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## Short Form

## Return of Organization Exempt From Income Tax

OMB No. 1545-1150

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

2014

Open to Public  
InspectionDepartment of the Treasury  
Internal Revenue Service

► Do not enter social security numbers on this form as it may be made public.

► Information about Form 990-EZ and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

<b>A For the 2014 calendar year, or tax year beginning</b>		, 2014, and ending	
<b>B Check if applicable</b>		<b>C Name of organization</b>	
<input type="checkbox"/> Address change		HOME BUILDERS ASSOCIATION OF SPARTANBURG	
<input type="checkbox"/> Name change		Number and street (or P O box, if mail is not delivered to street address)	
<input type="checkbox"/> Initial return		Room/suite	
<input type="checkbox"/> Final return/terminated		POST OFFICE BOX 2592	
<input type="checkbox"/> Amended return		City or town, state or province, country, and ZIP or foreign postal code	
<input type="checkbox"/> Application pending		SPARTANBURG, SC 29304-2592	
<b>G Accounting Method</b>		<input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual Other (specify) ►	
<b>I Website:</b> ► <a href="http://www.hbaspartanburg.com">www.hbaspartanburg.com</a>		<b>H Check</b> ► <input checked="" type="checkbox"/> if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF)	
<b>J Tax-exempt status (check only one)</b> — <input type="checkbox"/> 501(c)(3) <input checked="" type="checkbox"/> 501(c)(6) (insert no) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527			
<b>K Form of organization</b>		<input type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other	
<b>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, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ</b>		► \$	

**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 53762
		4 Investment income . . . . .	4 3343
		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 . . . . .	6a
		a Gross income from gaming (attach Schedule G if greater than \$15,000) . . . . .	6b
		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) . . . . .	6c
		c Less direct expenses from gaming and fundraising events . . . . .	6d
		d Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c) . . . . .	
		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 48194
		9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 . . . . . ►	9 105299
	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 23757
		13 Professional fees and other payments to independent contractors . . . . .	13 3306
		14 Occupancy, rent, utilities, and maintenance . . . . .	14 4721
		15 Printing, publications, postage, and shipping . . . . .	15
		16 Other expenses (describe in Schedule O) . . . . .	16 44988
		17 Total expenses. Add lines 10 through 16 . . . . . ►	17 76772
	Net Assets	18 Excess or (deficit) for the year (Subtract line 17 from line 9) . . . . .	18 28527
		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 130383
		20 Other changes in net assets or fund balances (explain in Schedule O) . . . . .	20 -831
		21 Net assets or fund balances at end of year. Combine lines 18 through 20 . . . . . ►	21 158079

For Paperwork Reduction Act Notice, see the separate instructions.

Cat No 10642I

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

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

		(A) Beginning of year	(B) End of year
<b>22</b>	<b>Cash, savings, and investments</b>	<b>97940</b>	<b>129235</b>
<b>23</b>	<b>Land and buildings</b>	<b>32696</b>	<b>30809</b>
<b>24</b>	<b>Other assets (describe in Schedule O)</b>	<b>1090</b>	<b>45</b>
<b>25</b>	<b>Total assets</b>	<b>131726</b>	<b>160089</b>
<b>26</b>	<b>Total liabilities (describe in Schedule O)</b>	<b>1343</b>	<b>2010</b>
<b>27</b>	<b>Net assets or fund balances (line 27 of column (B) must agree with line 21)</b>	<b>130383</b>	<b>158079</b>

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

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

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What is the organization's primary exempt purpose? **STATEMENT ATTACHED**

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.

## Expenses

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

**28 TO ORGANIZE AND BETTER REPRESENT THE HOUSING INDUSTRY ON ISSUES THAT EFFECT OUR ABILITY TO PROVIDE AFFORDABLE HOUSING FOR ALL CITIZENS OF SPARTANBURG COUNTY**

If this amount includes foreign grants, check here

29

28a

29

If this amount includes foreign grants, check here

29a

30

(Grants \$ \_\_\_\_\_) If this amount includes foreign grants, check here

30a

**31 Other program services (describe in Schedule Q)**

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

313

32

**Part IV List of Officers, Directors, Trustees, and Key Employees**

**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 C to compute its compensation on the Part IV.

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

(a) Name and title	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
JEFF SMITH, PRESIDENT	0	0	0	0
ALLEN BUNN, FIRST VICE PRESIDENT	0	0	0	0
TIM SNOW, SECOND VICE PRESIDENT	0	0	0	0
MARK AUTORINO, SECRETARY	0	0	0	0
LEN REED, TREASURER	0	0	0	0

**Part V Other Information** (Note the Schedule A and personal benefit contract statement requirements in the instructions for Part V) Check if the organization used Schedule O to respond to any question in this Part V

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

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

35a 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

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

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

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

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

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 ► 40b

b Section 501(c)(3), 501(c)(4), and 501(c)(29) 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 40c

c Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 40d

d Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations Enter amount of tax on line 40c reimbursed by the organization 40e

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 40f

41 List the states with which a copy of this return is filed ► 41

42a The organization's books are in care of ► Telephone no. ► Located at ► ZIP + 4 ► 42b

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 FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). 42c

c At any time during the calendar year, did the organization maintain an office outside the U.S.? If "Yes," enter the name of the foreign country: ► 42d

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 during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ 44a

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

c Did the organization receive any payments for indoor tanning services during the year? 44c

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

b 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

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 . . . . .

	Yes	No
46		✓

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

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

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

1

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

	Yes	No
47		

48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E  
49a Did the organization make any transfers to an exempt non-charitable related organization? .

48

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

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

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

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

(a) Name and business address of each independent contractor	(b) Type of service	(c) Compensation

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

52 Did the organization complete Schedule A? **Note.** All section 501(c)(3) organizations must attach a completed Schedule A.  Yes  No

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

Sign Here	Signature of officer <i>Alfred R. Bund</i>		Date 5/14/2013		
	Type or print name and title Alfred R. Bund President				
Paid Preparer Use Only	Print/Type preparer's name E. JUDSON WOLFE, CPA	Preparer's signature <i>E. Judson Wolfe</i>	Date 5/13/15	Check <input type="checkbox"/> if self-employed	PTIN P01326710
	Firm's name ► SCOTT TAYLOR, WHITE AND WINGO, CPA's		Firm's EIN ► 57-0427874		
	Firm's address ► P O BOX 3125. SPARTANBURG, SC 29304-3125		Phone no 864-585-5271		

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

Form 990-EZ (2014)

HOME BUILDERS ASSOCIATION OF SPARTANBURG  
FORM 990-EZ ATTACHEMENTS  
YEAR 2014  
EIN 57-6033583

PART I, LINE 8 - OTHER REVENUE

OTHER	<u>48,194</u>
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PART I, LINE 16 - OTHER EXPENSES

MEETINGS	982
INSURANCE	1,602
NATIONAL AND STATE DUES	32,072
TRAVEL	34
OFFICE SUPPLIES	3,130
WEB SITE AND BACKUP	275
DEPRECIATION	1,887
OTHER EXPENSES	<u>5,006</u>
TOTAL OTHER EXPENSE	<u>44,988</u>

PART I, LINE 20 - OTHER CHANGES IN NET ASSETS OR FUND BALANCES

UNREALIZED GAIN ON SECURITIES	<u>(831)</u>
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PART II, LINE 24 - OTHER ASSETS      BEG. OF      END OF  
    YEAR                  YEAR

ACCOUNTS RECEIVABLE	<u>1,090</u>	<u>45</u>
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PART II, LINE 26 - OTHER LIABILITIES      BEG. OF      END OF  
    YEAR                  YEAR

ACCOUNTS PAYABLE	<u>1,343</u>	<u>2,010</u>
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PART III - PRIMARY EXEMPT PURPOSE

HOMEBUILDING PROFESSIONALS PROVIDING THE COMMUNITY AFFORDABLE  
HOUSING THROUGH EDUCATION AND LEGISLATION; PROTECTING  
HOMEOWNERSHIP FOR TODAY AND TOMORROW.