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DLN: 93493320071442

Form **990**

Department of the Treasury

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)

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

OMB No 1545-0047

Open to Public Inspection

A Fo	rthe 2	O11 calendar year, or tax year beginning 01-01-2011 and ending 12-31-201	Ĺ	D Employe	er identification number	
	eck if ap	HOME BUILDERS ASSOCIATION OF TOPEKA INC		. ,		
	ress cha	Doing Business As	_	48-068 E Telepho	32233 ne number	
_	ne chan	ge		-	73-1260	
Initi	ıal returi	Number and street (of PO box if mail is not delivered to street address) Room/su	ite		cepts \$ 712,656	
Ten	mınated	1505 SW FAIRLAWN RD		G 01033 100		
☐ Ame	ended re	cturn City or town, state or country, and ZIP + 4 TOPEKA, KS 66604				
Г Арр	lication	pending				
		F Name and address of principal officer	H(a) Is the	ı sagroupr	eturn for	
		CHARLIE NATIONS 1505 SW FAIRLAND RD	affılıa	tes?	ΓYes Γ Nο	
		TOPEKA,KS 66604	H(b) Are al	l affiliates ir	ncluded?	
					ı lıst (see ınstructions)	
I Tax	k-exem	t status	H(c) Grou	p exemptio	on number ►	
J W	ebsit e:	► WWW THBA COM				
K Forn	n of org	anization	L Year of fo	rmation 1953	3 M State of legal domicile KS	
	rt I	Summary			,	
		riefly describe the organization's mission or most significant activities				
		ROMOTION OF HOME BUILDING INDUSTRY				
92	-					
llal	-					
Vel	2 0	heck this box 🛏 if the organization discontinued its operations or disposed o	of more than 2	5% of its n	net assets	
Governance		umber of voting members of the governing body (Part VI, line 1a)		5 51 165 11	3 15	
2 6		umber of voting members of the governing body (rait VI, interfa)		-	4 15	
Activities &		otal number of individuals employed in calendar year 2011 (Part V., line 2a)		' 	5 3	
		otal number of volunteers (estimate if necessary)		-	6	
AC		otal unrelated business revenue from Part VIII, column (C), line 12			7a 5,615	
		et unrelated business taxable income from Form 990-T, line 34			7b -847	
		et ameriated business taxable income norm form 550 T, line 54 T	Prio	r Year	Current Year	
	8	Contributions and grants (Part VIII, line 1h)	7110	12,10		
횰	9	Program service revenue (Part VIII, line 2g)	243,57	· ·		
Revenue	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	4,6:	· ·		
Æ	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	33,30			
	12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line		33,3	30,014	
		12)		293,59	90 280,525	
	13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)		8,34	40 7,000	
	14	Benefits paid to or for members (Part IX, column (A), line 4)			0	
S	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5	;_	130,92	23 134,318	
Expenses	16-	10)		130,92	· ·	
<u>æ</u>	16a	Professional fundraising fees (Part IX, column (A), line 11e)			0	
짚	ь	Total fundraising expenses (Part IX, column (D), line 25) ▶0				
	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		154,87	•	
	18	Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)		294,14		
. 02	19	Revenue less expenses Subtract line 18 from line 12	+	-55		
8 6 8 8 8				g of Current ear	End of Year	
19 g	20	Total assets (Part X, line 16)	•	310,34	46 309,481	
Not Assets or Fund Balances	21	Total liabilities (Part X, line 26)		71,78		
ž.	22	Net assets or fund balances Subtract line 21 from line 20		238,5	· ·	
Par	t II	Signature Block		,	<u> </u>	
		ies of perjury, I declare that I have examined this return, including accompanying so	hedules and s	tatements. a	and to the best of my	
knowl knowl		nd belief, it is true, correct, and complete. Declaration of preparer (other than office	r) is based on	all informati	on of which preparer has any	
	cagei					
		*****	20	12-11-15		
Sign		Signature of officer		nte		
Here		RISE QUINN President & CEO				
		Type or print name and title				
		ricpaicis L	Check If		taxpayer identification number	
Paid		signature Vyonne G Brownell	self- employed •	(see ınstru	ctions)	
	arer's	Firm's name (or yours Mize Houser & Company PA	· / * · ·	+		
Use		ıf self-employed),		EIN 🕨		
	,	,		Phone no	▶ (785) 233-0536	
		TOPEKA, KS 666033454				
May t	ne IRS	discuss this return with the preparer shown above? (see instructions)			IV YAS I NO	

Part IV	Check	dist of	Required	Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1		Νο
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2		No
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3		N o
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		N o
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	Yes	
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		Νο
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? If "Yes," complete Schedule D, Part II	7		Νο
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		Νο
9	Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV.	9		N o
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i>	10		No
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			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line10? If "Yes," complete Schedule D, Part VI.	11a	Yes	
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? If "Yes," complete Schedule D, Part VII.	11b		N o
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? If "Yes," complete Schedule D, Part VIII.	11c		N o
	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX.	11d		N o
e	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X.	11e	Yes	
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.	11f		N o
12a	Did the organization obtain separate, independent audited financial statements for the tax year? <i>If</i> "Yes," complete Schedule D, Parts XI, XII, and XIII	12a		Νο
Ь	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered 'No' to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional	12b		Νο
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Νο
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		N o
Ь	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Part I	14b		Νο
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the U S ? If "Yes," complete Schedule F, Part II and IV	15		Νο
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the U S ? If "Yes," complete Schedule F, Part III and IV	16		Νο
17	Did the organization report a total of more than \$15,000, of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If</i> "Yes," complete Schedule G, Part I	17		No
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18	Yes	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		N o
20a	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20a		Νο
b	If "Yes" to line 20a, did the organization attach its audited financial statement to this return? Note. All Form 990 filers that operated one or more hospitals must attach audited financial statements	20b		

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

Part V Statements Regarding Other IRS Filings and Tax Compliance

	Check if Schedule O contains a response to any question in this Part V		.୮	
			Yes	No
la	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable			
	1a 1			
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable			
	1b 0			
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable	_	.,	
	gaming (gambling) winnings to prize winners?	1c	Yes	
!a	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			
ь	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?			
		2b	Yes	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
a	Did the organization have unrelated business gross income of \$1,000 or more during the	_	.	
	year?	3a	Yes	
	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b	Yes	
a	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 or securities account)?	4a		Νo
b	· · · · · · · · · · · · · · · · · · ·			
	If "Yes," enter the name of the foreign country			
a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		Νο
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		Νο
	-	ЭD		
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		Νo
a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the	6a		Νο
	organization solicit any contributions that were not tax deductible?			
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts			
	were not tax deductible?	6b		Νo
,	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	7a		
_	services provided to the payor?			
	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 was required to file Form 8282?	7c		
d	If "Yes," indicate the number of Forms 8282 filed during the year			
u	Ti res, indicate the number of forms 6262 filed during the year			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit			
	contract?	7e		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as	_		
	required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a	7h		
	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did			
•	the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess			
	business holdings at any time during the year?	8		Νo
)	Sponsoring organizations maintaining donor advised funds.			
а	Did the organization make any taxable distributions under section 4966?	9a		Νo
	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		No
.0	Section 501(c)(7) organizations. Enter			.,,
	Initiation fees and capital contributions included on Part VIII, line 12 10a			
D	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
1	Section 501(c)(12) organizations. Enter			
	Gross income from members or shareholders			
D	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)			
_				
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		Νο
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the			
2	year			
.3	Section 501(c)(29) qualified nonprofit health insurance issuers. Is the organization licensed to issue qualified health plans in more than one state?			
а	Note. All 501(c)(29) organizations must list in Schedule O each state in which they are licensed to issue			
	qualified health plans, the amount of reserves required by each state, and the amount of reserves the organization	13-		NI -
	allocated to each state	13a		Νο
b	Enter the aggregate amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans 13b			
_	the states in which the organization is needsed to issue qualified health plans			
C	Enter the aggregate amount of reserves on hand 13c			
.4a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		Νo
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b		Νο

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

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

	Check if Schedule O contains a response to any question in this Part VI	<u> </u>	٠١٠	
_Se	ection A. Governing Body and Management			1
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year			
b	Enter the number of voting members included in line 1a, above, who are independent			
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		No
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		No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		No
5	Did the organization become aware during the year of a significant diversion of the organization's assets? .	5		No
6	Did the organization have members or stockholders?	6	Yes	
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a	Yes	
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b		Νo
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following			
а	The governing body?	8a	Yes	
b	Each committee with authority to act on behalf of the governing body?	8b	Yes	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		No
	ection B. Policies (This Section B requests information about policies not required by the Internal			
<u></u>	evenue Code.)		Yes	No
100	Did the organization have local chapters, branches, or affiliates?	10a	165	No
	If "Yes," did the organization have written policies and procedures governing the activities of such chapters,	104		NO
	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		No
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Yes	
b	Describe in Schedule O the process, if any, used by the organization to review the Form 990			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Yes	
b	Were officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes	
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	12c	Yes	
13	Did the organization have a written whistleblower policy?	13	Yes	
14	Did the organization have a written document retention and destruction policy?	14		No
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		No
b	Other officers or key employees of the organization	15b		No
	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		No
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its			
	participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	16b		No
Se	ection C. Disclosure			•
17	List the States with which a copy of this Form 990 is required to be filed▶			

Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c) (3)s only) available for public inspection. Indicate how you made these available. Check all that apply

Own website Another's website V Upon request

- Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, and financial statements available to the public. See Additional Data Table
- State the name, physical address, and telephone number of the person who possesses the books and records of the organization 🕨 20 RISE QUINN

1505 SW FAIRLAWN RD

TOPEKA, KS 666042411

(785) 273-1260

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

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

1a Complete this table for all persons required to be listed Report compensation for the calendar year ending with or within the organization's tax year

- ◆ List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation, and **current** key employees Enter -0- in columns (D), (E), and (F) if no compensation was paid
- List all of the organization's current key employees, 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, or highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations

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

◆ 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) Name and Title	(B) Average hours per week (describe hours	Position more unles an	on (de thai	c) o not n one son er ar	t che e bo: is bo nd a itee)	eck x, oth	T	(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
	for related organizations in Schedule O)	Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former			organizations
(1) STEVE SIEMIENIEWSKI Director	0 00	х						0	0	0
(2) JOHN FIEDLER Director	0 00	Х						0	0	0
(3) MARK PRELLWITZ Director	0 00	Х						0	0	0
(4) MARK BOLING Director	0 00	×						0	0	0
(5) KEVIN GARNER Director	0 00	×						0	0	0
(6) LINDA CARRENO SECRETARY/TREAS	1 00	х		Х				0	0	0
(7) HAROLD RAMSEY Director	0 00	х						0	0	0
(8) GARY PASHMAN Director	0 00	х						0	0	0
(9) DAVID CARRENO Director	0 00	х						0	0	0
(10) CHERYL MERRILL Director	0 00	х						0	0	0
(11) CHARLIE NATIONS VICE CHAIR	1 00	Х		Х				0	0	0
(12) KEITH KERNS Chairman	1 00	Х		Х				0	0	0
(13) MIKE PRESSGROVE Past Chairman	1 00	х		Х				0	0	0
(14) RYAN PASSOW Director	0 00	Х						0	0	0
(15) JAY NELSON Director	0 00	х						0	0	0
(16) LONNIE COHEN Executive Direc	40 00			х				55,116	0	11,521

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

	(A) Name and Title	(B) Average hours per	Positi more unles	on (d e tha	n one	e bo	х,		(D) Reportable compensation from the	(E) Reportable compensation from related		(F) Estima imount o compens	ated fother
		week (describe		offic ector)		organization (W 2/1099-MISC) (W- 2/1099-		from t rganızatı	on and
		hours for related organizations in Schedule O)	Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former		MISC)		relati organiza	
1b	Sub-Total				•	•		•					
С .	Total from continuation sheets	to Part VII, Sec	tion A	• •	•	•		-	55,11	-			11,521
2	Total (add lines 1b and 1c). Total number of individuals (incl \$100,000 of reportable compen	•				• ted	above)		·				11,321
3	Did the organization list any for i on line 1a? <i>If</i> "Yes," complete Sci	·							or highest compe	nsated employee	3	Yes	No No
4	For any individual listed on line corganization and related organize individual	ations greater th	nan \$15	•	071	f "Y •	es," co • •	mple •	ete Schedule J for s	uch	4		No
5	Did any person listed on line 1a services rendered to the organiz								_	or individual for	5		No
Se	ection B. Independent Con	tractors											
1	Complete this table for your five \$100,000 of compensation from or within the organization's tax y	the organizatio ear								dıng with			
	Nam	(A) ne and business add	lress						De	(B) scription of services		(C Compen	

2 Total number of independent contractors (including but not limited to those listed above) who received more than

\$100,000 of compensation from the organization \blacktriangleright 0

Part /	<u> </u>	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
##	1a	Federated campaigns 1a				
至量	ь	Membership dues 1b				
عَق	l c	Fundraising events 1c	-			
± 20 ± 20 ± 20 ± 20 ± 20 ± 20 ± 20 ± 20	d	Related organizations 1d	-			
ᅙᆖ			-			
설등	е		<u>- </u>			
율등	f	All other contributions, gifts, grants, and similar amounts not included above	_			
ē€	g	Noncash contributions included in				
Ęĕ		lines 1a-1f \$				
Contributions, gifts, grants and other similar amounts	h	Total. Add lines 1a-1f	12,680			
		Business Code				
Ĕ	2a	PARADE OF HOMES	7,200	7,200		
<u>ş</u>	ь	MEMBERSHIP MEETING	3,434	3,434		
å≛ av			,	· · ·		
Š	C	Membership Dues & Assessments	70,826	70,826		
Ŕ	d	HOME SHOW	123,426	123,426		
Ξ	e					
Program Service Revenue	f	All other program service revenue				
<u>&</u>	_	Total. Add lines 2a-2f	204,886			
	g 3		204,880			
		Investment income (including dividends, interest	3,500			3,500
	١,	and other similar amounts) Income from investment of tax-exempt bond proceeds	0			
	5		0			
	3	Royalties	Ů			
	6a	(i) Real (ii) Personal Gross rents 25,800	-			
	ь	Less rental 22,541	-			
	"	expenses	_			
	C	Rental income 3,259 or (loss)				
	d	Net rental income or (loss)	3,259			3,259
		(ı) Securities (ıı) O ther				
	7a	Gross amount 408,461 from sales of				
		assets other				
	ь	than inventory Less cost or 399,016	-			
	"	other basis and				
	_c	sales expenses Gain or (loss) 9,445	-			
	d	Net gain or (loss)	9,445			9,445
	8a	Gross income from fundraising	,			,
Φ		events (not including				
둤		\$				
> 0		of contributions reported on line 1c) See Part IV, line 18				
ά		a 17,329				
Other Revenue	ь	Less direct expenses b 10,574	-			
₹	c	Net income or (loss) from fundraising events .	6,755			6,755
	9a	Gross income from gaming activities				
		See Part IV, line 19				
		а				
	b	Less direct expenses b				
	С	Net income or (loss) from gaming activities	0			
	10a	Gross sales of inventory, less				
		returns and allowances .				
	ь	Less cost of goods sold b	┪			
	٥	Net income or (loss) from sales of inventory				
	Ť	Miscellaneous Revenue Business Code				
	11a	HOME SHOW SPONSORSHIPS	34,385			34,385
	ь		· ·		5,615	, -
		ADVERTISING 51119	3,313		2,113	
	°	A Hashbar gaves				
	d	All other revenue				
	e	Total. Add lines 11a-11d	40,000			
	12	Total revenue. See Instructions				
	**	lotal revenue. See Instructions	280,525	204,886	5,615	57,344

Part IX Statement of Functional Expenses

combined educational campaign and fundraising solicitation

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) ~ Check if Schedule O contains a response to any question in this Part IX (B) (C) (D) Do not include amounts reported on lines 6b, (A) Program service Management and Fundraising Total expenses 7b, 8b, 9b, and 10b of Part VIII. expenses general expenses expenses Grants and other assistance to governments and organizations in the United States See Part IV, line 21 2,500 Grants and other assistance to individuals in the United States See Part IV, line 22 4,500 3 Grants and other assistance to governments, organizations, and individuals outside the United States See Part IV, lines 15 and 16 Benefits paid to or for members 0 5 Compensation of current officers, directors, trustees, and 55,116 key employees . . . Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) . . . 0 7 Other salaries and wages 47,441 Pension plan contributions (include section 401(k) and section 403(b) employer contributions) 2,783 19,781 Other employee benefits 9,197 10 Fees for services (non-employees) 11 Management 0 35 Legal 2,085 Accounting 0 Lobbying Professional fundraising See Part IV, line 17 . . 0 2,050 Investment management fees g 0 Advertising and promotion . . . 1,894 12 Office expenses 1,531 13 14 Information technology 0 0 15 Royalties . . 0 16 6,015 17 Payments of travel or entertainment expenses for any federal, 18 state, or local public officials 0 0 19 Conferences, conventions, and meetings 50 20 0 21 Payments to affiliates 22 Depreciation, depletion, and amortization 2,128 759 23 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) WEB SITE & INTERNET 6,243 PARADE OF HOMES 6,325 KBIA DUES 9,110 d HOME SHOW 27,542 BOARD & MEMBERSHIP MEETINGS 20,695 All other expenses 30,487 25 Total functional expenses. Add lines 1 through 24f 258,267 0 0 0 Joint costs. Check here ► 🗆 If following SOP 98-2 (ASC 958-720) Complete this line only if the organization reported in column (B) joint costs from a

Pa	ITU X	Balance Sneet	(A) Beginning of year		(B) End of year
	1	Cash—non-interest-bearing	34,798	1	17,643
	2	Savings and temporary cash investments		2	0
	3	Pledges and grants receivable, net		3	0
	4	Accounts receivable, net	12,074	4	23,081
	5	Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of			<u> </u>
		Schedule L		5	0
	6	Receivables from other disqualified persons (as defined under section $4958(f)(1)$) and persons described in section $4958(c)(3)(B)$ Complete Part II of			
		Schedule L		6	0
Assets	7	Notes and loans receivable, net		7	0
Š	8	Inventories for sale or use		8	0
⋖	9	Prepaid expenses and deferred charges		9	0
	10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D 397,607			
	ь	Less accumulated depreciation 10b 277,689	125,220	10c	119,918
	11	Investments—publicly traded securities	138,044	11	148,589
	12	Investments—other securities See Part IV, line 11		12	0
	13	Investments—program-related See Part IV, line 11		13	0
	14	Intangible assets	185	14	185
	15	Other assets See Part IV, line 11	25	15	65
	16	Total assets. Add lines 1 through 15 (must equal line 34)	310,346	16	309,481
	17	Accounts payable and accrued expenses .	4,439	17	3,917
	18	Grants payable		18	
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities		20	
ιΛ.	21	Escrow or custodial account liability Complete Part IV of Schedule D		21	
Liabilities	22	Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified			
аþ		persons Complete Part II of Schedule L		22	
Ξ	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 (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X of Schedule	67,350	25	65,798
	36	D	71,789	26	69,715
	26	Total liabilities. Add lines 17 through 25	71,700	26	03,713
ces		Organizations that follow SFAS 117, check here ▶ ☐ and complete lines 27 through 29, and lines 33 and 34.			
<u>a</u>	27	Unrestricted net assets		27	
ä	28	Temporarily restricted net assets		28	
Z	29	Permanently restricted net assets		29	
or Fund Balance		Organizations that do not follow SFAS 117, check here ▶ 🔽 and complete lines 30 through 34.			
	30	Capital stock or trust principal, or current funds		30	
Assets	31	Paid-in or capital surplus, or land, building or equipment fund	131,902	31	131,902
	32	Retained earnings, endowment, accumulated income, or other funds	106,655	32	107,864
¥	33	Total net assets or fund balances	238,557	33	239,766
~	34	Total liabilities and net assets/fund balances	310,346	34	309,481

Pal	Check if Schedule O contains a response to any question in this Part XI		•	. F	
1	Total revenue (must equal Part VIII, column (A), line 12)	1		2	280,525
2	Total expenses (must equal Part IX, column (A), line 25)	2		2	258,267
3	Revenue less expenses Subtract line 2 from line 1	3			22,258
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		2	238,557
5	Other changes in net assets or fund balances (explain in Schedule O)	5			-21,049
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		2	239,766
Pai	rt XIII Financial Statements and Reporting				
	Check if Schedule O contains a response to any question in this Part XII				•
				Yes	No
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?		2a		No
b	Were the organization's financial statements audited by an independent accountant?	[2b		Νo
c	If "Yes," to 2a or 2b, does the organization have a committee that assumes responsibility for oversight of th 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	e	2c		Νο
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were isson a separate basis, consolidated basis, or both Separate basis Consolidated basis Both consolidated and separated basis	sued			
3a	,		3a		No
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the reaudit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	quired	3b		Νο

Additional Data

Software ID: 11000144

Software Version: 2011v1.2

EIN: 48-0682233

Name: HOME BUILDERS ASSOCIATION OF TOPEKA INC

Form 990, Special Condition Description:

Special Condition Description

DLN: 93493320071442

OMB No 1545-0047

SCHEDULE C

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Political Campaign and Lobbying Activities For Organizations Exempt From Income Tax Under section 501(c) and section 527

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

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

- ◆ 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

If the organization answered "Yes," to Form 990, Part IV, Line 5 (Proxy Tax) or Form 990-EZ, line 35c (Proxy Tax), then

◆ Section 501(c)(4), (5), or (6) organizations Complete Part III

vam	e or the c	organization			
HOME	BUILDERS	ASSOCIATION	OF	TOPEKA	INC

Employer identification number

48-0682233

Part I-A	Complete if the or	ganization is exem	pt under section 501(C) OI	r is a section	527 organization.

- Provide a description of the organization's direct and indirect political campaign activities on behalf of or in opposition to candidates for public office in Part IV
- Political expenditures

exempt funtion activities

Volunteer hours

- Part I-B Complete if the organization is exempt under section 501(c)(3).
 - Enter the amount of any excise tax incurred by the organization under section 4955
 - Enter the amount of any excise tax incurred by organization managers under section 4955
- 3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year?
- Was a correction made?
- If "Yes," describe in Part IV Part I-C Complete if the organization is exempt under section 501(c) except section 501(c)(3).
 - Enter the amount directly expended by the filing organization for section 527 exempt function activities
- Enter the amount of the filing organization's funds contributed to other organizations for section 527
- Total exempt function expenditures Add lines 1 and 2 Enter here and on Form 1120-POL, line 17b
- Did the filing organization file Form 1120-POL for this year?

Tes ✓	V
-------	---

□ No

Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments. For each organization listed, enter the amount paid from the filing organization's funds. Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC) If additional space is needed, provide information in Part IV

(e) A mount of political (a) Name (b) Address (c) EIN (d) A mount paid from contributions received filing organization's and promptly and funds If none, enter - 0 directly delivered to a separate political organization If none, enter -0-

Sch	edule C (Form 990 or 990-EZ) 2011					Page 2
Pa	rt II-A Complete if the organization under section 501(h)).	is exempt under	section 501(c)	(3) and file	ed Form 5768	(election
	Check If the filing organization belongs to a expenses, and share of excess lobb	ying expenditures)		affiliated grou	up member's nam	e, address, EIN,
<u> </u>	Limits on Lobbying E (The term "expenditures" means a	xpenditures			(a) Filing Organization's Totals	(b) Affiliated Group Totals
	Total lobbying expenditures to influence public of	pinion (grass roots lob	bying)			
ь	Total lobbying expenditures to influence a legisl	ative body (direct lobby	/ing)			
c	Total lobbying expenditures (add lines 1a and 1	b)				
d	Other exempt purpose expenditures					
e	Total exempt purpose expenditures (add lines 1	c and 1d)				
f	Lobbying nontaxable amount Enter the amount to	from the following table	ın both			
	If the amount on line 1e, column (a) or (b) is: Not over \$500,000	The lobbying nontaxa 20% of the amount on lir				
	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the	e excess over \$500,000			
	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the	e excess over \$1,000,0	00		
	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the	excess over \$1,500,00			
	Over \$17,000,000	\$1,000,000				
	Grassroots nontaxable amount (enter 25% of lir	ne 1f)		+		1
h	Subtract line 1g from line 1a If zero or less, ent	er -0-				
i	Subtract line 1f from line 1c If zero or less, ente	er - 0 -				
j	If there is an amount other than zero on either lissection 4911 tax for this year?	ne 1h or line 1ı, did the	organization file Fo	orm 4720 repo	orting	┌ Yes ┌ No
	(Some organizations that made a columns below. See t		ection do not h r lines 2a throu	avè to con ıgh 2f on p		ne five
	Calendar year (or fiscal year beginning in)	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) Total
2a	Lobbying non-taxable amount					
ь	Lobbying ceiling amount (150% of line 2a, column(e))					
_с	Total lobbying expenditures					
d	Grassroots non-taxable amount					

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

f Grassroots lobbying expenditures

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)).

	(election under section 501(n)).	(a	(a)		(b)	
		Yes	No	,	Moun	t
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		1			
а	Volunteers?			4		
Ь	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?			4		
c	Media advertisements?					
d	Mailings to members, legislators, or the public?					
е	Publications, or published or broadcast statements?					
f	Grants to other organizations for lobbying purposes?					
g	Direct contact with legislators, their staffs, government officials, or a legislative body?					
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?					
i	Other activities? If "Yes," describe in Part IV					
j	Total lines 1c through 1i					
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?					
Ь	If "Yes," enter the amount of any tax incurred under section 4912					
С	If "Yes," enter the amount of any tax incurred by organization managers under section 4912					
	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?					
Par	t III-A Complete if the organization is exempt under section 501(c)(4), section 5501(c)(6).	01(c)(5), c	or so	ectio	n
					Yes	No
1	Were substantially all (90% or more) dues received nondeductible by members?			1		Νo
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?			2		Νo
3	Did the organization agree to carryover lobbying and political expenditures from the prior year?			3		Νo
Par	t III-B Complete if the organization is exempt under section 501(c)(4), section 5501(c)(6) if BOTH Part III-A, lines 1 and 2 are answered "No" OR if Part I answered "Yes".				ectio	n
1	Dues, assessments and similar amounts from members	1			70),82 <i>6</i>
2	Section 162(e) non-deductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).				_	
а	•	2a				5,352
b	Carryover from last year	2b				
C	Total	2c				5,352
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	3			į	5,352
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year?	4				

Part IV Supplemental Information

5 Taxable amount of lobbying and political expenditures (see instructions)

Complete this part to provide the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, and Part II-B, line 1i Also, complete this part for any additional information

Identifier Return Reference Explanation

5

efile GRAPHIC print - DO NOT PROCESS | As Filed Data -

DLN: 93493320071442

OMB No 1545-0047

Open to Public Inspection

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, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b

► Attach to Form 990. ► See separate instructions.

Name of the organization
HOME BUILDERS ASSOCIATION OF TOPEKA INC

Employer identification number

Pa	rt I Organizations Maintaining Donor Acordanization answered "Yes" to Form 99			Other Similar I		0682233 or Acco un	ı ts. Comple	te ıf the
	organización answered Tes to Form 35			used funds	1 (b) Funds an	d other accou	nts
1	Total number at end of year				<u> </u>	•		
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 advis funds are the organization's property, subject to the o	-			nor advı	sed	☐ Yes	┌ No
6	Did the organization inform all grantees, donors, and used only for charitable purposes and not for the benconferring impermissible private benefit						┌ Yes	┌ No
Par	Conservation Easements. Complete	ıf the organızatı	on a	answered "Yes"	to Form	າ 990, Part	IV, line 7.	
2	Purpose(s) of conservation easements held by the or Preservation of land for public use (e.g., recreating Protection of natural habitat Preservation of open space Complete lines 2a-2d if the organization held a quali	on or pleasure)	Γ	Preservation of a Preservation of a	certified	d historic str		a
	easement on the last day of the tax year							
	Total number of concernation accoments					Held at t	he End of the	Year
a	Total number of conservation easements Total acreage restricted by conservation easements				2a 2b			
b c	Number of conservation easements on a certified his		lude	od in (a)	2c			
d	Number of conservation easements included in (c) ac			id iii (d)	2d			
3	Number of conservation easements modified, transfe the taxable year ▶	rred, released, ext	tıngu	ushed, or terminat	ted by th	e organizatio	on during	
4	Number of states where property subject to conserva	ition easement is !	loca	ted ►				
5	Does the organization have a written policy regarding enforcement of the conservation easements it holds?		ıtorıı	ng, inspection, hai	ndling of	violations, a	nd	┌ No
6	Staff and volunteer hours devoted to monitoring, insp	ecting and enforci	ıng c	onservation ease	ments di	uring the yea	ır ►	
7	A mount of expenses incurred in monitoring, inspectings	ıg, and enforcıng c	ons	ervation easemen	ts durınç	the year		
8	Does each conservation easement reported on line 2 $170(h)(4)(B)(i)$ and $170(h)(4)(B)(ii)$?	(d) above satisfy t	the r	requirements of se	ection		☐ Yes	┌ No
9	In Part XIV, describe how the organization reports cobalance sheet, and include, if applicable, the text of the organization's accounting for conservation easem	he footnote to the						
Par	Organizations Maintaining Collectio Complete if the organization answered "				, or Otl	ner Simila	r Assets.	
1a	If the organization elected, as permitted under SFAS art, historical treasures, or other similar assets held provide, in Part XIV, the text of the footnote to its fin	for public exhibition	on, e	ducation or resea	rch ın fu			e,
b	If the organization elected, as permitted under SFAS historical treasures, or other similar assets held for provide the following amounts relating to these items	oublic exhibition, e					•	
	(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, histofollowing amounts required to be reported under SFAS				for finan			
а	Revenues included in Form 990, Part VIII, line 1					▶ \$		

b Assets included in Form 990, Part X

'ar	Organizations Maintaining Co	llections of Art	:, His	tori	<u>cal Tre</u>	easur	es, or C	the	<u>r Similar</u>	· Asse	ts (co	ntınued,
3	Using the organization's accession and othe items (check all that apply)	r records, check an	y of th	ie foll	owing th	nat are	a significa	ant u	se of its co	llection	ו	
а	Public exhibition		d	Г	Loan o	rexch	ange progi	ams				
ь	Scholarly research		e	Γ	Other							
c	Preservation for future generations											
ļ	Provide a description of the organization's co	ollections and expla	ın hov	v the	/ further	the or	ganızatıor	ı's ex	empt purp	ose in		
	During the year, did the organization solicit of assets to be sold to raise funds rather than t			,					ılar	Г	Yes	┌ No
a i	t IV Escrow and Custodial Arrang						answere	d "Y	es" to For	m 990),	
	Part IV, line 9, or reported an an		•									
а	Is the organization an agent, trustee, custod included on Form 990, Part X?	lian or other interme	ediary	for c	ontribut	ions oi	r other ass	ets i	not	Γ	Yes	┌ No
b	If "Yes," explain the arrangement in Part XI	V and complete the	follow	ıng ta	able		_					
							-	_		A mou	ınt	
с	Beginning balance						-	1c				
d	Additions during the year						-	1d				
е	Distributions during the year							1e				
f	Ending balance						L	1 f				
3	Did the organization include an amount on Fo	orm 990, Part X, line	e 21?							Γ	Yes	┌ No
Ь	If "Yes," explain the arrangement in Part XIV	1										
a	rt V Endowment Funds. Complete											
		(a)Current Year	(b)	Prior \	/ear	(c)Two	Years Back	(d)	Three Years E	Back (e)Four Ye	ears Back
	Beginning of year balance											
)	Contributions											
С	Investment earnings or losses											
d	Grants or scholarships											
е	Other expenditures for facilities and programs											
f	Administrative expenses											
g	End of year balance											
9	Provide the estimated percentage of the yea	r end halance held a						<u> </u>				
		Tena balance nela t	45									
а	Board designated or quasi-endowment											
b	Permanent endowment 🕨											
С	Term endowment ►		_ 4 4		1 1 . 1		l	J C	A.L			
а	Are there endowment funds not in the posses organization by	ssion of the organiza	ation t	tnata	ire neid	and ad	iministere	a for	tne		Yes	No
	(i) unrelated organizations									3a(i)		
	(ii) related organizations									3a(ii)		
Ь	If "Yes" to 3a(11), are the related organizatio	ns listed as require	d on S	ched	ule R?					3b		
	Describe in Part XIV the intended uses of th	<u> </u>										
<u>a</u>	t VI Land, Buildings, and Equipme	ent. See Form 99	0, Pa	rt X	line 10	0.			ı			
	Description of property) Cost or sis (invest		(b) Cost or basis (oth		(c) Accum deprecia		(d) Bo	ok value
а	Land		•				42	2,000				42,000
b	Buildings						274	1,084		204,061		70,023
С	Leasehold improvements						!	5,312		4,732		580
d	Equipment				<u> </u>		1!	5,035		11,155		3,880
e	Other						6:	L,176		57,741		3,435

119,918

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		
ther		
otal. (Column (b) should equal Form 990, Part X, col (B) line 12)		
art VIII Investments—Program Related. Se		(c) Method of valuation
(a) Description of investment type	(b) Book value	Cost or end-of-year market value
		·
	 	
Fotal. (Column (b) should equal Form 990, Part X, col (B) line 13)		
Part IX Other Assets. See Form 990, Part X, III	ne 15.	
(a) Descrip	otion	(b) Book value
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1		
Part X Other Liabilities. See Form 990, Part X (a) Description of Liability		
	(b) A mount	
ederal Income Taxes		
ENANT DEPOSITS	750	
AYROLL TAXES PAYABLE	2,085	
OME SHOW PREPAID BOOTH DEPOSITS	59,863	
ORNERSTONE PAYABLE	3,100	
Total. (Column (b) should equal Form 990, Part X, col (B) line 25)	65,798	

Pai	rt XI Reconciliation of Change in Net Assets from Form 990 to Financial Statement	ts
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 - 8	9
10	Excess or (deficit) for the year per financial statements. Combine lines 3 and 9	10
Par	t XII Reconciliation of Revenue per Audited Financial Statements With Revenue pe	er Return
1	Total revenue, gains, and other support per audited financial statements	1
2	A mounts included on line 1 but not on Form 990, Part VIII, line 12	
а	Net unrealized gains on investments	
b	Donated services and use of facilities	
c	Recoveries of prior year grants	
d	Other (Describe in Part XIV) 2d	
e	Add lines 2a through 2d	2e
3	Subtract line 2e from line 1	3
4	A mounts included on Form 990, Part VIII, line 12, but not on line 1	
а	Investment expenses not included on Form 990, Part VIII, line 7b . 4a	
b	Other (Describe in Part XIV)	
c	Add lines 4a and 4b	4c
5	Total Revenue Add lines 3 and 4c. (This should equal Form 990, Part I, line 12)	5
	Reconciliation of Expenses per Audited Financial Statements With Expenses	per Return
1	Total expenses and losses per audited financial statements	1
2	A mounts included on line 1 but not on Form 990, Part IX, line 25	
а	Donated services and use of facilities	
b	Prior year adjustments	
c	Other losses	
d	Other (Describe in Part XIV) 2d	
e	Add lines 2a through 2d	2e
3	Subtract line 2e from line 1	3
4	A mounts included on Form 990, Part IX, line 25, but not on line 1:	
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a	
b	Other (Describe in Part XIV)	
c	Add lines 4a and 4b	4c
5	Total expenses Add lines 3 and 4c. (This should equal Form 990, Part I, line 18)	5
Pai	rt 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, Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b Also complete this part to provide any additional information

Ident if ier	Return Reference	Explanat ion
Part XI, Line 8	Part XI, Line 8 Other Changes in	UNREALIZED LOSS ON INVESTMENTS \$ -20659
	Net Assets or Fund Balances	

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As Filed Data -

DLN: 93493320071442

Employer identification number

SCHEDULE G (Form 990 or 990-EZ)

Name of the organization

Department of the Treasury

licensing

Internal Revenue Service

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.

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

OMB No 1545-0047

2011

Open to Public Inspection

НОМ	E BUILDERS ASSOCIATION	ON OF TOPEKA INC				48	-0682233		
Pa	tt I Fundraising Act	t ivities. Complete	e if the c	organiza	tion answered "Yes'	' to Form 99	0, Part IV	, lıne 17.	
	Indicate whether the organ Mail solicitations Internet and e-mail so Phone solicitations In-person solicitations Did the organization have a or key employees listed in If "Yes," list the ten highes to be compensated at leas	licitations a written or oral agre Form 990, Part VII) t paid individuals or	ement wi or entity entities (e f g th any ind v in conne (fundraise	Solicitation of no Solicitation of go Special fundrais Invidual (including officition with professional ers) pursuant to agreer	on-governmer overnment gra ing events ers, directors I fundraising s nents under w	nt grants ints , trustees ervices? thich the fun		▼ No
(i) Name and address of individual or entity (fundraiser)		(ii) Activity	(iii) Did fundraiser have custody or control of contributions? Yes No		(iv) Gross receipts from activity	(v) A mour (or retar fundraiser col	ned by) · listed in	(vi) A mount paid to (or retained by) organization	
Гotа	1								

List all states in which the organization is registered or licensed to solicit funds or has been notified it is exempt from registration or

Pa	rt II	Fundraising Events. Com more than \$15,000 on Form							
			(a) Event #1 AMC PLAY DAY (event type)	(b) Event #2	(c) O ther Events	(d) Total Events (Add col (a) through col (c))			
<u>Ф</u>			16,714		(cotal namber)	16,714			
Revenue	1 2	Gross receipts Less Charitable	10,71			10,714			
	contributions								
	Gross income (line 1 minus line 2)		16,714	1		16,714			
ú	4 Cash prizes								
	5	Non-cash prizes							
Expenses	6	Rent/facility costs							
쯊	7	Food and beverages							
Direct	8	Entertainment							
à	9	Other direct expenses .	9,879)		9,879			
	10	10 Direct expense summary Add lines 4 through 9 in column (d)			🛌	(9,879)			
	11	6,835							
Revenue	t III	Gaming. Complete if the or \$15,000 on Form 990-EZ, lir	ne 6a. (a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) O ther gaming	(d) Total gaming (Add col (a) through col (c))			
Rey									
	1	Gross revenue							
Ses	2	Cash prizes							
Expenses	3	Non-cash prizes							
	4	Rent/facility costs							
Direct	5	Other direct expenses							
	6	Volunteer labor	Г Yes Г No	┌ Yes ┌ No	┌ Yes ┌ No				
	7	()							
	8								
9	Ente	nter the state(s) in which the organization operates gaming activities s the organization licensed to operate gaming activities in each of these states?							
а	Is t								
b	If"N	If "No," Explain							
						I			
10a		e any of the organization's gaming l	licenses revoked, susper	ided or terminated during	the tax year?	· · Fyes Fno			
b	If"Y	res," Explain							

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As Filed Data -

DLN: 93493320071442

SCHEDULE O (Form 990 or 990-

EZ)

Name of the organization

HOME BUILDERS ASSOCIATION OF TOPEKA INC

Department of the Treasury

Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

2011

OMB No 1545-0047

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

FAttach to Form 990 or 990-EZ.

Open to Public Inspection

Employer identification number

		48-0682233
-	T	
ldentifier	Return Reference	Explanation
	SCHEDULE C, PART III-B	THE LOBBYING EXPENSES REPORTED ON SCHEDULE C, PART III REPRESENT THE NON-DEDUCTIBLE PORTION OF DUES THAT ARE PAID FOR EACH MEMBER TO BELONG TO STATE AND NATIONAL BUILDERS INDUSTRY ASSOCIATIONS
Form 990, Part VI, Line 19	Form 990, Part VI, Line 19 Other Organization Documents Publicly Available	GOVERNING DOCUMENTS AND THE CONFLICT OF INTEREST POLICY ARE AVAILABLE UPON REQUEST DISCLOSURE OF THE FINANCIAL STATEMENTS IS AT THE DISCRETION OF THE EXECUTIVE DIRECTOR AND BOARD OF DIRECTORS ANNUAL FINANCIAL INFORMATION IS REPORTED ON THE 990, WHICH IS AVAILABLE UPON REQUEST
Form 990, Part VI, Line 12c	Form 990, Part VI, Line 12c Explanation of Monitoring and Enforcement of Conflicts	THE EXECUTIVE DIRECTOR AND MEMBERS OF THE BOARD OF DIRECTORS ANNUALLY COMPLETE A CONFLICT OF INTEREST QUESTIONNAIRE
Form 990, Part VI, Line 11	Form 990, Part VI, Line 11 Form 990 Review Process	A DRAFT FORM OF THE 990 IS DISTRIBUTED TO MEMBERS OF THE BOARD OF DIRECTORS VIA E-MAIL BEFORE IT IS FILED
Form 990, Part VI, Line 6	Form 990, Part VI, Line 6 Explanation of Classes of Members or Shareholder	THE ORGANIZATION IS A NONSTOCK CORPORATION THAT HAS MEMBERS THERE ARE TWO CLASSES OF MEMBERSHIPS BUILDER MEMBERS THAT WORK IN THE BUILDING INDUSTRY AND ASSOCIATE MEMBERS THAT WORK IN RELATED INDUSTRIES BOTH CLASSES OF MEMBERSHIPS HAVE VOTING PRIVILEGES TO DETERMINE THE BOARD OF DIRECTORS, HOWEVER, ONLY THE BUILDER MEMBERS MAY VOTE TO AMEND THE ORGANIZATION'S CONSTITUTION THE MEMBERS ARE DETERMINED BY THE BOARD OF DIRECTORS
Form 990, Part III, Line 4d	Form 990, Part III, Line 4d Other Program Services Description	OTHER PROGRAM SERVICES 4 DONATIONS TO NORTHEAST KANSAS CHARITIES, TO FURTHER THE ORGANIZATION'S PURPOSE OF ENHANCING THE HOME BUILDING INDUSTRY