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DLN: 93493319065480

Form **990** 

Department of the Treasury Internal Revenue Service

# **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)

► The organization may have to use a copy of this return to satisfy state reporting requirements

OMB No 1545-0047

2009

Open to Public Inspection

м го	i the	ZUU9 Calell	uai yea	C Name of organization	009 and ending 12-31-20	09	D Employer	identi	fication number		
_			ease	C Name of organization Southern Arizona Home Builders Ass							
_	dress ch	lab	e IRS pel or	Doing Business As			86-0130769 E Telephone number				
Nar	me cha	9-	int or pe. See				•				
Inıt	tial retu	rn <b>Sp</b>	ecific	Number and street (or P O box if n	naıl ıs not delivered to street add	ress) Room/suite	(520) 79				
– Ter	mınate		struc- ons.	2840 N Country Club Road			<b>G</b> Gross receip	pts \$ 1	,/28,389		
– <sub>Am</sub>	ended	return		City or town, state or country, and	ZIP + 4						
— Apr	olication	n pending		Tucson, AZ 857166500							
			E Nam	ne and address of principal offic	or			_			
				A WHYDE	eı	H(a) Is th	is a group ret ites?	urn fo	or □Yes ▼No		
				Country Club Road					,,		
			lucson	,AZ 857166500		1	II affiliates incl				
r Ta	v-evem	nt status 🔽	F01/a	( 6 ) ◀ (insert no )	or C 527				ee instructions)		
					01   327	H(c) Grou	ıp exemption	numb	er 🟲		
ı w	ebsite	<b>:⊩</b> www.sa	ahba org			<u> </u>					
				ion Trust Association Other	•	L Year of fo	rmation 1984	M St	ate of legal domicile AZ		
Pa	rt I			e organization's mission or mos							
Governance		opportunity	and ch	lome Builders Association is ar oice and is affiliated with the Na established objectives							
<u> </u>	2	Check this	box ►	if the organization discontinue	ed its operations or dispose	d of more than	25% of its ne	etass	ets		
ø.	3		•	nembers of the governing body (					60		
Activities	4		_	dent voting members of the gov				_	59		
1				nployees (Part V, line 2a)		,	-		20		
្ន				lunteers (estimate if necessary				_	125		
•				ted business revenue from Part			_	117,899			
		-		ness taxable income from Form	•		7b _	43,344			
						Pric	r Year	T	Current Year		
	8	Contributi	ions and	grants (Part VIII, line 1h)			, real		0		
9	9			revenue (Part VIII, line 2g)	`	2,971,999	<del>,                                     </del>	1,716,276			
Ravenu	10			ne (Part VIII, column (A), lines			27,297	+	7,982		
Ě	11			art VIII, column (A), lines 5, 60		•	27,237		4,131		
	12		-	dd lines 8 through 11 (must equ	ne ———			1,131			
							2,999,296	5	1,728,389		
	13	Grants an	d sımıla	r amounts paid (Part IX, columi	n (A), lines 1-3)		27,201		1,633		
	14	Benefits p	aid to o	r for members (Part IX, column	(A), line 4)				0		
ch.	15		otherco	mpensation, employee benefits	(Part IX, column (A), lines	5-	1 000 250		024 000		
Expenses		10)					1,000,250	<u>' </u>	831,008		
₹ F	16a	Profession	nal fund	raising fees (Part IX, column (A	), line 11e)			-	0		
ठ	Ь	Total fundra	ising exp	enses (Part IX, column (D), line 25) 🕨	0						
	17	Otherexp	enses (	Part IX, column (A), lines 11a-	11d, 11f-24f)	-	2,066,819	)	1,208,689		
	18	· ·		Add lines 13–17 (must equal Pa			3,094,270	+	2,041,330		
	19	Revenue I	ess exp	enses Subtract line 18 from lir	ne 12		-94,974	<u> </u>	-312,941		
Net Assets or Fund Balances						_	g of Current 'ear		End of Year		
See a	20	Total acc	ate (Dar	t X, line 16)		'	1,036,888	1	502,823		
Ψ. Ε	21			r x, iine 16)			321,014	+	137,931		
5.5 5.5	21		-	d balances Subtract line 21 fro			715,874	+	364,892		
	72 73 0 0	Signatu					713,074	'	304,092		
ге		_		ημιγ, I declare that I have examined t	this return including accompanyir	ng schedules and s	tatements and	to the	hest of my knowledge		
				correct, and complete Declaration of p							
Sign Here		****** Signature	of office	r		2010- Date	11-12				
		1.				Date					
			Vhyde Pre	esident e and title							
		F Type or	hinir iiqili	c and thic			T_				
		Preparer's signature	David	B Barber CPACFE	Date	Check if self-	Preparer's ide		g number		
Paid		signature	. Javia			empolyed •	, = = =	· · - /			
	arer's	Firm's name	(or yours	Regier Carr & Monroe LLP		•	EIN Þ		_		
Use (	Only	ıf self-emplo address, and	yeu),   ZIP + 4	4801 E Broadway Blvd Ste 501							
				Tucson, AZ 857113609			Phone no 🕨	(520)	624-8229		
May	the ID	C discuss th	hio rotii	rn with the preparer shown above	-2 ( :=-t=:-=t-:==)				Type DNo		

#### Part III Statement of Program Service Accomplishments

1	Briefly	describe	the	organization's	missio

SAHBA represents building industry professionals ranging from builders, developers, land planners, architects, engineers, environmental consultants, trade contractors, banking and mortgage, real estate, and the many supporting disciplines necessary to create, sell, furnish and maintain new homes and communities throughout Southern Arizona Through SAHBA and NAHB, members can reach more than 566 memeber firms locally and more than 175,000 member firms nationally

4d	Other program s	ervices (Describe in Schedule including		(Revenue \$	)
4d	O ther program s	ervices (Describe in Schedule	0)		
	-				
4c	(Code	) (Expenses \$	including grants of \$	) (Revenue \$	)
		door and outdoor living areas			
40	•	, , , ,	nnual home show allowing members and other	, ,	the lastest in home
4b	(Code	) (Expenses \$	including grants of \$	) (Revenue \$	\
	contractors, banking throughout Southerr	gand mortgage, real estate, and the r n Arizona SAHBA provides a venue for	from builders, developers, land planners, arch many supporting disciplines necessary to crea rits members to share information and to net and keeps them apprised of changes in regula	te, sell, furnish and maintain new ho work with other businessmen involve	mes and communities ed in the home building
4a	(Code	) (Expenses \$	including grants of \$	) (Revenue \$	)
	allocations to oth	ers, the total expenses, and re	and section 4947(a)(1) trusts are revenue, if any, for each program servio	ce reported	grants and
4			each of the organization's three large		
	If "Yes," describe	these changes on Schedule O			
		on cease conducting, or make	significant changes in how it conduct	s, any program	s 🔽 No
3	If "Yes," describe	these new services on Schedu	le O		
3		0 01 990-627		h were not listed on Ye	s 🔽 No

Part IV	Checklist	of Red	uired	Schedule

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1		Νο
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2		Νο
3	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	3		Νο
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II	4		
5	Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III	5		No
6	Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? If "Yes," complete Schedule D, Part II	7		Νο
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		Νο
9	Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		Νο
10	Did the organization, directly or through a related organization, hold assets in term, permanent,or quasiendowments? If "Yes," complete Schedule D, Part V	10		Νο
11	Is the organization's answer to any of the following questions "Yes"? If so,complete Schedule D,  Parts VI, VII, VIII, IX, or X as applicable	11	Yes	
	◆ Did the organization report an amount for land, buildings, and equipment in Part X, line10? If "Yes," complete Schedule D, Part VI.			
	◆ Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII.			
	◆ Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII.			
	◆ Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX.			
	◆ Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X.			
	◆ Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48? If "Yes," complete Schedule D, Part X.			
12	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI, XII, and XIII	12	Yes	
12A	Was the organization included in consolidated, independent audited financial statements for the tax year? Yes No			
	If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional	ĺ	ĺ	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		No
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		No
	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the United States? If "Yes," complete Schedule F, Part I	14b		No
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the U S? If "Yes," complete Schedule F, Part II	15		No
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the U S ? If "Yes," complete Schedule F, Part III	16		No
17	Did the organization report a total of more than \$15,000, of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If</i> " <i>Yes,"</i> complete Schedule G, Part I	17		No
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If</i> "Yes," complete Schedule G, Part II	18		No
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		N o
20	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20		Νo

Par	t IV Checklist of Required Schedules (continued)			
21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		Νo
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		Νο
23	Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	23		No
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer questions 24b-24d and complete Schedule K. If "No," go to line 25	24a		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part $I$	25a		
b	Is the organization 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	25b		
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? If "Yes," complete Schedule L, Part III	27		No
28	Was the organization a party to a business transaction with one of the following parties? (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a	Yes	
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		No
c	An entity of which a current or former officer, director, trustee, or key employee of the organization (or a family member) was an officer, director, trustee, or owner? If "Yes," complete Schedule L, Part IV	28c	Yes	
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		No
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		Νο
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33		No
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1	34	Yes	
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35		No
36	<b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36		
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19?  Note, All Form 990 filers are required to complete Schedule O	38	Yes	

orm	990 (2009)			Page
Par	t V Statements Regarding Other IRS Filings and Tax Compliance			
			Yes	No
	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal			
	of U.S. Information Returns. Enter -0- if not applicable			
L				
D	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable  1b  0			
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable			
	gaming (gambling) winnings to prize winners?	<b>1</b> c	Yes	
	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax  Statements filed for the calendar year ending with or within the year covered by this			
	return			
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return (see instructions)	2b	Yes	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this			
	return?	3a	Yes	
	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b	Yes	
	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)?	4a		N o
	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			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		Νο
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		Νο
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction?	5c		
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible?	6a		No
	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		
d	If "Yes," indicate the number of Forms 8282 filed during the year			
e	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		
g	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as			
	required?	7h		
	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	8		
	Sponsoring organizations maintaining donor advised funds.	-		
	Did the organization make any taxable distributions under section 4966?	9a		
	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		
	Section 501(c)(7) organizations. Enter			
	Initiation fees and capital contributions included on Part VIII, line 12   10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
11	Section 501(c)(12) organizations. Enter			
	Gross income from members or shareholders			
	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them )			
12>	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the			
	year			

2840 N Country Club Road Tucson, AZ 857166500

(520) 795-5114

**Part VI Governance, Management, and Disclosure** For each "Yes" response to lines 2 through 7b below, and for a "No" response to lines 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

Se	ction A. Governing Body and Management					
	etton A. Governing Body und Planagement				Yes	No
1a	Enter the number of voting members of the governing body	1a	60			
b	Enter the number of voting members that are independent	1b	59			
2	Did any officer, director, trustee, or key employee have a family relationship or a bus other officer, director, trustee, or key employee?	iness •	relationship with any	2	Yes	
3	Did the organization delegate control over management duties customarily performe supervision of officers, directors or trustees, or key employees to a management co			3		No
4	Did the organization make any significant changes to its organizational documents sfiled?	ince t	he prior Form 990 was	4		No
5	Did the organization become aware during the year of a material diversion of the organization	anızat	ion's assets?	5		No
6	Does the organization have members or stockholders?			6	Yes	
7a	Does the organization have members, stockholders, or other persons who may elect governing body?		r more members of the	7a	Yes	
ь	Are any decisions of the governing body subject to approval by members, stockhold	ers, o	rother persons?	7b	Yes	
8	Did the organization contemporaneously document the meetings held or written active year by the following	ons ur	ndertaken during the			
а	The governing body?			8a	Yes	
ь	Each committee with authority to act on behalf of the governing body?			8b	Yes	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A,	who c	annot be reached at the			
	organization's mailing address? If "Yes," provide the names and addresses in Sched			9		Νo
	ction B. Policies (This Section B requests information about policies not	requi	red by the Internal			
ке	venue Code.)				Yes	No
10a	Does the organization have local chapters, branches, or affiliates?			10a	Yes	110
	If "Yes," does the organization have written policies and procedures governing the ac	- ctiviti	es of such chapters.		105	
_	affiliates, and branches to ensure their operations are consistent with those of the o			10b		Νo
11	Has the organization provided a copy of this Form 990 to all members of its governi	ng bod	y before filing the form?			
		•		11		No
11A	Describe in Schedule O the process, if any, used by the organization to review the Fo	orm 9	90			
12a	Does the organization have a written conflict of interest policy? If "No," go to line 13			12a	Yes	
ь	Are officers, directors or trustees, and key employees required to disclose annually	ıntere	sts that could give rise			
c	to conflicts?			12b	Yes	
	describe in Schedule O how this is done			12c	Yes	
13	Does the organization have a written whistleblower policy?	•		13	Yes	
14	Does the organization have a written document retention and destruction policy? $\ \ .$			14	Yes	
15	Did the process for determining compensation of the following persons include a revindependent persons, comparability data, and contemporaneous substantiation of the					
а	The organization's CEO, Executive Director, or top management official			15a	Yes	
b	Other officers or key employees of the organization			15b		Νo
	If "Yes" to line a or b, describe the process in Schedule O (See instructions)					
16a	Did the organization invest in, contribute assets to, or participate in a joint venture of taxable entity during the year?			16a		N o
h	If "Yes," has the organization adopted a written policy or procedure requiring the org			100		110
	participation in joint venture arrangements under applicable federal tax law, and take organization's exempt status with respect to such arrangements?	en ste	ps to safeguard the	16b		
Se	ction C. Disclosure					I
17	List the States with which a copy of this Form 990 is required to be filed►AZ					
18	Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable					
	(3)s only) available for public inspection. Indicate how you make these available. Ch					
19	Own website Another's website V Upon request  Describe in Schedule O whether (and if so, how), the organization makes its governi	na da-	umants conflict of			
	interest policy, and financial statements available to the public See Additional Data	Table	9		. m. i m = 2	
20	State the name, physical address, and telephone number of the person who possess The Organization	es the	ouoks and records of th	e orga	ınızatıoı	n <b>F</b>

# Part VIII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

#### Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

1a Complete this table for all persons required to be listed Report compensation for the calendar year ending with or within the organization's tax year. Use Schedule J-2 if additional space is needed

- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation, and current key employees Enter -0- in columns (D), (E), and (F) if no compensation was paid
- List all of the organization's current key employees. See instructions for definition of "key employee"
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations
- List all of the organization's **former** officers, key employees, or highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations

List persons in the following order individual trustees or directors, institutional trustees, officers, key employees, highest compensated employees, and former such persons

Check this box if the organization did i	not compen	sate any	y curi	rent	or fo	rmer	ffice	r, dırector, trustee	or key employee	
<b>(A)</b> Name and Title	(B) Average hours	Posi t	<b>(C</b> tion ( hat a	ched	ckal )	I		( <b>D)</b> Reportable compensation	<b>(E)</b> Reportable compensation	<b>(F)</b> Estimated amount of other
	per week	Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	from the organization (W- 2/1099-MISC)	from related organizations (W- 2/1099- MISC)	compensation from the organization and related organizations
See add'l data										

Forr	n 990 (2009)				Page <b>8</b>
1b	Total	314,523	0		20,691
2	Total number of individuals (including but not limited to those listed above) who rece \$100,000 in reportable compensation from the organization ▶0	eived more than			
				Yes	No
3	Did the organization list any <b>former</b> officer, director or trustee, key employee, or hig on line 1a? <i>If</i> "Yes," complete Schedule J for such individual	•	nployee 3		No
4	For any individual listed on line 1a, is the sum of reportable compensation and other organization and related organizations greater than \$150,000? If "Yes," complete Scindividual	•	he 4		No
5	<b>5</b> Did any person listed on line 1a receive or accrue compensation from any unrelated organization for services rendered to the organization? <i>If</i> "Yes," complete Schedule J for such person				
S	ection B. Independent Contractors				
1	Complete this table for your five highest compensated independent contractors that \$100,000 of compensation from the organization	received more than			
	(A) Name and business address	(B) Description of	services	(C Compe	
310	OLCHALK FREY MARKETING BIO S WILLIAMS BLVD TUCSON, AZ 85711  MARKETING AND ADVERTISING HOME SHOWS		ERTISING FOR		185,250
_					
	Total number of independent contractors (including but not limited to those listed abo	ve) who received mor	e than		

Form **990** (2009)

\$100,000 in compensation from the organization 🗗

Form 9								Page <b>9</b>
Part \	<u>/1111</u>	Statement o	of Revenue		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512,513, or 514
#\$ #	1a	Federated cam	paigns 1a					
흔	ь	Membership du	es 1b					
કે. ∰	c	Fundraising eve	ents <b>1c</b>					
<u>₹</u> ,ह	d	Related organiz	rations 1d					
ěŒ.	e	Government grants	s (contributions) <b>1e</b>					
ıtío er ∢	f	All other contribution similar amounts no	ons, gifts, grants, and <b>1f</b> ot included above					
€€	g		butions included in					
Contributions, gifts, grants and other similar amounts	h	lines 1a-1f \$ _		•				
<u> </u>	<b>⊢"</b>	Total. Add filles	5 1d-11					
≘	2a	Home show income	0	Business Code	1 252 200			1 252 200
Program Service Revenue			<u> </u>	900,099	1,253,200	201 541	12.075	1,253,200
2 <u>2</u>	b c	Membership dues SCF Dividends		900,004	304,516	291,541	12,975	
ě	d	Annual banquet inc	como	511,190 900,099	87,899		87,899	17 200
Ŧ	e	Member meetings	-	900,099	17,280 16,488	16,488		17,280
Ta E	F		am service revenue	900,099	36,893	, , , , , , , , , , , , , , , , , , ,	17,025	
_ Zo_	'				36,693	19,868	17,025	
	g		s 2a-2f		1,716,276			
	3		ome (including dividen	. +	7,982			7,982
	4		ar amounts) stment of tax-exempt bond	· · ·	,,,,,			.,,552
	5			· · · · · . · ·				
			(ı) Real	(II) Personal				
	6a	Gross Rents	4,131					
	b	Less rental expenses						
	c	Rental income or (loss)	4,131					
	d		me or (loss)		4,131			4,131
			(ı) Securities	(II) O ther				
	7a b	Gross amount from sales of assets other than inventory Less cost or other basis and						
		sales expenses						
	c	Gain or (loss)	- >	<u> </u>				
	d 8a	Gross income f	rom fundraising					
Other Revenue	Ju	events (not inc \$	luding s reported on line 1c)					
<u>-</u>	.		a					
돌	b c		penses <b>b</b> (loss) from fundraising	events ►				
J	9a		rom gamıng actıvıtıes					
	ь	Less directex	penses b					
	С		(loss) from gaming acti	vities				
	10a	Gross sales of returns and allo						
	ь	Less cost of g	oods sold <b>b</b>					
	С		(loss) from sales of inve	entory 🕨				
		Miscellaneous	s Revenue	Business Code				
	11a							
	Ь							
	C							
	d		ue					
	e	Total. Add lines	s 11a-11d					
	12	Total revenue.	See Instructions .	▶		_		

1,728,389

Part IX Statement of Functional Expenses							
	Section $501(c)(3)$ and $501(c)(4)$ organizations mu	•		(D)			
Do no	other organizations must complete column (A) but are not required to be include amounts reported on lines 6b, b, and 10b of Part VIII.	(A) Total expenses	(B), (C), and (B) Program service expenses	(C) Management and general expenses	( <b>D</b> ) Fundraising expenses		
1	Grants and other assistance to governments and organizations		ехрепзез	general expenses	ехрепаез		
_	ın the U S See Part IV, line 21	1,633					
2	Grants and other assistance to individuals in the U.S. See Part IV, line 22						
3	Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16						
4	Benefits paid to or for members						
5	Compensation of current officers, directors, trustees, and key employees	335,214					
6	Compensation not included above, to disqualified persons (as defined under section $4958(f)(1)$ ) and persons described in section $4958(c)(3)(B)$						
7	Other salaries and wages	428,625					
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	6,517					
9	Other employee benefits						
10	Payroll taxes	60,652					
11	Fees for services (non-employees)						
а	Management						
b	Legal	151,823					
c	Accounting	15,939					
d	Lobbying						
e	Professional fundraising See Part IV, line 17						
f	Investment management fees						
g	Other	210					
12	Advertising and promotion	1,000					
13	Office expenses	8,771					
14	Information technology						
15	Royalties						
16	Occupancy						
17	Travel	1,346					
18	Payments of travel or entertainment expenses for any federal, state, or local public officials						
19	Conferences, conventions, and meetings	21,591					
20	Interest						
21	Payments to affiliates	72,925					
22	Depreciation, depletion, and amortization	23,570					
23	Insurance	67,831					
24	Other expenses Itemize expenses not covered above (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below)						
а	Home show expense	604,706					
ь	Miscellaneous expense	30,326					
c	Tax and Licenses	30,216					
d	Repairs and Maintenance	27,520					
e	Dues and Subscriptions	19,478					
f	All other expenses	131,437					
25	Total functional expenses. Add lines 1 through 24f	2,041,330					
26	Joint costs. Check here ► ☐ If following SOP 98-2  Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation						

Form 990 (2009) Parit X Balance Sheet (A) (B) End of vear Beainning of vear 184.326 127.602 1 Cash—non-interest-bearing . . . . . . . . . 1 671.058 292,381 2 2 3 3 4 66.466 4 18.852 5 Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of 6 Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) Complete Part II of Notes and loans receivable, net . . . . . Inventories for sale or use . . . . . 8 Prepaid expenses and deferred charges . . . . 49.181 23,330 9 535.780 10a Land, buildings, and equipment cost or other basis Complete Part 10a VI of Schedule D 10b 508.340 41.469 27,440 b Less accumulated depreciation . . . . 10c 11 11 12 Investments—other securities See Part IV, line 11 . . . . . . . . . 12 13 13 Investments—program-related See Part IV, line 11 . . 14 14 24.388 15 15 13.218 16 1,036,888 16 502,823 Total assets. Add lines 1 through 15 (must equal line 34) . . . 123.309 17 45,360 17 Accounts payable and accrued expenses 18 18 145,468 67,973 19 19 20 20 Liabilities 21 21 Escrow or custodial account liability  $Complete\ Part\ IV\ of\ Schedule\ D$  . . 22 Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified 22 23 23 Secured mortgages and notes payable to unrelated third parties . . 24 Unsecured notes and loans payable to unrelated third parties . . . . 24 52.237 25 Other liabilities Complete Part X of Schedule D . . . . . 25 24,598 26 Total liabilities. Add lines 17 through 25 . . . . . 321,014 26 137,931 Organizations that follow SFAS 117, check here ▶ 🔽 and complete lines 27 Balances through 29, and lines 33 and 34. 715.874 364,892 27 27 Unrestricted net assets . . . . 28 28 Temporarily restricted net assets . . . . . Fund 29 29 Permanently restricted net assets . . . . . Organizations that do not follow SFAS 117, check here 📂 🥅 and complete lines 30 through 34. ö 30 30 Capital stock or trust principal, or current funds . . . Assets Paid-in or capital surplus, or land, building or equipment fund . . . . . 31 31 32 32 Retained earnings, endowment, accumulated income, or other funds ¥ 715,874 33 Total net assets or fund balances . . . . 33 364,892 34 Total liabilities and net assets/fund balances . . . . . 1.036.888 502.823 34

### Part XI Financial Statements and Reporting

			Yes	No
1	Accounting method used to prepare the Form 990			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		Νo
b	Were the organization's financial statements audited by an independent accountant?	2b	Yes	
c	If "Yes," to 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O	2c	Yes	
d	If the organization changed its method of accounting from a prior year or checked "O ther," explain in Schedule O Were the organization's financial statements compiled or reviewed by an independent accountant?			
	▼ Separate basis			
3а		3a		No
b		3b		

Form **990** (2009)

# Software ID: Software Version:

**EIN:** 86-0130769

Name: Southern Arizona Home Builders Association

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

(A)							(D)	(E)	(F)	
Name and Title	A verage hours		Position (check all that apply)				Reportable compensation	Reportable compensation	Estimated amount of other	
	per week	individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	from the organization (W- 2/1099-MISC)	from related organizations (W- 2/1099- MISC)	compensation from the organization and related organizations
mICHAEL WHYDE CHAIRMAN	1 00	X						0	0	0
ED CASTELHANO 1ST VICE CHAIRMAN	1 00	X						0	0	0
MARTHA WRIGHT SECRETARY	1 00	Х						0	0	0
JOHN SHORBE TREASURER	1 00	Х						0	0	0
RANDY AGRON IMMEDIATE PAST PRESIDENT	1 00	Х						0	0	0
DANTE Archangelı DIRECTOR	1 00	X						0	0	0
BRAD BAUER DIRECTOR	1 00	Х						0	0	0
TED Bednar DIRECTOR	1 00	X						0	0	0
MIchael Bolchalk DIRECTOR	1 00	Х						0	0	0
CHARLIE bowles DIRECTOR	1 00	x						0	0	0
STEVEN CANATSEY DIRECTOR	1 00	Х						0	0	0
BUD Cardinal DIRECTOR	1 00	Х						0	0	0
SHAWN Chlarson DIRECTOR	1 00	Х						0	0	0
STEVE CRAddock DIRECTOR	1 00	X						0	0	0
ERIN Fitzgerald DIRECTOR	1 00	Х						0	0	0
ART Flagg DIRECTOR	1 00	X						0	0	0
KEITH Franklın DIRECTOR	1 00	X						0	0	0
BRIGID Gannon DIRECTOR	1 00	X						0	0	0
RO GER Giachetti DIRECTOR	1 00	X						0	0	0
MIKE Grassinger DIRECTOR	1 00	X						0	0	0
DAVID Greenberg DIRECTOR	1 00	X						0	0	0
JEFF GROBSTEIN DIRECTOR	1 00	X						0	0	0
DAVE GROUNDS DIRECTOR	1 00	X						0	0	0
PETER Herder DIRECTOR	1 00	X						0	0	0
DAN Hogan DIRECTOR	1 00	Χ						0	0	0

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Compensated Employees, and Independent Contractors											
(A) Name and Title	(B) A verage hours per		tion (		y)			( <b>D)</b> Reportable compensation from the	<b>(E)</b> Reportable compensation from related	(F) Estimated amount of other compensation	
	week	Individual trustee or director	Institutional Trustee	Office	Key employee	Highest compensated employee	Former	organization (W- 2/1099-MISC)	organizations (W- 2/1099- MISC)	from the organization and related organizations	
JOE HONICK	1 00	Х	-					0	0	0	
DIRECTOR CHRIS Kemmerly DIRECTOR	1 00	X						0	0	0	
STEVE King DIRECTOR	1 00	Х						0	0	0	
ROBERT KIRK DIRECTOR	1 00	Х						0	0	0	
AL LECOCQ DIRECTOR	1 00	Х						0	0	0	
MARK Lewis DIRECTOR	1 00	Χ						0	0	0	
MIKE LEUNG DIRECTOR	1 00	Х						0	0	0	
SANJAY Madhvanı DIRECTOR	1 00	X						0	0	0	
JOHN McCaleb DIRECTOR	1 00	Х						0	0	0	
PAULA Meade DIRECTOR	1 00	Χ						0	0	0	
DENNIS Merideth DIRECTOR GREGORY Miedema	1 00	Х						0	0	0	
DIRECTOR JOHN Wesley Miller	1 00	Χ						0	0	0	
DIRECTOR MARTY Mincer	1 00							0	0		
DIRECTOR ERIC MONTGOMERY	1 00							0	0		
DIRECTOR STEVE MOORE	1 00	Х						0	0	0	
DIRECTOR CHUCK Myers	1 00							0			
DIRECTOR DAVID Nathanson	1 00							0	0		
DIRECTOR MERRILL Niles	1 00							0	0		
DIRECTOR WOCKY Redsar	1 00							0	0		
DIRECTOR CAROL RUE	1 00							0	0		
DIRECTOR MIKE RUtherford	1 00							0	0		
DIRECTOR CARL SCHROEDER	1 00							0	0		
DIRECTOR MARK SIMON	1 00							0	0		
DIRECTOR TIM Staring											
DIRECTOR	1 00	Х						0	0	0	

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Compensated Employees, and Independent Contractors											
(A) Name and Title	(B) Average hours		tion ( that a	che (		Ш		( <b>D)</b> Reportable compensation from the	(E) Reportable compensation	(F) Estimated amount of other compensation	
	per week	Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	organization (W-2/1099-MISC) Formular compensation		from related organizations (W- 2/1099- MISC)	from the organization and related organizations	
BOB STORIE DIRECTOR	1 00	Χ						0	0	0	
JOHN STROBECK DIRECTOR	1 00	X						0	0	0	
RON TEANEY DIRECTOR	1 00	Χ						0	0	0	
FRANK Thomson DIRECTOR	1 00	Х						0	0	0	
RICHARD Underwood DIRECTOR	1 00	X						0	0	0	
BILL VINER DIRECTOR	1 00	Х						0	0	0	
BILL VALENZUELA DIRECTOR	1 00	Х						0	0	0	
STEVEN WASHBURN DIRECTOR	1 00	X						0	0	0	
JEFF WIllmeng DIRECTOR	1 00	Х						0	0	0	
KEN ZEHM DIRECTOR	1 00	X						0	0	0	
Edward P Taczanowsky President	40 00			Х				86,263	0	4,737	
Roger Yohem Vice President	40 00			X				70,852	0	5,633	
Michael L Box Chief Financial Officer	40 00			X				76,152	0	7,821	
Art Flagg President	40 00			X				65,333	0	1,500	
Jessica Whyde president	40 00			X				15,923	0	1,000	

Form 990, Part VIII - Statement of Revenue - 2a - 2g Program Service Revenue -

	Business Code	(A) Total Revenue	(B) Related or Exempt Function Revenue	(C) Unrelated Business Revenue	(D) Revenue Excluded from Tax under IRC 512, 513, or 514
Home show income	900,099	1,253,200			1,253,200
Membership dues	900,004	304,516	291,541	12,975	
SCF Dividends	511,190	87,899		87,899	
Annual banquet income	900,099	17,280			17,280
Member meetings	900,099	16,488	16,488		

#### Form 990, Part IX - Statement of Functional Expenses - 24a - 24e Other Expenses

Do not include amounts reported on line 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
Home show expense	604,706			
Mıscellaneous expense	30,326			
Tax and Licenses	30,216			
Repairs and Maintenance	27,520			
Dues and Subscriptions	19,478			

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# SCHEDULE D

(Form 990)

Department of the Treasury Internal Revenue Service

## **Supplemental Financial Statements**

► Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12. ► Attach to Form 990. ► See separate instructions.

**Employer identification number** Name of the organization Southern Arizona Home Builders Association 86-0130769 Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" to Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts Total number at end of year

Aggregate contributions to (during year) 3 Aggregate grants from (during year) Aggregate value at end of year

Did the organization inform all donors and donor advisors in writing that the assets held in donor advised □ No funds are the organization's property, subject to the organization's exclusive legal control?

Did the organization inform all grantees, donors, and donor advisors in writing that grant funds may be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit

Part II Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7.

Pur	pose(s) of conservation easements held by the organization (chec	k all	that apply)
Γ	Preservation of land for public use (e g , recreation or pleasure)	$\sqcap$	Preservation of an historically importantly land area
$\sqcap$	Protection of natural habitat	$\sqcap$	Preservation of a certified historic structure
$\vdash$	Preservation of open space		

Complete lines 2a-2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year

Total number of conservation easements

Total acreage restricted by conservation easements Number of conservation easements on a certified historic structure included in (a)

Number of conservation easements included in (c) acquired after 8/17/06

Held at the End of the Year 2a 2b 2c 2d

Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during 3 the taxable year 🛌

Number of states where property subject to conservation easement is located 🛌

Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?

Staff and volunteer hours devoted to monitoring, inspecting and enforcing conservation easements during the year 🕨

7 A mount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year ▶ \$ \_\_\_\_\_\_

Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(ı) and 170(h)(4)(B)(ıı)?

In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" to Form 990, Part IV, line 8.

If the organization elected, as permitted under SFAS 116, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items

If the organization elected, as permitted under SFAS 116, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items

(i) Revenues included in Form 990, Part VIII, line 1

(ii) Assets included in Form 990, Part X

If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 relating to these items

Revenues included in Form 990, Part VIII, line 1

Assets included in Form 990, Part X For Privacy Act and Paperwork Reduction Act Notice, see the Intructions for Form 990

Cat No 52283D Schedule D (Form 990) 2009

	Using the organization's accession and othe										<u>continueu )</u>
	items (check all that apply)			_							
а	Public exhibition		d	<u> </u>			ange prog	rams			
Ь	Scholarly research		e	Г	O the	r					
c	Preservation for future generations										
4	Provide a description of the organization's co Part XIV	ollections and expla	ain ho	w the	y furth	er the or	ganızatıoı	ı's ex	empt purpose	ın	
5	During the year, did the organization solicition									┌ Yes	□ No
Par	assets to be sold to raise funds rather than t  TIV Escrow and Custodial Arrang									<u> </u>	
	Part IV, line 9, or reported an an										
1a	Is the organization an agent, trustee, custod included on Form 990, Part X?					utions oi	r other ass	ets r		┌ Yes	☐ No
b	If "Yes," explain the arrangement in Part XI\	/ and complete the	follow	ving t	able		г	1			
								_	Ar	nount	
с	Beginning balance						-	1c			
d	Additions during the year						}	1d			
e	Distributions during the year							1e			
f	Ending balance						L	1f			
2a	Did the organization include an amount on Fo	orm 990, Part X, lir	ne 21?							☐ Yes	☐ No
	If "Yes," explain the arrangement in Part XIV										
Pa	rt V Endowment Funds. Complete	f the organizatio (a)Current Year		wer Prior			orm 990 Years Back		t IV, line 10. Three Years Back	(a)Four	Years Back
1a	Beginning of year balance	(a)Current rear	()	PHOL	Teal	(c)iwo	Tears back	(4)	Tillee feats back	(e)roui	Teals back
b	Contributions										
c	Investment earnings or losses										
d	Grants or scholarships										
e	Other expenditures for facilities										
_	and programs										
f	Administrative expenses										
g	End of year balance										
2	Provide the estimated percentage of the yea	r end balance held	as								
а	Board designated or quasi-endowment 🕨	%									
ь	Permanent endowment 🕨 %										
c	Term endowment ► %										
c 3a	Term endowment ► %  Are there endowment funds not in the posses	ssion of the organiz	zation	that	are hel	d and ac	Iministere	d for t	the		
	Are there endowment funds not in the posses organization by		zation	that	are hel	d and ac	lmınıstere	d for	the	Yes	s No
	Are there endowment funds not in the posses organization by  (i) unrelated organizations					d and ac	Iministere	d for	3a	(i)	s No
3a	Are there endowment funds not in the posses organization by  (i) unrelated organizations							d for	3a(	(i) ii)	s No
3a b	A re there endowment funds not in the posses organization by  (i) unrelated organizations	ns listed as require	• • • • • • • • • • • • • • • • • • •	 Sched	 Iule R?			d for t	3a	(i) ii)	S No
3a b 4	Are there endowment funds not in the posses organization by  (i) unrelated organizations		ed on S	Sched ent fu	 Iule R? Inds				3a(	(i) ii)	s No
3a b 4	A re there endowment funds not in the posses organization by  (i) unrelated organizations		ed on S	Schedent fu	· · · lule R? Inds	   	rt X, line	10.	3a( 3a(	(i) ii) b	s No
3a b 4	Are there endowment funds not in the posses organization by  (i) unrelated organizations		ed on S	Schedent fü	· · · · lule R? Inds Form 9	   		10. other	3a(	(i) ii) b	Book value
b 4 Par	Are there endowment funds not in the posses organization by  (i) unrelated organizations		ed on S	Schedent fü	· · · · lule R? Inds Form 9	990, Pa	rt X, line	10. other	3a( 3	(i) ii) b	
b 4 Par	Are there endowment funds not in the posses organization by  (i) unrelated organizations		ed on S	Schedent fü	· · · · lule R? Inds Form 9	990, Pa	rt X, line (b)Cost or basis (ot	10. other	3a( 3	(i)	Book value
b 4 Par	Are there endowment funds not in the posses organization by  (i) unrelated organizations		ed on S	Schedent fü	· · · · lule R? Inds Form 9	990, Pa	rt X, line (b)Cost or basis (ot	10. other ner) 8,275	3a( 3	(i)	Book value
b 4 Par	Are there endowment funds not in the posses organization by  (i) unrelated organizations		ed on S	Schedent fü	· · · · lule R? Inds Form 9	990, Pa	rt X, line (b)Cost or basis (ot	10. other ner) 8,275	(c) Accumulate depreciation	(i)	Book value
b 4 Par  1a b c d	Are there endowment funds not in the posses organization by  (i) unrelated organizations		ed on S	Schedent fü	· · · · lule R? Inds Form 9	990, Pa	rt X, line (b)Cost or basis (ot	10. other ner) 8,275	(c) Accumulate depreciation 272,	(i)	Book value 8,275 11,351

Part VII Investments—Other Securities. See  (a) Description of security or category			d of valuation
(including name of security)	(b)Book value		-year market value
Financial derivatives			
Closely-held equity interests Other			
Total. (Column (b) should equal Form 990, Part X, col (B) line 12 )			
Part VIII Investments—Program Related. See		13.	
(a) Description of investment type	(b) Book value	(c) Metho	d of valuation
(a) Description of investment type	(b) Book value	Cost or end-of	-year market value
<b>Part IX</b> Other Assets. See Form 990, Part X, col (B) line 13 )			
(a) Descrip			( <b>b</b> ) Book value
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1			
Part X Other Liabilities. See Form 990, Part X  (a) Description of Liability	, line 25. (b) A mount		
Federal Income Taxes	(b) Amount		
Custodial funds hold			
Custodial funds held	24,598		
Custodial funds held			
Total. (Column (b) should equal Form 990, Part X, col (B) line 25 )			

otal revenue (Form 990, Part VIII, column (A), line 12) otal expenses (Form 990, Part IX, column (A), line 25)	1	1,728,389
otal expenses (Form 990, Part IX, column (A), line 25)		
	2	2,041,330
xcess or (deficit) for the year Subtract line 2 from line 1	3	-312,941
et unrealized gains (losses) on investments	4	
onated services and use of facilities	5	
nvestment expenses	6	
rior period adjustments	7	
ther (Describe in Part XIV)	8	-38,041
otal adjustments (net) Add lines 4 - 8	9	-38,041
	10	-350,982
	er Re	turn
otal revenue, gains, and other support per audited financial statements	1	1,837,139
Amounts included on line 1 but not on Form 990, Part VIII, line 12		
Net unrealized gains on investments		
Donated services and use of facilities		
Recoveries of prior year grants		
Other (Describe in Part XIV)		
Add lines <b>2a</b> through <b>2d</b>	2e	108,750
Subtract line 2e from line 1	3	1,728,389
Amounts included on Form 990, Part VIII, line 12, but not on line 1		
nvestment expenses not included on Form 990, Part VIII, line 7b . 4a		
Other (Describe in Part XIV)		
Add lines 4a and 4b	4c	0
	5	1,728,389
	per	
	1	2,177,999
Prior year adjustments		
Other losses		
Other (Describe in Part XIV)		
Add lines <b>2a</b> through <b>2d</b>	2e	136,669
Subtract line <b>2e</b> from line <b>1</b>	3	2,041,330
Amounts included on Form 990, Part IX, line 25, but not on line 1:		
nvestment expenses not included on Form 990, Part VIII, line 7b 4a		
Other (Describe in Part XIV)		
Add lines 4a and 4b	4c	0
	5	2,041,330
	there (Describe in Part XIV)  total adjustments (net) Add lines 4 - 8  xcess or (deficit) for the year per financial statements Combine lines 3 and 9  III Reconciliation of Revenue per Audited Financial Statements With Revenue per Total revenue, gains, and other support per audited financial statements	Arounts included on Form 990, Part VIII, line 12, but not on line 1 investment expenses not included on Form 990, Part VIII, line 7b in the (Describe in Part XIV)  and in adulation of Expenses per Audited Financial Statements With Revenue per Reverse of prior year grants 2 investment expenses and losses per audited on Form 990, Part VIII, line 12 investment expenses and losses per audited financial Statements With Revenue per Reverse of prior year grants 2 investments 2 investments 3 investments 4 investment expenses and use of facilities 2 investment expenses and included on Form 990, Part VIII, line 12 investment expenses not included on Form 990, Part VIII, line 7b 4a investment expenses and losses per audited financial statements 4 investment expenses and losses per audited financial statements 5 investment expenses and losses per audited financial statements 6 investment expenses and losses per audited financial statements 7 investment expenses and use of facilities 2 investment expenses and use of facilities 3 investment expenses invest

Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b, Part V, line 4, Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b. Also complete this part to provide any additional information

Ident if ier	Return Reference	Explanation
		PART XI, LINE 8 Discontinued operations of Southeastern Arizona Contractors Association Part XII, LINE 2d Restricted development issues income Part XIII, LINE 2D Expenses related to restricted income

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DLN: 93493319065480

OMB No 1545-0047

#### Schedule L

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

**Transactions with Interested Persons** 

► Complete if the organization answered "Yes" on Form 990, Part IV, lines 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V lines 38a or 40b.

► Attach to Form 990 or Form 990-EZ. ► See separate instructions.

Open to Public Inspection

	the organization Arızona Home Buılders Association	Employer identification number						
Southern /	Alizona nome builders Association					86-0130769		
Part I	Excess Benefit Transa Complete if the organization	•	, , , ,				ne 40b	
1	(a) Name of disquali	fied person		(b) Desc	rıptıon of tra	nsaction	(c) Co	orrected?
-	, ,			(5) 5030	ription of tru	1134611011	Yes	No
<b>2</b> Ente	er the amount of tax imposed (	on the organ	ızatıon managers o	r disqualified perso	ons during th	e vear under		
	tion 4958					<b>F</b> \$		
3 Ente	er the amount of tax, if any, on	line 2, abov	e, reimbursed by th	ne organization .		<b>-</b> \$		
Part II	Loans to and/or Fro	m Intere	sted Persons.					
-	Complete if the organization	on answered	"Yes" on Form 99	0, Part IV, line 26,	, or Form 990		<u> </u>	
	-	b) Loan to			<b>(e)</b> In	<b>(f)</b> Approved	(g)Writte	en
(a) Nam		r from the Janization?	(c)O riginal principal amount	( <b>d)</b> Balance due	default?	by board or	agreemer	
	• •	o From	principal amount		Yes No	committee? <b>Yes No</b>	Yes	No
	'	o Fioiii			res No	res No	res	No
Total .			<b>&gt;</b> s	I		1	1	
Part III	Grants or Assistance	Benefitti	ng Interested	Persons.				
	Complete if the organiz							
(;	a) Name of interested person	(b	Relationship betw and the or	een interested per ganization	son (c)	A mount of grant or ty	pe of assis	tance
				<b>J</b>				
Part IV	Business Transaction	ıs Involvi	ng Interested	Persons.				
	Complete if the organiz	atıon answ	ered "Yes" on Fo	rm 990, Part IV	, line 28a,	28b, or 28c.		
			Relationship een interested	(c) A mount of				harıng of ıızatıon's
(a)	Name of interested person		son and the	(c) A mount of transaction	<b>(d)</b> De	scription of transaction	^n -	enues?
		01	rganızatıon				Yes	No
BOLCHA	LK frey marketing		nember is owner	185,2		ED MARKETING AN	D	Νo
		orintere	ested person			ISING FOR HOME AND PARADE OF		
					HOMES			

#### OMB No 1545-0047

2009

Open to Public . Inspection

# **SCHEDULE 0**

(Form 990)

Department of the Treasury Internal Revenue Service

# **Supplemental Information to Form 990**

Complete to provide information for responses to specific questions on Form 990 or to provide any additional information. ► Attach to Form 990.

Name of the organization	Employer identification number
Southern Arizona Home Builders Association	
	86-0130769

ldentifier	Return Reference	Explanation
Form 990, Part VI, Section A, line 2		Michael Whyde (Chairman of 2009 board of directors) and Jessica Whyde (president)are father and daughter
Form 990, Part VI, Section A, line 6		The Organization is comprised of several hundred business and individual members. The members participate in governance but do not receive distributions of income or assets from the Organization
Form 990, Part VI, Section A, line 7a		Each year the general membership elects approximately 20 of the 70 members of the Board of Directors
Form 990, Part VI, Section A, line 7b		The builder members of the Organization must approve decisions by the board regarding amendments to the bylaws and articles of incorporation
Form 990, Part VI, Section B, line 10b		The Organization does not have written policies governing the activities of the afilliate that it serves. However, the Organization does maintain a custodial relationship of the afilliate's accounting records, and a member of the Organization's board of directors serves as a representative to the afilliate's board of directors.
Form 990, Part VI, Section B, line 11		Selected portions of the working draft of the 990 were reviewed by the finance committee and by a subcommittee of the executive committee who met with the cpa and legal counsel, before the final draft was prepared by the cpa
Form 990, Part VI, Section B, line 12c		SAHBA requests acknow ledgment of the policy, and identification of potential conflicts on an annual basis. As of 2009, SAHBA requires an annual acknow ledgement with affirmative identification of conflicts. Decisions on contracts with directors, director employees, or key employees are made without the presence of the interested person in the room.
Form 990, Part VI, Section B, line 15a		Salary of the CEO is established based on comparison of compensation to CEOs in comparable organizations determined from review of 990s filed by similar organizations after deliberations by the Executive Committee without the participation or involvement of the CEO. The compensations of other officers were set commensurate with the services and duties to the association, based upon input from the CEO, and general knowledge of members of the Executive Committee regarding equivalent positions in the business sector.

ldentifier	Return Reference	Explanation
Form 990, Part VI, Section C, line 19		SAHBA's governing documents, conflict of interest policy and financial statements are confidential documents, except to the extent such information is available on a public venue, such as when filed with the IRS SAHBA does not regularly make such documents available to the public but will consider providing such documents on a case by case basis upon request

990 PART XI,2c change in committee oversight of compilation The Executive Committee of SAHBA engages and oversees the compilation of financial statements. There is no change in the Executive Committee's responsibility in overseeing compilation from prior year.

For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Cat No. 51056K

Schedule O (Form 990) 2009

DLN: 93493319065480

**SCHEDULE R** (Form 990)

### **Related Organizations and Unrelated Partnerships**

▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 33, 34, 35, 36, or 37. ► Attach to Form 990. ► See separate instructions.

OMB No 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

86-0609607

Name of the organization **Employer identification number** Southern Arizona Home Builders Association

86-0130769

Identification of Disregarded Entities (Complete if the organization answered "Yes" on Form 990, Part IV, line 33.)

(a)
Name, address, and EIN of disregarded entity

Primary activity

(c) Legal domicile (state or foreign country)

Total income

End-of-year assets

Direct controlling entity

Identification of Related Tax-Exempt Organizations (Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.)

(a) Name, address, and EIN of related organization	<b>(b)</b> Primary activity	<b>(c)</b> Legal domicile (state or foreign country)	<b>(d)</b> Exempt Code section	(e) Public charity status (if section 501(c)(3))	<b>(f)</b> Direct controlling entity
SAHBA PAC CANDIDATES FUND					
2840 N COUNTRY CLUB ROAD	LOBBYING FOR POLITICAL CANDIDATES	AZ	527	N/A	N/A
TUCSON, AZ 857183607 86-0902764	CANDIDATES				
sahba pac issues fund					
2840 N COUNTRY CLUB ROAD	LOBBYING FOR POLITICAL POLICIES REGARDING EQUAL	AZ	527	N/A	N/A
TUCSON, AZ 857183607	HOUSING OPPORTUNITIES				

(j)

General or

managing

Part III	Identification of Related Organizations Taxable as a Partnership (Complete if the organization answered "Yes" on Form 990,	Part IV, line 34
	because it had one or more related organizations treated as a partnership during the tax year.)	

(a) Name, address, and EIN of related organization **(b)** Primary activity (c)
Legal
domicile
(state or
foreign
country)

al (d)
cile Direct controlling
or entity
gn

(e)
Predominant income
(related, unrelated,
excluded from tax
under sections 512514)

**(f)** Share of total income (g) Share of end-of-year assets (h)
Disproprtionate
allocations? ai

(i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)

hedule K-1 partner? form 1065)

Yes No

Yes

No

Part IV Identification of Related Organizations Taxable as a Corporation or Trust (Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year.)

(a)
Name, address, and EIN of related organization

(b) Primary activity (c) Legal domicile (state or foreign country) (d) Direct controlling entity (e)
Type of entity
(C corp, S corp,
or trust)

**(f)** Share of total income

(g) Share of end-of-year assets (h) Percentage ownership

(3)

(4)

(5)

(6)

cnea	Inte K (Form 990) 2009		Pa	ge <b>3</b>
Par	Transactions With Related Organizations (Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35, or 36.	)		
	Note. Complete line 1 if any entity is listed in Parts II, III or IV		Yes	No
<b>1</b> Du	iring the tax year, did the orgranization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?			
а	Receipt of (i) interest (ii) annuities (iii) royalties (iv) rent from a controlled entity	1a		No
b	Gift, grant, or capital contribution to other organization(s)	1b		No
c	Gift, grant, or capital contribution from other organization(s)	1c		No
d	Loans or loan guarantees to or for other organization(s)	1d		No
e	Loans or loan guarantees by other organization(s)	1e		No
f	Sale of assets to other organization(s)	1f		No
g	Purchase of assets from other organization(s)	<b>1</b> g		No
h	Exchange of assets	1h		No
i i	Lease of facilities, equipment, or other assets to other organization(s)	1i		No
j	Lease of facilities, equipment, or other assets from other organization(s)	1j		No
k	Performance of services or membership or fundraising solicitations for other organization(s)	1k	Yes	
1 1	Performance of services or membership or fundraising solicitations by other organization(s)	11		No
m	Sharing of facilities, equipment, mailing lists, or other assets	1m	Yes	
n	Sharing of paid employees	1n	Yes	
0	Reimbursement paid to other organization for expenses	10		No
p	Reimbursement paid by other organization for expenses	1р		No
q	O ther transfer of cash or property to other organization(s)	1q		No
r	Other transfer of cash or property from other organization(s)	1r		No
	If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction th			
2	(b)		(c)	
	(a) Transaction Name of other organization type(a-r)		(c) it involv	ed
1)	type(a 1)			
2)				

Schedule R (Form 990) 2009

#### Part VI Unrelated Organizations Taxable as a Partnership (Complete if the organization answered "Yes" on Form 990, Part IV, line 37.)

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships

(a)
Name, address, and EIN of entity

(b) Primary activity (c) Legal domicile (state or foreign country) (d)
Are all
partners
section
501(c)(3)
organizations?

Yes No

(e) Share of end-of-year assets **(f)** Disproprtionate allocations?

No

Yes

(g) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065) (h) General or managing partner?

Yes No

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DLN: 93493319065480

OMB No 1545-0172

Department of the Treasury

Form **4562** 

**Depreciation and Amortization** (Including Information on Listed Property)

See separate instructions. ► Attach to your tax return. Sequence No 67 Internal Revenue Service Name(s) shown on return Business or activity to which this form relates Identifying number Southern Arizona Home Builders Association

		Form 990 Pa	ge 10		86-0	01307	69
	-	Certain Property Un					
	•	isted property, comple			ete Part I.		
1 Maximum amount S	1	250,000					
<b>2</b> Total cost of section	2						
<b>3</b> Threshold cost of se	3	800,000					
4 Reduction in limitati	4						
<b>5</b> Dollar limitation for t	ax year Subtract	line 4 from line 1 If zero	or less, enter -	0- If married fili	ng		
separately, see insti	uctions					5	
6 (a	) Description of p	roperty	` '	(business use	(c) Elected	cost	
				only)	(-,		4
6							4
							_
7 Listed property Ente				. 7			
		erty Add amounts in col	umn (c), lines 6	and 7		8	
<b>9</b> Tentative deduction	Enter the <b>smaller</b>	of line 5 or line 8 .				. 9	
•		n line 13 of your 2008 Fo				10	
<b>11</b> Business income limitatio	n Enter the smaller of	f business income (not less tha	n zero) or line 5 (se	ee instructions)		11	
<b>12</b> Section 179 expens	e deduction Add I	ines 9 and 10, but do not	enter more tha	n lıne 11 🔹		12	
13 Carryover of disallow	ved deduction to 2	010 Add lines 9 and 10,	less line 12	. 13			
Note: Do not use Pai	rt II or Part III l	below for listed proper	ty. Instead, u	se Part V.			
Part III Special	Depreciation A	Allowance and Othe	r Depreciati	on (Do not in	clude listed p	roperty	(See instructions )
		lified property (other than	listed property	) placed in servi	ce during the		
tax year (see instruc	tions)					14	
15 Property subject to s	section 168(f)(1)	election				15	
<b>16</b> Other depreciation (	including ACRS)					16	23,570
Part IIII MACRS [	Depreciation (	<b>Do not</b> include listed j	property. <b>)</b> (Se	e instructions.	.)		
		Se	ction A				
17 MACRS deductions	for assets placed i	in service in tax years be	gınnıng before 2	.009		17	
18 If you are electing	g to group any a	issets placed in servic	e during the t	ax year ınto oı	ne or mo <u>re</u>		
general asset acc	ounts, check he	re			▶		
Section B—As	sets Placed in	Service During 200	08 Tax Year	Using the Ge	neral Dep	<u>recia</u>	tion System
	(h) Manthand	(c) Basis for					
(a) Classification of	( <b>b</b> ) Month and year placed in	depreciation (business/investment	(d) Recovery	(d) Recovery (e) Convention		od	(g)Depreciation
property	service	use	period	(-,	(1)		deduction
		only—see instructions)				$\rightarrow$	
<b>19a</b> 3-year property						$\rightarrow$	
<b>b</b> 5-year property						$\longrightarrow$	
c 7 - year property						$\rightarrow$	
d 10-year property						$\rightarrow$	
e 15-year property						$\rightarrow$	
<b>f</b> 20-year property <b>g</b> 25-year property			25 yrc		C /I	$\longrightarrow$	
h Residential rental			25 yrs 27 5 yrs	MM	S/L S/L	$\rightarrow$	
property			27 5 yrs	MM	S/L	$\rightarrow$	
i Nonresidential real			39 yrs	MM	S/L	-+	
property				MM	S/L	$\overline{}$	
	ion C—Assets Pla	Led in Service During 2009	9 Tax Year Usin	•		n Svste	em
<b>20a</b> Class life					S/L		
<b>b</b> 12-year			12 yrs		S/L	$\neg \uparrow$	
<b>c</b> 40-year			40 yrs	мм	S/L	$\neg \uparrow$	
Part IV Summ	ary (see instruc	ctions)					
21 Listed property Ente	er amount from line	e 28				21	
22 Total. Add amounts	from line 12, lines	14 through 17, lines 19	and 20 in colun	nn (g), and line 2	1 Enter here		
and on the appropria	te lines of your ret	turn Partnerships and S	corporations—s	ee instructions		22	23,570
23 For assets shown ab	ove and placed in	service during the curren	t vear enterth	<u> </u>			

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,

comp	lete only	24a, 24b, colui	mns (a	a) thro	ugh (c)	of Sec	ction	A, al	ll of .	Sectio	n B, a	nd Se	ction (	C if ap	oplicat	ile.
Section A—Depre																
<b>24a</b> Do you have eviden	ce to support	the business/investi	ment us	e claimed	d? ┌ Yes	. □ <sub>No</sub>			24b lf	"Yes."	s the ev	/ idence	written?	Tye	sГNo	)
										,						-
(a) Type of property (list vehicles first)				other (husiness/investment			<b>(f)</b> Recove period	overy Method/			(h) Depreciation/ deduction			(i) Elected section 179 cost		
25Special depreciation allow 50% in a qualified busir	•	lified listed property i	placed in	service (	l during the	tax year	and u	sed mo	re tha	in 25						
26 Property used more	•	•	inacci	15.0						20						
Lot roperty asea more	thun 50 70	% %	111033	450			П				$\top$			$\Box$		
		%														
	orlessin	%   %	ee 1160											—		
27 Floperty used 50 %	01 1633 111	%	35 USE				П		S/L	-	Т			$\Box$		
		%							S/L							
		%			L				S/L		_			+		
28 Add amounts in co		_				ne 21,	page	1 .		2	8					
29 Add amounts in co	ılumn (ı), lır							•		•			29			
Complete this section	forvobicle				mation						r rolat	ad nar	con			
if you provided vehicles to	your employe	es, first answer the q	uestions	in Section	on C to see	e if you n	neet a	n exce	otion t	o comple	ting this	section	for thos	e vehic	les	
<b>30</b> Total business/inv	estment m	ıles driven diirina	the	-	a)		<b>o</b> )		(c)			d)	(6	-		f)
year ( <b>do not</b> includ		-		Vehi	cle 1	Vehi	cle 2	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	'ehic	le 3	Vehi	cle 4	Vehi	<u>cle 5</u>	Vehicle 6	
<b>31</b> Total commuting n	niles driver	during the year	F													
32 Total other person			,,, <u> </u>													
·	•		<b>⊢</b>			<u> </u>		+								
<b>33</b> Total miles driven through 32	· · ·	year Add lines 3	٠. ا													
34 Was the vehicle av	allable for	personal use		Yes	No	Yes	No	Ye	s	No	Yes	No	Yes	No	Yes	No
during off-duty hou	ırs?		.													
35 Was the vehicle us owner or related pe	•	y by a more than	5%													
36 Is another vehicle		or personal use?	` .` -													
		estions for Em	volar	ers W	ho Pro	vide \	/ehi	cles	for	Use b	v The	ir Er	nplov	ees	<u> </u>	<u> </u>
Answer these question 5% owners or related	ns to deterr	nine if you meet a									-				<b>not</b> moi	re tha
<b>37</b> Do you maintain a employees?	written poli	cy statement tha	t prohil	bits all	personal •	use of	vehic	les, ı	nc lud	ling cor	nmutır	ıg, by y	our.	Y	es	No
<b>38</b> Do you maintain a employees? See th																
39 Do you treat all us								,, 01 1	, o o i		-					
<b>40</b> Do you provide mo	re than five	vehicles to your	•			- ormatio	n fron	n you	emp	loyees	- about	the us	e of the	a -		
vehicles, and retai			العامل ما		la damar				•			•	•	$\vdash$		
Note: If your answ																
Part VI Amortiz		5, 39, 40, 01 41 1	5 165,	40 110	Comple	te seci	.1011 6	101 11	ie co	vereu v	emcie	<u> </u>				
Part VI Amortiz		(b)				I				(6	.,					
(a)		Date		(c	-			(d)		A morti	-		۸ ۵	(f)	an far	
Description of c	osts	amortization		A mort amo				ode ction		perio				rtızatı hıs yea		
		begins 								perce	ntage					
<b>42</b> A mortization of co	sts that be	gins during your 2	2009 ta	ax year	(see ins	truction	ıs)									
42 A months = 1 - 1		ann hafar	000 +-	V 146 - 5							43					
<b>43</b> A mortization of co	sis that be	gan before your 2	UUY ta	x year		•	•		•	•	43					

44 Total. Add amounts in column (f) See the instructions for where to report . . .

44