



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



△ W

Part III Statement of Program Service AccomplishmentsCheck if Schedule O contains a response to any question in this Part III ☐**1** Briefly describe the organization's mission:

THE ASSOCIATION IS DEDICATED TO ENHANCING THE QUALITY OF LIFE BY
PROMOTING EXCELLENCE IN THE HOME BUILDING INDUSTRY THROUGH EDUCATION,
NETWORKING, AND COMMUNITY INVOLVEMENT

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? ☐ Yes ☒ No

If Yes, describe these new services on Schedule O

3 Did the organization cease conducting or make significant changes in how it conducts any program services? ☐ Yes ☒ No

If Yes, describe these changes on Schedule O

4 Describe the exempt purpose achievements for each of the organization's three largest program services by expenses. 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.

4a (Code _____) (Expenses \$ 119,548 including grants of \$ _____) (Revenue \$ 37,702)
THE ASSOCIATION IS DEDICATED TO ENHANCING THE QUALITY OF LIFE BY
PROMOTING EXCELLENCE IN THE HOME BUILDING INDUSTRY THROUGH EDUCATION,
NETWORKING, AND COMMUNITY INVOLVEMENT

4b (Code _____) (Expenses \$ _____ including grants of \$ _____) (Revenue \$ _____)

4c (Code _____) (Expenses \$ _____ including grants of \$ _____) (Revenue \$ _____)

4d Other program services (Describe in Schedule O):

(Expenses \$ _____ including grants of \$ _____) (Revenue \$ _____)

4e Total program service expenses **119,548**

Part IV Checklist of Required Schedules

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If Yes complete Schedule A</i>		X
2 Is the organization required to complete Schedule B Schedule of Contributors?		X
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If Yes complete Schedule C Part I</i>		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? <i>If Yes complete Schedule C Part II</i>		
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? <i>If Yes complete Schedule C Part III</i>		X
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? <i>If Yes complete Schedule D Part I</i>		X
7 Did the organization receive or hold a conservation easement including easements to preserve open space the environment historic land areas or historic structures? <i>If Yes complete Schedule D Part II</i>		X
8 Did the organization maintain collections of works of art historical treasures or other similar assets? <i>If Yes complete Schedule D Part III</i>		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? <i>If Yes complete Schedule D Part IV</i>		X
10 Did the organization directly or through a related organization hold assets in term permanent or quasi endowments? <i>If Yes complete Schedule D Part V</i>		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		
a Did the organization report an amount for land buildings and equipment in Part X line 10? <i>If Yes complete Schedule D Part VI</i>	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 assets reported in Part X line 16? <i>If Yes complete Schedule D Part VII</i>		X
c 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? <i>If Yes complete Schedule D Part VIII</i>		X
d 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? <i>If Yes complete Schedule D Part IX</i>		X
e Did the organization report an amount for other liabilities in Part X line 25? <i>If Yes complete Schedule D Part X</i>		X
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)? <i>If Yes complete Schedule D Part X</i>	X	
12a Did the organization obtain separate independent audited financial statements for the tax year? <i>If Yes complete Schedule D Parts XI XII and XIII</i>		X
b Was the organization included in consolidated independent audited financial statements for the tax year? <i>If Yes and if the organization answered No to line 12a then completing Schedule D Parts XI XII and XIII is optional</i>		X
13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If Yes complete Schedule E</i>		X
14a Did the organization maintain an office employees or agents outside of the United States?		X
b 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? <i>If Yes complete Schedule F Parts I and IV</i>		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? <i>If Yes complete Schedule F Parts II and IV</i>		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? <i>If Yes complete Schedule F Parts III and IV</i>		X
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 Yes complete Schedule G Part I</i>		X
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 Yes complete Schedule G Part II</i>	X	
19 Did the organization report more than \$15 000 of gross income from gaming activities on Part VIII line 9a? <i>If Yes complete Schedule G Part III</i>	X	
20a Did the organization operate one or more hospitals? <i>If Yes complete Schedule H</i>		X
b 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)		

Form 990 (2010)

Part IV Checklist of Required Schedules (continued)

	Yes	No
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? <i>If Yes complete Schedule I Parts I and II</i>		X
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? <i>If Yes complete Schedule I Parts I and III</i>		X
23 Did the organization answer Yes to Part VII Section A line 3 4 or 5 about compensation of the organization's current and former officers directors trustees key employees and highest compensated employees? <i>If Yes complete Schedule J</i>		X
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? <i>If Yes answer lines 24b through 24d and complete Schedule K If No go to line 25</i>		X
24b Did the organization invest any proceeds of tax exempt bonds beyond a temporary period exception?		
24c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax exempt bonds?		
24d Did the organization act as an on behalf of issuer for bonds outstanding at any time during the year?		
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? <i>If Yes complete Schedule L Part I</i>		
25b 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? <i>If Yes complete Schedule L Part I</i>		
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? <i>If Yes complete Schedule L Part II</i>		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? <i>If Yes complete Schedule L Part III</i>		X
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)		
28a A current or former officer director trustee or key employee? <i>If Yes complete Schedule L Part IV</i>		X
28b A family member of a current or former officer director trustee or key employee? <i>If Yes complete Schedule L Part IV</i>		X
28c An entity of which a current or former officer director trustee or key employee (or a family member thereof) was an officer director trustee or direct or indirect owner? <i>If Yes complete Schedule L Part IV</i>		X
29 Did the organization receive more than \$25 000 in non cash contributions? <i>If Yes complete Schedule M</i>		X
30 Did the organization receive contributions of art historical treasures or other similar assets or qualified conservation contributions? <i>If Yes complete Schedule M</i>		X
31 Did the organization liquidate terminate or dissolve and cease operations? <i>If Yes complete Schedule N Part I</i>		X
32 Did the organization sell exchange dispose of or transfer more than 25% of its net assets? <i>If Yes complete Schedule N Part II</i>		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? <i>If Yes complete Schedule R Part I</i>		X
34 Was the organization related to any tax exempt or taxable entity? <i>If Yes complete Schedule R Parts II III IV and V line 1</i>		X
35 Is any related organization a controlled entity within the meaning of section 512(b)(13)?		X
a Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If Yes complete Schedule R Part V line 2</i>	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
36 Section 501(c)(3) organizations Did the organization make any transfers to an exempt non-charitable related organization? <i>If Yes complete Schedule R Part V line 2</i>		
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? <i>If Yes complete Schedule R Part VI</i>		X
38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI lines 11 and 19?	X	

Note. All Form 990 filers are required to complete Schedule O.Form **990** (2010)

Part V Statements Regarding Other IRS Filings and Tax ComplianceCheck if Schedule O contains a response to any question in this Part V ☐

		Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter 0 if not applicable.	0	
1b	Enter the number of Forms W-2G included in line 1a. Enter 0 if not applicable.	1	
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	X	
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.	3	
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions).	X	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?		X
b	If Yes, has it filed a Form 990-T for this year? If No, provide an explanation in Schedule O.		
4a	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)?		X
b	If Yes, enter the name of the foreign country: <u>See instructions for filing requirements for Form TD F 9022.1, Report of Foreign Bank and Financial Accounts</u>		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		X
c	If Yes to line 5a or 5b, did the organization file Form 8886-T?		
6a	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?		X
b	If Yes, did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
7	Organizations that may receive deductible contributions under section 170(c)		
a	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?		
b	If Yes, did the organization notify the donor of the value of the goods or services provided?		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		
d	If Yes, indicate the number of Forms 8282 filed during the year.	7d	
e	Did the organization receive any funds directly or indirectly to pay premiums on a personal benefit contract?		
f	Did the organization during the year pay premiums directly or indirectly on a personal benefit contract?		
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		
8	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?		
9	Sponsoring organizations maintaining donor advised funds.		
a	Did the organization make any taxable distributions under section 4966?		
b	Did the organization make a distribution to a donor, donor advisor, or related person?		
10	Section 501(c)(7) organizations. Enter:		
a	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:		
a	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	
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?		
b	If Yes, enter the amount of tax-exempt interest received or accrued during the year.	12b	
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		
a	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 Schedule O.	13a	
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans.	13b	
c	Enter the amount of reserves on hand.	13c	
14a	Did the organization receive any payments for indoor tanning services during the tax year?		X
b	If Yes, has it filed a Form 720 to report these payments? If No, provide an explanation in Schedule O.	14b	

Form 990 (2010)

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 O See instructions

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

☒**Section A Governing Body and Management**

	Yes	No
1a Enter the number of voting members of the governing body at the end of the tax year	17	
b Enter the number of voting members included in line 1a above who are independent	16	
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?	X	
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?		X
4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		X
5 Did the organization become aware during the year of a significant diversion of the organization's assets?		X
6 Does the organization have members or stockholders?		X
7a Does the organization have members stockholders or other persons who may elect one or more members of the governing body?		X
b Are any decisions of the governing body subject to approval by members stockholders or other persons?		X
8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
a The governing body?	X	
b Each committee with authority to act on behalf of the governing body?	X	
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		X

Section B Policies (This Section B requests information about policies not required by the Internal Revenue Code)

	Yes	No
10a Does the organization have local chapters branches or affiliates?		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?		
11a Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?	X	
b Describe in Schedule O the process if any used by the organization to review this Form 990		
12a Does the organization have a written conflict of interest policy? If No go to line 13	X	
b Are officers directors or trustees and key employees required to disclose annually interests that could give rise to conflicts?	X	
c Does the organization regularly and consistently monitor and enforce compliance with the policy? If Yes describe in Schedule O how this is done	X	
13 Does the organization have a written whistleblower policy?	X	
14 Does the organization have a written document retention and destruction policy?	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?		
a The organization's CEO Executive Director or top management official	X	
b Other officers or key employees of the organization	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?		X
b If Yes has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law and taken steps to safeguard the organization's exempt status with respect to such arrangements?		

Section C Disclosure

17 List the states with which a copy of this Form 990 is required to be filed **LA**

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 ☒ Upon request

19 Describe in Schedule O whether (and if so how) the organization makes its governing documents conflict of interest policy and financial 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 organization **FARRAR TINGLE - 985-882-5002**
28603 KRENTEL ROAD, LACOMBE LA 70445

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent ContractorsCheck if Schedule O contains a response to any question in this Part VII ☐**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.

- 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.

☐ Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee

(A) Name and Title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
DARWIN SHARP BOARD MEMBER	5 00	X						0	0.	0
JEFF LASSERE BOARD MEMBER	5 00	X						0	0	0.
JENNY GOODROW TREASURER	5 00	X		X				0	0	0
JODIE LUTHER BOARD MEMBER	5 00	X						0.	0	0
JOHN BRUHL BOARD MEMBER	5 00	X						0	0	0
JOHN FILIPOWICZ BOARD MEMBER	5 00	X						0	0	0
KENDALL ELLIOTT BOARD MEMBER	5 00	X						0.	0	0
KENNETH ADAMS JR PRESIDENT	5.00	X		X				0	0	0
MICHAEL GABRIEL BOARD MEMBER	5 00	X						0	0	0
NICK CASTJOHN BOARD MEMBER	5 00	X						0	0	0
PAT BURMASTER BOARD MEMBER	5 00	X						0	0	0
ROBERT HURLEY VICE PRESIDENT	5 00	X		X				0	0	0
RUFUS TINGLE SECRETARY	5.00	X		X				0	0	0
SHARON SHUFF BOARD MEMBER	5 00	X						0	0	0
SKIP RINALDI BOARD MEMBER	5 00	X						0.	0	0
SUSAN MEYER BOARD MEMBER	5 00	X						0	0	0
FARRAR TINGLE EXECUTIVE DIRECTOR	40 00			X				57,582.	0	0

Part VIII Statement 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
Contributions, gifts, grants and other similar amounts	1 a Federated campaigns	1a					
	b Membership dues	1b	292,127				
	c Fundraising events	1c					
	d Related organizations	1d					
	e Government grants (contributions)	1e					
	f All other contributions gifts grants and similar amounts not included above	1f					
	g Noncash contributions included in lines 1a-1f \$						
h Total Add lines 1a-1f			292,127				
Program Service Revenue		Business Code					
	2 a						
	b						
	c						
	d						
	e						
	f All other program service revenue						
g Total Add lines 2a-2f							
Other Revenue	3 Investment income (including dividends interest and other similar amounts)			871			871.
	4 Income from investment of tax exempt bond proceeds						
	5 Royalties						
	6 a Gross Rents	(i) Real	(ii) Personal				
	b Less rental expenses						
	c Rental income or (loss)						
	d Net rental income or (loss)						
	7 a Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other				
	b Less cost or other basis and sales expenses						
	c Gain or (loss)						
	d Net gain or (loss)						
	8 a Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c) See Part IV line 18	a	127,723.				
	b Less direct expenses	b	96,688.				
	c Net income or (loss) from fundraising events			31,035			31,035
	9 a Gross income from gaming activities See Part IV line 19	a	741,301				
	b Less direct expenses	b	713,437				
	c Net income or (loss) from gaming activities			27,864	27,864.		
	10 a Gross sales of inventory less returns and allowances	a					
	b Less cost of goods sold	b					
	c Net income or (loss) from sales of inventory						
Miscellaneous Revenue			Business Code				
11 a MISCELLANEOUS		900099	9,838.	9,838.			
b							
c							
d All other revenue							
e Total Add lines 11a-11d			9,838				
12 Total revenue See instructions			361,735	37,702	0	31,906	

Part IX Statement of Functional Expenses

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

All other organizations must complete column (A) but are not required to complete columns (B) (C) and (D)

Do not include amounts reported on lines 6b, 7b, 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				
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	73,517.		73,517	
8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions)				
9 Other employee benefits	9,600		9,600	
10 Payroll taxes	26,388		26,388	
11 Fees for services (non employees)				
a Management				
b Legal	7		7.	
c Accounting	1,200.		1,200.	
d Lobbying				
e Professional fundraising services. See Part IV line 17				
f Investment management fees				
g Other				
12 Advertising and promotion				
13 Office expenses	4,487		4,487	
14 Information technology				
15 Royalties				
16 Occupancy	1,355		1,355	
17 Travel	4,912		4,912	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings				
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	7,935.		7,935	
23 Insurance	7,553.		7,553.	
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 O.)				
a NATIONAL ASSOCIATION DUES	85,195	85,195		
b STATE ASSOCIATION DUES	29,070	29,070		
c MISCELLANEOUS	24,877.		24,877	
d PRESIDENTS EXPENSES	8,992.		8,992	
e LHBA DIRECTORS EXPENSES	8,623		8,623	
f All other expenses SEE SCH O	47,143	5,283	41,860	
25 Total functional expenses. Add lines 1 through 24f	340,854	119,548	221,306	0
26 Joint costs. Check here <input type="checkbox"/> if following SOP 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.				

Part X Balance Sheet

		(A) Beginning of year		(B) End of year
Assets	1 Cash non interest bearing	2,265	1	15,753
	2 Savings and temporary cash investments	304,632	2	304,855
	3 Pledges and grants receivable net		3	
	4 Accounts receivable net	38,273	4	21,244
	5 Receivables from current and former officers directors trustees key employees and highest compensated employees Complete Part II of Schedule L		5	
	6 Receivables from other disqualified persons (as defined under section 4958(f)(1)) persons described in section 4958(c)(3)(B) and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees beneficiary organizations (see instructions)		6	
	7 Notes and loans receivable net		7	
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges		9	
	10a Land buildings and equipment cost or other basis Complete Part VI of Schedule D	353,286.		
	b Less accumulated depreciation	109,907	10c	243,379
	11 Investments publicly traded securities		11	
	12 Investments other securities See Part IV line 11		12	
	13 Investments program related See Part IV line 11		13	
	14 Intangible assets		14	
	15 Other assets See Part IV line 11	8,933	15	499
16 Total assets Add lines 1 through 15 (must equal line 34)	605,418	16	585,730.	
Liabilities	17 Accounts payable and accrued expenses	1,279	17	200
	18 Grants payable		18	
	19 Deferred revenue	145,863	19	106,373
	20 Tax exempt bond liabilities		20	
	21 Escrow or custodial account liability Complete Part IV of Schedule D		21	
	22 Payables to current and former officers directors trustees key employees 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	147,142	26	106,573
	Net Assets or Fund Balances	Organizations that follow SFAS 117 check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34		
27 Unrestricted net assets		458,276.	27	479,157
28 Temporarily restricted net assets			28	
29 Permanently restricted net assets			29	
Organizations that do not follow SFAS 117 check here <input type="checkbox"/> and complete lines 30 through 34				
30 Capital stock or trust principal or current funds			30	
31 Paid in or capital surplus or land building or equipment fund			31	
32 Retained earnings endowment accumulated income or other funds			32	
33 Total net assets or fund balances		458,276	33	479,157
34 Total liabilities and net assets/fund balances	605,418	34	585,730	

Form 990 (2010)

Part XI Reconciliation of Net AssetsCheck if Schedule O contains a response to any question in this Part XI ☐

1	Total revenue (must equal Part VIII column (A) line 12)	1	361,735
2	Total expenses (must equal Part IX column (A) line 25)	2	340,854
3	Revenue less expenses Subtract line 2 from line 1	3	20,881
4	Net assets or fund balances at beginning of year (must equal Part X line 33 column (A))	4	458,276
5	Other changes in net assets or fund balances (explain in Schedule O)	5	0
6	Net assets or fund balances at end of year Combine lines 3, 4, and 5 (must equal Part X line 33 column (B))	6	479,157

Part XII Financial Statements and ReportingCheck if Schedule O contains a response to any question in this Part XII ☐**1** Accounting method used to prepare the Form 990 ☐ Cash ☒ Accrual ☐ 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?**b** Were the organization's financial statements audited by an independent accountant?**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?

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☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and 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 Act and OMB Circular A 133?**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

	Yes	No
2a		X
2b		X
2c		
3a		X
3b		

Form 990 (2010)

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

OMB No. 1545-0047

2010Open to Public
Inspection

Name of the organization

ST TAMMANY HOME BUILDERS ASSOCIATION

Employer identification number

72-0810727

Part I 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		
2 Aggregate contributions to (during year)		
3 Aggregate grants from (during year)		
4 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?		<input type="checkbox"/> Yes <input type="checkbox"/> No
6 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?		<input type="checkbox"/> Yes <input type="checkbox"/> No

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

1 Purpose(s) of conservation easements held by the organization (check all that apply)

<input type="checkbox"/> Preservation of land for public use (e.g., recreation or education)	<input type="checkbox"/> Preservation of an historically important land area
<input type="checkbox"/> Protection of natural habitat	<input type="checkbox"/> Preservation of a certified historic structure
<input type="checkbox"/> 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	2d

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶ _____

4 Number of states where property subject to conservation easement is located ▶ _____

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? ☐ Yes ☐ No

6 Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year ▶ _____

7 Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year ▶ \$ _____

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? ☐ Yes ☐ No

9 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	▶ \$ _____
b Assets included in Form 990 Part X	▶ \$ _____

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued)

3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply):

- a ☐ Public exhibition
 b ☐ Scholarly research
 c ☐ Preservation for future generations

- d ☐ Loan or exchange programs
 e ☐ Other _____

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIV.

5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets

to be sold to raise funds rather than to be maintained as part of the organization's collection?

☐ Yes ☐ No

Part IV Escrow and Custodial Arrangements Complete if the organization answered "Yes" to Form 990 Part IV line 9 or reported an amount on Form 990 Part X line 21.

1a Is the organization an agent, trustee, custodian, or other intermediary for contributions or other assets not included on Form 990 Part X?

☐ Yes ☐ No

b If "Yes," explain the arrangement in Part XIV and complete the following table:

	Amount
1c Beginning balance	
1d Additions during the year	
1e Distributions during the year	
1f Ending balance	

2a Did the organization include an amount on Form 990 Part X line 21?

☐ Yes ☐ No

b If "Yes," explain the arrangement in Part XIV.

Part V Endowment Funds Complete if the organization answered "Yes" to Form 990 Part IV line 10.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance					
b Contributions					
c Net investment earnings, gains, and 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 year-end balance held as:

- a Board designated or quasi endowment ☐ _____ %
 b Permanent endowment ☐ _____ %
 c Term endowment ☐ _____ %

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:

- (i) unrelated organizations
 (ii) related organizations

	Yes	No
3a(i)		
3a(ii)		
3b		

b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?

4 Describe in Part XIV the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment See Form 990 Part X line 10.

Description of investment	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		133,007		133,007
b Buildings		165,648.	55,650	109,998
c Leasehold improvements				
d Equipment		35,817	35,451	366
e Other		18,814	18,806	8
Total Add lines 1a through 1e. (Column (d) must equal Form 990 Part X column (B) line 10(c).)				243,379

Schedule D (Form 990) 2010

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	(c) Method of valuation Cost or end of year market value
(1) Financial derivatives		
(2) Closely held equity interests		
(3) Other		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
(I)		

Total (Col (b) must equal Form 990 Part X col (B) line 12) ▶

Part VIII Investments - Program Related See Form 990 Part X line 13

(a) Description of investment type	(b) Book value	(c) Method of valuation Cost or end of year market value
(1)		
(2)		
(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

(a) 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 line 25

1 (a) Description of liability	(b) Amount
(1) Federal income taxes	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
(11)	

Total (Column (b) must equal Form 990 Part X col (B) line 25) ▶

2 FIN 48 (ASC 740) Footnote in Part XIV provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740)

Part XI Reconciliation of Change in Net Assets from Form 990 to Audited Financial Statements

1	Total revenue (Form 990 Part VIII column (A) line 12)	1	361,735
2	Total expenses (Form 990 Part IX column (A) line 25)	2	340,854
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	20,881
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 9	10	20,881

Part XII Reconciliation of Revenue per Audited Financial Statements With Revenue per 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		
a	Net unrealized gains on investments	2a	
b	Donated services and use of facilities	2b	
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIV)	2d	
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		
a	Investment expenses not included on Form 990 Part VIII line 7b	4a	
b	Other (Describe in Part XIV)	4b	
c	Add lines 4a and 4b	4c	
5	Total revenue Add lines 3 and 4c (This must equal Form 990 Part I line 12)	5	

Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return

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		
a	Donated services and use of facilities	2a	
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIV)	2d	
e	Add lines 2a through 2d	2e	
3	Subtract line 2e from line 1	3	
4	Amounts included on Form 990 Part IX line 25 but not on line 1		
a	Investment expenses not included on Form 990 Part VIII line 7b	4a	
b	Other (Describe in Part XIV)	4b	
c	Add lines 4a and 4b	4c	
5	Total expenses Add lines 3 and 4c (This must equal Form 990 Part I line 18)	5	

Part XIV Supplemental Information

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 X line 2; 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.

Department of the Treasury
Internal Revenue Service

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

OMB No. 1545-0047

2010

Open To Public Inspection

Name of the organization

ST TAMMANY HOME BUILDERS ASSOCIATION

Employer identification number

72-0810727

Part I

Fundraising Activities

Fundraising Activities Complete if the organization answered Yes to Form 990 Part IV line 17 Form 990 EZ filers are not required to complete this part

- 1** Indicate whether the organization raised funds through any of the following activities. Check all that apply.

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

- 2 a** Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services?

☐ Yes☐ No

- b** If Yes list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5 000 by the organization

(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
Total						

Total

- 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

Part II Fundraising Events Complete if the organization answered Yes to Form 990 Part IV line 18 or reported more than \$15 000 of fundraising event contributions and gross income on Form 990-EZ lines 1 and 6b. List events with gross receipts greater than \$5 000.

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events
		HOME SHOW	PARADE OF HOMES	9	(add col (a) through col (c))
		(event type)	(event type)	(total number)	
Revenue	1 Gross receipts				
	2 Less Charitable contributions				
	3 Gross income (line 1 minus line 2)				
Direct Expenses	4 Cash prizes				
	5 Noncash prizes				
	6 Rent/facility costs				
	7 Food and beverages				
	8 Entertainment				
	9 Other direct expenses				
	10 Direct expense summary. Add lines 4 through 9 in column (d).				()
	11 Net income summary. Combine line 3, column (d), and line 10.				

Part III Gaming Complete if the organization answered Yes to Form 990 Part IV line 19 or reported more than \$15 000 on Form 990-EZ line 6a.

		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col (a) through col (c))
Revenue	1 Gross revenue				
Direct Expenses	2 Cash prizes				
	3 Noncash prizes				
	4 Rent/facility costs				
	5 Other direct expenses				
	6 Volunteer labor	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	
	7 Direct expense summary. Add lines 2 through 5 in column (d).				()
	8 Net gaming income summary. Combine line 1, column d, and line 7.				

9 Enter the state(s) in which the organization operates gaming activities **LA**

a Is the organization licensed to operate gaming activities in each of these states?

☒ Yes ☐ No

b If No, explain _____

10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year?

☐ Yes ☒ No

b If Yes, explain _____

- 11** 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 to administer charitable gaming? ☐ Yes ☒ No
- 13** Indicate the percentage of gaming activity operated in:
- | | | |
|--------------------------------------|------------|---|
| a The organization's facility | 13a | % |
| b An outside facility | 13b | % |
- 14** Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name ▶ _____

Address ▶ _____

- 15a** Does the organization have a contract with a third party from whom the organization receives gaming revenue? ☐ Yes ☒ No
- b** If Yes, enter the amount of gaming revenue received by the organization ▶ \$ _____ and the amount of gaming revenue retained by the third party ▶ \$ _____
- c** If Yes, enter name and address of the third party:

Name ▶ _____

Address ▶ _____

16 Gaming manager information

Name ▶ _____

Gaming manager compensation ▶ \$ _____

Description of services provided ▶ _____

☐ Director/officer ☐ Employee ☐ Independent contractor

17 Mandatory distributions

- a** Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? ☐ Yes ☒ No
- 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 ▶ \$ _____

Part IV **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 (see instructions).

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

OMB No 1545-0047

2010

Open to Public
Inspection

Name of the organization

ST TAMMANY HOME BUILDERS ASSOCIATION

Employer identification number

72-0810727

FORM 990, PART VI, SECTION A, LINE 2 THE EXECUTIVE DIRECTOR, FARRAR

TINGLE, OF ST. TAMMANY HOME BUILDERS ASSOCIATION IS THE DAUGHTER OF RUFUS

TINGLE, WHO SERVES ON THE BOARD OF DIRECTORS

FORM 990, PART VI, SECTION B, LINE 11 THE COMPLETED FORM 990 WAS GIVEN TO
EACH MEMBER OF THE BOARD OF DIRECTORS PRIOR TO FILING FOR THEIR DISCUSSION
AND REVIEW. QUESTIONS FROM THE BOARD WERE PRESENTED TO THE MANAGEMENT TEAM
AND CERTIFIED PUBLIC ACCOUNTANT TAX PREPARERS

FORM 990, PART VI, SECTION B, LINE 12C THE BOARD OF DIRECTORS REGULARLY
MONITORS COMPLIANCE WITH THE CONFLICT OF INTEREST POLICY ALL BOARD MEMBERS
ARE INFORMED OF THE CONFLICT OF INTEREST POLICY IN CONNECTION WITH ANY
ACTUAL OR POSSIBLE CONFLICT OF INTEREST, AN INTERESTED PERSON MUST DISCLOSE
THE EXISTENCE OF THE FINANCIAL INTEREST AND BE GIVEN THE OPPORTUNITY TO
DISCLOSE ALL MATERIAL FACTS TO THE DIRECTORS AND MEMBERS OF COMMITTEES WITH
GOVERNING BOARD EACH INDIVIDUAL COVERED BY THE CONFLICT OF INTEREST
POLICY IS REQUIRED TO FILL OUT A CONFLICT OF INTEREST DISCLOSURE STATEMENT
ANNUALLY

FORM 990, PART VI, SECTION B, LINE 15 THE PROCESS INCLUDES ALL OF THE
FOLLOWING ELEMENTS

(1) REVIEW AND APPROVAL BY THE BOARD OF DIRECTORS OR COMPENSATION COMMITTEE
OF THE ORGANIZATION (2) USE OF DATA AS TO COMPARABLE COMPENSATION
(3) CONTEMPORANEOUS DOCUMENTATION AND RECORDKEEPING

FORM 990, PART VI, SECTION C, LINE 19 THE FORM 1024, FORM 990 IS

Name of the organization

ST TAMMANY HOME BUILDERS ASSOCIATION

Employer identification number

72-0810727

AVAILABLE TO THE GENERAL PUBLIC UPON REQUEST.

FORM 990, PART IX, LINE 24F, ALL OTHER FUNCTIONAL EXPENSES

EXECUTIVE OFFICER EXPENSES

PROGRAM SERVICE EXPENSES

0

MANAGEMENT AND GENERAL EXPENSES

8,345

FUNDRAISING EXPENSES

0

TOTAL EXPENSES

8,345

TELEPHONE

PROGRAM SERVICE EXPENSES

0

MANAGEMENT AND GENERAL EXPENSES

7,708

FUNDRAISING EXPENSES

0

TOTAL EXPENSES

7,708

MAINTENANCE

PROGRAM SERVICE EXPENSES

0

MANAGEMENT AND GENERAL EXPENSES

7,330

FUNDRAISING EXPENSES

0

TOTAL EXPENSES

7,330

NAHB DIRECTORS EXPENSES

PROGRAM SERVICE EXPENSES

0

MANAGEMENT AND GENERAL EXPENSES

5,600

FUNDRAISING EXPENSES

0

TOTAL EXPENSES

5,600

MEMBERSHIP EXPENSES

Name of the organization

ST TAMMANY HOME BUILDERS ASSOCIATION

Employer identification number

72-0810727

PROGRAM SERVICE EXPENSES	5,283.
--------------------------	--------

MANAGEMENT AND GENERAL EXPENSES	0
---------------------------------	---

FUNDRAISING EXPENSES	0
----------------------	---

TOTAL EXPENSES	5,283
----------------	-------

POSTAGE

PROGRAM SERVICE EXPENSES	0
--------------------------	---

MANAGEMENT AND GENERAL EXPENSES	3,296
---------------------------------	-------

FUNDRAISING EXPENSES	0
----------------------	---

TOTAL EXPENSES	3,296
----------------	-------

ECONOMIC DEV FOUNDATION

PROGRAM SERVICE EXPENSES	0
--------------------------	---

MANAGEMENT AND GENERAL EXPENSES	3,000.
---------------------------------	--------

FUNDRAISING EXPENSES	0
----------------------	---

TOTAL EXPENSES	3,000
----------------	-------

CREDIT CARD FEES

PROGRAM SERVICE EXPENSES	0
--------------------------	---

MANAGEMENT AND GENERAL EXPENSES	2,012
---------------------------------	-------

FUNDRAISING EXPENSES	0
----------------------	---

TOTAL EXPENSES	2,012
----------------	-------

PAYROLL FEES

PROGRAM SERVICE EXPENSES	0
--------------------------	---

MANAGEMENT AND GENERAL EXPENSES	1,362.
---------------------------------	--------

FUNDRAISING EXPENSES	0.
----------------------	----

TOTAL EXPENSES	1,362
----------------	-------

Name of the organization

ST TAMMANY HOME BUILDERS ASSOCIATION

Employer identification number

72-0810727

GOVERNMENTAL AFFAIRS

PROGRAM SERVICE EXPENSES 0

MANAGEMENT AND GENERAL EXPENSES 1,357

FUNDRAISING EXPENSES 0

TOTAL EXPENSES 1,357

PAST PRESIDENT DINNER

PROGRAM SERVICE EXPENSES 0

MANAGEMENT AND GENERAL EXPENSES 1,035

FUNDRAISING EXPENSES 0

TOTAL EXPENSES 1,035

BOARD MEETINGS

PROGRAM SERVICE EXPENSES 0

MANAGEMENT AND GENERAL EXPENSES 815

FUNDRAISING EXPENSES 0

TOTAL EXPENSES 815

TOTAL OTHER EXPENSES ON FORM 990, PART IX, LINE 24F, COL A 47,143

Application for Extension of Time To File an Exempt Organization Return

OMB No 1545 1709

► **File a separate application for each return**

- If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** and check this box ☒
- If you are filing for an **Additional (Not Automatic) 3 Month Extension**, complete only **Part II** (on page 2 of this form)

Do not complete Part II unless you have already been granted an automatic 3 month extension on a previously filed Form 8868

Electronic filing (e-file) You can electronically file Form 8868 if you need a 3 month automatic extension of time to file (6 months for a corporation required to file Form 990 T) or an additional (not automatic) 3 month extension of time. You can electronically file Form 8868 to request an extension of time to file any of the forms listed in Part I or Part II with the exception of Form 8870 Information Return for Transfers Associated With Certain Personal Benefit Contracts which must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form visit www.irs.gov/efile and click on *e file for Charities & Nonprofits*

Part I Automatic 3-Month Extension of Time Only submit original (no copies needed)

A corporation required to file Form 990 T and requesting an automatic 6 month extension check this box and complete

Part I only

All other corporations (including 1120 C filers) partnerships REMICs and trusts must use Form 7004 to request an extension of time to file income tax returns

Type or print	Name of exempt organization ST TAMMANY HOME BUILDERS ASSOCIATION	Employer identification number 72-0810727
File by the due date for filing your return. See instructions	Number, street, and room or suite no. If a P.O. box, see instructions 28603 KRENTEL ROAD	
	City, town, or post office, state, and ZIP code. For a foreign address, see instructions LACOMBE, LA 70445	

Enter the Return code for the return that this application is for (file a separate application for each return)

01

Application Is For	Return Code	Application Is For	Return Code
Form 990	01	Form 990 T (corporation)	07
Form 990 BL	02	Form 1041 A	08
Form 990 EZ	01	Form 4720	09
Form 990 PF	04	Form 5227	10
Form 990 T (sec. 401(a) or 408(a) trust)	05	Form 6069	11
Form 990 T (trust other than above)	06	Form 8870	12

FARRAR TINGLE

- The books are in the care of ► **28603 KRENTEL ROAD - LACOMBE LA 70445**

Telephone No ► **985-882-5002**

FAX No ►

- If the organization does not have an office or place of business in the United States, check this box ☐
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) _____ If this is for the whole group, check this box ☐. If it is for part of the group, check this box ☐ and attach a list with the names and EINs of all members the extension is for

- 1** I request an automatic 3 month (6 months for a corporation required to file Form 990 T) extension of time until **JUNE 15, 2012** to file the exempt organization return for the organization named above. The extension is for the organization's return for
- ☐ calendar year _____ or
- ☒ tax year beginning **NOV 1, 2010** and ending **OCT 31, 2011**

- 2** If the tax year entered in line 1 is for less than 12 months, check reason: ☐ Initial return ☐ Final return ☐ Change in accounting period

3a If this application is for Form 990 BL, 990 PF, 990 T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	3a	\$	0
b If this application is for Form 990 PF, 990 T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.	3b	\$	0
c Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	3c	\$	0

Caution If you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453 EO and Form 8879 EO for payment instructions.

LHA **For Paperwork Reduction Act Notice, see Instructions**

Form **8868** (Rev. 1-2011)