

Return of Organization Exempt From Income Tax

2007

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

Open to Public Inspection

Department of the Treasury Internal Revenue Service(7)

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

A For the 2007 calendar year, or tax year beginning, 2007, and ending

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

C Name of organization: Home Builders & Contractors Assoc. of Brevard, Inc. 1500 W. Eau Gallie Blvd. Ste. A Melbourne FL 32935-5398

D Employer Identification Number: 59-1448721 E Telephone number: (321) 254-3700 F Accounting method: X Cash

Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ).

- H and I are not applicable to section 527 organizations H(a) Is this a group return for affiliates? H(b) If 'Yes,' enter number of affiliates H(c) Are all affiliates included? H(d) Is this a separate return filed by an organization covered by a group ruling?

G Web site: N/A

J Organization type (check only): X 501(c) 6 (insert no) 4947(a)(1) or 527

K Check here if the organization is not a 509(a)(3) supporting organization and its gross receipts are normally not more than \$25,000.

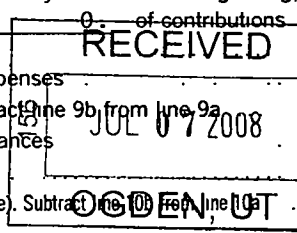
I Group Exemption Number M Check if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF).

L Gross receipts: Add lines 6b, 8b, 9b, and 10b to line 12. 957,170.

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

Table with 21 rows and 3 columns: Description, Amount, Total. Includes sections for Contributions, Program Service Revenue, Rental Income, Investment Income, and Total Revenue/Expenses.

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8 p

**Part II Statement of Functional Expenses** All organizations must complete column (A). Columns (B), (C), and (D) are required for section 501(c)(3) and (4) organizations and section 4947(a)(1) nonexempt charitable trusts but optional for others. (See instructions)

Do not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I.	(A) Total	(B) Program Services	(C) Management and general	(D) Fundraising
<b>22a</b> Grants paid from donor advised funds (attach sch) (cash \$ _____) non-cash \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/>	<b>22a</b>			
<b>22b</b> Other grants and allocations (att sch) (cash \$ _____) non-cash \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/>	<b>22b</b>			
<b>23</b> Specific assistance to individuals (attach schedule)	<b>23</b>			
<b>24</b> Benefits paid to or for members (attach schedule)	<b>24</b>			
<b>25a</b> Compensation of current officers, directors, key employees, etc. listed in Part V-A	<b>25a</b> 88,794.		88,794.	
<b>b</b> Compensation of former officers, directors, key employees, etc. listed in Part V-B	<b>25b</b>			
<b>c</b> Compensation and other distributions, not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	<b>25c</b>			
<b>26</b> Salaries and wages of employees not included on lines 25a, b, and c	<b>26</b> 136,227.		136,227.	
<b>27</b> Pension plan contributions not included on lines 25a, b, and c	<b>27</b>			
<b>28</b> Employee benefits not included on lines 25a - 27	<b>28</b> 28,913.		28,913.	
<b>29</b> Payroll taxes	<b>29</b> 20,564.		20,564.	
<b>30</b> Professional fundraising fees	<b>30</b>			
<b>31</b> Accounting fees	<b>31</b> 3,581.		3,581.	
<b>32</b> Legal fees	<b>32</b>			
<b>33</b> Supplies	<b>33</b> 22,543.	1,542.	7,870.	13,131.
<b>34</b> Telephone	<b>34</b> 5,776.		5,776.	
<b>35</b> Postage and shipping	<b>35</b> 4,981.	400.	4,061.	520.
<b>36</b> Occupancy	<b>36</b>			
<b>37</b> Equipment rental and maintenance	<b>37</b> 22,876.		22,876.	
<b>38</b> Printing and publications	<b>38</b> 973.	973.		
<b>39</b> Travel	<b>39</b> 42,708.		42,708.	
<b>40</b> Conferences, conventions, and meetings	<b>40</b>			
<b>41</b> Interest	<b>41</b>			
<b>42</b> Depreciation, depletion, etc (attach schedule)	<b>42</b> 29,070.		29,070.	
<b>43</b> Other expenses not covered above (itemize):				
<b>a Advertising</b>	<b>43a</b> 52,235.	50,175.	327.	1,733.
<b>b Awards Expense</b>	<b>43b</b> 25,728.	16,595.		9,133.
<b>c Catering &amp; Entertainment</b>	<b>43c</b> 46,086.	20,546.	1,792.	23,748.
<b>d Dues</b>	<b>43d</b> 6,486.		6,486.	
<b>e EO Public Relations</b>	<b>43e</b> 2,370.		2,370.	
<b>f Luncheon Meetings</b>	<b>43f</b> 7,727.	2,745.	4,982.	
<b>g See Other Expenses Stmt</b>	<b>43g</b> 190,769.	94,114.	88,295.	8,360.
<b>44 Total functional expenses.</b> Add lines 22a through 43g. (Organizations completing columns (B) - (D), carry these totals to lines 13 - 15)	<b>44</b> 738,407.	187,090.	494,692.	56,625.

**Joint Costs.** Check  if you are following SOP 98-2

Are any joint costs from a combined educational campaign and fundraising solicitation reported in (B) Program services?  Yes  No  
 If 'Yes,' enter (i) the aggregate amount of these joint costs \$ \_\_\_\_\_, (ii) the amount allocated to Program services \$ \_\_\_\_\_, (iii) the amount allocated to Management and general \$ \_\_\_\_\_; and (iv) the amount allocated to Fundraising \$ \_\_\_\_\_

**Part III Statement of Program Service Accomplishments (See the instructions.)**

Form 990 is available for public inspection and, for some people, serves as the primary or sole source of information about a particular organization. How the public perceives an organization in such cases may be determined by the information presented on its return. Therefore, please make sure the return is complete and accurate and fully describes, in Part III, the organization's programs and accomplishments.

What is the organization's primary exempt purpose? <b>Builders/Contractors Trade Association</b> All organizations must describe their exempt purpose achievements in a clear and concise manner. State the number of clients served, publications issued, etc. Discuss achievements that are not measurable. (Section 501(c)(3) and (4) organizations and 4947(a)(1) nonexempt charitable trusts must also enter the amount of grants and allocations to others.)	<b>Program Service Expenses</b> (Required for 501(c)(3) and (4) organizations and 4947(a)(1) trusts; but optional for others)
<b>a</b> <u>Monthly Publication of Brevard Builder Newspaper containing information, editorials, advertising and other information of current interest to members and their customers.</u> Approx. 5000 copies are printed monthly, approx. 1200 are distributed to members, the balance to the public. ----- (Grants and allocations \$ _____ ) If this amount includes foreign grants, check here <input type="checkbox"/>	58,825.
<b>b</b> <u>Parade of Homes-Annual exhibition of new homes by builder members to the general public in a program coordinated by the Association</u> ----- (Grants and allocations \$ _____ ) If this amount includes foreign grants, check here <input type="checkbox"/>	26,110.
<b>c</b> <u>Dreamstreet Home Expo-Annual expo by builder and associate members to the general public in a program coordinated by the Association</u> ----- (Grants and allocations \$ _____ ) If this amount includes foreign grants, check here <input type="checkbox"/>	29,608.
<b>d</b> ----- ----- ----- (Grants and allocations \$ _____ ) If this amount includes foreign grants, check here <input type="checkbox"/>	
<b>e</b> Other program services . . . . . Other Misc. Program Services (Grants and allocations \$ _____ ) If this amount includes foreign grants, check here <input type="checkbox"/>	72,547.
<b>f</b> <b>Total of Program Service Expenses</b> (should equal line 44, column (B), Program services) . . . . .	187,090.

BAA

**Part IV Balance Sheets (See the instructions.)**

**Note:** Where required, attached schedules and amounts within the description column should be for end-of-year amounts only

		(A) Beginning of year		(B) End of year
ASSETS	45 Cash – non-interest-bearing . . . . .	45,316.	45	31,972.
	46 Savings and temporary cash investments . . . . .	139,659.	46	98,773.
	47a Accounts receivable	47a		
	b Less: allowance for doubtful accounts	47b	47c	
	48a Pledges receivable	48a		
	b Less: allowance for doubtful accounts	48b	48c	
	49 Grants receivable . . . . .		49	
	50a Receivables from current and former officers, directors, trustees, and key employees (attach schedule) . . . . .		50a	
	b Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) (attach schedule) . . . . .		50b	
	51a Other notes and loans receivable (attach schedule)	51a 1,398.		
	b Less: allowance for doubtful accounts	51b	51c	1,398.
	52 Inventories for sale or use . . . . .		52	
	53 Prepaid expenses and deferred charges . . . . .	2,358.	53	2,358.
	54a Investments – publicly-traded securities	▶ <input type="checkbox"/> Cost <input type="checkbox"/> FMV		54a
	b Investments – other securities (attach sch)	▶ <input type="checkbox"/> Cost <input type="checkbox"/> FMV		54b
	55a Investments – land, buildings, & equipment: basis	55a 675,926.		
	b Less accumulated depreciation (attach schedule) L-55 Stmt	55b 342,288.	344,457.	55c 333,638.
	56 Investments – other (attach schedule)			56
	57a Land, buildings, and equipment: basis	57a 765,231.		
	b Less: accumulated depreciation (attach schedule) L-57 Stmt	57b 469,195.	319,877.	57c 296,036.
58 Other assets, including program-related investments (describe ▶ See Line 58 Stmt . . . . .)		4,686.	58 4,296.	
59 <b>Total assets</b> (must equal line 74). Add lines 45 through 58 . . . . .		875,116.	59 768,471.	
LIABILITIES	60 Accounts payable and accrued expenses . . . . .	2,063.	60	5,724.
	61 Grants payable . . . . .		61	
	62 Deferred revenue . . . . .		62	
	63 Loans from officers, directors, trustees, and key employees (attach schedule) . . . . .		63	
	64a Tax-exempt bond liabilities (attach schedule)		64a	
	b Mortgages and other notes payable (attach schedule)		64b	191,209.
	65 Other liabilities (describe ▶ See Line 65 Stmt . . . . .)		6,681.	65 25.
	66 <b>Total liabilities.</b> Add lines 60 through 65 . . . . .		226,705.	66 196,958.
NET ASSETS OR FUND BALANCES	<b>Organizations that follow SFAS 117, check here</b> <input type="checkbox"/> and complete lines 67 through 69 and lines 73 and 74 . . . . .			
	67 Unrestricted . . . . .		67	
	68 Temporarily restricted . . . . .		68	
	69 Permanently restricted . . . . .		69	
	<b>Organizations that do not follow SFAS 117, check here</b> <input checked="" type="checkbox"/> and complete lines 70 through 74. . . . .			
	70 Capital stock, trust principal, or current funds . . . . .		70	
	71 Paid-in or capital surplus, or land, building, and equipment fund . . . . .		71	
	72 Retained earnings, endowment, accumulated income, or other funds . . . . .	648,411.	72	571,513.
	73 <b>Total net assets or fund balances.</b> Add lines 67 through 69 or lines 70 through 72. (Column (A) must equal line 19 and column (B) must equal line 21) . . . . .	648,411.	73	571,513.
74 <b>Total liabilities and net assets/fund balances.</b> Add lines 66 and 73 . . . . .	875,116.	74	768,471.	

**Part IV-A Reconciliation of Revenue per Audited Financial Statements with Revenue per Return** (See the instructions.)

		N/A
<b>a</b>	Total revenue, gains, and other support per audited financial statements	<b>a</b>
<b>b</b>	Amounts included on line <b>a</b> but not on Part I, line 12:	
	1 Net unrealized gains on investments	<b>b1</b>
	2 Donated services and use of facilities	<b>b2</b>
	3 Recoveries of prior year grants	<b>b3</b>
	4 Other (specify): _____	<b>b4</b>
	Add lines <b>b1</b> through <b>b4</b>	<b>b</b>
<b>c</b>	Subtract line <b>b</b> from line <b>a</b>	<b>c</b>
<b>d</b>	Amounts included on Part I, line 12, but not on line <b>a</b> :	
	1 Investment expenses not included on Part I, line 6b	<b>d1</b>
	2 Other (specify): _____	<b>d2</b>
	Add lines <b>d1</b> and <b>d2</b>	<b>d</b>
<b>e</b>	<b>Total revenue</b> (Part I, line 12). Add lines <b>c</b> and <b>d</b>	<b>e</b>

**Part IV-B Reconciliation of Expenses per Audited Financial Statements with Expenses per Return**

		N/A
<b>a</b>	Total expenses and losses per audited financial statements	<b>a</b>
<b>b</b>	Amounts included on line <b>a</b> but not on Part I, line 17:	
	1 Donated services and use of facilities	<b>b1</b>
	2 Prior year adjustments reported on Part I, line 20	<b>b2</b>
	3 Losses reported on Part I, line 20	<b>b3</b>
	4 Other (specify): _____	<b>b4</b>
	Add lines <b>b1</b> through <b>b4</b>	<b>b</b>
<b>c</b>	Subtract line <b>b</b> from line <b>a</b>	<b>c</b>
<b>d</b>	Amounts included on Part I, line 17, but not on line <b>a</b> :	
	1 Investment expenses not included on Part I, line 6b	<b>d1</b>
	2 Other (specify): _____	<b>d2</b>
	Add lines <b>d1</b> and <b>d2</b>	<b>d</b>
<b>e</b>	<b>Total expenses</b> (Part I, line 17). Add lines <b>c</b> and <b>d</b>	<b>e</b>

**Part V-A Current Officers, Directors, Trustees, and Key Employees** (List each person who was an officer, director, trustee, or key employee at any time during the year even if they were not compensated.) (See the instructions.)

(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 and deferred compensation plans	(E) Expense account and other allowances
Mark Bowes 4610 Lipscomb St. Palm Bay, FL 32905	President	0.	0.	0.
Keith Gover 760 North Drive Melbourne, FL 32934	1st Vice President	0.	0.	0.
Nancy Sewell 82 N. Atlantic Ave. Cocoa Beach, FL 32931	Associate Director	0.	0.	0.
Dave Armstrong 7350 Talona Ave. #A W. Melbourne, FL 32904	Builder Director	0.	0.	0.
David Barin 6767 N. Wickham Rd., #107 Melbourne, FL 32940	Builder Director	0.	0.	0.
See List of Officers, Directors, Trustees, & Key Employees Statement				

<b>Part V-A Current Officers, Directors, Trustees, and Key Employees</b> <i>(continued)</i>		<b>Yes</b>	<b>No</b>
75a Enter the total number of officers, directors, and trustees permitted to vote on organization business at board meetings ▶ 26			
b Are any officers, directors, trustees, or key employees listed in Form 990, Part V-A, or highest compensated employees listed in Schedule A, Part I, or highest compensated professional and other independent contractors listed in Schedule A, Part II-A or II-B, related to each other through family or business relationships? If 'Yes,' attach a statement that identifies the individuals and explains the relationship(s)		75b	X
c Do any officers, directors, trustees, or key employees listed in form 990, Part V-A, or highest compensated employees listed in Schedule A, Part I, or highest compensated professional and other independent contractors listed in Schedule A, Part II-A or II-B, receive compensation from any other organizations, whether tax exempt or taxable, that are related to the organization? See the instructions for the definition of 'related organization' If 'Yes,' attach a statement that includes the information described in the instructions.		75c	X
d Does the organization have a written conflict of interest policy?		75d	X

**Part V-B Former Officers, Directors, Trustees, and Key Employees That Received Compensation or Other Benefits** (If any former officer, director, trustee, or key employee received compensation or other benefits (described below) during the year, list that person below and enter the amount of compensation or other benefits in the appropriate column. See the instructions.)

(A) Name and address	(B) Loans and Advances	(C) Compensation (if not paid, enter -0-)	(D) Contributions to employee benefit plans and deferred compensation plans	(E) Expense account and other allowances
(none)				

<b>Part VI Other Information</b> <i>(See the instructions.)</i>		<b>Yes</b>	<b>No</b>
76 Did the organization make a change in its activities or methods of conducting activities? If 'Yes,' attach a detailed statement of each change		76	X
77 Were any changes made in the organizing or governing documents but not reported to the IRS? If 'Yes,' attach a conformed copy of the changes		77	X
78a Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?		78a	X
b If 'Yes,' has it filed a tax return on Form 990-T for this year?		78b	X
79 Was there a liquidation, dissolution, termination, or substantial contraction during the year? If 'Yes,' attach a statement		79	X
80a Is the organization related (other than by association with a statewide or nationwide organization) through common membership, governing bodies, trustees, officers, etc., to any other exempt or nonexempt organization?		80a	X
b If 'Yes,' enter the name of the organization ▶ _____ and check whether it is <input type="checkbox"/> exempt or <input type="checkbox"/> nonexempt.			
81a Enter direct and indirect political expenditures. (See line 81 instructions.)		81a	
b Did the organization file Form 1120-POL for this year?		81b	X

Part VI Other Information (continued)	Yes	No
<b>82 a</b> Did the organization receive donated services or the use of materials, equipment, or facilities at no charge or at substantially less than fair rental value?	<b>82 a</b>	X
<b>b</b> If 'Yes,' you may indicate the value of these items here. Do not include this amount as revenue in Part I or as an expense in Part II. (See instructions in Part III.)	<b>82 b</b>	
<b>83 a</b> Did the organization comply with the public inspection requirements for returns and exemption applications?	<b>83 a</b>	X
<b>b</b> Did the organization comply with the disclosure requirements relating to <i>quid pro quo</i> contributions?	<b>83 b</b>	N/A
<b>84 a</b> Did the organization solicit any contributions or gifts that were not tax deductible?	<b>84 a</b>	X
<b>b</b> If 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	<b>84 b</b>	
<b>85 a</b> 501(c)(4), (5), or (6). Were substantially all dues nondeductible by members?	<b>85 a</b>	X
<b>b</b> Did the organization make only in-house lobbying expenditures of \$2,000 or less? If 'Yes' was answered to either 85a or 85b, <b>do not</b> complete 85c through 85h below unless the organization received a waiver for proxy tax owed for the prior year.	<b>85 b</b>	N/A
<b>c</b> Dues, assessments, and similar amounts from members	<b>85 c</b>	
<b>d</b> Section 162(e) lobbying and political expenditures	<b>85 d</b>	
<b>e</b> Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices	<b>85 e</b>	
<b>f</b> Taxable amount of lobbying and political expenditures (line 85d less 85e)	<b>85 f</b>	
<b>g</b> Does the organization elect to pay the section 6033(e) tax on the amount on line 85f?	<b>85 g</b>	
<b>h</b> If section 6033(e)(1)(A) dues notices were sent, does the organization agree to add the amount on line 85f to its reasonable estimate of dues allocable to nondeductible lobbying and political expenditures for the following tax year?	<b>85 h</b>	
<b>86</b> 501(c)(7) organizations. Enter: <b>a</b> Initiation fees and capital contributions included on line 12	<b>86 a</b>	N/A
<b>b</b> Gross receipts, included on line 12, for public use of club facilities	<b>86 b</b>	N/A
<b>87</b> 501(c)(12) organizations Enter: <b>a</b> Gross income from members or shareholders	<b>87 a</b>	N/A
<b>b</b> Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them)	<b>87 b</b>	N/A
<b>88 a</b> At any time during the year, did the organization own a 50% or greater interest in a taxable corporation or partnership, or an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If 'Yes,' complete Part IX	<b>88 a</b>	X
<b>b</b> At any time during the year, did the organization, directly or indirectly, own a controlled entity within the meaning of section 512(b)(13)? If 'Yes,' complete Part XI	<b>88 b</b>	X
<b>89 a</b> 501(c)(3) organizations. Enter. Amount of tax imposed on the organization during the year under: section 4911 <u> N/A </u> , section 4912 <u> N/A </u> ; section 4955 <u> N/A </u>		
<b>b</b> 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If 'Yes,' attach a statement explaining each transaction	<b>89 b</b>	N/A
<b>c</b> Enter. Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958		
<b>d</b> Enter. Amount of tax on line 89c, above, reimbursed by the organization		
<b>e</b> All organizations At any time during the tax year, was the organization a party to a prohibited tax shelter transaction?	<b>89 e</b>	X
<b>f</b> All organizations Did the organization acquire a direct or indirect interest in any applicable insurance contract?	<b>89 f</b>	X
<b>g</b> For supporting organizations and sponsoring organizations maintaining donor advised funds. Did the supporting organization, or a fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	<b>89 g</b>	X
<b>90 a</b> List the states with which a copy of this return is filed		
<b>b</b> Number of employees employed in the pay period that includes March 12, 2007 (See instructions.)	<b>90 b</b>	5
<b>91 a</b> The books are in care of <u> Franck Kaiser </u> Telephone number <u> (321) 254-3700 </u> Located at <u> 1500 W. Eau Gallie Blvd., #A, Melbourne, FL </u> ZIP + 4 <u> 32935 </u>		
<b>b</b> At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? If 'Yes,' enter the name of the foreign country	<b>91 b</b>	X
See the instructions for exceptions and filing requirements for <b>Form TD F 90-22.1</b> , Report of Foreign Bank and Financial Accounts		

**Part VI Other Information (continued)**

Yes No

c At any time during the calendar year, did the organization maintain an office outside of the United States? 91 c  Yes  No

If 'Yes,' enter the name of the foreign country ▶

92 Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of Form 1041 - Check here  and enter the amount of tax-exempt interest received or accrued during the tax year ▶ 92

**Part VII Analysis of Income-Producing Activities (See the instructions.)**

Note: Enter gross amounts unless otherwise indicated.

	Unrelated business income		Excluded by section 512, 513, or 514		(E) Related or exempt function income
	(A) Business code	(B) Amount	(C) Exclusion code	(D) Amount	
93 Program service revenue:					
a Brevard Builder Newspaper	531390	33,652.			
b Associates Council Income			41	5,701.	
c Non-Dues Project-Dreamstreet			7	57,733.	
d Non-Dues Project-Gen. Network Mtgs			41	1,685.	
e See Program Service Revenue Stmt				292,149.	1,493.
f Medicare/Medicaid payments					
g Fees & contracts from government agencies					
94 Membership dues and assessments					318,641.
95 Interest on savings & temporary cash invmnts					7,115.
96 Dividends & interest from securities					
97 Net rental income or (loss) from real estate:					
a debt-financed property	531120	32,286.			
b not debt-financed property					
98 Net rental income or (loss) from pers prop					
99 Other investment income					
100 Gain or (loss) from sales of assets other than inventory					
101 Net income or (loss) from special events					
102 Gross profit or (loss) from sales of inventory					
103 Other revenue: a					
b					
c					
d					
e					
104 Subtotal (add columns (B), (D), and (E))		65,938.		357,268.	327,249.
105 Total (add line 104, columns (B), (D), and (E))					750,455.

Note: Line 105 plus line 1e, Part I, should equal the amount on line 12, Part I.

**Part VIII Relationship of Activities to the Accomplishment of Exempt Purposes (See the instructions.)**

Line No.	Explain how each activity for which income is reported in column (E) of Part VII contributed importantly to the accomplishment of the organization's exempt purposes (other than by providing funds for such purposes).
93d	Advancement of the common business interest of the construction industry
94	Advancement of the common business interest of the construction industry
95	Excluded under Sec 512(b)(1) of the IRC

**Part IX Information Regarding Taxable Subsidiaries and Disregarded Entities (See the instructions.)** N/A

(A) Name, address, and EIN of corporation, partnership, or disregarded entity	(B) Percentage of ownership interest	(C) Nature of activities	(D) Total income	(E) End-of-year assets
	%			
	%			
	%			
	%			

**Part X Information Regarding Transfers Associated with Personal Benefit Contracts (See the instructions.)**

a Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?  Yes  No

b Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?  Yes  No

Note: If 'Yes' to (b), file Form 8870 and Form 4720 (see instructions).



**Part XI Information Regarding Transfers To and From Controlled Entities.** Complete only if the organization is a controlling organization as defined in section 512(b)(13).

**106** Did the reporting organization make any transfers to a controlled entity as defined in section 512(b)(13) of the Code? If 'Yes,' complete the schedule below for each controlled entity

N/A	
Yes	No

	(A) Name, address, of each controlled entity	(B) Employer Identification Number	(C) Description of transfer	(D) Amount of transfer
a	-----			
b	-----			
c	-----			
<b>Totals</b>				

**107** Did the reporting organization receive any transfers from a controlled entity as defined in section 512(b)(13) of the Code? If 'Yes,' complete the schedule below for each controlled entity

Yes		No	

	(A) Name, address, of each controlled entity	(B) Employer Identification Number	(C) Description of transfer	(D) Amount of transfer
a	-----			
b	-----			
c	-----			
<b>Totals</b>				

**108** Did the organization have a binding written contract in effect on August 17, 2006, covering the interest, rents, royalties, and annuities described in question 107 above?

Yes		No	

**Please Sign Here**

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.

Signature of officer: *Frank H. Kaiser, Jr.* Date: *8-27-06*

Type or print name and title: **FRANK H. KAISER, JR. CEO**

**Paid Preparer's Use Only**

Preparer's signature: *Debra Chapman* Date: *1/1* Check if:  Preparer's SSN or PTIN (See General Instruction X)

Firm's name (or yours if self-employed), address, and ZIP + 4: **BOOKS! QUICK! INC  
1823 GLENWOOD ST NE  
PALM BAY**

BAA

**Depreciation and Amortization  
(Including Information on Listed Property)**

Department of the Treasury  
Internal Revenue Service

▶ See separate instructions. ▶ Attach to your tax return.

Name(s) shown on return

**Home Builders & Contractors Assoc. of Brevard, Inc.**

Identifying number

**59-1448721**

Business or activity to which this form relates

**Form 990 / Form 990EZ**

**Part I Election To Expense Certain Property Under Section 179**

*Note: If you have any listed property, complete Part V before you complete Part I.*

1	Maximum amount. See the instructions for a higher limit for certain businesses	1	\$125,000.
2	Total cost of section 179 property placed in service (see instructions)	2	
3	Threshold cost of section 179 property before reduction in limitation	3	\$500,000.
4	Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-	4	
5	Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions	5	
6	(a) Description of property	(b) Cost (business use only)	(c) Elected cost
7	Listed property. Enter the amount from line 29	7	
8	Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7	8	
9	Tentative deduction. Enter the smaller of line 5 or line 8	9	
10	Carryover of disallowed deduction from line 13 of your 2006 Form 4562	10	
11	Business income limitation. Enter the smaller of business income (not less than zero) or line 5 (see instrs)	11	
12	Section 179 expense deduction. Add lines 9 and 10, but do not enter more than line 11	12	
13	Carryover of disallowed deduction to 2008. Add lines 9 and 10, less line 12	13	

*Note: Do not use Part II or Part III below for listed property. Instead, use Part V*

**Part II Special Depreciation Allowance and Other Depreciation (Do not include listed property) (See instructions.)**

14	Special allowance for qualified New York Liberty or Gulf Opportunity Zone property (other than listed property) and cellulosic biomass ethanol plant property placed in service during the tax year (see instructions)	14	
15	Property subject to section 168(f)(1) election	15	
16	Other depreciation (including ACRS)	16	8,686.

**Part III MACRS Depreciation (Do not include listed property) (See instructions)**

**Section A**

17	MACRS deductions for assets placed in service in tax years beginning before 2007	17	18,877.
18	If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here <input type="checkbox"/>		

**Section B – Assets Placed in Service During 2007 Tax Year Using the General Depreciation System**

(a) Classification of property	(b) Month and year placed in service	(c) Basis for depreciation (business/investment use only — see instructions)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
19a 3-year property						
b 5-year property						
c 7-year property		3,374.	7.0 yrs	HY	200DB	482.
d 10-year property						
e 15-year property		2,175.	15.0 yrs	HY	150DB	109.
f 20-year property						
g 25-year property			25 yrs		S/L	
h Residential rental property			27.5 yrs	MM	S/L	
			27.5 yrs	MM	S/L	
i Nonresidential real property			39 yrs	MM	S/L	
				MM	S/L	

**Section C – Assets Placed in Service During 2007 Tax Year Using the Alternative Depreciation System**

20a Class life					S/L	
b 12-year			12 yrs		S/L	
c 40-year			40 yrs	MM	S/L	

**Part IV Summary (see instructions)**

21	Listed property. Enter amount from line 28	21	916.
22	Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on the appropriate lines of your return. Partnerships and S corporations — see instructions	22	29,070.
23	For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs	23	

**Part V Listed Property** (Include automobiles, certain other vehicles, cellular telephones, certain computers, and property used for entertainment, recreation, or amusement.)

**Note:** For any vehicle for which you are using the standard mileage rate or deducting lease expense, complete **only 24a, 24b, columns (a) through (c) of Section A, all of Section B, and Section C** if applicable.

**Section A – Depreciation and Other Information (Caution: See the instructions for limits for passenger automobiles.)**

<b>24a</b> Do you have evidence to support the business/investment use claimed?		<input checked="" type="checkbox"/> Yes		<input type="checkbox"/> No		<b>24b</b> If 'Yes,' is the evidence written?		<input checked="" type="checkbox"/> Yes		<input type="checkbox"/> No	
(a) Type of property (list vehicles first)	(b) Date placed in service	(c) Business/investment use percentage	(d) Cost or other basis	(e) Basis for depreciation (business/investment use only)	(f) Recovery period	(g) Method/Convention	(h) Depreciation deduction	(i) Elected section 179 cost			
<b>25</b> Special allowance for qualified Gulf Opportunity Zone property placed in service during the tax year and used more than 50% in a qualified business use (see instructions)							<b>25</b>				
<b>26</b> Property used more than 50% in a qualified business use:											
HBCA Phone System	09/28/05	100.00	5,236.	5,236.	7.00	200DB/HY	916.				
<b>27</b> Property used 50% or less in a qualified business use:											
<b>28</b> Add amounts in column (h), lines 25 through 27. Enter here and on line 21, page 1							<b>28</b>	916.			
<b>29</b> Add amounts in column (i), line 26. Enter here and on line 7, page 1							<b>29</b>				

**Section B – Information on Use of Vehicles**

Complete this section for vehicles used by a sole proprietor, partner, or other 'more than 5% owner,' or related person. If you provided vehicles to your employees, first answer the questions in Section C to see if you meet an exception to completing this section for those vehicles.

30 Total business/investment miles driven during the year (do not include commuting miles)	(a) Vehicle 1		(b) Vehicle 2		(c) Vehicle 3		(d) Vehicle 4		(e) Vehicle 5		(f) Vehicle 6	
31 Total commuting miles driven during the year												
32 Total other personal (noncommuting) miles driven												
33 Total miles driven during the year. Add lines 30 through 32												
	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
34 Was the vehicle available for personal use during off-duty hours?												
35 Was the vehicle used primarily by a more than 5% owner or related person?												
36 Is another vehicle available for personal use?												

**Section C – Questions for Employers Who Provide Vehicles for Use by Their Employees**

Answer these questions to determine if you meet an exception to completing Section B for vehicles used by employees who are not more than 5% owners or related persons (see instructions)

37 Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your employees?	Yes	No
38 Do you maintain a written policy statement that prohibits personal use of vehicles, except commuting, by your employees? See the instructions for vehicles used by corporate officers, directors, or 1% or more owners		
39 Do you treat all use of vehicles by employees as personal use?		
40 Do you provide more than five vehicles to your employees, obtain information from your employees about the use of the vehicles, and retain the information received?		
41 Do you meet the requirements concerning qualified automobile demonstration use? (See instructions.)		
<b>Note:</b> If your answer to 37, 38, 39, 40, or 41 is 'Yes,' do not complete Section B for the covered vehicles		

**Part VI Amortization**

(a) Description of costs	(b) Date amortization begins	(c) Amortizable amount	(d) Code section	(e) Amortization period or percentage	(f) Amortization for this year	
<b>42</b> Amortization of costs that begins during your 2007 tax year (see instructions):						
<b>43</b> Amortization of costs that began before your 2007 tax year						
					<b>43</b>	130.
<b>44</b> Total. Add amounts in column (f). See the instructions for where to report					<b>44</b>	130.

Form 990, Page 2, Part II, Line 43

**Other Expenses Stmt**

	(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
Other expenses not covered above (itemize):				
Rentals	21,856.	13,496.		8,360.
Website/Internet Expense	10,103.	10,103.		
Judging/Presentation Fees	3,956.	3,956.		
Insurance	1,381.		1,381.	
Licenses & Permits	1,301.	650.	651.	
Automobile Expense	9,689.		9,689.	
Bank Charges	176.		176.	
Board of Directors	1,179.		1,179.	
Credit Card Fees	8,734.		8,734.	
Payroll Service Fees	9,531.		9,531.	
Professional Development	1,304.		1,304.	
Membership Contest	4,044.	4,044.		
Brev. Bldr-Advertising	12,638.	12,638.		
Brev. Bldr-Readership Costs	46,187.	46,187.		
HBCA-Insurance	3,719.		3,719.	
HBCA-Maintenance	18,793.		18,793.	
HBCA-Repairs	5,495.		5,495.	
HBCA-Security	512.		512.	
HBCA-Supplies	1,384.		1,384.	
HBCA-Taxes	16,963.		16,963.	
HBCA-Utilities	7,599.		7,599.	
Professional Fees-Instructors	1,972.	1,972.		
Loss from Asset Disposal	319.		319.	
Miscellaneous Expense	1,704.	1,068.	636.	
Penalties	100.		100.	
Amortization	130.		130.	
<b>Total</b>	<b>190,769.</b>	<b>94,114.</b>	<b>88,295.</b>	<b>8,360.</b>

Form 990, Page 5, Part V-A

**List of Officers, Directors, Trustees, & Key Employees Statement**

(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 and deferred compensation	(E) Expense account and other allowances
Business <input type="checkbox"/> Person <input type="checkbox"/> Keith Berger 4520 Dixie Hwy, NE Palm Bay, FL 32905	Builder Director	0.	0.	0.
Business <input type="checkbox"/> Person <input type="checkbox"/> Mark Derman 677 Dave Nisbet Dr #116 Cape Canaveral, FL 32920	Builder Director	0.	0.	0.

Form 990, Page 5, Part V-A

Continued

**List of Officers, Directors, Trustees, & Key Employees Statement**

(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 and deferred compensation	(E) Expense account and other allowances
Business <input type="checkbox"/> Person <input type="checkbox"/> Tom Franz 1801 Penn St., #1A Melbourne, FL 32901	Secretary	0.	0.	0.
Business <input type="checkbox"/> Person <input type="checkbox"/> Paul M. Joyal 2800 Aurora Rd. Melbourne, FL 32935	Builder Director	0.	0.	0.
Business <input type="checkbox"/> Person <input type="checkbox"/> Brian Kennedy 575 S. Wickham Rd. ## W. Melbourne, FL 32904	Builder Director	0.	0.	0.
Business <input type="checkbox"/> Person <input type="checkbox"/> Barry Richardson 2825 Business Center, #B5 Melbourne, FL 32940	Builder Director	0.	0.	0.
Business <input type="checkbox"/> Person <input type="checkbox"/> Michael Lornitis P.O. Box 501229 Malabar FL 32950	Builder Director	0.	0.	0.
Business <input type="checkbox"/> Person <input type="checkbox"/> Don Simms 2825 Business Center, C1 Melbourne, FL 32940	Builder Director	0.	0.	0.
Business <input type="checkbox"/> Person <input type="checkbox"/> Keith Williams 575 S. Wickham Rd. #C W. Melbourne, FL 32904	Builder Director	0.	0.	0.
Business <input type="checkbox"/> Person <input type="checkbox"/> Annette Armstrong-Rutkowski 8240 Devereaux Dr, #102 Melbourne, FL 32940	Associate Director	0.	0.	0.
Business <input type="checkbox"/> Person <input type="checkbox"/> George Geletko 7832 Talona Dr. W. Melbourne, FL 32904	Associate Director	0.	0.	0.
Business <input type="checkbox"/> Person <input type="checkbox"/> Gary Eggers 390 N. Wickham Rd Melbourne, FL 32935	Associate Director	0.	0.	0.
Business <input type="checkbox"/> Person <input type="checkbox"/> W. David Philpot 5201 Okeechobee Rd. Ft. Pierce, FL 32947	Associate Director	0.	0.	0.
Business <input type="checkbox"/> Person <input type="checkbox"/> Ken Penny P.O. Box 249 Ft. Pierce, FL 34954	Treasurer	0.	0.	0.

Form 990, Page 5, Part V-A

Continued

**List of Officers, Directors, Trustees, & Key Employees Statement**

(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 and deferred compensation	(E) Expense account and other allowances
Business <input type="checkbox"/> Person <input type="checkbox"/> Franck Kaiser 1500 W. Eau Gallie Blvd, #A Melbourne, FL 32935	CEO	88,794.	0.	0.
Business <input type="checkbox"/> Person <input type="checkbox"/> Marcia Bartley 3942 W. Eau Gallie Blvd. Melbourne FL 32942	2nd Vice President	0.	0.	0.
Business <input type="checkbox"/> Person <input type="checkbox"/> David Foley 4300 US Hwy 1 Rockledge FL 32955	Builder Director	0.	0.	0.
Business <input type="checkbox"/> Person <input type="checkbox"/> Ed Jaynes 358 Hibiscus Ave., Ste C Merritt Island FL 32952	Builder Director	0.	0.	0.
Business <input type="checkbox"/> Person <input type="checkbox"/> Tom Morris 235 West Drive Melbourne FL 32904	Builder Director	0.	0.	0.
Business <input type="checkbox"/> Person <input type="checkbox"/> Cara Philpot 3000 Sarno Rd Melbourne FL 32934	Associate Director	0.	0.	0.
Business <input type="checkbox"/> Person <input type="checkbox"/> Laura Claypool 4356-A Fortune Place W.Melbourne FL 32904	Associate Director	0.	0.	0.

Form 990, Page 8, Part VII, Line 93

**Program Service Revenue Stmt**

	Unrelated business income		Excluded by section 512, 513, or 514		(E) Related or exempt function income
	(A) Business code	(B) Amount	(C) Exclusn code	(D) Amount	
Program service revenue:					
Non-Dues Project-Parade o			7	235,750.	
Non-Dues Project-Awards G			41	2,655.	
Remodelors Council			41	4,697.	
Sales & Marketing			41	8,030.	
Brevard Chapter Income			3	1,223.	
Non-Dues Project-Space Co			3	9,915.	

Form 990, Page 8, Part VII, Line 93

Continued

**Program Service Revenue Stmt**

	Unrelated business income		Excluded by section 512, 513, or 514		(E) Related or exempt function income
	(A) Business code	(B) Amount	(C) Exclusn code	(D) Amount	
Program service revenue:					
Non Dues Project-Misc. Pr			41	18,377.	
Installation Dinner			41	7,110.	
Membership Dues-Luncheon					1,493.
Continuing Education Clas			41	4,392.	
				<u>292,149.</u>	<u>1,493.</u>

Form 990, Page 1, Part I, Line 9

**Special Events and Activities Statement**

List of Three Largest Events and Type and Number of Others	Gross Receipts	Less Contributions	Gross Revenue	Less Direct Expenses	Net Income (Loss)
Golf Tournament	43,279.	0.	43,279.	0.	43,279.
Fishing Tournament	21,859.	0.	21,859.	0.	21,859.
Casino Night	4,846.	0.	4,846.	0.	4,846.
Picnic	2,070.	0.	2,070.	0.	2,070.
Baseball at the Berm	8,051.	0.	8,051.	0.	8,051.
Total	<u>80,105.</u>	<u>0.</u>	<u>80,105.</u>	<u>0.</u>	<u>80,105.</u>

Form 990, Page 1, Part I, Line 20

**Other Changes in Net Assets or Fund Balances**

Description	Amount
Rounding differences	-3.
Total	<u>-3.</u>

Form 990, Page 4, Part IV, Lines 55a &amp; 55b

**Investments - Land, Buildings and Equipment Statement**

	(a) Cost/Other Basis	(b) Accumulated Depreciation	(c) Book Value
Building-Leased Space	528,700.	273,897.	254,803.
Furniture & Fixtures-Leased Space	17,012.	16,919.	93.
Improvements-Leased Space	74,157.	51,472.	22,685.
Land-Leased Space	56,057.	0.	56,057.

Form 990, Page 4, Part IV, Lines 55a &amp; 55b

Continued

**Investments - Land, Buildings and Equipment Statement**

	(a) Cost/Other Basis	(b) Accumulated Depreciation	(c) Book Value
Total	<u>675,926.</u>	<u>342,288.</u>	<u>333,638.</u>

Form 990, Page 4, Part IV, Lines 57a &amp; 57b

**Land, Buildings and Equipment Statement**

	(a) Cost/Other Basis	(b) Accumulated Depreciation	(c) Book Value
HBCA Building	411,741.	230,665.	181,076.
Computer Equipment	19,946.	16,004.	3,942.
Furniture & Fixtures	160,016.	146,817.	13,199.
Improvements	84,649.	54,643.	30,006.
Land	62,377.	0.	62,377.
HBCA Software	26,502.	21,066.	5,436.
Total	<u>765,231.</u>	<u>469,195.</u>	<u>296,036.</u>

Form 990, Page 4, Part IV, Line 58

**Other Assets Statement**

Line 58 - Other Assets:	Beginning of Year	End of Year
Loan Costs-net of Accum. Amort.	2,696.	2,306.
Utility Deposits	1,990.	1,990.
Total	<u>4,686.</u>	<u>4,296.</u>

Form 990, Page 4, Part IV, Line 65

**Other Liabilities Statement**

Line 65 - Other Liabilities:	Beginning of Year	End of Year
Security Deposits Held	2,569.	0.
Due to HBCA Foundation	900.	25.
Customer Liab/Deposits	3,212.	0.
Total	<u>6,681.</u>	<u>25.</u>



**Supporting Statement of:**

Form 990 p 1/Line 16

Description	Amount
FHBA Dues	57,375.
NAHB Dues	108,226.
PAC Dues	2,820.
SPIKE Dues	627.
Total	<u>169,048.</u>

## Application for Extension of Time To File an Exempt Organization Return

Department of the Treasury  
Internal Revenue Service

▶ File a separate application for each return

- If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** and check this box
  - If you are filing for an **Additional (not automatic) 3-Month Extension**, complete only **Part II** (on page 2 of this form)
- Do not complete Part II unless you have already been granted an automatic 3-month extension on a previously filed Form 8868**

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

Section 501(c) corporations required to file Form 990-T and requesting an automatic 6-month extension – check this box and complete Part I only

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

**Electronic Filing (e-file).** Generally, you can electronically file Form 8868 if you want a 3-month automatic extension of time to file one of the returns noted below (6 months for section 501(c) corporations required to file Form 990-T). However, you cannot file Form 8868 electronically if (1) you want the additional (not automatic) 3-month extension or (2) you file Forms 990-BL, 6069, or 8870, group returns, or a composite or consolidated Form 990-T. Instead, you must submit the fully completed and signed page 2 (Part II) of Form 8868. For more details on the electronic filing of this form, visit [www.irs.gov/efile](http://www.irs.gov/efile) and click on *e-file for Charities & Nonprofits*

<b>Type or print</b>	Name of Exempt Organization <b>Home Builders &amp; Contractors Assoc. of Brevard, Inc.</b>	Employer identification number <b>59-1448721</b>
File by the due date for filing your return. See instructions	Number, street, and room or suite number. If a P O box, see instructions <b>1500 W. Eau Gallie Blvd., Ste. A</b>	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions <b>Melbourne FL 32935-5398</b>	

**Check type of return to be filed** (file a separate application for each return):

<input checked="" type="checkbox"/> Form 990	<input type="checkbox"/> Form 990-T (corporation)	<input type="checkbox"/> Form 4720
<input type="checkbox"/> Form 990-BL	<input type="checkbox"/> Form 990-T (section 401(a) or 408(a) trust)	<input type="checkbox"/> Form 5227
<input type="checkbox"/> Form 990-EZ	<input type="checkbox"/> Form 990-T (trust other than above)	<input type="checkbox"/> Form 6069
<input type="checkbox"/> Form 990-PF	<input type="checkbox"/> Form 1041-A	<input type="checkbox"/> Form 8870

- The books are in the care of ▶ Franck Kaiser

Telephone No ▶ (321) 254-3700 FAX No ▶ \_\_\_\_\_

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

1 I request an automatic 3-month (6 months for a section 501(c) corporation required to file Form 990-T) extension of time until Aug 15, 2008, to file the exempt organization return for the organization named above. The extension is for the organization's return for

- ▶  calendar year 2007 or
- ▶  tax year beginning \_\_\_\_\_, 20\_\_\_\_, and ending \_\_\_\_\_, 20\_\_\_\_

2 If this tax year is for less than 12 months, check reason  Initial return  Final return  Change in accounting period

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

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

**BAA For Privacy Act and Paperwork Reduction Act Notice, see instructions.**