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▶ 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.*

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

B Check if applicable <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization HOME BUILDERS ASSOCIATION OF SPARTANBURG		D Employer identification number 57-6033583
	Number and street (or P O box, if mail is not delivered to street address) PO BOX 2592	Room/suite	E Telephone number (864) 583-5471
	City or town, state or country, and ZIP + 4 SPARTANBURG, SC 293042592		F Group Exemption Number 

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

J Tax-Exempt status(check only one)— ☐ 501(c)(3) ☒ 501(c)(6) ☐ (insert no) ☐ 4947(a)(1) or ☐ 527

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. **\$ 164,213**

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 ☒

Revenue	1	Contributions, gifts, grants, and similar amounts received	1	
	2	Program service revenue including government fees and contracts	2	
	3	Membership dues and assessments	3	95,825
	4	Investment income	4	894
	5a	Gross amount from sale of assets other than inventory	5a	
	b	Less cost or other basis and sales expenses	5b	
	c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	5c	
	6	Gaming and fundraising events		
	a	Gross income from gaming (attach Schedule G if greater than \$15,000)	6a	
	b	Gross income from fundraising events (not including \$ _of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000)	6b	
	c	Less direct expenses from gaming and fundraising events	6c	
	d	Net income or (loss) from gaming and fundraising events (Add lines 6a and 6b and subtract line 6c)	6d	
	7a	Gross sales of inventory, less returns and allowances	7a	
b	Less cost of goods sold	7b		
c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c		
8	Other revenue (describe in Schedule O)	8	67,494	
9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	9	164,213	
Expenses	10	Grants and similar amounts paid (list in Schedule O)	10	
	11	Benefits paid to or for members	11	
	12	Salaries, other compensation, and employee benefits	12	59,245
	13	Professional fees and other payments to independent contractors	13	7,323
	14	Occupancy, rent, utilities, and maintenance	14	2,554
	15	Printing, publications, postage, and shipping	15	
	16	Other expenses (describe in Schedule O)	16	103,463
	17	Total expenses. Add lines 10 through 16	17	172,585
Net Assets	18	Excess or (deficit) for the year (Subtract line 17 from line 9)	18	-8,372
	19	Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)	19	118,692
	20	Other changes in net assets or fund balances (explain in Schedule O)	20	4,836
	21	Net assets or fund balances at end of year Combine lines 18 through 20	21	115,156

Part II

Balance Sheets

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

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(See the instructions for Part II)		(A) Beginning of year	(B) End of year	
22	Cash, savings, and investments	15,750	22	101,966
23	Land and buildings	100,684	23	
24	Other assets (describe in Schedule O)	4,547	24	13,810
25	Total assets	120,981	25	115,776
26	Total liabilities (describe in Schedule O)	2,289	26	620
27	Net assets or fund balances (line 27 of column (B) must agree with line 21) .	118,692	27	115,156

Part III

Statement of Program Service Accomplishments

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

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What is the organization's primary exempt purpose?
HOMEBUILDING PROFESSIONALS PROVIDING THE COMMUNITY AFFORDABLE HOUSING THROUGH
EDUCATION AND LEGISLATION, PROTECTING HOMEOWNERSHIP FOR TODAY AND TOMORROW

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 TO ORGANIZE AND BETTER REPRESENT THE HOUSING INDUSTRY ON ISSUES THAT AFFECT OUR ABILITY TO PROVIDE AFFORDABLE HOUSING FOR ALL CITIZENS OF SPARTANBURG COUNTY (Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>		28a	<div>Expenses</div> <div>(Required for section 501 (c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts, optional for others)</div>
29 (Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>		29a	
30 (Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>		30a	
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)		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

		Yes	No
33	Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O	33	No
34	Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O (see instructions)	34	No
35	If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but not reported on Form 990-T, explain in Schedule O why the organization did not report the income on Form 990-T		
a	Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)?	35a	No
b	If "Yes" to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O	35b	
c	Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III	35c	No
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N	36	No
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions ▶	37a	
b	Did the organization file Form 1120-POL for this year?	37b	No
38a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?	38a	No
b	If "Yes," complete Schedule L, Part II and enter the total amount involved	38b	
39	Section 501(c)(7) organizations. Enter		
a	Initiation fees and capital contributions included on line 9	39a	
b	Gross receipts, included on line 9, for public use of club facilities	39b	
40a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under section 4911 ▶, section 4912 ▶, section 4955 ▶		
b	Section 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 engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	40b	
c	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958		
d	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization		
e	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T	40e	No
41	List the states with which a copy of this return is filed ▶ SC		
42a	The organization's books are in care of ▶ MARY SPEED LYNCH Telephone no ▶ (864) 583-5471 PO BOX 2592 Located at ▶ SPARTANBURG, SC ZIP + 4 ▶ 29304		
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 ▶ See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts .	42b	No
c	At any time during the calendar year, did the organization maintain an office outside of the U S ? If "Yes," enter the name of the foreign country ▶	42c	No
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	
44a	Did the organization maintain any donor advised funds? If "Yes", Form 990 must be completed instead of Form 990-EZ.	44a	No
b	Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44b	No
c	Did the organization receive any payments for indoor tanning services during the year?	44c	No
d	If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	44d	
45a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45a	No
45b	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," Form 990 and Schedule R may need to be completed instead of Form 990-EZ (see instructions)	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		No

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		
48	Is the organization a school 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?		
49b	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 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.

Sign Here	***** Signature of officer		2012-05-11 Date		
	BUDDY WOMICK PRESIDENT Type or print name and title				
Paid Preparer's Use Only	Preparer's signature	FRANCIS H HORTON III CPA	Date 2012-05-21	Check if self-employed <input type="checkbox"/>	Preparer's taxpayer identification number (See instructions)
	Firm's name (or yours if self-employed), address, and ZIP + 4	GREENE FINNEY & HORTON LLP 107 HILLCREST AVE SIMPSONVILLE, SC 296812003			EIN
					Phone no (864) 962-1040

May the IRS discuss this return with the preparer shown above? See instructions

☒ Yes ☐ No

Additional Data

Software ID:
Software Version:
EIN: 57-6033583
Name: HOME BUILDERS ASSOCIATION OF
SPARTANBURG

Form 990-EZ, Special Condition Description:

Special Condition Description

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

(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
BUDDY WOMICK PO BOX 2592 SPARTANBURG, SC 29304	PRESIDENT 000 00	0		
CALVIN SNOW PO BOX 2592 SPARTANBURG, SC 29304	FIRST VICE P 000 00	0		
LARRY HAGERMAN PO BOX 2592 SPARTANBURG, SC 29304	SECOND VICE 000 00	0		
GEROGE WYANT JR PO BOX 2592 SPARTANBURG, SC 29304	SECRETARY 000 00	0		
CRAIG SIMS PO BOX 2592 SPARTANBURG, SC 29304	TREASURER 000 00	0		

2011

**Open to Public
Inspection**

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.

Name of the organization
HOME BUILDERS ASSOCIATION OF
SPARTANBURG

Employer identification number

57-6033583

Identifier	Return Reference	Explanation
OTHER REVENUE	FORM 990-EZ, PART I, LINE 8	OTHER 67,494 TOTAL 67,494
OTHER EXPENSES	FORM 990-EZ, PART I, LINE 16	EXPENSES 570 19,092 INTEREST 30 INSURANCE 2,113 NATIONAL AND STATE DUES 46,800 POSTAGE 1,517 AUTOMOBILE EXPENSE 6,000 PRINTING 1,848 TELEPHONE 4,579 UTILITIES 1,823 AWARDS EXPENSE 3,412 BAD DEBT 854 BANK CHARGES 1,579 DUES/SUB 730 LAWN MAINTENANCE 100 MEALS 213 MONITORING 299 OFFICE SUPPLIES 967 REPAIRS 1,566 WEB SITE 919 OTHER 4,748 NON-INVESTMENT DEPRECIATION 3,704 TOTAL 103,463
OTHER CHANGES IN NET ASSETS OR FUND BALANCES	FORM 990-EZ, PART I, LINE 20	UNREALIZED GAINS ON SECURITIES 1,132 BOOK / TAX DEPRECIATION DIFFERENCE 3,704
OTHER ASSETS	FORM 990-EZ, PART II, LINE 24	ACCOUNTS RECEIVABLE 4,547 13,810 TOTAL 4,547 13,810
OTHER LIABILITIES	FORM 990-EZ, PART II, LINE 26	ACCOUNTS PAYABLE AND ACCRUED EXPENSES 2,289 620
PRIMARY EXEMPT PURPOSE	FORM 990-EZ, PART III	HOMEBUILDING PROFESSIONALS PROVIDING THE COMMUNITY AFFORDABLE HOUSING THROUGH EDUCATION AND LEGISLATION, PROTECTING HOMEOWNERSHIP FOR TODAY AND TOMORROW

TY 2011 Compensation Explanation

Name: HOME BUILDERS ASSOCIATION OF
SPARTANBURG

EIN: 57-6033583

Person Name	Explanation
BUDDY WOMICK	
CALVIN SNOW	
LARRY HAGERMAN	
GEROGE WYANT JR	
CRAIG SIMS	