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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: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Termination <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	Please use IRS label or print or type. See Specific Instructions.	C HOME BUILDERS ASSOCIATION OF STATESBORO 1223 MERCHANTS WAY STATESBORO, GA 30458	D Employer identification number 58-1434307 E Telephone number F Group Exemption Number ▶
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• **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: ▶ N/A

H Check ☒ if the organization is **not** required to attach Schedule B (Form 990, 990-EZ, or 990-PF).

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 ▶ \$ 146,511.

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	47,641.
3 Membership dues and assessments	3	66,010.
4 Investment income	4	1,673.
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)	5c	
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	31,187.
b Less: direct expenses other than fundraising expenses	6b	12,010.
c Net income or (loss) from special events and activities (Subtract line 6b from line 6a)	6c	19,177.
7a Gross sales of inventory less discounts 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)	7c	
8 Other revenue (describe _____)	8	
9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8	9	134,501.
10 Grants and similar amounts paid (attach schedule)	10	42,300.
11 Benefits paid to or for members	11	
12 Salaries, other compensation, and employee benefits	12	17,654.
13 Professional fees and other payments to independent contractors	13	931.
14 Occupancy, rent, utilities, and maintenance	14	
15 Printing, publications, postage, and shipping	15	1,368.
16 Other expenses (describe ▶ SEE STATEMENT 2)	16	78,844.
17 Total expenses. Add lines 10 through 16	17	141,097.
18 Excess or (deficit) for the year (Subtract line 17 from line 9)	18	-6,596.
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	307,933.
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	301,337.

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	91,782.	90,234.
23 Land and buildings	211,524.	207,798.
24 Other assets (describe ▶ SEE STATEMENT 3)	4,627.	3,305.
25 Total assets	307,933.	301,337.
26 Total liabilities (describe ▶ _____)	0.	0.
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	307,933.	301,337.

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

Form 990-EZ (2009)

Part III	Statement of Program Service Accomplishments (See the instructions.)
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What is the organization's primary exempt purpose? **TO IMPROVE/PROMOTE 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, or other relevant information for each program title.

Expenses

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

28 TRADE SHOW AND PROGRAMS TO PROMOTE THE HOME BUILDING INDUSTRY AND
INFORM AS TO INNOVATIONS IN HOME CONSTRUCTION

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

28 a

29

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

29 a

30

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

30 a

31 Other program services (attach schedule)

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

31 a

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 instrs.)
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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?		
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.		N/A
b Gross receipts, included on line 9, for public use of club facilities		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		
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		X
41 List the states with which a copy of this return is filed NONE		

42a The organization's books are in care of **MELANIE THOMPSON** Telephone no. **912-489-8887**
 Located at **P. O. BOX 1190** ZIP + 4 **30459**

	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)? 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

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

	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.'

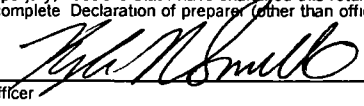
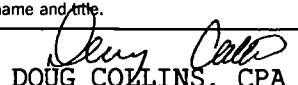
(a) Name and address of each employee paid more than \$100,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account and other allowances

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 		Date 5/6/2010	
	Type or print name and title. Kyle Nesmith, President			
Paid Preparer's Use Only	Preparer's signature 	Date 5/4/10	Check if self-employed <input type="checkbox"/>	Preparer's Identifying Number (See instructions) N/A
	Firm's name (or yours if self-employed), address, and ZIP + 4 C. DOUG COLLINS, III, CPA, P.C. PO BOX 1413 STATESBORO, GA 30459-1413		EIN N/A	
			Phone no 912-764-5675	
	May the IRS discuss this return with the preparer shown above? See instructions. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			

Department of the Treasury
Internal Revenue Service

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.

2009

Open to Public Inspection

Name of the organization

Employer identification number

58-1434307

Part I

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

- ☐
- Mail solicitations

- ☐
- internet and email solicitations

- ☐
- Phone solicitations

- ☐
- In-person solicitations

- ☐
- Solicitation of non-government grants

- ☐
- Solicitation of government grants

- ☐
- Special fundraising events

- 2a** Did the organization have 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 services?

☐ 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.

(i) Name of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(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
		Yes	No			
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.

REVENUE		(a) Event #1	(b) Event #2	(c) Other Events	(d) Total Events	
		GOLF TOURNAMEN (event type)	CLAY SHOOT (event type)	(total number)	(Add col. (a) through col. (c))	
1	Gross receipts	16,682.	14,505.		31,187.	
2	Less: Charitable contributions					
3	Gross income (line 1 minus line 2)	16,682.	14,505.		31,187.	
DIRECT EXPENSES	4	Cash prizes				
	5	Noncash prizes				
	6	Rent/facility costs				
	7	Food and beverages				
	8	Entertainment				
	9	Other direct expenses	7,100.	4,910.		12,010.
	10	Direct expense summary. Add lines 4- through 9 in column (d)				12,010.
11	Net income summary. Combine lines 3, column (d) and line 10				19,177.	

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.

REVENUE		(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming
					(Add col. (a) through col. (c))
1	Gross revenue				
DIRECT EXPENSES	2	Cash prizes			
	3	Non-cash prizes			
	4	Rent/facility costs			
	5	Other direct expenses			
	6	Volunteer labor	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> 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				

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?

b If 'No,' explain:

10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year?

b If 'Yes,' explain:

11 Does the organization operate gaming activities with nonmembers?

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?

	YES	NO
9a		
10a		
11		
12		

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 contact 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 of the third party:

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 to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year: ▶ \$ _____

2009

FEDERAL STATEMENTS

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HOME BUILDERS ASSOCIATION OF STATESBORO

58-1434307

5/03/10

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STATEMENT 1
FORM 990-EZ, PART I, LINE 10
GRANTS AND SIMILAR AMOUNTS PAID

PAYMENTS TO AFFILIATES

NAME:	NATIONAL MEMBERSHIP DUES		
PURPOSE OF PAYMENT:	DUES		
AMOUNT:		\$	27,600.
NAME:	STATE MEMBERSHIP DUES		
PURPOSE OF PAYMENT:	DUES		
AMOUNT:		\$	14,700.
PAYMENTS TO AFFILIATES.		\$	42,300.

STATEMENT 2
FORM 990-EZ, PART I, LINE 16
OTHER EXPENSES

ASSOC LUNCHEON MEALS	\$	400.
BENEVOLENCE FUND		148.
CONTRIBUTIONS		3,335.
CREDIT CARD FEES		355.
DEPRECIATION		5,048.
DUES		3,751.
EQUIPMENT RENTAL		500.
GAS FUND		960.
INSURANCE		4,465.
MEETINGS		6,384.
MISCELLANEOUS		37,000.
OFFICE EXPENSES		1,038.
PEST CONTROL		275.
PROPERTY TAXES		6,654.
RECOGNITION		84.
REPAIRS & MAINTENANCE		1,725.
SUPPLIES		135.
TELEPHONE		1,802.
UTILITIES		4,785.
TOTAL	\$	78,844.

STATEMENT 3
FORM 990-EZ, PART II, LINE 24
OTHER ASSETS

	<u>BEGINNING</u>	<u>ENDING</u>
FURNITURE AND FIXTURES	\$ 4,161.	\$ 2,973.
MACHINERY AND EQUIPMENT	466.	332.
TOTAL	\$ 4,627.	\$ 3,305.

HOME BUILDERS ASSOCIATION OF STATESBORO

58-1434307

5/03/10

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STATEMENT 4
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
DAVID BOBO 3983 COUNTRY CLUB ROAD STATESBORO, GA 30458	DIRECTOR 0	\$ 0.	\$ 0.	0.
KYLE NESMITH 3000 HAWKS RIDGE DR STATESBORO, GA 30461	PRESIDENT 0	0.	0.	0.
LESLIE ANDERSON 635 NEWSOME LANE STATESBORO, GA 30461	DIRECTOR 0	0.	0.	0.
JAMEY CARTEE 15 S. MULBERRY STREET STATESBORO, GA 30458	PAST PRESIDENT 0	0.	0.	0.
WILL RIGDON 6935 COOL SPRINGS CHURCH ROAD METTER, GA 30439	DIRECTOR 0	0.	0.	0.
ELLIS CARTEE 772 MCELVEEN POND ROAD REGISTER, GA 30452	DIRECTOR 0	0.	0.	0.
JOHN WHITE 100 JOHNNY WHITE ROAD PEMBROKE, GA 31321	DIRECTOR 0	0.	0.	0.
RICK HUTCHINSON PO BOX 407 STATESBORO, GA 30459	DIRECTOR 0	0.	0.	0.
KRIS DUNSWORTH 246 NORTHSIDE DRIVE EAST STATESBORO, GA 30458	DIRECTOR 0	0.	0.	0.
JAMES REVELLE 448 BRANNEN DRIVE STATESBORO, GA 30458	ASSOCIATE VP 0	0.	0.	0.
JOHN LAMAR 424 MATHEWS ROAD UNIT 4 STATESBORO, GA 30458	1ST VP 0	0.	0.	0.
BILL MOORE 508 GENTILLY ROAD STATESBORO, GA 30458	DIRECTOR 0	0.	0.	0.

2009

FEDERAL STATEMENTS

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HOME BUILDERS ASSOCIATION OF STATESBORO

58-1434307

5/03/10

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STATEMENT 4 (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
CHRIS CARTER PO BOX 568 STATESBORO, GA 30459	DIRECTOR 0	\$ 0.	\$ 0.	\$ 0.
JEFF EDWARDS 1905 SWEETBAY COVE STATESBORO, GA 30461	DIRECTOR 0	0.	0.	0.
ROBERT FLOYD FUTCH 316 SASSY LANE STATESBORO, GA 30461	DIRECTOR 0	0.	0.	0.
TODD MANACK 112 SAVANNAH AVE STATESBORO, GA 30458	DIRECTOR 0	0.	0.	0.
MELANIE THOMPSON 1709 SHIMLEY DRIVE STATESBORO, GA 30461	0	16,245.	0.	0.
	TOTAL	\$ 16,245.	\$ 0.	\$ 0.