



See a Social Security Number? Say Something!
Report Privacy Problems to <https://public.resource.org/privacy>
Or call the IRS Identity Theft Hotline at 1-800-908-4490



Short Form
Return of Organization Exempt From Income Tax

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

OMB No 1545-1150

2009

Open to Public
Inspection

► 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

A For the 2009 calendar year, or tax year beginning and ending

B Check if applicable

C Name of organization

D Employer identification number

<input type="checkbox"/> Address change
<input type="checkbox"/> Name change
<input type="checkbox"/> Initial return
<input type="checkbox"/> Terminated
<input type="checkbox"/> Amended return
<input type="checkbox"/> Application pending
Please use IRS label or print or type See Specific Instructions

EXAMINATION BOARD OF PROFESSIONAL HOME
INSPECTORS C/O THE SANFORD ORGANIZATION

36-4324813

Number and street (or P.O. box, if mail is not delivered to street address)

Room/suite

1000 N. RAND RD.

214

City or town, state or country, and ZIP + 4

WAUCONDA, IL 60084

E Telephone number

847-526-2010

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.HOMEINSPECTIONEXAM.ORG

H Check ► if the organization is notJ Tax-exempt status (check only one) — 501(c)(6) ◀ (insert no.) 4947(a)(1) or 527

required to attach Schedule B (Form 990, 990-EZ, or 990-PF)

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 ► \$ 253035.

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

1 Contributions, gifts, grants, and similar amounts received	1
2 Program service revenue including government fees and contracts	2 250745.
3 Membership dues and assessments	3
4 Investment income	4 2290.
5a Gross amount from sale of assets other than inventory	5a
b Less: cost or other basis and sales expenses	5b
c Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	
6 Special events and activities (complete applicable parts of Schedule G). If any amount is from gaming, check here ► <input type="checkbox"/>	
a Gross revenue (not including \$ _____ of contributions reported on line 1)	6a
b Less: direct expenses other than fundraising expenses	6b
c Net income or (loss) from special events and activities (Subtract line 6b from line 6a)	
7a Gross sales of inventory, less returns and allowances	7a
b Less: cost of goods sold	7b
c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	
8 Other revenue (describe ►)	8
9 Total revenue Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8 ►)	9 253035.
10 Grants and similar amounts paid (attach schedule)	10
11 Benefits paid to or for members	11
12 Salaries, other compensation, and employee benefits	12
13 Professional fees and other payments to independent contractors	13 55607.
14 Occupancy, rent, utilities, and maintenance	14
15 Printing, publications, postage, and shipping	15 867.
16 Other expenses (describe ►)	16 99615.
17 Total expenses. Add lines 10 through 16 ►)	17 156089.
18 Excess or (deficit) for the year (Subtract line 17 from line 9)	18 96946.
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 413809.
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 510755.

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	336093.	22 378566.
23 Land and buildings		23
24 Other assets (describe ►)	195131.	24 137424.
25 Total assets	531224.	25 515990.
26 Total liabilities (describe ►)	117415.	26 5235.
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	413809.	27 510755.

**EXAMINATION BOARD OF PROFESSIONAL HOME
INSPECTORS C/O THE SANFORD ORGANIZATION**

Form 990-EZ (2009)

36-4324813

Page 2

Part III Statement of Program Service Accomplishments (See the instructions for Part III.)

Expenses

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

What is the organization's primary exempt purpose? **SEE STATEMENT 5**

Describe what was achieved in carrying out the organization's exempt purposes. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title

28 EXAMINATIONS PROVIDE CERTIFICATION FOR HOME INSPECTORS.
EXAM GIVEN ON DEMAND. IN 2009 APPROXIMATELY 2100 EXAMS
GIVEN.

(Grants \$) If this amount includes foreign grants, check here

1

28a

29

Digitized by srujanika@gmail.com

(Grants \$) If this amount includes foreign grants, check here

30

If this amount includes foreign grants, check here

31 Other program services (attach schedule)

If this amount includes foreign grants, check here.

32 Total program service expenses (add lines 28a through 31a)

Part IV List of Officers, Directors, Trustees, and Key Employees. List each one even if not compensated. (See Part I, Item 10.)

Part IV List of Officers, Directors, Trustees, and Key Employees. List each one even if not compensated (See the instructions for Part IV).

(a) Name and address	(b) Title and average hours per week devoted to position	(c) Compensation (If not paid, enter -0-.)	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
SEE ATTACHED	SEE ATTACHED	0.00	0.	0.

932172
02-08-10

Form 990-EZ (2009)

**EXAMINATION BOARD OF PROFESSIONAL HOME
INSPECTORS C/O THE SANFORD ORGANIZATION**

Form 990-EZ (2009)

36-4324813

Page 3

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

33 Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity
 34 Were any changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the changes
 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?

b If "Yes," has it filed a tax return on Form 990-T for this year?

36 Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Sch. N

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?

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?

b If "Yes," complete Schedule L, Part II and enter the total amount involved

39 Section 501(c)(7) organizations. Enter:

a Initiation fees and capital contributions included on line 9

b Gross receipts, included on line 9, for public use of club facilities

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

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

d Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization

e All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T

41 List the states with which a copy of this return is filed. ► NONE

42a The organization's books are in care of ► RICHARD SCHASCHECK Telephone no. ► 847-298-7750
 Located at ► 1000 N RAND RD, SUITE 214, WAUCONDA, IL ZIP + 4 ► 60084

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: ► _____

See the instructions for exceptions and filing requirements for Form TD F 90-22 1, Report of 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: ► _____

43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 - Check here

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

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

	Yes	No
33		X
34		X
35a		X
35b	N/A	
36		X
37b		X
38a		X
38b	N/A	
39a	N/A	
39b	N/A	
40b	N/A	
40e		X

	Yes	No
42b		X
42c		X

Form 990-EZ (2009)

**EXAMINATION BOARD OF PROFESSIONAL HOME
INSPECTORS C/O THE SANFORD ORGANIZATION**

Form 990-EZ (2009)

36-4324813

Page 4

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

		Yes	No
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	46	
47	Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II	47	
48	Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	48	
49a	Did the organization make any transfers to an exempt non-charitable related organization?	49a	
b	If "Yes," was the related organization a section 527 organization?	49b	
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 N/A	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & 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."

N/A

(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). I based on all information of which preparer has any knowledge			
	► Signature of officer	3/1/2010	Date	
	► RICHARD H. SCHASCHICK, EXECUTIVE DIRECTOR			
Paid Preparer's Use Only	Preparer's signature	Date	Check if self-employed ► <input type="checkbox"/>	Preparer's identifying number (See instr.)
	► Leonard Weitz	2/28/10		
	Firm's name (or yours) if self-employed, address, and ZIP + 4		EIN ►	
	► MANN. WEITZ & ASSOCIATES L.L.C. ► 111 DEER LAKE ROAD, SUITE 125 ► DEERFIELD, IL 60015		Phone ►	
			no.	(847) 267-3400

May the IRS discuss this return with the preparer shown above? See instructions

► Yes No

Form 990-EZ (2009)

FORM 990-EZ	OTHER EXPENSES	STATEMENT	1
-------------	----------------	-----------	---

DESCRIPTION	AMOUNT
OFFICE EXPENSE	10727.
INTEREST	2800.
BOARD OF DIRECTORS	13015.
STAFF TRAVEL	2075.
SME	12723.
DEPRECIATION AND AMORTIZATION	58275.
TOTAL TO FORM 990-EZ, LINE 16	99615.

FORM 990-EZ	OTHER ASSETS	STATEMENT	2
-------------	--------------	-----------	---

DESCRIPTION	BEG. OF YEAR	END OF YEAR
PREPAID	650.	1216.
ACCOUNTS RECEIVABLE	18375.	26274.
OTHER DEPRECIABLE ASSETS	176106.	109934.
TOTAL TO FORM 990-EZ, LINE 24	195131.	137424.

FORM 990-EZ	OTHER LIABILITIES	STATEMENT	3
-------------	-------------------	-----------	---

DESCRIPTION	BEG. OF YEAR	END OF YEAR
NOTE PAYABLE	110000.	0.
ACCOUNTS PAYABLE	7415.	5235.
TOTAL TO FORM 990-EZ, LINE 26	117415.	5235.

FORM 990-EZ

INFORMATION REGARDING TRANSFERS
ASSOCIATED WITH PERSONAL BENEFIT CONTRACTS

STATEMENT 4

A) DID THE ORGANIZATION, DURING THE YEAR, RECEIVE ANY FUNDS, DIRECTLY OR INDIRECTLY, TO PAY PREMIUMS ON A PERSONAL BENEFIT CONTRACT? [] YES [X] NO

B) DID THE ORGANIZATION, DURING THE YEAR, PAY PREMIUMS, DIRECTLY OR INDIRECTLY, ON A PERSONAL BENEFIT CONTRACT? . . [] YES [X] NO

990-EZ PG 2

STATEMENT 5

THE EXAM BOARD OF PROFESSIONAL HOME INSPECTORS PROMOTES PROFESSIONAL STANDARDS AND CERTIFICATION IN THE HOME INSPECTORS INDUSTRY.

Examination Board of Professional Home Inspectors
Board of Directors 2009
FEIN # 36-4324813
Attachment to form 990

President 8 hours per week

James J. Funkhouser
Fairfax Home Inspections, Inc.
Nokesville, VA 20181
(703) 791-2360
jfunkhousr@aol.com
<http://www.fairfaxhomeinspections.net/>

Vice President $\frac{1}{2}$ hour per week

Fred Buck
King Inspections, Inc.
24830 Rock Bend
San Antonio, TX 78258
(210) 385-2448
kinginsp@sbcglobal.net

Treasurer $\frac{1}{2}$ hour per week

Donald Lovering
Advantage Home Inspections, Inc.
275 Grove Street
Suite 2-400
Auburndale, MA 02466
(617) 928-1942
lovering@earthlink.net
<http://www.advantage-home-inspection.com>

Secretary: $\frac{1}{2}$ hour per week

Hugh Kelso
HKI Building Inspections
8317 13th Avenue NW
Seattle, WA 98117
(206) 525-6224
hugh@hkibuildinginspections.com

Immediate Past President: $\frac{1}{2}$ hour per week

Scott Patterson
Trace Home Inspections
1643 Zurich Drive
Spring Hill, TN 37174
(615) 302-1113
scott@traceinspections.com

Director ½ hour per week
Brian Murphy
1527 Mountain Maple Ave
Highlands Ranch, CO 80129
(303) 791.7824
bmurpf@comcast.net

Public Member: ½ hour per week
Barbara Showers, PhD
5509 Dorsett Dr.
Madison, WI 53711
(608) 276-7656
barbshowers@att.net

Executive Director 5 ¾ hours per week
Richard H. Schascheck, CPA
EBPHI
1000 N. Rand Road
Suite #214
Wauconda, IL 60084
(847) 416-7214 Direct
(773) 497-6543 Cell
rschascheck@tso.net