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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.

2010
Open to Public Inspection

A	or the	2010 calendar year, or tax year beginning and endi	ling		
В	Check if	C Name of organization		D Employer identific	ation number
ē	pplicable	Homebuilder's Association of St. Joseph			
	Addres change	10			
	Name change			35-09	929205
Ē	Initial		m/suite	E Telephone number	
ř	Termin	· · · · · · · · · · · · · · · · · · ·	•	258-0411	
Ī	Amend			G Gross receipts \$	216,476.
F	Applica	Mishawaka, IN 46545		H(a) Is this a group re	
	pendin	F Name and address of principal officer.Barbara Carmichael		for affiliates?	Yes X No
		105 E. Grove, Mishawaka, IN 46545		H(b) Are all affiliates incl	
$\overline{}$	Tax-exe	mpt status: 501(c)(3) X 501(c) (6) ◀ (Insert no.) 4947(a)(1) or	527		list (see instructions)
		e: www.hbasjv.com		H(c) Group exemption	
			I Year (State of legal domicile. IN
		Summary	L Tour	or torridation. 23 23 14	Ctate of logal definions 224
		Briefly describe the organization's mission or most significant activities. To proi	mote	affordable	quality
& Governance	' '	housing and home ownership.		<u>urror uubre</u>	quarity
Тa		Check this box if the organization discontinued its operations or disposed	of more	than 25% of its net as	eate
Ş		Number of voting members of the governing body (Part VI, line 1a)	01111010	3	21
Ö		Number of independent voting members of the governing body (Part VI, line 1b)		. 3	200
ల భ	1	Total number of individuals employed in calendar year 2010 (Part V, line 2a)		5	2 2
Activities		Total number of volunteers (estimate if necessary)		6	50
훍	1	Total unrelated business revenue from Part VIII, column (C), line 12		7a	0.
ă	1	Net unrelated business taxable income from Form 990-T, line 34		7b	0.
		Not alliolated basilious taxable illourie florit offili 555 1, illio 54		Prior Year	Current Year
ຂ ເຂດທີ່. Revenue	8	Contributions and grants (Part VIII, line 1h)	-	95,715.	79,220.
35	ì	Program service revenue (Part VIII, line 2g)	<u> </u>	85,430.	77,230.
ခဲ့ နို့	1	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	<u> </u>	16,239.	10,484.
ગ જૂ	1	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		42,721.	37,226.
-	ŀ	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		240,105.	204,160.
<u>-</u>		Grants and similar amounts paid (Part IX, column (A), lines 1-3)	- -	0.	0.
	14		 	0.	0.
Expenses	45	Benefits paid to or for members (Part IX, column (A), line 4)	-	88,519.	84,899.
365	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) Professional fundraising fees (Part IX, column (A), line 11e)	 	00,319.	04,099.
ૢૢૢૢૢૢૼૢૼ	loa		<u> </u>		
}	170		<u> </u>	220,647.	164,018.
y	1	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)	-1	309,166.	248,917.
	10	Total expenses. Add lines 13-17 (must equal Part IX, column (A), This 25' ETV EV	100	60 061	-44,757.
	19	Revenue less expenses. Subtract line 18 from line 12		-69,061.	
Net Assets or Fund Balances	00	MAR 0 1 2011	J.	ginning of Current Year	End of Year
SSE	20	Total assets (Part A, line 16)		326,839.	282,242.
let /	21	Total liabilities (Part X, line 26) Net assets or fund balances. Subtract line 21 from line 20 OGDEN, U	τ ├─	1,348.	1,510.
		Net assets or fund balances. Subtract line 21 from line 20 \ OGUEN, O Signature Block		325,491.	280,732.
_	art II	<u> </u>			. I manufada a a ad balas da a
		ities of perjury, I declare that I have examined this return, including accompanying schedules and			/ knowledge and belief, it is
true	, correc	t, and complete. Declaration of preparer (other than officer) is based on all information of which	preparer	nas any knowledge.	"/11
		Signature of officer	-	Date	"///
Sig				Dato .	
He	re	Barbara Carmichael, Executive Officer Type or print name and title			
		1	- 10	Date / Check	X If PTIN
ο.,		Print/Type preparer's name	` ,		
Pai			<u>→</u>	<i>,</i> , ,	loyed P01317175
	parer	Firm's name Christine A. Lauber, CPA		Firm's EIN	35-1546667
use	Only	Firm's address 1402 Mishawaka Ave.			74 000 4004
		South Bend, IN 46615		Phone no. 5	74-288-4801
<u> Ma</u>	y the IF	RS discuss this return with the preparer shown above? (see instructions)			X Yes No

	Homebuilder's Association of St. Joseph	
_	orm 990 (2010) Valley, Inc. 35-092920	5 Page 2
	Part III Statement of Program Service Accomplishments	_
	Check if Schedule O contains a response to any question in this Part III	<u></u> _
1	, , , , , , , , , , , , , , , , , , , ,	
	To promote affordable quality housing and home ownership.	
2	2 Did the organization undertake any significant program services during the year which were not listed on	
2		Yes X No
	If "Yes," describe these new services on Schedule O.	res Lal IVO
3		Yes X No
3	If "Yes," describe these changes on Schedule O.	165 (22)110
4		
•	Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and	
	allocations to others, the total expenses, and revenue, if any, for each program service reported	
4 a		7,230.)
	The organization serves over 200 members by promoting the local	<u>, , 230 t</u> ,
	homebuilding industry, providing industry standards to its member	s and
	scholarships to those entering the homebuilding industry.	<u> </u>
	Police Land De Colour Ling Colo Homobal Land Ling Lindabol y	
4b	4b (Code:) (Expenses \$ including grants of \$) (Revenue \$)
4c	4c (Code) (Expenses \$ including grants of \$) (Revenue \$)
4d	4d Other program services. (Describe in Schedule O.)	
	(Expenses \$ including grants of \$) (Revenue \$)	
4e	4e Total program service expenses ▶ 91,446.	

Form 990 (2010) Valley, Inc.
Part IV Checklist of Required Schedules

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$\overline{}$				
			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			l
_	If "Yes," complete Schedule A			X
2	Is the organization required to complete Schedule B, Schedule of Contributors?	_2_		X
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for	_	7.7	
	public office? If "Yes," complete Schedule C, Part I	3	X	-
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
_	during the tax year? If "Yes," complete Schedule C, Part II	_4_		-
5	is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5_	X	<u> </u>
6	Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to			۱
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		<u> X</u>
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_		_ X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D, Part III	8		X
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		X
10	Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments?			7.7
	If "Yes," complete Schedule D, Part V	10		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X			
	as applicable.		1	ł
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
_	Part VI	<u>11a</u>	X	╁
b	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total	441.		- T
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
С	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total	44-		
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c	<u> </u>	X
a	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			х
_	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
e	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		<u> </u>
f	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 (ASC 740)? If "Yes," complete Schedule D, Part X	4 46		x
120	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete	1 <u>1f</u>		<u>^</u>
124	Schedule D, Parts XI, XII, and XIII	12a		x
h	Was the organization included in consolidated, independent audited financial statements for the tax year?	120		- 23
J	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional	12b		х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
	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, Parts I and IV	14b		x
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 United States? If "Yes," complete Schedule F, Parts II and IV	15		x
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 United States? If "Yes," complete Schedule F, Parts III and IV	16]	x
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,	<u>.</u> _		
• •	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17	ļ	X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines	<u> </u>		
	1c and 8a? If "Yes," complete Schedule G, Part II	18	х	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"	<u>.ٽ</u>	 	
	complete Schedule G, Part III	19		x
20a		20a		X
	If "Yes" to line 20a, did the organization attach its audited financial statements to this return? Note. Some Form 990 filers that			
-	operate one or more hospitals must attach audited financial statements (see instructions)	20b	ľ	1
			990	(2010)

•			Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the		į	
	United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		<u>X</u>
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		<u>X</u>
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current		j	
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23		<u>X</u>
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the		ļ	
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K If "No", go to line 25	24a		<u>X</u>
	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			
ч	any tax-exempt bonds? Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24c 24d		—
	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a	<u> 240</u>		
2. Ju	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	2.50		
-	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		_X_
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		l	
	Schedule L, Part III	27		_ <u>X</u> _
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		_ <u>X</u> _
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		<u> </u>
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,			7.7
~^	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		X
29 20	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	<u>29</u>		
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations?	_30_		
٠.	If "Yes," complete Schedule N, Part I	31		х
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		X
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		Х
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		_X_
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)?	35		_ <u>X</u> _
а	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of			
	section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2			
36	Section 501(c)(3) organizations. 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	<u> </u>	<u> </u>
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19?		77	
	Note, All Form 990 filers are required to complete Schedule O	38	X :	0010
		Form	コサリ ()	ZU IU)

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	Check if Schedule O contains a response to any question in this Part V				\Box
	The second of th			Yes	<u> </u>
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1a 1		165	140_
ь	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 re		1	1	
•	(gambling) winnings to prize winners?	, , , , , , , , , , , , , , , , , , ,	1c		
2a	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	2a 2			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns	ns?	2b		\mathbf{X}_{-}
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instruction	s)			
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?		3a		<u>X</u> _
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O		3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other a	authority over, a			
	financial account in a foreign country (such as a bank account, securities account, or other financial	account)?	4a		_X_
b	If "Yes," enter the name of the foreign country:				
	See instructions for 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		<u> </u>
þ	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transa	ction?	5b_		<u> </u>
C	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?		<u>5c</u>		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did thany contributions that were not tax deductible?	ie organization solicit	60		х
h	If "Yes," did the organization include with every solicitation an express statement that such contribut	ione or aifte	_6a		
U	were not tax deductible?	ions or gints	6b		
7	Organizations that may receive deductible contributions under section 170(c).				
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and se	rvices provided to the payor?	7a		_
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it w	as required			
	to file Form 8282?		7c		
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit of		7е_		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit conti		7f		
g	If the organization received a contribution of qualified intellectual property, did the organization file Fo		7g		_
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization are included a contribution of cars, boats, airplanes, or other vehicles, did the organization are included as a contribution of cars, boats, airplanes, or other vehicles, did the organization are included as a contribution of cars, boats, airplanes, or other vehicles, did the organization are included as a contribution of cars, boats, airplanes, or other vehicles, did the organization are included as a contribution of cars, boats, airplanes, or other vehicles, did the organization are included as a contribution of cars, boats, airplanes, or other vehicles, did the organization are included as a contribution of cars, boats, airplanes, or other vehicles, did the organization are included as a contribution of cars, boats, airplanes, or other vehicles, did the organization are included as a contribution of cars, boats, airplanes, are included as a contribution of cars, and a contribution o		_7h		
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations D				
9	organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at Sponsoring organizations maintaining donor advised funds.	any time during the year?	_8		
а	Did the organization make any taxable distributions under section 4966?		9a		
b	Did the organization make a distribution to a donor, donor advisor, or related person?		9b		
10	Section 501(c)(7) organizations. Enter				
а	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	10b			
11	Section 501(c)(12) organizations. Enter:				
а	Gross income from members or shareholders	11a			
b	Gross income from other sources (Do not net amounts due or paid to other sources against				
	amounts due or received from them.)	11b			
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form	i i	12a	-	
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b			ļ
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		40-		
а	Is the organization licensed to issue qualified health plans in more than one state? Note: See the instructions for additional information the organization must report on Schodulo O		13a		-
_	Note. See the instructions for additional information the organization must report on Schedule O. Enter the amount of reserves the organization is required to maintain by the states in which the				
b	organization is licensed to issue qualified health plans	13b			
С	Enter the amount of reserves on hand	13c	Ì)
14a	Did the organization receive any payments for indoor tanning services during the tax year?		14a		x
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedul	e O	14b		
			Form	990	(2010)

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Homebuilder's Association of St. Joseph

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

	to line 6a, 6b, 6r 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions			
	Check if Schedule O contains a response to any question in this Part VI			X
Sec	tion A. Governing Body and Management			
	ا م		Yes	No
	Enter the number of voting members of the governing body at the end of the tax year 1a 21			
b	Enter the number of voting members included in line 1a, above, who are independent 1b 200	l		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other			
	officer, director, trustee, or key employee?	2		<u> X</u>
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision			
	of officers, directors or trustees, or key employees to a management company or other person?	3		<u>X</u>
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X
6	Does the organization have members or stockholders?	6	<u> </u>	
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the	i		
	governing body?	7a	<u>X</u> _	
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7b	_X_	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year			
	by the following:			
а	The governing body?	8a	<u>X</u>	
b	Each committee with authority to act on behalf of the governing body?	8b	<u>_x</u> _	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the			
	organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		X
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)	ı		
			Ye <u>s</u>	No
10a	Does the organization have local chapters, branches, or affiliates?	10a		X
b	If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates,			
	and branches to ensure their operations are consistent with those of the organization?	_10b		
11a	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?	11a	<u> </u>	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990			ĺ
12a	Does the organization have a written conflict of interest policy? If "No," go to line 13	12a	X	
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise			
	to conflicts?	12b	<u>X</u> _	
С	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe			
	ın Schedule O how this is done	12c		X
13	Does the organization have a written whistleblower policy?	13	<u>X</u> _	
14	Does the organization have a written document retention and destruction policy?	14		X
15	Did the process for determining compensation of the following persons include a review and approval by independent			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a		X
b	Other officers or key employees of the organization	15b		X
	If "Yes" to line 15a or 15b, describe the process in Schedule O. (See instructions)			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a			
	taxable entity during the year?	16a		X
b	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation			
	ın joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's			
	exempt status with respect to such arrangements?	16b		
<u>Sec</u>	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed ►IN			
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available	for		
	public inspection. Indicate how you make these available. Check all that apply.			
	Own website Another's website X Upon request			
19	Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, an	nd fina	ncıal	
	statements available to the public			
20	State the name, physical address, and telephone number of the person who possesses the books and records of the organiza	tion: 🕨	-	
	Barbara Carmichael - 574-258-0411			
	105 E. Grove, Mishawaka, IN 46545			

Homebuilder's Association of St. Joseph

Form 990 (20			35-0929205	Page 7
Part VII C	Compensation of Officers,	Directors, Trustees,	Key Employees, Highest Compensated	
E	Employees, and Independe	ent Contractors		

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

Check if Schedule O contains a response to any question in this Part VII

- 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.
- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation Enter -0- in columns (D), (E), and (F) if no compensation was paid
 - List all of the organization's current key employees, if any. 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, and 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

(A)	(B)			(0			(D)	(E)	(F)	
Name and Title	Average	l , .		Pos			Reportable	Reportable	Estimated	
	hours per week (describe hours for related organizations in Schedule O)	rustee or director	heck	Officer	Highest compensated O		compensation from the organization (W-2/1099-MISC)	compensation from related organizations (W-2/1099-MISC)	amount of other compensation from the organization and related organizations	
arbara Carmichael										
xecutive Officer	40.00	X		X	 $ldsymbol{ld}}}}}}$		42,230.	0.	C	
ee attached list	1.00	х		x			0.	0.	c	
			-							
					-	_				
			_			_				

35-0929205

Page 8

Par	t VII Section A. Officers, Directors, Tr	ustees, Key Er	nplo	oyee	s, a	nd l	High	est	Compensated Employ	ees (continued)				
•	(A)	(B)			(0	C)			(D)	(E)			(F)	
	Name and title	Average hours per	(61		Pos		ı app	lνλ	Reportable	Reportable	I			
		week	H	T	<u> </u>	 	T T	',,	compensation from	(W-2/1099-MISC)			ount o	וכ
		(describe	lirecto				L		the				pensat	ion
		hours for related	0 00	Stee			nsated		organization				om the	
		organizations	al fusi	nal tr		loyee	e comb		(W-2/1099-MISC)			-	anızatı 1 relate	
		in Schedule	ndividual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	rmer				orga	nızatıc	ons
		O)	트	트	0	ž	= 25	- x						
		<u> </u>					 			_				
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		<u> </u>			L		Ļ		40.000					
	Sub-total	U Castian A							42,230.		0.			0.
	Total from continuation sheets to Part V Total (add lines 1b and 1c)	II, Section A							42,230.		0.			0.
2	Total number of individuals (including but i	not limited to th	ose	liste	ed a	bov	e) wi	no r		.000 in reportabl				<u> </u>
	compensation from the organization													0
									·		r		Yes	No
3	Did the organization list any former officer		stee	, ke	y en	nplo	yee,	or h	nighest compensated er	nployee on			ŀ	v
4	line 1a? If "Yes," complete Schedule J for s For any individual listed on line 1a, is the si		le co	mn	one:	atior	anı	t ot	her compensation from	the organization	ŀ	3		<u> </u>
•	and related organizations greater than \$15									ille Organization		4		Х
5	Did any person listed on line 1a receive or			-						dual for services	. [
	rendered to the organization? If "Yes," con	nplete Schedul	e J f	or s	uch	per	son					5		X
	tion B. Independent Contractors									•				
1	Complete this table for your five highest countered the organization NONE	mpensated inc	depe	ende	ent c	ont	racto	ors t	that received more than	\$100,000 of con	pensa	ation f	rom	
	(A)								(B)			(C		
	Name and business	address							Description of s	ervices	C		nsatio	า
				_				4						
								1						
								_						
2	Total number of independent contractors (including but a	ot in	mite	d to	tho	ال مو	ster	l above) who received m	ore than				
	\$100,000 in compensation from the organi	_	J. III		٠ .U		0		abore, who received it	ioro triari				
												Form !	990 (2	2010)

Form 990 (2010)

Valley, Inc. 35-0929205 Page 9

Part VIII Statement of Revenue (D) Revenue (A) (B) (C) Related or Total revenue Unrelated excluded from exempt function business tax under sections 512. revenue revenue 513, or 514 1 a Federated campaigns Contributions, gifts, grants and other similar amounts 79,170. Membership dues 1b c Fundraising events 1c d Related organizations 1d e Government grants (contributions) 1e f All other contributions, gifts, grants, and 50 similar amounts not included above Q Noncash contributions included in lines 1a-1f \$ h Total. Add lines 1a-1f 79,220 Business Code 2 a Builders Showcase 531390 74,580 74,580. Program Service Revenue ь Advertising 531390 2,650. 2,650. f All other program service revenue 77,230 g Total. Add lines 2a-2f Investment income (including dividends, interest, and 10,334 10,334. other similar amounts) Income from investment of tax-exempt bond proceeds Royalties (i) Real (ii) Personal 18,087. 6 a Gross Rents 2,145 b Less: rental expenses 15,942. c Rental income or (loss) d Net rental income or (loss) 15,942 15,942. (ii) Other 7 a Gross amount from sales of (i) Securities 150 assets other than inventory b Less: cost or other basis and sales expenses c Gain or (loss) 150. 150 150 d Net gain or (loss) 8 a Gross income from fundraising events (not Other Revenue including \$ contributions reported on line 1c) See Part IV, line 18 20,973 9,081 b Less: direct expenses 11,892 c Net income or (loss) from fundraising events 11,892. 9 a Gross income from gaming activities See Part IV. line 19 b Less direct expenses c Net income or (loss) from gaming activities 10 a Gross sales of inventory, less returns 1,374 and allowances b Less cost of goods sold 1.090. 284 284 c Net income or (loss) from sales of inventory Miscellaneous Revenue **Business Code** 11 a HBA Misc. Income - Fun 531390 5,987. 5,987 ь <u>HBA Building Income:37</u> 531390 2,145. 2,145 c **HBA Miscellaneous Inco** 531390 578. 578. 531390 398. d All other revenue 398. 9,108. e Total. Add lines 11a-11d 204,160. 86,772 0. Total revenue. See instructions 38,168.

Form 990 (2010)

Form 990 (2010) Valley, Inc.
Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns

	All other organizations must comp	lete column (A) but are		e columns (B), (C), and (D).	
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21				
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	47,906.		47,906.	
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	30,504.		30,504.	
8	Pension plan contributions (include section 401(k)				
_	and section 403(b) employer contributions)				
9	Other employee benefits	6 400		6 400	
10	Payroll taxes	6,489.		6,489.	
11	Fees for services (non-employees)				
a	Management				
	Legal	2,781.		2,781.	
ب د	Lobbying	2,701.		<u> </u>	
u e	Professional fundraising services. See Part IV, line 17	-			
f	Investment management fees				
g	Other	18,000.		18,000.	
12	Advertising and promotion	1,415.	1,415.	10,000.	
13	Office expenses	7,203.	<u> </u>	7,203.	····
14	Information technology	,,2000		.,,2001	
15	Royalties				
16	Occupancy				
17	Travel	298.	298.		
18	Payments of travel or entertainment expenses				<u> </u>
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest .				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	4,502.		4,502.	
23	Insurance	2,356.		2,356.	
24	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24f. If line 24f amount exceeds 10% of line 25, column (A) amount, list line 24f expenses on Schedule 0.)				
а	Builders Showcase	51,480.	51,480.		
b	Membership & Dues	26,749.	26,749.		
С	Associates Council Expe	11,702.		11,702.	
d	<u>Utilities</u>	10,965.		10,965.	
е	Repairs & Maintenance	7,227.		7,227.	
f	All other expenses	19,340.	11,504.	7,836.	
<u>25</u>	Total functional expenses Add lines 1 through 24f	248,917.	91,446.	157,471.	0
26	Joint costs. Check here 98-2 (ASC 958-720). Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising				
	solicitation				Form 990 (2010)

	990 (2 r t X	Balance Sheet		<u> 35-0</u>	929205 Page 11
-		<u> </u>	(A)		(B)
			Beginning of year		End of year
	1	Cash - non-interest-bearing	11,113.	1	57,622.
	2	Savings and temporary cash investments	150,157.	2	58,432.
	3	Pledges and grants receivable, net	· · · · · · · · · · · · · · · ·	3	
	4	Accounts receivable, net	13,132.	4	14,124.
	5	Receivables from current and former officers, directors, trustees, key			
	l	employees, and highest compensated employees. Complete Part II			
		of Schedule L		5	
	6	Receivables from other disqualified persons (as defined under section			
	ŀ	4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing			
		employers and sponsoring organizations of section 501(c)(9) voluntary			
	1	employees' beneficiary organizations (see instructions)		6	
ets	7	Notes and loans receivable, net		7	
Assets	8	Inventories for sale or use	1,232.	8	141.
•	9	Prepaid expenses and deferred charges	<u> </u>	9	
	10a	Land, buildings, and equipment, cost or other	· · · · · · · · · · · · · · · · · · ·		
		basis Complete Part VI of Schedule D 10a 270,070.			
	b	Less: accumulated depreciation 10b 181,753.	92,819.	10c	88,317
	11	Investments - publicly traded secunties		11	
	12	Investments - other securities. See Part IV, line 11	58,386.	12	63,606
	13	Investments - program-related. See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets. See Part IV, line 11		15	
	16	Total assets. Add lines 1 through 15 (must equal line 34)	326,839.	16	282,242
	17	Accounts payable and accrued expenses	1,348.	17	760.
	18	Grants payable		18	_
	19	Deferred revenue		19	750
	20	Tax-exempt bond liabilities		20	
ģ	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
Ħ	22	Payables to current and former officers, directors, trustees, key employees,			
Liabilities		highest compensated employees, and disqualified persons. Complete Part II			
=		of Schedule L		22	
	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities Complete Part X of Schedule D		25	
	26	Total liabilities. Add lines 17 through 25	1,348.	26	1,510
		Organizations that follow SFAS 117, check here X and complete			
S		lines 27 through 29, and lines 33 and 34.			
ŭ	27	Unrestricted net assets .	314,456.		<u>269,697</u>
Sala	28	Temporarily restricted net assets	11,035.	28	11,035
Net Assets or Fund Balances	29	Permanently restricted net assets .	<u></u>	29	<u>.</u>
F		Organizations that do not follow SFAS 117, check here and			
þ		complete lines 30 through 34.			
ets	30	Capital stock or trust principal, or current funds		30	
1SS	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
et/	32	Retained earnings, endowment, accumulated income, or other funds		32	
ž	33	Total net assets or fund balances	325,491.	33	280,732.

282,242. Form **990** (2010)

326,839. 34

Total liabilities and net assets/fund balances

Homebuilder's Association of St. Joseph Form 990 (2010) 35-0929205 Page 12 Valley, Inc. Part XI Reconciliation of Net Assets \mathbf{X} Check if Schedule O contains a response to any question in this Part XI 204,160. 1 Total revenue (must equal Part VIII, column (A), line 12) 248,917. Total expenses (must equal Part IX, column (A), line 25) 2 2 -44,757 Revenue less expenses. Subtract line 2 from line 1 3 Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) 4 Other changes in net assets or fund balances (explain in Schedule O) 5 280. Net assets or fund balances at end of year. Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B)) Part XII Financial Statements and Reporting Check if Schedule O contains a response to any question in this Part XII Yes Nο Other If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O 2a Were the organization's financial statements compiled or reviewed by an independent accountant? 2a X b Were the organization's financial statements audited by an independent accountant? 2b c If "Yes" to line 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? 2c If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O. d If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a separate basis, consolidated basis, or both Consolidated basis Both consolidated and separate basis Separate basis 3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit X Act and OMB Circular A-133? За b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit

or audits, explain why in Schedule O and describe any steps taken to undergo such audits

3b

SCHEDULE C (Form 990 or 990-EZ)

Political Campaign and Lobbying Activities

For Organizations Exempt From Income Tax Under section 501(c) and section 527

OMB No 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

► Complete if the organization is described below. ► Attach to Form 990 or Form 990-EZ. See separate instructions.

If the organization answered "Yes," to Form 990, Part IV, line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then

- Section 501(c)(3) organizations: Complete Parts I-A and B. Do not complete Part I-C
- Section 501(c) (other than section 501(c)(3)) organizations: Complete Parts I-A and C below. Do not complete Part I-B.
- Section 527 organizations: Complete Part I-A only.

If the organization answered "Yes," to Form 990, Part IV, line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)). Complete Part II-A. Do not complete Part II-B.
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)): Complete Part II-B Do not complete Part II-A.

 Section 501(c)(4), (5), or (6) organ 		y Tax), or Form 990-1	EZ, Part V, line 35a (Prox)	/ Tax), then
Valley	uilder's Associati 7, Inc.		-	ployer identification number 35–0929205
Part I-A Complete if the	organization is exempt und	ler section 501(c	or is a section 527	organization.
1 Provide a description of the orga	anization's direct and indirect politic	al campaign activities	_	÷
2 Political expenditures			•	· <u> </u>
3 Volunteer hours		•		0
Part I-B Complete if the	organization is exempt und	ler section 501(c)(3).	
1 Enter the amount of any excise	tax incurred by the organization und	der section 4955	•	\$
2 Enter the amount of any excise	tax incurred by organization manag	ers under section 495	5	\$
3 If the organization incurred a sec	ction 4955 tax, did it file Form 4720	for this year?		Yes No
4a Was a correction made?				Yes No
b If "Yes," describe in Part IV				
Part I-C Complete if the	organization is exempt und	ler section 501(c), except section 50	
 Enter the amount directly expense 	ded by the filing organization for se	ction 527 exempt fund	ction activities	\$5,000
2 Enter the amount of the filing or	ganization's funds contributed to ot	her organizations for	section 527	
exempt function activities		•	•	\$4,060
3 Total exempt function expendit	ires. Add lines 1 and 2. Enter here a	and on Form 1120-PO	L,	
line 17b			•	\$ 9,060
4 Did the filing organization file Fo	•			X Yes No
5 Enter the names, addresses and			_	
	nization listed, enter the amount par			
	e promptly and directly delivered to If additional space is needed, prov	•	• • •	rate segregated fund or a
(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's	(e) Amount of political contributions received and
			funds. If none, enter -0	
			,	delivered to a separate
	1			political organization If none, enter -0
Office of the Publ:	igTrdionanolia TN	,	<u> </u>	in thoric, criter o .
	icIndianapolis, IN 46204	¹	4 060	
Access Councel Andrew Kostielney	South Bend, IN		4,060	0.
for Commissioner	46601		650	0.
Rosemary Mandrici	South Bend, IN	-	1	
for Assessor	46601		650	0

46637 For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

PO Box 2384 South

PO Box 1391 South Bend, IN 46624

Bend, IN 46680

South Bend, IN

Schedule C (Form 990 or 990-EZ) 2010

500.

500.

500.

LHA

See Part IV for Continuation

Matt Wilson for

Mike Hamann for

County Council

County Council Dennis Jordan for

County Council

Homebuilder's Association of St. Joseph Schedule G (Form 990 or 990-EZ) 2010 Valley, Inc. 35-0929205 Page 2 Part II-A Complete if the organization is exempt under section 501(c)(3) and filed Form 5768 (election under section 501(h)). A Check ▶ if the filing organization belongs to an affiliated group. B Check ▶ if the filing organization checked box A and "limited control" provisions apply (b) Affiliated group (a) Filing **Limits on Lobbying Expenditures** organization's totals (The term "expenditures" means amounts paid or incurred.) totals 1a Total lobbying expenditures to influence public opinion (grass roots lobbying) b Total lobbying expenditures to influence a legislative body (direct lobbying) c Total lobbying expenditures (add lines 1a and 1b) d Other exempt purpose expenditures e Total exempt purpose expenditures (add lines 1c and 1d) Lobbying nontaxable amount. Enter the amount from the following table in both columns If the amount on line 1e, column (a) or (b) is: The lobbying nontaxable amount is: Not over \$500,000 20% of the amount on line 1e Over \$500,000 but not over \$1,000,000 \$100,000 plus 15% of the excess over \$500,000. Over \$1,000,000 but not over \$1,500,000 \$175,000 plus 10% of the excess over \$1,000,000 Over \$1,500,000 but not over \$17,000,000 \$225,000 plus 5% of the excess over \$1,500,000. Over \$17,000,000 \$1,000,000 g Grassroots nontaxable amount (enter 25% of line 1f) h Subtract line 1g from line 1a If zero or less, enter -0i Subtract line 1f from line 1c. If zero or less, enter -0j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 Yes reporting section 4911 tax for this year? 4-Year Averaging Period Under Section 501(h) (Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the instructions for lines 2a through 2f on page 4.) Lobbying Expenditures During 4-Year Averaging Period Calendar year (a) 2007 **(b)** 2008 (c) 2009(d) 2010 (e) Total (or fiscal year beginning in) 2a Lobbying nontaxable amount b Lobbying ceiling amount (150% of line 2a, column(e))

Schedule C (Form 990 or 990-EZ) 2010

c Total lobbying expenditures

 d Grassroots nontaxable amount
 e Grassroots ceiling amount (150% of line 2d, column (e))

f Grassroots lobbying expenditures

Homebuilder's Association of St. Joseph

Schedule C (Form 990 or 990-EZ) 2010 Valley, Inc.

| Part II-B | Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).

		(a)		(b)	
		Yes	No	Amo	unt
1	During the year, did the filing organization attempt to influence foreign, national, state or				
	local legislation, including any attempt to influence public opinion on a legislative matter				
	or referendum, through the use of:				
а	Volunteers?				
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?				
	Media advertisements?				
	Mailings to members, legislators, or the public?				
	Publications, or published or broadcast statements?				
	Grants to other organizations for lobbying purposes?				
_	Direct contact with legislators, their staffs, government officials, or a legislative body?				
	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?				
	Other activities? If "Yes," describe in Part IV				
-	Total. Add lines 1c through 1i				
	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?				
	If "Yes," enter the amount of any tax incurred under section 4912	1	ì		
	If "Yes," enter the amount of any tax incurred by organization managers under section 4912				
o Dari	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year? III-A Complete if the organization is exempt under section 501(c)(4), sect	ion 501/c)/	(5) or so	ction	
ui (501(c)(6).		(5), 01 56	Cuon	
				Yes	No
1	Were substantially all (90% or more) dues received nondeductible by members?		1		Х
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?		2	X	
3	Did the organization agree to carryover lobbying and political expenditures from the prior year?		3		X
1	"Yes." Dues, assessments and similar amounts from members		1		
2	Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political	tical		-	
	expenses for which the section 527(f) tax was paid).		1		
а	Current year		2a		_
b	Carryover from last year		2b		
С	Total		2c		
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues		3		
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the ex	xcess			
	does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and	political			
	expenditure next year?		4		
_	Taxable amount of lobbying and political expenditures (see instructions)		5		
Parl	IV Supplemental Information				
	plete this part to provide the descriptions required for Part I-A, line 1, Part I-B, line 4; Part I-C, line 5, ε y additional information.	and Part II-B,	line 1ı Also	, complete	this pa
,, Q.,,	y additional information.				
		<u> </u>			
					_

Homebuilder's Association of St. Joseph
Schedule C (Form 990 or 990 EZ) 2010 Valley, Inc. 35-0929205 Page 4 Part IV Supplemental Information (continued)
·
Rosemary Mandrici for Assessor
227 W. Jefferson Blvd. South Bend, IN 46601
Dennis Jordan for County Council
53215 Oakmont West Dr South Bend, IN 46637
Part I-C Continuation:
Dale DeVon for County Council
52573 Hickory Road Granger, IN 46530
Col (d) Amount: 500. Col (e) Amount: 0.
Deborah Fleming for County Council
1330 E Jefferson Blvd South Bend, IN 46617
Col (d) Amount: 500. Col (e) Amount: 0.
Jay Caponigro for School Board
University of Notre Dame, 537 Grace Hall Notre Dame, IN 46556
Col (d) Amount: 400. Col (e) Amount: 0.
John Stancati for School Board
3413 Troy Ct. South Bend, IN 46614
Col (d) Amount: 400. Col (e) Amount: 0.
Michelle Engel for School Board
PO Box 6954 South Bend, IN 46660
Col (d) Amount: 400. Col (e) Amount: 0.

SCHEDULE D

(Form 990)

Department of the Treasury

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. Internal Revenue Service Homebuilder's Association of St. Joseph Name of the organization **Employer identification number** Valley, Inc. 35-0929205 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 1 Total number at end of year Aggregate contributions to (during year) Aggregate grants from (during year) 3 Aggregate value at end of year 5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? _ Yes Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can 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. Purpose(s) of conservation easements held by the organization (check all that apply) Preservation of land for public use (e.g., recreation or education) Preservation of an historically important land area Protection of natural habitat Preservation of a certified historic structure Preservation of open space 2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year. Held at the End of the Tax Year a Total number of conservation easements 2a b Total acreage restricted by conservation easements 2b c Number of conservation easements on a certified historic structure included in (a) 2c d Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register 3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax 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 6 7 Amount 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)(i) Yes and section 170(h)(4)(B)(ii)? 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 1a If the organization elected, as permitted under SFAS 116 (ASC 958), 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. b If the organization elected, as permitted under SFAS 116 (ASC 958), 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 2 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 (ASC 958) relating to these items a Revenues included in Form 990, Part VIII, line 1 Assets included in Form 990, Part X

Homebuilder's Association of St. Joseph

	dule D (Form 990) 2010 Valley,	Inc.			_		35-	0929205	Page 2
Par	t III Organizations Maintaining C	Collections of A	rt, Hist	torical Tr	easures, d	or Othe	r Similar As	sets (conti	nued)
3 `	Using the organization's acquisition, access	on, and other record	ds, checl	k any of the	following tha	t are a sig	inificant use of	rts collection	rtems
	(check all that apply)								
а	Public exhibition	C	ı 🔲	Loan or exc	hange progra	ams			
b	Scholarly research	•		Other					
c	Preservation for future generations								
4	Provide a description of the organization's c	ollections and expla	in how th	ney further tl	he organizati	on's exen	npt purpose in	Part XIV	
5	During the year, did the organization solicit of	or receive donations	of art, hi	stoncal trea	sures, or oth	er sımılar	assets		
	to be sold to raise funds rather than to be m							Yes	□ No
Par	t IV Escrow and Custodial Arran	gements. Compl	ete if the	organizatio	n answered	"Yes" to F	orm 990, Part	IV, line 9, or	
	reported an amount on Form 990, Pa	ırt X, line 21.							
1a	Is the organization an agent, trustee, custod	lian or other interme	diary for	contribution	s or other as	sets not i	ncluded		
	on Form 990, Part X?							Yes	No
b	If "Yes," explain the arrangement in Part XIV	and complete the fo	ollowing	table [.]					
								Amount	<u> </u>
C	Beginning balance						1c		
d	Additions during the year						1d		
е	Distributions during the year						1e		
f	Ending balance						1f		
2a	Did the organization include an amount on F	orm 990, Part X, line	21?					Yes	No
<u>b</u>	If "Yes," explain the arrangement in Part XIV	·							
Par	t V Endowment Funds. Complete	if the organization a	nswered	"Yes" to Fo	rm 990, Part	IV, line 10	Э.		
		(a) Current year	(b) F	rior year_	(c) Two yea	rs back (d) Three years b	ack (e) Four	years back
1a	Beginning of year balance								
b	Contributions								
С	Net investment earnings, gains, and losses		<u> </u>						
d	Grants or scholarships								
е	Other expenditures for facilities		ļ		l	l			
	and programs								
f	Administrative expenses								
g	End of year balance								
2	Provide the estimated percentage of the year	ar end balance held	as						
а	Board designated or quasi-endowment		%						
b	Permanent endowment	%							
С	Term endowment	_%							
За	Are there endowment funds not in the possi	ession of the organiz	zation the	at are held a	ind administe	ered for th	e organization	_	
	by:								Yes No
	(i) unrelated organizations							3a(i)	
	(ii) related organizations							3a(ii)	
b	If "Yes" to 3a(II), are the related organization	is listed as required	on Sche	dule R?				3b	
4	Describe in Part XIV the intended uses of th								
Pai	t VI Land, Buildings, and Equipr	nent. See Form 99	0, Part X	(, line 10.					
	Description of investment	(a) Cost or	other	(b) Cost	or other	(c) Ac	cumulated	(d) Bool	k value
		basis (invest	ment)	basis	(other)	dep	reciation		
1a	Land .				8,500.				8,500.
b	Buildings .			23	1,515.	1	52,665.	7	8,850.
	Leasehold improvements								
d	Equipment .			3	0,055.		29,088.		967.
е	Other								
Total	. Add lines 1a through 1e. (Column (d) must	equal Form 990, Par	t X, colui	mn (B), line	10(c))			8	8,317.

Schedule D (Form 990) 2010

Schedule Li(Form 990) 2010 Valley, Inc.	•		<u>35</u> -	-0929205 Page 3
Part VII Investments - Other Securities. See	Form 990, Part X, line 12			
` (a) Description of security or category (including name of security)	(b) Book value		ethod of valua nd-of-year mar	
(1) Financial derivatives				· · · · · · · · · · · · · · · · · · ·
(2) Closely-held equity interests				
(3) Other				
(A) HBA HBA Stocks:1301 ØMFB				
(B) Calamos	12,513.	End-of-Year	Market	Value
(C) HBA HBA Stocks:1302 ØMFB				
(D) ML Growth	14,648.	End-of-Year	Market	Value
(E) HBA HBA Stocks:1303 ØMFB				
(F) Van Kampe	7,014.	End-of-Year	Market	Value
(G) HBA HBA Stocks:1304 ØMFB				
(H) Bond Fund	27,341.	End-of-Year	Market	Value
(1)	<u> </u>	<u> </u>		
Total. (Col (b) must equal Form 990, Part X, col (B) line 12.)	63,606.			
Part VIII Investments - Program Related. Se	e Form 990, Part X, line 13	3		
(a) Description of investment type	(b) Book value	(c) M	ethod of valua nd-of-year mar	
(1)				
(2)	1			
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
(10)				-
Total. (Col (b) must equal Form 990, Part X, col (B) line 13.)				
Part IX Other Assets. See Form 990, Part X, line	15.			
	Description			(b) Book value
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)			· · · · · · · · · · · · · · · · · · ·	
(10)	·		· · · · · · · · · · · · · · · · · · ·	
Total. (Column (b) must equal Form 990, Part X, col (B) line	15)	 .	▶	
Part X Other Liabilities. See Form 990, Part X, I				
1. (a) Description of liability		(b) Amount		
(1) Federal income taxes		· · · · · · · · · · · · · · · · · · ·		
(2)		****		
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
(10)				
(11)				
	25.)			
Total. (Column (b) must equal Form 990, Part X, col (B) line FIN 48 (ASC 740) Footnote In Part XIV, provide the text of the footnote to	the organization's financial statement	ents that reports the organization's	liability for uncertain	n tax positions under

Homebuilder's Association of St. Joseph

_	dule D (Form 990) 2010 Valley, Inc.			35-0929205	Page 4
Pai	t XI Reconciliation of Change in Net Assets from Form 990 to	Audited Finar	ncial State	ements	
1 `	Total revenue (Form 990, Part VIII, column (A), line 12)		1		
2	Total expenses (Form 990, Part IX, column (A), line 25)		2		
3	Excess or (deficit) for the year Subtract line 2 from line 1		3		
4	Net unrealized gains (losses) on investments		4		
5	Donated services and use of facilities		5		
6	Investment expenses .		6		
7	Prior period adjustments		7		
8	Other (Describe in Part XIV)		8		
9	Total adjustments (net) Add lines 4 through 8		9		
10_	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and		10		
Par	t XII Reconciliation of Revenue per Audited Financial Statemer	nts With Reve	nue per F	Return	
1	Total revenue, gains, and other support per audited financial statements			1	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12.	1 1			
a	Net unrealized gains on investments .	2a		4	
b	Donated services and use of facilities	2b		_	
¢	Recoveries of prior year grants	2c		4	
d	Other (Describe in Part XIV)			4	
e	Add lines 2a through 2d			2e	
3	Subtract line 2e from line 1			3	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1	1 1			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a		4	
b	Other (Describe in Part XIV)	4b		4	
¢	Add lines 4a and 4b			4c	
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) † XIII Reconciliation of Expenses per Audited Financial Stateme	nte With Evn	oncoc nor	5 Doturn	
		SIICS VAILII EXP	enses ber	1	
1	Total expenses and losses per audited financial statements			1	
2	Amounts included on line 1 but not on Form 990, Part IX, line 25	0-			
a	Donated services and use of facilities	2a		-	
ь	Prior year adjustments Other losses	2b		1	
ي د	Other (Describe in Part XIV.)	2c 2d		-	
d	Add lines 2a through 2d	20		2e	
е 3	Subtract line 2e from line 1	•		3	
4	Amounts included on Form 990, Part IX, line 25, but not on line 1.			3	
7	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIV.)	4b	-	1	
6	Add lines 4a and 4b	40		4c	
5	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)			5	
	rt XIV Supplemental Information				
	plete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III	l lines 1a and 4. F	Part IV lines 1	Ib and 2b: Part V line	4· Part
	e 2; Part XI, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b Also comp				.,
,	,,,,,,				
_					
_					

Schedule Q (Form 990) 2010 Valley, Inc.
Part XIV Supplemental Information (continued)

Part VII Investments - Other Secu	rities. See Form 990, Part X, line 12.		
(a) Description of section (including name	unty or category	(b) Book value	(c) Method of valuation Cost or end-of-year market value
HBA HBA Stocks:1309 ØMFI	3 Stock Cas	2,090.	FMV
			<u> </u>

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2010 HBA Board of Directors

Adam Devon Devon Custom Homes 271-0686 17871 SR 23 South Bend, IN 46635

Chris Doncaster Lee Supply Corp. 233-4975 3234 Nimtz Pkwy. South Bend, IN 46628

Scott Dudeck Big C Lumber Co., Inc. 277-4670 50860 Princess Way Granger, IN 46530

Brian Eckrich Adams Road Development 277-7660 51013 Gumwood Road Granger, IN 46530

Michael Edwards Horizon Bank 287-1109 233 S. Main St. South Bend, IN 46601

Mike Everett Rosemark Homes of South Bend, Inc. (269) 683-6089 3120 Dogwood Trail Niles, MI 49120

Bob Hawley Century 21 Jim Dunfee Realty 272-5444 54500 N. Ironwood Rd. South Bend, IN 46635

Karen Lewis Kitchens, Etc. P. O. Box 2479 Elkhart, IN 46515 John Linn Abonmarche Consultants 232-8700 750 Lincolnway East South Bend, IN 46601

Dan McMonagle 84 Lumber 256-5584 5321 Lincolnway East Mishawaka, IN 46544

Ric Oswald Notre Dame Federal Credit Union 239-6611 P. O. Box 7878 Notre Dame, IN 46556-7878

Andy Place, Jr.
Place Builders, Inc. 259-4858
1620 N. Ironwood Drive
South Bend, IN 46635

Linda Rogers Nugent Builders 277-5512 14770 Lindy Drive Granger, IN 46530

Cheryl Seitz Old Fort Building Supply 289-5566 1401 S. Main Street South Bend, IN 46613

Steve Smith Cooreman Real Estate Group 277-0116 4404 Technology Drive South Bend, IN 46628

Steve Stacy Stacy Custom Homes 679-9433 51716 Trail Ridge Drive Granger, IN 46530

Craig Taelman Signature Homes 236-8914 1212 S. Walnut St. South Bend, IN 46619 Mike Urbanski Garden Homes, Inc. 277-3500 17874 SR 23 South Bend, IN 46635

Stacy Vervynckt McCarthy Smessaert Insurance 259-5622 802 Lincolnway West Mishawaka, IN 46544

Cheryl Wasmer Phisz Design, Inc. 258-9833 135 Red Coach Drive Mishawaka, IN 46545

Joyce Watkins Mid-City Supply Co., Inc. 272-4400 2029 Ironwood Circle South Bend, IN 46635

SCHEDULE G

Department of the Treasury

(Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered "Yes" to Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

OMB No 1545-0047

Open To Public Inspection

Internal Revenue Service ► Attach to Form 990 or Form 990-EZ. ► See separate instructions. Name of the organization **Employer identification number** Homebuilder's Association of St. Joseph 35-0929205 <u>Valley, Inc.</u> Fundraising Activities. Complete if the organization answered "Yes" to Form 990, Part IV, line 17 Form 990-EZ filers are not Part I required to complete this part. Indicate whether the organization raised funds through any of the following activities. Check all that apply. Mail solicitations Solicitation of non-government grants еl b Internet and email solicitations Solicitation of government grants Phone solicitations Special fundraising events C In-person solicitations 2 a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or _ No key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? b If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization. (iii) Did fundraiser have custody or control of contributions? (v) Amount paid (vi) Amount paid (i) Name and address of individual (iv) Gross receipts to (or retained by) (ii) Activity to (or retained by) fundraiser or entity (fundraiser) from activity organization listed in col (i) Yes No 3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.

LHA Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule G (Form 990 or 990-EZ) 2010

Homebuilder's Association of St. Joseph
Schedule G (Form 990 or 990-EZ) 2010 Valley, Inc. 35-0929205 Page 2

Pa	rt I	Fundraising Events. Complete if the of fundraising event contributions and gr	ne organization answered		IV, line 18, or reported	
		or land asing event communities and gr	(a) Event #1 Golf Outing	(b) Event #2	(c) Other events None	(d) Total events (add col. (a) through
			(event type)	(event type)	(total number)	coi (c))
une			(, , , , , , , , , , , , , , , , , , ,	(**************************************		
Revenue	1	Gross receipts .	20,973.			20,973.
	2	Less: Chantable contributions				
	3	Gross income (line 1 minus line 2)	20,973.			20,973.
	4	Cash prizes				
ses	5	Noncash prizes	ļ	<u> </u>	 	
Direct Expenses	6	Rent/facility costs .				
Direct	7	Food and beverages				
	8	Entertainment				
	9	Other direct expenses	9,081.			9,081.
	10			<u> </u>	. •	(9,081)
		Net income summary. Combine line 3, colum				11,892.
Pa	irt	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))
- <u>-</u>	1	Gross revenue				
ses	2	Cash prizes				
Direct Expenses	3	Noncash prizes			<u> </u>	
Direct	4	Rent/facility costs				
	5	Other direct expenses				
	6	Volunteer labor	Yes % No	Yes % No	Yes % No	
	7	Direct expense summary Add lines 2 throug	jh 5 in column (d)		. ▶	()
	8	Net gaming income summary Combine line	1, column d, and line 7	·	▶	<u> </u>
a	is	ter the state(s) in which the organization operate the organization licensed to operate gaming a "No," explain.	ctivities in each of these			Yes No
		ere any of the organization's gaming licenses in Yes, explain		•	year?	Yes No
	_					orm 990 or 990-E7) 2010

	Homebuilder's Association of St. Joseph		
		<u>-0929205</u>	Page 3
	Does the organization operate gaming activities with nonmembers?	. Yes	☐ No
12	*Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed	<u></u>	ш.
12	to administer charitable gaming? Indicate the percentage of gaming activity operated in:	Yes	∟ No
	The organization's facility	13a	%
	o 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	a Does the organization have a contract with a third party from whom the organization receives gaming revenue?	Yes	☐ No
Ł	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	c If "Yes," enter name and address of the third party		
	Name N		
	Name		
	Address >		
16	Gaming manager information:		
	Name		
	Gaming manager compensation > \$		
	Description of services provided		
		<u> </u>	_
	Director/officer Employee Independent contractor		
	Mandatory distributions		
ć	a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?	Yes	□ No
ŀ	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 > \$		
Pa	Supplemental Information. Complete this part to provide the explanations required by Part I, line 2b, columns	(III) and (v), and	Part III,
	lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also complete this part to provide any additional information	tion (see instruc	ctions)
			

SCHEDULE O

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.

Attach to Form 990 or 990-EZ.

2010 Open to Public Inspection

Name of the organization Homebuilder's Association of St. Joseph Valley, Inc.

Employer identification number 35-0929205

Form 990, Part VI, Section A, line 6: The organization has 200 members

that pay dues and have the right to vote on decisions made at board

meetings such as officers and new board members.

Form 990, Part VI, Section A, line 7a: The organization has 200 members that pay dues and have the right to vote on decisions made at board meetings such as officers and new board members.

Form 990, Part VI, Section A, line 7b: The organization has 200 members
that pay dues and have the right to vote on decisions made at board
meetings such as officers and new board members.

Form 990, Part VI, Section B, line 11: The organization obtains the 990 from the paid tax preparer. Barbara Carmichael, executive officer, reviews the 990. If Barbara has comments, she gives them to the tax preparer.

After consideration and revision (if necessary), the 990 is finalized and a draft of the 990 is prepared. The draft is sent via e-mail or via United States Postal Service for those members who do not have email accounts.

Form 990, Part VI, Section C, Line 19: The organization makes its

governing documents, conflict of interest policy, and financial statements

available to the public upon request.

Form 990, Part XI, line 5, Changes in Net Assets:

Rounding Adjustment

-2.