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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		<input checked="" type="checkbox"/>
34	Were any changes made to the organizing or governing documents? If "Yes," attached a conformed copy of the changes		<input checked="" type="checkbox"/>
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?	<input checked="" type="checkbox"/>	
b	If "Yes," has it filed a tax return on Form 990-T for this year?	<input checked="" type="checkbox"/>	
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		<input checked="" type="checkbox"/>
37a	Enter amount of political expenditures, direct or indirect, as described in the instr. ▶ 37a		
b	Did the organization file Form 1120-POL for this year?		<input checked="" type="checkbox"/>
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?		<input checked="" type="checkbox"/>
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		
b	Gross receipts, included on line 9, for public use of club facilities 39b		
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		<input checked="" type="checkbox"/>
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		<input checked="" type="checkbox"/>
41	List the states with which a copy of this return is filed. NC		
42a	The organization's books are in care of NATALIE H. WOODBURY Telephone no ▶ _____ 2935 BREEZEWOOD AVE- ST 100		
	Located at FAYETTEVILLE, NC ZIP + 4 28305		
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)?		<input checked="" type="checkbox"/>
	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 ?		<input checked="" type="checkbox"/>
	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 ▶ <input type="checkbox"/>		
	43		
44	Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of Form 990-EZ		<input checked="" type="checkbox"/>
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		<input checked="" type="checkbox"/>

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
- 47 Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II
- 48 Is the organization operating 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?

	Yes	No
46		
47		
48		
49a		
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	(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."

(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: J. Malcolm McFadyen Date: 5/18/2010
 Type or print name and title: J. MALCOLM MCFADYEN PRESIDENT

Paid Preparer's Use Only

Preparer's signature: C. D. Merritt, CPA Date: 05/05/10 Check if self-employed: Preparer's Identifying Number (See instr): P00282972

Firm's name (or yours if self-employed), address, and ZIP + 4: Tippett Padrick Bryan & Merritt, CPA's
2510 Raeford Road
Fayetteville, NC 28305 EIN: Phone no: 910-323-5544

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

Federal Statements**Statement 1 - Form 990-EZ, Part I, Line 3 - Membership Dues and Assessments**

<u>Description</u>	<u>Amount</u>
DUES	\$ 240,186
AFFILIATE DUES	2,200
Total	<u>\$ 242,386</u>

Statement 2 - Form 990-EZ, Part I, Line 8 - Other Revenue

<u>Description</u>	<u>Amount</u>
SPONSORSHIP	\$ 77,313
GOLF TOURNAMENT	7,947
MEMBERSHIP MEETINGS	3,416
NEWSLETTER ADS	2,200
MISCELLANEOUS	797
Total	<u>\$ 91,673</u>

Statement 3 - Form 990-EZ, Part I, Line 16 - Other Expenses

<u>Description</u>	<u>Amount</u>
UNIT 101	\$
Interest	8,915
Repairs	124
Taxes and Licenses	1,912
Non-investment Depreciation	1,435
DUES-CONDO	2,268
SUITE 103	
Interest	6,488
Repairs	305
	1,146
Non-investment Depreciation	1,140
DUES-CONDO	1,352
Expenses	
Advertising and Promotion	51,707
Office	33,289
Travel	3,674
FOOD & BEVERAGES	31,292
BANK CHARGES	4,029
ADMIN-CHOOSE FAY	150
OUTSIDE SERVICES	10,200
SECURITY	227
CONTRIBUTIONS	1,310
DUES & SUBSCRIPTIONS	485
EQUIPMENT RENTAL	6,582
GOLF TOURNAMENT	1,769
INSURANCE	2,982
TAXES-OTHER	2,036
MISCELLANEOUS	18
ENTERTAINMENT	3,450
REPAIRS & MAINTENANCE	3,701
UTILITIES	7,126

Federal Statements**Statement 3 - Form 990-EZ, Part I, Line 16 - Other Expenses (continued)**

<u>Description</u>	<u>Amount</u>
WEBSITE FUNDING	\$ 1,135
MARKETING	46,205
PRINTING & SIGNS	1,128
FACILITY RENTAL	6,172
SUPPLIES	2,771
AWARDS & PRIZES	21,549
MISCELLANEOUS	11,679
EQUIPMENT RENTAL	10,878
Total	<u>\$ 290,629</u>

Statement 4 - Form 990-EZ, Part II, Line 24 - Other Assets

<u>Description</u>	<u>Beginning of Year</u>	<u>End of Year</u>
Accounts Receivable	\$ 18,112	\$ 31,977
Prepaid Expenses and Deferred Charges	6,006	502
	326,725	326,725
Less Accumulated Depreciation	57,884	66,003
	<u>292,959</u>	<u>293,201</u>

Statement 5 - Form 990-EZ, Part II, Line 26 - Total Liabilities

<u>Description</u>	<u>Beginning of Year</u>	<u>End of Year</u>
Accounts Payable and Accrued Expenses	\$ 9,246	\$ 800
Deferred Revenue	26,144	51,499
FICA TAX WITHHELD	1,022	1,498
FEDERAL TAX WITHHELD	658	1,003
STATE TAX WITHHELD	359	537
SECURITY DEPOSITS	5,200	5,200
ACCRUED PAYROLL TAXES		112
CREDIT CARD PAYABLE		5,128
Mortgage and Other Notes Payable	220,901	205,919
	<u>263,530</u>	<u>271,696</u>

Federal Statements

Statement 7 - Form 990EZ, Part IV - List of Officers, Directors, Trustees and Key Employees

Name and Address	Title	Average Hours	Compensation	Benefits	Expenses
BRADY RUFENACHT	PRESIDENT		0	0	0
MALCOLM MCFADYEN	VICE PRESIDE		0	0	0
LARRY STROTHER	VICE PRESIDE		0	0	0
LINDA LEE ALLAN	TREASURER		0	0	0
MELODY SPAULDING	SECRETARY		0	0	0
BILLY HYLTON	IMMEDIATE PA		0	0	0
GEORGE ARMSTONG			0	0	0
BILL BERRY			0	0	0
DOHN BROADWELL JR.			0	0	0
NEPHI BROCK			0	0	0
DAVE EVANS			0	0	0
JOHN GILLIS			0	0	0
DEBBIE GODWIN			0	0	0
KEITH HORNE			0	0	0
JIMMY KIZER			0	0	0
JASON POOLE			0	0	0
KEVIN RODRIGUEZ			0	0	0
BUD TISDALE			0	0	0

Federal Statements

Statement 7 - Form 990EZ, Part IV - List of Officers, Directors, Trustees and Key Employees (continued)

Name and Address	Title	Average Hours	Compensation	Benefits	Expenses
JACKIE TRINCHITELLA			0	0	0
NATALIE WOODBURY	EXECUTIVE OF	40.00	57,760	0	0

Form **8868**
(Rev. April 2009)

Application for Extension of Time To File an Exempt Organization Return

OMB No 1545-1709

Department of the Treasury
Internal Revenue Service

▶ File a separate application for each return.

- If you are filing for an Automatic 3-Month Extension, complete only Part I and check this box
 - If you are filing for an Additional (Not Automatic) 3-Month Extension, complete only Part II (on page 2 of this form)
- Do not complete Part II unless you have already been granted an automatic 3-month extension on a previously filed Form 8868**

Part I Automatic 3-Month Extension of Time. Only submit original (no copies needed).

A corporation required to file Form 990-T and requesting an automatic 6-month extension—check this box and complete Part I only

All other corporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns

Electronic Filing (e-file). Generally, you can electronically file Form 8868 if you want a 3-month automatic extension of time to file one of the returns noted below (6 months for a corporation required to file Form 990-T). However, you cannot file Form 8868 electronically if (1) you want the additional (not automatic) 3-month extension or (2) you file Forms 990-BL, 6069, or 8870, group returns, or a composite or consolidated Form 990-T. Instead, you must submit the fully completed and signed page 2 (Part II) of Form 8868. For more details on the electronic filing of this form, visit www.irs.gov/efile and click on e-file for Charities & Nonprofits

Type or print	Name of Exempt Organization HOME BUILDERS ASSOC OF FAYETTEVILLE INC.	Employer identification number 56-0788637
File by the due date for filing your return. See instructions	Number, street, and room or suite no. If a P.O. box, see instructions 2935 BREEZEWOOD AVENUE 100	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions FAYETTEVILLE NC 28303	

Check type of return to be filed (file a separate application for each return)

- | | | |
|---|---|------------------------------------|
| <input type="checkbox"/> Form 990 | <input type="checkbox"/> Form 990-T (corporation) | <input type="checkbox"/> Form 4720 |
| <input type="checkbox"/> Form 990-BL | <input type="checkbox"/> Form 990-T (sec. 401(a) or 408(a) trust) | <input type="checkbox"/> Form 5227 |
| <input checked="" type="checkbox"/> Form 990-EZ | <input type="checkbox"/> Form 990-T (trust other than above) | <input type="checkbox"/> Form 6069 |
| <input type="checkbox"/> Form 990-PF | <input type="checkbox"/> Form 1041-A | <input type="checkbox"/> Form 8870 |

• The books are in the care of ▶

Telephone No ▶ FAX No ▶

• If the organization does not have an office or place of business in the United States, check this box

• If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) _____ If this is for the whole group, check this box If it is for part of the group, check this box and attach

a list with the names and EINs of all members the extension will cover

1 I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time until **08/15/10**, to file the exempt organization return for the organization named above. The extension is for the organization's return for
▶ calendar year **2009** or
▶ tax year beginning _____, and ending _____

2 If this tax year is for less than 12 months, check reason: Initial return Final return Change in accounting period

3a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions	3a	\$
b If this application is for Form 990-PF or 990-T, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit	3b	\$
c Balance Due. Subtract line 3b from line 3a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System) See instructions	3c	\$

Caution. If you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions

For Privacy Act and Paperwork Reduction Act Notice, see Instructions.

Form **8868** (Rev. 4-2009)