

# 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



**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.

OMB No 1545-0047 2015 Open to Public Inspection

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SCANNED IIIN 2 1 2016

Department of the Treasury Internal Revenue Service ▶ Information about Form 990 and its instructions is at www.irs.gov/form990.

A	For the 2015 c	alendar year, or tax year beginning , and ending			
В	Check if applicable	C Name of organization HOME BUILDERS ASSOCIATION OF FORT		D Employer	identification number
	Address change	WAYNE, INC.			
$\equiv$	Name change	Doing business as	936524		
믁	Manie Glange	Number and street (or P O box if mail is not delivered to street address)	Room/suite	E Telephone	
$\sqsubseteq$	Initial return	305 WEST MAIN STREET		260-	420-2020
	Final return/ terminated	City or town, state or province country, and ZIP or foreign postal code			
	Amended return	FORT WAYNE IN 46802		G Gross rece	ipts \$ 509,396
닉	Amended return	F Name and address of principal officer			
	Application pending	GREGORY GERBERS	H(a) Is this a gro	up return tor su	bordinates? Yes X No
		305 W. MAIN STREET	H(b) Are all subd	ordinates inclu	ded? Yes No
		FORT WAYNE IN 46802	If "No,"	attach a list (	see instructions)
ī	Tax-exempt status	501(c)(3) X 501(c) ( 6 ) ◀ (insert no ) 4947(a)(1) or 527			
		WW.HBAFORTWAYNE.COM	H(c) Group exer	nntion number	•
<del>У</del>	Form of organization			956	M State of legal domicile IN
		X  Corporation     Trust     Association     Other ▶   L Y	ear or iorniauon 1	<u> </u>	m State of legal dofflicite 111
	T				
		scribe the organization's mission or most significant activities:			
çe	MEME	ERSHIP FOR HOME BUILDERS.			
ā					
err					
Š	2 Check th	s box ▶ ☐ If the organization discontinued its operations or disposed of more than 25%	of its net assets	·	
8	3 Number	of voting members of the governing body (Part VI, line 1a)		3	18
es	4 Number	of independent voting members of the governing body (Part VI, line 1b)		4	18
ž	5 Total nun	iber of individuals employed in calendar year 2015 (Part V, line 2a)		5	2
Activities & Governance	6 Total nun	ber of volunteers (estimate if necessary)		6	0
⋖		elated business revenue from Part VIII, column (C), line 12		7a	8,250
	1	ated business taxable income from Form 990-T, line 34		7b	-2,930
	D Net unle	ons and grants (Part VIII, line 1h)	Prior Yea		Current Year
_	8 Contribut	9,450	2,773		
Ę	1	service revenue (Part VIII, line 2g)		8,155	390,850
Revenue	I -	service revenue (Part VIII, line 2g) Int income (Part VIII, column (A), lines 3, 4, and 7d) Income (Part VIII, column (A), lines 5, 6d, 8c, 9c, 19c, and 11e)	7,431	21,881	
8		anua (Part VIII), column (A), lines 5, 4, and (90)		4,868	4,428
	ı			9,904	
	12 Total revo	enue – add lines 8 through 11 (must equal Part VIII, column (A), line 12), 17	33.	9,904	419,932
		d similar amounts paid (Part IX, column (A), lines 1–3)			0
		paid to or for members (Part IX, column (A), line 4)	- 0.60	0	
es	15 Salanes,	other compensation, employee benefits (Part IX, column (A), lines 5–10)	10	7,860	119,315
xpenses	16a Professio	nal fundraising fees (Part IX, column (A), line 11e)			0
ă	<b>b</b> Total fund	Iraising expenses (Part IX, column (D), line 25) ▶ 0			
ш	17 Other exp	enses (Part IX, column (A), lines 11a-11d, 11f-24e)		0,659	301,200
	18 Total exp	enses Add lines 13–17 (must equal Part IX, column (A), line 25)	338	8,519	420,515
	19 Revenue	less expenses Subtract line 18 from line 12	2	1,385	-583
o Ses			Beginning of Cur	rent Year	End of Year
Net Assets or Fund Balances	20 Total ass	ets (Part X, line 16)	56	1,325	529 <b>,</b> 591
A B	21 Total liab	lities (Part X, line 26)	1_3	2,347	<u>11,718</u>
	22 Net asset	s or fund balances Subtract line 21 from line 20	548	8,978	517,873
P	art II Sig	gnature Block			<del>-</del>
U	nder penalties of	erjury, I declare that I have examined this return, including accompanying schedules and statemen	ts, and to the bes	t of my know	wledge and belief, it is
		inpleter Declaration of preparer (other than officer) is based on all information of which preparer ha			•
		Maurice Ettile		5-	9-2016
Sig	ın 🧗 s	gnature of officer		Date	7 2012
le:	···   :	MAURINE E. HOLLE, EXCC. FIRE	MR.		
16	-	rpe or print name and title	CIOI		
	<del></del>	<u> </u>	Louis	1	T J DTIN
٠		preparer's name Preparer's sugneture	Date	// Check	f PTIN
aid	IINA M	. PEREZ, CPA	P/6/	self-em	
	parer Firm's nar		F	ım's EIN 🕨	<u>35-1939627</u>
Jse	Only	6920 POINTE INVERNESS WAY #300			
	Firm's add	ress ► FORT WAYNE, IN 46804-7926	P	hone no	260-422-2551
lay		this return with the preparer shown above? (see instructions)			X Yes No
		ction Act Notice, see the separate instructions.			Form <b>990</b> (2015)

	HOME BUILDERS ASS		0936524	Page 2
	tatement of Program Serv		2 4 111	
		a response or note to any line in this I	Part III	
	ibe the organization's mission: HIP FOR HOME BUIL	DERS.		
Did the orga	nization undertake any significant n	ogram services during the year which were not li	stad on the	
_	90 or 990-EZ?	ogram services during the year which were not in	sted off the	Yes X No
	cribe these new services on Schedi	ule O.		
_	nization cease conducting, or make	significant changes in how it conducts, any progr	am	
services?	anka dhara ahara an Orba I. ta O			Yes X No
	cribe these changes on Schedule C	complishments for each of its three largest progra	m services, as measured by	
		nizations are required to report the amount of gra		
	enses, and revenue, if any, for each	•		
Code	) (Expenses \$	including grants of \$ OR MEMBERS TO BRING TOGE	) (Revenue \$	
		LDING INDUSTRY, PUBLISH		ALS AND
		AND HOLDS SEMINARS TO B		1110 11110
	TION TO MEMBERS.	THE HBA ALSO DOES A SPE		7
		OF HOMES" TO SHOWCASE NE		
STIMULA'	re public interes'	I IN NEW HOME CONSTRUCT	ON.	
(Code	) (Expenses \$	including grants of \$	) (Revenue \$	
(0000	) (Expenses $\psi$	moduling grants or \$	) (Nevenue 🏺	
(Code	) (Expenses \$	including grants of \$	) (Revenue \$	
	m services (Describe in Schedule C			
(Expenses S		ding grants of \$ ) (	Revenue \$)	· · ·
Total program	n service expenses >			Form <b>990</b> (201
				- Poriti 330 (201)

DAA

Part IV	Checklist of Regu	ired Schedules

	art ty Checklist of Required Schedules			
	·		Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"			
	complete Schedule A	1		<u>X</u>
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2_		_X_
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to	_	٠,,	
	candidates for public office? If "Yes," complete Schedule C, Part I	3	_X	
4	Section 501(c)(3) organizations. 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	4		
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues,			
	assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C,	_	ν,	
•	Part III	5	_X_	
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors			
	have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If	_		X
7	"Yes," complete Schedule D, Part I	6_		
′	Did the organization receive or hold a conservation easement, including easements to preserve open space,	7		X
8	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II  Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"			- 1
Ü	complete Schedule D, Part III	8		Х
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a			
•	custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or			
	debt negotiation services? If "Yes," complete Schedule D, Part IV	9		Х
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted			
	endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		Х
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI,			
	VII, VIII, IX, or X as applicable		1	
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes,"			
	complete Schedule D, Part VI	11a	Χ	
b	Did the organization report an amount for investments—other secunties in Part X, line 12 that is 5% or more			
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
C	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more			
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets			
	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		Χ
Ť	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			v
40-	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		Х
ıza	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete	425		Х
<b>h</b>	Schedule D, Parts XI and XII	12a		
D	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking,			
	fundraising, business, investment, and program service activities outside the United States, or aggregate			
	foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		Х
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or			
	for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		Χ
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other			
	assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		X
7	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on			
	Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17		X
8	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on		ļ	
_	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		X
9	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?			٠,
	If "Yes " complete Schedule G. Part III	19		X

Part IV		
	of Required Schedules (	

	•		Yes	No
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		Х
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 19 if "Yes," complete Schedule I, Parts I and II	21		Х
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the			
	organization's current and former officers, directors, trustees, key employees, and highest compensated			
	employees? if "Yes," complete Schedule J	23		X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than			ł
	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b			
	through 24d and complete Schedule K If "No," go to line 25a	24a		_X
þ	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
C	Did the organization maintain an escrow account other than a refunding escrow at any time during the year			İ
	to defease any tax-exempt bonds?	24c		L
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior			i
	year, and that the transaction has not been reported on any of the organization's pnor Forms 990 or 990-EZ?			l
	If "Yes," complete Schedule L, Part I	25b		<u> </u>
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any			l
	current or former officers, directors, trustees, key employees, highest compensated employees, or		i	
	disqualified persons? If "Yes," complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee,			
	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	27		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L,			ĺ
	Part IV instructions for applicable filing thresholds, conditions, and exceptions)			İ
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete			
	Schedule L, Part IV	28b		Х
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	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified			
~4	conservation contributions? If "Yes," complete Schedule M	30		_X_
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N,			
32	Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes,"			v
33	complete Schedule N, Part II	32		X
JJ	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			v
34	sections 301 7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		<u> X</u>
<b>J</b> 4	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III,	1		v
352	or IV, and Part V, line 1	34		X
b	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		_^_
	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	256		
36		35b		<del> </del>
	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-chantable related organization? If "Yes," complete Schedule R, Part V, line 2	ا ء ا		
37	·	36		<u> </u>
٠,	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		Х
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and	37		
	19? <b>Note</b> . All Form 990 filers are required to complete Schedule O	38	y	

14b

Form 990 (2015)

If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O

Form	1990 (2015) HOME BUILDERS ASSOCIATION OF FORT 35-0936524			age o
₽₽	ert VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and f	for a "N	o"	
	response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See	instruc	tions.	
	Check if Schedule O contains a response or note to any line in this Part VI			_X_
Sec	tion A. Governing Body and Management			
		<b></b>	Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 18 18	_[		
	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.			
þ	Enter the number of voting members included in line 1a, above, who are independent 18	_		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with			
	any other officer, director, trustee, or key employee?	2		X
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?	3		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		Х
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5_		Х
6	Did the organization have members or stockholders?	6	Х	<u> </u>
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint	İ		
	one or more members of the governing body?	7a	X	<u> </u>
ь	Are any governance decisions of the organization reserved to (or subject to approval by) members,			
	stockholders, or persons other than the governing body?	7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		7.7	•
а	The governing body?	8a	X	
b	Each committee with authority to act on behalf of the governing body?	8b	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at			.,
<del></del>	the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		<u> X</u>
<u> </u>	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Co	oue.)	¥	
10-	Did the executation have been been been been been as effected.	10a	Yes	No X
10a	Did the organization have local chapters, branches, or affiliates?	IUa		
D	If "Yes," did the organization have written policies and procedures governing the activities of such chapters,	10b		
11a	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	11a	Х	
b	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	l la	- 21	$\vdash$
12a	Describe in Schedule O the process, if any, used by the organization to review this Form 990  Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Χ	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give use to conflicts?	12b	X	<del> </del>
6	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"	120	- 21	<del></del>
·	describe in Schedule O how this was done	12c	Х	
13	Did the organization have a written whistleblower policy?	13	X	$\vdash$
14	Did the organization have a written document retention and destruction policy?	14	X	
15	Did the process for determining compensation of the following persons include a review and approval by		-1.	
. •	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a	Х	Ī
b	Other officers or key employees of the organization	15b	X	
	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?	16a		Х
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?	16b		
Sect	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed ▶ IN			
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only)			
	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)			
19	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, address, and telephone number of the person who possesses the organization's books and records:			
MA	URINE HOLLE 305 W MAIN STREET			

FORT WAYNE

DAA

260-420-2020

IN 46802

Form 990 (2015)	HOME	BUILDERS	ASSOCIATION	OF	FORT	35-0936524	Page 7
Part VII	Compens	sation of Offic	ers, Directors, Tru	stee	s, Key E	mployees, Highest Compen	sated Employees, and
	Indèpend	lent Contracto	ors				
	Check if S	Schedule O cor	<u>ntains a response o</u>	r note	e to any l	ine in this Part VII	
Section A.	Officers, D	irectors, Trustee:	s, Key Employees, and	Highe	st Compe	nsated Employees	
1a Complete this	s table for al	l persons required	to be listed Report comp	ensat	on for the	calendar year ending with or within th	e

- 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 organization compensated any current officer, director, or trustee

(A)  Name and Title  Average hours per week (list any		(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D)  Reportable compensation from the organization	(E)  Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the
	hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	(W-2/1099-MISC)	(NPZ 1035-MIGC)	organization and related organizations
(1) BARCLAY ALLEN										
DIRECTOR	0.50	,,							^	
DIRECTOR (2) JOSH BARKLEY	0.00	X	-	$\vdash$	_			0	0	0
(2) OOSII BARKLEI	0.50									
DIRECTOR	0.00	Х			ŀ			l ol	0	0
(3) SCOTT BARNETT										-
	0.50			İ		li				
DIRECTOR	0.00	X						0	0	0
(4) KEVAN BIGGS										
	0.50	١							0	0
DIRECTOR (5) JEFF BUSHEY	0.00	X	-			$\vdash$		_0	0	0
(a) OETT BOSHEI	0.50			ŀ						
DIRECTOR	0.00	X						0	0	0
(6) GREGORY GERBERS	0.00	<del>  ^``</del>	$\vdash$	$\vdash$						
	1.10			1						
PRESIDENT	0.00	Х		Х				0	0	0
(7) TYLER KEES						1				
	0.50									
DIRECTOR	0.00	Х						0	0	0
(8) BRAD LOMBARD	0 50		ĺ					!		
DIRECTOR	0.50 0.00	Х						0	0	0
(9) GREG ROBERTS	0.00	<u>├</u> ^	├─	_		Н		<u> </u>		0
(c) CREC ROBERTS	0.50									
DIRECTOR	0.00	Х						o	0	0
(10) JESSICA SCHEURIC										-
	1.10									
SECRETARY	0.00	Х		Χ				0	0	0
(11) RYAN SCHILTZ										
7777070	0.50	,								^
DIRECTOR DAA	0.00	Х				لـــا		0	0	0
DAA										Form <b>990</b> (2015)

Part VII Section A. Officers	, Directors, Tru	stee	s, Ke	y Er	nplo	yees	s, ar	nd Highest Compensated	Employees (continued)	
(A) Name and <sub>t</sub> itle	(B) Average hours per week (list any hours for	of	ox, unl	Pos check ess pe nd a c	rson i Irecto	than o	an ee)	(D) Reportable compensation from the organization	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the
	related organizations below dotted line)	or director	nstitutional trustee	Officer	Key employee	Highest compensated employee	Former	(W-2/1099-MISC)		organization and related organizations
(12) ORRIN SESSION	S 0.50									
DIRECTOR (13) JAY SHIPLEY	0.00	X						0	0	0
DIRECTOR	0.50	x						0	0	0
(14) TAMRA STIER	1.10									
PAST PRESIDENT (15) JEFF THOMAS	0.00	X	-				_	0	0	0
VICE PRESIDENT	1.10	X		X	:			0	0	0
(16) ROB WACKER	0.50									
DIRECTOR (17) CRAIG YODER	0.00	Х		X	<u></u>			0	0	0
TREASURER	1.10	Х		Х				0	0	0
(18) MAURINE HOLLE	45.00 0.00			,,			:	62,004	0	7,150
EXECUTIVE DIRECTOR	0.00			Х				63,894	0	7,130
1b Sub-total c Total from continuation shee	An An Donal VIII C	4:-		<u> </u>	<u> </u>	<u> </u>	<u> </u>	63,894		7,150
d Total (add lines 1b and 1c)							<u> </u>	63,894		7,150
2 Total number of individuals (increportable compensation from the compensation)			to th	ose	listed	abo	ve)	who received more than \$10	00,000 of	
3 Did the organization list any for employee on line 1a? If "Yes," of	mer officer, dire	ctor, ile .l	or tru	ustee uch i	e, key	y em	ploy	ee, or highest compensated		Yes No
4 For any individual listed on line organization and related organi.	1a, is the sum of	f rep	ortab	le co	mpe	ensat			n the	4 X
<ul> <li>individual</li> <li>Did any person listed on line 1a for services rendered to the org</li> </ul>									lividual	5 X
Section B. Independent Contractor  1 Complete this table for your five		neate	d inc	lono	nder	t cor	ntrac	tors that received more than	n \$100,000 of	
compensation from the organiz								year ending with or within t	he organization's tax year.	(C) Compensation
Name and	bùsíness address							Descript	(B) uon of services	Comperisation
	<del></del> -							<del> </del>		
								<del></del>		
Total number of independent correceived more than \$100,000 o								listed above) who	0	
DAA							_			Form <b>990</b> (2015)

Part VIII Statement of Revenue Check if Schedule O contains a response or note to any line in this Part VIII (D) Revenue excluded from tax (C) Unrelated Total revenue exempt function business under sections 512-514 revenue revenue 1a Federated campaigns 1a b Membership dues 1b c Fundraising events 1c 1d d Related organizations e Government grants (contributions) 1e f All other contributions, gifts, grants, and similar amounts not included above 1f 2,773 g Noncash contributions included in lines 1a-1f h Total. Add lines 1a-1f 2,773 Program Service Revenue Busn. Code TOWN & COUNTRY SHOWCASE 900099 170,863 170,863 141 b MEMBERSHIP DUES 900099 141,450 450 C 900099 <u>52,0</u>59 52,059 MEMBERSHIP MEETINGS 900099 18,228 BUILDER STANDARDS BOOKS 18,228 900099 4,850 IMPACT 4,850 3,400 3,400 f All other program service revenue 390,850 Total. Add lines 2a-2f  $\blacktriangleright$ Investment income (including dividends, interest, 9,530 9,530 and other similar amounts) Income from investment of tax-exempt bond proceeds 5 Royalties (ı) Real (II) Personal 6a Gross rents b Less rental exps Rental inc or (loss) Net rental income or (loss) Gross amount from (i) Secunties (n) Other sales of assets 88,285 13,530 other than inventor **b** Less cost or other 89,464 basis & sales exps 13,530 -1,179c Gain or (loss) 12,351 12,351 d Net gain or (loss)  $\triangleright$ 8a Gross income from fundraising events Other Revenue (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  $\blacktriangleright$ 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 b c Net income or (loss) from sales of inventory Miscellaneous Revenue Busn. Code 11a MISCELLANEOUS 4,428 4,428 b d All other revenue 4,428 Total, Add lines 11a-11d 8,250 Total revenue. See instructions 419,932 141,450 267,459

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Form 990 (2015)

### Part IX Statement of Functional Expenses

DAA

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A). Check if Schedule O contains a response or note to any line in this Part IX (D) (B) (C) Do not include amounts reported on lines 6b, Total expenses Program service Management and 7b, 8b, 9b, and 10b of Part VIII. expenses expenses general expenses Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 2 Grants and other assistance to domestic individuals. See Part IV, line 22 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 Benefits paid to or for members Compensation of current officers, directors, 71,044 trustees, and key employees Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) 39,703 Other salanes and wages Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) 241 Other employee benefits Payroll taxes 8, 327 10 Fees for services (non-employees). Management b Legal 2,425 Accounting d Lobbying Professional fundraising services. See Part IV, line 17 Investment management fees Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O) 262 12 Advertising and promotion 6,806 13 Office expenses Information technology 1,200 Royalties 15 5,295 16 Occupancy 545 17 Travel 18 Payments of travel or entertainment expenses for any federal, state, or local public officials 1,753 19 Conferences, conventions, and meetings 20 Interest 97,700 Payments to affiliates 21 12,246 22 Depreciation, depletion, and amortization Insurance 2,987 23 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.) 109,417 TOWN & COUNTRY SHOWCASE а 29,104 MEMBER MEETINGS/OUTINGS b <u>11,333</u> BUILDER STANDARDS BOOKS C 9,500 DONATIONS 10,627 e All other expenses 0 0 0 420,515 Total functional expenses. Add lines 1 through 24e 25 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 ▶ following SOP 98-2 (ASC 958-720)

Form 990 (2015) HOME BUILDERS ASSOCIATION OF FORT 35-

35-0936524

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P	art 2	X Balance Sheet					
		Check if Schedule O contains a response or note	o any lir	ne in this Part X			
		•			(A) Beginning of year		(B) End of year
	1	Cash—non-interest bearing			40,003	_1	30,261
	2	Savings and temporary cash investments				2	
	3	Pledges and grants receivable, net		3			
	4	Accounts receivable, net		ſ	10,689	4	9,225
	5	Loans and other receivables from current and former offi	cers, dır	ectors,			
		trustees, key employees, and highest compensated emp					
		Complete Part II of Schedule L				5	
	6	Loans and other receivables from other disqualified pers	ons (as	defined under section			
		4958(f)(1)), persons described in section 4958(c)(3)(B), a	and conf	tributing employers and	:		
		sponsoring organizations of section 501(c)(9) voluntary e	mploye	es' beneficiary			
ts	l	organizations (see instructions). Complete Part II of Sche		6			
Assets	7	Notes and loans receivable, net				7	
Ä	8	Inventones for sale or use				8	
	9	Prepaid expenses and deferred charges			3,904	9	6,680
	10a	Land, buildings, and equipment cost or	1				
		other basis. Complete Part VI of Schedule D	10a	403,705			
	b	Less accumulated depreciation	10b	403,705 339,095	75,287	10c	64,610
	11	Investments—publicly traded securities			431,442	11	418,815
	12	Investments—other securities See Part IV, line 11		12			
- 1	13	Investments—program-related See Part IV, line 11	i		13		
	14	Intangible assets			·	14	
	15	Other assets See Part IV, line 11			15		
	16	Total assets. Add lines 1 through 15 (must equal line 34	)		561,325	16	529 <b>,</b> 591
	17	Accounts payable and accrued expenses			192	17	33
	18	Grants payable		18			
	19	Deferred revenue			12,155	19	11,685
I	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability Complete Part IV of	Schedu	le D		21	
ရွ	22	Loans and other payables to current and former officers,	director	s,			
Liabilities		trustees, key employees, highest compensated employee	es, and				
japi		disqualified persons Complete Part II of Schedule L				22	
۱-	23	Secured mortgages and notes payable to unrelated third	parties			23	
	24	Unsecured notes and loans payable to unrelated third pa	rties			24	
	25	Other liabilities (including federal income tax, payables to	related	third			
İ		parties, and other liabilities not included on lines 17-24)	Complet	e Part X			
- 1		of Schedule D				25	
_	26	Total liabilities. Add lines 17 through 25			12,347	26	11,718
- 1		Organizations that follow SFAS 117 (ASC 958), check	k here )	▶ 🗓 and			
Net Assets or Fund Balances		complete lines 27 through 29, and lines 33 and 34.					
ğ	27	Unrestricted net assets			548,978	27	517 <b>,</b> 873
Ba	28	Temporarily restricted net assets				28	
밀	29	Permanently restricted net assets				29	
٤		Organizations that do not follow SFAS 117 (ASC 958	), check	chere 🕨 📗 and			
ا <u>ة</u>		complete lines 30 through 34.	-				
Set	30	Capital stock or trust principal, or current funds		30			
Y Y	31	Paid-in or capital surplus, or land, building, or equipment	fund			31	
Ĕ	32	Retained earnings, endowment, accumulated income, or	other fu	nds		32	
	33	Total net assets or fund balances	548,978		517,873		
	34	Total liabilities and net assets/fund balances			561,325	34	529,591

Part XI Reconciliation of Net Assets Check if Schedule O contains a response or note to any line in this Part XI  1 Total revenue (must equal Part VIII, column (A), line 12) 2 Total at expenses (must equal Part VIII, column (A), line 25) 3 Revenue less expensess. Subtract line 2 from line 1 4 S48, 978 4 Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) 5 Net unrealized gains (losses) on investments 6 Consider services and use of facilities 7 Investment expenses 8 Prior peniod adjustments 9 Other changes in net assets or fund balances (explain in Schedule O) 9 Other changes in net assets or fund balances (explain in Schedule O) 9 Other changes in net assets or fund balances (explain in Schedule O) 9 Other changes in net assets or fund balances (explain in Schedule O) 9 Other changes in net assets or fund balances (explain in Schedule O) 9 Other changes in net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))  7 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))  8 Part XII Financial Statements and Reporting Check if Schedule O contains a response or note to any line in this Part XII  1 Accounting method used to prepare the Form 990. Cash Accrual Office of MODIFIED CASH If the organization shanged its method of accounting from a prior year or checked "Other," explain in Schedule O  2 Were the organization's financial statements compled or reviewed by an independent accountant?  2 2 X  1 (1''Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed by an independent accountant?  2 2 X  1 (1''Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis. Oconolidated basis, or both If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis. Oconolidated basis of both If "Yes," check a box below to ind	For <del>i</del> r	1990 (2015) HOME BUILDERS ASSOCIATION OF FORT 35-0936524				Pa	ge <b>12</b>
1 Total revenue (must equal Part VIII, column (A), line 12) 2 Total expenses (must equal Part IX, column (A), line 25) 3 Revenue less expenses. Subtract line 2 from line 1 3 Revenue less expenses. Subtract line 2 from line 1 3 Revenue less expenses. Subtract line 2 from line 1 3 Revenue less expenses. Subtract line 2 from line 1 3 Revenue less expenses. Subtract line 2 from line 1 5 Net unrealized gains (losses) on investments 5 Net unrealized gains (losses) on investments 6 Revenue services and use of facilities 6 Revenue services and use of facilities 7 Investment expenses 8 Prior period adjustments 9 Other changes in net assets or fund balances (explain in Schedule O) 9 Other changes in net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 3, solumn (8)) 10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 3, solumn (8)) 11 Accounting method used to prepare the Form 990. Cash Accrual Other MODIFIED CASH If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O Reverse of the service of t	Pa	art XI Reconciliation of Net Assets					
2 Total expenses (must equal Part IX, column (A), line 25) 3 Revenue less expenses. Subtract line 2 from line 1 3		Check if Schedule O contains a response or note to any line in this Part XI					
3	1	Total revenue (must equal Part VIII, column (A), line 12)	1	<u> </u>			
4 Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))  5 Net unrealized gains (losses) on investments  6 Donated services and use of facilities  6 Investment expenses  7 Part great adjustments  8 Priori peniod adjustments  8 Priori peniod adjustments  9 Other changes in net assets or fund balances (explain in Schedule O)  9 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))  7 Investigation (B)  10 Statements and Reporting  11 Accounting method used to prepare the Form 990. Cash Accrual Office and 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? 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 basis both consolidated and separate basis  b Were the organization's financial statements audited by an independent accountant? 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, or both. Separate basis, consolidated basis Both consolidated and separate basis  b Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis. Consolidated basis Both consolidated and separate basis  c 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? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O indicate whether the organization nudergo t	2	Total expenses (must equal Part IX, column (A), line 25)	_ 2	L	42		
5 Net unrealized gains (losses) on investments 6 Donated services and use of facilities 7 Investment expenses 7 Prior penod adjustments 8 Prior penod adjustments 8 Prior penod adjustments 9 Other changes in et assets or fund balances (explain in Schedule O) 9 Interpretation (a) Solumin (B) Sol	3	Revenue less expenses. Subtract line 2 from line 1	3	<u> </u>			
6 Donated services and use of facilities 7 Investment expenses 8 Pror perior adjustments 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 3, column (B)) 10 Star, 873  Part XII Financial Statements and Reporting Check if Schedule O contains a response or note to any line in this Part XII  1 Accounting method used to prepare the Form 990. Cash Accrual Other, explain in Schedule O Schedule O 2a Were the organization's financial statements compiled or reviewed by an independent accountant? 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, financial statements addited by an independent accountant? 16 Yes, check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis. Consolidated basis Both consolidated and separate basis 16 Yes, check a box below to indicate whether the financial statements for the year were audited on a separate basis. Consolidated basis Both consolidated and separate basis 16 Yes, check a box below to indicate whether the financial statements for the year were audited on a separate basis. Consolidated basis Both consolidated and separate basis 16 Yes, check a box below to indicate whether the financial statements for the year were audited on a separate basis. Consolidated basis Both consolidated and separate basis 16 Yes, check a box below to indicate whether the financial statements for the year were audited on a separate basis. Consolidated basis Both consolidated and separate basis 16 Yes, check a box below to indicate whether the financial statements for the year were audited on a separate basis. Consolidated basis Both consolidated and separate basis 16 Yes, check a box below to indicate whether the financial statements for the year were audited on a separate basis. Consolidated basis Both con	4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	<u></u>			
7 investment expenses 8 Prior period adjustments 9 Other changes in net assets or fund balances (explain in Schedule O) 9 Other changes in net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))  Part XII Financial Statements and Reporting Check if Schedule O contains a response or note to any line in this Part XII  Accounting method used to prepare the Form 990. Cash Accrual Other MODIFIED CASH If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O  2a Were the organization shancial statements compiled or reviewed by an independent accountant? 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? 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, or both. Separate basis Consolidated basis Both consolidated and separate basis  c 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? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O  3a 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 As if 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  5b If "Yes," did the organization undergo the required audit or audits? If the organization	5	Net unrealized gains (losses) on investments	5		<u> </u>	30,	<u>522</u>
8 Prior period adjustments 9 Other changes in net assets or fund balances (explain in Schedule O) 10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B)) 10 S17, 873  Part XII Financial Statements and Reporting Check if Schedule O contains a response or note to any line in this Part XII  1 Accounting method used to prepare the Form 990. Cash Accrual Other, "explain in Schedule O at 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? 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 c 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? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O  3a 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 If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the audit or audits, explain why in Schedule O and describe any	6	Donated services and use of facilities	6				
9 Other changes in net assets or fund balances (explain in Schedule O) 10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B)) 517, 873  Part XII Financial Statements and Reporting Check if Schedule O contains a response or note to any line in this Part XII    Accounting method used to prepare the Form 990.	7	Investment expenses	7				
10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))  Part XII Financial Statements and Reporting Check if Schedule O contains a response or note to any line in this Part XII  Accounting method used to prepare the Form 990. Cash Accrual X Other MODIFIED CASH If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O  Were the organization's financial statements compiled or reviewed by an independent accountant? 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? 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 c 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? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O  3a 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?  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 If "Yes," did the organization why in Schedule O and describe any steps taken to undergo such audits	8	Prior period adjustments	8				
733, column (B))  Part XII Financial Statements and Reporting Check if Schedule O contains a response or note to any line in this Part XII  Accounting method used to prepare the Form 990.	9	Other changes in net assets or fund balances (explain in Schedule O)	9				
33, column (B))  Part XII Financial Statements and Reporting Check if Schedule O contains a response or note to any line in this Part XII  Accounting method used to prepare the Form 990.	10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line					
Check if Schedule O contains a response or note to any line in this Part XII    Accounting method used to prepare the Form 990.   Cash   Accrual   X Other   MODIFIED   CASH     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   X     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, or both.   Separate basis   Consolidated basis   Both consolidated and separate basis     c   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     Schedule O   State   Sta			10		_ 5:	17,	873
1 Accounting method used to prepare the Form 990.	Pa	ert XII Financial Statements and Reporting					
1 Accounting method used to prepare the Form 990.		Check if Schedule O contains a response or note to any line in this Part XII					
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?  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?  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  c 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?  If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O  3a 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?  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				_		Yes	No
Schedule O  2a Were the organization's financial statements compiled or reviewed by an independent accountant?  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?  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  c 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?  If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O  3a 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, explain why in Schedule O and describe any steps taken to undergo such audits  3b	1	Accounting method used to prepare the Form 990. Cash Accrual X Other MODIFIED C	ASH	i			
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required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	b	-					<del></del>
The state of the s	_				3b		
		The second of th				n <b>99</b> (	(2015)

## 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

▶ Attach to Form 990 or Form 990-EZ.

OMB No 1545-0047 2015

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Department of the Treasury Internal Revenue Service To Organizations Exempt From mounts fax officer section of its and section

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

If the organization answered "Yes," on 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

► Complete if the organization is described below.

· Section 527 organizations Complete Part I-A only.

if the organization answered "Yes," on 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

If the organization answered "Yes," on Form 990, Part IV, line 5 (Proxy Tax) (see separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (see separate instructions), then

	section 50 f(c)(4), (5), or (6) organizations. Complete Part III				
Nam	e of organization HOME BUILDERS ASSOC	CIATION OF FORT		Employer ident	ification number
	WAYNE, INC.			<u>35-09365</u>	24
Pa	rt I-A Complete if the organization is exer	mpt under section 501(c)	or is a section	n 527 organizatio	n.
1	Provide a description of the organization's direct and indire	ect political campaign activities in	Part IV.		
2	Political expenditures			▶ \$	
3	Volunteer hours			C	)
				_	
Pa	t I-B Complete if the organization is exer	mpt under section 501(c)	(3).		
1	Enter the amount of any excise tax incurred by the organization	ation under section 4955		▶ \$	
2	Enter the amount of any excise tax incurred by organization	n managers under section 4955		▶ \$	
3	If the organization incurred a section 4955 tax, did it file Fo	rm 4720 for this year?			Yes No
4a	Was a correction made?				Yes No
	If "Yes," describe in Part IV				
Pa	rt I-C Complete if the organization is exer	mpt under section 501(c)	), except section	on 501(c)(3).	
1	Enter the amount directly expended by the filing organization	on for section 527 exempt function	n		
	activities			▶ \$	
2	Enter the amount of the filing organization's funds contribut	ted to other organizations for sec	tion		
	527 exempt function activities			▶ \$	
3	Total exempt function expenditures. Add lines 1 and 2. Ent	er here and on Form 1120-POL,			
	line 17b			▶ \$	
4	Did the filing organization file Form 1120-POL for this year	77			Yes X No
5	Enter the names, addresses and employer identification nu	ımber (EIN) of all section 527 pol	itical organizations t	to which the filing	
	organization made payments. For each organization listed,	, enter the amount paid from the f	filing organization's	funds Also enter	
	the amount of political contributions received that were pro	• •	•		
	as a separate segregated fund or a political action committee	tee (PAC) If additional space is n	eeded, provide info	rmation in Part IV	· · · · · · · · · · · · · · · · · · ·
	(a) Name	(b) Address	(c) EIN	(d) Amount paid from	(e) Amount of political
				filing organization's funds if none, enter -0-	contributions received and promptly and directly
				tunus ti none, enter -o-	delivered to a separate
					political organization If
					none, enter -0-
(1)					
	<u></u>				<u> </u>
(2)					1
	<del></del>				
(3)					
	<del></del>				
4)					
					<del> </del>
5)					
6)					
			•		i e

Sch	nèdule C (Form 990 or 990-EZ) 2015 HOME	BUILDERS A	ASSOCIATION	OF FORT	35-093	36524			Page 2
	art II-A Complete if the organ						ion ur	nder	
_	section 501(h)).	<del></del>			107 1 751 1			h	
Α	Check . ▶ ☐ if the filing organizat					ed group	o mem	bers	
R	name, address, EIN Check ▶ ☐ if the filing organizat								
_		bbying Expendit		tioi piovisio	(a) Filing		(b)	Affiliated	
	(The term "expenditures"				organization's total	s		up totals	
1	a Total lobbying expenditures to influence pi								
	b Total lobbying expenditures to influence a								
	c Total lobbying expenditures (add lines 1a		- <del>-</del> -						
	d Other exempt purpose expenditures								
	e Total exempt purpose expenditures (add li	nes 1c and 1d)							
	f Lobbying nontaxable amount. Enter the ar columns	nount from the following	ng table in both						
	If the amount on line 1e, column (a) or (b) is	: The lobbying no	ntaxable amount is:			1			
	Not over \$500,000	20% of the amou	nt on line 1e						
	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15	% of the excess over \$50	00,000		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 \$1,5	00,000		1			
	Over \$17,000,000	\$1,000,000				······································			
	g Grassroots nontaxable amount (enter 25%						<del></del>		
h Subtract line 1g from line 1a If zero or less, e					·				
	<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 ei</li></ul>	•	hid the organization file	Form 4720		L			
	reporting section 4911 tax for this year?	ther time in or line in, t	and the organization me	1 01111 4720				Yes	□ No
_	reporting seedies. For the for time your	4-Year Averag	ing Period Under s	section 501(h	)				·_ ·_ ·
	(Some organizations that ma					column	s belov	₩.	
			instructions for lin						
		obbying Expendit	ures During 4-Yea	r Averaging F	Period		,		
	Calendar year (or fiscal year beginning in)	(a) 2012	(b) 2013	(c) 201	4 (d) 2	2015		(e) Tot	al
2	a Lobbying nontaxable amount								
- 1	b Lobbying ceiling amount								
	(150% of line 2a, column(e))								
	c Total lobbying expenditures							_	
_ (	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) 2015

Page 3

Pa	art II-B Complete if the organization is exempt under section 501(c)(3) and ha (election under section 501(h)).	s NOT filed I	Form	5768		
		(a)			b)	
	r each "Yes," response on lines 1a through 1i below, provide in Part IV a detailed scription of the lobbying activity.	Yes	No	Am	ount	
	During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of  a Volunteers?  b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?					
c	c Media advertisements?					
d	d Mailings to members, legislators, or the public?					
e	e Publications, or published or broadcast statements?					
1	f Grants to other organizations for lobbying purposes?					
g	g Direct contact with legislators, their staffs, government officials, or a legislative body?					
h	h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?					
İ	i Other activities?					
j	j Total. Add lines 1c through 1i					
2a	a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		ļ	ļ		
	b If "Yes," enter the amount of any tax incurred under section 4912					
C	c If "Yes," enter the amount of any tax incurred by organization managers under section 4912				,	
	d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?		L	<u> </u>		<del></del>
Ра	art III-A Complete if the organization is exempt under section 501(c)(4), sectio 501(c)(6).	n 501(c)(5), (	or se	ction		
		-			Ye	s No
1	Were substantially all (90% or more) dues received nondeductible by members?			1	$\perp$	X
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?			2	X	
3_				3		X
Pa	Complete if the organization is exempt under section 501(c)(4), sectio 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered answered "Yes."				3, is	;
1			1	· · · · ·		
2						
	political expenses for which the section 527(f) tax was paid).					
а	Current year		2a			
b	b Carryover from last year		2b			
С	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					
	and political expenditure next year?		4			
5	Taxable amount of lobbying and political expenditures (see instructions)		5			
Pa	art IV Supplemental Information					
Prov	vide 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, lines 1	and			

2 (see instructions), and Part II-B, line 1. Also, complete this part for any additional information

Supplemental Information (continued)

#### SCHEDULE D (Form 990)

Supplemental Financial Statements

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

▶ Attach to Form 990.

OMB No 1545-0047 2015

Department of the Treasury Internal Revenue Service

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

Open to Public Inspection

	of the organization		Employer id	entification number		
	OME BUILDERS ASSOCIATION OF FORT		25 00	2004		
	AYNE, INC.  Organizations Maintaining Donor Advised Fu	ınds or Other Similar Funds or Ad		936524		
	Complete if the organization answered "Yes" on Form 990, Part IV, line 6.					
		(a) Donor advised funds	(b)	Funds and other accounts		
1	Total number at end of year					
2	Aggregate value of contributions to (during year)					
3	Aggregate value of grants from (during year)					
4	Aggregate value at end of year					
5	Did the organization inform all donors and donor advisors in writing that	the assets held in donor advised	_			
	funds are the organization's property, subject to the organization's exclu-	usive legal control?		Yes No		
6	Did the organization inform all grantees, donors, and donor advisors in	writing that grant funds can be used				
	only for chantable purposes and not for the benefit of the donor or dono	r advisor, or for any other purpose				
	conferring impermissible private benefit?			Yes No		
P	art # Conservation Easements.					
	Complete if the organization answered "Yes" on	Form 990, Part IV, line 7.				
1	Purpose(s) of conservation easements held by the organization (check	all that apply)				
	Preservation of land for public use (e g , recreation or education)	Preservation of a historically impor	tant land ai	rea		
	Protection of natural habitat	Preservation of a certified historic s	structure			
	Preservation of open space					
2	Complete lines 2a through 2d if the organization held a qualified conser	vation contribution in the form of a conservati	ion			
	easement on the last day of the tax year			feld at the End of the Tax Year		
а	Total number of conservation easements		2a	<del>-</del>		
b	Total acreage restricted by conservation easements		2b			
C	Number of conservation easements on a certified historic structure inclination	uded in (a)	2c	<u> </u>		
d	Number of conservation easements included in (c) acquired after 8/17/0	06, and not on a	1 1			
	historic structure listed in the National Register		2d			
3	Number of conservation easements modified, transferred, released, ex	tinguished, or terminated by the organization	dunng the			
	tax year ▶					
4	Number of states where property subject to conservation easement is le					
5	Does the organization have a written policy regarding the periodic moni	toring, inspection, handling of		C. C.		
_	violations, and enforcement of the conservation easements it holds?			∐ Yes ∐ No		
6	Staff and volunteer hours devoted to monitoring, inspecting, handling of	f violations, and enforcing conservation easer	ments dunn	g the year		
_						
7	Amount of expenses incurred in monitoring, inspecting, handling of violation \$\infty\$ \$	ations, and enforcing conservation easements	s auring the	e year		
	•	470/EV/AV/DV/				
0	Does each conservation easement reported on line 2(d) above satisfy the content 470(h)(4)(R)(v)3	ne requirements of section 170(h)(4)(b)(i)		Yes No		
9	and section 170(h)(4)(B)(ii)? In Part XIII, describe how the organization reports conservation easeme		ad	res no		
3	balance sheet, and include, if applicable, the text of the footnote to the					
	organization's accounting for conservation easements	Sigurization o intandar statemento trial coos.	.5000			
Pá	計制 Organizations Maintaining Collections of Art	Historical Treasures, or Other Si	imilar As	sets.		
	Complete if the organization answered "Yes" on					
1a	If the organization elected, as permitted under SFAS 116 (ASC 958), no	ot to report in its revenue statement and balar	nce sheet			
	works of art, historical treasures, or other similar assets held for public of					
	public service, provide, in Part XIII, the text of the footnote to its financial					
b	If the organization elected, as permitted under SFAS 116 (ASC 958), to		sheet			
	works of art, historical treasures, or other similar assets held for public of	·				
	public service, provide the following amounts relating to these items	•				
	(i) Revenue included on Form 990, Part VIII, line 1		•	\$		
	(ii) Assets included in Form 990, Part X		•	\$		
2	If the organization received or held works of art, historical treasures, or	other similar assets for financial gain, provide	the			
	following amounts required to be reported under SFAS 116 (ASC 958) i					
а	Revenue included on Form 990, Part VIII, line 1		•	\$		
	Assets included in Form 990, Part X		<b>•</b>	\$		

	ILDERS ASSO			35-09		Page 2
Part III Organizations Maintain	ing Collections of	Art, Historical Tr	easures, c	or Other S	Similar Assets (	continued)
3 Using the organization's acquisition, access collection items (check all that apply):	sion, and other records	, check any of the follov	ving that are a	significant ι	use of its	
a Public exhibition	d 🗍	Loan or exchange pro-	grams			
<b>b</b> Scholarly research	е 🗌	Other				
c Preservation for future generations						
4 Provide a description of the organization's XIII.	collections and explain	how they further the org	ganization's ex	cempt purpos	se in Part	
5 During the year, did the organization solicit	or receive donations of	art, historical treasures	s, or other sım	ılar		
assets to be sold to raise funds rather than	to be maintained as pa	rt of the organization's	collection?			Yes No
Part IV Escrow and Custodial A						
Complete if the organizat 990, Part X, line 21.	ion answered "Yes	" on Form 990, Pa	ırt IV, line 9	, or report	ted an amount o	n Form
1a Is the organization an agent, trustee, custo	dian or other intermedia	ary for contributions or o	other assets n	ot		
included on Form 990, Part X?		•				Yes No
b If "Yes," explain the arrangement in Part X	III and complete the follo	owing table				
						Amount
c Beginning balance					1c	
d Additions during the year					1d	
e Distributions during the year					1e	
f Ending balance					1f	
2a Did the organization include an amount on	Form 990, Part X, line 2	21, for escrow or custoo	dial account lia	ability?		Yes No
b If "Yes," explain the аггаngement in Part X	III Check here if the exp	planation has been prov	vided on Part 2	XIII		
Part V Endowment Funds.						
Complete if the organizat	ion answered "Yes	<u>" on Form 990, Pa</u>	rt IV, line 1	0	·	<u> </u>
	(a) Current year	(b) Pnor year	(c) Two yea	ırs back	(d) Three years back	(e) Four years back
1a Beginning of year balance						
<b>b</b> Contributions			<u> </u>			
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 cu	лтепt year end balance	(line 1g, column (a)) he	eld as:			
a Board designated or quasi-endowment ▶	%					
<b>b</b> Permanent endowment ▶	%					
c Temporanly restricted endowment ▶	%					
The percentages on lines 2a, 2b, and 2c sl	nould equal 100%					
3a Are there endowment funds not in the poss	session of the organizati	on that are held and ad	iministered for	the		
organization by						Yes No
(i) unrelated organizations						3a(i)
(ii) related organizations						3a(ii)
b If "Yes" on line 3a(ii), are the related organi	zations listed as require	ed on Schedule R?				3b
4 Describe in Part XIII the intended uses of the	he organization's endow	ment funds				
Part VI Land, Buildings, and Eq	uipment.				<del></del>	<del></del>
Complete if the organization		<u>' on Form 9</u> 90, Pa	rt IV, line 1	1a. See F	orm 990, Part X	, line 10.
Description of property	(a) Cost or other				umulated	(d) Book value
	(investment)	(oth	ner)	depre	eciation	
1a Land						
<b>b</b> Buildings			75,000		67,487	7,513
c Leasehold improvements						
d Equipment						
e Other		3	28,705		271,608	57,097
Total. Add lines 1a through 1e (Column (d) must	equal Form 990, Part >				<b>&gt;</b>	64,610

Part VII	Investments—Other Securities.  Complete if the organization answered "Yes	es" on Form 990. Part IV. line 1	1b. See Form 990. Part X, line 12.
•	(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation  Cost or end-of-year market value
(1) Financial	<del></del>		
	eld equity interests		
(3) Other	ora oquity into coto		
(A)			
(B)			
(C)			
(D)			
(E)			
(F)			
(G)			
(H)			
	n (b) must equal Form 990, Part X, col (B) line 12 )		
Part VIII	Investments—Program Related.		
	Complete if the organization answered "Ye	<u>es" on Form 990, Part IV, line 1</u>	1c. 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)	<del></del>		
(4)			
(5)			
(6)			
(7)		<del>-</del>	
(8)			
(9)	n (b) must equal Form 990, Part X, col (B) line 13 )		
Part IX	Other Assets.  Complete if the organization answered "Ye		1d. See Form 990, Part X, line 15.
(1)	(4)		
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Columi	n (b) must equal Form 990, Part X, col. (B) line 15)		<b>&gt;</b>
Part X	Other Liabilities.		
	Complete if the organization answered "Ye line 25.	es" on Form 990, Part IV, line 1	1e or 11f. See Form 990, Part X,
1.	(a) Description of liability	(b) Book value	
	income taxes		
(2)			
(3)			
(4)			
(5)			
(6)	<u> </u>		
(7)			
(8)			
(9)			
_	n (b) must equal Form 990, Part X, col (B) line 25 ) ▶		
Liability for it	uncertain tay positions. In Part XIII, provide the text of the	ne footpote to the organization's financia	al 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

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_	edule D (Form 990) 2015 HOME BUILDERS ASSOCIATION		<u>35-0936524</u>		Page <b>4</b>
Pa	Reconciliation of Revenue per Audited Financial Sta			rn.	
	Complete if the organization answered "Yes" on Form 99	90, Part IV, line	12a		
1	Total revenue, gains, and other support per audited financial statements		ļ <u>.</u>	_1	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
а	Net unrealized gains (losses) on investments	2a			
b	Donated services and use of facilities	2b			
C	Recovenes of prior year grants	2c			
d	Other (Describe in Part XIII )	2d		1	
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:	i i			
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	
Pa	Reconciliation of Expenses per Audited Financial St			turn.	
	Complete if the organization answered "Yes" on Form 9	90, Part IV, line	<u>12a.</u>		- <del>-</del> -
1	Total expenses and losses per audited financial statements		<u> </u>	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	Prior year adjustments	2b			
С	Other losses	2c			
d	Other (Describe in Part XIII )	2d			
е	Add lines 2a through 2d		ļ-	2e	
3	Subtract line 2e from line 1		ļ.	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	, (=, (=, (=, (=	4b		-	
С	Add lines 4a and 4b		Ļ	4c	
5	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)	<u> </u>		5	
Ps	ert XIII Sunniamental 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

2, Part XI, lines 2d and 4b, and Part XII, lines 2d and 4b Also complete this part to provide any additional information

# 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.

2015

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, INC.

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.