(Rev January 2020)

Return of Organization Exempt From Income Tax

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

OMB No 1545-0047 2019

		of the Treasury nue Service	► Go to www.irs.gov/Form990 for instructions	-			Inspection
<u> </u>				019, and endi		J	, 20
<u> </u>						25 /	
В		f applicable	C Name of organization West Texas Home Builders	ASSOCIA	tion Inc		er identification numb
닏		s change	Doing business as			75-118	
Ц	Name c	hange	Number and street (or P O box if mail is not delivered to street addr	ress)	Room/suite	E Telephor	
Ц	Initial re		7205 Kewanee Ave			(806) /	98-1616
Щ	Final retu	urn/terminated	City or town, state or province, country, and ZIP or foreign postal co	ode			
닏	Amende	ed return	Lubbock, TX 79424				ceipts \$1,013,8
	Applicat		F Name and address of principal officer				ubordinates? 🔲 Yes 🗵
			Gena Godinez, 7205 Kewanee Ave, Lubboc				
<u></u>	Tax-exe	mpt status	501(c)(3)	(1) or 527	-//		(see instructions)
		e: ► www.w		·	H(c) Group e	xemption nu	mber ►
-		organization 🔀	Corporation ☐ Trust ☐ Association ☐ Other ►	L Year of form	ation 1955	M State of	legal domicile TX
Pi	art il	Summar	γ				
	1	Briefly desc	cribe the organization's mission or most significant activ	vities. Promot	ion and educat	on of Lu	bbock area builde
ce				-			
Activities & Governance							
rerr	2	Check this	box $ ightharpoonup$ if the organization discontinued its operations	orgippose	of more than	\$5% of its	s net assets,
Š	3		voting members of the governing body (Part VI, line 1a)		IVED	3	
æ	4		independent voting members of the governing body) · · · (S	4	
ies	5	Total numb	er of individuals employed in calendar year 2019 (Pak)	/ line DE) 9	0 2020 10	5	
ži	_					6	
4ct	7a	Total unrela	ated husiness revenue from Part VIII, column (C), line 12			7a	137,06
`	b	Net unrelate	er of volunteers (estimate if necessary)	OGDE	N. UT I	7b	137,00
		Net unrelate	ed ousliness taxable income nom romit 990-1, line 113	<u> </u>	Prior Year		Current Year
	8	Contribution	ns and grants (Part VIII, line 1h)		11101 Tear		Ourrent real
Revenue	9				. 037	007	1 000 17
Ven					937,		1,000,17
Be	10		income (Part VIII, column (A), lines 3, 4, and 7d)			840.	13,66
	11		ue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11			000.	
_4	12		ue-add lines 8 through 11 (must equal Part VIII, column (947,	727.	1,013,83
			similar amounts paid (Part IX, column (A), lines 1-3).		34,	750.	35,00
			id to or for members (Part IX, column (A), line 4)				
Sa	15	Salaries, oth	er compensation, employee benefits (Part IX, column (A),	lines 5–10)	236,	838.	252,86
ins.	16a	Professiona	Il fundraising fees (Part IX, column (A), Iine 11e)				
Expenses	b	Total fundra	alsing expenses (Part IX, column (D), line 25)				
ω̈́	17	Other exper	nses (Part IX, column (A), lines 11a-11d, 11f-24e) .		669,	500.	714,32
	18	Total expen	ses. Add lines 13-17 (must equal Part IX, column (A), lir	ne 25) .	941,	088.	1,002,18
- 1	19	Revenue les	ss expenses. Subtract line 18 from line 12		6,	639.	11,64
es o					Beginning of Curre		End of Year
Assets or 1 Balances	20	Total assets	(Part X, line 16)		2,755,	525.	2,810,96
Ba			es (Part X, line 26)		401,		444,92
≓ ≽ I			or fund balances. Subtract line 21 from line 20		2,354,		2,366,04
	till	Signatur			2/331/	371.1	2/300/01
			declare that I have examined this feturn, including accompanying sche	edules and stat	ements and to the	heet of my	(nowledge, and holist
true,	correct,	and complete	Declaration of preparer other than officer) is based on all information of	of which prepar	er has any knowled	ge. / /	owieuge and bellei
						4/11-	12020
Sig	n	Signature	e of officer		Date	11101	
_		, –	/		Date		
Her	е		Godinez, Executive Officer				
			print name and title	1			
Paid	ď	1 '''	reparer's name Peparer's signature	R 10/1/2		Check [
	u parer	Ronald	W Meyer	JUTAL	411/2020	self-employ	ed P00082589
			P Ronald W Meyer PLLC	\	Firm's	EIN ► 20	-5246709
-56	Only	Firm's addre	ess > 401 W 15TH ST, Suite 850, AUSTIN	TX 7870)476-4511
				- 111 / 0 / ()			

) (Revenue \$

including grants of \$

Other program services (Describe on Schedule O)

(Expenses \$

3

PJD

Part	V Checklist of Required Schedules			
			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1		×
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2		×
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3		×
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? 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, 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	×	
ь	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		×
ь	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?	10		
	If "Yes," complete Schedule G, Part III	19 20a		_ <u>×</u> _
	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		×

1	Checklist of Required Schedules (continued)			
			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	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b			
	through 24d and complete Schedule K. If "No," go to line 25a	24a		×
b c		24b	 	
C	to defease any tax-exempt bonds?	24c		<u> </u>
d	, , , , , , , , , , , , , , , , , , ,	24d		
25a	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		
b	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 persons? If "Yes," complete Schedule L, Part III	27		×
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions, for applicable filing thresholds, conditions, and exceptions).			
а	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 conservation contributions? If "Yes," complete Schedule M	30		×
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		×
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32	<u> </u>	×
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 b	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	 	×
	controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2.	35b		×
36	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		
37	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? Note: All Form 990 filers are required to complete Schedule O.	38	×	
Part	Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response or note to any line in this Part V		· · ·	
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a 15		Yes	No
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable			, i
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	10	×	;

	Statements Regarding Other INS Fillings and Tax Compliance (continued)			T 81-
		<u> </u>	Yes	No
2a				Ì
1	Clatericine, med for the carefular year ending with or within the year end by the carefular	2b	×	
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? . Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) .	-25	<u> </u>	
2.	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		-
3a	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b	×	
b		- 35	<u>^</u>	 -
4 a	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 ▶		_	١.
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).	-		
5а	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	<u>5a</u>		<u> </u>
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		×
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6a		×
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).	<u> </u>	-	ļ
	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods			
а	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		
c	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		ļ
'n	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		ļ
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	- 7	
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		, ,	
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities . [10b]		٠,	_ ^
11	Section 501(c)(12) organizations. Enter:			1
а	Gross income from members or shareholders			ļ: . ·
b	Gross income from other sources (Do not net amounts due or paid to other sources			' :
40	against amounts due or received from them.)	12a	,·.æ	
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? If "Yes." enter the amount of tax-exempt interest received or accrued during the year 12b	124	-	7
b 13	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
a	Is the organization licensed to issue qualified health plans in more than one state?	13a		1
a	Note: See the instructions for additional information the organization must report on Schedule O.			
b	Enter the amount of reserves the organization is required to maintain by the states in which	.		3
	the organization is licensed to issue qualified health plans			
С	Enter the amount of reserves on hand	4.4	-	- `-
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		×
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O.	14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or	45		
	excess parachute payment(s) during the year?	15		
40	If "Yes," see instructions and file Form 4720, Schedule N.	16		
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.	-,0		

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			
1a	Enter the number of voting members of the governing body at the end of the tax year 1a 19	ı					
	If there are material differences in voting rights among members of the governing body, or]		ĺ			
	if the governing body delegated broad authority to an executive committee or similar			1			
	committee, explain on Schedule O						
b		-		ļ			
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							
	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.			İ			
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		×			
Section B. Policies (This Section B requests information about policies not required by the Internal Revenue							
			Yes	No			
10a	Did the organization have local chapters, branches, or affiliates?	10a		×			
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b					
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	×				
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.						
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	×	1			
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	×				
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	12c	×				
13	Did the organization have a written whistleblower policy?	13	×				
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		×			
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its	.50					
_	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	100					
17	List the states with which a copy of this Form 900 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)	•		•			
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict or and financial statements available to the public during the tax year.	ınter	est p	olicy,			
20	State the name, address, and telephone number of the person who possesses the organization's books and received Gena Godinez, 7205 Kewanee Ave, Lubbock, TX 79424 (806) 798-1616	ords	>				

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 no	or any relate	d org	anız	atio	on c	ompe	ensa	ited any current	officer, director,	or trustee.
(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	official individual or director	unles er an	Pos neck	erson	e the solor/trus e mployee	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) Gena Godinez	40.00		i —				1			
Executive Officer					×	<u> </u>		102,544.	0.	0.
(2)Bryce Daniel President	5.00	×		×				0.	0.	0.
(3) Robert Myers	2.00									
Vice President		×		×				0.	0.	0.
(4) Keith Toogood	2.00						١.			
Secretary/Treasurer		×		×				0.	0.	0.
(5) Stewart Townsen Past President	2.00	×		×				0.	0.	0.
(6) Clif Hatch Associate Vice President	2.00	×		×				0.	0.	0.
(7) Ashley Laycock Director	1.00	×						0.	0.	0.
(8) BJ Lewis Director	1.00	×						0.	0.	0.
(9) Blake Hayes Director	1.00	×						0.	0.	0.
(10) Chad Tarver Director	1.00	×						0.	0.	0.
(11) Craig Ray Director	1.00	×						0.	0.	0.
(12) David Jordan Director	1.00	×				-		0.	0.	0.
(13) Elsa Longoria Director	1.00	×						0.	0.	0.
(14) Jo Chapman Director	1.00	×						0.	0.	0.

'n

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	d o or directo	ot ch unles	Pos neck ss pe	c) ition more erson lirect		one h an tee)	(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MIS	n s SC)	Estima com fi organ	(F) ated an of other npensat rom the nization organiz	nount tion
(15) John Johnson Director	1.00	×						0.		0.			0.
(16) Kim Craig Director	1.00	×						0.		0.			0.
(17) Mike Becknal Director	1.00	×						0.		0.			0.
(18) Scott Self	1.00	×						0.		0.			0.
Director (19) Tim Collins -	1.00												
Director (20)Trey Strong	1.00	×						0.	-	0.			0.
Director		×						0.		0.			0.
(22)													
										_			
(23)													
(24)									·				
(25)													
1b Subtotal	VII, Section	n A					▶	102,544.		5.			0.
2 Total number of individuals (including but	not limited										f		
 reportable compensation from the organization list any former or employee on line 1a? If "Yes," complete S For any individual listed on line 1a, is the 	fficer, directions of the direction of t	for su ortab	ch i le c	ndiv omj	<i>ıldu</i> pen	<i>al</i> satio	n ar		sation from t	he	3	Yes	No X
organization and related organizations of individual	greater tha	ın \$1 	50,0	0007	? If	"Yes	s," (complete Sched	lule J for su 	ch	4	-	×
5 Did any person listed on line 1a receive or for services rendered to the organization?									on or individu	lat	5	~ .	×
Section B. Independent Contractors	7 700, 00	Jinpic										<u>-</u>	
1 Complete this table for your five higher compensation from the organization. Repo													
(A) Name and business addre								(B) Description of servi			(C)		
Total number of independent contractors received more than \$100,000 of compensations.							tho	ose listed above) who				

1

	E VIII	Statement of Revenue					. 290
LECT	r Aill	Check if Schedule O contains a respor	ise or note to a	ny line in this Pa	art VIII		
	-	Ones, in Series of Contains a respec	iso of froto to a	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512–514
Contributions, Gifts, Grants and Other Similar Amounts	1	Federated campaigns	\$	· · · · · · · · · · · · · · · · · · ·	-	,	
	 	Total. Add lines 1a-1f	Business Code	 			
Program Service Revenue	c d e f	Parade of Homes Advertising Golf Day Membership Dues Home & Garden Show All other program service revenue	900099 541800 900099 561000 900099	473,428. 42,960. 27,985. 155,814. 125,259. 174,725.	385,118. 0. 27,985. 155,814. 125,259. 168,928.	88,310. 42,960. 0. 0. 5,797.	0. 0. 0. 0.
	g	Total. Add lines 2a-2f		1,000,171.			
	3 4 5	Investment income (including dividends other similar amounts)	▶ nd proceeds ▶	10,032.	0.	0.	10,032.
	6a b c	Gross rents 6a Less. rental expenses 6b Rental income or (loss) 6c Net rental income or (loss)					
	7a	Gross amount from sales of assets other than inventory 7a (i) Securities	(II) Other 3, 633.				
Other Revenue	С	Less. cost or other basis and sales expenses 7b Gain or (loss) 7c	0. 3,633.				
<u>~</u>		Net gain or (loss)	<u> </u>	3,633.	3,633.	0.	0.
g	8a	Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18 8a					;
ĺ		Less: direct expenses 8b					
	9a	Net income or (loss) from fundraising ever Gross income from gaming activities. See Part IV, line 19 . 9a	nts ▶				
		Less: direct expenses			144		
ļ	10a	Net income or (loss) from gaming activities Gross sales of inventory, less returns and allowances 10a Less. cost of goods sold 10b	s >	,		•	, ,
		Net income or (loss) from sales of inventor	y ▶			-	<u></u>
Revenue	11a b		Business Code				
Re	c d	All other revenue					<u></u>
 		All other revenue	▶				
		Total revenue. See instructions		1,013,836.	866,737.	137,067.	10,032.

	990 (2019)				Page 1
Pai	t IX Statement of Functional Expenses				
Secti	on 501(c)(3) and 501(c)(4) organizations must comp	olete all columns. All	other organizations	must complete colur	nn (A)
	Check if Schedule O contains a response	e or note to any line	e in this Part IX .		
	ot include amounts reported on lines 6b, 7b, b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21				·
2	Grants and other assistance to domestic individuals. See Part IV, line 22	35,000.			
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				,
4 5	Benefits paid to or for members	102,544.			· · · · · · · · · · · · · · · · · · ·
6	Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B).	102,344.			 -
7	Other salaries and wages	102,902.			
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	12,843.			
9	Other employee benefits	18,632.			
10	Payroll taxes	15,940.			
11	Fees for services (nonemployees):				
а	Management	ĺ			
b	Legal				
c	Accounting	6,322.			
ď	Lobbying	0,322.			
e	Professional fundraising services. See Part IV, line 17		•	,	
f	Investment management fees	•			
g	Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.)	24,000.			
12	Advertising and promotion	24/000.			
13	Office expenses	41,284.			
14	Information technology	7,562.	· · · · · · · · · · · · · · · · · · ·		
15	Royalties	1,302.	·· ·		
16		25,433.			
17	Occupancy	50,839.			
18	Payments of travel or entertainment expenses for any federal, state, or local public officials	30,839.			
19	Conferences, conventions, and meetings	421,858.			·· ····· ·····
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization .	90,342.			
23	Insurance	9,775.			
	-	37,113		. " " " "	•
24	Other expenses Itemize expenses not covered above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column	,	,		` .
2	(A) amount, list line 24e expenses on Schedule O)	7,635.	•		<u> </u>
a h	Bad Debt	15,088.			···-
b	Community Service	15,088.			
C	Dues Comm Discretionary	111.			
d	Exec Comm Discretionary	13,530.			
	All other expenses				
25 26	Total functional expenses. Add lines 1 through 24e	1,002,188.			
40	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here ▶ ☐ if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

2 Savings and temporary cash investments			Check if Schedule O contains a response or note to any line in this Pa	rt X		<u> </u>
2 Savings and temporary cash investments 965, 423, 2 1,162,033. 3						
3 Pledges and grants racewable, net 114,755, 4 63,202.		1	Cash-non-interest-bearing	200.	1	200.
A Accounts receivable, net 114, 755. 4 63, 202.		2		965,423.	2	1,162,033.
5 Loans and other receivables from 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. 6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(11)) and persons described in section 4958(c)(3)(8). 7 Notes and loans receivable, net 8 Inventiones for sale or use. 9 Prepaid expenses and deferred charges. 19,553. 9 19,439. 10a 1,865,465. b Less: accumulated depreciation 10b 299,370. 11 Investments—publicly traded securities. 11 Investments—program-related. See Part IV, line 11. 12 Investments—program-related. See Part IV, line 11. 13 Investments—program-related. See Part IV, line 11. 14 Intargible assets. 15 Other assets. See Part IV, line 11. 16 Total assets. See Part IV, line 11. 17 Accounts payable and accrued expenses. 18 Grants payable. 19 Deferred revenue. 20 Tax-exempt bond liabilities. 21 Escrow or custodial account liability. Complete Part IV of Schedule D. 22 Loans and other 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. 22 Secured mortgages and notes payable to unrelated third parties. 23 Secured mortgages and notes payable to unrelated third parties. 24 Unsecured notes and loans payable to unrelated third parties. 25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D. 26 Total liabilities. Add lines 17 through 25. 27 Total liabilities and included on lines 17-24. Complete Part X of Schedule D. 28 Total liabilities on tricluded on lines 17-24. Complete Part X of Schedule D. 29 Total liabilities and included on lines 17-24. Complete Part X of Schedule D. 20 Total liabilities and included on lines 17-24. Complete Part X of Schedule D. 21 Total liabilities and inc		3			3	
trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons (as defined under section 4958(h(1)), and persons described in section 4958(h(3)(8)). 6 6 7 Notes and loans receivable, net		4	Accounts receivable, net	<u>114,755.</u>	4	63,202.
Controlled entity or family member of any of these persons 6 Loans and other receivables from other disqualified persons (as defined under section 4958(h(1)), and persons described in section 4958(h(3)(8)). 6		5				
under section 4958(h(i)), and persons described in section 4958(c)(3)(8) . 6 7 7 7 8 1 7 8 1 8 1 8 1 8 1 8 1 8 1 8 1 8 1 8 8					5	
8 Inventories for sale or use 9 Prepaid expenses and deferred charges 10a Land, buildings, and equipment cost or other basis. Complete Part IV of Schedule D 10 Land, buildings, and equipment cost or other basis. Complete Part IV, line 21 11 Investments — publicity traded securities 12 Investments — publicity traded securities 13 Investments — other securities See Part IV, line 11 14 Intengible assets 15 Other assets. See Part IV, line 11 16 Total assets. Add lines 11 through 15 (must equal line 33) 17 Accounts payable and accrued expenses 18 Grants payable 19 Deferred revenue 20 Tax-exempt bond liabilities 21 Escrow or custodial account liability. Complete Part IV of Schedule D 22 Loans and other 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 23 Secured mortgages and notes payable to unrelated third parties 24 Unsecured notes and loans payable to unrelated third parties 25 Other liabilities not included on lines 17-24). Complete Part X of Schedule D 26 Total liabilities. Add lines 17 through 25 27 Net assets without donor restrictions 28 Net assets with donor restrictions 29 Total net assets or fund balances 29 Capital stock or trust principal, or current funds 30 Paid-in or capital surplus, or land, building, or equipment fund 31 Retained earnings, endowment, accumulated income, or other funds 32 Total net assets or fund balances 32 Cotal late assets or fund balances 33 Capital et assets or fund balances 34 Dotal net assets or fund balances 35 Capital stock or trust principal, or current funds 36 Paid-in or capital surplus, or land, building, or equipment fund 37 Retained earnings, endowment, accumulated income, or other funds 38 Paid-in or capital surplus, or land, building, or equipment fund 39 Paid-in or capital surplus, or land, building, or equipment fund 30 Paid-in or capital surplus, or land, building, or equipment fund 31 Retained earnings, endowment, accumulated		6			6	
10a	ts	7			7	
10a	sse	8	Inventories for sale or use		8	
basis. Complete Part VI of Schedule D	Ÿ	9		19,553.	9	19,439.
b Less: accumulated depreciation 10b 299,370. 1,655,594. 10c 1,566,095. 11 Investments—publicly traded securities 11 Investments—other securities See Part IV, line 11 12 Investments—other securities See Part IV, line 11 13 Investments—program-related. See Part IV, line 11 14 Intangible assets 114 Intangible assets 15 Other assets. Add lines 1 through 15 (must equal line 33) 2,755,525. 16 2,810,969. 17 Accounts payable and accrued expenses 1,309. 17 3,001. 18 Grants payable and accrued expenses 1,309. 17 3,001. 18 Grants payable . 18 Deferred revenue 20 Tax-exempt bond liabilities 20 Tax-exempt bond liabilities 20 Tax-exempt bond liability. Complete Part IV of Schedule D 21 Loans and other 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 22 Unsecured notes and loans payable to unrelated third parties 23 Unsecured notes and loans payable to unrelated third parties 24 Unsecured notes and loans payable to unrelated third parties 24 Unsecured notes and loans payable to unrelated third parties 24 Unsecured notes and loans payable to unrelated third parties 24 Unsecured notes and loans payable to unrelated third parties 24 Unsecured notes and loans payable to unrelated third parties 24 Unsecured notes and loans payable to unrelated third parties 24 Unsecured notes and loans payable to unrelated third parties 24 Unsecured notes and loans payable to unrelated third parties 24 Unsecured notes and loans payable to unrelated third parties 23 Unsecured notes and loans payable to unrelated third parties 24 Unsecured notes and loans payable to unrelated third parties 23 Unsecured notes and loans payable to unrelated third parties 24 Unsecured notes and loans payable to unrelated third parties 24 Unsecured notes and loans payable to unrelated third parties 23 Unsecured notes and loans payable to unrelated third parties 23 Unsecured notes and loans payable to unrelated third parties 24 Unse		10a				
11 Investments – publicly traded securities 12 Investments – other securities See Part IV, line 11 12 Investments – other securities See Part IV, line 11 12 Investments – program-related. See Part IV, line 11 13 Intengible assets 14 Intangible assets 14 Intangible assets 14 Intangible assets 15 Intendice		b	· · · · · · · · · · · · · · · · · · ·	1,655,594.	10c	1,566,095.
13 Investments—program-related. See Part IV, line 11 13 14 Intangible assets 14 15 15 15 15 15 15 15		11			11	`
14		12	Investments—other securities See Part IV, line 11		12	
15 Other assets. See Part IV, line 11. 16 Total assets. Add lines 1 through 15 (must equal line 33). 2,755,525, 16 2,810,969. 17 Accounts payable and accrued expenses 1,309, 17 3,001. 18 Grants payable 19 Deferred revenue 230,746, 19 303,969. 20 Tax-exempt bond liabilities 20 Escrow or custodial account liability. Complete Part IV of Schedule D. 21 Loans and other 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 22 Unsecured notes and loans payable to unrelated third parties 24 Unsecured notes and loans payable to unrelated third parties 25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D 26 Total liabilities. Add lines 17 through 25 401, 128. 26 444, 924. 28 Organizations that follow FASB ASC 958, check here ▶ ☑ and complete lines 27, 28, 32, and 33. 29 Capital stock or trust principal, or current funds 29 And complete lines 29 through 33. 20 Capital stock or trust principal, or current funds 30 Paid-in or capital surplus, or land, building, or equipment fund 31 Retained earnings, endowment, accumulated income, or other funds 2, 354, 397, 32 2, 366, 045.		13	Investments-program-related. See Part IV, line 11		13	
15 Other assets. See Part IV, line 11 15 15 2,810,969 17 17 18 17 18 17 18 18		14	Intangible assets		14	
16		15			15	
18 Grants payable 19 Deferred revenue 230,746. 19 303,969. 20 Tax-exempt bond liabilities 20 20 21 Escrow or custodial account liability. Complete Part IV of Schedule D 21 22 Loans and other 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 22 23 Secured mortgages and notes payable to unrelated third parties 23 24 Unsecured notes and loans payable to unrelated third parties 24 25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17–24). Complete Part X of Schedule D 169,073 25 137,954 26 Total liabilities. Add lines 17 through 25 401,128 26 444,924 30 Organizations that follow FASB ASC 958, check here ▶ □ 401,128 26 444,924 31 Artificial State of the particular of		16		2,755,525.	16	2,810,969.
19 Deferred revenue		17	Accounts payable and accrued expenses	1,309.	17	3,001.
20 Tax-exempt bond liabilities		18	Grants payable		18	
21 Escrow or custodial account liability. Complete Part IV of Schedule D		l		230,746.	19	303,969.
Loans and other 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. 23 Secured mortgages and notes payable to unrelated third parties 24 Unsecured notes and loans payable to unrelated third parties 25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17–24). Complete Part X of Schedule D 26 Total liabilities. Add lines 17 through 25 Organizations that follow FASB ASC 958, check here Image: Secured mortgages and notes payable to unrelated third parties. 27 Other liabilities not included on lines 17–24). Complete Part X of Schedule D 28 Organizations that follow FASB ASC 958, check here Image: Secured mortgages and complete lines 27, 28, 32, and 33. 29 Organizations that follow FASB ASC 958, check here Image: Secured mortgages and notes and complete lines 29 through 33. 29 Capital stock or trust principal, or current funds. 29 Organizations that do not follow FASB ASC 958, check here Image: Secured mortgages and notes and some payable to unrelated third parties. 20 Organizations that follow FASB ASC 958, check here Image: Secured mortgages and notes payable to unrelated third parties. 20 Organizations that follow FASB ASC 958, check here Image: Secured mortgages and notes payable to unrelated third parties. 21 Other liabilities. 22 Depart X of Schedule D 23 Organizations that follow FASB ASC 958, check here Image: Secured mortgages and notes payable to unrelated third parties. 21 Organizations that follow FASB ASC 958, check here Image: Secured mortgages and notes payable to unrelated third parties. 23 Depart X of Schedule D 24 Depart X of Schedule D 25 Organizations that follow FASB ASC 958, check here Image: Secured mortgages and notes payable to unrelated third parties. 26 Depart X of Schedule D 27 Organizations that follow FASB ASC 958, check here Image: Secured mortgages and note		I .	Tax-exempt bond liabilities		20	
Unsecured notes and loans payable to unrelated third parties Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17–24). Complete Part X of Schedule D Total liabilities. Add lines 17 through 25 Organizations that follow FASB ASC 958, check here ▶ ☑ and complete lines 27, 28, 32, and 33. Possible of the discovery of the parties o		21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
Unsecured notes and loans payable to unrelated third parties Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17–24). Complete Part X of Schedule D Total liabilities. Add lines 17 through 25 Organizations that follow FASB ASC 958, check here ▶ ☑ and complete lines 27, 28, 32, and 33. Possible of the discovery of the parties o	abilities	22	trustee, key employee, creator or founder, substantial contributor, or 35%		22	
25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17–24). Complete Part X of Schedule D	<u> </u>	23	Secured mortgages and notes payable to unrelated third parties [23	
parties, and other liabilities not included on lines 17–24). Complete Part X of Schedule D		24	Unsecured notes and loans payable to unrelated third parties		24	
Total liabilities. Add lines 17 through 25		25				
Organizations that follow FASB ASC 958, check here And complete lines 27, 28, 32, and 33. Net assets without donor restrictions						137,954.
Organizations that follow FASB ASC 958, check here And complete lines 27, 28, 32, and 33. Net assets without donor restrictions		26	Total liabilities. Add lines 17 through 25	401,128.	26	444,924.
27 Net assets without donor restrictions	seou			^		•
Net assets with donor restrictions	ä	27	· ·	617,352.	27	703,608.
Organizations that do not follow FASB ASC 958, check here and complete lines 29 through 33. 29 Capital stock or trust principal, or current funds	<u>m</u>	28	Net assets with donor restrictions		28	
29 Capital stock or trust principal, or current funds	Fund					
Paid-in or capital surplus, or land, building, or equipment fund	6	29				to and the same of
31 Retained earnings, endowment, accumulated income, or other funds	 				$\overline{}$	
32 Total net assets or fund balances	SSI					<u> </u>
33 Total liabilities and net assets/fund balances	۱ ۲		_	2,354,397.		2,366.045.
	ž		_			

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Page		1

Pái	TXI Reconciliation of Net Assets			_
	Check if Schedule O contains a response or note to any line in this Part XI			<u> </u>
1	Total revenue (must equal Part VIII, column (A), line 12)	1,0	13,8	<u> 36.</u>
2	Total expenses (must equal Part IX, column (A), line 25)	1,0	02,1	188.
3	Revenue less expenses. Subtract line 2 from line 1		11,6	548.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A)) 4	2,3	54,3	397.
5	Net unrealized gains (losses) on investments			
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))	2,3	66,0	45.
Par	XII Financial Statements and Reporting			
	Check if Schedule O contains a response or note to any line in this Part XII	·		
			Yes	No
1	Accounting method used to prepare the Form 990: Cash Accrual Other	.		١٠.
	If the organization changed its method of accounting from a prior year or checked "Other," explain in			
	Schedule O.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		_×_
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or			
	reviewed on a separate basis, consolidated basis, or both:			
	Separate basis Consolidated basis Both consolidated and separate basis			
b	Were the organization's financial statements audited by an independent accountant?	2b	×	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a	ĺ		
	separate basis, consolidated basis, or both:			
	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 of			
	the audit, review, or compilation of its financial statements and selection of an independent accountant? .	2c	×	
	If the organization changed either its oversight process or selection process during the tax year, explain on			,
	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		<u>×</u> _
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		
			$\Delta \Delta \Delta \Delta$	

SCHEDULE D (Form 990)

Supplemental Financial Statements

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

OMB No 1545-0047

2019
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Inspection

Department of the Treasury Internal Revenue Service

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

Name	of the organization		Employer identification number
Wes	t Texas Home Builders Association I	Inc	75-1183851
	Organizations Maintaining Donor Adv		ls or Accounts.
	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		
^	funds are the organization's property, subject to th	- · · · · · · · · · · · · · · · · · · ·	
6	Did the organization inform all grantees, donors, a only for charitable purposes and not for the benefit		
	conferring impermissible private benefit?		
: Pai	Conservation Easements.		
	Complete if the organization answered '	'Yes" on Form 990, Part IV, line 7.	
1	Purpose(s) of conservation easements held by the		
	Preservation of land for public use (for example, recre	-	f a historically important land area
	Protection of natural habitat	•	f a certified historic structure
	Preservation of open space	_	
2	Complete lines 2a through 2d if the organization he	eld a qualified conservation contribution	in the form of a conservation
	easement on the last day of the tax year.	•	Held at the End of the Tax Year
а			. 2a
b	Total acreage restricted by conservation easement		
С	Number of conservation easements on a certified h		
d	Number of conservation easements included in		n'a
	historic structure listed in the National Register .		. 2d
3	Number of conservation easements modified, transtax year ►	sferred, released, extinguished, or term	inated by the organization during the
4	Number of states where property subject to conser	vation easement is located ►	
5	Does the organization have a written policy regulations, and enforcement of the conservation eas	arding the periodic monitoring, inspi	
6	Staff and volunteer hours devoted to monitoring, inspec		
7	Amount of expenses incurred in monitoring, inspectin \$ \begin{align*} \text{*}	g, handling of violations, and enforcing c	onservation easements during the year
8	Does each conservation easement reported on line and section 170(h)(4)(B)(ii)?		
9	In Part XIII, describe how the organization reports c	onservation easements in its revenue a	nd expense statement and
	balance sheet, and include, if applicable, the text of		
	organization's accounting for conservation easemed		
Part			her Similar Assets.
	Complete if the organization answered "		
1a	If the organization elected, as permitted under FAS of art, historical treasures, or other similar assets service, provide in Part XIII the text of the footnote to	held for public exhibition, education,	or research in furtherance of public
b	If the organization elected, as permitted under FAS art, historical treasures, or other similar assets held provide the following amounts relating to these item	for public exhibition, education, or rese	earch in furtherance of public service,
	(i) Revenue included on Form 990, Part VIII, line 1		> \$
	(i) Revenue included on Form 990, Part VIII, line 1 (ii) Assets included in Form 990, Part X		> \$
2	If the organization received or held works of art, following amounts required to be reported under FA	historical treasures, or other similar a	ssets for financial gain, provide the
a h	Revenue included on Form 990, Part VIII, line 1 .		> \$

Page	1
rage	•

Par	Organizations Maintainin	g Collections of	Art, Hi	storical	Treasures	, or O	ther Similar	Asse	ets (cont	tinued)
_3	Using the organization's acquisition, collection items (check all that apply		ther reco	ords, che	ck any of th	e follov	ving that mak	e sigi	nıfıcant u	se of its
а	☐ Public exhibition		d	☐ Loan	or exchang	e prog	ram			
b	☐ Scholarly research		е	□ Othe	r					
С	☐ Preservation for future generation	s								
4	Provide a description of the organiza XIII.	ation's collections	and exp	laın how t	they further	the org	ganization's e	kemp	t purpose	e in Part
5	During the year, did the organization assets to be sold to raise funds rather	r than to be mainta						milar	☐ Yes	□ No
Par	Escrow and Custodial Arr									
	Complete if the organization 990, Part X, line 21.	n answered "Yes	" on Fo ———	rm 990, 	Part IV, line	e 9, or	reported an	amo	unt on F	orm
	Is the organization an agent, trusted included on Form 990, Part X?								☐ Yes	□ No
b	If "Yes," explain the arrangement in F	art XIII and comple	ete the f	ollowing t	able:	_				
_	Degrapes heleses					-	- 	Amo	ount	
C	Beginning balance					10				
d	Additions during the year					1d				
e	Distributions during the year					1e				
f	Ending balance						_ 			
2a	Did the organization include an amoulf "Yes," explain the arrangement in F									
Par		art Alli. Offeck field	e ir the e	Apianatio	II IIas Decii	provide	OH PAIL AIII	<u>···</u>		
	Complete if the organization	answered "Yes'	on Fo	m 990 I	Part IV line	10				
	Complete if the organization	(a) Current year		or year	(c) Two year		(d) Three years b	ack	(e) Four yea	ars hack
1a	Beginning of year balance	(a) Current year	(5)11	ior year	(O) TWO YELL	3 Dack	(c) Thice years c	-	(c) i dai yea	
b	Contributions				 			-		
	Net investment earnings, gains, and	<u> </u>			·			-		
C	losses				Ì	į				
d	Grants or scholarships				<u> </u>			-		
					<u></u>			-		
e	programs									
f	Administrative expenses									
9	End of year balance				L		·			
2	Provide the estimated percentage of t			ce (line 1g	, column (a)) held a	IS			
a	Board designated or quasi-endowmen	nt ▶	%							
b	Permanent endowment >	%								
Ç	Term endowment >									
	The percentages on lines 2a, 2b, and	· ·								
3а	Are there endowment funds not in the	e possession of the	e organi	zation tha	at are held a	and adr	ninistered for	the	<u> </u>	
	organization by.								Ye	s No
	(i) Unrelated organizations								3a(i)	
	,						• • • •		3a(ii)	
	If "Yes" on line 3a(ii), are the related of	•	•						3b	<u> </u>
4	Describe in Part XIII the intended uses		n's endo	owment fu	ınds.					
Part			_							
	Complete if the organization	answered "Yes"	on For	m 990, F	art IV, line	11a. S	See Form 99	0, Pa	rt X, line	10.
	Description of property	(a) Cost or oth		(ot	r other basis her)		ccumulated preciation	(d) Book va	
1a	Land		0.		62,000.				362,	000.
b	Buildings			1,2	18,017.		123,655.		1,094,	362.
С	Leasehold improvements									
	Equipment			28	35,448.		175,715.		109,	733.
	Other									
	Add lines 1a through 1e, (Column (d) m	ust equal Form 99	0. Part)	(, column	(B), line 100	c.) .	▶		1,566,	095.

(1) Federal income taxes (2) Fundraising Dollars (3) Parade of Homes Deposits (4) (5) (6) (7) (8)	Part VII	Investments - Other Securities.		
(f) Financial derivatives (2) Classely held equity interests (3) Other (3) (3) (5) (6) (7) (8) (8) (9) (9) (9) (9) (10) (10) (10) (10) (10) (10) (10) (10		Complete if the organization answered "Yes" on F	orm 990, Part IV, Iır	ne 11b. See Form 990, Part X, line
(2) Closely held equity interests			(b) Book value	, ,
	(1) Financia	derivatives		
(A) (B) (C) (C) (C) (C) (C) (C) (C) (C) (C) (C	• •	· ·	·	
(A) (B) (C) (C) (C) (C) (C) (C) (C) (C) (C) (C	(3) Other			
C	(A)			
(5) (6) (7) (8) (8) (9) (9) (9) (1) (1) (1) (1) (1) (2) (1)	(B)			
(5)				
(G) (G) (F) (F) (F) (F) (F) (F) (F) (F) (F) (F				
(6)	(E)			
Column (b) must equal Form 990, Part X, col. (B) line 12.) Part VIII Investments - Program Related. Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13. (c) Method of valuation (cost or end-of-year market value	(C)			
Total. (Column (b) must equal Form 990, Part X, col. (B) line 12) Note				
Investments - Program Related. Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.		mn (h) must equal Form 990, Part X, col. (R) line 12.)		
Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13. (a) Description of investment (b) Book value (c) Method of valuation Cost or end-of-year market value (d) (e) (g) (g) (g) (g) (g) (g) (g) (g) (g) (g				
(a) Description of investment (b) Book value (c) Method of valuation Cost or end-of-year market value (f) (2) (3) (4) (5) (6) (7) (6) (9) (7) (6) (9) (7) (7) (7) (8) (9) (7) (7) (8) (9) (7) (8) (9) (7) (8) (9) (7) (9) (9) (9) (9) (9) (9) (10) (10) (10) (10) (10) (10) (10) (10	s tare out		orm 990 Part IV Jin	ne 11c. See Form 990. Part X. line:
(7) (8) (9) (9) (14) (8) (9) (9) (17) (18) (19) (19) (19) (10) (10) (10) (10) (10) (10) (10) (10				T
(2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (β) line 13) . ▶ Part X: Other Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15. (a) Description (b) (b) Book value (c) (g) (g) (g) (g) (g) (g) (g) (g) (g) (g		(a) Description of investment	(b) Book value	
(2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (β) line 13) . ▶ Part X: Other Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15. (a) Description (b) (b) Book value (c) (g) (g) (g) (g) (g) (g) (g) (g) (g) (g	(1)			
(8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line 13) (9) Part X: Other Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15. (a) Description (b) Book value (1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line 15) Part X: Other Liabilities. Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25. (a) Description of liability (b) Book value (1) Federal income taxes (2) Fundral sing Dollars (3) Parade of Homes Deposits (4) (5) (6) (6) (7) (8) (9) (9) (1) Federal morome taxes (2) Fundral sing Dollars (3) Parade of Homes Deposits (4) (5) (5) (6) (6) (7) (8) (9) (9) (10) (10) (10) (10) (10) (10) (10) (10				
(6) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line 13) Part X Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15. (a) Description (b) Book value (1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line 15) Part X: Other Liabilities. Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25. (a) Description of liability (b) Book value (1) Federal income taxes (2) Fundraising Dollars (3) Parade of Homes Deposits (4) (5) (6) (7) (6) (7) (8) (9) (9) (1) Federal of Homes Deposits (1) Federal moome taxes (2) Fundraising Dollars (3) Parade of Homes Deposits (4) (5) (6) (7) (6) (9) (9) (1) Federal form 990, Part X, col. (B) line 25) (1) Federal form 990, Part X, col. (B) line 25)				
(5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (b) line 13) . ▶ Part X: Other Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15. (a) Description (b) Book value (1) (2) (3) (4) (5) (6) (7) (8) (9) Part X: Other Liabilities. Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25. L. (a) Description of hability (b) Book value (1) Fundraising Dollars 7, 954 (3) Parade of Homes Deposits 130,0000 (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line 25) . ▶ 137, 954 (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line 25) . ▶				
(6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (É) line 13) . ▶ Part IX: Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15. (a) Description (b) Book value (1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line 15) ▶ Part X: Other Liabilities. Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25. (a) Description of liability (b) Book value (1) Federal income taxes (2) Fundralian Dollars (3) Parade of Homes Deposits (4) (5) (6) (7) (8) (9) (9) (1) (1) (1) (2) (2) (3) (4) (5) (6) (7) (8) (9) (9) (1) (1) (1) (2) (3) (4) (5) (6) (7) (8) (9) (9) (1) (1) (1) (2) (3) (4) (5) (6) (7) (8) (9) (1) (1) (1) (2) (1) (2) (3) (4) (5) (6) (7) (8) (9) (1) (1) (1) (2) (1) (2) (3) (4) (5) (6) (7) (8) (9) (9) (1) (1) (1) (2) (1) (2) (3) (4) (5) (6) (7) (8) (9) (9) (1) (1) (1) (1) (2) (1) (2) (3) (4) (5) (6) (7) (7) (8) (9) (1) (1) (1) (1) (2) (1) (2) (2) (3) (4) (5) (6) (7) (7) (8) (9) (1) (1) (1) (2) (1) (2) (2) (3) (4) (5) (6) (7) (7) (8) (9) (1) (1) (1) (2) (1) (2) (2) (3) (4) (5) (6) (7) (7) (8) (9) (1) (1) (1) (2) (1) (2) (1) (2) (2) (3) (4) (5) (6) (7) (7) (8) (9) (7) (8) (9) (1) (1) (1) (2) (1) (2) (1) (2) (2) (3) (4) (5) (6) (7) (7) (8) (9) (7) (8) (9) (7) (8) (9) (7) (8) (9) (7) (8) (9) (7) (8) (9) (7) (8) (9) (7) (8) (9) (8) (9) (8) (9) (8) (8) (8) (8) (8) (8) (8) (8) (8) (8				
(8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line 13) . Part X: Other Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15. (a) Description (b) Book value (1) (2) (3) (4) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line 15) . Part X: Other Liabilities. Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25. (a) Description of liability (b) Book value (1) Federal income taxes (2) Fundral sing Dollars 7, 954 (3) Parade of Homes Deposits 130,000 (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line 25) . 137,954				
(9) Total. (Column (b) must equal Form 990, Part X, col. (Ē) line 13) ▶	(7)			
Total. (Column (b) must equal Form 990, Part X, col. (B) line 13) ▶	(8)			
Part X: Other Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15. (b) Book value (1) (2) (3) (4) (5) (6) (7) (8) (9) (9) (9) (7) (8) (9) (9) (9) (9) (9) (7) (8) (9)				
Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15. (a) Description (b) Book value (c) (c) (d) (d) (d) (d) (d) (d) (d) (d) (d) (d			•	
(a) Description (b) Book value (1) (2) (3) (4) (5) (6) (7) (8) (9) (9) (10) Federal income taxes (2) Fundraising Dollars (2) Planda of Homes Deposits (3) Parade of Homes Deposits (6) (6) (7) (6) (6) (7) (6) (7) (6) (7) (7) (7) (7) (7) (7) (7) (7) (7) (7	Part IX:			
(1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line 15)			orm 990, Part IV, Iin	
(2) (3) (4) (5) (6) (7) (8) (9) Fortal. (Column (b) must equal Form 990, Part X, col. (B) line 15)		(a) Description		(b) Book value
(3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line 15)				
(4) (5) (6) (7) (8) (9) Fortal. (Column (b) must equal Form 990, Part X, col. (B) line 15)				
(5) (6) (7) (8) (9) Fotal. (Column (b) must equal Form 990, Part X, col. (B) line 15) Part X: Other Liabilities. Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25. I. (a) Description of liability (b) Book value (1) Federal income taxes (2) Fundraising Dollars 7, 954 (3) Parade of Homes Deposits 130, 000 (4) (5) (6) (7) (8) (9) Fotal. (Column (b) must equal Form 990, Part X, col (B) line 25)				
(6) (7) (8) (9) Fotal. (Column (b) must equal Form 990, Part X, col. (B) line 15)		· · - · · · · · · · · · · · · · · · · ·		
(7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line 15)		·····		
(8) (9) Fotal. (Column (b) must equal Form 990, Part X, col. (B) line 15)				
(9) Fotal. (Column (b) must equal Form 990, Part X, col. (B) line 15)				
Part X: Other Liabilities. Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25. (a) Description of liability (b) Book value				
Part X: Other Liabilities. Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25. (a) Description of liability (b) Book value (1) Federal income taxes (2) Fundraising Dollars (3) Parade of Homes Deposits (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col (B) line 25)		on (b) must equal Form 990. Part X. col. (B) line 15)		. •
Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25. i. (a) Description of liability (b) Book value (1) Federal income taxes (2) Fundraising Dollars 7, 954 (3) Parade of Homes Deposits 130,000 (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col (B) line 25)			<u> </u>	
Inne 25. (a) Description of liability (b) Book value			orm 990, Part IV, line	e 11e or 11f. See Form 990, Part X
(a) Description of liability (b) Book value (1) Federal income taxes 7,954 (2) Fundraising Dollars 7,954 (3) Parade of Homes Deposits 130,000 (4) (5) (6) (7) (8) (9) **otal. (Column (b) must equal Form 990, Part X, col (B) line 25) 137,954			,	,
(2) Fundraising Dollars 7,954 (3) Parade of Homes Deposits 130,000 (4) (5) (6) (7) (8) (9) **Otal. (Column (b) must equal Form 990, Part X, col (B) line 25)	1.			(b) Book value
(3) Parade of Homes Deposits 130,000 (4) (5) (6) (7) (8) (9) **Otal. (Column (b) must equal Form 990, Part X, col (B) line 25)	(1) Federal inc	come taxes		
(3) Parade of Homes Deposits 130,000 (4) (5) (6) (7) (8) (9) **Otal. (Column (b) must equal Form 990, Part X, col (B) line 25)	(2) Fundra	ising Dollars		7,9
(5) (6) (7) (8) (9) **Otal. (Column (b) must equal Form 990, Part X, col (B) line 25)				130,0
(5) (6) (7) (8) (9) **Otal. (Column (b) must equal Form 990, Part X, col (B) line 25)	(4)			
(6) (7) (8) (9) **otal. (Column (b) must equal Form 990, Part X, col (B) line 25)	(5)			
(7) (8) (9) **otal. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶ 137, 954	(6)			
(8) (9) **Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶ 137, 954	(7)			
(9) Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)	(8)			
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25)	(9)			
		nn (b) must equal Form 990, Part X, col (B) line 25) .	<u> </u>	▶ 137,9
			note to the organization	n's financial statements that reports the

Par	Reconciliation of Revenue per Audited Financial Statements & Complete if the organization answered "Yes" on Form 990, Part IV		Return	ı .
1	Total revenue, gains, and other support per audited financial statements		1	1,013,836.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
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.)	· - ··· ··· -	Ì	
e	Add lines 2a through 2d		Že	
3	Subtract line 2e from line 1	7	3	1,013,836.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:	j		
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a			
þ	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	1,013,836.
Part	Reconciliation of Expenses per Audited Financial Statements	With Expenses pe	r Retu	
	Complete if the organization answered "Yes" on Form 990, Part IV	, line 12a.		
1	Total expenses and losses per audited financial statements		1	1,002,188.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
а	Donated services and use of facilities			
b	Prior year adjustments			
С	Other losses			1
d	Other (Describe in Part XIII)			·
е	Add lines 2a through 2d		2e	
3	Subtract line 2e from line 1		3	1,002,188.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		}	
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a			
b	Other (Describe in Part XIII.)			
С	Add lines 4a and 4b	-	4c	
5	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)		5	1,002,188:
	Supplemental Information. de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part			
2; Part	t XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to prov	ide any additional inf	ormatic	
			- -	••••••••••••••••••••••••••••••••••••••
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Schedule D (Form 990) 2019
Part XIII Supplemental Information (continued)
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SCHEDULEI (Form 990)

Department of the Treasury Internal Revenue Service Name of the organization

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

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

Open to Publ N N N

Employer identification number

▶ Go to www.irs.gov/Form990 for the latest information. ► Attach to Form 990.

ng the use of grant funds in the United States. inizations and Domestic Governments. Complete if the organization answered ethan \$5,000. Part II can be duplicated if additional space is needed. (d) Amount of cash let Amount of non- (Method of valuation of grant Cash assistance look, FMW, appraisal. noncash assistance look, FMW, appraisal. noncash assistance look, FMW, appraisal. noncash assistance look, FMW appraisal. look, F	Mest lexas home bullders Association inc Partil General Information on Grants and Assistance 1 Does the organization maintain records to substantiate the a	ASSOCIATION GRANTS AND RECORDS TO SUBS	Assistance	int of the grants or	assistance the	rantees' elicibility fo	75-11	75-1183851 Istance and	
Part II was distinct to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 99 Part II was a part of the part	e selection criteria used to aw escribe in Part IV the organiza	vard the grants of strong stro	or assistance? es for monitoring	the use of grant fur	assistance, tile g	States.	or the grants or assistance	X Yes	N N
(d) Amount of cash assistance cash assistance (book, PMV, appraisal, noncash assistance other) agant cash assistance (book, PMV, appraisal, noncash assistance other) agant cash assistance (book, PMV, appraisal, noncash assistance other) agant cash assistance (book, PMV, appraisal, noncash assistance other) agant cash assistance (book, PMV, appraisal, noncash assistance other) agant cash assistance (book, PMV, appraisal, noncash assistance other) agant cash assistance (book, PMV, appraisal, noncash assistance other) agant cash assistance (book, PMV, appraisal, noncash assistance other) agant cash assistance (book, PMV, appraisal, noncash assistance other) agant cash assistance (book, PMV, appraisal, noncash assistance other) agant cash assistance (book, PMV, appraisal, noncash assistance other) agant cash assistance (book, PMV, appraisal, noncash assistance other) agant cash assistance (book, PMV, appraisal, noncash assistance other) agant cash assistance (book, PMV, appraisal, noncash assistance other) agant cash assistance (book, PMV, appraisal, noncash assistance other) agant cash assistance (book, PMV, appraisal, noncash assistance other) agant cash assistance (book, PMV, appraisal, noncash assistance other) agant cash assistance (book, PMV, appraisal, noncash assistance other) agant cash assistance (book, PMV, appraisal, noncash assistance other) agant cash assistance (book, PMV, appraisal, noncash assistance other) agant cash assistance (book, PMV, appraisal, noncash assistance other) agant cash assistance (book, PMV, appraisal, noncash assistance other) agant cash assistance (book, PMV, appraisal, noncash assistance other) agant cash assistance (book, PMV, appraisal, noncash assistance other) agant cash assistance (book, PMV, appraisal, noncash assistance other) agant cash assistance (book, PMV, appraisal, noncash assistance other) agant cash assistance (book, PMV, appraisal, noncash assistance other) agant cash assistance (book, PMV, appraisal, noncash assistance other) agant	Grants and Other Assi Part IV, line 21, for any	istance to Do	mestic Organiz	ations and Dom	lestic Governm Il can be duplica	ents. Complete il	f the organization answipace is needed.	ered "Yes" on Fo	rm 990
nrzations listed in the line 1 table	ime and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of g or assistance	rant
nrzations listed in the line 1 table		411.			1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1				
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able	nter total number of section 5	501(c)(3) and go	vernment organiza	itions listed in the	line 1 table			A A	
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Page 2

Schedule I (Form 990) (2019)

Part III Grants an

Part III	Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22.	nestic Individua	als. Compléte if the	organization answ	ered "Yes" on Form 990,	Part IV, line 22.
	(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 Schol	Scholarships	31	35,000.			
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Part IV	Supplemental Information. Provide the information required in Part I, line 2; Part III, column (b); and any other additional information.	he information r	equired in Part I, lin	e 2; Part III, column	(b); and any other additi	onal information.
Pt I Line	ne 2: Award recipients have to meet	OK	exceed multiple	criterıa in or	order to be granted s	scholarships
and to	continue receive funding.					
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SCHEDULE O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.

▶ Attach to Form 990 or 990-EZ.

OMB No 1545-0047 Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

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

Name of the organization	Employer identification number
West Texas Home Builders Association Inc	75-1183851
Pt VI, Line 15a: The President initiates an annual performance an	d salary review
of the Executive Officer by the Board of Directors and/or Executi	ve Committee.
Pt VI, Line 6: Membership consists of those in the home building	ındustry ın
Lubbock, Texas and its surrounding counties.	
Pt VI, Line 7a: At the annual meeting of members, approval of boa	rd nominees
ıs ratıfıed.	
Pt VI, Line 11b: All board members receive return copies prior to	their being
signed and submitted by the Executive Officer.	
Pt VI, Line 19: These items are available upon request.	-
Pt VI, Line 12c: All board members must complete written form annual	ually.
Pt III, Line 4d:	
Description: WTHB Auxiliary - This body offers educational progr	rams to
elementary schools on safety at construction sites in addition to awarding schol	arships to community students
engaged in the study of construction related fields.	
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