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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 , 2009, and ending , 20

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
HOMEBUILDERS ASSOC OF SOUTHERN TN

Number and street (or P O box, if mail is not delivered to street address) | Room/suite
3221 OLD HARRISON PIKE

City or town, state or country, and ZIP + 4
CHATTANOOGA, TN 37406

D Employer identification number
62-0535664

E Telephone number
(423) 624-9992

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) ▶ MOD ACCRUAL

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

I **Website:** ▶

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 ▶ $ 743,592

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	504,487
	3	Membership dues and assessments	3	229,668
	4	Investment income	4	9,437
	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		
	b	Less direct expenses other than fundraising expenses 6b		
	c	Net income or (loss) from special events and activities (Subtract line 6b from line 6a)	6c	
	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 ▶)	8	
	9	**Total revenue.** Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8 ▶	9	743,592
Expenses	10	Grants and similar amounts paid (attach schedule)	10	
	11	Benefits paid to or for members	11	
	12	Salaries, other compensation, and employee benefits	12	152,665
	13	Professional fees and other payments to independent contractors	13	4,011
	14	Occupancy, rent, utilities, and maintenance	14	23,978
	15	Printing, publications, postage, and shipping	15	5,461
	16	Other expenses (describe ▶ STM130)	16	563,757
	17	**Total expenses.** Add lines 10 through 16 ▶	17	749,872
Net Assets	18	Excess or (deficit) for the year (Subtract line 17 from line 9)	18	(6,280)
	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	600,325
	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	594,045

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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	478,471	22	444,367
23	Land and buildings	231,326	23	232,323
24	Other assets (describe ▶)		24	
25	**Total assets**	709,797	25	676,690
26	**Total liabilities** (describe ▶ STM132)	109,472	26	73,507
27	**Net assets or fund balances** (line 27 of column (B) **must** agree with line 21)	600,325	27	603,183

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

What is the organization's primary exempt purpose? PROMOTE HOMEBUILDING 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 501(c)(4) organizations and section 4947(a)(1) trusts, optional for others)

28 HOME SHOW -- A TRADE SHOW FOR THE REGION WHERE THE HOMEBUILDING INDUSTRY AND ANCILLARY PRODUCTS AND SERVICES ARE BROUGHT TOGETHER FOR THE PUBLIC.

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

29 MEETINGS -- MONTHLY MEETINGS OF THE GENERALY MEMBERSHIP AND INTERESTED OTHERS WHERE RELEVANT TOPICS OF THE BUILDING INDUSTRY ARE DISCUSSED BY OUTSIDE SPEAKERS.

(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
SEE ATTACHED SCHEDULE	0	0	0	0

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		
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		X
37 a	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		X
38 a	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			
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			
40 a	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		X
41	List the states with which a copy of this return is filed ▶			
42 a	The organization's books are in care of ▶ TERESSA GROVES Telephone no ▶ 423-624-9992			
	Located at ▶ 3221 OLD HARRISON PIKE CHATTANOOGA, TN ZIP + 4 ▶ 37406			
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		
49 a	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

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 12/15/10

Teresa Graves, Executive Officer

Type or print name and title

Paid Preparer's Use Only

Preparer's signature	Date	Check if self-employed ▶	Preparer's Identifying No (See inst)
Larry O Stophel CPA	12-15-2010	☐	

Firm's name (or yours if self-employed), address, and ZIP + 4

LARRY STOPHEL & ASSOCIATES CPA
6716 HERITAGE BUSINESS COURT
CHATTANOOGA, TN 37421

EIN ▶

Phone no ▶ 423-855-8700

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

	Federal Supporting Statements	2009
Name(s) as shown on return		FEIN

FORM 990EZ, PART I, LINE 16
OTHER EXPENSES SCHEDULE 2

DESCRIPTION	AMOUNT
PAYROLL TAXES	14,667
TELEPHONE	6,503
EQUIPMENT RENTAL	945
MEETINGS	14,740
DEPRECIATION	20,158
TRAVEL	12,094
NATIONAL & STATE DUES	143,215
HEALTH INSURANCE	4,420
BANK CHARGES	4,463
COMMITTEE EXPENSE	5,157
HOME SHOW-SPRING	109,667
COUNCILS	31,840
CENTURY CLUB	74
SPECIAL EVENTS	4,236
DUES AND SUBSCRIPTIONS	1,107
NEWSLETTER	10,859
INDUSTRIAL PROMOTIONS	5,694
SUPPLIES	4,610
PUBLIC RELATIONS	6,003
RETIREMENT MATCH	5,693
TRAINING & EDUCATION	14,690
MAINTENANCE & REPAIRS	28,526
HOME SHOW-FALL	114,396
TOTAL	563,757

FORM 990EZ, PART II, LINE 26
OTHER LIABILITIES SCHEDULE 3

DESCRIPTION	BEGINNING OF YEAR	END OF YEAR
FUNDS COLLECTED FOR NEXT YEAR	109,248	72,817
PAYROLL TAX LIABILITY	224	690
TOTAL	109,472	73,507

HOMEBUILDERS ASSOCIATION OF SOUTHERN TENNESSEE
EIN 62-0535664
SCHEDULE-LIST OF OFFICERS, DIRECTORS AND KEY EMPLOYEES (PART IV)
DECEMBER 31, 2009

ALL OFFICERS & DIRECTORS MAY BE CONTACTED AT 3221 OLD HARRISON PIKE, CHATTANOOGA, TN 37406 ALL SERVE WITHOUT PAY EXCEPT THE EXECUTIVE OFFICER

TERESA GROVES	EXECUTIVE OFFICER	44	$79,501
TIM MCCLURE	PRESIDENT	15	0
BARRY PAYNE	VICE PRESIDENT	5	0
JAY PHIPPS	ASSOC VP	5	0
MIKE MOON	TREASURER	5	0
CARY BOHANNON	SECRETARY	5	0
JON BELL	PAST PRESIDENT	5	0

THE FOLLOWING ARE DIRECTORS WHO SERVE WITHOUT PAY.

JIMMY BETTIS
ETHAN COLLIER
RODNEY EDWARDS
JUDY GIACOMMOZI
CHRIS MABEE
DALE MABEE
MIKE REED
KARL SODEERGREN
RANDALL SOULES
CHARLES ELLIOTT
SALLY HUNT
BILL NEAL
KEN STUTA
DENNIS TWEED
ANGELA STAFFORD
TIM SWAFFORD
JON BELL
CARY BOHANN0ON
THOM CARMICHAEL
HENRY TIPTON
GEORGE WRIGHT
NINA BOSS
HAROLD PAYNE
ANN WALLACE
KAREN FLORES
VICKI SCHAMBRON
DAVID DALTON
COLMAN HOCHMAN
DON MOON
TIM MCCLURE
GEORGE WRIGHT