	_		
	To promote, enhance and maintain a positive business and economic	envi	onme	ent		
	conducive to the construction of new housing and renovation of ex-	isting	j hou	ısinq		
			-~-			
2	Did the organization undertake any significant program services during the year which were not listed on the prior					
	Form 990 or 990-EZ?			Yes	X	No
	If 'Yes,' describe these new services on Schedule O.					
3	Did the organization cease conducting, or make significant changes in how it conducts, any program serv	ices?	П	Yes	X	No
	If 'Yes,' describe these changes on Schedule O					
4	Describe the organization's program service accomplishments for each of its three largest program service Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations	es, as m	easure	ed by e	expen	ses
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations and revenue, if any, for each program service reported.	to other	s, the	total e	xpens	ses,
	and revenue, if any, for each program service reported.					
					-	
4 a		venue	· ——)
	Organize the annual Vermont Home and Garden Show that allows part:	<u>lcipar</u>	ıt <u>s</u> _t	_o_sl	JOAG	ase_
	their products and services to the general public.				-	
		. – – –				
						. – – –
						_ _
4 b	(Code:) (Expenses \$ including grants of \$) (Re	venue	\$)
	Provide support and information to over 500 members, and promote t	he bu	ildi	ng		
	industry to the general public.					
40	(Code:) (Expenses \$ including grants of \$) (Rev	venue :				
46						<u> </u>
	Recognize superior achievements in residential and commercial cons	truct	lon.			
		- 		- .		
					- 	
		- -				
		=				
4 d	Other program services. (Describe in Schedule O)					
	(Expenses \$ including grants of \$) (Revenue \$)	
4 e	Total program service expenses ►	_			-	

Page 3

			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? If 'Yes,' complete Schedule D, Part I	6		Х
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_		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If 'Yes,' complete Schedule D, Part III	8		X
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		Х
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			
;	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	
-	b 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? <i>If</i> '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		X
	d 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 Did the organization report an amount for other liabilities in Part X, line 25? If 'Yes,' complete Schedule D, Part X	11 e		X
	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	
	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
	b 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	12 b		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		<u> </u>
	b 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		X
	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If 'Yes,' complete Schedule F, Parts II and IV	15		Х
	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If 'Yes,' complete Schedule F, Parts III and IV	16		X_
	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		Х
	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		Х
	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>
ì	b If 'Yes' to line 20a, did the organization attach a copy of its audited financial statements to this return?	20 b	}	

Part IV | Checklist of Required Schedules (continued) Yes No Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If 'Yes,' complete Schedule I, Parts I and II Х 21 Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 27 If 'Yes,' complete Schedule I, Parts I and III 22 Х 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? If 'Yes,' complete Х Schedule J 23 24a 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, that was issued after December 31, 2002? If 'Yes,' answer lines 24b through 24d and complete Schedule K. If 'No, 'go to line 25a. Х 24a b 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 d 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), 501(c)(4), and 501(c)(29) 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 b is the organization aware that it engaged in an excess benefit transaction with a disgualified 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 Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If 'Yes', complete Schedule L, Part II X 26 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 X 27 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 **b** A family member of a current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L, Part IV Х 28b c 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 Х 28c X Did the organization receive more than \$25,000 in non-cash contributions? If 'Yes,' complete Schedule M 29 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If 'Yes,' complete Schedule M Х 30 X Did the organization liquidate, terminate, or dissolve and cease operations? If 'Yes,' complete Schedule N, Part I 31 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 Х 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 Х 33 Was the organization related to any tax-exempt or taxable entity? If 'Yes,' complete Schedule R, Part II, III, or IV, and Part V. line 1 Х 34 35 a Did the organization have a controlled entity within the meaning of section 512(b)(13)? 35a b If '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 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 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? If 'Yes,' complete Schedule R, Part VI

38 Note. All Form 990 filers are required to complete Schedule O BAA

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Х Form 990 (2014)

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Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 197

X

14a

14b

Form 990 (2014) Home Builders and Remodelers Association 03-0225913 Page 5 Part V Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response or note to any line in this Part V Yes No 1 a Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1 a 8 **b** Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable 1 b 0 c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming Х (gambling) winnings to prize winners? 1 c 2a 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 5 b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? 2 b Х Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) X 3a Did the organization have unrelated business gross income of \$1,000 or more during the year? 3 a X **b** If 'Yes' has it filed a Form 990-T for this year? If 'No' to line 3b, provide an explanation in Schedule Q 3 b 4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a Х financial account in a foreign country (such as a bank account, securities account, or other financial account)? 4 a **b** If 'Yes,' enter the name of the foreign country See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR) X 5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? 5 a **b** Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? 5 b X c If 'Yes,' to line 5a or 5b, did the organization file Form 8886-T? 5 c 6 a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization Х solicit any contributions that were not tax deductible as charitable contributions? 6 a b If 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 6 b Organizations that may receive deductible contributions under section 170(c). a 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 c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 82827 7 c d If 'Yes,' indicate the number of Forms 8282 filed during the year 7 d e 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-C7 7 h Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year? 8 Sponsoring organizations maintaining donor advised funds. a Did the sponsoring organization make any taxable distributions under section 4966? 9 a b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? 9 b 10 Section 501(c)(7) organizations. Enter a Initiation fees and capital contributions included on Part VIII, line 12 10 a b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10 b 11 Section 501(c)(12) organizations. Enter a Gross income from members or shareholders 11 a b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) 11 b 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? 12 a b If 'Yes,' enter the amount of tax-exempt interest received or accrued during the year 12b 13 Section 501(c)(29) qualified nonprofit health insurance issuers. a Is the organization licensed to issue qualified health plans in more than one state? 13a Note. See the instructions for additional information the organization must report on Schedule O. b 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 13h c Enter the amount of reserves on hand 13c

14a Did the organization receive any payments for indoor tanning services during the tax year?

b If 'Yes,' has it filed a Form 720 to report these payments? If 'No,' provide an explanation in Schedule O

Part VI 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 or note to any line in this Part VI [X]Section A. Governing Body and Management Yes No ${f 1}$ a Enter the number of voting members of the governing body at the end of the tax year 19 1 a If there are material differences in voting rights among members 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 b 19 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other See Schedule O officer, director, trustee, or key employee? 2 Х Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person? 3 X Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? Х 4 5 X Did the organization become aware during the year of a significant diversion of the organization's assets? Х Did the organization have members or stockholders? 6 7 a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more X members of the governing body? 7 a b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? 7 b Х Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following a The governing body? 8 a X b Each committee with authority to act on behalf of the governing body? 8 b X Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If 'Yes,' provide the names and addresses in Schedule Q 9 Х Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) Yes No 10 a X 10a Did the organization have local chapters, branches, or affiliates? b If 'Yes,' did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? 10b 11 a 11 a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? Х **b** Describe in Schedule O the process, if any, used by the organization to review this Form 990 See Schedule O 12a Did the organization have a written conflict of interest policy? If 'No,' go to line 13 Х 12 a b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? 12b X c Did the organization regularly and consistently monitor and enforce compliance with the policy? If 'Yes,' describe in Schedule O how this was done See Schedule O Х 12 c 13 Did the organization have a written whistleblower policy? Х 13 X 14 Did the organization have a written document retention and destruction policy? 14 15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? a The organization's CEO, Executive Director, or top management official See Schedule O Х 15 a **b** Other officers or key employees of the organization See Schedule O 15 b Х If 'Yes' to line 15a or 15b, describe the process in Schedule O (see instructions). 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? 16a Х b If 'Yes,' did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? 16_b Section C. Disclosure List the states with which a copy of this Form 990 is required to be filed > None Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply Own website Another's website Other (explain in Schedule O) Upon request Describe in Schedule 0 whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year See Schedule O State the name, address, and telephone number of the person who possesses the organization's books and records 20

Maureen Cregan Connolly 202 Commerce Street Unit 300

Williston VT 05495 (802) 876-620

Form 990	(2014) Home	e Builders	and	Remodelers	Association	03-0225913	Page 7		
Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors									
	Check if Scho	edule O contains	s a resp	onse or note to a	any line in this Part VII				

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

- 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 employee.'
- 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

employees, and former such persons							·		, ,	
Check this box if neither the organization nor any rela	ted organiz	ation	cor			ed any	/ cu	rrent officer, direct	or, or trustee.	
(A) Name and Title	(B) Average hours	tha	n one s botl dıı	box,	not ch , unle: officei r/trust		on	(D) Reportable compensation from	(E) Reportable compensation from	(F) Estimated amount of other
	per week (list any hours for related organiza- tions below dotted line)	or director	institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	related organizations (W-2/1099-MISC)	compensation from the organization and related organizations
(1) See Attached List	3.63									
Officers	0	X	_	X	1_		_	0.	0.	0.
_(2) See Attached List	0.2			l				_	_	
Directors	0	X			₩		_	0.	0.	0.
(3) Maureen Cregan Connolly	$-\frac{40}{0}$			7	İ	1		22 522		0
Exec. Officer (4)			-	Х				23,522.	0.	0.
(5)					-					
(6)		-								
_(7)		-						-		
				_						
<u>(9)</u>										
(10)									-	
(11)										
(12)									-	
(13)										
(14)					_					
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	(B)			((
(A) Name and title	Average hours per week	box	, unle	Pos heck	sition more	than is both or/trus	h an tee)	(D) Reportable compensation from	(E) Reportable compensation from	amo	(F) Stimated	her
	(list any hours for	Individ	Institu	Officer	Key e	Highes	Former	the organization (W-2/1099-MISC)	related organizations (W-2/1099-MISC)	or	npensati from the ganizatio nd relate	ın
	related organiza - tions	Individual trustee or director	nstitutional trustee	4	employee	st comp	4				janizatioi	
	below dotted line)	stee	rustee		0	Highest compensated employee				 		
(15)												
(16)	 				!							
(17)	<u> </u>										_	
(18)										-		
(19)												
(20)				_								
(21)												
(22)											-	
(23)												
(24)	 								· · · · · · · · · · · · · · · · · · ·			-
(25)	 											
1 b Sub-total		Ll					•	23,522.	0.			0.
c Total from continuation sheets to Part VII, Sect	ion A						▶	0.	0.			0.
d Total (add lines 1b and 1c) 2 Total number of individuals (including but not limited	t to those li	ctod :	abov	ر (در	ubo e	2000	/od /	23,522.	0.	oncotio		0.
from the organization 0	i to those ii	2160 (auuv	e) v	VIIO I	ecen	reu i	more train \$100,00	or reportable comp	ensauo	· · · · · · · · · · · · · · · · · · ·	
3 Did the organization list any former officer, direct	ctor, or tru	stee.	kev	em	volai	ree. o	or h	ighest compensat	ed employee		Yes	No
on line 1a ⁷ If 'Yes,' compléte Schedule J for suc 4 For any individual listed on line 1a, is the sum of	ch individu	al								3		X
the organization and related organizations great such individual	er than \$1	50,00	00'2 /	lf 'Y	es'	comp	olete	e Schedule J for		4		Х
5 Did any person listed on line 1a receive or accrufor services rendered to the organization? If 'Ye	ie compen s,' comple	satıoı <i>te Sc</i>	n fro <i>hedi</i>	om a ule	any <i>J foi</i>	unre <i>suc</i>	late h pe	d organization or erson	ındıvıdual	5		X
Section B. Independent Contractors 1 Complete this table for your five highest comper	sated inde	enenc	lent	cor	ntrac	tors	thai	t received more th	an \$100 000 of			
compensation from the organization Report compensation	sation for t	the ca	lend	lar y	ear/	endir	ng w	rith or within the org	ganization's tax year			
Name and business add	ress							Description o	f services	Compe	C) ensatio	n ——
			_		_							
								 				
Total number of independent contractors (including \$100,000 of compensation from the organization)		ted to	thos	se li	sted	abov	/e) v	vno received more	tnan			

Part VIII Statement of Revenue Check if Schedule O contains a response or note to any line in this Part VIII (B) Related or (C) Unrelated (A) Total revenue (D) Revenue excluded from tax business exempt under sections 512-514 function revenue revenue Grants 1 a Federated campaigns 1 a **b** Membership dues 1 b c Fundraising events 1 c Contributions, Gifts, and Other Similar An d Related organizations. 1 d e Government grants (contributions) 1 e f All other contributions, gifts, grants, and similar amounts not included above 1f g Noncash contributions included in lines 1a-1f \$ h Total. Add lines 1a-1f Program Service Revenue Business Code 900099 2a Home Show 134,551 134,551 b Associations Dues_ 531390 106,305. 106,305 c Better Home Awards 900099 26,919 26,919. d Golf Tournament 900099 17,250. 17,250. e Social Events__ 900099 16,255. 16,255. f All other program service revenue 16,297 16,297 **WKS** g Total. Add lines 2a-2f 317,577. Investment income (including dividends, interest and other similar amounts) Income from investment of tax-exempt bond proceeds. Royalties (i) Real (II) Personal 6a Gross rents **b** Less, rental expenses c Rental income or (loss) d Net rental income or (loss) (i) Securities (II) Other 7a Gross amount from sales of assets other than inventory b Less: cost or other basis and sales expenses c Gain or (loss) d Net gain or (loss) 8a Gross income from fundraising events Other Revenue (not including . \$ of contributions reported on line 1c) See Part IV, line 18 b Less direct expenses c Net income or (loss) from fundraising events 9a Gross income from gaming activities See Part IV, line 19 b Less: direct expenses. c Net income or (loss) from gaming activities 10a Gross sales of inventory, less returns and allowances b Less cost of goods sold c Net income or (loss) from sales of inventory Miscellaneous Revenue **Business Code** 11a Advertising 541800 5,677 5,677 d All other revenue e Total. Add lines 11a-11d 5,677 Total revenue. See instructions. 323,254 317,577 5,677 0.

Section 501(c)(3) ar	nd 501	(c)(4)	organiz	zations must	t complete_a	li columns	All other	organiza	tions must	complete co	olumn (A)	

	Check if Schedule O contains a i	response or note to any			
	not include amounts reported on lines 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations and domestic governments See Part IV, line 21				
2	Grants and other assistance to domestic individuals See Part IV, line 22		 		
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16	-			
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees	23,522.			
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B).	0.			
7	Other salaries and wages	68,800.			
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9	Other employee benefits	13,074.			<u> </u>
10	Payroll taxes.	7,892.			
11	Fees for services (non-employees)	- 1,0321			
а	Management				
	Legal	192.	_	-	· · · · · · · · · · · · · · · · · · ·
	Accounting	7,996.			
	Lobbying	15,013.			
	Professional fundraising services See Part IV, line 17	15,015.			
	Investment management fees				
	Other. (If line 11g amt exceeds 10% of line 25, column				
	(A) amount, list line 11g expenses on Schedule 0)	15,894.		 	
12	Advertising and promotion	<u>8,</u> 562.			
13	Office expenses	3,737.			
14	Information technology				
15	Royalties				
16	Occupancy .	12,004.			<u> </u>
17	Travel	1,731.			<u>-</u>
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	7,467.			
23	Insurance	3,797.			
24	Other expenses. Itemize expenses not				
	covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10%.)				3
	of line 25, column (A) amount, list line 24e				4
	expenses on Schedule O)				1
	Home Show	84,149.			
	NAHB_Dues	41,797.			
	Better Home Awards	26,620.			
	Social Events	14,452.			
	All other expenses	21,552.			
25	Total functional expenses Add lines 1 through 24e	<u>378,251.</u>			
26	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)		, }		

Balance Sheet

Check if Schedule O contains a response or note to any line in this Part X. **(B)** End of year Beginning of year Cash - non-interest-bearing 1 40,725. 67,035 Savings and temporary cash investments 2 Pledges and grants receivable, net 3 3 Accounts receivable, net 4 8,961 9,002. Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L 5 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 7 Notes and loans receivable, net Assets Inventories for sale or use 8 8 Prepaid expenses and deferred charges 24,091 9 15,362 10a Land, buildings, and equipment cost or other basis. Complete Part VI of Schedule D 10a 23,030. **b** Less accumulated depreciation 10b 16,480 10 c 6,550. 14,017 11 Investments - publicly traded securities 11 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) 114,104. 16 71,639. 17 Accounts payable and accrued expenses 17 6,032. 25,342. 18 Grants payable 18 19 Deferred revenue 91.513 19 79,735. 20 Tax-exempt bond liabilities 20 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 Secured mortgages and notes payable to unrelated third parties. 23 Unsecured notes and loans payable to unrelated third parties 24 24 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 Total liabilities. Add lines 17 through 25 26 97,545 105,077 Organizations that follow SFAS 117 (ASC 958), check here > X and complete or Fund Balances lines 27 through 29, and lines 33 and 34. Unrestricted net assets 16,559 27 -33,43828 Temporarily restricted net assets 28 Permanently restricted net assets 29 Organizations that do not follow SFAS 117 (ASC 958), check here and complete lines 30 through 34. Capital stock or trust principal, or current funds 30 Net Assets 31 Paid-in or capital surplus, or land, building, or equipment fund 31 32 Retained earnings, endowment, accumulated income, or other funds 32 33 Total net assets or fund balances 33 16,559 -33,438. 34 Total liabilities and net assets/fund balances 34 114,104 71,639. BAA Form 990 (2014)

TEEA0111L 05/28/14

Forr	: m 990 (2014) Home Builders and Remodelers Association 0	3-02259	13	Pa	age 12
Pa	rt XI Reconciliation of Net Assets		_		
	Check if Schedule O contains a response or note to any line in this Part XI				X
1	Total revenue (must equal Part VIII, column (A), line 12)	1	3	23,2	254.
2	Total expenses (must equal Part IX, column (A), line 25)	2	3	78, 2	251.
3	Revenue less expenses Subtract line 2 from line 1	3	-	54,9	997.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		16,5	559 <u>.</u>
5	Net unrealized gains (losses) on investments	5			
6	Donated services and use of facilities	6			
7	mroomon on portogo	7			
8	Con Cohodula O	8			
9	Other changes in net assets or fund balances (explain in Schedule O) See Schedule O	9		5,0	000.
10	column (B))	10	=	33,4	138.
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				
-		_		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	a Were the organization's financial statements compiled or reviewed by an independent accountant?		2 a	X	-
	If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviseparate basis, consolidated basis, or both'	ewed on a			
	X Separate basis Consolidated basis Both consolidated and separate basis				
1	b 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 sep	arate			
	basis, consolidated basis, or both:				'
	Separate basis Consolidated basis Both consolidated and separate basis				
•	c If 'Yes' to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the au review, or compilation of its financial statements and selection of an independent accountant?	dit,	2 c		Х
	If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.				
3	a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	•	3 a		X
ı	b If 'Yes,' did the organization undergo the required audit or audits? If the organization did not undergo the required a	udit			
_	or audits, explain why in Schedule O and describe any steps taken to undergo such audits		3 b		
3AA			Form	990 /	2014)

TEEA0112L 05/28/14

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

Open to Public Inspection

Department of the Treasury Internal Revenue Service ► Complete if the organization is described below. ► Attach to Form 990 or Form 990-EZ. ► Information about Schedule C (Form 990 or 990-EZ) and it instructions is at www.irs.gov/form990.

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) (see instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (see instructions), then

• Section 501(c)(4), (5), or (6) organizations. Complete Part III.

•	50011011 001 (0)(1), (0), 01 (0) 0	rgamzations. Complete Fait in.			
Name	of organization	 		Employer identific	ation number
Hor	ne Builders and Rem	odelers Association		03-022591	.3
Pa	rt I-A Complete if the o	rganization is exempt under secti	on 501(c) or is a	section 527 organi	zation.
1	Provide a description of the	organization's direct and indirect political	campaign activities in	Part IV.	
2	Political expenditures			. ►\$	S
3	Volunteer hours				
Pa	rt I-B Complete if the o	rganization is exempt under secti	on 501(c)(3).		
<u></u> 1	Enter the amount of any exc	cise tax incurred by the organization under	section 4955	▶ \$	<u> </u>
2	Enter the amount of any exc	cise tax incurred by organization managers	under section 4955	► \$	3
3	If the organization incurred a	a section 4955 tax, did it file Form 4720 for	r this year?		Yes No
4:	Was a correction made?				☐Yes ☐No
ı	If 'Yes,' describe in Part IV.				
		rganization is exempt under secti	on 501(c), excep	t section 501(c)(3)	
		pended by the filing organization for section			
2	Enter the amount of the filing of	organization's funds contributed to other organ	nizations for section 52	7 exempt	
_	function activities			► \$	
3	Total exempt function expen		•		
	line 17b			► Ş	·
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 a is received that were promptly and directly de al action committee (PAC). If additional spa	mount paid from the livered to a separate po	filing organization's fun blitical organization, such	ds Also enter the as 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) 2014

)).				
A Check ► If the filing of	organization belongs	to an affiliated group (and	list in Part IV each affilia	ated group member's name	
address, E	IN, expenses, and	share of excess lobbying	expenditures).		
B Check ► ☐ If the filing	organization check	ked box A and 'limited co	ntrol' provisions apply		
(The term 'e	Limits on Lobbyin	ng Expenditures is amounts paid or incuri	red.)	(a) Filing organization's totals	(b) Affiliated group totals
1 a Total lobbying expenditure	es to influence pub	lic opinion (grass roots lo	bbying)		
b Total lobbying expenditure	es to influence a le	gislative body (direct lobb	oying)		
c Total lobbying expenditure	es (add lines 1a an	d 1b)			
d Other exempt purpose exp	penditures				
e Total exempt purpose exp	enditures (add line	es 1c and 1d)			
f Lobbying nontaxable amount both columns	unt. Enter the amo	unt from the following tab	ble in		
If the amount on line 1e, colum	n (a) or (b) is: 7	he lobbying nontaxable	amount is		
Not over \$500,000	2	0% of the amount on line 1e.			
Over \$500,000 but not over \$1,000	0,000 \$	100,000 plus 15% of the excess	over \$500,000.		
Over \$1,000,000 but not over \$1,5	00,000 \$	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 am	ount (enter 25% o	f line 1f)			
h Subtract line 1g from line	1a If zero or less,	enter -0-			
i Subtract line 1f from line	c If zero or less,	enter -0-			
j If there is an amount other t section 4911 tax for this year.	han zero on either li		panization file Form 4720	reporting	Yes
j If there is an amount other t section 4911 tax for this ye	han zero on either li ear? 4 organizations that columns	Year Averaging Period L made a section 501(h) el- below. See the instruction	Jnder Section 501(h) ection do not have to cons for lines 2a throug	complete all of the five h 2f.)	Yes
j If there is an amount other t section 4911 tax for this ye	han zero on either li ear? 4 organizations that columns	ne 1h or line 1i, did the org -Year Averaging Period Umade a section 501(h) el	Jnder Section 501(h) ection do not have to cons for lines 2a throug	complete all of the five h 2f.)	Yes
j If there is an amount other t section 4911 tax for this ye	han zero on either li ear? 4 organizations that columns	Year Averaging Period L made a section 501(h) el- below. See the instruction	Jnder Section 501(h) ection do not have to cons for lines 2a throug	complete all of the five h 2f.)	Yes (e) Total
j If there is an amount other to section 4911 tax for this year. (Some of Calendar year (or fiscal year beginning in)	han zero on either li ear? 4 organizations that columns Lobby	Year Averaging Period L made a section 501(h) el- below. See the instruction	Under Section 501(h) ection do not have to c ons for lines 2a throug 4-Year Averaging Peri	complete all of the five h 2f.) od	
j If there is an amount other to section 4911 tax for this year. (Some of Calendar year (or fiscal year beginning in).	han zero on either li ear? 4 organizations that columns Lobby	Year Averaging Period L made a section 501(h) el- below. See the instruction	Under Section 501(h) ection do not have to c ons for lines 2a throug 4-Year Averaging Peri	complete all of the five h 2f.) od	
i If there is an amount other to section 4911 tax for this year. (Some of the content of the co	han zero on either li ear? 4 organizations that columns Lobby	Year Averaging Period L made a section 501(h) el- below. See the instruction	Under Section 501(h) ection do not have to c ons for lines 2a throug 4-Year Averaging Peri	complete all of the five h 2f.) od	
Calendar year (or fiscal year beginning in) 2 a Lobbying non-taxable amount (150% of line 2a, column (e)) c Total lobbying	han zero on either li ear? 4 organizations that columns Lobby	Year Averaging Period L made a section 501(h) el- below. See the instruction	Under Section 501(h) ection do not have to c ons for lines 2a throug 4-Year Averaging Peri	complete all of the five h 2f.) od	
j If there is an amount other to section 4911 tax for this year (Some of Calendar year (or fiscal year beginning in) 2 a Lobbying non-taxable amount b Lobbying ceiling amount (150% of line 2a, column (e)) c Total lobbying expenditures d Grassroots nontaxable	han zero on either li ear? 4 organizations that columns Lobby	Year Averaging Period L made a section 501(h) el- below. See the instruction	Under Section 501(h) ection do not have to c ons for lines 2a throug 4-Year Averaging Peri	complete all of the five h 2f.) od	

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

- 187	(a)		(b)
For each 'Yes' response to lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity.	Yes	No	Amount
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:			1
a Volunteers?		1	;
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 If 'Yes,' enter the amount of any tax incurred by organization managers under section 4912	1		
d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			1

Part III-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?	1		X
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?	2		X
3	Did the organization agree to carry over lobbying and political expenditures from the prior year?	3		Х

Part III-B 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	1	106,305.
2	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 .	2 a	20,029.
	b Carryover from last year .	2 b	
	c Total	2 c	20,029.
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	3	4,231.
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	15,798.
5	Taxable amount of lobbying and political expenditures (see instructions)	5	0.
Th -			

Part IV Supplemental Information

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, lines 1 and 2 (see instructions), and Part II-B, line 1. Also, complete this part for any additional information

SCHEDULE D (Form 990)

Supplemental Financial Statements

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.

Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047 2014

Open to Public Inspection

Employer identification number

Department of the Treasury Internal Revenue Service Name of the organization

	Home Builders and Remodele	rs Association	
	of Northern Vermont, Inc.		03-0225913
<u>Pa</u>		or Advised Funds or Other Similar I swered 'Yes' to Form 990, Part IV, III	
_		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and do are the organization's property, subject to the		n donor advised funds
6	Did the organization inform all grantees, don for charitable purposes and not for the benef	ors, and donor advisors in writing that grant it of the donor or donor advisor, or for any of	her purpose conferring
_	impermissible private benefit?		Yes No
<u>Pa</u>	rt II Conservation Easements. Complete if the organization ans	swered 'Yes' to Form 990, Part IV, III	ne 7.
1	Purpose(s) of conservation easements held to		·····
	Preservation of land for public use (e.g.,	_ 1131	on of a historically important land area
	Protection of natural habitat	- <u>L</u>	on of a certified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization	held a qualified conservation contribution in the	form of a conservation easement on the
	last day of the tax year.		
			Held at the End of the Tax Year
	a Total number of conservation easements		2a
	b Total acreage restricted by conservation ease		2 b
	c Number of conservation easements on a cert	ified historic structure included in (a)	2c
	d Number of conservation easements included structure listed in the National Register	in (c) acquired after 8/17/06, and not on a hi	storic 2 d
3	Number of conservation easements modified, tra tax year ►	nsferred, released, extinguished, or terminated t	by the organization during the
4	Number of states where property subject to cons	ervation easement is located >	
5	Does the organization have a written policy reand enforcement of the conservation easeme		handling of violations,
6	Staff and volunteer hours devoted to monitoring,		
	•		
7	Amount of expenses incurred in monitoring, insp	ecting, and enforcing conservation easements d	uring the year
8	Does each conservation easement reported of and section 170(h)(4)(B)(ii)?	n line 2(d) above satisfy the requirements of	section 170(h)(4)(B)(i) Yes No
9	In Part XIII, describe how the organization report include, if applicable, the text of the footnote		
	conservation easements † Organizations Maintaining Colle	ections of Art, Historical Treasures,	or Other Similar Assets
<u> </u>	Complete if the organization ans	wered 'Yes' to Form 990, Part IV, III	ne 8.
1	a If the organization elected, as permitted unde art, historical treasures, or other similar assets h in Part XIII, the text of the footnote to its fina	eld for public exhibition, education, or research i	
	b If the organization elected, as permitted under historical treasures, or other similar assets held to following amounts relating to these items.	r SFAS 116 (ASC 958), to report in its reven or public exhibition, education, or research in fu	ue statement and balance sheet works of art, rtherance of public service, provide the
	(i) Revenue 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, amounts required to be reported under SFAS		nancial gain, provide the following
	a Revenue included in Form 990, Part VIII, line	1	► \$
	h Accate included in Form 000 Part Y		

Schedule D (Form 990) 2014 Home	Builders a	and Remodeler	rs Association	03-022		Page 2
Part III Organizations Mainta	ining Collect	ions of Art, Hist	torical Treasures, c	or Other Similar Ass	sets (conti	nued)
3 Using the organization's acquisition items (check all that apply).	n, accession, and	other records, check	any of the following that a	are a significant use of its	collection	
a Public exhibition		d Loan	or exchange programs	•		
b Scholarly research		e 🗌 Othe	er			
c Preservation for future gene						
4 Provide a description of the organia Part XIII	zation's collections	s and explain how the	ey further the organization	n's exempt purpose in		
5 During the year, did the organiza	ation solicit or red	ceive donations of a	art, historical treasures.	or other similar assets		
to be sold to raise funds rather t	than to be mainta	ined as part of the	organization's collection	n [?]	Yes	No
Part IV Escrow and Custodia line 9, or reported an				nswered 'Yes' to Fo	rm 990, Pa 	art IV,
1 a Is the organization an agent, true on Form 990, Part X?				ther assets not included	Yes	No
b If 'Yes,' explain the arrangement	t in Part XIII and	complete the follow	ving table			
Б					Amount	
c Beginning balance				1 c		
d Additions during the yeare Distributions during the year				1 d		
f Ending balance				1 e		
2a Did the organization include an a	emount on Form	990 Part X June 21	for escrow or custodia		Yes	No
b If 'Yes,' explain the arrangement					1es	
Part V Endowment Funds. C	complete if the	organization a	nswered 'Yes' to Fo	orm 990, Part IV, Iır	 ne 10.	
	(a) Current year				(e) Four ye	ears back
1 a Beginning of year balance						
b Contributions						
c Net investment earnings, gains, and losses						
d Grants or scholarships						
 Other expenditures for facilities and programs 				-		
f Administrative expenses					†	
g End of year balance				-	1	
2 Provide the estimated percentage	e of the current y	ear end balance (li	ne 1g, column (a)) held	as.		
a Board designated or quasi-endowm		 				
b Permanent endowment ►	%					
c Temporarily restricted endowmer		%				
The percentages in lines 2a, 2b,	and 2c should ed	ual 100%				
3 a Are there endowment funds not in t	he possession of t	he organization that	are held and administered	d for the		
organization by (i) unrelated organizations					Yes	No
(ii) related organizations					3a(i)	
b If 'Yes' to 3a(ii), are the related of	organizations liste	ad as required on S	chadula B2		3a(ii) 3b	
4 Describe in Part XIII the intended					30	<u> </u>
Part VI Land, Buildings, and			one lands	-	_	
Complete if the organi		red 'Yes' to Forr	m 990, Part IV, line	11a. See Form 990), Part X, I	ıne 10.
Description of property	(a)	Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book	value
1 a Land				-		
b Buildings						_
c Leasehold improvements						
d Equipment						
e Other			23,030.	16,480.	(6,550.
Total. Add lines 1a through 1e (Colum	n (d) must equal	Form 990, Part X,	column (B), line 10c)	•		6,550.
BAA				Schedu	ule D (Form 99	3 0) 2014 ¯

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Part VII	Investments – Other Securities.		N/A	
	Complete if the organization answered			
	ription of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-	of-year market value
	ial derivatives			
	r-held equity interests			
(3) Other				
(A) (B)				
(C)				
(D)				
(E)				
(F)				
(G)				
(H)				
<u>(I)</u>				
	nn (b) must equal Form 990, Part X, column (B) line 12.)			
	Investments – Program Related.		N/A	
	Complete if the organization answered			
	(a) Description of investment type	(b) Book value	(c) Method of valuation. Cost or end	I-of-year market value
(1)				
(2)				
(3)			<u> </u>	
<u>(4)</u>				
(5)				
<u>(6)</u> (7)				
(8)				
(9)				
(10)				
	nn (b) must equal Form 990, Part X, column (B) line 13.)			
Part IX	Other Assets. Complete if the organization answered	N/A		
	Complete if the organization answered	'Yes' to Form 990	, Part IV, line 11d. See Form 9	90, Part X, line 15.
(1)	(a) Des	scription		(b) Book value
(2)				
(3)				
(4)				
(5)				
(6)				<u> </u>
(7) (8)				
(9)				
(10)				
Total. (Con	lumn (b) must equal Form 990, Part X, column (E	3), line 15)	•	
Part X	Other Liabilities.	· · · · · · · · · · · · · · · · · · ·		
	Complete if the organization answered 'Yes' to Fo	rm 990, Part IV, line 11	e or 11f. See Form 990, Part X, line 25	
~ (1) Fodo	(a) Description of liability ral income taxes	(b) Book value		.
(2)	al litcome taxes			1
(3)			 	,
(4)			- 	
(5)			 	•
(6)				4
(7)				1
(8)				ĺ
(9)				i
(10)			 	1
(11)	(h)		 	į.
rotal. (Colum	n (b) must equal Form 990, Part X, column (B) line 25)	strate to the organization's fun		<u></u>

^{2.} Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII

See Part XIII [X]

Schedule D (Form 990) 2014	Home	Builders	and	Remodelers	Association

Schedule D (Form 990) 2014 Home Builders and Remodelers Association	03-0225913 Page 4
Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue	enue per Return. N/A
Complete if the organization answered 'Yes' to Form 990, Part IV, line 1	2a
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 (losses) on investments	
b Donated services and use of facilities. 2b	
c Recoveries of prior year grants	
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	4 c
5 Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)	5
Part XII Reconciliation of Expenses per Audited Financial Statements With Exp	penses per Return. N/A
Complete if the organization answered 'Yes' to Form 990, Part IV, line 1	2a.
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 2a	
b Prior year adjustments	
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:	
a Investment expenses not included on Form 990, Part VIII, line 7b	
b Other (Describe in Part XIII) . 4b	
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.

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4, Part IV, lines 1b and 2b; Part V, line 4, Part XI, lines 2d and 4b, and Part XII, lines 2d and 4b. Also complete this part to provide any additional information

Part X - FIN 48 Footnote

The Association is exempt from income taxes under Internal Revenue Code Section 501(c)(6). The Association is subject to income taxes on its unrelated 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 filings are subject to audit by the IRS and state taxing authorities.

BAA

Schedule **D** (Form 990) 2014

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.

► Attach to Form 990 or 990-EZ.
► Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

2014
Open to Public Inspection

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

Name of the organization Home Builders and Remodelers Association of Northern Vermont, Inc.

Employer identification number 03-0225913

Form 990, Part VI, Line 2 - Business or Family Relationship of Officers, Directors, Etc.

- 1. Dixie O'Connor and Bob Schwartz business relationship
- 2. Robert Snyder and Chris Snyder business and family relationship
- 3. Robert Snyder and Kathye Boll business relationship
- 4. Chris Snyder and Kathye Boll business relationship
- 5. Adam Hergenrother and Tom Hergenrother business and family relationship

Form 990, Part VI, Line 11b - Form 990 Review Process

The executive committee reviews form 990 and all other financial matters. The President of the Board 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 Conflicts

Officers and employees are expected to disclose interests that could give rise to a confict of interest. They are also expected to disclose any change in status.

Form 990, Part VI, Line 15a - Compensation Review & Approval Process - CEO & Top Management

The executive committee determines the compensation of the executive officer based on the experience and comparable positions in the area. The Board of Directors approves the compensation.

Form 990, Part VI, Line 15b - Compensation Review & Approval Process - Officers & 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 officer.

Form 990, Part VI, Line 19 - Other Organization Documents Publicly Available

The governing documents, board meeting minutes, employee manual, conflict of interest policy and financial statements are available upon request.

Name of the organization Home Builders and Remodelers Association	Employer identification number
of Northern Vermont, Inc.	03-0225913

Form 990, Part XI, Line 9 Other Changes In Net Assets Or Fund Balances

Change in bad debt allowance

\$ 5,000. Total \$ 5,000.

(g) Sec 512(b)(13) controlled entity? ŝ Schedule R (Form 990) 2014 (f)
Direct controlling
entity Open to Public Inspection Part II Identification of Related Tax-Exempt Organizations Complete if the organization answered 'Yes' on Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year. OMB No 1545 0047 Yes 2014 N/A Employer identification number (f)
Direct controlling
entity 03-0225913 155, 514. (e) End-of-year assets (e)
Public charity status (if section 501(c)(3)) Part I Identification of Disregarded Entities Complete if the organization answered 'Yes' on Form 990, Part IV, line 33. Complete if the organization answered 'Yes' on Form 990, Part IV, line 33, 34, 35b, 36, or 37.Attach to Form 990. -192.Information about Schedule R (Form 990) and its instructions is at www.irs.gov/form990. (d) Total income Related Organizations and Unrelated Partnerships (d) Exempt Code section TEEA5001L 08/22/14 (c)
Legal domicile (state or foreign country) ĽΔ (c)
Legal domicile (state or foreign country) Home Builders and Remodelers Association of Northern Vermont, Inc. none - dormant (b) Primary activity (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 (a) Name, address, and EIN of related organization Williston, VT 05495 HBRA Building, LLC PO Box 934 Department of the Treasury Internal Revenue Service 03-0369333 Name of the organization SCHEDULE R (Form 990) **₹** Ξ¦ **⊗** ල 2 ଫ୍ର¦

Schedule R (Form 990) 2014 Home Builders and Remodelers Association

Part III Identification of Related Organizations Taxable as a Partnership Complete if the organization answered 'Yes' on Form 990, Part IV, line 34 because it had one or more related organizations treated as a partnership during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	Legal domicile (state or foreign)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections	come Share of total lated, income n tax		Share of end-of-year assets	(h) Disproportionate allocations?	Code V-UBI amount in box 20 of Schedule K-1 (Form	General or managing partner?	(K) Percentage ownership
		country)		512-514)				Yes No	1065)	Yes No	
(I)						_					
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1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1									_		
Part IV Identification of Ine 34 because	Identification of Related Organizations Taxable as a Corporation or Trust Complete if the organization answered 'Yes' on Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year.	iizations nore relat	Taxable as	a Corporatio	n or Trust Co as a corpora	implete if the tion or trust d	organizatio uring the ta	n answer x year.	ed 'Yes' on F	orm 990, F	Part IV,
(a) Name, address, and EIN of related organization	of related organizati		(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	Type of entity (C corp, S corp, or trust)	Share of total income		Share of end-of- year assets	(h) Percentage ownership	(n) Sec 512(b)(13) controlled entity?
								+			Yes No
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Schedule R (Form 990) 2014 Home Builders and Remodelers Association

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Part V Transactions With Related Organizations Complete If the organization answered 'Yes' on Form 990, Part IV, line 34, 35b, or 36.

Note. Complete line 1 if any entity is listed in Parts II. III. or IV of this schedule.				Yes No	0
1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?	ed in Parts II-IV?		_	·	.]
a Receipt of (i) interest (ii) annuities (iii) royalties or (iv) rent from a controlled entity.			1a		\times
b Gift, grant, or capital contribution to related organization(s)			- 1 -		×
c Gift, grant, or capital contribution from related organization(s)		٠	ا د		×
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)		:	=	_	×
g Sale of assets to related organization(s)	-		1g		×
h Purchase of assets from related organization(s)			<u>۔</u>		×
i Exchange of assets with related organization(s)		-	;=		×
j Lease of facilities, equipment, or other assets to related organization(s)		:	-		¦×
k Lease of facilities, equipment, or other assets from related organization(s)		•	-		×
I Performance of services or membership or fundraising solicitations for related organization(s).	:	-	=		×
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)			_ _		×
o Sharing of paid employees with related organization(s)			٦		×
p Reimbursement paid to related organization(s) for expenses	•		1 p		×
q Reimbursement paid by related organization(s) for expenses			19		×
r Other transfer of cash or property to related organization(s)	:				×
s Other transfer of cash or property from related organization(s)			18		×
2 If the answer to any of the above is 'Yes,' see the instructions for information on who must complete this line, including covered relationships and transaction thresholds	d relationships and tra	saction thresholds			
ĺ	(b) Transaction	Amplint Involved	(d) Method of determining	determin	
יאמוייר כו לימולים כולם והמנים במולים	type (a-s)		amount	nvolved	ም_
(1)				į	
(2)					
(3)					
(4)					
(5)					
(9)					
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Page 4

Schedule R (Form 990) 2014 Home Builders and Remodelers Association

Part VI Unrelated Organizations Taxable as a Partnership Complete of the organization answered 'Yes' on Form 990, Part IV, line 37.

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

Name, address, and EIN of entity Primary activity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant Income (related, unrelated, excluded from tax under	(e) Are all partners section 501(c)(3) organizations?	Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?	Code V-UBI amount in box 20 of Schedule K-1 Form (1065)	General or managing partner?	Percentage ownership
	_		section 512-514)	Yes No			Yes No		Yes No	
(1)										
	,									
(2)										
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Schedule R (Form 990) 2014 Home Builders and Remodelers Association 03-022591

Part VII | Supplemental Information Provide additional information for responses to questions on Schedule R (see instructions).

Home Builders and Remodelers Association of Northern Vermont, Inc 2014 Officers & Board of Directors 03-0225913 Form 990 Attachment #1

Officers

President
Dixie O'Connor, CGR, CGP
Great Northern Construction, Inc.
199 Church Street, Ste 1
Burlington, VT 05401
802-862-1463
Avg hrs/week: 12

Immediate Past President Brad Dousevicz Dousevicz, Inc. 21 Carmichael Street, Ste 201 Essex Junction, VT 05452 802-879-4477 Avg hrs/week: 4

Vice-President of Associates Patricia Geraghty Portland Glass 45 Green Mountain Drive S. Burlington, VT 05403 802-864-0996 Avg hrs/week: 2

Presidential Appointment Michael Languasco People's United Bank 2 Burlington Square Burlington, VT 05401 802-660-7460 Avg hrs/week: 2

Vice-President of Education Chris West Eco Houses of Vermont 71 Hanley Lane Jericho, VT 05465 646-957-0068 Avg hrs/week: 0.9 Home Builders and Remodelers Association of Northern Vermont, Inc 03-0225913
Page 2 of 5

Vice-President of Finance Ed Levite Union Bank 30 Kimball Avenue, Ste 102 South Burlington, VT 05403 802-865-1000 Avg hrs/week: 0.9

Board of Directors

Todd Leach, CGP Leach Construction of Vermont 30 Bradley Bow Road Jericho, VT 05465 802-434-5578 Avg hrs/week: 4

Bill LaCroix, CGP r.k. MILES, Inc. PO Box 746 Middlebury, VT 05753 802-881-2748 Avg hrs/week: 0.2

James Jorschick Jorschick Construction & Development 145A Raceway Road Jericho, VT 05465 802-899-1700 Avg hrs/week: 0.2

Bob Schwartz, CGR, CGP Great Northern Construction, Inc. 199 Church Street, Ste 1 Burlington, VT 05401 802-862-1463 Avg hrs/week: 0.2

Joseph Meccia, CGP Joseph Meccia Builder, LLC 1330 Main Road Huntington, VT 05462 802-578-5903 Avg hrs/week: 0.2 Home Builders and Remodelers Association of Northern Vermont, Inc 03-0225913
Page 3 of 5

Mark Groleau, CGP Groleau Construction Company, Inc. 25 South Main Street Barre, VT 05641 802-476-8481 Avg hrs/week: 0.2

John Olson Beacon Wealth Management LLC 336 Water Tower Circle, Suite 104 Colchester, VT 05446 802-654-8900 Avg hrs/week: 0.2

Barb Trousdale Preferred Properties 2004 Williston Road South Burlington, VT 05403 802-862-9106 Avg hrs/week: 0.2

Sam Gervais Prime Renovation Group 4735 Williston Road, Ste 50 Williston, VT 05495 802-865-9276 Avg hrs/week: 0.2

Brian Richard Richard Electric, Inc. 4735 Williston Rd. Ste 50 Williston, VT 05495 802-862-7603 Avg hrs/week: 1

Ward Smyth Turtle Creek Builders 105-4 Mad River Green PO Box 760 Waitsfield, VT 05673 802-496-2206 Avg hrs/week: 0.2

Chris Snyder Snyder Homes 4076 Shelburne Road, Ste 6 Home Builders and Remodelers Association of Northern Vermont, Inc 03-0225913
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Shelburne, VT 05482 802-985-5722 Avg hrs/week: 0.2

Robert Snyder Snyder Homes 4076 Shelburne Road, Ste 6 Shelburne, VT 05482 802- 985-5722 Avg hrs/week: 0.2

Andre Thibault A. Thibault & Sons LLC 95 Rivermount Terrace Burlington, VT 05408 802-862-3562 Avg hrs/week: 0.2

William Hauke, Jr. Hauke Building Supply Inc. 1099 North Ave. Burlington, VT 05401 802-658-6688 Avg hrs/week: 0.2

Mike Gervais, CR, CGR, CAPS, CGP Prime Renovation Group 4735 Williston Road, Ste 50 Williston, VT 05495 802-865-9276

802-865-9276 Avg hrs/week: 0.2

Linda LaCroix Aspen Construction Services 20 Old Route 30 Bondville, VT 05340 802-379-7256 Avg hrs/week: 0.2

Kathye Boll Snyder Homes 4076 Shelburne Road, Ste 6 Shelburne, VT 05482 802-985-5722 Avg hrs/week: 0.2 Home Builders and Remodelers Association of Northern Vermont, Inc 03-0225913
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Adam Hergenrother
Black Rock Construction
302 Mountain View Drive, Ste 300
Colchester, VT 05446
802-488-3450
Avg hrs/week: 0.2

Tom Hergenrother Black Rock Construction 302 Mountain View Drive, Ste 300 Colchester, VT 05446 802-488-3424 Avg hrs/week: 0.2

Chris LeBlanc
Champlain Building Specialties
32 Martel Lane
Williston, VT 05495
802-598-8355
Avg hrs/week: 0.2

Ali White Kitchens by Design P.O. Box 2050 Georgia, VT 05468 802-524-2900 Avg hrs/week: 0.2