

## 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



Form

**Return of Organization Exempt From Income Tax** 

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

Do not enter Social Security numbers on this form as it may be made public.

2013 Open to Public

OMB No 1545-0047

X Yes No Form **990** (2013)

Department of the Treasury

Inspection Information about Form 990 and its instructions is at www.irs.gov/form990. For the 2013 calendar year, or tax year beginning and ending Employer identification number C Name of organization HOME BUILDERS ASSOCIATION OF FORT Check if applicable WAYNE Addréss change Doing Business As 35-0936524 Name change Number and street (or P O box if mail is not delivered to street address) Room/suite Initial return 305 WEST MAIN STREET 260-420-2020 Terminated City or town, state or province, country, and ZIP or foreign postal code FORT WAYNE 46802 TN 571.272 Amended return G\_Gross receipts \$ Name and address of principal officer Application pending H(a) Is this a group return for subordinates? CHARLES GIESE 305 W MAIN STREET H(b) Are all subordinates included? If "No," attach a list (see instructions) FORT WAYNE IN 46802 501(c)(3) X 501(c) ( 6 ) **◀** (insert no ) Tax-exempt status WWW.HBAFORTWAYNE.COM Website: H(c) Group exemption number Year of formation 1956 X Corporation Trust M State of legal domicile IN Form of organization Association Other > Summary 1 Bnefly describe the organization's mission or most significant activities: MEMBERSHIP FOR HOME BUILDERS. Activities & Governance 2 Check this box ▶ If the organization discontinued its operations or disposed of more than 25% of its net assets. 18 3 Number of voting members of the governing body (Part VI, line 1a) 18 4 4 Number of independent voting members of the governing body (Part VI, line 1b) 2 5 Total number of individuals employed in calendar year 2013 (Part V, line 2a) 5 0 6 6 Total number of volunteers (estimate if necessary) 7,660 7a Total unrelated business revenue from Part VIII, column (C), line 12 7a b Net unrelated business taxable income from Form 990-T, line 34 7b -2,827 Prior Year Current Year 420 2, 3,065 8 Contributions and grants (Part VIII, line 1h) Revenue 338,650 438,885 9 Program service revenue (Part VIII, line 2g) 14,284 20,012 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and pre-7,462 8,810 362,816 12 Total revenue - add lines 8 through 11 (must equal Part VIII, column 470,772 2,500 13 Grants and similar amounts paid (Part IX, column (A) lines 1-3) OSC 14 Benefits paid to or for members (Part IX, column (A), had 4) MAY 0 5 2014 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 97,398 102,976 16a Professional fundraising fees (Part IX, column (A), line 11eOGDEN b Total fundraising expenses (Part IX, column (D), line 25) 280,826 348,365 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 378,224 453,841 18 Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25) 19 Revenue less expenses Subtract line 18 from line 12 -15,408 16,931 End of Year Beginning of Current Year 5 484,611 559,107 20 Total assets (Part X, line 16) 14,855 16,306 21 Total liabilities (Part X, line 26) 22 Net assets or fund balances Subtract line 21 from line 20 469, 756 542,801 Signature Block Under penalties of periury, 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 Type or print name and title PTIN Print/Type preparer's name Check Paid ROBERT E. MARTIN, CPA P00235996 Preparer **GAGE** SCHROEDER 35-1939627 BADEN Firm's EIN ▶ Firm's name **Use Only** 6920 POINTE **INVERNESS WAY #300** FORT WAYNE, IN 46804-7926 260-422-2551

May the IRS discuss this return with the preparer shown above? (see instructions)

For Paperwork Reduction Act Notice, see the separate instructions.

			-0936524	Page 2
	Statement of Program Ser	vice Accomplishments as a response or note to any line in this	Part III	
	cribe the organization's mission	is a response of note to any line in this	<u> artiii</u>	<u> </u>
	HIP FOR HOME BUI	LDERS.		
•				
2 Did the orga	anization undertake any significant	program services during the year which were no	t listed on the	
prior Form 9	990 or 990-EZ?			Yes X No
	scribe these new services on Sche			
3 Did the orga	anization cease conducting, or ma	ke significant changes in how it conducts, any pro	gram	Yes X No
	scribe these changes on Schedule	O.		
4 Describe th	e organization's program service a	accomplishments for each of its three largest prog	ram services, as measured by	
•		ganizations are required to report the amount of g	rants and allocations to others,	
the total exp	penses, and revenue, if any, for ea	ach program service reported.		
4a (Code.	) (Expenses \$	including grants of \$	) (Revenue \$	)
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DAA				Form <b>990</b> (2013)

# **Checklist of Required Schedules**

1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule B, Schedule of Contributors (see instructions)? 2 Is the organization engage in effort or inferior political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I Section 501((s)) organizations (bit the organization engage in following activities, or have a section 501(th) effect during the tax year? If "Yes," complete Schedule C, Part I I Is the organization a section 501((s), 501(c)(s), 501(c		_		Yes	No
2 is the organization required to complete Schedule B, Schedule B, Schedule B (Schedule C) Did the organization engage in direct or indirect pollutical campaign advisives on behalf of or in opposition to candidates for public office? If I*Yes,* complete Schedule C, Part I	1				32
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public infiliar PT-Ryc. completes Schedule C, Part I I  4 Section 801(e)(3) organizations. Did the organization engage in inhtying activities, or have a section 501(h) election in effect during the tax year? If Yres, complete Schedule C, Part II I  5 Is the organization as exection 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dises, assessments, or smillar amounts as defined in Revenue Procedure 88-197 If Yres, complete Schedule C, Part II I  6 Did the organization maintain any donor advised funds or any smillar funds or accounts for which donors have the night to provide advise on the distribution or investment of amounts in such funds or accounts? II Yres, complete Schedule D, Part II I  7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If Yres, complete Schedule D, Part II I  8 Did the organization maintain collicitors of works of all ris, historical trassures, or other semilar seasets? If Yes, complete Schedule D, Part II I  9 Did the organization maintain collicitors of works of all ris, historical trassures, or other semilar seasets? If Yes, complete Schedule D, Part II I  9 Did the organization reports of more of a risk of the organization organization and maintain collicitors of works of all risk organizations are yet as a custodian for amounts not listed in Part X, ine 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts or listed displaced to Part X II II If the organization accounts are provided to Part X II II If the organization accounts are provided to Part X II II If the organization acc	_	• '			
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			20b		

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Part IV	Checklist	ot Requirea	ocnequies	(continued)

		$\perp$	Yes	No
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or		ł	
	government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	1		<u>X</u> _
22	Did the organization report more than \$5,000 of grants or other assistance to individuals in the United States	j	1	
	on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	2		<u>X</u> _
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the		1	
	organization's current and former officers, directors, trustees, key employees, and highest compensated		1	7.5
	employees? if "Yes," complete Schedule J	3		<u>X</u>
24a	• • • • • • • • • • • • • • • • • • • •			
	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b			v
	through 24d and complete Schedule K If "No," go to line 25a		-+	<u>X</u>
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	9		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		l	
		$\neg$	$\dashv$	
		<del>"</del>		
25a	with a disqualified person during the year? If "Yes," complete Schedule L, Part I	اء	ļ	
ь		-		
D	year, and that the transaction has not been reported on any of the organization's pnor Forms 990 or 990-EZ?			
	If "Yes," complete Schedule L, Part I	ь	ı	
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any	_		
	current or former officers, directors, trustees, key employees, highest compensated employees, or			
	disqualified persons? If so, complete Schedule L, Part II	6		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee,	T		
	substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	7		Х
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L,	T		
	Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	a		X
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete			
	Schedule L, Part IV	b		X
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof)			
	was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV			<u>X</u>
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	9		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified		!	
	conservation contributions? If "Yes," complete Schedule M	<u>•</u>		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N,	.	ŀ	37
	Part I	1		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes,"  complete Schedule N. Part II	,		v
		<del>-</del>		<u>X</u>
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	,		Х
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III,	_		- 11
34	or IV, and Part V, line 1	<u>.                                    </u>		Х
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?			X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a			
	controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	ь		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable			
		6		
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization	寸		
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R,	Ì	ŀ	
	Part VI	7	_ [	X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and			
	19? Note. All Form 990 filers are required to complete Schedule O	8	Х	
			990	1,0040

Statements Regarding Other IRS Filings and Tax Compliance Part V Check if Schedule O contains a response or note to any line in this Part V Yes No Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable Did the organization comply with backup withholding rules for reportable payments to vendors and X reportable gaming (gambling) winnings to prize winners? 1c 2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return X If at least one is reported on line 2a, did the organization file all required federal employment tax returns? 2b Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) Х Did the organization have unrelated business gross income of \$1,000 or more during the year? 3a X 3b If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O 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)? 4a If "Yes," enter the name of the foreign country: See instructions for filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts. Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? 5b If "Yes" to line 5a or 5b, did the organization file Form 8886-T? 5c Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions? If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 6b Organizations that may receive deductible contributions under section 170(c). Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? 7a If "Yes," did the organization notify the donor of the value of the goods or services provided? 7b Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was 7с required to file Form 8282? If "Yes," indicate the number of Forms 8282 filed during the year 7e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 7f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? 7g If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? 7h Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting 8 organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year? 8 Sponsoring organizations maintaining donor advised funds. Did the organization make any taxable distributions under section 4966? 9a Did the organization make a distribution to a donor, donor advisor, or related person? 9b h Section 501(c)(7) organizations.Enter 10a Initiation fees and capital contributions included on Part VIII, line 12 Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b Section 501(c)(12) organizations. Enter: Gross income from members or shareholders 11a Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them ) 11b 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? 12a b If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b Section 501(c)(29) qualified nonprofit health insurance issuers. Is the organization licensed to issue qualified health plans in more than one state? 13a Note. See the instructions for additional information the organization must report on Schedule O. Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans 13b 13c Enter the amount of reserves on hand 14a Did the organization receive any payments for indoor tanning services during the tax year? 14b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O

35-0936524 Page 6 Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions Check if Schedule O contains a response or note to any line in this Part VI X Section A. Governing Body and Management No 18 Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O. Enter the number of voting members included in line 1a, above, who are independent 1b 18 2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with X any other officer, director, trustee, or key employee? 3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person? Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? Did the organization become aware during the year of a significant diversion of the organization's assets? 5 Did the organization have members or stockholders? 6 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint Х one or more members of the governing body? 7a b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? 7b Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: The governing body? 8a b Each committee with authority to act on behalf of the governing body? 8ь Х Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) Yes No 10a Did the organization have local chapters, branches, or affiliates? 10a b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? 10b 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? 11a b Describe in Schedule O the process, if any, used by the organization to review this Form 990 12a Did the organization have a written conflict of interest policy? If "No," go to line 13 12a Х b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give use to conflicts? 12b c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done 12c 13 Did the organization have a written whistleblower policy? 13 Х 14 Did the organization have a written document retention and destruction policy? 14 15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? The organization's CEO, Executive Director, or top management official 15a Other officers or key employees of the organization 15b If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions) 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? Х 16a b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? Section C. Disclosure IN 17 List the states with which a copy of this Form 990 is required to be filed ▶ Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) 18 available for public inspection. Indicate how you made these available. Check all that apply. Own website Another's website X Upon request Other (explain in Schedule O) Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year 20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization: ▶ MAURINE HOLLE 305 W MAIN STREET

260-420-2020

IN 46802

FORT WAYNE

(F)

Estimated

Form 990 (2013)	HOME	BUILDERS	ASSOCIATION	OF	FORT	35-0936524	Pa	age	
Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and									
	Independent Contractors  Check if Schedule O contains a response or note to any line in this Part VII								
			s, Key Employees, and			·		<u> </u>	

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

- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
  - List all of the organization's current key employees, if any See instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations. List persons in the following order: individual trustees or directors, institutional trustees; officers; key employees; highest compensated employees, and former such persons

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

(A)

(B)

(C)

(D)

(E)

Average

Position

Reportable

Compensation

Reportable

Compensation

Compensation from

Name and Title	Average hours per week (list any	(do not check more than one box, unless person is both an officer and a director/trustee)					compensation from the	compensation from related organizations	estimated amount of other compensation	
	hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee			organization (W-2/1099-MISC)	(W-2/10 <del>99-M</del> ISC)	from the organization and related organizations
(1) BARCLAY ALLEN										
	1.00						İ			
DIRECTOR	0.00	X	<u> </u>	_				0	0	0
(2) JOSH BARKLEY						i I				
	1.00								•	
DIRECTOR	0.00	X		┝	<u> </u>	Н		0	0	0
(3) JUSTIN BERGER	2 22									
anan-m. n.,	2.00	٦,		<b>.</b> ,				0	•	0
SECRETARY	0.00	X	-	X	┝	H		0	0	0
(4) JEFF BUSHEY	1 100		1							
DIRECTOR	1.00	x						o	0	0
DIRECTOR (5) MIKE CHRISTOFFER		╁≏	<del> </del>		$\vdash$	$\vdash$		0	0	
(3)MIKE CHRISTOFFER	1.00									
DIRECTOR	0.00	x						o	0	0
(6) GREGORY GERBERS	0.00	11							<u>_</u>	
(c) Childent Childhia	2.00									
TREASURER	0.00	X		X				l	0	0
(7) CHARLIE GIESE			<u> </u>							
.,.	2.00					l				
PRESIDENT	0.00	X		Х				0	0	0
(8) DUANE KEES										
	1.00									
DIRECTOR	0.00	X						0	0	0
(9) JAMIE LANCIA										
	2.00							•		
PAST PRESIDENT	0.00	X		X	Ļ			0	0	0
(10) BRAD LOMBARD		İ	ŀ							
	1.00					} '			_	_
DIRECTOR	0.00	X		_	_			0	0	0
(11)MATT MOMPER	1									
DIDIGMOD	1.00	,,	1	1					_	_
DIRECTOR	0.00	X	<u> </u>	<u> </u>	<u>.                                    </u>	<u></u>	L	0	0	5 000
V//										Form <b>990</b> (2013)

Part VII Section A. Officers	, Directors, Tru	stee	s, K	ey E	mpl	oyee	es, a	and Highest Compensated	l Employee(continued)			
(A) Name and title	(B) Average hours per week (list any	bo	x, uni	Pos check ess pe	erson	than o	an	(D) Reportable compensation from the	(E) Reportable compensation from related organizations		(F) Estimated amount o other compensation	f
•	hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/1099-MISC)	(W-2/10 <del>99-M</del> ISC)	ŀ	from the organization and relate organization	d
(12) GREG ROBERTS												
DIRECTOR	1.00	x						0	o			(
(13) SAM SCHENKEL		<u> </u>										
	1.00	,,	Ì							ĺ		
DIRECTOR (14) ORRIN SESSIONS	0.00	X	-					0	0			(
(14)ORRIN SESSIONS	1.00									1		
DIRECTOR	0.00	x			_			0	0			(
(15) JAY SHIPLEY	1 00											
DIRECTOR	0.00	X						0	0			(
(16) MIKE SMITH	1 0.00		ļ .									
	1.00				İ							
DIRECTOR (17) TAMRA STIER	0.00	X	$\vdash$	├	╁	_	-	0	0			(
(II) TANKA SILEK	2.00	1										
VICE PRESIDENT	0.00	x		X				0	0			(
(18) ROB WACKER	1 00											
DIRECTOR	1.00	x			1			0	0			(
(19) MAURINE HOLLE	0.00	1							, and the second			
. ,	45.00											
EXECUTIVE DIRECTOR	0.00			X	<u> </u>		Ļ	55,900		<u> </u>	4	<mark>4,45</mark> ( 4,45(
1b Sub-total c Total from continuation she	ets to Part VII.	Sect	ion /	Δ.			<b>&gt;</b>	55,900				4,450
d Total (add lines 1b and 1c)							<b>&gt;</b>	55,900			4	4,450
2 Total number of individuals (increportable compensation from			to th	ose	liste	d abo	ve)	who received more than \$1	00,000 in			
reportable compensation nom	the organization										Y	es No
3 Did the organization list any fo employee on line 1a? If "Yes,"								vee, or highest compensated	I		3	x
4 For any individual listed on line	1a, is the sum o	f rep	ortat	ole c	ompe	ensat	ion		m the		Ŭ	
organization and related organ individual	izations greater t	han	\$150	,000	? If "	Yes,	" COI	mplete Schedule J for such			4	1 x
5 Did any person listed on line 1:	a receive or accr	ue co	ompe	ensat	ion f	rom a	any	unrelated organization or inc	dividual			
for services rendered to the ordinated Section B. Independent Contractor		es," c	omp	lete	Sche	dule	J fo	r such person			5	X
Complete this table for your five		nsate	ed in	depe	nder	nt cor	ntrad	ctors that received more that	n \$100,000 of			
compensation from the organiz		mper	nsati	on fo	r the	cale	nda T				-	(C)
Name and	(A) I business address						╁	Descrip	(B) tion of services		Comp	(C) ensation
							╁					
									<del></del>			
2 Total number of independent of	contractors (inclu	dına	but n	ot Iır	nıted	to th	ose	listed above) who				
received more than \$100,000	of compensation	from	the	orga	nızat	ion 🕨	<u> </u>	·	0			990 (201
DAA											⊦orm	JJU (201

Part VIII Statement of Revenue Check if Schedule O contains a response or note to any line in this Part VIII (C) Unrelated (D) Revenue Total revenue exempt function business excluded from tax under sections revenue revenue 512-514 1a 1a Federated campaigns b Membership dues 1b 1c c Fundraising events d Related organizations 1d e Government grants (contributions) 1e f All other contributions, gifts, grants, and similar amounts not included above 3,065 1f g Noncash contributions included in lines 1a-1f \$ 3,065 h Total. Add lines 1a-1f  $\triangleright$ Program Service Revenue Busn. Code MEMBERSHIP DUES 900099 142,723 142,723 900099 136,192 136,192 b PARADE OF HOMES 900099 89,078 89,078 TOWN & COUNTRY SHOWCASE 900099 46,994 46,994 MEMBERSHIP MEETINGS BUILDER STANDARDS BOOKS 900099 14,778 14,778 <u>9,120</u> f All other program service revenue 7,660 1,460  $\blacktriangleright$ 438,885 g Total. Add lines 2a-2f Investment income (including dividends, interest, 27,362 and other similar amounts) 27,362 Income from investment of tax-exempt bond proceeds Royalties (ı) Real (II) Personal 6a Gross rents b Less rental exps C Rental inc or (loss) d Net rental income or (loss) Gross amount from (i) Securities (II) Other sales of assets 93,150 other than inventory b Less cost or other 96,460 4,040 basis & sales exps -4,040 -3,310 c Gain or (loss) -7,350 -7,350 d Net gain or (loss) ▶ 8a Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV. line 18 b Less direct expenses c Net income or (loss) from fundraising events 9a Gross income from gaming activities. See Part IV, line 19 b Less: direct expenses ▶ c Net income or (loss) from gaming activities 10a Gross sales of inventory, less returns and allowances b Less: cost of goods sold c Net income or (loss) from sales of inventory Miscellaneous Revenue Busn. Code 8,810 11a 8,810 MISCELLANEOUS b d All other revenue Total. Add lines 11a-11d 8,810 <u>7,6</u>60 470,772 135,373 324,674 Total revenue. See instructions

Part IX Statement of Functional Expenses

	Check if Schedule O contains a respo			(6)	(D)
	ot include amounts reported on lines 6b, b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and				
	organizations in the U.S. See Part IV, line 21	2,500			!!+!!-!!!
2	Grants and other assistance to individuals in				
	the U.S. See Part IV, line 22				
3	Grants and other assistance to governments,				
	organizations, and individuals outside the				
	U.S. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees	_60,390			-
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
_	persons described in section 4958(c)(3)(B)	24 600	<del> </del>		
7	Other salaries and wages	34,680			<del></del>
8	Pension plan accruals and contributions (include				
_	section 401(k) and 403(b) employer contributions)	656			<del>_</del>
9	Other employee benefits	656 7,250			
10	Payroll taxes	7,250	<del></del>		
11	Fees for services (non-employees):				
	Management				<del></del>
	Legal Accounting	2,205			
	Lobbying	2,205	•		
	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
	Other (If line 11g amount exceeds 10% of line 25, column				
9	(A) amount, list line 11g expenses on Schedule O)				
12		100			
13	Office expenses	7,223	-		·
14	Information technology	1,270			
15	Royalties	•			
16	Occupancy				
17	Travel	362			
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	2,173			
20	Interest				
21	Payments to affiliates	93,278			
22	Depreciation, depletion, and amortization	10,706			
23	Insurance	2,812			
24	Other expenses Itemize expenses not covered				
	above (List miscellaneous expenses in line 24e. If	•			
	line 24e amount exceeds 10% of line 25, column				
	(A) amount, list line 24e expenses on Schedule O.)				
а	PARADE OF HOMES	104,425			
b	TOWN & COUNTRY SHOWCASE	55,862			
С	MEMBER MEETINGS/OUTINGS	24,434			-
d	BUILDER STANDARDS BOOKS	11,824			
	All other expenses	31,691			
25	Total functional expenses. Add lines 1 through 24e	453,841	0	0	0
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation Check here ► if				

Part X **Balance Sheet** Check if Schedule O contains a response or note to any line in this Part X (A) (B) End of year Beginning of year 14,470 18,559 1 Cash-non-interest bearing 2 2 Savings and temporary cash investments 3 Pledges and grants receivable, net 5,778 12. 199 4 Accounts receivable, net Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L 5 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Complete Part II of Schedule L 6 7 Notes and loans receivable, net 8 Inventories for sale or use 5,769 2,687 9 9 Prepaid expenses and deferred charges 10a Land, buildings, and equipment: cost or 378,273 10a other basis Complete Part VI of Schedule D 10b 316,011 72,119 10c 62,262 b Less accumulated depreciation 11 11 Investments—publicly traded securities 386,475 463,400 12 12 Investments—other secunties. See Part IV, line 11 Investments—program-related See Part IV, line 11 13 13 14 Intangible assets 14 15 Other assets See Part IV, line 11 15 484, 611 16 Total assets. Add lines 1 through 15 (must equal line 34) 16 864 17 Accounts payable and accrued expenses 17 18 Grants payable 18 13,991 15,183 19 Deferred revenue 19 20 Tax-exempt bond liabilities 20 21 21 Escrow or custodial account liability. Complete Part IV of Schedule D 22 Loans and other payables to current and former officers, directors, Liabilities trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L 22 23 Secured mortgages and notes payable to unrelated third parties 23 24 24 Unsecured notes and loans payable to unrelated third parties Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D 14.855 16,306 26 Total liabilities. Add lines 17 through 25 26 Organizations that follow SFAS 117 (ASC 958), check here X and Net Assets or Fund Balances complete lines 27 through 29, and lines 33 and 34. 469,756 542,801 27 Unrestricted net assets Temporarily restricted net assets 28 29 Permanently restricted net assets 29 Organizations that do not follow SFAS 117 (ASC 958), check here and complete lines 30 through 34. 30 30 Capital stock or trust principal, or current funds 31 Paid-in or capital surplus, or land, building, or equipment fund 31 32 Retained earnings, endowment, accumulated income, or other funds 32 469,756 542,801 33 Total net assets or fund balances 559,107 484,611 Total liabilities and net assets/fund balances

Form 990 (2013)

Form	990 (2013) HOME BUILDERS ASSOCIATION OF FORT 35-0936524			Pa	ge <b>12</b>	
Pa	rt XI Reconciliation of Net Assets					
	Check if Schedule O contains a response or note to any line in this Part XI				$\Box$	
1	Total revenue (must equal Part VIII, column (A), line 12)	1	4	70,	772	
2	Total expenses (must equal Part IX, column (A), line 25)	2	4 !	53,	841	
3	Revenue less expenses. Subtract line 2 from line 1	3		16,	931	
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	4 (	469,75		
5	Net unrealized gains (losses) on investments	5		56,11		
6	Donated services and use of facilities	6				
7	Investment expenses	7				
8	Prior period adjustments	8				
9	Other changes in net assets or fund balances (explain in Schedule O)	9				
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line					
	33, column (B))	10	54	42,	801	
Pa	rt XII Financial Statements and Reporting	_				
	Check if Schedule O contains a response or note to any line in this Part XII					
				Yes	No	
1	Accounting method used to prepare the Form 990.		_ 🔲			
	If the organization changed its method of accounting from a prior year or checked "Other," explain in	•	_			
	Schedule O.					
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		Х	
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or					
	reviewed on a separate basis, consolidated basis, or both:					
	Separate basis Consolidated basis Both consolidated and separate basis					
b	Were the organization's financial statements audited by an independent accountant?		_2b		_ X_	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a					
	separate basis, consolidated basis, or both					
	Separate basis Consolidated basis Both consolidated and separate basis					
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight					
	of the audit, review, or compilation of its financial statements and selection of an independent accountant?		2c			
	If the organization changed either its oversight process or selection process during the tax year, explain in					
	Schedule O.					
3а	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in					
	the Single Audit Act and OMB Circular A-133?		3a		X	
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the					
	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.		3b			
			For	<u>99</u> (	(2013)	

#### SCHEDULE C (Form 990 or 990-EZ)

### **Political Campaign and Lobbying Activities**

For Organizations Exempt From Income Tax Under section 501(c) and section 527

► Complete if the organization is described below.

Attach to Form 990 or Form 990-EZ.

Open to Public Inspection

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

▶ Information about Schedule C (Form 990 or 990-EZ) and its ► See separate instructions.

instructions is at www.irs.gov/form990.

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

- Section 501(c)(3) organizations Complete Parts I-A and B Do not complete Part I-C.
- Section 501(c) (other than section 501(c)(3)) organizations: Complete Parts I-A and C below Do not complete Part I-B
- Section 527 organizations Complete Part I-A only

If the organization answered "Yes," to Form 990, Part IV, line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)). Complete Part II-A Do not complete Part II-B.
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)): Complete Part II-B Do not complete Part II-A.

	e organization answered "Yes," to Form 990, Part IV, line section 501(c)(4), (5), or (6) organizations. Complete Part III.	e 5 (Proxy Tax) or Form 990-	EZ, Part V, line 35	c (Proxy Tax), then	
Nam	HOME BUILDERS ASSOCIA WAYNE	ATION OF FORT		Employer identificat	
Par	t I-A Complete if the organization is exemp	ot under section 501(c)	or is a section	527 organization	
1	Provide a description of the organization's direct and indirect	political campaign activities in	Part IV.		
2	Political expenditures			▶ \$	
3	Volunteer hours			. 0	
Par	TI-B Complete if the organization is exemp	ot under section 501(c)(	3).	<del></del>	
1	Enter the amount of any excise tax incurred by the organization	tion under section 4955		▶ \$	
2	Enter the amount of any excise tax incurred by organization	managers under section 4955		▶ \$	
3	If the organization incurred a section 4955 tax, did it file Form	n 4720 for this year?			Yes No
4a	Was a correction made?				Yes No
<u>b</u>	If "Yes," describe in Part IV.				
	t I-C Complete if the organization is exem			1 501(c)(3).	
1	Enter the amount directly expended by the filing organization	n for section 527 exempt function	ก		
	activities			▶ \$	
2	Enter the amount of the filing organization's funds contribute	d to other organizations for sec	tion		
	527 exempt function activities			▶ \$	
3	Total exempt function expenditures Add lines 1 and 2. Enter	r here and on Form 1120-POL,			
	line 17b			▶ \$	
4	Did the filing organization file Form 1120-POL for this year?				Yes X No
5	Enter the names, addresses and employer identification num	nber (EIN) of all section 527 pol	itical organizations t	o which the filing	
	organization made payments. For each organization listed, e	enter the amount paid from the f	îlıng organızatıon's t	funds Also enter	
	the amount of political contributions received that were prom	ptly and directly delivered to a s	separate political org	ganization, such	
	as a separate segregated fund or a political action committee	e (PAC). If additional space is n	eeded, provide info	mation in Part IV.	<del></del> -
	(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds if none, enter -0-	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization if none, enter -0-
(1)					
(2)					
(3)					
(4)				<u> </u>	

For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule C (Form 990 or 990-EZ) 2013

(5)

(6)

Sche	edule C (Form 990 or 990-EZ) 2013 HOME	BUILDERS AS	SOCIATION (	OF FORT	35-0	936524	Page 2
Pe	art II-A Complete if the organ				filed Form	5768 (electi	
	section 501(h)).  Check ▶ ☐ if the filing organization name, address, EIN  Check ▶ ☐ if the filing organization	, expenses, and sh	are of excess lob	bying expend	ditures).	liated group	member's
_		bbying Expenditu		ioi piovision	<u>з арріу.</u> (a) Fili	na	(b) Affiliated
	(The term "expenditures				organizatio	- 1	group totals
1:	a Total lobbying expenditures to influence p	ublic opinion (grass roof	ts lobbying)		_		
ı	b Total lobbying expenditures to influence a	legislative body (direct	lobbying)	ļ			
(	c Total lobbying expenditures (add lines 1a	and 1b)					
(	d Other exempt purpose expenditures						
(	e Total exempt purpose expenditures (add	•		}			
	f Lobbying nontaxable amount Enter the a columns.	mount from the following	table in both				
	If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxab	le amount is			1	
	Not over \$500,000	20% of the amount on lin	e 1e			1	
	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the	excess over \$500,000			1	
	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the	excess over \$1,000,000			1	
	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the	excess over \$1,500,000			1	
	Over \$17,000,000	\$1,000,000					
	g Grassroots nontaxable amount (enter 259			}			
	h Subtract line 1g from line 1a. If zero or les			}			·
	<ul><li>i Subtract line 1f from line 1c If zero or less</li><li>j If there is an amount other than zero on e</li></ul>		d the organization file	Form 4720	<u>-</u>		
	reporting section 4911 tax for this year?	illier line in or line ii, or	d the organization me	1 01111 4720			☐Yes ☐ No
	(Some organization			n do not have	to complete		ve
		Lobbying Expendit	ures During 4-Yea	r Averaging	Period		-
	Calendar year (or fiscal year beginning ın)	(a) 2010	<b>(b)</b> 2011	(c) 2012	2	( <b>d)</b> 2013	(e) Total
2	a Lobbying nontaxable amount						
	b Lobbying ceiling amount (150% of line 2a, column(e))						
	c Total lobbying expenditures		<b>.</b>				
	d Grassroots nontaxable amount						
	e Grassroots ceiling amount (150% of line 2d, column (e))						
	f Grassroots lobbying expenditures						

Schedule C (Form 990 or 990-EZ) 2013

	legislation, including any attempt to influence public opinion on a legislative matter or					
	referendum, through the use of:	ŧ				
а	Volunteers?					
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?					
С	Media advertisements?					
d	Mailings to members, legislators, or the public?					
е	Publications, or published or broadcast statements?					
f	Grants to other organizations for lobbying purposes?					_
g	Direct contact with legislators, their staffs, government officials, or a legislative body?					
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?					
i	Other activities?					
j	Total Add lines 1c through 1i					
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?					
b	If "Yes," enter the amount of any tax incurred under section 4912					
C	If "Yes," enter the amount of any tax incurred by organization managers under section 4912	. 1				
d	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?					
Pai	till-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or	sect	ion			
	501(c)(6).					
					Yes	No
1	Were substantially all (90% or more) dues received nondeductible by members?			1		X
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?			2	X	
3	Did the organization agree to carry over lobbying and political expenditures from the prior year?			3		X
Pa	t III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or					
	501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No," OR (b) P	'art II	I-A, li	ne 3,	is	
	answered "Yes."					
1	Dues, assessments and similar amounts from members	1				
2	Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of					
	political expenses for which the section 527(f) tax was paid).					
а	Current year	2a				
b	Carryover from last year	2b				
C	Total	2c				
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	3				
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the					
	excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying	. 1				

Part IV Supplemental Information

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

and political expenditure next year?

Provide the descriptions required for Part I-A, line 1, Part I-B, line 4; Part I-C, line 5, Part II-A (affiliated group list), Part II-A, line 2, and Part II-B, line 1 Also, complete this part for any additional information.

Schedule C (Form 990 or 990-EZ) 2013

HOME BUILDERS ASSOCIATION OF FORT 35-0936524

Page 4

Supplemental Information (continued) Part IV

#### SCHEDULE D (Form 990)

Supplemental Financial Statements

► Complete if the organization answered "Yes," to Form 990,
Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

► Attach to Form 990.

Inspection

OMB\_No 1545-0047 2013 Open to Public

Department of the Treasury Internal Revenue Service

▶ Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.

ᄪ	OME BUILDERS ASSOCIATION OF FORT	i	Linpioyor	
	AYNE		35-09	936524
	ert I Organizations Maintaining Donor Advised Fun			
1. Ć	Complete if the organization answered "Yes" to Fo		ounts.	
		(a) Donor advised funds	(b	) Funds and other accounts
1	Total number at end of year	,,,	<del></del>	
2	Aggregate contributions to (during year)			
3	Aggregate grants from (during year)			_+-
4	Aggregate value at end of year			
5	Did the organization inform all donors and donor advisors in writing that t	he assets held in donor advised		<del></del>
•	funds are the organization's property, subject to the organization's exclusion			☐ Yes ☐ No
6	Did the organization inform all grantees, donors, and donor advisors in w			
•	only for chantable purposes and not for the benefit of the donor or donor	•		
	conferring impermissible private benefit?	authorities for any calculate parpose		☐ Yes ☐ No
Pa	ert II Conservation Easements.			
. ,	Complete if the organization answered "Yes" to Fo	orm 990, Part IV, line 7.		
1	Purpose(s) of conservation easements held by the organization (check a	Il that apply).		
	Preservation of land for public use (e.g., recreation or education)	Preservation of an historically impo	rtant land	area
	Protection of natural habitat	Preservation of a certified historic s	tructure	
	Preservation of open space			
2	Complete lines 2a through 2d if the organization held a qualified conserve	ation contribution in the form of a conservation	on	
	easement on the last day of the tax year.			Held at the End of the Tax Year
а	Total number of conservation easements		2a	
b	Total acreage restricted by conservation easements		2b	
С	Number of conservation easements on a certified historic structure include	led in (a)	2c	<del></del>
d	Number of conservation easements included in (c) acquired after 8/17/06	S, and not on a	-	
	historic structure listed in the National Register		2d	
3	Number of conservation easements modified, transferred, released, extir	nguished, or terminated by the organization o	during the	
	tax year ▶			
4	Number of states where property subject to conservation easement is loc	cated ►		
5	Does the organization have a written policy regarding the penodic monitor	oring, inspection, handling of		
	violations, and enforcement of the conservation easements it holds?			∐ Yes ∐ No
6	Staff and volunteer hours devoted to monitoring, inspecting, and enforcing	g conservation easements during the year		
	•			
7	Amount of expenses incurred in monitoring, inspecting, and enforcing co	nservation easements during the year		
	S			
8	Does each conservation easement reported on line 2(d) above satisfy the	e requirements of section 170(ff)(4)(b)		Yes No
9	(i) and section 170(h)(4)(B)(ii)?  In Part XIII, describe how the organization reports conservation easemer	ate in its revenue and evaces statement an	ad.	☐ 163 ☐ NO
9	balance sheet, and include, if applicable, the text of the footnote to the or			
	organization's accounting for conservation easements.		000 1110	
P	Organizations Maintaining Collections of Art, I	Historical Treasures, or Other Sin	nilar As	sets.
	Complete if the organization answered "Yes" to Fe			
1a	If the organization elected, as permitted under SFAS 116 (ASC 958), not	to report in its revenue statement and balan	ce sheet	
	works of art, historical treasures, or other similar assets held for public ex	chibition, education, or research in furtherand	ce of	
	public service, provide, in Part XIII, the text of the footnote to its financial	statements that describes these items		
b	If the organization elected, as permitted under SFAS 116 (ASC 958), to r	eport in its revenue statement and balance s	sheet	
	works of art, historical treasures, or other similar assets held for public ex	chibition, education, or research in furtherand	ce of	
	public service, provide the following amounts relating to these items:			
	(i) Revenues included in Form 990, Part VIII, line 1		<b>&gt;</b>	\$
	(ii) Assets included in Form 990, Part X		<b>&gt;</b>	\$
2	If the organization received or held works of art, historical treasures, or o	ther sımılar assets for financial gain, provide	the	
	following amounts required to be reported under SFAS 116 (ASC 958) re	elating to these items:		
а	Revenues included in Form 990, Part VIII, line 1		<b>&gt;</b>	\$
b	Assets included in Form 990, Part X		<b></b>	\$

Schedule D (Form 990) 2013 HOME BUI	LDERS ASSOC	CIATION OF E	FORT	35-09365	24	Page 2			
Part III Organizations Maintainin	g Collections of	Art, Historical Tre	asures, or	Other Similai	Assets				
3 Using the organization's acquisition, access collection items (check all that apply)	on, and other records,	check any of the follow	ving that are a s	ignificant use of	ts				
a Public exhibition	d $\square$	Loan or exchange prog	grams						
b Scholarly research	e 🗂	Other	-						
c Preservation for future generations									
4 Provide a description of the organization's c	ollections and explain h	now they further the org	janization's exe	mpt purpose in P	art				
XIII.									
5 During the year, did the organization solicit of	5 Dunng the year, did the organization solicit or receive donations of art, historical treasures, or other similar								
assets to be sold to raise funds rather than t		rt of the organization's	collection?			Yes No			
Part IV Escrow and Custodial Arrangements.									
Complete if the organization answered "Yes" to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.									
1a Is the organization an agent, trustee, custod	ian or other intermedia	ry for contributions or o	other assets not						
included on Form 990, Part X?						∐ Yes ∐ No			
b If "Yes," explain the arrangement in Part XIII	and complete the follo	wing table:		1		Amount			
- Province halance					1c	Amount			
c Beginning balance					1d				
<ul><li>d Additions during the year</li><li>e Distributions during the year</li></ul>					1e				
Distributions during the year     Fending balance					1f				
2a Did the organization include an amount on F	Form 990. Part X. line 2	1?		'		Yes No			
b If "Yes," explain the arrangement in Part XIII			ided in Part XII	I					
Part V Endowment Funds.						_			
Complete if the organization	n answered "Yes"	to Form 990, Part	IV, line 10.						
	(a) Current year	(b) Pnor year	(c) Two years	back (d) The	ree years back	(e) Four years back			
1a Beginning of year balance			ļ						
<b>b</b> Contributions			1						
c Net investment earnings, gains, and									
losses									
d Grants or scholarships									
e Other expenditures for facilities and									
programs  f Administrative expenses									
g End of year balance									
2 Provide the estimated percentage of the cui	rent vear end balance	(line 1g. column (a)) he	elofas	•					
a Board designated or quasi-endowment ▶	%								
b Permanent endowment ► %	<b>,</b>								
c Temporarily restricted endowment ▶	%								
The percentages in lines 2a, 2b, and 2c sho	uld equal 100%.								
3a Are there endowment funds not in the posse	ession of the organizati	on that are held and ad	Iministered for t	he		<del></del>			
organization by.						Yes No			
(i) unrelated organizations						3a(i)			
(ii) related organizations		0 1 1 1 20				3a(ii)			
b If "Yes" to 3a(ıı), are the related organization						_3b			
4 Describe in Part XIII the intended uses of the Part VI Land, Buildings, and Equ		ment tunas		<del></del>	<del> </del>	·			
Complete if the organization	-	to Form 990 Part	IV line 11a	See Form 90	n Part X	line 10			
Description of property	(a) Cost or other			(c) Accumulate		(d) Book value			
	(investment)	l ''		depreciation					
1a Land									
<b>b</b> Buildings			75,000	62	,713	12,287			
c Leasehold improvements									
d Equipment									
e Other			03,273	253	,298	49,975			
Total, Add lines 1a through 1e (Column (d) must	equal Form 990. Part X	k, column (B), line 10(c	).)		▶	62.262			

HOME BUILDERS ASSOCIATION OF FORT 35-0936524 Schedule D (Form 990) 2013 Page 3 Part VII Investments—Other Securities. Complete if the organization answered "Yes" to Form 990, Part IV, line 11b. See Form 990, Part X, line 12. (a) Description of security or category (b) Book value (c) Method of valuation (including name of security) Cost or end-of-year market value (1) Financial derivatives (2) Closely-held equity interests 463,400 MARKET (3) Other INVESTMENTS (A) (B) (C) (D) (E) (F) (G) (H) Total. (Column (b) must equal Form 990, Part X, col (B) line 12) 463,400 Investments—Program Related. Complete if the organization answered "Yes" to Form 990, Part IV, line 11c. See Form 990, Part X, line 13. (a) Description of investment (b) Book value (c) Method of valuation Cost or end-of-year market value (1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col (B) line 13 ) ▶ Part IX Other Assets. Complete if the organization answered "Yes" to Form 990, Part IV, line 11d. See Form 990, Part X, line 15. (a) Description (1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col (B) line 15) ▶ Part X Other Liabilities. Complete if the organization answered "Yes" to Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25. (a) Description of liability (b) Book value (1) Federal income taxes (2) \_(3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line 25 ) ▶ 2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740) Check here if the text of the footnote has been provided in Part XIII

	dule D (Form 990) 2013 HOME BUILDERS ASSOCIATION C		e per Return.	Page <b>4</b>		
	Complete if the organization answered "Yes" to Form 990,		•			
1	Total revenue, gains, and other support per audited financial statements		1			
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:					
a	Net unrealized gains on investments	2a				
b	Donated services and use of facilities	2b				
C	Recovenes of pnor year grants	2c				
d	Other (Describe in Part XIII )	2d				
е	Add lines 2a through 2d		2e			
3	Subtract line 2e from line 1		3			
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1.					
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a				
b	Other (Describe in Part XIII )	4b				
С	Add lines 4a and 4b		4c			
5_	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)		5	<u> </u>		
Pa	rt XII Reconciliation of Expenses per Audited Financial State	ements With Expens	ses per Return.			
	Complete if the organization answered "Yes" to Form 990,	Part IV, line 12a.	· · · · · · · · · · · · · · · · · · ·			
1	Total expenses and losses per audited financial statements		1			
2	Amounts included on line 1 but not on Form 990, Part IX, line 25					
а	Donated services and use of facilities	2a				
b	Pnor year adjustments	2b				
C	Other losses	2c				
d	Other (Describe in Part XIII )	2d				
е	Add lines 2a through 2d		2e			
3	Subtract line 2e from line 1	f 1	3			
4	Amounts included on Form 990, Part IX, line 25, but not on line 1					
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a				
b	Other (Describe in Part XIII.)	4b				
С	Add lines 4a and 4b		4c			
5	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)		5			
Part XIII Supplemental Information						

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4, Part IV, lines 1b and 2b, Part V, line 4, Part X, line

Schedule D (Form 990) 2013 HOME BUILDERS ASSOCIATION OF FORT

35-0936524

Page 5

Part XIII Supplemental Information (continued)

SCHEDULE O (Form 990 or 990-EZ) 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.

2013

Department of the Treasury Internal Revenue Service 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.

Open to Public Inspection

Name of the organization

HOME BUILDERS ASSOCIATION OF FORT WAYNE

Employer Identification number 35-0936524

FORM 990, PART VI, LINE 6 - CLASSES OF MEMBERS OR STOCKHOLDERS MEMBERS PAY DUES TO BELONG TO THE ORGANIZATION.

FORM 990, PART VI, LINE 7A - ELECTION OF MEMBERS AND THEIR RIGHTS MEMBERS ELECT THE BOARD OF DIRECTORS.

FORM 990, PART VI, LINE 11B - ORGANIZATION'S PROCESS TO REVIEW FORM 990 REVIEWED AND APPROVED BY THE BOARD OF DIRECTORS.

FORM 990, PART VI, LINE 12C - ENFORCEMENT OF CONFLICTS POLICY REVIEWED BY THE BOARD OF DIRECTORS.

FORM 990, PART VI, LINE 15A - COMPENSATION PROCESS FOR TOP OFFICIAL REVIEWED BY THE EXECUTIVE BOARD OF DIRECTORS AND THEN APPROVED BY THE FULL BOARD OF DIRECTORS.

FORM 990, PART VI, LINE 15B - COMPENSATION PROCESS FOR OFFICERS
REVIEWED BY THE EXECUTIVE BOARD OF DIRECTORS AND THEN APPROVED BY THE FULL
BOARD OF DIRECTORS.

FORM 990, PART VI, LINE 19 - GOVERNING DOCUMENTS DISCLOSURE EXPLANATION DISCLOSURES ARE AVAILABLE UPON REQUEST.