



See a Social Security Number? Say Something!
Report Privacy Problems to <https://public.resource.org/privacy>
Or call the IRS Identity Theft Hotline at 1-800-908-4490



Form **990-EZ**

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)

OMB No 1545-1150

2009Department of the Treasury
Internal Revenue Service

- 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 Name of organization Home Builders Assn. of North Mississippi		D Employer identification number 64-0744380
		Number and street (or P O box, if mail is not delivered to street address) Room/suite		E Telephone number (662) 349-0181
		P. O. Box 283		F Group Exemption Number
		City or town, state or country, and ZIP + 4 Southaven MS 38671		

• Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ).

I Website: ► **N/A****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

► \$ **107,537.****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	
3 Membership dues and assessments	3	36,132.
4 Investment income	4	2,708.
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	68,697.
b Less: direct expenses other than fundraising expenses	6b	44,295.
c Net income or (loss) from special events and activities (Subtract line 6b from line 6a)	6c	24,402.
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	63,242.
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	62,738.
13 Professional fees and other payments to independent contractors	13	5,797.
14 Occupancy, rent, utilities, and maintenance	14	15,724.
15 Printing, publications, postage, and shipping	15	2,628.
16 Other expenses (describe ► <u>See Other Expenses Statement</u>)	16	19,171.
17 Total expenses. Add lines 10 through 16	17	106,058.
18 Excess or (deficit) for the year (Subtract line 17 from line 9)	18	-42,816.
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	129,728.
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	86,912.

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		125,554.	102,832.
23 Land and buildings		0.	0.
24 Other assets (describe ► <u>See L-24 Stmt</u>)		11,110.	5,166.
25 Total assets		136,664.	107,998.
26 Total liabilities (describe ► <u>See L-26 Stmt</u>)		6,936.	21,086.
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)		129,728.	86,912.

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

Form 990-EZ (2009)

TEEA0812 01/30/10

SCANNED JUL 15 2010

EXPENSES

ASSETS

167

MAY 24 2010

RECEIVED

OPEN UP

R

18

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

What is the organization's primary exempt purpose? Promote goodwill of homebuilders and futherance of common goals.
 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	<u>Promoted goodwill and furtherance of common goals.</u>	
	(Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	28 a
29		
	(Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	29 a
30		
	(Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	30 a
31	Other program services (attach schedule)	
	(Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	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)

(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 and deferred compensation	(e) Expense account and other allowances
Brian Hill 1074 Thousand Oaks Hernando MS 38632	Director 1.00	0.	0.	0.
Mark Brannon P.O. Box 182 Southaven MS 38671	Director 1.00	0.	0.	0.
Denise Collins 2548 Rooksworth Cv Germantown TN 38138	Treasurer 3.00	0.	0.	0.
Phyllis Cunningham 541 Fairway Oaks Dr. Hernando MS 38632	Exec. Off. 40.00	0.	0.	0.
Sean Green 6699 Hwy 178 Olive Branch MS 38654	Secretary 1.00	0.	0.	0.
Lanier Hurdle P.O. Box 150 Southaven MS 38671	Director 1.00	0.	0.	0.
Donnie Chambliss 6858 Sminnea, Bldg 3-B Southaven MS 38671	President 3.00	0.	0.	0.
Bob Williams P.O. Box 167 Southaven MS 38671	Director 1.00	0.	0.	0.
Chris Massey 3911 Magnolia Ln Nesbit MS 38651	Vice-Pres. 3.00	0.	0.	0.
Monroe Pointer P. O. Box 346 Southaven MS 38671	Director 1.00	0.	0.	0.
Steve Reeve 3711 Magnolia Lane Nesbit MS 38651	PastPres. 3.00	0.	0.	0.
See List of Officers, Directors, Trustees, & Key Employees Stmt				

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?	X	
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		
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 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 ▶ Mississippi		

42a The organization's books are in care of ▶ Phyllis Cunningham Telephone no ▶ (662) 349-0181
 Located at ▶ P.O. Box 283 Southaven MS ZIP + 4 ▶ 38671

	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 ☐
 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		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.

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 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 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.						
	<div style="display: flex; justify-content: space-between;"> <div style="width: 80%;"> </div> <div style="width: 20%; text-align: right;"> 15-10-10 Date </div> </div>						
	<div style="display: flex; justify-content: space-between;"> <div style="width: 80%;"> Phyllis Cunningham, Ex. Director Type or print name and title </div> <div style="width: 20%;"></div> </div>						
Paid Preparer's Use Only	Preparer's signature	Date 04/29/10	Check if self-employed <input type="checkbox"/>	Preparer's Identifying Number (See instructions) 00290424			
	Firm's name (or yours if self-employed), address, and ZIP + 4 Collins Thomas & Associates, PC 5860 Ridgeway Center Parkway, Suite 250 Memphis TN 38120		EIN ▶				
			Phone no (901) 684-1170				

May the IRS discuss this return with the preparer shown above? See instructions

▶ ☐ Yes ☐ No

BAA

Form 990-EZ (2009)

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 <u>See attached</u> (event type)	(b) Event #2 (event type)	(c) Other Events <u>NONE</u> (total number)	(d) Total Events (Add col (a) through col (c))
	1 Gross receipts			
2 Less: Charitable contributions				
3 Gross income (line 1 minus line 2)				
DIRECT EXPENSES	4 Cash prizes			
	5 Noncash prizes			
	6 Rent/facility costs			
	7 Food and beverages			
	8 Entertainment			
	9 Other direct expenses			
	10 Direct expense summary. Add lines 4- through 9 in column (d)			
	11 Net income summary. Combine lines 3, column (d) and line 10			

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				

	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? b If 'No,' explain: _____	9a	
10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? b If 'Yes,' explain: _____	10a	
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	

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 ▶ \$ _____

Form 990-EZ
Part II

Other Assets and Liabilities

2009

Name as Shown on Return <u>Home Builders Assn. of North Mississippi</u>	Employer Identification No <u>64-0744380</u>
--	---

	Beginning of Year	End of Year
Line 24 - Other Assets:		
<u>Office furniture & equipment</u>	8,610.	5,166.
<u>Miscellaneous receivables</u>	2,500.	0.
Totals to Form 990-EZ, Part II, line 24	11,110.	5,166.
Line 26 - Total Liabilities:		
<u>Accounts Payable & Accrued Expenses</u>	2,595.	4,995.
<u>Deferred Revenue</u>	0.	11,750.
<u>Reserve for building fund</u>	4,341.	4,341.
Totals to Form 990-EZ, Part II, line 26	6,936.	21,086.

Form 990-EZ, Part I, Line 16

Other Expenses Statement

Other expenses (describe)

Bank charges	946.
Car mileage reimbursements	87.
Computer expense	48.
Insurance	2,573.
Miscellaneous expense	114.
Repairs and maintenance	367.
Taxes & licenses	1,614.
Telephone	4,398.
Copy machine expense	1,351.
Corporate taxes	1,231.
Membership drive	101.
Office supplies & expense	2,393.
Convention expenses	504.
Depreciation	3,444.
Total	<u>19,171.</u>

Form 990-EZ, Page 2, Part IV

List of Officers, Directors, Trustees, & Key Employees Stmt

(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 and deferred compensation	(e) Expense account and other allowances
Business <input type="checkbox"/> Person <input checked="" type="checkbox"/> Charlie Sanders 98 Pecan Dr. Senatobia MS 38668 Foreign city _____ Foreign country _____ Business <input type="checkbox"/> Person <input checked="" type="checkbox"/>	Title Director Hours/Week 1.00	0.	0.	0.
Foreign city _____ Foreign country _____ Business <input type="checkbox"/> Person <input checked="" type="checkbox"/>	Title Hours/Week			0.
Foreign city _____ Foreign country _____ Business <input type="checkbox"/> Person <input checked="" type="checkbox"/>	Title Hours/Week			