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Short Form
Return of Organization Exempt From Income Tax

Form **990-EZ**

Department 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.*

OMB No 1545-1150

2009

Open to Public Inspection

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

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
BUILDERS ASSOC OF METRO AUGUSTA, INC

Number and street (or P O box, if mail is not delivered to street address) Room/suite
P.O. BOX 211685

City or town, state or country, and ZIP + 4
MARTINEZ, GA 30907

D Employer identification number
58-6066394

E Telephone number
706-860-2371

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.HOMEBUILDERSAUGUSTA.ORG

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 ▶ $ 340161.

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	
	2	Program service revenue including government fees and contracts		2	22141.
	3	Membership dues and assessments		3	180865.
	4	Investment income		4	3255.
	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 ▶ ☐			
	a	Gross revenue (not including $ _____ of contributions reported on line 1)	6a 107572.		
	b	Less: direct expenses other than fundraising expenses	6b 55195.		
	c	Net income or (loss) from special events and activities (Subtract line 6b from line 6a)		6c	52377.
	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)		7c	
	8	Other revenue (describe ▶ SEE STATEMENT 4)		8	26328.
	9	**Total revenue.** Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8 ▶		9	284966.
Expenses	10	Grants and similar amounts paid (attach schedule) STMT 5		10	81095.
	11	Benefits paid to or for members		11	
	12	Salaries, other compensation, and employee benefits		12	139456.
	13	Professional fees and other payments to independent contractors		13	
	14	Occupancy, rent, utilities, and maintenance SEE STATEMENT 7		14	12196.
	15	Printing, publications, postage, and shipping		15	3885.
	16	Other expenses (describe ▶ SEE STATEMENT 1)		16	84517.
	17	**Total expenses.** Add lines 10 through 16 ▶		17	321149.
Net Assets	18	Excess or (deficit) for the year (Subtract line 17 from line 9)		18	-36183.
	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	291366.
	20	Other changes in net assets or fund balances (attach explanation) SEE STATEMENT 6		20	210.
	21	Net assets or fund balances at end of year. Combine lines 18 through 20 ▶		21	255393.

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	245364.	22	214277.
23	Land and buildings	53820.	23	46368.
24	Other assets (describe ▶ SEE STATEMENT 2)	3548.	24	3011.
25	Total assets	302732.	25	263656.
26	Total liabilities (describe ▶ SEE STATEMENT 3)	11366.	26	8263.
27	Net assets or fund balances (line 27 of column (B) must agree with line 21)	291366.	27	255393.

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

What is the organization's primary exempt purpose? SEE STATEMENT 11

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 STATEMENT 10

(Grants $) If this amount includes foreign grants, check here ▶ ☐ 28a 137437.

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 137437.

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 STATEMENT 9		61019.		

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		X
34	Were any changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the changes	34		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?	35a		X
b	If "Yes," has it filed a tax return on **Form 990-T** for this year?	35b	N/A	
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	36		X
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions ▶ 37a 0.	37b		X
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?	38a		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	N/A	
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 ▶ N/A			
d	Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax on line 40c reimbursed by the organization ▶ N/A			
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 ▶ GA

42a The organization's books are in care of ▶ DEBRA DONALDSON Telephone no ▶ 706-860-2371

Located at ▶ 3732 EXECUTIVE CENTER DRIVE, MARTINEZ, GA ZIP + 4 ▶ 30907

			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		X
	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		X
	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		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.

			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 & deferred compensation	(e) Expense account and other allowances
N/A				

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) is based on all information of which preparer has any knowledge

▶ Signature of officer — Date: 5/10/10

▶ DARREN GRESHAM, PRESIDENT (2010)
Type or print name and title

Paid Preparer's Use Only

Preparer's signature ▶		Date 05/03/10	Check if self-employed ▶ ☐	Preparer's identifying number (See Instr) P00151184
Firm's name (or yours if self-employed), address, and ZIP + 4 ▶	COURSEY & ASSOCIATES, P.C. 1231 AUGUSTA WEST PARKWAY AUGUSTA, GA 30909			EIN ▶ 58-1763432 Phone no ▶ 706-863-3637

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

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

BUILDERS ASSOC OF METRO AUGUSTA, INC

Employer identification number

58-6066394

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 email solicitations
c ☐ Phone solicitations
d ☐ In-person solicitations
e ☐ Solicitation of non-government grants
f ☐ Solicitation of government grants
g ☐ Special fundraising events

2 a 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 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? 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 DINNERS/FALL BASH/SILENT (event type)	(b) Event #2 SPRING GOLF TOURNAMENT (event type)	(c) Other events NONE (total number)	(d) Total events (add col (a) through col. (c))
Revenue	1 Gross receipts	90313.	17259.		107572.
	2 Less: Charitable contributions				
	3 Gross income (line 1 minus line 2)	90313.	17259.		107572.
Direct Expenses	4 Cash prizes	2000.	1700.		3700.
	5 Noncash prizes	33591.			33591.
	6 Rent/facility costs	2065.	2728.		4793.
	7 Food and beverages	7857.	2422.		10279.
	8 Entertainment				
	9 Other direct expenses	2309.	523.		2832.
	10 Direct expense summary. Add lines 4 through 9 in column (d)			▶	(55195.)
	11 Net income summary. Combine line 3, column (d), and line 10			▶	52377.

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 Noncash 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 line 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 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 ▶ $				

Form **4562**

Department of the Treasury
Internal Revenue Service (99)

Depreciation and Amortization 990-EZ
(Including Information on Listed Property)

▶ See separate instructions. ▶ Attach to your tax return.

OMB No 1545-0172

2009

Attachment Sequence No **67**

Name(s) shown on return	Business or activity to which this form relates	Identifying number
BUILDERS ASSOC OF METRO AUGUSTA, INC	FORM 990-EZ PAGE 1	58-6066394

Part I **Election To Expense Certain Property Under Section 179** Note: *If you have any listed property, complete Part V before you complete Part I.*

1	Maximum amount. See the instructions for a higher limit for certain businesses	1	250000.
2	Total cost of section 179 property placed in service (see instructions)	2	
3	Threshold cost of section 179 property before reduction in limitation	3	800000.
4	Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-	4	
5	Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0- If married filing separately, see instructions	5	

6	(a) Description of property	(b) Cost (business use only)	(c) Elected cost

7	Listed property. Enter the amount from line 29	7	
8	Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7	8	
9	Tentative deduction. Enter the **smaller** of line 5 or line 8	9	
10	Carryover of disallowed deduction from line 13 of your 2008 Form 4562	10	
11	Business income limitation. Enter the smaller of business income (not less than zero) or line 5	11	
12	Section 179 expense deduction. Add lines 9 and 10, but do not enter more than line 11	12	
13	Carryover of disallowed deduction to 2010. Add lines 9 and 10, less line 12 ▶	13	

Note: *Do not use Part II or Part III below for listed property. Instead, use Part V.*

Part II **Special Depreciation Allowance and Other Depreciation (Do not include listed property.)**

14	Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year	14	
15	Property subject to section 168(f)(1) election	15	
16	Other depreciation (including ACRS)	16	7155.

Part III **MACRS Depreciation (Do not include listed property.)** (See instructions.)

Section A

17	MACRS deductions for assets placed in service in tax years beginning before 2009	17	
18	If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here ▶ ☐		

Section B - Assets Placed in Service During 2009 Tax Year Using the General Depreciation System

	(a) Classification of property	(b) Month and year placed in service	(c) Basis for depreciation (business/investment use only - see instructions)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
19a	3-year property						
b	5-year property						
c	7-year property						
d	10-year property						
e	15-year property						
f	20-year property						
g	25-year property			25 yrs.		S/L	
h	Residential rental property	/		27.5 yrs.	MM	S/L	
		/		27.5 yrs.	MM	S/L	
i	Nonresidential real property	/		39 yrs.	MM	S/L	
		/			MM	S/L	

Section C - Assets Placed in Service During 2009 Tax Year Using the Alternative Depreciation System

20a	Class life					S/L	
b	12-year			12 yrs.		S/L	
c	40-year	/		40 yrs.	MM	S/L	

Part IV **Summary** (See instructions.)

21	Listed property. Enter amount from line 28	21	
22	**Total.** Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on the appropriate lines of your return. Partnerships and S corporations - see instr.	22	7155.
23	For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs	23	

Part V **Listed Property** (Include automobiles, certain other vehicles, cellular telephones, certain computers, and property used for entertainment, recreation, or amusement.)

Note: *For any vehicle for which you are using the standard mileage rate or deducting lease expense, complete* **only** *24a, 24b, columns (a) through (c) of Section A, all of Section B, and Section C if applicable.*

Section A - Depreciation and Other Information (Caution: *See the instructions for limits for passenger automobiles*)

24a Do you have evidence to support the business/investment use claimed? ☐ Yes ☐ No | 24b If "Yes," is the evidence written? ☐ Yes ☐ No

(a) Type of property (list vehicles first)	(b) Date placed in service	(c) Business/ investment use percentage	(d) Cost or other basis	(e) Basis for depreciation (business/investment use only)	(f) Recovery period	(g) Method/ Convention	(h) Depreciation deduction	(i) Elected section 179 cost
25 Special depreciation allowance for qualified listed property placed in service during the tax year and used more than 50% in a qualified business use						25		
26 Property used more than 50% in a qualified business use.								
		%						
		%						
		%						
27 Property used 50% or less in a qualified business use:								
		%				S/L -		
		%				S/L -		
		%				S/L -		
28 Add amounts in column (h), lines 25 through 27. Enter here and on line 21, page 1						28		
29 Add amounts in column (i), line 26. Enter here and on line 7, page 1							29	

Section B - Information on Use of Vehicles

Complete this section for vehicles used by a sole proprietor, partner, or other "more than 5% owner," or related person.
If you provided vehicles to your employees, first answer the questions in Section C to see if you meet an exception to completing this section for those vehicles.

	(a) Vehicle		(b) Vehicle		(c) Vehicle		(d) Vehicle		(e) Vehicle		(f) Vehicle	
30 Total business/investment miles driven during the year (**do not** include commuting miles)												
31 Total commuting miles driven during the year												
32 Total other personal (noncommuting) miles driven												
33 Total miles driven during the year. Add lines 30 through 32												
34 Was the vehicle available for personal use during off-duty hours?	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
35 Was the vehicle used primarily by a more than 5% owner or related person?												
36 Is another vehicle available for personal use?												

Section C - Questions for Employers Who Provide Vehicles for Use by Their Employees

Answer these questions to determine if you meet an exception to completing Section B for vehicles used by employees who **are not** more than 5% owners or related persons.

	Yes	No
37 Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your employees?		
38 Do you maintain a written policy statement that prohibits personal use of vehicles, except commuting, by your employees? See the instructions for vehicles used by corporate officers, directors, or 1% or more owners		
39 Do you treat all use of vehicles by employees as personal use?		
40 Do you provide more than five vehicles to your employees, obtain information from your employees about the use of the vehicles, and retain the information received?		
41 Do you meet the requirements concerning qualified automobile demonstration use?		
Note: *If your answer to 37, 38, 39, 40, or 41 is "Yes," do not complete Section B for the covered vehicles*		

Part VI **Amortization**

(a) Description of costs	(b) Date amortization begins	(c) Amortizable amount	(d) Code section	(e) Amortization period or percentage	(f) Amortization for this year
42 Amortization of costs that begins during your 2009 tax year:					
43 Amortization of costs that began before your 2009 tax year				43	
44 **Total.** Add amounts in column (f). See the instructions for where to report				44	

FORM 990-EZ OTHER EXPENSES STATEMENT 1

DESCRIPTION	AMOUNT
ACCOUNTING FEES	11675.
ASSOCIATES COUNCIL	200.
CONTRACT LABOR	205.
LEGAL FEES	500.
SUPPLIES	3862.
TELEPHONE	2702.
EQUIPMENT RENTAL/MAINTENANCE	6787.
TRAVEL	1107.
MEETINGS - GENERAL MEMBERS	20286.
REMODELERS COUNCIL	202.
SALES & MARKETING COUNCIL	10021.
PROFESSIONAL DUES	150.
COMMITTEES	2450.
NEWSLETTER/WEB PAGE	1810.
INSURANCE	7101.
BANK CHARGES	1915.
JANITORIAL	2500.
MILEAGE REIMBURSEMENT	869.
PLAQUES & AWARDS	1724.
SALES TAX	176.
TAXES & LICENSES	2485.
MISCELLANEOUS	759.
EDUCATIONAL SEMINARS	8164.
PROGRAM SUPPLIES	284.
COMMERCIAL BUILDERS COUNCIL	282.
FLORIST	51.
SHARED EXPENSES	-3750.
TOTAL TO FORM 990-EZ, LINE 16	84517.

FORM 990-EZ OTHER ASSETS STATEMENT 2

DESCRIPTION	BEG. OF YEAR	END OF YEAR
ACCOUNTS RECEIVABLE	1098.	200.
PREPAID EXPENSES	2450.	2811.
TOTAL TO FORM 990-EZ, LINE 24	3548.	3011.

FORM 990-EZ OTHER LIABILITIES STATEMENT 3

DESCRIPTION	BEG. OF YEAR	END OF YEAR
ACCRUED & WITHHELD PAYROLL TAXES	2871.	2973.
ACCOUNTS PAYABLE	6660.	5290.
DEFERRED REVENUE	1835.	0.
TOTAL TO FORM 990-EZ, LINE 26	11366.	8263.

FORM 990-EZ OTHER REVENUE STATEMENT 4

DESCRIPTION	AMOUNT
HBAG INSURANCE REBATE	9499.
EDUCATIONAL SEMINARS	10843.
MISCELLANEOUS	5986.
TOTAL TO FORM 990-EZ, LINE 8	26328.

FORM 990-EZ PAYMENTS TO AFFILIATES STATEMENT 5

AFFILIATE'S NAME	AFFILIATES ADDRESS
HOMEBUILDERS ASSOCIATION OF GEORGIA	3015 CAMP CREEK PARKWAY ATLANTA, GA 30344

PURPOSE OF PAYMENT	AMOUNT
STATE DUES	26525.

AFFILIATE'S NAME	AFFILIATES ADDRESS
NATIONAL ASSOCIATION OF HOME BUILDERS	15TH & M STREETS NW WASHINGTON, DC 20005

PURPOSE OF PAYMENT	AMOUNT
NATIONAL DUES	54570.
TOTAL INCLUDED ON FORM 990-EZ, LINE 10	81095.

FORM 990-EZ OTHER CHANGES IN NET ASSETS OR FUND BALANCES STATEMENT 6

DESCRIPTION	AMOUNT
PRIOR PERIOD AUDIT ADJUSTMENTS MADE BY ORGANIZATION'S AUDITORS	210.
TOTAL TO FORM 990-EZ, LINE 20	210.

FORM 990-EZ OCCUPANCY, RENT, UTILITIES AND MAINTENANCE STATEMENT 7

DESCRIPTION	AMOUNT
DEPRECIATION	7155.
OTHER EXPENSES	5041.
TOTAL TO FORM 990-EZ, LINE 14	12196.

FORM 990-EZ INFORMATION REGARDING TRANSFERS ASSOCIATED WITH PERSONAL BENEFIT CONTRACTS STATEMENT 8

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

FORM 990-EZ PART IV - LIST OF OFFICERS, DIRECTORS, TRUSTEES AND KEY EMPLOYEES STATEMENT 9

NAME AND ADDRESS	TITLE AND AVRG HRS/WK	COMPEN-SATION	EMPLOYEE BEN PLAN CONTRIB	EXPENSE ACCOUNT
BILLYE G HANSFORD, 491 CREEKWALK CIRCLE, MARTINEZ, GA 30907	EXECUTIVE OFFICER 40.00	61019.	0.	0.
TOM LIFSEY, 2929 FOXHALL CIRCLE, AUGUSTA, GA 30907	PRESIDENT 10.00	0.	0.	0.
DARREN GRESHAM, 924 STEVENS CREEK ROAD, AUGUSTA, GA 30907	FIRST VICE PRESIDENT 10.00	0.	0.	0.
DORIS HARRISON, 3540 WHEELER ROAD, STE 210, AUGUSTA, GA 30909	VICE PRESIDENT/TREASURER 10.00	0.	0.	0.
DOUG MCMONIGLE, 203 WILLIS FOREMAN ROAD, HEPHZIBAH, GA 30815	VICE PRESIDENT/SECRETARY 10.00	0.	0.	0.
JODY PATTON PO BOX 213029, AUGUSTA, GA 30907	ASSOCIATE VICE PRESIDENT 10.00	0.	0.	0.
ERNIE BLACKBURN 502 THOMPKINS LANE, EVANS, GA 30809	IMMEDIATE PAST PRESIDENT 10.00	0.	0.	0.
DONALD H BAILIE 1220 GREENE STREET, AUGUSTA, GA 30901	DIRECTOR 5.00	0.	0.	0.
DEVANE BATCHELOR PO BOX 2358, EVANS, GA 30809	DIRECTOR 5.00	0.	0.	0.
JIM BEAZLEY 120 SIGMAN PLACE, MARTINEZ, GA 30907	DIRECTOR 5.00	0.	0.	0.
TOM BEAZLEY PO BOX 1477, EVANS, GA 30809	DIRECTOR 5.00	0.	0.	0.
NITA BEOGLEN, 601 SCOTT NIXON BLVD, AUGUSTA, GA 30907	DIRECTOR 5.00	0.	0.	0.
GREG BOWLES 1012 TINDON STREET, AUGUSTA, GA 30909	DIRECTOR 5.00	0.	0.	0.
JOEY BRUSH, 476 B-1 FLOWING WELLS ROAD, MARTINEZ, GA 30907	DIRECTOR 5.00	0.	0.	0.

BOB COURSEY PO BOX 15113, AUGUSTA, GA 30909	DIRECTOR 5.00	0.	0.	0.
RHONDA BANKS, 924 STEVENS CREEK ROAD, AUGUSTA, GA 30907	DIRECTOR 5.00	0.	0.	0.
BILL BEAZLEY, 7009 EVANS TOWN CENTER BLVD, EVANS, GA 30809	DIRECTOR 5.00	0.	0.	0.
STEPHEN BEAZLEY, 7009 EVANS TOWN CENTER BLVD, EVANS, GA 30809	DIRECTOR 5.00	0.	0.	0.
CHRIS BOWLES 1012 TINDON STREET, AUGUSTA, GA 30909	DIRECTOR 5.00	0.	0.	0.
RALPH BOWLES 1012 TINDON STREET, AUGUSTA, GA 30909	DIRECTOR 5.00	0.	0.	0.
BART CHANDLER 3515 WHEELER ROAD, AUGUSTA, GA 30909	DIRECTOR 5.00	0.	0.	0.
GREG FLANIGAN 1840 WYLDS ROAD, AUGUSTA, GA 30909	DIRECTOR 5.00	0.	0.	0.
MARK GILLIAM, 924 STEVENS CREEK ROAD, AUGUSTA, GA 30907	DIRECTOR 5.00	0.	0.	0.
MARK HERBERT 529 GRAND SLAM DRIVE, EVANS, GA 30809	DIRECTOR 5.00	0.	0.	0.
JAKE IVEY, 7013 EVANS TOWN CENTER BLVD, EVANS, GA 30809	DIRECTOR 5.00	0.	0.	0.
OLIVER OWENS, 3535 PEBBLE BEACH DRIVE, AUGUSTA, GA 30907	DIRECTOR 5.00	0.	0.	0.
MICHAEL RAY, 4547 COLONIAL ROAD, MARTINEZ, GA 30907	DIRECTOR 5.00	0.	0.	0.
TRAVIS GAMBLE, 3307 COMMERCE DRIVE, AUGUSTA, GA 30909	DIRECTOR 5.00	0.	0.	0.
TOM HENDERSON, 3626 OLD PETERSBURG ROAD, MARTINEZ, GA 30907	DIRECTOR 5.00	0.	0.	0.
HUGH HOLLAR, 2743 PERIMETER PARKWAY, AUGUSTA, GA 30909	DIRECTOR 5.00	0.	0.	0.
MARK IVEY, 7013 EVANS TOWN CENTER BLVD, EVANS, GA 30809	DIRECTOR 5.00	0.	0.	0.

SCOTT PATTERSON 673 STEEPLECHASE WAY, EVANS, GA 30809	DIRECTOR 5.00	0.	0.	0.
STEVE POPWELL PO BOX 2715, EVANS, GA 30809	DIRECTOR 5.00	0.	0.	0.
KEN RICHARDS, 7013 EVANS TOWN CENTER BLVD, EVANS, GA 30809	DIRECTOR 5.00	0.	0.	0.
TOXEY SMITH 676 DEERWOOD WAY, EVANS, GA 30809	DIRECTOR 5.00	0.	0.	0.
DEBRA TAYLOR, 2743 PERIMETER PARKWAY, AUGUSTA, GA 30909	DIRECTOR 5.00	0.	0.	0.
J DAVIS TROTTER, 308-C COMMERCE DRIVE, MARTINEZ, GA 30907	DIRECTOR 5.00	0.	0.	0.
NATHAN YOUNGBLOOD 2011 ABACO LANE B, AUGUSTA, GA 30909	DIRECTOR 5.00	0.	0.	0.
GEORGE SNELLING 122 DAVIS ROAD, MARTINEZ, GA 30907	DIRECTOR 5.00	0.	0.	0.
ROY TRITT, 119 DAVIS ROAD, STE 1-F, MARTINEZ, GA 30907	DIRECTOR 5.00	0.	0.	0.
TOM WERNER, 7013 EVANS TOWN CENTER BLVD, EVANS, GA 30809	DIRECTOR 5.00	0.	0.	0.
TOTALS INCLUDED ON FORM 990-EZ, PART IV		61019.	0.	0.

ALL PROGRAM ACTIVITIES PROMOTE THE BUILDING INDUSTRY AND ITS PATRONS. VARIOUS BUSINESSES/INDIVIDUALS OF THE THE BUILDING INDUSTRY AS WELL AS OTHER RELATED INDUSTRIES SUPPORT THE FUNCTIONS OF THE ORGANIZATION THRU DUES AND PROGRAM PARTICIPATION.

THE PRIMARY EXEMPT PURPOSE IS TO PROMOTE THE HOME BUILDING, COMMERCIAL BUILDING, REMODELING AND OTHER RELATED INDUSTRIES IN THE METRO AUGUSTA AREA.