

Form 990EZ

Department of the
Treasury
Internal Revenue ServiceShort Form
Return of Organization Exempt From Income Tax

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

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

► Go to www.irs.gov/Form990EZ for the latest information.

2018

Open to
Public
Inspection**A For the 2018 calendar year, or tax year beginning 01-01-2018 , and ending 12-31-2018****B Check if applicable**

Address change
 Name change
 Initial return
 Final return/terminated
 Amended return
 Application pending

C Name of organization HOME BUILDERS ASSOCIATION OF SPARTANBURG	D Employer identification number 57-6033583
Number and street (or P. O. box, if mail is not delivered to street address) 341 EAST KENNEDY STREET	E Telephone number (864) 583-5471
City or town, state or province, country, and ZIP or foreign postal code SPARTANBURG, SC 29302	F Group Exemption Number ►

G Accounting Method Cash Accrual Other (specify) ►**I Website:** ►**J Tax-exempt status** (check only one) - 501(c)(3) 501(c)(6) ► (insert no) 4947(a)(1) or 527**H Check ► if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF)****K 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 ► \$ 142,679****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 47,419
	4 Investment income	4 4,165
	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
	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 91,095
	9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 ►	9 142,679
Expenses	10 Grants and similar amounts paid (list in Schedule O)	10
	11 Benefits paid to or for members	11
	12 Salaries, other compensation, and employee benefits	12 24,144
	13 Professional fees and other payments to independent contractors	13
	14 Occupancy, rent, utilities, and maintenance	14 2,180
	15 Printing, publications, postage, and shipping	15
	16 Other expenses (describe in Schedule O)	16 97,497
	17 Total expenses. Add lines 10 through 16 ►	17 123,821
Net Assets	18 Excess or (deficit) for the year (Subtract line 17 from line 9)	18 18,858
	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)	19 202,415
	20 Other changes in net assets or fund balances (explain in Schedule O)	20 0
	21 Net assets or fund balances at end of year Combine lines 18 through 20	21 221,273

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

Balance Sheets (see the instructions for Part II)
Check if the organization used Schedule O to respond to any question in this Part II

	(A) Beginning of year	(B) End of year
22 Cash, savings, and investments	177,677	22 199,166
23 Land and buildings	26,426	23 25,088
24 Other assets (describe in Schedule O)	3	24 0
25 Total assets	204,106	25 224,254
26 Total liabilities (describe in Schedule O)	1,691	26 2,981
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	202,415	27 221,273

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 . . .

on:

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 www.IBM.com

See

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

29 29a

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

30 **30a**

If this amount includes foreign grants, check here

If this amount includes foreign grants, check here

31 Other program services (describe in Schedule O)

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

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
b Did the organization file Form 1120-POL for this year?	37b	
38a Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?	38a	No
b If "Yes," complete Schedule L, Part II and enter the total amount involved	38b	
39 Section 501(c)(7) organizations Enter	39a	
a Initiation fees and capital contributions included on line 9	39b	
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 ►	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 ► HOME BUILDERS ASSOCIATION OF SPARTANBURG Telephone no ► (864) 583-5471		
Located at ► 341 EAST KENNEDY STREET SPARTANBURG, SC ZIP + 4 ► 29302		
b At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? If "Yes," enter the name of the foreign country ► See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)	42b	No
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 ►	42c	No
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	

46 Did the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	<input type="checkbox"/>	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
	46		No

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

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

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

47 Did the organization engage in lobbying activities or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	<input type="checkbox"/>	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
	47		
48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	<input type="checkbox"/>	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
	48		
49a Did the organization make any transfers to an exempt non-charitable related organization?	<input type="checkbox"/>	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
	49a		
b If "Yes," was the related organization a section 527 organization?	<input type="checkbox"/>	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
	49b		

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

(a) Name and title of each employee	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation

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

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

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

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

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

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

Sign Here	***** Signature of officer	2019-06-17
	BUDDY WOMICK PRESIDENT Type or print name and title	Date

Paid Preparer Use Only	Print/Type preparer's name JOHN W ROBINSON JR	Preparer's signature	Date 2019-06-13	Check <input type="checkbox"/> if self-employed	PTIN P00429570
	Firm's name ► GOSNELL MENARD ROBINSON INFANTE CPAS PA	Firm's EIN ► 57-1003842			
	Firm's address ► PO BOX 1726 SPARTANBURG, SC 29304	Phone no (864) 573-9211			

May the IRS discuss this return with the preparer shown above? See instructions ► Yes No

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 112,764</p>

TY 2018 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

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

2018**Open to Public
Inspection**

Name of the organization

HOME BUILDERS ASSOCIATION OF
SPARTANBURG

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 4,165

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990-EZ, PART I, LINE 8 - OTHER REVENUE	DESCRIPTION OTHER AMOUNT 91,095

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990-EZ, PART I, LINE 16 - OTHER EXPENSES	DESCRIPTION AWARDS & PRIZES AMOUNT 189 DESCRIPTION MEETINGS AMOUNT 1,004 DESCRIPTION INSURANCE AMOUNT 2,402 DESCRIPTION NATIONAL AND STATE DUES AMOUNT 28,168 DESCRIPTION ADVERTISING AMOUNT 582 DESCRIPTION OFFICE SUPPLIES AMOUNT 1,917 DESCRIPTION DEPRECIATION AMOUNT 1,339 DESCRIPTION OTHER EXPENSES AMOUNT 407 DESCRIPTION TAXES & FEES AMOUNT 2,364 DESCRIPTION UTILITIES AMOUNT 4,155 DESCRIPTION GMM EXPENSE AMOUNT 160 DESCRIPTION UNREALIZED GAINS/LOSSES AMOUNT 9,141 DESCRIPTION OYSTER ROAST AMOUNT 103 DESCRIPTION SOH EXPENSE AMOUNT 26,148 DESCRIPTION TRAVEL EXPENSE AMOUNT 103 DESCRIPTION GOLF EXPENSE AMOUNT 6,241 DESCRIPTION 2018 SPORTING CLAYS EXPENSE AMOUNT 7,023 DESCRIPTION TTN EXPENSE AMOUNT 3,951 DESCRIPTION ACCOUNTING FEES AMOUNT 1,300 DESCRIPTION CONTRIBUTIONS AMOUNT 50 DESCRIPTION ADMIN REIMBURSEMENTS AMOUNT 750 TOTAL TO FORM 990-EZ, LINE 16 97,497

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 3 END OF YEAR AMOUNT 0

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990-EZ, PART II, LINE 26 - OTHER LIABILITIES	DESCRIPTION PAYROLL TAX PAYABLE BEG OF YEAR AMOUNT 1,691 END OF YEAR AMOUNT 2,981