TOANNED HILL O & 2018

Pepartment of the Treasury Internal Revenue Service

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.

► Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No 1545-0047

2017

Open to Public Inspection

A	For the	2017 cale	ndar year, or tax year beginning , 2017, and endi	ng		, 20			
В	Check if	applicable	C Name of organization West Texas Home Builders Associati	on Inc	D Employ	Employer identification number			
	Address	change	Doing business as		75-1183851				
\Box	Name cl		Number and street (or P.O. box if mail is not delivered to street address) Room/s	uite	E Telepho	one number			
\Box	Initial ref	•	7205 Kewanee Ave		(806)798-1616				
Ħ.		ım/terminated	City or town, state or province, country, and ZIP or foreign postal code						
\Box		ed return	Lubbock, TX 79424		G Gross receipts \$ 1,035,103.				
Η		tion pending	F Name and address of principal officer.	H(a) Is this a d		subordinates? Yes No			
	Applicat	non penung	Gena Godinez, 4223 85th St, Lubbock, TX 79423	1 -	-	es included? Yes No			
	Tau ava		☐ 501(c)(3)			a list (see instructions)			
÷		mpt status:		-		number ►			
<u>-</u>	Website		www.wthba.com Corporation ☐ Trust ☐ Association ☐ Other ►		_, _	e of legal domicile. TX			
_	art I			193	J W State	e of legal dofflicile. TA			
ľ		Summ			-1	* 11 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1			
4.	1	Briefly de	escribe the organization's mission or most significant activities: Promo	cion and educ	ation of	Lubbock area bullders.			
Governance									
r E	1 _		N. M. C.		050/ -/				
Š	2		lis box ▶ ☐ if the organization discontinued its operations or disposed		I .				
	3					19			
•ర బ	4		of independent voting members of the governing body (Part VI, line 1b)		19			
iŧe	5		mber of individuals employed in calendar year 2017 (Part V, line 2a)		5	4			
Activities &	6		mber of volunteers (estimate if necessary)		6	160			
Ă	7a	Total unr	related business revenue from Part VIII, column (C), line 12		7a	105,499.			
	b	Net unre	lated business taxable income from Form 990-T, line 34	<u> </u>	7b	-10,747.			
			tions and grants (Part VIII line 1b) RECEIVED	Prior Y	ear	Current Year			
ø	8	Contribu	4,265.	18,000.					
Revenue	9	Program	2,628.	1,007,015.					
Š	10	Investme	2,116.	5,544.					
œ	11	Other rev	4,410.	4,544.					
	12		venue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 12. enue—add lines 8 through 11 (must equal Part VIII, column (A) line 12)	3,419.	1,035,103.				
	13		nd similar amounts paid (Part IX, column-(A), lines-1-3)		1,525.	31,000.			
	14		paid to or for members (Part IX, column (A), line 4)		1				
v.	1		other compensation, employee benefits (Part IX, column (A), lines 5~10)	23	8,626.	233,314.			
Se	16a		onal fundraising fees (Part IX, column (A), line 11e)		7,02,0	200/0431			
Expenses	b		ndraising expenses (Part IX, column (D), line 25)		300000	The state of the s			
Ä	17		penses (Part IX, column (A), lines 11a-11d, 11f-24e)		2,224.	710,122.			
	18		penses. Add lines 13–17 (must equal Part IX, column (A), line 25)		2,375.	974,436.			
	19		e less expenses. Subtract line 18 from line 12	1,044.	60,667.				
	-	ricvonac	, 1003 experious, educate mile 10 mont mile 12	Beginning of C					
Net Assets or	20	Total ass	sets (Part X, line 16)		5,382.	2,752,608.			
Asse	21		pulities (Part X, line 26)		8,291.	404,850.			
Ę.	22		ets or fund balances. Subtract line 21 from line 20		7,091.	2,347,758.			
_	art II		ture Block	2,20	1,001.	2,347,730.			
			ury, I declare that I have examined his return, including accompanying schedules and state	coments and to	the best of	my knowledge, and heliof it is			
tri	naer pen ue. corre	ct, and comp	olete. Declaration of preparer (other man officer) is based on all information of which prepar	er has any know	lledg e.	In knowledge and belief, it is			
	<u> </u>				/// >:	0/2018			
Si	gn	300	nature of officer		ate	3/4010			
	ere	1!	<i>,</i>		410				
1 13	316		ena Godinez, Executive Ófficer						
_				Date	-,	PTIN			
P	aid		Danay MIN 71V. 1 A		Check	If			
Pi	repar	ei		04/24/201		ployed P00082589			
U	se On					20-5246709			
-			address ▶ 401 W 15TH ST, Suite 850, AUSTIN, 1X 7870	1 Ph	one no (512) 476-4511			
_	<u> </u>		ss this return with the preparer shown above? (see instructions)			X Yes No			
Fo	r Paper	rwork Redi	uction Act Notice, see the separate instructions. BAA	REV 12/05/17 PRO		Form 990 (2017)			

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Form	990	(2017)	

	Check if Schedule O contains a response or note to any line in this Part III	X
1	Briefly describe the organization's mission:	
	Promotion and education of Lubbock area builders.	
		. -
2	Did the experience undertake any eleminant program convices during the year which were not listed on the	
2	Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?	NI.
	If "Yes," describe these new services on Schedule O.	NO
3	Did the organization cease conducting, or make significant changes in how it conducts, any program	
3	services?	Na
	If "Yes," describe these changes on Schedule O.	NO
4	Describe the organization's program service accomplishments for each of its three largest program services, as measure	d by
4	expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to other	
	the total expenses, and revenue, if any, for each program service reported.	1013,
	the term expenses, and recentles, it any, for each program of the repenses.	
4a	(Code:) (Expenses \$including grants of \$) (Revenue \$)	
	Builder Services - Work with local government inspectors,	
	utility companies, and others whose policies and procedures	
	directly affect the builder. Seminars and meetings which	
	provide educational and networking opportunities for members.	
	Promotion of industry in the public sector.	
	AAXWAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAA	
4b	(Code:) (Expenses \$including grants of \$) (Revenue \$)	
	Developers Council - This group works with local government	
	on zoning and platting issues in addition to promoting	
	more affordable housing for the community.	
	more arrordable housing for the community.	
40		
4c	(Code:) (Expenses \$including grants of \$) (Revenue \$)	
4c	(Code:) (Expenses \$including grants of \$) (Revenue \$) Remodelers & Home Improvement Council - The Council provides	
4c	(Code:) (Expenses \$	
4c	(Code:)(Expenses \$including grants of \$)(Revenue \$) Remodelers & Home Improvement Council - The Council provides consumer related home improvement seminars and shows along with upholding the highest ethics of the remodeling segment.	
4c	(Code:) (Expenses \$	
4c	(Code:)(Expenses \$including grants of \$)(Revenue \$) Remodelers & Home Improvement Council - The Council provides consumer related home improvement seminars and shows along with upholding the highest ethics of the remodeling segment.	
4c	(Code:) (Expenses \$	
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4c	(Code:) (Expenses \$	
4c	(Code:)(Expenses \$	
	(Code:)(Expenses \$including grants of \$) (Revenue \$) Remodelers & Home Improvement Council - The Council provides consumer related home improvement seminars and shows along with upholding the highest ethics of the remodeling segment. Also publishes a membership directory free of charge to the public.	



Part	V 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		×
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2	 	×
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to	-	 	<u> </u>
	candidates for public office? If "Yes," complete Schedule C, Part I	3		×
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? <i>If "Yes," complete Schedule C, Part II</i>	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, Part III	5		×
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 "Yes," complete Schedule D, Part I	6		×
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		×
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes,"</i> complete Schedule D, Part III	8		×
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? <i>If "Yes," complete Schedule D, Part IV</i>	9		×
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		×
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.			
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	×	k *i.a3L .
þ	Did the organization report an amount for investments—other securities 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		×
С	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		×
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		×
e f	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses	11e	×	
40 -	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X.	11f		_x
12 a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a	×	
b	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		×
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		×
14 a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		×
b	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		×
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		×
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		×
17	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		×
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		_^ _x
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		_^ ×

	(2017)			Page •
Part	Checklist of Required Schedules (continued)		1 1/-	T
20 a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	00-	Yes	No
zo a b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20a 20b		×
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or	200		
21	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	04		۱
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on	21		×
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	20	١.,	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the	22	×	
20	organization's current and former officers, directors, trustees, key employees, and highest compensated			
	employees? If "Yes," complete Schedule J	23		
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than	23	<u> </u>	X
274	\$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		
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		×
_	Did the organization maintain an escrow account other than a refunding escrow at any time during the year	270	-	
_	to defease any tax-exempt bonds?	24c		
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	270	_	_
	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	23a		
U	year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ?	1		
	If "Yes," complete Schedule L, Part I	25b		
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any	200		
20	current or former officers, directors, trustees, key employees, highest compensated employees, or		l	1
	disqualified persons? If "Yes," complete Schedule L, Part II	26		×
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee,	<u> </u>		
	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		×
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L,	MAN.	1.12.13	100
	Part IV instructions for applicable filing thresholds, conditions, and exceptions):			T.
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a	ومتراويا المساد سعة الله	×
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete			
	Schedule L, Part IV	28b		×
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		×
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		×
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified			
	conservation contributions? If "Yes," complete Schedule M	30	_	×
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N,			
	Part I	31		×
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes,"			
00	complete Schedule N, Part II	32		×
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I			
34	Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III,</i>	33		×
34	or IV, and Part V, line 1			
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	34		×
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a	35a		×
b	controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		L.
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable	330		×
	related organization? If "Yes," complete Schedule R, Part V, line 2	36		
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization	30		
٥,	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R,			
	Part VI	37		×
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and	 		
-	19? Note. All Form 990 filers are required to complete Schedule O.	38	×	

Part				_
	Check if Schedule O contains a response or note to any line in this Part V	<u></u>	Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a 23		103	
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	i	1	İ
c	Did the organization comply with backup withholding rules for reportable payments to vendors and	1		ĺ
	reportable gaming (gambling) winnings to prize winners?	1c	×	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax			
	Statements, filed for the calendar year ending with or within the year covered by this return 2a 4	[-		[
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? .	2b	×	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	X	
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O.	3b	×	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority			
	over, a financial account in a foreign country (such as a bank account, securities account, or other financial			
	account)?	4a		×
b	If "Yes," enter the name of the foreign country: ▶			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		×
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		×
C	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the			
	organization solicit any contributions that were not tax deductible as charitable contributions?	6a		<u>×</u>
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or			
	gifts were not tax deductible?	6b		
7_	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods			
	and services provided to the payor?	7a		×
b C	If "Yes," did the organization notify the donor of the value of the goods or services provided? Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	7b		
C	required to file Form 8282?	7c		×
d	If "Yes," indicate the number of Forms 8282 filed during the year			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		×
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? .	7f		×
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			ļ
	sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
a	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b 10	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? Section 501(c)(7) organizations. Enter:	9b_		-
а	Initiation fees and capital contributions included on Part VIII, line 12			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities . 10b	† /		
11	Section 501(c)(12) organizations. Enter:			
а	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources			
	against amounts due or received from them.)			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
_	Note. See the instructions for additional information the organization must report on Schedule O.			
b	Enter the amount of reserves the organization is required to maintain by the states in which			
	the organization is licensed to issue qualified health plans	, !		
C	Enter the amount of reserves on hand			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		_×_
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b		1

Part \	Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. S						
	Check if Schedule O contains a response or note to any line in this Part VI						
Section	on A. Governing Body and Management	_					
			Yes	No			
1a	Enter the number of voting members of the governing body at the end of the tax year 1a 19						
	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.			1			
b	Enter the number of voting members included in line 1a, above, who are independent . 19						
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		×			
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? .							
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		×			
5	Did the organization become aware during the year of a significant diversion of the organization's assets? .	5		×			
6	Did the organization have members or stockholders?	6	×				
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a	×				
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,						
_	stockholders, or persons other than the governing body?	7b		×			
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:	}					
а	The governing body?	- 8a	×	1			
b	Each committee with authority to act on behalf of the governing body?	8b	×				
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at						
	the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		_			
Section	on B. Policies (This Section B requests information about policies not required by the Internal Reven	ue C	ode.)				
			Yes	No			
10a	Did the organization have local chapters, branches, or affiliates?	10a		×_			
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b	 				
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	×				
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.						
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	_×_	<u> </u>			
c b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"	12b	×	 			
42	describe in Schedule O how this was done	12c	×	 			
13 14	Did the organization have a written whistieblower policy?	14	×	 			
15	Did the process for determining compensation of the following persons include a review and approval by	' 	^	 			
	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?						
а	The organization's CEO, Executive Director, or top management official	15a	×				
b	Other officers or key employees of the organization	15b		×			
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).	1	i				
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		×			
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					
Secti	on C. Disclosure						
17	List the states with which a copy of this Form 990 is required to be filed ▶						
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section available for public inspection. Indicate how you made these available. Check all that apply.	n 501(c)(3)s	only)			
	Own website Another's website Don request Other (explain in Schedule O)						
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of int	erest	policy	/. and			
	financial statements available to the public during the tax year.	J	,	, ,			
20	State the name, address, and telephone number of the person who possesses the organization's books and re	cords	•				
	Gena Godinez, 7205 Kewanee Ave, Lubbock, TX 79424 (806)798-1616						

Form	990	(201	71

Page 7

Part VII	Compensation of Officers, Directors	Trustees Key Employees	. Highest Compensated	Employees and
		, madeces, itoy Employees	, mgmoot compensated	-inployeco, and
	Independent Contractors			

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See instructions for definition of "key employees."
- 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	d orga	<u>aniz</u>	ati <u>o</u>	n co	ompe	nsa	ted any curren	t officer, director	r, or trustee.
(A) Name and Title	(B) Average hours per week (list any	box, i	unles	s pe	ition more rson irecto	than one that the that the that the that the that the that the the that the the that the that the that the that the that the that the the the that the the the the the the the the the th	an tee)	(D) Reportable compensation from	(E) Reportable compensation from related	(F) Estimated amount of other
	hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compensation from the organization and related organizations
(1) Gena Godinez	40.00									
Executive Officer			ł	<u> </u>	×	<u> </u>		95,116.	0.	0.
(2) Dan Wilson	5.00							}		
President		×	<u> </u>	×		<u> </u>	<u> </u>	0.	0.	0.
(3) Stewart Townsen Vice President	2.00	×		×				0.	0.	0.
(4) Bryce Daniel Secretary/Treasurer	2.00	×		×				0.	0.	0.
(5) Mitchell Anderson Past President	2.00	×		×				0.	0.	0.
(6) Milad Fakhreddine Associate Vice President	2.00	×		×				0.	0.	0.
(7) Chris Berry Director	1.00	×						0.	0.	0.
(8) Daniel Biase Director	1.00	×						0.	0.	0.
(9) Jill Bird Director	1.00	×						0.	0.	0.
(10) Joanse Coles Director	1.00	×						0.	0.	0.
(11)Cody Craig Director	1.00	×						0.	0.	0.
(12)Colton Glasscock Director	1.00	×						0.	0.	0.
(13) Randy McGuire Director	1.00	×						0.	0.	0.
(14) Julie McMahan Director	1.00	×						0.	0.	0.

Part VII Section A. Officers, Directors, Trus (A) Name and title		(B) Average hours per	(do n box,	ot ch unles	Pos neck is pe	ition more	than o	one n an	(D) Reportable compensation	(E) Reportable compensation related		Estii amo	(F)	
		week (list any hours for related organizations below dotted line)		Institutional trustee	Officer	Key employee	Highest compensated employee	Former	from the organization (W-2/1099-MISC)	organization (W-2/1099-MI		composition from the composition of the composition from the composition	ther ensation in the nization related ization	n
	obert Myers irector	1.00	×						0.		0.			0.
(16) K	evin Reed	1.00							0.		0.			0.
	yson Reed irector	1.00	×						0.		0.			0.
(18) G	ary Rothwell irector	1.00	×						0.		0.			0.
	eith Toogood irector	1.00	×					ł	0.		0.			0.
(20) B	ud Venable irector	1.00	×	-					0.		0.			0.
(21)												`		
(22)				-	-			-						
(23)		-			-									
(24)														
(25)		-	-			-								
1b c	Sub-total	t VII, Sectio	on A					>	95,116.		0.			0.
d 2	Total (add lines 1b and 1c) Total number of individuals (including be reportable compensation from the organ	ut not limite						e) w	95,116. /ho received m	ore than \$10	0,000	of		_0.
3	Did the organization list any former of		ctor .		ruet		kov	omr	olovee or high	nest comper	eated		Yes	No
	employee on line 1a? If "Yes," complete	Schedule .	J for s	uch	ına	livid	ual					3		×
4	For any individual listed on line 1a, is the organization and related organizations												·	
5	Individual									 zatıon or indı	 vidual			×
Secti	for services rendered to the organization on B. Independent Contractors	n'? If "Yes,"	comp	lete	Sc	nea 	ule J	tor :	sucn person		· · ·	5		×
1	Complete this table for your five highes compensation from the organization. Re year.													ax
	(A) Name and business a	ddress							(B) Description of s	services		(C) Compens	ation	
								+-						
								1						
								+						
2	Total number of independent contrac received more than \$100,000 of comper							o ti	hose listed ab	ove) who				

	90 (201								Page 9
Part	VIII								
	`	Check if Schedule C) contains	a res	ponse or note to	o any line in this (A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
ts	1a	Federated campaigns	s	1a					
Contributions, Gifts, Grants and Other Similar Amounts	b	Membership dues .		1b		1			
s, G Am	С	Fundraising events .		1c]	}		
Sift lar /	d	Related organizations	s	1d]			
imi	е	Government grants (con		1e					
tion sr S	f	All other contributions, g				l i			
ibu the		and similar amounts not inc	cluded above	1f	18,000.				
Contributions, Gifts, and Other Similar An	g	Noncash contributions include							
	h	Total. Add lines 1a-1	f	<u></u>	<u> ▶</u>	18,000.			
Program Service Revenue					Business Code				
š	2a	Parade of Home	S		900099	501,838.	438,238.	63,600.	0.
æ	b	Advertising			541800	37,130.	0.	37,130.	0.
ξ	С	Golf Day			900099	29,925.	29,925.	0.	0.
Se	d	Membership Due			561000	130,501.	130,501.	0.	0.
ащ	e	Home & Garden		- -	900099	127,816.	127,816.	0.	0.
.og	f	All other program ser				179,805.	175,036.	4,769.	0.
	<u>g</u>	Total. Add lines 2a-2				1,007,015.			
	3	Investment income							
		and other similar amo			•	5,544.	0.	0.	5 <u>,</u> 544.
	4	Income from investmen							
i	5	Royalties	(ı) Real	<u>· · · </u>	(ii) Personal				
	_		(I) Real		(ii) Personal	1			
	6a	Gross rents			 	1	į.		
	b	Less. rental expenses	ļ						
	C	Rental income or (loss)				 			
	d	Net rental income or Gross amount from sales of	(IOSS) .		▶				
	7a	assets other than inventory	(i) Securit		(ii) Other	- 1			
	b	Less: cost or other basis			 	{	Į	į	
	D	and sales expenses .				1			
	_	•			 	{		ļ	
	C	Gain or (loss)				 			
	ا	Net gain or (loss) .			· · · · ·				
Other Revenue	8a	Gross income from fu events (not including \$ of contributions reporte	ed on line 1						
ē		See Part IV, line 18 .		•	<u> </u>				
₹		Less: direct expenses			` <u> </u>				
		Net income or (loss) f			events . ►				
	9a	Gross income from ga				1	}	ì	
		See Part IV, line 19 .		_	\]			
	b	Less: direct expense							
	1	Net income or (loss) f	-	_	uvities ▶	ļ			
	10a	Gross sales of in			1	1]	
	١.	returns and allowance		_		-			
	b	Less: cost of goods s				· · · · · · · · · · · · · · · · ·			
	<u> </u>	Net income or (loss) f		or inv		4,544.	4,544.	0.	0.
	<u> </u>	Miscellaneous F	nevenue		Business Code	 			
	11a					 			
	b					 			
	С	Att - th				 			
	d	All other revenue .		•		 			
	12	Total. Add lines 11a-				1 025 102	906 060	105 400	E 544
	12	Total revenue. See i	nstructions		<u>. </u>	1,035,103.	906,060.	105,499.	5,544.

	Check if Schedule O contains a response	e or note to any lin	e in this Part IX		
	t include amounts reported on lines 6b, 7b, , and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21			g	
2	Grants and other assistance to domestic individuals. See Part IV, line 22	31,000.			
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4 5	Benefits paid to or for members Compensation of current officers, directors, trustees, and key employees	95,116.			
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 8	Other salaries and wages	93,934.			
•	Other employee benefits	12,554.		 	
9 10	Payroll taxes	16,859. 14,851.		 	
11	Fees for services (non-employees):	14,001.		 	
''	Management			<u> </u>	
b	Legal	746.		 	
C	Accounting	6,149.		+	
d	Lobbying				
е	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.)	24,000.			
12	Advertising and promotion	24,000.			
13	Office expenses	42,220.			
14	Information technology	8,386.			
15	Royalties	22 201		 	
16 17	Occupancy	22,391. 41,174.			
18	Payments of travel or entertainment expenses for any federal, state, or local public officials	41,174.			
19	Conferences, conventions, and meetings .	427,185.			
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization .	76,432.			
23	Insurance	9,653.			
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.)	2 060			
a h	Bad Debt	3,960. 10,359.		 	
b	Community Service Dues	800.		 	
d	Exec Comm Discretionary	962.		 +	
e	All other expenses	11,705.			
25	Total functional expenses. Add lines 1 through 24e	974,436.			·
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here ☐ if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

		Check if Schedule O contains a response or note to any line in this Par	t X		🗆
	•		(A) Beginning of year		(B) End of year
	1	Cash-non-interest-bearing	3,216.	1	200.
	2	Savings and temporary cash investments	1,016,932.	2	883,293.
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net	204,658.	4	156,593.
1	5	Loans and other receivables from current and former officers, directors,		1	
		trustees, key employees, and highest compensated employees.			
		Complete Part II of Schedule L		5	-
its	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Complete Part II of Schedule L		6	
Assets	7	Notes and loans receivable, net		7	
Ä	8	Inventories for sale or use		8	
	9	Prepaid expenses and deferred charges	6,748.	9	18 <u>,</u> 950.
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D 1,826,225.			
			1 512 020		1 (02 572
	b	Less: accumulated depreciation 10b 132, 653.	1,513,828.	10c	1,693,572.
	11 12	Investments—publicly traded securities		12	
	13	Investments—program-related. See Part IV, line 11		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)	2,745,382.	16	2,752,608.
	17	Accounts payable and accrued expenses	31,837.	17	8,906.
	18	Grants payable		18	
	19	Deferred revenue	285,185.	19	253,480.
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D .		21	
es	22	Loans and other payables to current and former officers, directors,			
Ħ	ļ	trustees, key employees, highest compensated employees, and		ļļ_	
Liabilities		disqualified persons. Complete Part II of Schedule L		22	
_	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X		}	
		of Schedule D	141,269.		142,464.
	26	Total liabilities. Add lines 17 through 25	458,291.	26	404,850.
ses]	Organizations that follow SFAS 117 (ASC 958), check here ► 🗵 and complete lines 27 through 29, and lines 33 and 34.			
auc	27	Unrestricted net assets	482,673.	27	559,922.
Bal	28	Temporarily restricted net assets	1,804,418.	28	1,787,836.
٦	29	Permanently restricted net assets		29	
Ē		Organizations that do not follow SFAS 117 (ASC 958), check here ▶ ☐ and			
ō	1	complete lines 30 through 34.			
Net Assets or Fund Balances	30	Capital stock or trust principal, or current funds		30	
SS	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
χA	32	Retained earnings, endowment, accumulated income, or other funds.	2 227 227	32	0 047 750
ž	33	Total hebilities and not assets (fund belongs)	2,287,091.	33	2,347,758.
	34	Total liabilities and net assets/fund balances	<u>2,745,382.</u>	34	2,752,608.

. , Form 99	0 (2017)			Pa	ge 1 2
Part		-		*	
	Check if Schedule O contains a response or note to any line in this Part XI		<u> </u>		
1	Total revenue (must equal Part VIII, column (A), line 12)	1	1,0		
2	Total expenses (must equal Part IX, column (A), line 25)	2	9	74,4	36.
3	Revenue less expenses. Subtract line 2 from line 1	3		60,6	67.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)).	4	2,28	37,0	91.
5	Net unrealized gains (losses) on investments	5			
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8		_	
9	Other changes in net assets or fund balances (explain in Schedule O)	9			
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line				
		10	2,3	47,7	58.
Part					
	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 If the organization changed its method of accounting from a prior year or checked "Other," exp Schedule O.	lain ın		Yes	No
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 compreviewed on a separate basis, consolidated basis, or both:	 Iled or	2a		X
	☐ 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 separate basis, consolidated basis, or both:	 d on a	2b	×	
С	Separate basis Consolidated basis Both consolidated and separate basis If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for ove of the audit, review, or compilation of its financial statements and selection of an independent account	ersight itant?	2c	×	
	If the organization changed either its oversight process or selection process during the tax year, exp Schedule O.	olain ın			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set for the Single Audit Act and OMB Circular A-133?	orth in	За		×

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

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

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.

► Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

Open to Public Inspection

Name o	t the organization		Employer identification number
Wes	t Texas Home Builders Association I	Inc	75-1183851
	t I Organizations Maintaining Donor Adv	ised Funds or Other Similar Fun	
	Complete if the organization answered		
		(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 h	eld in donor advised
•	funds are the organization's property, subject to the		
6	Did the organization inform all grantees, donors, a	-	
•	only for charitable purposes and not for the bene		
	, ,		, , ,
Par	Conservation Easements.		
	Complete if the organization answered	"Yes" on Form 990 Part IV line 7	
1	Purpose(s) of conservation easements held by the		
•	Preservation of land for public use (e.g., recrea		f a historically important land area
	Protection of natural habitat		f a certified historic structure
	☐ Preservation of open space		a contined motorio di dotare
2	Complete lines 2a through 2d if the organization he	eld a qualified conservation contribution	on in the form of a conservation
_	easement on the last day of the tax year.		Held at the End of the Tax Year
а			2a
b	Total acreage restricted by conservation easemen		<u> </u>
c	Number of conservation easements on a certified		
d	Number of conservation easements included in	` ,	
			1 1
3	Number of conservation easements modified, tran	sferred, released, extinguished, or terr	minated by the organization during the
	tax year ►	•	, ,
4	Number of states where property subject to conse	rvation easement is located ►	
5	Does the organization have a written policy re	garding the periodic monitoring, ins	pection, handling of
	violations, and enforcement of the conservation ea	asements it holds?	· · · · · · □ Yes □ No
6	Staff and volunteer hours devoted to monitoring, inspec	ting, handling of violations, and enforcing	conservation easements during the year
	>		
7	Amount of expenses incurred in monitoring, inspecting	ng, handling of violations, and enforcing	conservation easements during the year
	> \$		
8	Does each conservation easement reported on line		
	and section 170(h)(4)(B)(ii)?		· · · · · ·
9	In Part XIII, describe how the organization reports		•
	balance sheet, and include, if applicable, the text of	-	ancial statements that describes the
	organization's accounting for conservation easem		
Pari			
	Complete if the organization answered		
1a	If the organization elected, as permitted under SF		
	works of art, historical treasures, or other similar public service, provide, in Part XIII, the text of the		
þ	If the organization elected, as permitted under S	• • • • • • • • • • • • • • • • • • • •	
	works of art, historical treasures, or other simila	·	ducation, or research in furtherance of
	public service, provide the following amounts relat	_	
	(i) Revenue included on Form 990, Part VIII, line 1		5
_	(ii) Assets included in Form 990, Part X	historical transports on ather and the	> \$
2	If the organization received or held works of art		•
	following amounts required to be reported under S	· · · · · ·	
a	Revenue included on Form 990, Part VIII, line 1 Assets included in Form 990, Part X		· · · · • • • • • • • • • • • • • • • •
n	Assers included in Form 990 Part X		

 Schedul	le D (Fori	m 990) 2017											Page 2
Part		Organizations Maintaining	Coll	ections of	Art, His	stor	ical T	reasures	, or Ot	her Similar	Asse	ts (cont	
3		the organization's acquisition, ition items (check all that apply):	acces										
а	Ù Pι	ublic exhibition			d		Loan	or exchang	je prog	rams			
b	☐ Sc	cholarly research			e			-					
c		eservation for future generations	S										
4	Provid	de a description of the organizat	tion's	collections a	and exp	lain	how t	hey further	the org	ganization's ex	emp	t purpose	e in Part
5		g the year, did the organization s to be sold to raise funds rather										☐ Yes	☐ No
Part	IV	Escrow and Custodial Arra	ange	ments.		_							
		Complete if the organization 990, Part X, line 21.										unt on F	orm
1a		organization an agent, trusteed on Form 990, Part X?									not	☐ Yes	□ No
b	If "Ye	s," explain the arrangement in P	art XII	II and comple	ete the f	ollov	ving ta	able:					
							_				Amo	ount	
C	Begin	ning balance							10	;			
d	Addıtı	ons during the year							10	1			
e	Distrıl	butions during the year							16				
f		g balance							11				
2a		ne organization include an amou			-						•		☐ No
b	If "Ye	s," explain the arrangement in P	art XI	II. Check her	e if the e	expla	anatio	n has been	provid	ed on Part XIII	<u></u>	<u> </u>	
Par	t V	Endowment Funds.											
		Complete if the organization											
			(a)	Current year	(b) P	rior ye	ear ———	(c) Two year	rs back	(d) Three years b	ack	(e) Four ye	ars back
1a	Begin	ining of year balance											
b		ubutions			<u> </u>			<u> </u>					
С		nvestment earnings, gains, and s											
d	Grant	s or scholarships											
е		expenditures for facilities and ams											
f	Admii	nistrative expenses											
g	End o	of year balance											
2	Provid	de the estimated percentage of t	the cu	irrent year er	nd balan	ce (l	ine 1g	, column (a)) held	as			
а	Board	d designated or quasi-endowme	nt 🕨		%								
b	Perm	anent endowment >	%										
С	Temp	orarily restricted endowment		%									
		ercentages on lines 2a, 2b, and											
3a		nere endowment funds not in th	e pos	session of th	ne orgar	ıızat	ion th	at are held	and ac	ministered for	the		
	orgar	nization by:										Y	s No
	(i) ui	nrelated organizations										3a(i)	
	(ii) re	elated organizations										3a(ii)	
b		s" on line 3a(ii), are the related o									•	3b	
4		ribe in Part XIII the intended use			on's enc	lowr	nent f	unds.					
Part	: VI	Land, Buildings, and Equip			_					_	_		_
		Complete if the organization	n ans	wered "Yes	on Fo	rm	990, I	Part IV, line	e 11a.	See Form 99	0, Pa	art X, line	e 10
		Description of property		(a) Cost or of (investm		(b)		or other basis other)		Accumulated epreciation		(d) Book va	alue
1a	Land					J	3	62,000.				362	,000.
b	Build	ıngs					1,2	18,017.		41,346.		1,176	,671.
C	Lease	ehold improvements				\perp							
d		oment				\prod	2	46,208.		91,307.		154	,901.
е	Other	<u> </u>				$oldsymbol{\mathbb{I}}$							
Total.	Add II	nes 1a through 1e. (Column (d) r	nust e	egual Form 9	90, Part	<i>X</i> , c	olumi	n (B), line 10	Oc.) .	.		1,693	,572.

	Investments—Other Securitic Complete if the organization a		m 990 Part IV lin	ne 11h See Form	m 990 Part V line 12
	(a) Description of security or cate		(b) Book value		ethod of valuation
· · · · · · · · · · · · · · · · · · ·	(including name of security)		(b) Book value	, , ,	d-of-year market value
	I derivatives				
	held equity interests				
(3) Other				<u></u>	
(A)			<u> </u>		
(B)			L	<u></u>	
(C)					
(D)					
(E)					
(F)					
(G)					
(H)				<u></u>	
	(b) must equal Form 990, Part X, col (B) line 12.)			<u></u>	
Part VIII	Investments-Program Rela				
	Complete if the organization a	inswered "Yes" on Fo	m 990, Part IV, lin	e 11c. See Forn	n 990, Part X, line 13.
	(a) Description of investment	t	(b) Book value	, , ,	ethod of valuation d-of-year market value
(1)					
(2)			<u> </u>		
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)				<u> </u>	
Total. (Column ((b) must equal Form 990, Part X, col (B) line 13.)	>			
Part IX	Other Assets.				
	Complete if the organization a	answered "Yes" on Fo	rm 990, Part IV, lin	ne 11d. See Forr	n 990, Part X, line 15.
		answered "Yes" on For (a) Description	rm 990, Part IV, lın	ne 11d. See Forr	m 990, Part X, line 15.
(1)			rm 990, Part IV, lin	ne 11d. See Forr	
			m 990, Part IV, lin	ne 11d. See Forr	
			m 990, Part IV, lın	ne 11d. See Forr	
(2)			m 990, Part IV, lın	ne 11d. See Forr	
(2) (3) (4)			m 990, Part IV, lın	ne 11d. See Forr	
(2) (3) (4)			m 990, Part IV, lın	ne 11d. See Forr	
(2) (3) (4) (5) (6)			m 990, Part IV, lın	ne 11d. See Forr	
(2) (3) (4) (5) (6) (7)			m 990, Part IV, lın	ne 11d. See Forr	
(2) (3) (4) (5) (6) (7) (8) (9)	Complete if the organization a	(a) Description	m 990, Part IV, lin	ne 11d. See Forr	
(2) (3) (4) (5) (6) (7) (8) (9)	Complete if the organization a	(a) Description	m 990, Part IV, lin	ne 11d. See Forr	
(2) (3) (4) (5) (6) (7) (8) (9)	Complete if the organization a	(a) Description (b) Col. (B) line 15.)			(b) Book value
(2) (3) (4) (5) (6) (7) (8) (9) Total. (Colu	Complete if the organization a	(a) Description (b) Col. (B) line 15.)			(b) Book value
(3) (4) (5) (6) (7) (8) (9) Total. (Colu	Complete if the organization a	(a) Description (c) Col. (B) line 15.) answered "Yes" on Fo			(b) Book value
(2) (3) (4) (5) (6) (7) (8) (9) Total. (Colu	Complete if the organization a Imn (b) must equal Form 990, Part > Other Liabilities. Complete if the organization a line 25. (a) Description of liability	(a) Description (b) Col. (B) line 15.)			(b) Book value
(2) (3) (4) (5) (6) (7) (8) (9) Total. (Colu Part X	Complete if the organization a simple to the complete if the organization a line 25.	(a) Description (c) Col. (B) line 15.) answered "Yes" on Fo			(b) Book value
(2) (3) (4) (5) (6) (7) (8) (9) Total. (Columnation of the columnation of the columnatio	Complete if the organization a Imn (b) must equal Form 990, Part > Other Liabilities. Complete if the organization a line 25. (a) Description of liability	(a) Description (c) Col. (B) line 15.) answered "Yes" on Fo (b) Book value			(b) Book value
(2) (3) (4) (5) (6) (7) (8) (9) Fotal. (Columnation (Colu	Complete if the organization a summ (b) must equal Form 990, Part > Other Liabilities. Complete if the organization a line 25. (a) Description of liability income taxes	(a) Description (c) Col. (B) line 15.) (a) Answered "Yes" on Fo			(b) Book value
(2) (3) (4) (5) (6) (7) (8) (9) Fotal. (Columnation (Colu	Complete if the organization a simm (b) must equal Form 990, Part > Other Liabilities. Complete if the organization a line 25. (a) Description of liability income taxes aising Dollars	(a) Description (c) Col. (B) line 15.) answered "Yes" on Fo (b) Book value			(b) Book value
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(2) (3) (4) (5) (6) (7) (8) (9) Total. (Columnation (Colu	Complete if the organization a simm (b) must equal Form 990, Part > Other Liabilities. Complete if the organization a line 25. (a) Description of liability income taxes aising Dollars	(a) Description (c) Col. (B) line 15.) answered "Yes" on Fo (b) Book value			(b) Book value
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art	XI Reconciliation of Revenue per Audited Financial Statements	With Revenue per	Return	
	Complete if the organization answered "Yes" on Form 990, Part	V, line 12a.		
1	Total revenue, gains, and other support per audited financial statements		1	1,035,103
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			·
а	Net unrealized gains (losses) on investments]	
b	Donated services and use of facilities] [
С	Recoveries of prior year grants]	
d	Other (Describe in Part XIII.)			
е	Add lines 2a through 2d		2e	
3	Subtract line 2e from line 1		3	1,035,103
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a] [
b	Other (Describe in Part XIII.)			
C	Add lines 4a and 4b		4c	
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)		5	1,035,103
art	XII Reconciliation of Expenses per Audited Financial Statements		er Retu	rn.
	Complete if the organization answered "Yes" on Form 990, Part	V, line 12a.		
1	Total expenses and losses per audited financial statements		1	974,436
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		- -	
а	Donated services and use of facilities]]	
b	Prior year adjustments]	
С	Other losses			
d	Other (Describe in Part XIII.)]	
е	Add lines 2a through 2d		2e	
3	Subtract line 2e from line 1		3	974,436
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	<u> </u>		
b	Other (Describe in Part XIII.)		1	
С	Add lines 4a and 4b		4c	
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)		5	974,436
	XIII Supplemental Information.			

SCHEDULE (Form 990)

Department of the Treasury

Internal Revenue Service

Governments, and Individuals in the United States Grants and Other Assistance to Organizations,

Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

► Attach to Form 990.

information.
latest
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Form990
S.gov/
Go to www.ir
Got

2017

OMB No 1545-0047

Open to Public Inspection

% □ Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form (h) Purpose of grant or assistance **Employer Identification number** X Yes 75-1183851 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed (g) Description of noncash assistance (f) Method of valuation (book, FMV, appraisal, other) Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. (e) Amount of non-cash assistance Enter total number of section 501(c)(3) and government organizations listed in the line 1 table (d) Amount of cash grant Enter total number of other organizations listed in the line 1 table (c) IRC section (if applicable) the selection criteria used to award the grants or assistance? General Information on Grants and Assistance West Texas Home Builders Association Inc (p) EIN 1 (a) Name and address of organization or government Name of the organization Part I Part II Ξ 2 ල € 9 <u>@</u> (12) N <u></u> 5 Ξ E

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

REV 11/13/17 PRO

Schedule I (Form 990) (2017)

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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.

2017

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

► Attach to Form 990 or 990-EZ.

► Go to www.irs.gov/Form990 for the latest information.

Open to Public Inspection

West Texas Home Builders Association Inc	75-1183851
West lexas nome Bullders Association inc	75 1103031
Pt VI, Line 15a: The President initiates an annual performance an	d salary review
of the Executive Officer by the Board of Directors and/or Executi	ve Committee.
Pt VI, Line 6: Membership consists of those in the home building	industry in
Lubbock, Texas and its surrounding counties.	
Pt VI, Line 7a: At the annual meeting of members, approval of boa	rd nominees
is ratified.	
Pt VI, Line 11b: All board members receive return copies prior to	their being
signed and submitted by the Executive Officer.	
Pt VI, Line 19: These items are available upon request.	
Pt VI, Line 12c: All board members must complete written form ann	ually.
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