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Form **990-EZ**

Department of the Treasury
Internal Revenue Service

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)

▶ 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.*

OMB No 1545-1150

2009

Open to Public Inspection

A For the 2009 calendar year, or tax year beginning 01-01-2009 , and ending 12-31-2009

B Check if applicable
- ☐ Address change
- ☐ Name change
- ☐ Initial return
- ☐ Terminated
- ☐ Amended return
- ☐ Application pending

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

C Name of organization
HOME BUILDERS ASSOCIATION OF TOPEKA INC

Number and street (or P O box, if mail is not delivered to street address) | Room/suite
1505 SW FAIRLAWN RD

City or town, state or country, and ZIP + 4
TOPEKA, KS 66604

D Employer identification number
48-0682233

E Telephone number
(785) 273-1260

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 THBA COM

J Tax-Exempt status (check only one)— ☑ 501(c) (6) ◀(insert no) ☐ 4947(a)(1) or ☐ 527

H Check ▶ ☑ if the organization is **not** 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 ▶ $ 426,258

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	14,950
	2	Program service revenue including government fees and contracts		2	142,679
	3	Membership dues and assessments		3	119,003
	4	Investment income		4	35,165
	5a	Gross amount from sale of assets other than inventory	5a 60,525		
	b	Less cost or other basis and sales expenses	5b 56,914		
	c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)		5c	3,611
	6	Special events and activities (complete applicable parts of Schedule G) If any amount is from **gaming,** check here ▶ ☐			
	a	Gross revenue (not including $ _of contributions reported on line 1)	6a 18,324		
	b	Less direct expenses other than fundraising expenses	6b 13,284		
	c	Net income or (loss) from special events and activities (Subtract line 6b from line 6a)		6c	5,040
	7a	Gross sales of inventory, less returns and allowances	7a		
	b	Less cost of goods sold	7b 0		
	c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)		7c	
	8	Other revenue (describe ▶)		8	35,612
	9	**Total revenue.** Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8 ▶		9	356,060
Expenses	10	Grants and similar amounts paid (attach schedule)		10	7,760
	11	Benefits paid to or for members		11	
	12	Salaries, other compensation, and employee benefits		12	130,469
	13	Professional fees and other payments to independent contractors		13	1,500
	14	Occupancy, rent, utilities, and maintenance		14	17,703
	15	Printing, publications, postage, and shipping		15	9,629
	16	Other expenses (describe ▶)		16	172,521
	17	**Total expenses.** Add lines 10 through 16 ▶		17	339,582
Net Assets	18	Excess or (deficit) for the year (Subtract line 17 from line 9)		18	16,478
	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	203,372
	20	Other changes in net assets or fund balances (attach explanation)		20	9,535
	21	Net assets or fund balances at end of year Combine lines 18 through 20 ▶		21	229,385

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	204,458	22	229,063
23	Land and buildings	44,739	23	43,824
24	Other assets (describe ▶)	30,349	24	29,806
25	**Total assets**	279,546	25	302,693
26	**Total liabilities** (describe ▶)	76,174	26	73,308
27	**Net assets or fund balances** (line 27 of column (B) **must** agree with line 21)	203,372	27	229,385

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

What is the organization's primary exempt purpose?
PROMOTION OF HOME BUILDING INDUSTRY

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

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

28 See Additional Data Table

(Grants $) If this amount includes foreign grants, check here . . . ▶ ☐ **28a**

29

(Grants $) If this amount includes foreign grants, check here . . . ▶ ☐ **29a**

30

(Grants $) If this amount includes foreign grants, check here . . . ▶ ☐ **30a**

31 Other program services (attach schedule) . . . . . .
(Grants $) If this amount includes foreign grants, check here . . . ▶ ☐ **31a**

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

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

Part V Other Information (Note the statement requirements in the instructions 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	33		No
34	Were any changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the changes	34		No
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?	35a	Yes	
b	If "Yes," has it filed a tax return on **Form 990-T** for this year?	35b	Yes	
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N	36		No
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions ▶ 37a			
b	Did the organization file **Form 1120-POL** for this year?	37b		No
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?	38a		No
b	If "Yes," complete Schedule L, Part II and enter the total amount involved 38b			
39	*Section 501(c)(7) organizations.* Enter			
a	Initiation fees and capital contributions included on line 9 39a 0			
b	Gross receipts, included on line 9, for public use of club facilities 39b 0			
40a	*Section 501(c)(3) organizations.* Enter amount of tax imposed on the organization during the year under section 4911 ▶ _____, section 4912 ▶ _____, section 4955 ▶ _____			
b	*Section 501(c)(3) 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 ▶ _____			
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	40e		No

41 List the states with which a copy of this return is filed ▶ _____

42a The organization's books are in care of ▶ DAWN WRIGHT Telephone no ▶ (785) 273-1260

Located at ▶ 1505 SW FAIRLAWN RD TOPEKA, KS ZIP + 4 ▶ 666042411

			Yes	No
b	At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	42b		No
	If "Yes," enter the name of the foreign country ▶ _____ See the instructions for exceptions and filing requirements for **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 ?	42c		No
	If "Yes," enter the name of the foreign country ▶ _____			

43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of **Form 1041**—Check here ▶ ☐ and enter the amount of tax-exempt interest received or accrued during the tax year ▶ 43

			Yes	No
44	Did the organization maintain any donor advised funds? *If "Yes", Form 990 must be completed instead of Form 990-EZ.*	44		No
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		No

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		
47	Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II		
48	Is the organization a school 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 & deferred compensation	**(e)** Expense account and other allowances
NONE				

50(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
NONE		

51(d) Total number of other independent contractors each receiving over $100,000 . . . . . ▶

Please 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 — 2010-11-15 — Date

DAWN WRIGHT President & CEO — Type or print name and title

Paid Preparer's Use Only

Preparer's signature ▶ Keith L Olson	Date	Check if self-empolyed ▶ ☐	Preparer's identifying number (See instructions)
Firm's name (or yours if self-employed), address, and ZIP + 4 ▶ Mize Houser & Company PA 534 S KANSAS AVE TOPEKA, KS 666033403			EIN ▶ Phone no ▶ (785) 233-0536

May the IRS discuss this return with the preparer shown above? See instructions . . . . . ▶ ☐ Yes ☐ No

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SCHEDULE G
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered "Yes" to Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than $15,000 on Form 990-EZ, line 6a.
▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.

OMB No. 1545-0047

2009

Open to Public Inspection

Name of the organization
HOME BUILDERS ASSOCIATION OF TOPEKA INC

Employer identification number
48-0682233

Part I **Fundraising Activities.** Complete if the organization answered "Yes" to Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part.

1 Indicate whether the organization raised funds through any of the following activities Check all that apply

- **a** ☐ Mail solicitations
- **b** ☐ Internet and e-mail solicitations
- **c** ☐ Phone solicitations
- **d** ☐ In-person solicitations
- **e** ☐ Solicitation of non-government grants
- **f** ☐ Solicitation of government grants
- **g** ☐ Special fundraising events

2a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising activities? ☐ **Yes** ☐ **No**

b If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least $5,000 by the organization Form 990-EZ filers are not required to complete this table

(i) Name of individual or entity (fundraiser)	**(ii)** Activity	**(iii)** Did fundraiser have custody or control of contributions? Yes	(iii) No	**(iv)** Gross receipts from activity	**(v)** Amount paid to (or retained by) fundraiser listed in col **(i)**	**(vi)** Amount paid to (or retained by) organization
Total . . . . . ▶						

3 List all states in which the organization is registered or licensed to solicit funds or has been notified it is exempt from registration or licensing

Part II **Fundraising Events.** Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than $15,000 on Form 990-EZ, line 6a. List events with gross receipts greater than $5,000.

		(a) Event #1 AMC PLAY DAY (event type)	(b) Event #2 GOLF OUTING (event type)	(c) Other Events (total number)	(d) Total Events (Add col (a) through col (c))
Revenue	1 Gross receipts	13,319	5,005		18,324
	2 Less Charitable contributions				
	3 Gross income (line 1 minus line 2)	13,319	5,005		18,324
Direct Expenses	4 Cash prizes				
	5 Non-cash prizes				
	6 Rent/facility costs				
	7 Food and beverages				
	8 Entertainment				
	9 Other direct expenses	8,745	4,539		13,284
	10 Direct expense summary Add lines 4 through 9 in column (d) ▶				13,284
	11 Net income summary Combine lines 3, column d, and line 10 ▶				5,040

Part III **Gaming.** Complete if the organization answered "Yes" to Form 990, Part IV, line 19, or reported more than $15,000 on Form 990-EZ, line 6a.

		(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (Add col (a) through col (c))
Revenue	1 Gross revenue				
Direct Expenses	2 Cash prizes				
	3 Non-cash prizes				
	4 Rent/facility costs				
	5 Other direct expenses				
	6 Volunteer labor	☐ Yes ____ % ☐ No	☐ Yes ____ % ☐ No	☐ Yes ____ % ☐ No	
	7 Direct expense summary Add lines 2 through 5 in column (d) ▶				
	8 Net gaming income summary Combine lines 1, column d, and line 7 ▶				

			Yes	No
9	Enter the state(s) in which the organization operates gaming activities _____			
a	Is the organization licensed to operate gaming activities in each of these states?	9a		
b	If "No," Explain			
10a	Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year?	10a		
b	If "Yes," Explain			
11	Does the organization operate gaming activities with nonmembers?	11		
12	Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming?	12		

			Yes	No
13	Indicate the percentage of gaming activity operated in			
a	The organization's facility	**13a**		
b	An outside facility	**13b**		
14	Enter the name and address of the person who prepares the organization's gaming/special events books and records			
	Name ▶			
	Address ▶			
15a	Does the organization have a contract with a third party from whom the organization receives gaming revenue?	**15a**		
b	If "Yes," enter the amount of gaming revenue received by the organization ▶ $ _____ and the amount of gaming revenue retained by the third party ▶ $ _____			
c	If "Yes," enter name and address			
	Name ▶			
	Address ▶			
16	Gaming manager information			
	Name ▶			
	Gaming manager compensation ▶ $ _____			
	Description of services provided ▶			
	☐ Director/officer ☐ Employee ☐ Independent contractor			
17	Mandatory distributions			
a	Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?	**17a**		
b	Enter the amount of distributions required under state law distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ $			

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TY 2009 Grants and Similar Amounts Paid Schedule

Name: HOME BUILDERS ASSOCIATION OF TOPEKA INC
EIN: 48-0682233
Software ID: 09000047
Software Version: 2009v1.3

Item No.	1
Class of Activity	EDUCATION - SCHOLARSHIPS
Donee's Name	CLOUD COUNTY COMMUNITY COLLEGE
Donee's Address	2221 CAMPUS DRIVE CONCORDIA, KS 66901
Amount (FMV)	500
Purpose of Payment to Affiliate	
Relationship	NONE
Description	
Book Value	
How BV Determined	
How FMV Determined	
Date of Gift	

Item No.	2
Class of Activity	EDUCATION - SCHOLARSHIPS
Donee's Name	M KRUGGEL GRANDCHILDREN EDUCATION FUND
Donee's Address	C/O CAP CITY BANK 3710 SW TOPEKA TOPEKA, KS 66609
Amount (FMV)	200
Purpose of Payment to Affiliate	
Relationship	NONE
Description	
Book Value	
How BV Determined	
How FMV Determined	
Date of Gift	

Item No.	3
Class of Activity	501(C)(3) ORGANIZATION
Donee's Name	TPRC - CHRISTMAS BUREAU
Donee's Address	1315 SW ARROWHEAD RD TOPEKA, KS 66604
Amount (FMV)	
Purpose of Payment to Affiliate	
Relationship	NONE
Description	
Book Value	
How BV Determined	
How FMV Determined	
Date of Gift	

Item No.	4
Class of Activity	501(C)(3) ORGANIZATION
Donee's Name	SHRINERS HOSPITAL
Donee's Address	5300 METCALF AVE OVERLAND PARK, KS 66202
Amount (FMV)	
Purpose of Payment to Affiliate	
Relationship	NONE
Description	
Book Value	
How BV Determined	
How FMV Determined	
Date of Gift	

Item No.	5
Class of Activity	EDUCATION - SCHOLARSHIPS
Donee's Name	BARTON COMMUNITY COLLEGE
Donee's Address	245 NE 30 RD GREAT BEND, KS 67530
Amount (FMV)	
Purpose of Payment to Affiliate	
Relationship	NONE
Description	
Book Value	
How BV Determined	
How FMV Determined	
Date of Gift	

Item No.	6
Class of Activity	EDUCATION - SCHOLARSHIPS
Donee's Name	KAW AREA TECH SCHOOL
Donee's Address	5724 SW HUNTOON TOPEKA, KS 66604
Amount (FMV)	500
Purpose of Payment to Affiliate	
Relationship	NONE
Description	
Book Value	
How BV Determined	
How FMV Determined	
Date of Gift	

Item No.	7
Class of Activity	EDUCATION - SCHOLARSHIPS
Donee's Name	THE UNIVERSITY OF KANSAS
Donee's Address	MEMORIAL HALL LAWRENCE, KS 66045
Amount (FMV)	1,000
Purpose of Payment to Affiliate	
Relationship	NONE
Description	
Book Value	
How BV Determined	
How FMV Determined	
Date of Gift	

Item No.	8
Class of Activity	GRANTS
Donee's Name	KANSAS NATIONAL GUARD
Donee's Address	2800 SW TOPEKA TOPEKA, KS 66609
Amount (FMV)	
Purpose of Payment to Affiliate	
Relationship	
Description	
Book Value	
How BV Determined	
How FMV Determined	
Date of Gift	

Item No.	9
Class of Activity	501(C)(3) ORGANIZATION
Donee's Name	BREAST CANCER AWARENESS FOUNDATION
Donee's Address	4646 NW FIELDING RD TOPEKA, KS 66618
Amount (FMV)	
Purpose of Payment to Affiliate	
Relationship	
Description	
Book Value	
How BV Determined	
How FMV Determined	
Date of Gift	

Item No.	10
Class of Activity	501(C)(3) ORGANIZATION
Donee's Name	KANSAS KOYOTES
Donee's Address	4121 SW TWILIGHT DRIVE TOPEKA, KS 66614
Amount (FMV)	
Purpose of Payment to Affiliate	
Relationship	
Description	
Book Value	
How BV Determined	
How FMV Determined	
Date of Gift	

Item No.	11
Class of Activity	501(C)(3) ORGANIZATION
Donee's Name	MIDLAND HOSPICE
Donee's Address	200 SW FRAZIER TOPEKA, KS 66606
Amount (FMV)	
Purpose of Payment to Affiliate	
Relationship	
Description	
Book Value	
How BV Determined	
How FMV Determined	
Date of Gift	

Item No.	12
Class of Activity	501(C)(3) ORGANIZATION
Donee's Name	JUVENILE DIABETES ASSOC
Donee's Address	1505 SW FAIRLAWN TOPEKA, KS 66604
Amount (FMV)	
Purpose of Payment to Affiliate	
Relationship	
Description	
Book Value	
How BV Determined	
How FMV Determined	
Date of Gift	

Item No.	13
Class of Activity	501(C)(3) ORGANIZATION
Donee's Name	YWCA
Donee's Address	225 SW 12TH TOPEKA, KS 66612
Amount (FMV)	
Purpose of Payment to Affiliate	
Relationship	
Description	
Book Value	
How BV Determined	
How FMV Determined	
Date of Gift	

Item No.	14
Class of Activity	501(C)(3) ORGANIZATION
Donee's Name	HABITAT FOR HUMANITY
Donee's Address	1000 SE HANCOCK TOPEKA, KS 66607
Amount (FMV)	
Purpose of Payment to Affiliate	
Relationship	
Description	
Book Value	
How BV Determined	
How FMV Determined	
Date of Gift	

Item No.	15
Class of Activity	EDUCATION - SCHOLARSHIPS
Donee's Name	HIGHLAND COMMUNITY COLLEGE
Donee's Address	606 W MAIN HIGHLAND, KS 66035
Amount (FMV)	
Purpose of Payment to Affiliate	
Relationship	
Description	
Book Value	
How BV Determined	
How FMV Determined	
Date of Gift	

Item No.	16
Class of Activity	501(C)(3) ORGANIZATION
Donee's Name	GO TOPEKA
Donee's Address	120 SE SIXTH ST STE 110 TOPEKA, KS 66603
Amount (FMV)	1,560
Purpose of Payment to Affiliate	
Relationship	NONE
Description	
Book Value	
How BV Determined	
How FMV Determined	
Date of Gift	

Item No.	17
Class of Activity	EDUCATION - SCHOLARSHIPS
Donee's Name	KANSAS STATE UNIVERSITY
Donee's Address	ANDERSON HALL MANHATTAN, KS 66506
Amount (FMV)	
Purpose of Payment to Affiliate	
Relationship	NONE
Description	
Book Value	
How BV Determined	
How FMV Determined	
Date of Gift	

Item No.	18
Class of Activity	501(C)(3) ORGANIZATION
Donee's Name	TARC INC
Donee's Address	2701 SW RANDOLPH AVE TOPEKA, KS 66611
Amount (FMV)	500
Purpose of Payment to Affiliate	
Relationship	NONE
Description	
Book Value	
How BV Determined	
How FMV Determined	
Date of Gift	

Item No.	19
Class of Activity	501(C)(3) ORGANIZATION
Donee's Name	LETS HELP INC
Donee's Address	PO BOX 2492 TOPEKA, KS 66601
Amount (FMV)	500
Purpose of Payment to Affiliate	
Relationship	NONE
Description	
Book Value	
How BV Determined	
How FMV Determined	
Date of Gift	

Item No.	20
Class of Activity	501(C)(3) ORGANIZATION
Donee's Name	TOPEKA RESCUE MISSION
Donee's Address	600 N KANSAS AVE TOPEKA, KS 66608
Amount (FMV)	500
Purpose of Payment to Affiliate	
Relationship	NONE
Description	
Book Value	
How BV Determined	
How FMV Determined	
Date of Gift	

Item No.	21
Class of Activity	EDUCATION - SCHOLARSHIPS
Donee's Name	OZARK CHRISTIAN COLLEGE
Donee's Address	1111 N MAIN STREET JOPLIN, MO 64801
Amount (FMV)	2,500
Purpose of Payment to Affiliate	
Relationship	NONE
Description	
Book Value	
How BV Determined	
How FMV Determined	
Date of Gift	

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TY 2009 Other Assets Schedule

Name: HOME BUILDERS ASSOCIATION OF TOPEKA INC
EIN: 48-0682233
Software ID: 09000047
Software Version: 2009v1.3

Description	Beginning of Year Amount	End of Year Amount
UTILITY DEPOSITS	25	25
Machinery and Equipment	10,965	7,832
Intangible Assets	2,889	1,156
Furniture and Fixtures	7,248	4,842
Accounts Receivable	9,222	15,951

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TY 2009 Other Changes in Net Assets Schedule

Name: HOME BUILDERS ASSOCIATION OF TOPEKA INC
EIN: 48-0682233
Software ID: 09000047
Software Version: 2009v1.3

Description	Amount
UNREALIZED LOSS ON INVESTMENTS	9,535

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TY 2009 Other Expenses Schedule

Name: HOME BUILDERS ASSOCIATION OF TOPEKA INC
EIN: 48-0682233
Software ID: 09000047
Software Version: 2009v1.3

Description	Amount
WEB SITE & INTERNET	6,631
UTILITIES	1,685
Travel	7,067
TELEPHONE	1,571
SECURITY	94
SECRETARY OF STATE FEE	40
REPAIRS & MAINTENANCE BLDG	662
REFUSE	187
REAL ESTATE TAXES	1,175
PERSONAL PROP TAX	93
PARADE OF HOMES	13,280
OTHER PROFESSIONAL FEES	2,301
Office Expenses	1,318
NAHB DUES	34,560
MARKETING / PROMOTION	1,518
KBIA DUES	10,215
INSURANCE - BUILDING	525
HOME SHOW	28,961
EQUIPMENT REPAIR	409
DUES & SUBSCRIPTIONS	968
DIRECTORY	2,882
Depreciation	6,454
COPY MACHINE SERV AGREEMENT	469
COMPUTER	2,308
CLEANING AND MAINTENANCE	960
BOARD & MEMBERSHIP MEETINGS	36,231
BANK & CC FEES	2,294
AUTO EXPENSE	4,800
Amortization	1,733

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TY 2009 Other Liabilities Schedule

Name: HOME BUILDERS ASSOCIATION OF TOPEKA INC
EIN: 48-0682233
Software ID: 09000047
Software Version: 2009v1.3

Description	Beginning of Year Amount	End of Year Amount
TENANT DEPOSITS	750	750
PAYROLL TAXES PAYABLE	3,505	2,687
HOME SHOW PAYABLE	61,867	56,521
CORNERSTONE PAYABLE	4,800	4,750
Accounts Payable and Accrued Expenses	5,252	8,600

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TY 2009 Other Revenues Schedule

Name: HOME BUILDERS ASSOCIATION OF TOPEKA INC
EIN: 48-0682233
Software ID: 09000047
Software Version: 2009v1.3

Description	Amount
HOME SHOW TICKET SPONSORS	600
ADVERTISING	13,012
HOME SHOW SPONSORSHIPS	22,000

Additional Data

Software ID:
Software Version:
EIN: 48-0682233
Name: HOME BUILDERS ASSOCIATION OF TOPEKA INC

Form 990EZ, Part III - Statement of Program Service Accomplishments

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.	Expenses (Required for 501(c)(3) and 501(c)(4) organizations and 4947(a)(1) trusts; optional for others.)	
28 DONATIONS TO NORTHEAST KANSAS CHARITIES, TO FURTHER THE ORGANIZATION'S PURPOSE OF ENHANCING THE HOME BUILDING INDUSTRY (Grants $) If this amount includes foreign grants, check here . . . ▶ ☐	28a	
29 "FACTS" NEWSLETTER AND DIRECTORY ARE PUBLISHED FOR MEMBERS TO HELP KEEP THEM APPRISED OF DEVELOPMENTS & TRENDS IN THE HOME BUILDING INDUSTRY IN ADDITION THE ORGANZIATION MAINTAINS A WEBSITE TO MAKE INFORMATION EASILY AVAILABLE TO THE MEMBERS AND TO THE GENERAL PUBLIC (Grants $) If this amount includes foreign grants, check here . . . ▶ ☐	29a	
30 PARADE OF HOMES SEMI-ANNUAL SHOWING BY BUILDERS OF THEIR NEW HOMES AND HOME PRODUCTS TO THE GENERAL PUBLIC, WITH THE OVERALL PURPOSE OF EDUCATING THE PUBLIC ON THE ADVANTAGES OF HOME OWNERSHIP (Grants $) If this amount includes foreign grants, check here . . . ▶ ☐	30a	
HOME SHOW ANNUAL EVENT HELD FOR THE BENEFIT OF MEMBERS AND FOR THE GENERAL PUBLIC, OFFERING INFORMATION ON HOME RELATED PRODUCTS AND SERVICES EDUCATIONAL SEMINARS ARE OFFERED TO THE PUBLIC IN CONJUNCTION WITH THE SHOW (Grants $) If this amount includes foreign grants, check here . . . ▶ ☐		

Form 990EZ, Part IV - List of Officers, Directors, Trustees, and Key Employees

(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
GERRY MURPHY 1505 SW FAIRLAWN TOPEKA,KS 66604	Treasurer 0	0		
KEITH KERNS 1505 SW FAIRLAND RD TOPEKA,KS 66604	VICE CHAIR 0	0		
MARK BOLING 1505 SW FAIRLAWN TOPEKA,KS 66604	PAST CHAIRMAN 0	0		
MIKE PRESSGROVE 1505 SW FAIRLAWN TOPEKA,KS 66604	Chairman 0	0		
RUSS KING 1505 SW FAIRLAWN TOPEKA,KS 66604	Secretary 0	0		
DAWN WRIGHT 1505 SW FAIRLAWN TOPEKA,KS 66604	President & CEO 45 00	59,506	11,747	4,800