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Form **990-EZ****Short Form**
Return of Organization Exempt From Income Tax

OMB No 1545-1150

2009Department of the Treasury
Internal Revenue Service

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

► Sponsoring organizations of donor advised funds and controlling organizations as defined in section 512(b)(13) must file Form 990. All other organizations with gross receipts less than \$500,000 and total assets less than \$1,250,000 at the end of the year may use this form.

► The organization may have to use a copy of this return to satisfy state reporting requirements

Open to Public Inspection**A For the 2009 calendar year, or tax year beginning , 2009, and ending ,****B Check if applicable**

- ☐ Address change
☐ Name change
☐ Initial return
☐ Termination
☐ Amended return
☐ Application pending

Please use IRS label or print or type. See Specific Instructions.

C HOME BUILDERS ASSOCIATION OF FORT WAYNE
 305 W MAIN STREET
 FORT WAYNE, IN 46802

D Employer identification number

35-0936524

E Telephone number

260-420-2020

F Group Exemption Number

• **Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ).**

G Accounting method. ☐ Cash ☒ Accrual
 Other (specify) ►

I Website: ► WWW.HBAFORTWAYNE.COM**J Tax-exempt status (check only one)** — ☒ 501(c) (6) (insert no.) ☐ 4947(a)(1) or ☐ 527

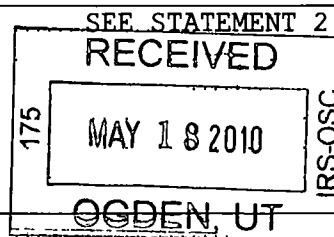
K Check ☐ if the organization is not a section 509(a)(3) supporting organization and its gross receipts are normally not more than \$25,000. A Form 990-EZ or Form 990 return is not required, but if the organization chooses to file a return, be sure to file a complete return.

L Add lines 5b, 6b, and 7b, to line 9 to determine gross receipts, if \$500,000 or more, file Form 990 instead of Form 990-EZ

► \$ 483,363.

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See the instructions for Part I.)

REVENUE	1	Contributions, gifts, grants, and similar amounts received	1	3,150.
	2	Program service revenue including government fees and contracts	2	239,400.
	3	Membership dues and assessments	3	155,800.
	4	Investment income	4	84,401.
EXPENSES	5a	Gross amount from sale of assets other than inventory	5a	
	5b	Less: cost or other basis and sales expenses	5b	
	5c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	5c	
	6	Special events and activities (complete applicable parts of Schedule G). If any amount is from gaming, check here ☐	6	
	6a	Gross revenue (not including \$ of contributions reported on line 1)	6a	
	6b	Less: direct expenses other than fundraising expenses	6b	
	6c	Net income or (loss) from special events and activities (Subtract line 6b from line 6a)	6c	
	7a	Gross sales of inventory, less returns and allowances	7a	
	7b	Less: cost of goods sold	7b	
	7c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c	
NET ASSETS	8	Other revenue (describe ► SEE STATEMENT 1)	8	612.
	9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8	9	483,363.
	10	Grants and similar amounts paid (attach schedule)	10	99,705.
	11	Benefits paid to or for members	11	
	12	Salaries, other compensation, and employee benefits	12	102,960.
	13	Professional fees and other payments to independent contractors	13	
	14	Occupancy, rent, utilities, and maintenance	14	
	15	Printing, publications, postage, and shipping	15	2,217.
	16	Other expenses (describe ► SEE STATEMENT 3)	16	258,053.
	17	Total expenses. Add lines 10 through 16	17	462,935.
18	Excess or (deficit) for the year (Subtract line 17 from line 9)	18	20,428.	
19	Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)	19	463,773.	
20	Other changes in net assets or fund balances (attach explanation)	20		
21	Net assets or fund balances at end of year. Combine lines 18 through 20	21	484,201.	

**Part II Balance Sheets.** If Total assets on line 25, column (B) are \$1,250,000 or more, file Form 990 instead of Form 990-EZ.

(See the instructions for Part II)

	(A) Beginning of year	(B) End of year
22 Cash, savings, and investments	330,505.	373,538.
23 Land and buildings	112,975.	102,616.
24 Other assets (describe ► SEE STATEMENT 4)	21,268.	14,687.
25 Total assets	464,748.	490,841.
26 Total liabilities (describe ► SEE STATEMENT 5)	975.	6,640.
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	463,773.	484,201.

BAA For Privacy Act and Paperwork Reduction Act Notice, see separate instructions.

Form 990-EZ (2009)

TEEA0803L 01/30/10

SCANNED JUL 09 2010

P 20

Expenses

(Required for section 501(c)(3) and (4) organizations and section 4947(a)(1) trusts, optional for others)

28a	133,981.
29a	30,899.
30a	11,374.
31a	20,834.
32	197,088.

28a	133,981.
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28a	133,981.
-----	----------

29a	30,899.
-----	---------

29a	30,899.
-----	---------

30a	11,374.
-----	---------

30 a	11,374.
------	---------

31 a	20,834.
------	---------

31 a	20,834.
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32	197,088.
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[illegible]

Part V Other Information (Note the statement requirements in the instrs for Part V.)

	Yes	No
33 Did the organization engage in any activity not previously reported to the IRS? If 'Yes,' attach a detailed description of each activity		X
34 Were any changes made to the organizing or governing documents? If 'Yes,' attach a conformed copy of the changes		X
35 If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but not reported on Form 990-T, attach a statement explaining why the organization did not report the income on Form 990-T.		
a Did the organization have unrelated business gross income of \$1,000 or more or was it subject to section 6033(e) notice, reporting, and proxy tax requirements?	X	
b If 'Yes,' has it filed a tax return on Form 990-T for this year?	X	
36 Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If 'Yes,' complete applicable parts of Schedule N		X
37a Enter amount of political expenditures, direct or indirect, as described in the instructions 37a 0.		
b Did the organization file Form 1120-POL for this year?		X
38a Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the period covered by this return?		X
b If 'Yes,' complete Schedule L, Part II and enter the total amount involved 38b N/A		
39 Section 501(c)(7) organizations Enter.		
a Initiation fees and capital contributions included on line 9 39a N/A		
b Gross receipts, included on line 9, for public use of club facilities 39b N/A		
40a Section 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under. section 4911 N/A , section 4912 N/A , section 4955 N/A		
b Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year or is it 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 40b		
c Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 0.		
d Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization 0.		
e All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If 'Yes,' complete Form 8886-T 40e X		
41 List the states with which a copy of this return is filed IN		
42a The organization's books are in care of MAURINE HOLLE Telephone no. 260-420-2020 Located at 305 W MAIN STREET, FORT WAYNE, IN ZIP + 4 46802		
b At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? If 'Yes,' enter the name of the foreign country: _____		X
See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of a Foreign Bank and Financial Accounts.		
c At any time during the calendar year, did the organization maintain an office outside of the U.S.? If 'Yes,' enter the name of the foreign country: _____		X
43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 — Check here ☐ N/A and enter the amount of tax-exempt interest received or accrued during the tax year 43 N/A		
44 Did the organization maintain any donor advised funds? If 'Yes,' Form 990 must be completed instead of Form 990-EZ 44 X		
45 Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If 'Yes,' Form 990 must be completed instead of Form 990-EZ 45 X		

Part VI Section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts only. All section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts must answer questions 46-49b and complete the tables for lines 50 and 51.

46 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

	Yes	No
46		
47		
48		
49a		
49b		

47 Did the organization engage in lobbying activities? If 'Yes,' complete Schedule C, Part II

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

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

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

50 Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter 'None.'

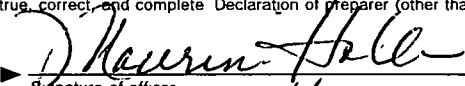
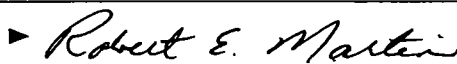
(a) Name and address of each employee paid more than \$100,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account and other allowances

f Total number of other employees paid over \$100,000 ▶

51 Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter 'None.'

(a) Name and address of each independent contractor paid more than \$100,000	(b) Type of service	(c) Compensation

d Total number of other independent contractors each receiving over \$100,000 ▶

Sign Here	Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.				
	 Signature of officer		5-12-10 Date		
Maurice Holle, Executive Director Type or print name and title					
Paid Preparer's Use Only	Preparer's signature  Signature		Date 5/11/2010 Date	Check if self-employed ☐	Preparer's Identifying Number (See instructions) N/A
	Firm's name (or yours if self-employed), address, and ZIP + 4 BADEN, GAGE & SCHROEDER, LLC 6920 POINTE INVERNESS WAY #300 FORT WAYNE, IN 46804-7926		EIN N/A		Phone no 260-422-2551
	May the IRS discuss this return with the preparer shown above? See instructions ☒ Yes ☐ No				

BAA

Form 990-EZ (2009)

HOME BUILDERS ASSOCIATION OF FORT WAYNE

35-0936524

STATEMENT 1
FORM 990-EZ, PART I, LINE 8
OTHER REVENUE

MISCELLANEOUS

TOTAL	\$	612.
	\$	<u>612.</u>

STATEMENT 2
FORM 990-EZ, PART I, LINE 10
GRANTS AND SIMILAR AMOUNTS PAID

PAYMENTS TO AFFILIATES

NAME:	NAHB	
ADDRESS:	1201 15TH ST NW	
PURPOSE OF PAYMENT:	WASHINGTON, DC. 20005,	
AMOUNT:	NATIONAL DUES	\$ 51,150.
NAME:	IBA	
ADDRESS:	1011 DR. MARTIN LUTHER KING ST	
PURPOSE OF PAYMENT:	INDIANAPOLIS, IN 46202,	
AMOUNT:	STATE DUES	\$ 47,595.
NAME:	REMODELORS COUNCIL	
ADDRESS:	NAHB	
PURPOSE OF PAYMENT:	WASHINGTON, D.C. 20005,	
AMOUNT:	DUES	\$ 960.
PAYMENTS TO AFFILIATES		\$ 99,705.

STATEMENT 3
FORM 990-EZ, PART I, LINE 16
OTHER EXPENSES

ADVERTISING AND PROMOTION	\$ 266.
BROKER FEES	2,041.
BUILDER STANDARDS BOOKS	11,374.
DEPRECIATION	10,359.
DONATIONS	8,580.
DUES & SUBSCRIPTIONS	1,005.
INSURANCE	11,369.
LEGAL & PROFESSIONAL FEES	4,091.
MEETINGS AND SEMINARS	3,818.
MEMBERSHIP AWARDS	2,590.
MEMBERSHIP MEETINGS & OUTINGS	9,337.
OTHER	1,164.
PARADE OF HOMES	133,981.
PROPERTY TAXES	937.
PUBLICATIONS	9,892.
REPAIRS & MAINTENANCE	7,375.
SEMINARS	1,605.
SUPPLIES	2,747.

HOME BUILDERS ASSOCIATION OF FORT WAYNE

35-0936524

STATEMENT 3 (CONTINUED)
FORM 990-EZ, PART I, LINE 16
OTHER EXPENSES

TELEPHONE	\$	2,093.
TOWN & COUNTRY TOUR		30,899.
TRAVEL		1,180.
WEBSITE		1,350.
TOTAL	\$	258,053.

STATEMENT 4
FORM 990-EZ, PART II, LINE 24
OTHER ASSETS

	<u>BEGINNING</u>	<u>ENDING</u>
ACCOUNTS RECEIVABLE	\$ 13,161.	\$ 8,006.
PREPAID EXPENSES AND DEFERRED CHARGES	8,107.	6,681.
TOTAL	\$ 21,268.	\$ 14,687.

STATEMENT 5
FORM 990-EZ, PART II, LINE 26
TOTAL LIABILITIES

	<u>BEGINNING</u>	<u>ENDING</u>
DEFERRED REVENUE	\$ 975.	\$ 6,640.
TOTAL	\$ 975.	\$ 6,640.

STATEMENT 6
FORM 990-EZ, PART III, LINE 31
STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS

<u>DESCRIPTION</u>	<u>GRANTS</u>	<u>PROGRAM SERVICE EXPENSES</u>
PUBLICATIONS -- TO PUBLISH EDUCATIONAL MATERIALS INCLUDES FOREIGN GRANTS: NO		9,892.
MEMBERSHIP MEETINGS -- TO BRING TOGETHER VARIOUS MEMBERS INVOLVED IN THE HOME BUILDING INDUSTRY INCLUDES FOREIGN GRANTS: NO		9,337.
SEMINARS/GO GREEN SEMINARS -- TO PROVIDE EDUCATIONAL INFORMATION AND MATERIALS FOR MEMBERS IN MEETING REGULATORY REQUIREMENTS INCLUDES FOREIGN GRANTS: NO		1,605.
INCLUDES FOREIGN GRANTS: NO		
INCLUDES FOREIGN GRANTS: NO		

HOME BUILDERS ASSOCIATION OF FORT WAYNE

35-0936524

STATEMENT 6 (CONTINUED)
 FORM 990-EZ, PART III, LINE 31
 STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS

DESCRIPTION	GRANTS	PROGRAM SERVICE EXPENSES
TOTAL	\$ 0.	\$ 20,834.

STATEMENT 7
 FORM 990-EZ, PART IV
 LIST OF OFFICERS, DIRECTORS, TRUSTEES, AND KEY EMPLOYEES

NAME AND ADDRESS	TITLE AND AVERAGE HOURS PER WEEK DEVOTED	COMPEN- SATION	CONTRI- BUTION TO EBP & DC	EXPENSE ACCOUNT/ OTHER
DUANE KEES 305 W. MAIN STREET FORT WAYNE, IN 46802	SECRETARY 2.00	\$ 0.	\$ 0.	\$ 0.
BRAD CAYOT 305 W. MAIN STREET FORT WAYNE, IN 46802	PAST PRESIDENT 2.00	0.	0.	0.
JAY SHIPLEY 305 WEST MAIN STREET FORT WAYNE, IN 46802	VICE PRESIDENT 5.00	0.	0.	0.
MATT MOMPER 305 W. MAIN STREET FORT WAYNE, IN 46802	DIRECTOR 2.00	0.	0.	0.
KARL BANDEMER 305 W. MAIN STREET FORT WAYNE, IN 46802	DIRECTOR 2.00	0.	0.	0.
JAMIE LANCIA 305 W. MAIN STREET FORT WAYNE, IN 46802	SECRETARY 5.00	0.	0.	0.
RIC ZEHR 305 W. MAIN STREET FORT WAYNE, IN 46802	PRESIDENT 5.00	0.	0.	0.
MATT LANCIA 305 W. MAIN STREET FORT WAYNE, IN 46802	DIRECTOR 5.00	0.	0.	0.
JAMES BUSHEY 305 WEST MAIN STREET FORT WAYNE, IN 46802	DIRECTOR 2.00	0.	0.	0.

HOME BUILDERS ASSOCIATION OF FORT WAYNE

35-0936524

STATEMENT 7 (CONTINUED)
FORM 990-EZ, PART IV
LIST OF OFFICERS, DIRECTORS, TRUSTEES, AND KEY EMPLOYEES

NAME AND ADDRESS	TITLE AND AVERAGE HOURS PER WEEK DEVOTED	COMPEN- SATION	CONTRI- BUTION TO EBP & DC	EXPENSE ACCOUNT/ OTHER
ELIZABETH URSCHEL 305 WEST MAIN STREET FORT WAYNE, IN 46802	DIRECTOR 2.00	\$ 0.	\$ 0.	\$ 0.
CHARLIE GIESE 305 WEST MAIN STREET FORT WAYNE, IN 46802	DIRECTOR 2.00	0.	0.	0.
CHAD DELAGRANGE 305 WEST MAIN STREET FORT WAYNE, IN 46802	DIRECTOR 2.00	0.	0.	0.
JOHN LEMLER 305 WEST MAIN STREET FORT WAYNE, IN 46802	DIRECTOR 2.00	0.	0.	0.
MARK HELLER 305 WEST MAIN STREET FORT WAYNE, IN 46802	DIRECTOR 2.00	0.	0.	0.
JOSHUA NEAL 305 WEST MAIN STREET FORT WAYNE, IN 46802	DIRECTOR 2.00	0.	0.	0.
CRAIG YODER 305 WEST MAIN STREET FORT WAYNE, IN 46802	SECRETARY 5.00	0.	0.	0.
	TOTAL	\$ 0.	\$ 0.	\$ 0.