Form **990** 

(Rev January 2020)

Department 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)

2019

OMB No 1545-0047

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

► Go to wave us gov/Form990 for instructions and the latest information.

Open to Public Inspection

| 11100                          |            | Go to www.ns.gov/Formsso for instructions and the late  |                      |               | парссион                       |
|--------------------------------|------------|---|----------------------|---------------|--------------------------------|
| Α                              | For th     | e 2019 calendar year, or tax year beginning , 2019, and end   | ing                  |               | , 20                           |
| В                              | Check i    | fapplicable C Name of organization Texas Panhandle Builders Associa                                     | ation                | D Emp         | loyer identification number    |
|                                | Addres     | s change Doing business as  |                      | <u>75-0</u>   | 949942                         |
|                                | Name o     | hange Number and street (or P O box if mail is not delivered to street address)                         | Room/suite           | E Telep       | hone number                    |
|                                | Initial re | turn 5601 Enterprise Circle   |                      | (806          | 3) 353-3565                    |
| $\overline{\Box}$              | Final ret  | urn/terminated City or town, state or province, country, and ZIP or foreign postal code                 |                      |               |                                |
| $\overline{\Box}$              |            | ed return Amarillo, TX 79106  |                      | G Gros        | s receipts \$1, 122, 030.      |
| $\overline{\Box}$              |            | tion pending F Name and address of principal officer  | H(a) is this a gro   |               | for subordinates? Yes X No     |
| _                              |            | Ross Macon, 5601 Enterprise Circle, Amarillo, TX 78   |                      |               |                                |
| 1                              | Tax-exe    | mpt status  |                      |               | ist (see instructions)         |
| J                              |            | www.tpba.org  | H(c) Group ex        |               |                                |
| <u>-</u>                       |            | organization ⊠ Corporation ☐ Trust ☐ Association ☐ Other ►  |                      |               | e of legal domicile TX         |
| _                              | art I      | Summary   | 1947                 | W Otale       | on legal detinione 171         |
|                                | 1          | Briefly describe the organization's mission or most significant activities Promot                       | and advantage        | + h           | on area of home building       |
| a                              | 1          | Theny describe the organization's mission of most significant activities Figure 1                       | Toll and education   | 1 111 (11     | le area or nome purrorno.      |
| ĕ                              |            |   |                      |               |                                |
| гла                            |            | Charlet Land  |                      |               | ·                              |
| Governance                     | 2          | Check this box ► ☐ if the organization discontinued its operations or dispose                           |                      | 1             | 1                              |
| Ğ                              | 3          | Number of voting members of the governing body (Part VI, line 1a)                                       |                      | 3             | 19                             |
| ος.                            | 4          | Number of independent voting members of the governing body (Part VI, line 1)                            | •                    | 4             | 19                             |
| Activities &                   | 5          | Total number of individuals employed in calendar year 2019 (Part V, line 2a)                            |                      | 5             | 3                              |
| ςį                             | 6          | Total number of volunteers (estimate if necessary)  |                      | 6             | 700                            |
| ĕ                              | 7a         | Total unrelated business revenue from Part VIII, column (C), line 12                                    |                      | 7a            | 56,575.                        |
|                                | b          | Net unrelated business taxable income from Form 990-T, line 39  | <del></del>          | 7b            | 0.                             |
|                                | İ          |   | Prior Year           |               | Current Year                   |
| <u>a</u>                       | 8          | Contributions and grants (Part VIII, line 1h)   |                      |               |                                |
| Revenue                        | 9          | Program service revenue (Part VIII, line 2g)  | 373,                 | <u>585.</u>   | 351,467.                       |
| ě                              | 10         | Investment income (Part VIII, column (A), lines 3, 4, and 7d)   | 69,                  | 261.          | 108,382.                       |
| <u> </u>                       | 11         | Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)                                |                      |               |                                |
|                                | 12         | Total revenue – add lines 8 through 11 (must equal Part VIII, column (A), line 12)                      | 442,                 | 846.          | 459,849.                       |
|                                | 13         | Grants and similar amounts paid (Part IX, column (A), lines 1-3)  |                      | 125.          | 5,875.                         |
|                                | 14         | Benefits paid to or for members (Part IX, column (A), line 4)   |                      |               |                                |
| S                              | 15         | Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)                       | 149,                 | 131.          | 127,928.                       |
| Expenses                       | 16a        | Professional fundraising fees (Part IX, column (A), line 11e)   |                      |               |                                |
| ber                            | ь          | Total fundraising expenses (Part IX, column (D), line 25) ▶   |                      |               |                                |
| ñ                              | 17         | Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)  | 256,                 | 872.          | 259,170.                       |
|                                | 18         | Total expenses. Add lines 13-17 (must equip (A), line 25) .   | 410,                 |               | 392,973.                       |
|                                | 19         | Revenue less expenses. Subtract line 18 from line 14 /  |                      | 718.          | 66,876.                        |
| r s                            |            | 9   | Beginning of Curre   |               | End of Year                    |
| ets (<br>anc                   | 20         | Total assets (Part X, line 16)  | 647,                 |               | 660,234.                       |
| Net Assets or<br>Fund Balances | 21         | Total liabilities (Part X, line 26)   | 364,                 |               | 307,802.                       |
| E E                            | 22         | Net assets or fund balances. Subtract line 2 5 5 1 1  | 282,                 |               | 352,432.                       |
| Pa                             | rt II      | Signature Block   | 2027                 | 330.          | 332,132.                       |
|                                |            | ties of perjury, I declare that I have examined this return, including accompanying schedules and state | tements and to the l | nest of r     | ny knowledge, and helief it is |
|                                |            | and complete Declaration of preparer (other than officer) is based on all information of which prepare  |                      |               | ny momentage und benefi, k to  |
|                                |            |   | <del></del>          |               | <u> </u>                       |
| Sig                            | n l        | Signature of officer  | Date                 | <del>-/</del> | 10/0                           |
| He                             |            | Domition  | 54.0                 | //د           | 5/2020                         |
|                                |            | Ross Macon, Treasurer TV // Well Type or print name and title   |                      |               |                                |
|                                |            |   | Data T               |               | T DTIN                         |
| Pai                            | d          |   |                      | Check [       | Tit PTIN                       |
| Pre                            | parei      | Ronald W Meyer  | <del></del>          | self-emp      | 1100002003                     |
|                                | Only       | / Firm's name ► Ronald W Meyer PLLC   |                      |               | 20-5246709                     |
|                                |            | Firm's address ▶ 401 W 15TH ST, Suite 850, AUSTIN, TX 7870  | 1 Phone              | no (5         | 12) 476-4511                   |
| May                            | the IR     | S discuss this return with the preparer shown above? (see instructions)                                 |                      |               | . ⊠Yes 🗌 No                    |

REV 03/04/20 PRO

|    | ······································  |
|----|---|
| 4b | (Code. ) (Expenses \$ including grants of \$ ) (Revenue \$ )  |
| 40 | (Code) (Expenses \$) (nevenue \$)   |
|    | Newsletter - Distributed monthly to members and associates.   |
|    | Promotes news and advertising concerning the area's building  |
|    | environment.  |
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| 4c | (Code ) (Expenses \$ including grants of \$ ) (Revenue \$ )   |
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| 4c | Parade - Annual showcase of newly constructed homes to  |
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|    | Parade - Annual showcase of newly constructed homes to educate and inform the public on the newest innovations used by the construction industry.   |
|    | Parade - Annual showcase of newly constructed homes to educate and inform the public on the newest innovations used by the construction industry.  Other program services (Describe on Schedule O.)   |
|    | Parade - Annual showcase of newly constructed homes to educate and inform the public on the newest innovations used by the construction industry.   |
| 4d | Parade - Annual showcase of newly constructed homes to educate and inform the public on the newest innovations used by the construction industry.  Other program services (Describe on Schedule O.)   |
| 4d | Parade - Annual showcase of newly constructed homes to educate and inform the public on the newest innovations used by the construction industry.  Other program services (Describe on Schedule O.) (Expenses \$ including grants of \$ ) (Revenue \$ )  Total program service expenses ▶ |
| 4d | Parade - Annual showcase of newly constructed homes to educate and inform the public on the newest innovations used by the construction industry.  Other program services (Describe on Schedule O.) (Expenses \$ including grants of \$ ) (Revenue \$ )  Total program service expenses ▶ |

| Päi    | Checklist of Required Schedules   |     |     |    |
|--------|---|-----|-----|----|
| 1      |   |     | Yes | No |
| 1      | Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"   |     |     |    |
| 2      | complete Schedule A   | 2   |     | ×  |
| 2<br>3 | Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to  | -   | -   | -^ |
|        | candidates for public office? If "Yes," complete Schedule C, Part I   | 3   | ļ   | ×  |
| 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, 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? If "Yes," 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? If "Yes," complete Schedule D, Part IV            | 9   |     | ×  |
| 10     | Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in 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 | ×   |    |
| b      | 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 | ×   |    |
| е      | Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X   | 11e |     | ×  |
| f      | Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X  | 11f |     | ×  |
| 12a    | 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  |     | ×  |
| 14a    | 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  |     | ×  |
| 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  |     | ×  |
| 20a    | Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H   | 20a |     | _× |
| 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 1? If "Yes." complete Schedule I, Parts I and II   | 21  |     | ×  |

| عادي   | Checklist of Required Schedules (continued)  |          | 1        | Г.,  |
|--------|--|----------|----------|--|
| 00     | Del the assessment of the state of 000 of search as at the search as the |          | Yes      | No   |
| 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       | ×        |  |
| 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       |          | ×  |
| 24a    | \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b  |          |          |  |
| 1      | 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? Did the organization maintain an escrow account other than a refunding escrow at any time during the year  | 24b      | <u> </u> | <del>                                     </del> |
| С      | to defease any tax-exempt bonds?   | 24c      |          |  |
| d      |  | 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 year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I  | 25b      |          |  |
| 26     | Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II   | 26       |          | ×  |
| 27     | Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these  | 0.7      |          |  |
| 28     | persons? If "Yes," complete Schedule L, Part III   | 27       |          | ×  |
| а      | IV instructions, for applicable filing thresholds, conditions, and exceptions).  A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If  | :        |          |  |
|        | "Yes," complete Schedule L, Part IV  | 28a      |          | ×  |
| b      | A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV  | 28b      |          | ×  |
| С      | A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? 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   |          |          | J  |
| 31     | conservation contributions? If "Yes," complete Schedule M  | 30       |          | ×  |
| 32     | Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II   | 32       |          | _^<br>×  |
| 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   | 33       |          | ×  |
| 34     | Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1   | 34       |          | ×  |
| 35a    | Did the organization have a controlled entity within the meaning of section 512(b)(13)?  | 35a      |          | ×  |
| b      | 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  | 35b      |          | ×  |
|        | Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2   | 36       |          |  |
|        | 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       |          | ×  |
| 38     | Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? <b>Note:</b> All Form 990 filers are required to complete Schedule O.   | 38       | ×        |  |
| Part.\ |  | <u> </u> |          |  |
|        |  |          | Yes      | No   |
|        | Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a 7  |          |          |  |
|        | Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable  |          |          |  |
|        | Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?   | 1c       | ×        |  |

| Pale | Y Statements Regarding Other IRS Filings and Tax Compliance (continued)  |             |     |  |
|------|--|-------------|-----|--|
| ,    | <u> </u>   | -           | Yes | No   |
| 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 3  |             |     |  |
| 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)  | <del></del> |     | <del>                                     </del> |
| 3a   | Did the organization have unrelated business gross income of \$1,000 or more during the year?  | 3a          | ×   |  |
| b    | If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O  | 3b          | ×   | <u> </u>   |
|      | ·  | 100         |     | <del>                                     </del> |
| 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  | <del></del> |     | 1  |
| D    | See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)   |             |     |  |
| E 0  |  | 5a          |     |  |
| 5a   | Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?  | 5b          |     | ×  |
| b    | Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?   | 5c          |     | <del>  ^</del>                                   |
| С    | If "Yes" to line 5a or 5b, did the organization file Form 8886-T?  | 30          |     |  |
| 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          |     | ×  |
| 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    | If "Yes," did the organization notify the donor of the value of the goods or services provided?  | 7b          |     |  |
| С    | Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was   |             |     |  |
| _    | 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   |             |     |  |
| •    | sponsoring organization have excess business holdings at any time during the year?   | 8           |     | - 11   |
| 9    | Sponsoring organizations maintaining donor advised funds.  |             |     |  |
| а    | Did the sponsoring organization make any taxable distributions under section 4966?   | 9a          |     |  |
| b    | Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?  | 9b          | -   |  |
| 10   | Section 501(c)(7) organizations. Enter.  |             |     |  |
| а    | Initiation fees and capital contributions included on Part VIII, line 12   |             |     | •  |
|      | Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities . 10b  |             | ł   |  |
| 11   | Section 501(c)(12) organizations. Enter:   | •           |     |  |
| а    | Gross income from members or shareholders  | **          |     | ٠, ١   |
|      | Gross income from other sources (Do not net amounts due or paid to other sources   |             | ł   |  |
| -    | against amounts due or received from them )  |             | 1   |  |
| 12a  | Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?   | 12a         |     | ****   |
|      | if "Yes," enter the amount of tax-exempt interest received or accrued during the year   12b  | -           | -   |  |
|      | Section 501(c)(29) qualified nonprofit health insurance issuers.   | -           | ٠   | *,   |
|      | 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.  |             |     | ,  |
|      | 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   |             | Ì   |  |
|      | Enter the amount of reserves on hand   |             | . 1 | _  |
|      | Did the organization receive any payments for indoor tanning services during the tax year?   | 14a         |     | ×  |
|      | If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O.   | 14b         |     |  |
|      | Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or  |             |     |  |
|      | excess parachute payment(s) during the year?   | 15          | ĺ   |  |
|      | If "Yes," see instructions and file Form 4720, Schedule N.   | <del></del> | -   |  |
|      | Is the organization an educational institution subject to the section 4968 excise tax on net investment income?  | 16          |     |  |
|      | If "Yes." complete Form 4720. Schedule O.  | <del></del> |     |  |

| Form       | 990 (2019)  |          | ſ           | Page 6     |
|------------|---|----------|-------------|------------|
| Par        | 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 on Schedule O.  |          |             |            |
|            | Check if Schedule O contains a response or note to any line in this Part VI   |          |             |            |
| Sec        | tion A. Governing Body and Management   |          |             |            |
|            |   |          | Yes         | No         |
| <b>1</b> a | Enter the number of voting members of the governing body at the end of the tax year 1a 19   | <u> </u> |             | 1          |
|            | If there are material differences in voting rights among members of the governing body, or  |          | 1           | 1          |
|            | if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O   |          |             |            |
| b          | Enter the number of voting members included on line 1a, above, who are independent . 15   | <b>)</b> |             | ĺ          |
| 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, trustees, or key employees to a management company or other person?.  | 3        |             | ×          |
| 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       | ×           |            |
| 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 on Schedule O  | 9        |             | ×          |
| Sect       | ion B. Policies (This Section B requests information about policies not required by the Internal Rever  | 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      | <u> </u>    |            |
| 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      | ×           |            |
| b          | Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?   | 12b      |             | <u>×</u> _ |
| С          | Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"   | 122      | . 1         | V          |
| 13         | describe in Schedule O how this was done  | 12c      |             | <u>×</u>   |
| 14         | Did the organization have a written document retention and destruction 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).   |          |             |            |
| 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      |             | <u>×</u> _ |
| b          | If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its  | 1 1      | - 1         |            |
|            | 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 (1024 or 1024-A, if applicable), 990, and 990-7 (3)s only) available for public inspection. Indicate how you made these available. Check all that apply.  Own website Another's website Upon request Other (explain on Schedule O) | `(Sec    | iion 5      | 01(c)      |
| 19         | Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict o and financial statements available to the public during the tax year.   | finter   | est po      | olicy,     |
| 20         | State the name, address, and telephone number of the person who possesses the organization's books and rec<br>Kenzee Cann, 5601 Enterprise Circle, Amarillo, TX 79106 (806) 353-3565  | ords     | <b>&gt;</b> |            |

| Part VII | Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and |
|----------|--|
| •        | Independent Contractors  |
|          | Check if Schedule O contains a response or note to any line in this Part VII                     |

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. See instructions for the order in which to list the persons above.

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.

| Check this box in heither the organization | Tior arry relate  | I               | Q1 112         |             | C)                            | опре  | 1130           | Ted any current   |  | or trustee.  |
|--|---|-----------------|----------------|-------------|-------------------------------|---|----------------|---|--|--|
| (A)<br>Name and title                      | (B) Average hours per week (list any hours for related organizations below dotted line) | offic Individua | unles<br>er an | Pos<br>neck | mor<br>mor<br>erson<br>direct | than of services that both Highest compensated employee | n an           | (D) Reportable compensation from the organization (W-2/1099-MISC) | (E) Reportable compensation from related organizations (W-2/1099-MISC) | (F) Estimated amount of other compensation from the organization and related organizations |
| (1) Kenzee Cann                            | 40.00   | ļ               |                |             |                               | <u>a</u>  | <u> </u>       |   |  |  |
| Executive Officer                          | 40.00   |                 |                | ×           |                               |   |                | 46,866.   | · o.   | 0.   |
| (2) Brad Stark                             | 2.00  |                 | -              |             | -                             |   | <del>  -</del> | 1 40,000.   | <u>-</u>   |  |
| Immediate Past President                   |   | ×               |                | ×           |                               |   |                | 0.  | 0.   | 0.   |
| (2) D 1 D - 1 1 -                          | 2.00  | -               | _              | -           |                               |   | -              |   |  | <u>··</u>  |
| President                                  |   | ×               |                | ×           |                               |   |                | 0.  | 0.   | 0.   |
| (4) Brennan Connally                       | 2.00  |                 | -              |             |                               |   | _              |   |  | <del>·</del>   |
| 1st Vice President                         | <u>2.00</u>   | ×               |                | ×           |                               |   |                | 0.  | 0.   | 0.   |
| (5) Chance Beasley                         | 2.00  |                 |                |             | <del> </del>                  | -   |                |   | <u>~</u> .   |  |
| 2nd Vice President                         |   | ×               |                | ×           | }                             |   |                | 0.  | 0.   | 0.   |
| (6) Ross Macon                             | 2.00  |                 |                |             |                               |   | _              | <u> </u>  | <u>-</u>   |  |
| Treasurer                                  |   | ×               |                | ×           |                               |   |                | 0.  | 0.   | 0.   |
| (7) Winston Allen                          | 1.00  |                 |                | _           |                               |   |                |   |  |  |
| Director                                   |   | ×               |                |             |                               |   |                | 0.  | 0.   | 0.   |
| (8) Scott Allison                          | 1.00  |                 |                |             |                               |   |                |   |  |  |
| Director                                   |   | ×               | 1              |             |                               |   |                | 0.  | 0.   | 0.   |
| (0) C - d - Ch d ]                         | 1.00  |                 |                |             |                               |   | -              |   | <u></u>  |  |
| Director                                   |   | ×               |                |             |                               |   |                | 0.  | 0.   | 0.   |
| (40) 0                                     | 1.00  |                 |                |             |                               |   | _              |   |  | <del></del>  |
| Director                                   |   | ×               |                |             |                               |   | 1              | 0.  | 0.   | 0.   |
| (11)Glenn Crowder                          | 1.00  |                 |                |             |                               | -   |                |   | <del></del>  |  |
| Director                                   |   | ×               |                |             |                               |   | Ì              | 0.  | 0.   | 0.   |
| (12) J.T. Laramore                         | 1.00  |                 |                |             |                               |   |                |   |  | <u></u> .  |
| Director                                   |   | ×               | 1              | - 1         |                               | 1   | ł              | 0.  | 0.1  | 0.   |
| (13) Tim DeCeuster                         | 1.00  |                 |                |             |                               |   | $\neg$         |   |  |  |
| Director                                   | ···-  | ×               |                | - 1         |                               |   |                | 0.  | 0.   | 0.   |
| (14) Terry Dickerson                       | 1.00  |                 |                | $\neg$      |                               |   | 7              |   |  |  |
| Director                                   |   | ×               |                |             | - [                           |   |                | 0.  | 0.   | 0.   |

| Section A. Officers, Directors,                   | Trustees,             | Key  | Em                    | plo      | yee          | es, ar                       | nd F        | lighest Compe         | ensated Emplo                | yees   | <u>(cont</u>      | inued,            |
|---|-----------------------|--|-----------------------|----------|--------------|------------------------------|-------------|-----------------------|------------------------------|--|-------------------|-------------------|
| ·   | 1                     |  |                       | •        | C)           |                              |             |                       |                              |  |                   |                   |
| (A)   | (B)                   | /do.   | ant of                |          | ition        | e than                       | 000         | (D)                   | (E)                          |  | (F)               |                   |
| Name and title                                    | Average               | ,  |                       |          |              | e man<br>is both             |             | Reportable            | Reportable                   | Estim  | nated ar          |                   |
|   | hours<br>per week     |  |                       |          | lirect       | tor/trus                     |             | compensation from the | compensation<br>from related | COL  | of othe<br>npensa |                   |
|   | (list any             | 악현   | Inst                  | Officer  | Key          | a F                          | Forme       | organization          | organizations                |  | from the          | е                 |
|   | hours for             | l rec  | 햝                     | Cer      | Key employee | bloy                         | mer         | (W-2/1099-MISC)       | (W-2/1099-MISC)              |  | nization          | n and<br>izations |
|   | related organizations | o i  | ona                   |          | plo          | e c                          |             |                       |                              | Telatec                                      | organi            | 120110113         |
|   | below                 | Individual trustee or director                   | Institutional trustee | ĺ        | /ee          | nper                         | 1           |                       |                              | ĺ  |                   |                   |
|   | dotted line)          | ě  | stee                  |          |              | Highest compensated employee |             |                       |                              |  |                   |                   |
| (45) D. J   | 1 00                  |  | -                     | <u> </u> | _            | ق ا                          | -           |                       |                              |  |                   |                   |
| (15) Deborah Foster Director                      | 1.00                  | ×  |                       |          |              |                              | ,           | 0.                    | 0.                           |  |                   | 0.                |
| /16) Vommer MeTana                                | 1.00                  | <del>                                     </del> |                       |          | -            | -                            |             | 0.                    |                              |  |                   |                   |
| Director  | 1.00                  | ×  |                       |          | ]            |                              |             | 0.                    | 0.                           | }  |                   | 0.                |
| (17) Bart Mizer                                   | 1.00                  |  |                       |          |              |                              |             |                       | <u>_</u>                     |  |                   |                   |
| Director  |                       | ×  |                       |          |              |                              |             | 0.                    | 0.                           |  |                   | 0.                |
| (18) Alason Moorhead                              | 1.00                  |  |                       |          |              |                              |             |                       |                              |  |                   |                   |
| Director  |                       | _ ×_   |                       |          |              |                              |             | 0.                    | 0.                           |  |                   | 0.                |
| (19) Nathan Morrows                               | 1.00                  |  |                       |          |              |                              |             |                       |                              | :  |                   |                   |
| Director  |                       | ×  |                       |          |              |                              |             | 0.                    | 0.                           |  |                   | 0.                |
| (20) Terry Rich                                   | 1.00                  | ×  | ĺ                     |          |              |                              |             |                       | 0.                           |  |                   | ^                 |
| Director (21) Low Production                      | 40.00                 |  |                       |          | _            | ļ                            |             | 0.                    | <u>U.</u>                    |  |                   | 0.                |
| (21) Lew Bradshaw Executive Officer               | 40.00                 |  |                       | ×        |              |                              |             | 24,455.               | 0.                           |  |                   | Ο.                |
| (22)  |                       |  |                       |          |              |                              |             | 21/1001               | <u>~</u> .                   |  |                   |                   |
| 3   |                       |  |                       |          |              |                              |             |                       |                              |  |                   |                   |
| (23)  |                       |  |                       |          |              |                              |             |                       |                              |  |                   |                   |
|   |                       |  |                       |          |              |                              |             |                       |                              |  |                   |                   |
| (24)  | ·                     |  |                       |          |              |                              |             |                       |                              |  | •                 |                   |
| (0.5)   |                       |  | _                     |          | _            |                              |             |                       |                              |  |                   |                   |
| (25)  |                       |  |                       |          |              |                              |             |                       |                              |  |                   |                   |
| 1b Subtotal                                       |                       |  |                       | !        |              |                              | <b>&gt;</b> | 71,321.               | 0.                           |  |                   | 0.                |
| c Total from continuation sheets to Part          |                       |  | •                     |          |              |                              | •           | 71,321.               | <u> </u>                     |  |                   | <u>_</u> :        |
| d Total (add lines 1b and 1c)                     | •                     |  | -                     |          |              | •                            | <b>•</b>    | 71,321.               | 0.                           |  |                   | 0.                |
| 2 Total number of individuals (including but      |                       |  |                       |          |              |                              | ) wh        |                       | than \$100,000               | of   |                   |                   |
| reportable compensation from the organization     |                       |  |                       |          |              |                              |             |                       |                              |  |                   |                   |
| ,   |                       |  |                       |          |              |                              |             |                       |                              |  | Yes               | No                |
| 3 Did the organization list any former of         |                       |  |                       |          |              | -                            | nplo        | oyee, or highes       | t compensated                | 1  |                   |                   |
| employee on line 1a? If "Yes," complete S         |                       |  |                       |          |              |                              | •           |                       |                              | 3_   | <del> </del>      | <u>×</u>          |
| 4 For any individual listed on line 1a, is the    |                       |  |                       |          |              |                              |             |                       |                              |  |                   |                   |
| organization and related organizations individual | greater tha           | an \$1   | 50,0                  | יטטני.   | ? 11         | res                          | 5, " (      | complete Sched        | lule J for such              | 4  |                   | ~                 |
| 5 Did any person listed on line 1a receive or     |                       | ,<br>mner  | Leati                 | on i     | fron         | n anv                        | unr         | elated organizati     | on or individual             | _  | +                 | <del>  ^</del> -  |
| for services rendered to the organization?        |                       |  |                       |          |              |                              |             |                       |                              | 5  | -                 | × -               |
| Section B. Independent Contractors                |                       |  |                       |          |              |                              |             | - <u> </u>            |                              |  | 4                 |                   |
| 1 Complete this table for your five high          | est compe             | nsate  | d ır                  | nde      | pen          | dent                         | cor         | ntractors that re     | eceived more t               | han \$                                       | 100,0             | 00 of             |
| compensation from the organization. Repo          |                       |  |                       |          |              |                              |             |                       |                              |  |                   |                   |
| (A)   |                       |  |                       |          |              |                              |             | (B)                   |                              | (C)  |                   |                   |
| Name and business addr                            | ess                   |  |                       |          |              |                              |             | Description of servi  | ces                          | Compen                                       | sation<br>        |                   |
| <del>-</del>                                      |                       |  |                       |          |              |                              |             |                       |                              |  |                   |                   |
|   | <u></u>               |  |                       |          |              |                              |             | <del></del>           | <del></del>                  |  |                   |                   |
| <del></del>                                       |                       |  |                       | -        |              |                              |             |                       |                              |  |                   |                   |
|   |                       | <del>-</del>                                     |                       |          |              |                              |             |                       |                              |  |                   |                   |
| 2 Total number of independent contractor          | s (including          | a but  | no                    | t lır    | nıte         | ed to                        | the         | ose listed above      | e) who                       |  |                   |                   |
| received more than \$100,000 of compensa          |                       |  |                       |          |              |                              |             |                       |                              | <u>.                                    </u> |                   |                   |

| Í  | 4 VIII       | Statement of Revenue Check if Schedule O contains a respor     | nse or note to a   | ny line in this Pa                    | art VIII                               |                                      |  |
|--|--------------|--|--------------------|---------------------------------------|--|--------------------------------------|--|
|  | <del>-</del> | oneok ii doneodie o doniama a respon                           | ide of floto to di | (A) Total revenue                     | (B) Related or exempt function revenue | (C)<br>Unrelated<br>business revenue | (D) Revenue excluded from tax under sections 512-514 |
| ts ts  | 1a           | Federated campaigns 1a   |                    |                                       |  |                                      |  |
| Contributions, Gifts, Grants and Other Similar Amounts | b            | Membership dues 1b   |                    |                                       |  |                                      |  |
| 2 2  | С            | Fundraising events 1c  |                    |                                       |  |                                      |  |
| ifts<br>ar A   | d            | Related organizations 1d                                       |                    |                                       |  |                                      |  |
| 3; G   | е            | Government grants (contributions) 1e                           |                    | _                                     |  |                                      |  |
| Sis  | f            | All other contributions, gifts, grants,                        | 1                  | 1                                     |  |                                      |  |
| er E   |              | and similar amounts not included above 1f                      |                    |                                       |  | •                                    |  |
| <u> </u>   | g            | Noncash contributions included in                              |                    |                                       |  |                                      |  |
| Sor  | h            | Innes 1a–1f 1g   | [ <del>5</del>     |                                       |  | •                                    |  |
|  | h            | Total. Add lines 1a-1f   | Business Code      |                                       |  | <u> </u>                             |  |
| ė  | 2a           | Membership Dues  | 561000             | 60,133.                               | 60,133.                                | 0.                                   | 0.   |
| ه ≩.   |              | Parade of Homes  | 900099             | 118,444.                              | 99,919.                                | 18,525.                              | 0.   |
| am Ser<br>evenue                                       | C            | Advertising  | 541800             | 38,050.                               | 0.                                     | 38,050.                              | 0.   |
| am<br>eve  | d            | Home Show  | 900099             | 59,896.                               | 59,896.                                | 0.                                   | 0.   |
| Program Service<br>Revenue                             | е            | Golf Tournament  | 900099             | 30,565.                               | 30,565.                                | 0.                                   | 0.   |
| <u> </u>   | f            | All other program service revenue                              |                    | 44,379.                               | 44,379.                                | 0.                                   | 0.   |
|  | g            | Total. Add lines 2a-2f   |                    | 351,467.                              |  |                                      |  |
|  | 3            | Investment income (including dividends                         |                    |                                       |  |                                      |  |
|  |              | other similar amounts)   |                    | 1,663.                                | 0.                                     | 0.                                   | 1,663.   |
|  | 4            | Income from investment of tax-exempt bo                        | nd proceeds 🟲      |                                       |  |                                      |  |
|  | 5            | Royalties  | ▶                  | · -···                                |  |                                      | <del></del>  |
|  | 60           |  | (ii) Personal      |                                       |  |                                      |  |
| •  | 6a<br>b      | Less, rental expenses 6b                                       |                    |                                       |  |                                      | •  |
|  | 6            | Rental income or (loss) 6c                                     |                    |                                       |  |                                      |  |
|  | ď            | Net rental income or (loss)                                    | <b>.</b>           |                                       |  |                                      |  |
|  | 7a           | Gross amount from (i) Securities                               | (iı) Other         |                                       |  |                                      |  |
|  | l la         | sales of assets  |                    |                                       |  |                                      |  |
|  |              | other than inventory 7a  | 768,900.           |                                       |  |                                      |  |
| e  | b            | Less cost or other basis                                       |                    |                                       | -                                      |                                      | 1  |
| venue  |              | and sales expenses 7b  | 662,181.           |                                       |  |                                      |  |
|  | С            | Gain or (loss) 7c  | 106,719.           |                                       |  |                                      | · · · · · · · · · · · · · · · · · · ·                |
| Other Re   | d            | Net gain or (loss)   | <u> ▶</u>          | 106,719.                              | 106,719.                               | 0.                                   | 0.   |
| Ę.   | 8a           | Gross income from fundraising                                  |                    | ٠.                                    |  |                                      | -  |
|  |              | events (not including \$                                       |                    |                                       |  |                                      |  |
|  |              | of contributions reported on line 1c). See Part IV, line 18 8a |                    |                                       |  |                                      |  |
|  | h            | Less: direct expenses 8b                                       | ·                  |                                       |  |                                      | ,  |
|  |              | Net income or (loss) from fundraising ever                     | nts ▶              | · · · · · · · · · · · · · · · · · · · |  |                                      |  |
|  |              | Gross income from gaming                                       |                    |                                       |  | •                                    | · · · · · · · · · · · · · · · · · · ·                |
|  |              | activities. See Part IV, line 19 . 9a                          |                    | -                                     |  | ,                                    | ,  |
|  | b            | Less direct expenses 9b  |                    |                                       | •                                      |                                      |  |
|  | С            | Net income or (loss) from gaming activitie                     | s <b>&gt;</b>      |                                       |  |                                      |  |
|  | 10a          | Gross sales of inventory, less                                 |                    |                                       | _                                      | <b>,</b>                             | •  |
| Ì  |              | returns and allowances 10a                                     |                    |                                       |  | ,                                    | •  |
|  | b            | Less: cost of goods sold 10b                                   |                    |                                       | - ,                                    |                                      |  |
|  | c            | Net income or (loss) from sales of inventor                    |                    |                                       |  |                                      |  |
| <u> </u>   |              | -  | Business Code      |                                       |  |                                      | <del>.</del>   |
| ne e   | 11a          |  |                    |                                       |  |                                      | <u> </u>   |
| Revenue  | b            |  |                    |                                       |  |                                      |  |
| Be Se  | c<br>d       | All other revenue  |                    |                                       |  |                                      |  |
| Ē  | e            | Total. Add lines 11a-11d                                       | >                  |                                       |  |                                      |  |
|  | 12           | Total revenue. See instructions                                |                    | 459,849.                              | 401,611.                               | 56,575.                              | 1,663.   |

|          | Statement of Functional Expenses   |                       |                                       |   |                                |
|----------|--|-----------------------|---------------------------------------|---|--------------------------------|
| Sect.    | on 501(c)(3) and 501(c)(4) organizations must com  |                       |                                       |   |                                |
|          | Check if Schedule O contains a respons   | <del></del>           |                                       | · · · · · · · ·                           |                                |
|          | ot include amounts reported on lines 6b, 7b,<br>b, and 10b of Part VIII.   | (A)<br>Total expenses | (B) Program service expenses          | (C)<br>Management and<br>general expenses | (D)<br>Fundraising<br>expenses |
| 1        | 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  | 5,875.                |                                       | -   |                                |
| 3        | Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16   |                       |                                       |   | ,                              |
| 4<br>5   | Benefits paid to or for members  | 75,921.               |                                       |   |                                |
| 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        | Other salaries and wages   | 41,989.               |                                       |   |                                |
| 8        | Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)   |                       |                                       |   |                                |
| 9        | Other employee benefits  | 3,066.                |                                       |   |                                |
| 10       | Payroll taxes  | 6,952.                |                                       |   | <del></del>                    |
| 11       | Fees for services (nonemployees):  | - 0, 502              | <del></del>                           |   |                                |
| а        | Management   |                       |                                       |   |                                |
| b        | Legal  | 2,610.                |                                       |   |                                |
| c        | Accounting   | 14,568.               |                                       |   |                                |
| d        | Lobbying   | 14,500.               |                                       |   |                                |
| e        | Professional fundraising services. See Part IV, line 17  | <del> </del>          | <del></del>                           |   |                                |
| f        | Investment management fees   |                       | <del></del>                           |   |                                |
| g        | Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.)   |                       |                                       |   |                                |
| 12       | Advertising and promotion  | 27.                   |                                       |   | <del></del>                    |
| 13       | -  | 17,020.               |                                       | <del></del>                               |                                |
| 14       |  | 3,911.                |                                       |   |                                |
|          | Information technology   | 3,911.                |                                       | -   |                                |
| 15       | Royalties  | 11 070                |                                       |   |                                |
| 16       | Occupancy  | 11,978.               | <del></del>                           |   |                                |
| 17<br>18 | Travel   | 36,684.               |                                       |   |                                |
| 19       | Conferences, conventions, and meetings .   | 113,824.              |                                       | <del>   </del>                            | <del></del>                    |
| 20       | Interest   | 113,024.              |                                       |   | ·                              |
| 21       | Payments to affiliates   |                       |                                       | <del></del>                               |                                |
| 22       | Depreciation, depletion, and amortization .  | 1,146.                | · · · · · · · · · · · · · · · · · · · |   |                                |
| 23       | Insurance  | 3,105.                |                                       |   |                                |
|          | The state of the s | 3,103.                | <del></del>                           |   |                                |
| 24       | Other expenses. Itemize expenses not covered above (List miscellaneous expenses on line 24e. If  | :'                    | •                                     | , ,                                       | •                              |
|          | line 24e amount exceeds 10% of line 25, column   |                       | •                                     |   |                                |
|          | (A) amount, list line 24e expenses on Schedule (O)   |                       |                                       | · · · · · ·                               | <u> </u>                       |
| а        | Charitable donations   | 5,275.                |                                       |   |                                |
| b        | Community outreach   | 11,959.               |                                       |   | ······                         |
| С        | Education  | 770.                  |                                       |   |                                |
| d        | Miscellaneous  | 14,049.               |                                       |   |                                |
| е        | All other expenses   | 22,244.               |                                       |   |                                |
| 25       | Total functional expenses. Add lines 1 through 24e   | 392,973.              |                                       |   |                                |
| 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)  |                       |                                       |   |                                |

Paia X. Balance Sheet

|                             |          | Check if Schedule O contains a response o  | r note to any line in this Pa | art X                                   |          | 🗆  |
|-----------------------------|----------|--|-------------------------------|---|----------|--|
|                             |          |  |                               | (A)<br>Beginning of year                |          | (B)<br>End of year                         |
|                             | 1        | Cash-non-interest-bearing  |                               | 9,460.                                  | 1        | 80,526.                                    |
|                             | 2        | Savings and temporary cash investments .   |                               | 117,769.                                | 2        | 149,562.                                   |
|                             | 3        | Pledges and grants receivable, net   |                               |   | 3        |  |
|                             | 4        | Accounts receivable, net   | 90,770.                       | 4                                       | 107,253. |  |
|                             | 5        | Loans and other receivables from any current trustee, key employee, creator or founder, substantially controlled entity or family member of any of these |                               | 5                                       |          |  |
|                             | 6        | Loans and other receivables from other disquaunder section 4958(f)(1)), and persons described  |                               |   | 6        |  |
| ş                           | 7        | Notes and loans receivable, net  |                               |   | 7        |  |
| Assets                      | 8        | Inventories for sale or use  |                               |   | 8        |  |
| ä                           | 9        | Prepaid expenses and deferred charges  |                               | 6,311.                                  | 9        | 5,064.                                     |
|                             | 10a      | Land, buildings, and equipment, cost or other  |                               | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | .        |  |
|                             | ,        |  | 10a 30,834.                   | un a department of the Table            |          | -  |
|                             | b        | Less: accumulated depreciation   | 10b 30,534.                   | 1,446.                                  | 10c      | 300.                                       |
|                             | 11       |  |                               | 113,968.                                | 11       | 117,303.                                   |
|                             | 12       | Investments—other securities See Part IV, line   | ,                             |   | 12       |  |
|                             | 13       | Investments - program-related. See Part IV, line   |                               |   | 13       |  |
|                             | 14       | Intangible assets  |                               |   | 14       |  |
|                             | 15       | Other assets. See Part IV, line 11   |                               | 307,422.                                |          | 200,226.                                   |
|                             | 16       | Total assets. Add lines 1 through 15 (must equa  |                               | 647,146.                                |          | 660,234.                                   |
|                             | 17       | Accounts payable and accrued expenses  |                               | 5,023.                                  | 17       | 4,113.                                     |
|                             | 18       | Grants payable   |                               |   | 18       |  |
|                             | 19       | Deferred revenue   |                               | 52,275.                                 | 19       | 77,650.                                    |
|                             | 20       | Tax-exempt bond liabilities  |                               |   | 20       |  |
|                             | 21       | Escrow or custodial account liability. Complete F  | r i                           |   | 21       | <del></del>                                |
| Liabilities                 | 22       | Loans and other payables to any current or<br>trustee, key employee, creator or founder, subst<br>controlled entity or family member of any of thes      | antial contributor, or 35%    |   |          | er og a sammeleden skilger han skriger     |
| ja                          | 00       |  | · · ·                         | 207 452                                 | 22       | 226,039.                                   |
| _                           | 23<br>24 | Secured mortgages and notes payable to unrelated Unsecured notes and loans payable to unrelated  |                               | 307,452.                                | 23       | 220,039.                                   |
|                             |          |  |                               |   | 24       |  |
|                             | 25       | Other liabilities (including federal income tax, parties, and other liabilities not included on lines of Schedule D                                      | 17-24). Complete Part X       | I                                       | 25       |  |
|                             | 26       | of Schedule D  |                               | 364,750.                                | 26       | 307,802.                                   |
| s                           |          | Organizations that follow FASB ASC 958, chec   |                               |   |          | 30170021                                   |
| ice                         |          | and complete lines 27, 28, 32, and 33.   | SK Here > E                   |   |          | i.   |
| lar<br>I                    | 27       | Net assets without donor restrictions  |                               | 168,428.                                | 27       | 235,129.                                   |
| B                           | 28       | Net assets with donor restrictions   |                               | 113,968.                                | 28       | 117,303.                                   |
| Net Assets or Fund Balances |          | Organizations that do not follow FASB ASC 95 and complete lines 29 through 33.   | i8, check here ► 🗌            |   |          | · · · · · · · · · · · · · · · · · · ·      |
| ō                           | 29       | Capital stock or trust principal, or current funds   |                               |   | 29       | er nu nak mar er aanse komp, versamlistisk |
| ets                         | 30       | Paid-in or capital surplus, or land, building, or eq   |                               |   | 30       | <del></del>                                |
| SS                          | 31       | Retained earnings, endowment, accumulated inc  |                               |   | 31       |  |
| <u>;</u>                    |          | Total net assets or fund balances  |                               | 282,396.                                | 32       | 352,432.                                   |
| ž                           |          | Total liabilities and net assets/fund balances .   |                               | 647,146.                                | 33       | 660,234.                                   |

| D    | -2 | 2 |
|------|----|---|
| Page |    | _ |

| . 0.,,,, | 330 (2013)  |     | -        | aye : Z       |
|----------|---|-----|----------|---------------|
| Pa       | 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)   |     | 459,     | 849.          |
| 2        | Total expenses (must equal Part IX, column (A), line 25)  |     | 392,     | 973.          |
| 3        | Revenue less expenses. Subtract line 2 from line 1  |     | 66,      | 876.          |
| 4        | Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))                       |     | 282,     | 396.          |
| 5        | Net unrealized gains (losses) on investments  |     | 3,       | 16 <u>0</u> . |
| 6        | Donated services and use of facilities  |     |          |               |
| 7        | Investment expenses   |     |          |               |
| 8        | Prior period adjustments  |     |          |               |
| 9        | Other changes in net assets or fund balances (explain on Schedule O)  |     |          |               |
| 10       | Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line                  |     |          |               |
|          | 32, column (B))   |     | 352,4    | 432.          |
| Par      | Financial Statements and Reporting  |     |          |               |
|          | Check if Schedule O contains a response or note to any line in this Part XII                                    |     |          | <u>. D</u>    |
|          |   |     | Yes      | No            |
| 1        | Accounting method used to prepare the Form 990:  Cash  Accrual  Other   | _   | 1        |               |
|          | If the organization changed its method of accounting from a prior year or checked "Other," explain in           | ו ר |          |               |
|          | Schedule O.   | _   |          | 1.            |
| 2a       | Were the organization's financial statements compiled or reviewed by an independent accountant?                 | 2a  | 1        |               |
|          | If "Yes," check a box below to indicate whether the financial statements for the year were compiled o           | r   |          | ]             |
|          | reviewed on a separate basis, consolidated basis, or both:  | 1   |          |               |
|          | Separate basis Consolidated basis Both consolidated and separate basis  |     |          |               |
| b        | Were the organization's financial statements audited by an independent accountant?                              | 2b  | ×        | <u> </u>      |
|          | If "Yes," check a box below to indicate whether the financial statements for the year were audited on a         | 1   |          |               |
|          | separate basis, consolidated basis, or both:  |     |          | Ι.            |
|          | Separate basis Consolidated basis Both consolidated and separate basis  |     |          |               |
| С        | If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight or  |     |          | ĺ             |
|          | the audit, review, or compilation of its financial statements and selection of an independent accountant? .     | 2c  | ×        | <u> </u>      |
|          | If the organization changed either its oversight process or selection process during the tax year, explain or   | 1   |          |               |
|          | Schedule O.   |     |          | -             |
| 3а       | 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  | —        | ×_            |
| 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 on Schedule O and describe any steps taken to undergo such audits.        | 3b  | <u> </u> |               |
|          | REV 03/04/20 PRO  | For | m 990    | (2019)        |

#### 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

2019

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

► Complete if the organization is described below. ► Attach to Form 990 or Form 990-EZ. ▶ Go to www.irs.gov/Form990 for instructions and the latest information.

Open to Public Inspection

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.
- 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-B.

| _     | oonon oo i lojioj oi gai iizanoni   | s mat have the times to similar se (cicen   | on under decision oc  | (iii) Compicion are ii Bi Bo   | not complete and and   |
|-------|---|---|---|--|--|
|       | organization answered "Ye<br>see separate instructions),                  | es," on Form 990, Part IV, line 5 (Prox<br>then   | xy Tax) (see separat  | te instructions) or Form 990   | 0-EZ, Part V, line 35c (Proxy  |
| _ • s | ection 501(c)(4), (5), or (6) org   | ganizations. Complete Part III  |   |  |  |
| Name  | of organization   |   |   | Employer ide   | ntification number   |
| Tex   | as_Panhandle Build  | ders Association  |   | 75-0949  | 942  |
| Par   | 1-A Complete if the   | ne organization is exempt und   | der section 501(  | c) or is a section 527   | organization.  |
| 1     | Provide a description of definition of "political call                    | of the organization's direct and in impaign activities")  | ndirect political ca  | ampaign activities in Par  | t IV. (see instructions for  |
| 2     | Political campaign activi   | ity expenditures (see instructions)   |   |  | \$   |
| 3     | Volunteer hours for polit   | ical campaign activities (see instru  | ctions)   | . <u> </u>   |  |
| Pari  | I-B Complete if the   | ne organization is exempt und   | ler section 501(  | c)(3).   |  |
| 1     | Enter the amount of any   | excise tax incurred by the organiz  | ation under sectio  | n 4955 ▶ 🤄   | \$   |
| 2     | Enter the amount of any   | excise tax incurred by organizatio  | n managers under  | section 4955 🕨 🧐   | \$   |
| 3     | If the organization incurr  | ed a section 4955 tax, did it file Fo   | orm 4720 for this y   | ear?   | Yes No   |
| 4a    | Was a correction made?  |   | =   |  | Yes No   |
| b     | If "Yes," describe in Part  | t IV.   |   |  |  |
| Part  | 1-C Complete if th  | e organization is exempt und  | ler section 501(  | c), except section 501   | (c)(3).  |
| 1     |   | tly expended by the filing organiz  | zation for section  | 527 exempt function  | · ·  |
| 2     |   | e filing organization's funds contributions   |   |  | ;  |
| 3     |   | expenditures. Add lines 1 and 2   |   |  | · · · · · · · · · · · · · · · · · · ·  |
| 4     |   | n file Form 1120-POL for this year  |   |  | Yes No   |
| 5     | Enter the names, addres organization made paym the amount of political co | ses and employer identification nu<br>ents. For each organization listed,<br>ontributions received that were pro<br>fund or a political action committe | mber (EIN) of all so<br>enter the amount<br>imptly and directly | ection 527 political organi<br>paid from the filing organ<br>delivered to a separate p | izations to which the filing<br>ization's funds. Also enter<br>political organization, such                              |
|       | (a) Name  | (b) Address   | (c) EIN   | (d) Amount paid from<br>filing organization's<br>funds If none, enter -0-              | (e) Amount of political' contributions received and promptly and directly delivered to a separate political organization |
|       |   |   |   |  | If none, enter -0-   |
| (1)   |   |   |   |  |  |
| (2)   |   |   |   |  |  |
| (3)   |   |   |   |  |  |
| (4)   |   |   |   |  |  |
| (5)   |   |   |   | <del></del>  |  |
| (6)   |   |   |   |  |  |

| Dage | • |
|------|---|

| R | Complete if the organizate section 501(h)).                                     | ion is exemp     | t under section 5   | 501(c)(3) and file | d Form 5768 (ele      | ction under                           |
|---|---|------------------|---|--------------------|-----------------------|---------------------------------------|
| Ā | Check ► ☐ if the filing organization bel address, EIN, expenses, ar             | nd share of exce | ess lobbying expend   | ditures).          | liated group membe    | er's name,                            |
| В | Check ► ☐ If the filing organization che  |                  |   | provisions apply   | <del>,</del>          |                                       |
|   |   | bbying Expend    |   |                    | (a) Filing            | (b) Affiliated                        |
|   | (The term "expenditures"  |                  | <del></del>   | <del></del>        | organization's totals | group totals                          |
| 1 | a Total lobbying expenditures to influen  |                  | · •   |                    |                       |                                       |
|   | b Total lobbying expenditures to influen  | -                | • •   | •                  |                       |                                       |
|   | c Total lobbying expenditures (add lines  |                  |   |                    |                       |                                       |
|   | d Other exempt purpose expenditures   |                  |   |                    | <del></del>           |                                       |
|   | e Total exempt purpose expenditures (a  |                  | •   |                    | <del></del>           |                                       |
|   | f Lobbying nontaxable amount. Ente columns.                                     | r the amount     | from the followin   | g table in both    |                       |                                       |
|   | If the amount on line 1e, column (a) or (b)                                     | ıs: The lobbyır  | ng nontaxable amour   | nt is:             |                       |                                       |
|   | Not over \$500,000  | 20% of the       | amount on line 1e   |                    |                       |                                       |
|   | Over \$500,000 but not over \$1,000,000   | \$100,000 pl     | us 15% of the excess  | over \$500,000     |                       |                                       |
|   | Over \$1,000,000 but not over \$1,500,000                                       |                  | us 10% of the excess  |                    | - 1                   |                                       |
|   | Over \$1,500,000 but not over \$17,000,000                                      |                  | us 5% of the excess of  | over \$1,500,000   |                       |                                       |
|   | Over \$17,000,000   | \$1,000,000      |   |                    |                       |                                       |
|   | g Grassroots nontaxable amount (enter   | •                |   |                    |                       |                                       |
|   | h Subtract line 1g from line 1a. If zero or                                     |                  |   |                    |                       |                                       |
|   | Subtract line 1f from line 1c. If zero or                                       |                  |   |                    | (1- 5 1700            | · <del></del>                         |
|   | If there is an amount other than zer<br>reporting section 4911 tax for this yea |                  | e 1n or line 11, did  | _                  |                       | Yes No                                |
|   | (Some organizations that made a s   | ection 501(h) e  | Period Under Sec<br>election do not hav<br>structions for lines | e to complete all  | of the five columns   | s below.                              |
|   | Lobbyir   | ng Expenditure   | s During 4-Year A   | veraging Period    |                       | · · · · · · · · · · · · · · · · · · · |
|   | Calendar year (or fiscal year<br>beginning in)                                  | (a) 2016         | <b>(b)</b> 2017   | (c) 2018           | (d) 2019              | (e) Total                             |
| 2 | Lobbying nontaxable amount  |                  |   |                    |                       |                                       |
|   | Lobbying ceiling amount<br>(150% of line 2a, column (e))                        |                  | ,   |                    |                       |                                       |
| • | Total lobbying expenditures   |                  |   |                    |                       |                                       |
| ( | Grassroots nontaxable amount  |                  |   |                    |                       |                                       |
| • | Grassroots ceiling amount (150% of line 2d, column (e))                         |                  | ,   | •                  |                       |                                       |
| f | Grassroots lobbying expenditures  |                  |   |                    |                       |                                       |
| В |   |                  | REV 03/04/20 PRO  |                    | Schedule C (Form 9    | 90 or 990-EZ) 2019                    |

|         | (election under section 501(h)).   | ,, , , , ,                            | (a)   |       | (b)           |              |          |
|---------|--|---------------------------------------|---|-------|---------------|--------------|----------|
|         | each "Yes" response on lines 1a through 1i below, provide in Part cription of the lobbying activity.   | IV a detailed                         | Yes   | No    | Δ             | moun         | nt .     |
| 1       | During the year, did the filing organization attempt to influence foreign, national legislation, including any attempt to influence public opinion on a legislaterendum, through the use of. |                                       |   |       |               |              | _        |
| а       | a Volunteers?  |                                       |   |       |               |              |          |
| b       | b Paid staff or management (include compensation in expenses reported on lines   | 1c through 1i)?                       |   |       |               |              |          |
| С       | c Media advertisements?  | [                                     |   |       |               |              |          |
| ď       | d Mailings to members, legislators, or the public?   |                                       |   |       |               |              |          |
| е       | e Publications, or published or broadcast statements?  |                                       |   |       | L             |              |          |
| f       | f Grants to other organizations for lobbying purposes?   |                                       |   |       |               |              |          |
| g       |  | r                                     |   |       |               |              |          |
| h       | . ,  | ar means?                             |   |       |               |              |          |
| i       | Other activities?  | · · · · · · · · · · · · · · · · · · · |   |       |               |              |          |
| j       | Total. Add lines 1c through 1i   | ;                                     | ļ   |       |               |              |          |
| 2a      | 9  |                                       |   | _     |               |              |          |
| b       | · · · · · · · · · · · · · · · · · · ·  |                                       |   |       |               |              |          |
| c       | ,  | I                                     | 1   |       |               |              |          |
| d       |  |                                       | (5)   |       | - <del></del> |              |          |
| F-2 (1) | Complete if the organization is exempt under section 501(c)(4) 501(c)(6).  | ), section 501(c)                     | (5), 0  | r se  | ction         |              |          |
|         |  |                                       |   |       |               | Yes          | No       |
| 1       | Were substantially all (90% or more) dues received nondeductible by members?   |                                       |   |       | 1             | <del> </del> | _×       |
| 2       | Did the organization make only in-house lobbying expenditures of \$2,000 or less?  |                                       |   | ^     | 2             | <u>×</u>     | <u> </u> |
| 3       | Did the organization agree to carry over lobbying and political campaign activity exp  |                                       |   |       | 3             | <u> </u>     | ×        |
|         | Complete if the organization is exempt under section 501(c)(4) 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are ans answered "Yes."   |                                       |   |       |               | line 3       | 3, is    |
| 1       | Dues, assessments and similar amounts from members   |                                       | . [   | 1     |               |              |          |
| 2       | Section 162(e) nondeductible lobbying and political expenditures (do not i political expenses for which the section 527(f) tax was paid).  | nclude amounts                        | of  |       |               |              |          |
| а       | Current year   |                                       | . [   | 2a_   |               |              |          |
| b       | Carryover from last year   |                                       | . [   | 2b    |               |              |          |
| С       |  |                                       | . [   | 2c    |               |              |          |
| 3       | Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible sect   |                                       | .   | 3     |               |              |          |
| 4       | If notices were sent and the amount on line 2c exceeds the amount on line 3, excess does the organization agree to carryover to the reasonable estimate of no                                | ndeductible lobbyi                    |   |       |               |              |          |
| _       | and political expenditure next year?   |                                       | <u> </u>                                      | 4     |               |              |          |
| 5       | Taxable amount of lobbying and political expenditures (see instructions)   | <u> </u>                              | <u>·                                     </u> | 5     |               |              |          |
|         | TIV Supplemental Information   |                                       |   |       |               |              |          |
|         | de the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, Part e instructions), and Part II-B, line 1. Also, complete this part for any additional inform       |                                       | p list)                                       | , Par | i II-A, II    | ines 1       | and      |
| . (366  | e instructions), and Part II-B, line 1. Also, complete this part for any additional inform   | iation.                               |   |       |               |              |          |
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|         |  |                                       |   |       | ·             |              |          |

| Schedule C (For | m 990 or 990-E2) 2019                  | Page 4 |
|-----------------|--|--------|
| Part IV:        | Supplemental Information (continued)   |        |
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#### 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.

Department of the Treasury Internal Revenue Service

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

Open to Public Inspection

OMB No 1545-0047

| Name | of the organization   |   | Employer identification number          |
|------|---|---|---|
| Te   | xas Panhandle Builders Association  |   | 75-0949942                              |
|      | Organizations Maintaining Donor Adv   | ised Funds or Other Similar Fund            |   |
|      | 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  |   | ld in donor advised                     |
| 5    | funds are the organization's property, subject to the   | •   |   |
| 6    | Did the organization inform all grantees, donors, ar  | <del>-</del>                                |   |
| Ū    | only for charitable purposes and not for the benefit  |   |   |
|      | conferring impermissible private benefit?   |   |   |
| . Da | TIL: Conservation Easements.  |   |   |
|      | Complete if the organization answered "   | Ves" on Form 990 Part IV line 7             |   |
| 1    | Purpose(s) of conservation easements held by the c  |   |   |
| •    | Preservation of land for public use (for example, recre   |   | f a historically important land area    |
|      | Protection of natural habitat   | ·   | f a certified historic structure        |
|      | <b>=</b>  | Freservation o                              | a certified historic structure          |
| 2    | Preservation of open space  | d a sublified concernation contribution     | on the form of a concentration          |
| 2    | Complete lines 2a through 2d if the organization hel easement on the last day of the tax year.  | a a qualified conservation contribution     | Held at the End of the Tax Year         |
| _    |   |   |   |
| а    | Total number of conservation easements  |   |   |
| b    | Total acreage restricted by conservation easements  |   |   |
| C    | Number of conservation easements on a certified hi  |   |   |
| d    | Number of conservation easements included in (c   |   |   |
| _    | historic structure listed in the National Register .  |   |   |
| 3    | Number of conservation easements modified, trans  | ferred, released, extinguished, or term     | ninated by the organization during the  |
|      | tax year ►  |   |   |
| 4    | Number of states where property subject to conserv  |   | to a live office of                     |
| 5    | Does the organization have a written policy regardious, and enforcement of the conservation eas |   |   |
| 6    |   |   |   |
| 6    | Staff and volunteer hours devoted to monitoring, inspect  | ting, nandling of violations, and enforcing | conservation easements during the year  |
| -7   | A   |   |   |
| 7    | Amount of expenses incurred in monitoring, inspecting  \$\blace\$\$\$                           | g, nandling of violations, and enforcing of | conservation easements ouring the year  |
| _    | · · · · · · · · · · · · · · · · · · ·   |   |   |
| 8    | Does each conservation easement reported on line 2  | • •   |   |
| _    | and section 170(h)(4)(B)(ii)?   |   |   |
| 9    | In Part XIII, describe how the organization reports co  |   |   |
|      | balance sheet, and include, if applicable, the text of  |   | ncial statements that describes the     |
|      | organization's accounting for conservation easemen  |   | Alle au Cincil au Annata                |
| 1    | Organizations Maintaining Collections   |   | Jiner Similar Assets.                   |
|      | Complete if the organization answered "Y  |   |   |
| 1a   | If the organization elected, as permitted under FASE  |   |   |
|      | of art, historical treasures, or other similar assets l   |   |   |
|      | service, provide in Part XIII the text of the footnote to                                       | its financial statements that describe      | s these items                           |
| b    | If the organization elected, as permitted under FASI  | B ASC 958, to report in its revenue st      | atement and balance sheet works of      |
|      | art, historical treasures, or other similar assets held f                                       |   | earch in furtherance of public service, |
|      | provide the following amounts relating to these items   | 6   | ,                                       |
|      | (i) Revenue included on Form 990, Part VIII, line 1   |   | <b>&gt;</b> \$                          |
|      | (i) Revenue included on Form 990, Part VIII, line 1 (ii) Assets included in Form 990, Part X    |   | <b>&gt;</b> \$                          |
| 2    | If the organization received or held works of art, h  | nistorical treasures, or other similar a    | assets for financial gain, provide the  |
|      | following amounts required to be reported under FAS   |   | 3                                       |
| а    | Revenue included on Form 990, Part VIII, line 1 .   |   | ▶ \$                                    |
| b    | Assets included in Form 990, Part X   |   | <b>&gt;</b> \$                          |
|      | named Daduction Act Nation and the Instructions for F   |   |   |

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| ۲ao | e | 4 |

| Pa     | rt III' Organizations Maintainin   | g Collections of          | Art, Historical     | Treasures, or C     | ther Similar As         | sets (continued)     |
|--------|--|---------------------------|---------------------|---------------------|-------------------------|----------------------|
| 3      | Using the organization's acquisition, collection items (check all that apply   |                           | her records, che    | ck any of the follo | wing that make si       | gnificant use of its |
| a      | Public exhibition  |                           |                     | or exchange prog    |                         |                      |
| t      |  |                           | e 🗌 Othe            | r <u></u>           |                         |                      |
| C      | :   Preservation for future generation   | s                         |                     |                     |                         |                      |
| 4      | Provide a description of the organiza XIII.                                    | ation's collections a     | and explain how     | they further the or | ganization's exem       | pt purpose in Par    |
| 5      | During the year, did the organization assets to be sold to raise funds rather  |                           |                     |                     |                         | r<br>☐ Yes ☐ No      |
| Pa     | Escrow and Custodial Arr   | angements.                |                     |                     |                         |                      |
|        | Complete if the organization 990, Part X, line 21.                             | n answered "Yes"          | " on Form 990,      | Part IV, line 9, or | reported an am          | ount on Form         |
| 1a     | included on Form 990, Part X? .  |                           |                     |                     |                         | t 🗌 Yes 🗌 No         |
| b      | If "Yes," explain the arrangement in F   | Part XIII and comple      | ete the following t | able                | <del></del>             | <del></del>          |
|        |  |                           |                     |                     |                         | nount                |
| c      |  |                           |                     | · · ·   1           |                         |                      |
| d      | · · · · · · · · · · · · · · · · · · ·  |                           |                     | <del></del>         | d                       |                      |
| e      | Distributions during the year  |                           |                     |                     |                         |                      |
| f      | Ending balance   |                           |                     |                     | <u> </u>                |                      |
|        | Did the organization include an amou<br>If "Yes," explain the arrangement in F |                           |                     |                     |                         |                      |
| Pa     | Endowment Funds.   |                           |                     |                     |                         |                      |
|        | Complete if the organization   | <del></del>               |                     |                     | <del>,</del>            | <del></del>          |
|        |  | (a) Current year          | (b) Prior year      | (c) Two years back  | (d) Three years back    |                      |
| 1a     | Beginning of year balance  | 113,968.                  | 113,513.            |                     | 106,517.                | 109,456.             |
| b      | Contributions  | 6,050.                    | 9,175.              | 5,025.              | 1,250.                  | 9,925.               |
| С      | Net investment earnings, gains, and  | [                         |                     |                     |                         |                      |
|        | losses   | 3,160.                    | <u>-4,595.</u>      |                     |                         |                      |
| d      | Grants or scholarships   | 5,875.                    | <u>4,125.</u>       | 5,000.              | 4,300.                  | 5,500.               |
| е      | Other expenditures for facilities and programs                                 |                           |                     |                     |                         |                      |
| f      | Administrative expenses  |                           | <del></del>         |                     |                         |                      |
| g      | End of year balance  | 117,303.                  | 113,968.            | 113,513.            | 105,199.                | 106,517.             |
| 2      | Provide the estimated percentage of t  | <del></del>               |                     | ·                   |                         |                      |
| a      | Board designated or quasi-endowmen   |                           |                     | ,, 00.0 (4),        | 40.                     |                      |
| b      | Permanent endowment ►  | %                         | . ′ ′               |                     |                         |                      |
| c      | Term endowment ▶ %   |                           |                     |                     |                         |                      |
| Ŭ      | The percentages on lines 2a, 2b, and   |                           | n0%                 |                     |                         |                      |
| 3a     | Are there endowment funds not in the   |                           |                     | st are held and ad  | lministered for the     |                      |
| Sa     | organization by  | e possession or the       | e organization the  | at are nelli and ac | immistered for the      | Yes No               |
|        | (i) Unrelated organizations  |                           |                     |                     |                         | 3a(i) ×              |
|        |  |                           |                     |                     |                         | 3a(ii) ×             |
| b      | If "Yes" on line 3a(ii), are the related of                                    |                           |                     |                     |                         | 3b ×                 |
| 4      | Describe in Part XIII the intended uses  | -                         | •                   |                     |                         | 100                  |
| Pari   |  |                           | 13 endowment it     | 1103                |                         |                      |
|        | Complete if the organization   |                           | on Form 990 E       | Part IV line 11a    | See Form 990 E          | Part Y line 10       |
|        | <u></u>  | <del></del>               | <del></del>         |                     |                         |                      |
|        | Description of property  | (a) Cost or oth (investme | 1 ' '               |                     | Accumulated epreciation | (d) Book value       |
| 1a     | Land   |                           | 0.                  |                     |                         | 0.                   |
| b      | Buildings  |                           |                     |                     |                         |                      |
| С      | Leasehold improvements   |                           |                     |                     |                         |                      |
| d      | Equipment  |                           |                     | 25,428.             | 25,428.                 | 0.                   |
| е      | Other  |                           |                     | 5,406.              | 5,106.                  | 300.                 |
| Total. | Add lines 1a through 1e. (Column (d) m   | nust equal Form 99        | 0, Part X, column   | (B), line 10c).     |                         | 300.                 |

| Part VII        | Investments - Other Securities.  Complete if the organization answered 'Yes" on For | rm 990. Part IV. line                  | 11b. See Form 9                        | 90. Part X. line 12.                  |
|-----------------|---|--|--|---------------------------------------|
|                 | (a) Description of security or category (including name of security)                | (b) Book value                         | (c) Method                             | of valuation<br>year market value     |
| (1) Financia    | l derivatives   |  |  | <del></del>                           |
|                 | held equity interests   |  |  |                                       |
|                 |   |  |  |                                       |
| (A)             |   |  |  |                                       |
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| <b>/</b> E      |   | <del></del>                            |  |                                       |
| (G)             |   |  |  |                                       |
| (H)             |   |  | ······································ |                                       |
|                 | mn (b) must equal Form 990, Part X, col. (B) line 12 )                              |  | <del> –</del> . – – <del></del>        |                                       |
| Part VIII       | Investments-Program Related.  | ·                                      |  |                                       |
|                 | Complete if the organization answered "Yes" on For                                  | m 990, Part IV, line                   | 11c. See Form 99                       | 90, Part X, line 13.                  |
|                 | (a) Description of investment   | (b) Book value                         |  | of valuation<br>year market value     |
| (1)             |   |  |  |                                       |
| (2)             |   |  |  |                                       |
| (3)             |   |  |  |                                       |
| (4)             |   |  |  |                                       |
| (5)             |   |  | <del></del>                            |                                       |
| (6)<br>(7)      |   |  |  |                                       |
| (8)             |   | <u> </u>                               |  |                                       |
| (9)             |   |  |  |                                       |
|                 | mn (b) must equal Form 990, Part X, col. (B) line 13.) . >                          |  |  | •                                     |
| Part IX         | Other Assets.   | <u>+</u>                               |  |                                       |
|                 | Complete if the organization answered "Yes" on For                                  | m 990, Part IV, line                   | 11d. See Form 99                       | 00, Part X, line 15.                  |
|                 | (a) Description   |  |  | (b) Book value                        |
|                 | ruction in Process  | <del></del>                            |  | 200,226                               |
| (2)             |   |  |  |                                       |
| (3)             | <del></del>   |  |  |                                       |
| (5)             |   |  |  |                                       |
| (6)             |   | ·                                      |  |                                       |
| (7)             |   |  |  | <del></del>                           |
| (8)             |   |  |  | · · · · · · · · · · · · · · · · · · · |
| (9)             |   |  |  |                                       |
|                 | nn (b) must equal Form 990, Part X, col (B) line 15 )                               | <u> </u>                               | ▶                                      | 200,226.                              |
| Part X          | Other Liabilities.  Complete if the organization answered "Yes" on Form             | m 990, Part IV, line                   | 11e or 11f. See Fo                     | orm 990, Part X,                      |
|                 | line 25.  |  | ·                                      | <del></del>                           |
| 1.              | (a) Description of liability  |  |  | (b) Book value                        |
| (1) Federal inc | come taxes  | ······································ |  |                                       |
| (2)             | <del>- ·</del>  |  |  |                                       |
| (3)             |   | <u>.</u>                               |  |                                       |
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| (7)             |   |  |  | <del></del>                           |
| (8)             |   |  |  |                                       |
| (9)             |   | · .                                    |  |                                       |
|                 | nn (b) must equal Form 990, Part X, col (B) line 25 )                               |  | 🕨                                      |                                       |
|                 | uncertain tax positions. In Part XIII, provide the text of the footno               |  |  |                                       |
| rganization's   | liability for uncertain tax positions under FASB ASC 740. Check                     | here if the text of the fo             | otnote has been prov                   | rided in Part XIII . 🗌                |

| Part     |   | Return.  |          |
|----------|---|--|----------|
| <u>`</u> | Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.   | 1  | 162,000  |
| 2        | Total revenue, gains, and other support per audited financial statements  | <del>                                     </del> | 463,009. |
| a        | Net unrealized gains (losses) on investments  |  |          |
| b        | Donated services and use of facilities  |  |          |
| C        | Recoveries of prior year grants   |  |          |
| d        | Other (Describe in Part XIII.)  |  |          |
| e        | Add lines 2a through 2d   | 2e   | 3,160.   |
| 3        | Subtract line 2e from line 1  | 3  | 459,849. |
| 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.)  |  |          |
| 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  | 459,849. |
| Part.    |   | r Retur  | n.       |
|          | Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.   |  |          |
| 1        | Total expenses and losses per audited financial statements  | 1  | 392,973. |
| 2        | Amounts included on line 1 but not on Form 990, Part IX, line 25.   | .  |          |
|          | Donated services and use of facilities  |  |          |
|          | Prior year adjustments  | ,  |          |
|          | Other losses  |  |          |
|          | Other (Describe in Part XIII.)  | =-   |          |
|          | Add lines 2a through 2d   | 2e   | 200 070  |
|          | Subtract line 2e from line 1  | 3  | 392,973. |
|          | Amounts included on Form 990, Part IX, line 25, but not on line 1:  |  |          |
|          | Investment expenses not included on Form 990, Part VIII, line 7b 4a Other (Describe in Part XIII.)  | - 1  |          |
|          | Add lines <b>4a</b> and <b>4b</b>   | 4c   |          |
|          | Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)   | 5  | 392,973. |
| Part )   | <u> </u>  |  |          |
|          | e the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4, Part IV, lines 1b and 2b; XI, lines 2d and 4b, and Part XII, lines 2d and 4b. Also complete this part to provide any additional inf |  |          |
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| Schedule D (Fo |   | Page                                   |
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| Part XIII      | Supplemental Information (continued)    |  |
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# **SCHEDULE 1** (Form 990)

Department of the Treasury Internal Revenue Service Name of the organization

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

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

► Attach to Form 990.

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

| <b>3</b> 07 | Open to Public / Inspection | Employer identification number |
|-------------|-----------------------------|--------------------------------|
|             |                             | Employe                        |

a.

OMB No 1545-0047

| Texas Panhandle Builders Association   | s Associatio                              | n<br>Assistance                        |   |   |  | 75-09  | 75-0949942  |
|--|---|--|---|---|--|--|---|
| 1 Does the organization maintain records to substantiate the antithe selection criteria used to award the grants or assistance?                  | ain records to subsaward the grants       | stantiate the amou                     | int of the grants or                            | assistance, the g                           | rantees' eligibility fo  | nount of the grants or assistance, the grantees' eligibility for the grants or assistance, and | , and X Yes No  |
| Desc   | ızatıon's procedur                        | es for monitoring                      | ig the use of grant funds in the United States. | nds in the United                           | States.  |  |   |
| Grants and Other Assistance to Domestic Organ Part IV, line 21, for any recipient that received more   | ssistance to Do                           | mestic Organiz<br>received more th     | ations and Dom                                  | l <b>estic Governm</b><br>Il can be duplica | izations and Domestic Governments. Complete if the organization than \$5,000. Part II can be duplicated if additional space is needed. | the organization answerpace is needed.   | nizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, than \$5,000. Part II can be duplicated if additional space is needed. |
| 1 (a) Name and address of organization or government   | (b) EIN                                   | (c) IRC section (if applicable)        | (d) Amount of cash<br>grant                     | (e) Amount of non-<br>cash assistance       | (f) Method of valuation<br>(book, FMV, appraisal,  | (g) Description of noncash assistance  | (h) Purpose of grant<br>or assistance   |
| (1)  |   |  |   |   |  |  |   |
| (2)  |   |  |   |   |  |  |   |
| (6)  |   |  |   |   |  |  |   |
| (4)  |   |  |   |   |  |  |   |
| (5)  |   |  |   |   |  |  |   |
| (9)  |   |  |   |   |  |  |   |
| (2)  |   |  |   |   |  |  |   |
| (8)  |   |  | •   |   |  |  |   |
| (6)  |   |  |   |   |  |  |   |
| (10)   |   |  |   |   |  |  |   |
| (11)   |   |  |   |   |  |  |   |
| (12)   |   |  |   |   |  |  |   |
| 2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table  | n 501(c)(3) and go                        | vernment organiza                      | tions listed in the                             | line 1 table .                              |  |  | <b>A</b>  |
| 5 Enter total number of other organizations listed in the line 1 table<br>For Paperwork Reduction Act Notice, see the Instructions for Form 990. | organizations listers see the Instruction | d in the line 1 table is for Form 990. |   |   |  |  | Schedule I (Form 990) (2019)  |

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Scheclule I (Form 990) (2019)

Grants and Other Assistance to Domestic Individuals. Complete If the organization answered "Yes" on Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed. Part III

|         | i an in can be daplicated if additional space is needed.  | space is liceder         | -                        |                                  |   |                                       |
|---------|---|--------------------------|--------------------------|----------------------------------|---|---------------------------------------|
|         | (a) Type of grant or assistance   | (b) Number of recipients | (c) Amount of cash grant | (d) Amount of noncash assistance | (e) Method of valuation (book, FMV, appraisal, other) | (f) Description of noncash assistance |
| 1 Scho  | 1 Scholarships  | 6                        | 5,875.                   |                                  |   |                                       |
| 2       |   |                          |                          |                                  |   |                                       |
| က       |   |                          |                          | , T                              |   |                                       |
| 4       |   |                          |                          |                                  |   |                                       |
| 5       |   |                          |                          |                                  |   |                                       |
| 9       |   |                          |                          |                                  |   |                                       |
| 7       |   |                          |                          |                                  |   |                                       |
| Part IV | Supplemental Information. Provide the information required in Part I, line 2; Part III, column (b); and any other additional information. | the information r        | equired in Part I, lin   | e 2; Part III, columr            | (b); and any other additi                             | onal information.                     |

Pt I Line 2: Committee sets criteria and provides oversight for scholarship awards

#### 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.

Department of the Treasury
Internal Revenue Service

► Attach to Form 990 or 990-EZ.

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

OMB No 1545-0047

2019

Open to Public Inspection

| Name of the organization  | Employer identification number |
|---|--------------------------------|
| Texas Panhandle Builders Association                              | 75-0949942                     |
| Pt VI, Line 6: Membership consists of those in the home building  | ındustry in                    |
| Amarıllo, 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: Form 990 is presented at the May board meeting p | rior to its                    |
| signature and submittal to IRS.                                   |                                |
| Pt VI, Line 15a: Senior Officers perform an evaluation of the Exe | cutive Officer                 |
| and determine his compensation.                                   |                                |
| Pt VI, Line 19: These items are available upon request.           |                                |
| Pt III, Line 4d:  |                                |
| Description: Various - Monthly meetings featuring speakers and    | seminars                       |
| on subjects such as OSHA updates and leadership conferences.      |                                |
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