



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



Part II Balance Sheets (see the instructions for Part II)

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

	(A) Beginning of year	(B) End of year
22 Cash, savings, and investments	48,100	22 9,470
23 Land and buildings		23
24 Other assets (describe in Schedule O)	2,247	24 7,924
25 Total assets	50,347	25 17,394
26 Total liabilities (describe in Schedule O)	5,418	26 9,064
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	44,929	27 8,330

Part III Statement of Program Service Accomplishments (see the instructions for Part III)

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

What is the organization's primary exempt purpose?

CREATE A CLIMATE IN THE REGION THAT ENCOURAGES BUILDING THROUGH DECREASED REGULATIONS AND LOWER FEES, AS WELL AS MORE GOVERNMENTAL ACCOUNTABILITY, TRANSPARENCY AND EFFICIENCY AND TO PROMOTE THE SIGNIFICANT ROLE OF THE BUILDING INDUSTRY TO THE ELECTED OFFICIALS IN THE COMMUNITY

Expenses
(Required for section 501(c)(3) and 501(c)(4) organizations, optional for others)

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 THE ORGANIZATION HOLDS QUARTERLY NETWORKING EVENTS FOR MEMBERS OF THE COMMERCIAL REAL ESTATE AND CONSTRUCTION INDUSTRIES TO GATHER AND DISCUSS RELATED ISSUES IN THE REGION (Grants \$ 0) If this amount includes foreign grants, check here <input type="checkbox"/>	28a	0
29 DISTRIBUTION OF A NEWSLETTER TO ITS MEMBERS (Grants \$ 0) If this amount includes foreign grants, check here <input type="checkbox"/>	29a	0
30 FORMED VOLUNTARY MEMBER COMMITTEES TO ENHANCE AND PROMOTE THE ADVOCACY EFFORTS OF THE ASSOCIATION (Grants \$ 0) If this amount includes foreign grants, check here <input type="checkbox"/>	30a	0
31 Other program services (describe in Schedule O) (Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	31a	
32 Total program service expenses (add lines 28a through 31a) <input type="checkbox"/>	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 title	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
DAVID TREMBLADOR BOARD MEMBER	1 00	0	0	0
SCOTT MAXWELL BOARD MEMBER	1 00	0	0	0
JOHN COOPER BOARD MEMBER	1 00	0	0	0
PAT DERICKSON BOARD MEMBER	1 00	0	0	0
MIKE O'BRIEN BOARD MEMBER	1 00	0	0	0
CHRIS HARRIS BOARD MEMBER	1 00	0	0	0
RON BROWN BOARD MEMBER	1 00	0	0	0
JOHN BLACKSTAD BOARD MEMBER	1 00	0	0	0
BILL PORTER BOARD MEMBER	1 00	0	0	0
MIKE KIMMEL BOARD MEMBER	1 00	0	0	0

Part V Other Information (Note the Schedule A and personal benefit contract statement requirements in the

instructions for Part V) Check if the organization used Schedule O to respond to any question in this Part V [X]

Table with columns for question number, question text, and Yes/No columns. Rows include questions 33 through 40e regarding organizational activities, financials, and tax matters.

41 List the states with which a copy of this return is filed CA
42a The organization's books are in care of JOSHUA WOOD Telephone no (916) 397-4776
Located at 17171 I STREET SACRAMENTO, CA ZIP +4 95826

Table with columns for question number, question text, and Yes/No columns. Rows include questions 42b and 42c regarding foreign financial accounts and offices.

43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 - Check here and enter the amount of tax-exempt interest received or accrued during the tax year 43

Table with columns for question number, question text, and Yes/No columns. Rows include questions 44a through 45b regarding donor advised funds, hospital facilities, tanning services, and controlled entities.

	Yes	No
46		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

Part VI Section 501(c)(3) organizations only

All section 501(c)(3) organizations must answer questions 47-49b and 52, and complete the tables for lines 50 and 51

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

	Yes	No
47		
48		
49a		
49b		

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

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

49a Did the organization make any transfers to an exempt non-charitable related organization?

b If "Yes," was the related organization a section 527 organization?

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 title of each employee	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation

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 business address of each independent contractor	(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 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.

Sign Here ***** Signature of officer Date 2016-03-16
 JOSHUA WOOD EXECUTIVE DIRECTOR Type or print name and title

Paid Preparer Use Only
 Print/Type preparer's name: ROSS A COFER Preparer's signature: Date: Check if self-employed PTIN: P00021112
 Firm's name: GALLINA LLP Firm's EIN: 94-2147510
 Firm's address: 2870 GOLD TAILINGS COURT RANCHO CORDOVA, CA 95670 Phone no: (916) 638-1188

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

TY 2014 Transfers Personal Benefits Contracts Declaration

Name: REGION BUILDERS INC

EIN: 90-0871609

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.

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.

▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at
www.irs.gov/form990.

2014

**Open to Public
Inspection**

Name of the organization
REGION BUILDERS INC

Employer identification number

90-0871609

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990-EZ, PART I, LINE 8 - OTHER REVENUE	DESCRIPTION OTHER INCOME AMOUNT 6,319
FORM 990-EZ, PART I, LINE 16 - OTHER EXPENSES	DESCRIPTION OTHER EXPENSES AMOUNT 68,102
FORM 990-EZ, PART II, LINE 24 - OTHER ASSETS	DESCRIPTION OFFICE FURNITURE/EQUIPMENT BEG OF YEAR AMOUNT 2,247 END OF YEAR AMOUNT 2,924 DESCRIPTION OTHER ASSETS BEG OF YEAR AMOUNT 0 END OF YEAR AMOUNT 5,000
FORM 990-EZ, PART II, LINE 26 - OTHER LIABILITIES	DESCRIPTION ACCOUNTS PAYABLE BEG OF YEAR AMOUNT 5,418 END OF YEAR AMOUNT 9,064