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Form 990-EZ

Short Form

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

Sponsoring organizations of donor advised funds, organizations that operate one or more hospital facilities, and certain controlling organizations as defined in section 512(b)(13) must file Form 990 (see instructions) All other organizations with gross receipts less than \$200,000 and total assets less than \$500,000 at the end of the year may use this form

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

OMB No 1545-1150

2011

Open to Public Inspection

Department of the Treasury Internal Revenue Service

A For the 2011 calendar year, or tax year beginning 01-01-2011, and ending 12-31-2011

- B Check if applicable: Address change, Name change, Initial return, Terminated, Amended return, Application pending

C Name of organization: KLAMATH BASIN HOMEBUILDERS. Number and street (or P O box, if mail is not delivered to street address) Room/suite: 205 RIVERSIDE DRIVE SUITE G. City or town, state or country, and ZIP + 4: KLAMATH FALLS, OR 97601

D Employer identification number: 93-0631567. E Telephone number: (541) 884-8570. F Group Exemption Number

G Accounting method: [X] Cash [ ] Accrual [ ] Other (specify)

H Check [X] if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF)

I Website: WWW.KBHBA.ORG

J Tax-Exempt status (check only one): [ ] 501(c)(3) [X] 501(c)(6) (insert no ) [ ] 4947(a)(1) or [ ] 527

K Check [ ] if the organization is not a section 509(a)(3) supporting organization or a section 527 organization and its gross receipts are normally not more than \$50,000 A Form 990-EZ or Form 990 return is not required though Form 990-N (e-postcard) may be required (see instructions) But if the organization chooses to file a return, be sure to file a complete return

L Add lines 5b, 6c, and 7b, to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets (Part II, line 25, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ \$ 133,751

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See the instructions for Part I)

Check if the organization used Schedule O to respond to any question in this Part I [X]

Table with 21 rows and 3 columns: Description, Sub-row, Amount. Rows include Revenue (1-9), Expenses (10-17), and Net Assets (18-21). Total revenue is 100,307 and total expenses is 99,595.

**Part II Balance Sheets**

Check if the organization used Schedule O to respond to any question in this Part II

(See the instructions for Part II )

	(A) Beginning of year		(B) End of year
<b>22</b> Cash, savings, and investments . . . . .	106,522	<b>22</b>	113,890
<b>23</b> Land and buildings . . . . .		<b>23</b>	
<b>24</b> Other assets (describe in Schedule O) . . . . .	2,519	<b>24</b>	618
<b>25 Total assets</b> . . . . .	109,041	<b>25</b>	114,508
<b>26 Total liabilities</b> (describe in Schedule O) . . . . .	19,805	<b>26</b>	24,560
<b>27 Net assets or fund balances</b> (line 27 of column (B) <b>must</b> agree with line 21) . . . . .	89,236	<b>27</b>	89,948

**Part III Statement of Program Service Accomplishments**

Check if the organization used Schedule O to respond to any question in this Part III

**Expenses**  
(Required for section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts, optional for others )

What is the organization's primary exempt purpose?

PROVIDE INFORMATION AND EDUCATION

Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title

**28** See Additional Data Table

(Grants \$ ) If this amount includes foreign grants, check here  **28a**

**29**

(Grants \$ ) If this amount includes foreign grants, check here  **29a**

**30**

(Grants \$ ) If this amount includes foreign grants, check here  **30a**

**31** Other program services (describe in Schedule O) . . . . .

(Grants \$ ) If this amount includes foreign grants, check here  **31a**

**32 Total program service expenses** (add lines 28a through 31a) . . . . . **32**

**Part IV List of Officers, Directors, Trustees, and Key Employees.** List each one even if not compensated (See the instructions for Part IV)

Check if the organization used Schedule O to respond to any question in this Part IV

(a) Name and address	(b) Title and average hours per week devoted to position	(c) Compensation (If not paid, enter -0-.)	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
See Additional Data Table				

Part V Other Information (Note the statement requirements in the instructions for Part V.)

Check if the organization used Schedule O to respond to any question in this Part V

Form 990-EZ (2011) questions 33-45b regarding significant activities, changes, income, and organizational details.

Table with columns for question number, Yes, and No, corresponding to questions 33 through 45b.

**Yes** **No**

**46** Did the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I

<b>46</b>		
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**Part VI Section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts only.**

All section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts must answer questions 47-49b and 52.

Check if the organization used Schedule O to respond to any question in this Part VI

**Yes** **No**

**47** 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

<b>47</b>		
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**48** Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E

<b>48</b>		
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**49a** Did the organization make any transfers to an exempt non-charitable related organization?

<b>49a</b>		
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**b** If "Yes," was the related organization a section 527 organization?

<b>49b</b>		
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**50** Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter "None"

(a) Name and address of each employee paid more than \$100,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances

**f** Total number of other employees paid over \$100,000 ▶ \_\_\_\_\_

**51** Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None"

(a) Name and address of each independent contractor paid more than \$100,000	(b) Type of service	(c) Compensation

**d** Total number of other independent contractors each receiving over \$100,000 ▶ \_\_\_\_\_

**52** Did the organization complete Schedule A? **NOTE:** All Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A  Yes  No

**Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.**

<b>Sign Here</b>	***** Signature of officer Date <span style="float: right;">2012-05-15</span>
	RACHAEL SPOON, EXECUTIVE DIRECTOR Type or print name and title

<b>Paid Preparer's Use Only</b>	Preparer's signature ▶ ISLER OF KLAMATH FALLS LLC Date	Check if self-employed <input type="checkbox"/>	Preparer's taxpayer identification number (See instructions) P00132255
	Firm's name (or yours if self-employed), address, and ZIP + 4 ISLER OF KLAMATH FALLS LLC 626 S SEVENTH STREET KLAMATH FALLS, OR 976016224		EIN ▶ 20-4686385 Phone no ▶ (541) 882-2575

May the IRS discuss this return with the preparer shown above? See instructions  Yes  No



**Form 990EZ, Part IV - List of Officers, Directors, Trustees, and Key Employees**

<b>(A) Name and address</b>	<b>(B) Title and average hours per week devoted to position</b>	<b>(C) Compensation (If not paid, enter -0-.)</b>	<b>(D) Contributions to employee benefit plans &amp; deferred compensation</b>	<b>(E) Expense account and other allowances</b>
CARY BRENNAN 150 EAST MAIN KLAMATH FALLS, OR 97601	TREASURER 1 00	0	0	0
MYRA SCHEL B 6076 WASHBURN WAY KLAMATH FALLS, OR 97603	SECRETARY 1 00	0	0	0
BILL TRENT O 747 RUSSELL KLAMATH FALLS, OR 97603	PRESIDENT 1 00	0	0	0
COURTNEY FORNEY 2333 SUMMERS LANE KLAMATH FALLS, OR 97603	VICE PRESIDENT 1 00	0	0	0
GARY TURNER 2052 WASHBURN WAY KLAMATH FALLS, OR 97601	DIRECTOR 1 00	0	0	0
TOM DECKER PO BOX 310 KLAMATH FALLS, OR 97601	ASSOCIATE VICE PRESIDENT 1 00	0	0	0
RACHAEL SPOON 3878 RIO VISTA WAY KLAMATH FALLS, OR 97603	EXECUTIVE OFFICER 40 00	36,500	0	0
SCOTT ALLEN 7390 SOUTH SIXTH STREET KLAMATH FALLS, OR 97603	DIRECTOR 1 00	0	0	0
TONI HAND 3437 SMALL COURT KLAMATH FALLS, OR 97603	DIRECTOR 1 00	0	0	0
HEATHER CURTIS 2972 SOUTH SIXTH STREET KLAMATH FALLS, OR 97603	DIRECTOR 1 00	0	0	0
DAN WIARD 4030 BRISTOL AVENUE KLAMATH FALLS, OR 97603	DIRECTOR 1 00	0	0	0
RICH SCHMERBACH 1916 VINE STREET KLAMATH FALLS, OR 97601	DIRECTOR 1 00	0	0	0

SCHEDULE G (Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities

OMB No 1545-0047

2011

Open to Public Inspection

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.

Department of the Treasury Internal Revenue Service

Name of the organization KLAMATH BASIN HOMEBUILDERS

Employer identification number 93-0631567

Part I Fundraising Activities. Complete if the organization answered "Yes" to Form 990, Part IV, line 17.

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

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

2a 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. Form 990-EZ filers are not required to complete this table.

Table with 6 columns: (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.

3 List all states in which the organization is registered or licensed to solicit funds 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 on Form 990-EZ, line 6a. List events with gross receipts greater than \$5,000.

		(a) Event #1	(b) Event #2	(c) Other Events	(d) Total Events
		<u>HOME SHOW</u> (event type)	<u>GOLF TOURNAMENT &amp; EDUCATION</u> (event type)	<u>3</u> (total number)	(Add col (a) through col (c))
<b>Revenue</b>	<b>1</b> Gross receipts . . . . .	63,359	18,305		81,664
	<b>2</b> Less Charitable contributions . . . . .				
	<b>3</b> Gross income (line 1 minus line 2) . . . . .	63,359	18,305		81,664
<b>Direct Expenses</b>	<b>4</b> Cash prizes . . . . .				
	<b>5</b> Non-cash prizes . . . . .				
	<b>6</b> Rent/facility costs . . . . .	8,791	2,979		11,770
	<b>7</b> Food and beverages . . . . .				
	<b>8</b> Entertainment . . . . .				
	<b>9</b> Other direct expenses . . . . .	11,100	9,176		20,276
	<b>10</b> Direct expense summary Add lines 4 through 9 in column (d) . . . . . ▶				( 32,046 )
<b>11</b> Net income summary Combine lines 3 and 10 in column (d) . . . . . ▶				49,618	

**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))
<b>Revenue</b>	<b>1</b> Gross revenue . . . . .				
<b>Direct Expenses</b>	<b>2</b> Cash prizes . . . . .				
	<b>3</b> Non-cash prizes . . . . .				
	<b>4</b> Rent/facility costs . . . . .				
	<b>5</b> Other direct expenses . . . . .				
	<b>6</b> 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	
<b>7</b> Direct expense summary Add lines 2 through 5 in column (d) . . . . . ▶				( )	
<b>8</b> Net gaming income summary Combine lines 1 and 7 in column (d) . . . . . ▶					

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

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

<b>a</b> The organization's facility	<b>13a</b>
<b>b</b> An outside facility	<b>13b</b>

**14** Provide 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

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 distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$ \_\_\_\_\_

**Part IV** Complete this part to provide additional information for responses to question on Schedule G (see instructions.)

Identifier	ReturnReference	Explanation
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**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 to provide any additional information.**  
▶ **Attach to Form 990 or 990-EZ.**

OMB No 1545-0047

**2011**

**Open to Public  
Inspection**

Name of the organization  
KLAMATH BASIN HOMEBUILDERS

**Employer identification number**

93-0631567

Identifier	Return Reference	Explanation
OTHER INVESTMENT INCOME	FORM 990-EZ, PART I, LINE 4	514
PAYMENTS TO AFFILIATES	FORM 990-EZ, PART I, LINE 10	AFFILIATE NAME NATIONAL ASSOCIATION OF HOME BUILDERS AFFILIATE ADDRESS 1201 15TH ST NW WASHINGTON DC, WA 20005 PURPOSE OF PAYMENT DUES AMOUNT OF PAYMENT 15,900
PAYMENTS TO AFFILIATES	FORM 990-EZ, PART I, LINE 10	AFFILIATE NAME OREGON HOME BUILDERS ASSOCIATION AFFILIATE ADDRESS 375 TAYLOR ST NE SALEM, OR 97303 PURPOSE OF PAYMENT DUES AMOUNT OF PAYMENT 11,440 TOTAL INCLUDED ON FORM 990-EZ, LINE 10 27,340
GRANTS AND SIMILAR AMOUNTS PAID	FORM 990-EZ, PART I, LINE 10	ACTIVITY CLASSIFICATION EDUCATION GRANTEE NAME PORTLAND STATE UNIVERSITY GRANTEE ADDRESS P O BOX 851 PORTLAND, OR 97207 GRANTEE RELATIONSHIP NONE PROPERTY DESCRIPTION CASH DATE OF GIFT 09/26/11 AMOUNT GIVEN 750
GRANTS AND SIMILAR AMOUNTS PAID	FORM 990-EZ, PART I, LINE 10	ACTIVITY CLASSIFICATION EDUCATION GRANTEE NAME OREGON INSTITUTE OF TECHNOLOGY GRANTEE ADDRESS 3201 CAMPUS DRIVE KLAMATH FALLS, OR 97601 GRANTEE RELATIONSHIP NONE PROPERTY DESCRIPTION CASH DATE OF GIFT 12/15/11 AMOUNT GIVEN 750 TOTAL INCLUDED ON FORM 990-EZ, LINE 10 1,500
OCCUPANCY, RENT, UTILITIES AND MAINTENANCE	FORM 990-EZ, PART I, LINE 14	DESCRIPTION DEPRECIATION AMOUNT 881 DESCRIPTION OTHER EXPENSES AMOUNT 7,104 TOTAL TO FORM 990-EZ, LINE 14 7,985
OTHER EXPENSES	FORM 990-EZ, PART I, LINE 16	DESCRIPTION MEMBER PROGRAM EXPENSES AMOUNT 9,102 DESCRIPTION NEWSLETTER/DIRECTORY COSTS AMOUNT 955 DESCRIPTION OFFICE EXPENSE AMOUNT 5,249 DESCRIPTION REIMBURSED AUTO AND MEALS AMOUNT 555 DESCRIPTION PERSONAL PROPERTY TAXES AMOUNT 105 DESCRIPTION COMMUNITY SUPPORT AMOUNT 70 DESCRIPTION PAYROLL TAXES AMOUNT 3,774 DESCRIPTION WORKERS COMP INSURANCE AMOUNT 946 DESCRIPTION INSURANCE AMOUNT 484 DESCRIPTION OTHER PAYROLL AMOUNT 1,774 DESCRIPTION PENALTY AMOUNT 21 TOTAL TO FORM 990-EZ, LINE 16 23,035
OTHER ASSETS	FORM 990-EZ, PART II, LINE 24	DESCRIPTION ESTIMATED TAX PAYMENTS BEG OF YEAR AMOUNT 1,020 END OF YEAR AMOUNT 0 DESCRIPTION OTHER DEPRECIABLE ASSETS BEG OF YEAR AMOUNT 1,499 END OF YEAR AMOUNT 618
OTHER LIABILITIES	FORM 990-EZ, PART II, LINE 26	DESCRIPTION DEPOSITS BEG OF YEAR AMOUNT 17,987 END OF YEAR AMOUNT 24,491 DESCRIPTION PAYROLL LIABILITIES BEG OF YEAR AMOUNT 1,818 END OF YEAR AMOUNT 69

**TY 2011 Transfers Personal Benefits  
Contracts Declaration**

**Name:** KLAMATH BASIN HOMEBUILDERS

**EIN:** 93-0631567

**Declaration:** THE ORGANIZATION DID NOT, DURING THE YEAR, RECEIVE ANY FUNDS, DIRECTLY,OR INDIRECTLY, TO PAY PREMIUMS ON A PERSONAL BENEFIT CONTRACT.THE ORGANIZATION, DID NOT, DURING THE YEAR, PAY ANY PREMIUMS, DIRECTLY,OR INDIRECTLY, ON A PERSONAL BENEFIT CONTRACT.