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Form 990-EZ

Short Form

Return of Organization Exempt From Income Tax

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

2016

- 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.

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

A For the 2016 calendar year, or tax year beginning 01-01-2016

, and ending 12-31-2016

- Check if applicable
- Address change
- Name change
- Initial return
- Final return/terminated
- Amended return
- Application pending

C Name of organization
HOME BUILDERS ASSOCIATION OF SPARTANBURGNumber and street (or P. O. box, if mail is not delivered to street address) Room/suite
341 EAST KENNEDY STREETCity or town, state or province, country, and ZIP or foreign postal code
SPARTANBURG, SC 29302

D Employer identification number

57-6033583

E Telephone number

(864) 583-5471

F Group Exemption Number ►

G Accounting Method Cash Accrual Other (specify) ►H Check ► if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF)

I Website: ►

J Tax-exempt status (check only one) - 501(c)(3) 501(c)(6) (insert no) 4947(a)(1) or 527K Form of organization Corporation Trust Association Other

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. ► \$ 141,229

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	46,770
	4 Investment income	4	3,092
	5a Gross amount from sale of assets other than inventory	5a	
	b Less cost or other basis and sales expenses	5b	
	c Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	5c	
	6 Gaming and fundraising events		
	a Gross income from gaming (attach Schedule G if greater than \$15,000)	6a	
	b Gross income from fundraising events (not including \$ _____ of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000)	6b	
Expenses	c Less direct expenses from gaming and fundraising events	6c	
	d Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)	6d	
	7a Gross sales of inventory, less returns and allowances	7a	
	b Less cost of goods sold	7b	
	c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c	
	8 Other revenue (describe in Schedule O)	8	91,367
	9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 ►	9	141,229
	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	25,695
Net Assets	13 Professional fees and other payments to independent contractors	13	2,299
	14 Occupancy, rent, utilities, and maintenance	14	941
	15 Printing, publications, postage, and shipping	15	
	16 Other expenses (describe in Schedule O)	16	91,837
	17 Total expenses. Add lines 10 through 16 ►	17	120,772
	18 Excess or (deficit) for the year (Subtract line 17 from line 9)	18	20,457
	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	165,445
	20 Other changes in net assets or fund balances (explain in Schedule O)	20	2,903
	21 Net assets or fund balances at end of year. Combine lines 18 through 20	21	188,805

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

Check if the organization used Schedule Q to respond to any question in this Part I.

4

	(A) Beginning of year	(B) End of year
22 Cash, savings, and investments	137,761	22
23 Land and buildings	29,104	23
24 Other assets (describe in Schedule O)	76	24
25 Total assets	166,941	25
26 Total liabilities (describe in Schedule O)	1,496	26
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	165,445	27
		188,805

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

5

What is the organization's primary exempt purpose?

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

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

Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title.

28 [S](#) [A](#) [B](#) [C](#) [D](#) [E](#) [F](#) [G](#) [H](#) [I](#) [J](#) [K](#) [L](#) [M](#) [N](#) [O](#) [P](#) [Q](#) [R](#) [S](#) [T](#) [U](#) [V](#) [W](#) [X](#) [Y](#) [Z](#)

See

If this amount includes foreign grants, check here **28a**

29 29a

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

30 **30a**

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If this amount includes foreign grants, check here . . . ►

If this amount includes foreign grants, check here . . . ► **31a**

32 Total program service expenses (add lines 28a through 31a) ► **32**

List of Officers, Directors, Trustees, and Key Employees (list each one even if not applicable)

1

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

	Yes	No
33 Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O	33	No
34 Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O (see instructions)	34	No
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	No
b If "Yes," to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O	35b	
c Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III	35c	No
36 Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N	36	No
37a Enter amount of political expenditures, direct or indirect, as described in the instructions ► 37a 0	37b	
b Did the organization file Form 1120-POL for this year?	38a	No
38a Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?	38b	
b If "Yes," complete Schedule L, Part II and enter the total amount involved	39a	
39 Section 501(c)(7) organizations Enter	39b	
a Initiation fees and capital contributions included on line 9		
b Gross receipts, included on line 9, for public use of club facilities		
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		
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 ► _____		
d Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations Enter amount of tax on line 40c reimbursed by the organization ► _____		
e All organizations At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T	40e	No
41 List the states with which a copy of this return is filed ► _____		
42a The organization's books are in care of ► <u>HOME BUILDERS ASSOCIATION OF SPARTANBURG</u> Telephone no ► <u>(864) 583-5471</u> Located at ► <u>341 EAST KENNEDY STREET SPARTANBURG, SC</u> ZIP + 4 ► <u>29302</u>		
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)?	42b	No
If "Yes," enter the name of the foreign country ► _____	42c	No
See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)		
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 ► _____		
43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 - Check here ► <input type="checkbox"/> 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	No
b Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44b	No
c Did the organization receive any payments for indoor tanning services during the year?	44c	No
d If "Yes," to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	44d	
45a Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45a	No
45b Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of Form 990-EZ (see instructions)	45b	

Additional Data

Software ID:

Software Version:

EIN: 57-6033583

Name: HOME BUILDERS ASSOCIATION OF SPARTANBURG

Form 990EZ, Part III - Statement of Program Service Accomplishments

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.)
<p>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 (Grants \$ 0)</p> <p>If this amount includes foreign grants, check here . . . ► <input type="checkbox"/></p>	<p>28a 108,695</p>

TY 2016 Transfers Personal Benefits Contracts Declaration

Name: HOME BUILDERS ASSOCIATION OF
SPARTANBURG

EIN: 57-6033583

Declaration: THE ORGANIZATION DID NOT, DURING THE YEAR, RECEIVE ANY FUNDS, DIRECTLY, OR INDIRECTLY, TO PAY PREMIUMS ON A PERSONAL BENEFIT CONTRACT. THE ORGANIZATION, DID NOT, DURING THE YEAR, PAY ANY PREMIUMS, DIRECTLY, OR INDIRECTLY, ON A PERSONAL BENEFIT CONTRACT.

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

Name of the organization

HOME BUILDERS ASSOCIATION OF
SPARTANBURG**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.

► 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.**2016****Open to Public
Inspection****Employer identification number**

57-6033583

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990-EZ, PART I, LINE 4 - OTHER INVESTMENT INCOME	DESCRIPTION MORGAN STANLEY AMOUNT 3,092

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990-EZ, PART I, LINE 8 - OTHER REVENUE	DESCRIPTION OTHER AMOUNT 91,367

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990-EZ, PART I, LINE 16 - OTHER EXPENSES	DESCRIPTION AWARDS & PRIZES AMOUNT 121 DESCRIPTION 2015 & 2016 TTN EXPENSE AMOUNT 3,686 DESCRIPTION 2016 FALL GOLF EXPENSE AMOUNT 7,055 DESCRIPTION MEETINGS AMOUNT 2,529 DESCRIPTION INSURANCE AMOUNT 2,000 DESCRIPTION NATIONAL AND STATE DUES AMOUNT 28,806 DESCRIPTION ADVERTISING AMOUNT 200 DESCRIPTION TRAVEL AMOUNT 487 DESCRIPTION OFFICE SUPPLIES AMOUNT 1,725 DESCRIPTION DEPRECIATION AMOUNT 1,372 DESCRIPTION OTHER EXPENSES AMOUNT 1,733 DESCRIPTION TAXES & FEES AMOUNT 2,417 DESCRIPTION UTILITIES AMOUNT 4,350 DESCRIPTION 2016 SHOWCASE EXPENSE AMOUNT 29,449 DESCRIPTION 2016 SPORTING CLAYS EXPENSE AMOUNT 3,402 DESCRIPTION GMM EXPENSE AMOUNT 2,505 TOTAL TO FORM 990-EZ, LINE 16 91,837

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990-EZ, PART I, LINE 20 - OTHER CHANGES IN NET ASSETS	DESCRIPTION UNREALIZED GAIN ON SECURITIES AMOUNT 2,903

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990- EZ, PART II, LINE 24 - OTHER ASSETS	DESCRIPTION OTHER DEPRECIABLE ASSETS BEG OF YEAR AMOUNT 76 END OF YEAR AMOUNT 39

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990- EZ, PART II, LINE 26 - OTHER LIABILITIES	DESCRIPTION ACCOUNTS PAYABLE BEG OF YEAR AMOUNT 1,496 END OF YEAR AMOUNT 1,482