49203001

Department of the Treasury

For Paperwork Reduction Act Notice, see the separate instructions. DAA

# Return of Organization Exempt From Income Tax Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

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

OMB No. 1545-0047 2018

Form 990 (2018)

uncil		Go to www.irs.gov/r-orm990 for instructions and the latest in	normanon.		inspection					
<u>A_</u>	For the 2018 (	calendar year, or tax year beginning , and ending		<b>,</b>						
B	Check if applicable:									
Ш	Address change	WAYNE, INC.								
	Name change	Ooing business as	35-0936524							
Ħ.	britial return	Number and street (or P.O. box if mail is not delivered to street address)  305 WEST MAIN STREET	Room/suite	E Telephon	420-2020					
	Final return/	City or town, state or province, country, and ZIP or foreign postal code		200	420 2020					
	terminated	FORT WAYNE IN 46802			-in- 586 060					
U.	Amended return	F Name and address of principal officer.	<del></del>	G Gross rec	eipts \$ 586,069					
$\Box$	Application pending	BARCLAY ALLEN	H(a) is this a gr	oup return for s	ubordinates? 🔲 Yes 🔀 No					
_		305 W. MAIN STREET	H(b) Are all sub	ordinates Inch	rted? Yes No					
		FORT WAYNE IN 46802			(see Instructions)					
_	Tou augment etek m	501(c)(3) X 501(c) ( 6 ) ◀ (insert no ) 4947(e)(1) or 527	1							
	Tax-exempt status.  Website: ▶ V	WWW.HBAFORTWAYNE.COM	H(c) Group exe	matica aumbo						
	Form of organization		ear of formation: 1		M State of legal domicile: IN					
	LE PLETTE DI LETTE DE LETTE DE LE LETTE DE LETTE DE LE LETTE DE LE	ummary	sar or rommanon		m State of regal Galliotte. 2.14					
CHEE 9 13		escribe the organization's mission or most significant activities:								
•		BERSHIP FOR HOME BUILDERS.	••••							
Activities & Governance										
Ē					••••••					
Se .	2 Check th	ns box ▶  If the organization discontinued its operations or disposed of more than 25%	of its net asset:	<i></i>	• • • • • • • • • • • • • • • • • • • •					
Ğ	1	of voting members of the governing body (Part VI, line 1a)		3	18					
S.	4 Number	of Independent voting members of the governing body (Part VI, line 4b)	٦٠٠٠٠٠	. 4	18					
¥	5 Total nu	mber of individuals employed in calendar year 2018 (Par V, line 2a)	J	5	4					
CĘ.		mber of volunteers (estimate if necessary)	31	6	18					
⋖		related business revenue from Part VIII, column (C), line 🔣 JUN 2.1 2019	?!	7a	13,183					
		elated business taxable income from Form 990-T, line 38		. 7b	0					
			Prior Ye		Current Year					
•	8 Contribu	tions and grants (Part VIII, line 1h) OGDEN, UT		7,010	6,150					
Revenue	9 Program	service revenue (Part VIII, line 2g)		2,941	<u>475,828</u>					
Š		ent income (Part VIII, column (A), lines 3, 4, and 7d)		1,011	29,120					
	11 Other re	venue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		2,151	27,683					
S	12 Total rev	renue – add lines 8 through 11 (must equal Part VIII, column (A), line 12)	51	3,113	538,781					
EXPENSES NACTOS	13 Grants a	ind similar amounts paid (Part IX, column (A), lines 1–3)			10,235					
ξ	14 Benefits	paid to or for members (Part IX, column (A), line 4)			0					
€g T8	15 Salaries,	other compensation, employee benefits (Part IX, column (A), lines 5-10)	12	6,407	98,141					
		onal fundraising fees (Part IX, column (A), line 11e)			0					
≥Š	<b>b</b> Total fun	draising expenses (Part IX, column (D), line 25) ▶								
<u>-</u> ш		penses (Part IX, column (A), lines 11a-11d, 11f-24e)		9,749	387,407					
 5		penses. Add lines 13–17 (must equal Part IX, column (A), line 25)		6,156	495,783					
- -	19 Revenue	e less expenses. Subtract line 18 from line 12	Beginning of Cur	6,957	42,998 End of Year					
Net Assets or Fund Balances	20 Total con	sets (Part X, line 16)		7,535	638, 607					
Bala	20 Total liab	polities (Part X, line 26)		1,959	7,712					
E G	22 Not seed	ets or fund balances. Subtract line 21 from line 20		5,576	630,895					
繭		ignature Block		<u> </u>	0307033					
		penuty, I declare that I have examined this return, including accompanying schedules and statement	te and to the her	t of my kno	wledge and helief it is					
		mplete. Deplaration of preparer (other than officer) is based on all information of which preparer ha			t .					
		12/		110	lialia					
Sig	ın   P 3	Signature of officer		Date	<del>-1011</del>					
He		bacciau Alka Presid	ENT							
		Type or print name and title		<del></del>						
		e preparer's name Preparer's signature	Date Date	Check	Y PTIN					
Paid	.   "	K WELLMAN, CPA GENERA CH	1 5.29	9 setf-em	□"  <i>[</i>					
Pre	parer Firm's na	DADEN CACE C CONDOUNCE TIO		imi's EIN	35-1939627					
	Only	6920 POINTE INVERNESS WAY #300								
	Firm's ad	. DODE WAYNE THE 4COOA 700C		hone no.	260-422-2551					
Mav		is this return with the preparer shown above? (see instructions)			X Yes No					

	HOME BUILDERS ASS		0936524	Page <b>2</b>
	Statement of Program Servi		D 4411	
		a response or note to any line in this	Part III	
	onbe the organization's mission SHIP FOR HOME BUIL	DERS.		
-		rogram services during the year which were not	isted on the	
-	990 or 990-EZ?	de O		Yes X No
	scribe these new services on Schedi	significant changes in how it conducts, any prog	ıram	
services?	unization ocase conducting, or make	digimiserik changes in new it conducte, any prog	, 4	Yes X No
	scribe these changes on Schedule C			
	-	complishments for each of its three largest progr		
		nizations are required to report the amount of gr	ants and allocations to others,	
the total ex	penses, and revenue, if any, for each	program service reported		
4a (Code	) (Expenses \$	including grants of \$	) (Revenue \$	·····
INCLUDI PROVIDE BUILDIN HOME TO	NG BUILDER STANDA NETWORKING OPPOR NG INDUSTRY. IN AD	ONAL OPPORTUNITIES AND ROS BOOKS. THE HBA HOLD FUNITIES THAT BRING TOGET TO THE HBA EXECUTE EW HOME DESIGNS AND TO	S MEETINGS AND EVEN ETHER VARIOUS MEMBE S THE "TOWN AND COU	TS TO RS OF THE NTRY NEW
4b (Code N/A	) (Expenses \$	including grants of \$	) (Revenue \$	)
4c (Code N/A	) (Expenses \$	including grants of \$	) (Revenue \$	)
4d Other progr (Expenses	ram services (Describe in Schedule ( \$ incli		(Revenue \$	)
	am service expenses ▶		<u> </u>	
DAA				Form <b>990</b> (2018)

DAA

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### **Checklist of Required Schedules**

1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"
	complete Schedule A

- 2 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
- 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
- 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 98-197 If "Yes," complete Schedule C, Part III
- 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
- 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
- Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III
- 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
- Did the organization, directly or through a related organization, hold assets in temporarily restricted 10 endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V
- If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, 11 VII, VIII, IX, or X as applicable
  - a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI
  - 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
  - c 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
  - 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
  - Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X
- Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X
- 12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D. Parts XI and XII
  - 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
- 13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E
- 14a Did the organization maintain an office, employees, or agents outside of the United States?
- 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
- 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
- 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
- 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)
- Did the organization report more than \$15,000 total of fundraising event gross income and contributions on 18 Part VIII, lines 1c and 8a? If "Yes," complete Schedule G. Part II
- 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
- 20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H
  - b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?
- Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or 21 domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II

	Yes	No
2		X
<del>_2</del> _		X
3	Х	
4		
5_	Х	
_6_		Х
7		X X
8		Χ
9		Х
10		X
11a	Х	
11b		Х
11c		X X X
11d		Х
11e		Х
11f		X
12a		Х
12b		Χ
13		X
14a		<u> X</u>
14b		X
15		Х
16		X
17		Х
18		X
19		Х
20a		<u>X</u>
20b		
21	Х	
For	m 990	(2018)

P	artivi Checklist of Required Schedules (continued)			-3-
			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		X
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		Х
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	İ		
	through 24d and complete Schedule K If "No," go to line 25a	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year			
	to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	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, 6, or 22 for receivables from or payables to any			
	current or former officers, directors, trustees, key employees, highest compensated employees, or		1	
	disqualified persons? If "Yes," complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee,			
	substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		X
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, or key employee? If "Yes," complete Schedule L, Part IV	28a		Х
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete			
	Schedule L, Part IV	28b		Х
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof)			
	was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		Х
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	<u> </u>	Х
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified			ĺ
	conservation contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31	<u> </u>	X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes,"	Ì		1
	complete Schedule N, Part II	32	L	X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			1
	sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33		X
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	ļ	<u>X</u>
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a			l
	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-chantable	1		l
	related organization? If "Yes," complete Schedule R, Part V, line 2	36		<u> </u>
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			l
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and			İ
E38.803.30	19? Note. All Form 990 filers are required to complete Schedule O	38	Χ	<u> </u>
P	art V Statements Regarding Other IRS Filings and Tax Compliance			
	Check if Schedule O contains a response or note to any line in this Part V			Ш
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable  1a 0	_#		
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and			
	reportable gaming (gambling) winnings to prize winners?	1c	X	ı

	1990 (2018) HOME BUILDERS ASSOCIATION OF FORT 35-0936			F	age (
Pa	art Va Statements Regarding Other IRS Filings and Tax Compliance (continu	ied)			
			<b>диналиция</b>	Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax			7	
	Statements, filed for the calendar year ending with or within the year covered by this return				
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	•	2b	X	respons.
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)				
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?		3a	Χ	_
þ	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O		3b_	Χ	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other auth	nority over,		ļ	
	a financial account in a foreign country (such as a bank account, securities account, or other financial ac-	count)?	4a	i k skominger	X
b	If "Yes," enter the name of the foreign country				
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial According	ounts (FBAR)			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction	17	5b_		X
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		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions	or			
	gifts were not tax deductible?		6b		Ĺ
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 good	ds			
	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		l
đ	If "Yes," indicate the number of Forms 8282 filed during the year	7d			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contri	act?	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 8		7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization		7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by				
_	sponsoring organization have excess business holdings at any time during the year?	•	8	3	, and a second
9	Sponsoring organizations maintaining donor advised funds.				
a	Did the sponsoring organization make any taxable distributions under section 4966?		9a	SPESSION	
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		9b		
10	Section 501(c)(7) organizations. Enter				
	Initiation fees and capital contributions included on Part VIII, line 12	10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b			
11	Section 501(c)(12) organizations. Enter				
'' a	Gross income from members or shareholders	11a			
a b	Gross income from other sources (Do not net amounts due or paid to other sources	1.02			
U	against amounts due or received from them )	11b			
122	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 10	· · · · · · · · · · · · · · · · · · ·	12a		
12a		12ь			
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	120			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		120		
а	·		13a		
ı.	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	14951			
	the organization is licensed to issue qualified health plans	13b			
C	Enter the amount of reserves on hand	13c			
l4a	Did the organization receive any payments for indoor tanning services during the tax year?		14a		_X
þ			14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration	on or			
	excess parachute payment(s) during the year?		15	apparantes	X
	If "Yes " see instructions and file Form 4720. Schedule N				

Is the organization an educational institution subject to the section 4968 excise tax on net investment income?

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If "Yes," complete Form 4720, Schedule O

Form 990 (2018) HOME BUILDERS ASSOCIATION OF FORT 35-0936524 Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions Check if Schedule O contains a response or note to any line in this Part VI Section 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 If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar

	The governing body delegated broad dutility to all exceditive committee of circular	i .	1	16.00		100
	committee, explain in Schedule O					
b	Enter the number of voting members included in line 1a, above, who are independent	_1b	18			
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	_	X
3	Did the organization delegate control over management duties customarily performed by or under the direct					
	supervision of officers, directors, or trustees, or key employees to a management company or other person?			3		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?			_4	<u> </u>	X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?			_5	<u> </u>	X
6	Did the organization have members or stockholders?			6	X	<u> </u>
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	X	
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	<u> </u>	X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year be	y the f	ollowing			
а	The governing body?			8a	X	<u> </u>
b	Each committee with authority to act on behalf of the governing body?			8b	X	<u> </u>
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at				1	
	the organization's mailing address? If "Yes," provide the names and addresses in Schedule O			9	X	
Sec	tion B. Policies (This Section B requests information about policies not required by the Inter	nal R	evenue	Code.)		
					1	1

10a	Did the organization have local chapters, branches, or affiliates?	10a		X
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		L
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Х	
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	Х	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give use to conflicts?	12b	Х	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"			1
	describe in Schedule O how this was done	12c	Х	
13	Did the organization have a written whistleblower policy?	13	Χ	<u> </u>
14	Did the organization have a written document retention and destruction policy?	14	Χ	
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	Χ	
b	Other officers or key employees of the organization	15b	Χ	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)		<b>, ,</b> ,	
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		Х
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its			
	participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the			
	organization's exempt status with respect to such arrangements?	16b		

C	4:	$\sim$	D:	
Sec	tion	L.	DISC	losure

17	List the states with which a copy of this Form 990 is required to be filed	T
11	LIST THE STATES WITH WHICH A CODY OF THIS FORTH 990 IS REQUIRED TO DE HIEU	

- Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A if applicable), 990, and 990-T (Section 501(c) 18 (3)s only) available for public inspection. Indicate how you made these available. Check all that apply
  - Own website Another's website X Upon request Other (explain in Schedule O)
- Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year
- State the name, address, and telephone number of the person who possesses the organization's books and records

BETH JOHNSON

305 W MAIN STREET

260-420-2020

FORT WAYNE DAA

IN 46802

Form 990 (201	B) HOME	BUILDERS	<b>ASSOCIATION</b>	OF	FORT	35-	0936524		Page 7
Part VII	Compensa	tion of Office	rs, Directors, Trust	ees,	Key Emp	oloyees, l	Highest Com	pensated Employees, and	
l	ndepende	nt Contractor	s						
	Check if So	hedule O cont	ains a response or r	note 1	to any line	<u>ın this P</u>	art 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 employee"
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations. List persons in the following order individual trustees or directors, institutional trustees, officers, key employees, highest compensated employees, and former such persons

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

(A)  Name and Title	(B) Average hours per week (list any hours for	(d bo	lo not ox, unle ficer a	Pos check ess pe nd a d	C) sition more rson i	than o	ne an ee)	(D)  Reportable compensation from the organization	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the
	related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	(W-2/1099-MISC)	(W21633-MIGG)	organization and related organizations
(1) BARCLAY ALLEN										
	5.00								_	
PRESIDENT	0.00	X	ļ	X	<u> </u>			0	0	0
(2) JOSH BARKLEY	1 00									
DIDUGUAD	1.00	v							^	0
DIRECTOR (3) BRAD CAYOT	0.00	X		├				0	0	<u> </u>
(3) BRAD CATOI	1.00									
DIRECTOR	0.00	X						0	0	0
(4) HERB DELAGRANGE		<u> </u>							<u></u>	
`,	1.00									
DIRECTOR	0.00	Х						0	0	0
(5) GREGORY GERBERS										
	5.00								_	_
TREASURER	0.00	X		X				0	0	0
(6) CHARLIE GIESE	1 00	Ì								
DIDECTOR	1.00	\ ,						0	0	0
DIRECTOR (7) LUKE HOFFMAN	_0.00	X	-					0	0	<u> </u>
() LOKE HOTTMAN	1.00						i			
DIRECTOR	0.00	X				-		o	0	0
(8) TYLER KEES		<u> </u>								
. ,	3.00									
VICE PRESIDENT	0.00	Х		Χ				0	0	0
(9) MATT LANCIA										
	3.00									_
SECRETARY	0.00	X	ļ_	Χ				0	0	0
(10) AUSTIN LUNDQUIST	1 50									
DIDECTOR	1.50	\ ,							0	0
DIRECTOR (11) TOM NIEZER	0.00	X	-					0	0	0
(II) TOP NIESER	1.00									
DIRECTOR	0.00	Х						o	0	0
DAA			<u> </u>							Form <b>990</b> (2018)

7320	,,,
Page	8

(A) Name and title	hours per (do not check more than one co week box, unless person is both an (list any officer and a director/trustee)		(D) Reportable compensation from the organization	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the					
	related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	(W-2/1099-MISC)		organization and related organizations
(12) GREG ROBERTS	1.00									
DIRECTOR (13) RODNEY ROBROC	0.00	Х	ļ		-			0	0	0
DIRECTOR	1.00	X						0	0	0
(14) JESSICA SCHEU		<u> </u>							<u> </u>	
PAST PRESIDENT (15) RYAN SCHILTZ	0.00	Х		X		_		0	0	0
DIRECTOR	1.00 0.00	X						0	0	0
(16) ORRIN SESSION	1.00									
(17) ROB WACKER	0.00	X						0	0	0
DIRECTOR	1.00 0.00	Х						0	0	0
(18) RIC ZEHR	1.00	X						0	0	0
(19) MAURINE HOLLE		Λ.						U	0	U
EXECUTIVE DIRECTOR	0.00			Х			<b>•</b>	14,020 14,020	0	888 888
1b Sub-total c Total from continuation shee d Total (add lines 1b and 1c)	ts to Part VII, S	ectio	on A				<b>&gt;</b>	40,823		888
d Total (add lines 1b and 1c)  Total number of individuals (increportable compensation from t			to th	ose	listed	d abo	ve)		00,000 of	000
3 Did the organization list any for employee on line 1a? If "Yes," of For any individual listed on line organization and related organization and related organization and related organization services rendered to the org	mer officer, direction of the sum	ctor, ile J f reponan \$	for si ortab \$150, impe	uch i le co 000°	ndivi ompe ? <i>If "</i> on fi	idual ensat Yes,'	ion a ' <i>con</i>	and other compensation from the state of the	n the	Yes No  3 X  4 X  5 X
Complete this table for your five compensation from the organize	highest comper									
	(A) business address								(B) ion of services	(C) Compensation
Total number of independent correceived more than \$100,000 or	ontractors (included for compensation to	ling b	out no	ot lim	nited	to th	ose	listed above) who	0	

Page 8 Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued) (A) (C) (D) (F) Name and title Average Position Reportable Reportable Estimated hours per (do not check more than one compensation compensation from amount of box, unless person is both an week from related other (list any officer and a director/trustee) the organizations compensation (W-2/1099-MISC) hours for organization from the Officer Institutional trustee Key employee ndıvıdual trustee (W-2/1099-MISC) related inghest compensated mployee organization and related organizations below dotted organizations line) (20)BETH JOHNSON 42.50 0.00 40,823 0 EXECUTIVE DIRECTOR 40,823 1b Sub-total  $\triangleright$ Total from continuation sheets to Part VII, Section A C Total (add lines 1b and 1c) 2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization Yes 3 Did the organization list any former officer, director, or trustee, key employee, or highest compensated 3 employee on line 1a? If "Yes," complete Schedule J for such individual For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such 4 individual Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person Section B. Independent Contractors Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year (B) Description of services (C) Compensation Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization

Part VIII Statement of Revenue

Check if Schedule O contains a response or note to any line in this Part VIII (C) Unrelated (A) Total revenue (D) Revenue exempt excluded from tax husiness function under sections 512-514 revenue Grants (mounts Federated campaigns 1a b Membership dues 1b 2,100 c Fundraising events 1c 1d d Related organizations e Government grants (contributions) 1e f All other contributions, gifts, grants, and similar amounts not included above 4,050 g Noncash contributions included in lines 1a-1f h Total. Add lines 1a-1f 6,150 Program Service Revenue Busn Code 900099 2a MEMBERSHIP DUES 195,485 195,485 900099 182,164 182,164 b TOWN & COUNTRY SHOWCASE 900099 61,649 61,649 MEMBERSHIP MEETINGS <u>23,347</u> 900099 23,347 BUILDER STANDARDS BOOKS 900099 9,045 9,045 тмраст 4,138 4,138 f All other program service revenue g Total. Add lines 2a-2f 475,828 Investment income (including dividends, interest, 12,936 and other similar amounts) 12,936 Income from investment of tax-exempt bond proceeds Royalties (i) Real (II) Personal 6a Gross rents Less rental exps c Rental inc or (loss) d Net rental income or (loss) Gross amount from (i) Secunties (II) Other sales of assets 48,000 12,550 other than inventor **b** Less cost or other 44,366 basis & sales exps 3,634 12 550 c Gain or (loss) d Net gain or (loss) 16,184 16,184 8a Gross income from fundraising events Other Revenue (not including \$ 2,100 of contributions reported on line 1c). 11,374 See Part IV, line 18 2,922 b Less direct expenses 8,452 c Net income or (loss) from fundraising events 9a Gross income from gaming activities See Part IV, line 19 b Less direct expenses c Net income or (loss) from gaming activities 10a Gross sales of inventory, less returns and allowances b Less cost of goods sold b c Net income or (loss) from sales of inventory Miscellaneous Revenue Busn Code 12,003 11a MISCELLANEOUS REBATES 12,003 7,228 7,228 MISCELLANEOUS b С All other revenue Total. Add lines 11a-11d 19,231 538,781 195,485 13,183 Total revenue. See instructions 315,511

#### Part X Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A) Check if Schedule O contains a response or note to any line in this Part IX (A) Total expenses (B) Do not include amounts reported on lines 6b, Program service Management and Fundraising 7b, 8b, 9b, and 10b of Part VIII. expenses general expenses expenses Grants and other assistance to domestic organizations 10,235 and domestic governments. See Part IV, line 21 Grants and other assistance to domestic individuals See Part IV, line 22 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals See Part IV, lines 15 and 16 Benefits paid to or for members Compensation of current officers, directors, 55,731 trustees, and key employees 6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) 35,228 Other salanes and wages Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) 70 Other employee benefits <u>7,1</u>12 Payroll taxes Fees for services (non-employees) Management 1,745 **b** Legal 2,275 c Accounting d Lobbying Professional fundraising services See Part IV, line 17 4,691 investment management fees g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O) 68 Advertising and promotion 418 Office expenses 265 6. 14 Information technology 15 Royalties 12,137 16 Occupancy 508 17 Travel Payments of travel or entertainment expenses for any federal, state, or local public officials 2,945 19 Conferences, conventions, and meetings 89 20 Interest 21 Payments to affiliates 141.944 13,105 22 Depreciation, depletion, and amortization 2,983 23 Insurance Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24e If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O) TOWN & COUNTRY SHOWCASE 112,483 36,748 MEMBER MEETINGS/OUTINGS 15,549 BUILDER STANDARDS BOOKS C 10,570 DONATIONS d 13,884 e All other expenses 0 495,783 Total functional expenses. Add lines 1 through 24e 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 ▶ following SOP 98-2 (ASC 958-720)

**Balance Sheet** 

Part X

Page 11

Check if Schedule O contains a response or note to any line in this Part X (A) (B) Beginning of year End of year 84.193 89,655 1 Cash-non-interest bearing 2 Savings and temporary cash investments 3 Pledges and grants receivable, net 3 10,026 4 15,227 Accounts receivable, net Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees 5 Complete Part II of Schedule L 6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary 6 organizations (see instructions) Complete Part II of Schedule L Notes and loans receivable, net 7 8 Inventories for sale or use 5,386 2,366 Prepaid expenses and deferred charges 9 10a Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D 10a 42,658 10c 49,553 10b b Less accumulated depreciation 515,272 481,806 Investments—publicly traded securities 11 11 12 Investments—other securities See Part IV, line 11 12 13 13 Investments-program-related See Part IV, line 11 14 14 Intangible assets 15 15 Other assets See Part IV, line 11 657. 535 638, 607 16 16 Total assets. Add lines 1 through 15 (must equal line 34) 55 17 17 Accounts payable and accrued expenses 18 18 Grants payable 9,655 804 19 19 Deferred revenue 20 20 Tax-exempt bond liabilities 21 21 Escrow or custodial account liability Complete Part IV of Schedule D Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and 22 disqualified persons Complete Part II of Schedule L 2,249 1.574 23 23 Secured mortgages and notes payable to unrelated third parties Unsecured notes and loans payable to unrelated third parties 24 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X 25 of Schedule D 959 26 26 Total liabilities. Add lines 17 through 25 |X| and Organizations that follow SFAS 117 (ASC 958), check here Net Assets or Fund Balances complete lines 27 through 29, and lines 33 and 34. 645,576 27 630. 27 Unrestricted net assets 28 28 Temporarily restricted net assets 29 Permanently restricted net assets 29 Organizations that do not follow SFAS 117 (ASC 958), check here ▶ and complete lines 30 through 34. 30 30 Capital stock or trust principal, or current funds 31 Paid-in or capital surplus, or land, building, or equipment fund 31 32 32 Retained earnings, endowment, accumulated income, or other funds 630,895 576 33 Total net assets or fund balances 33 638,607 34 Total liabilities and net assets/fund balances

Form 990 (2018)

-orm	990 (2018) HOME BUILDERS ASSOCIATION OF FORT 35-0936524			Pag	ge <b>12</b>
Pa	Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				$\Box$
1	Total revenue (must equal Part VIII, column (A), line 12)	1	5	38,	781
2	Total expenses (must equal Part IX, column (A), line 25)	2	4	95,	783
3	Revenue less expenses Subtract line 2 from line 1	3		42,9	998
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	6	45,5	<u>576</u>
5	Net unrealized gains (losses) on investments	5		57,6	679
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain in Schedule O)	9			
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line				
	33, column (B))	10	6	30,8	<u> 395</u>
Pa	TEXIL Financial Statements and Reporting				_
	Check if Schedule O contains a response or note to any line in this Part XII				
b	Accounting method used to prepare the Form 990	<u>ASH</u>	2a 2b 2c	Yes	X
	If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O  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?  If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits		3a 3b		X
			For	ա 990	(2018)

3. T.

## 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

OMB No 1545-0047 2018

Open to Public inspection

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.

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

- Continue E01(a)(4) (5) or (6) organizations. Complete Bart III

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-A

If the organization answered "Yes," on Form 990, Part IV, line 5 (Proxy Tax) (see separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (see separate instructions), then

• 0	ection 50 f(c)(4), (5), or (6) organizations Complete Part III					
Name	of organization HOME BUILDERS ASSOC	IATION OF FORT		Employer ident	tification number	
	WAYNE, INC.			35-09365	24	
Pai	Complete if the organization is exen	npt under section 501(c)	or is a sectio	n 527 organizatio	n.	
1	Provide a description of the organization's direct and indirec	ct political campaign activities in	Part IV (see instru	ctions for		
	definition of "political campaign activities")	, , ,	·			
2	Political campaign activity expenditures (see instructions)			<b>▶</b> \$		
3	Volunteer hours for political campaign activities (see instruc	ctions)				
Pai	Complete if the organization is exen		(3).			
1	Enter the amount of any excise tax incurred by the organiza			▶ \$		
2	Enter the amount of any excise tax incurred by organization	managers under section 4955		▶ \$		
3	If the organization incurred a section 4955 tax, did it file For	m 4720 for this year?			Yes No	
4a	Was a correction made?				Yes No	
b	If "Yes," describe in Part IV					
Pai	tile Complete if the organization is exen	npt under section 501(c)	<u>, except secti</u>	on 501(c)(3).		
1	Enter the amount directly expended by the filing organizatio	n for section 527 exempt functio	n			
	activities			▶ \$		
2	Entor the amount of the filing organization's funds contribute	ed to other organizations for sect	tion			
	527 exempt function activities			▶ \$		
3	Total exempt function expenditures Add lines 1 and 2 Enter	er here and on Form 1120-POL,				
	line 17b			▶ \$		
4	Did the filing organization file Form 1120-POL for this year'	?			Yes X No	
5						
	organization made payments. For each organization listed,	enter the amount paid from the f	iling organization's	funds Also enter		
	the amount of political contributions received that were pron	nptly and directly delivered to a s	separate political or	ganization, such		
	as a separate segregated fund or a political action committee	ee (PAC) If additional space is n	eeded, provide info	rmation in Part IV		
	(a) Name	(b) Address	(c) EIN	(d) Amount paid from	(e) Amount of political	
			•	filing organization's	contributions received and	
				funds If none, enter -0-	promptly and directly delivered to a separate	
					political organization	
					If none, enter -0-	
(1)						
(2)						
		<u> </u>				
(3)						
			]			
(4)						
_						
(5)						
(6)						

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

Schedule C (Form 990 or 990-EZ) 2018

chedule C (Form 990 or 990-EZ) 2018 HOME	BUILDERS A	ASSOCIATION	OF FOR	Γ	35-0936524	P	age 2
Part II-A Complete if the organiz					Form 5768 (elec		
section 501(h)).	•		, ,, ,		•		
Check In If the filing organization	pelongs to an affile	ated group (and list	n Part IV ea	ch affilia	ated group member	's name,	
address, EIN, expenses	, and share of exc	ess lobbying expend	litures).				
Check ▶ ☐ if the filing organization	checked box A an	d "limited control" pr	ovisions app	ly			
Limits on Lob	bying Expendit	tures			(a) Filing	(b) Affiliated	_
(The term "expenditures" r	neans amounts p	oaid or incurred.)		orq	ganization's totals	group totals	
1a Total lobbying expenditures to influence pub	lic opinion (grass roo	ots lobbying)		<u> </u>			
<b>b</b> Total lobbying expenditures to influence a le	gislative body (direct	lobbying)		<u> </u>			
c Total lobbying expenditures (add lines 1a an	d 1b)						
d Other exempt purpose expenditures							
e Total exempt purpose expenditures (add line							
f Lobbying nontaxable amount Enter the amo	unt from the followin	ig table in both			1		
columns	<del></del>		<del></del>				
If the amount on line 1e, column (a) or (b) is:	- T	ntaxable amount is:					
Not over \$500,000	20% of the amour	·					
Over \$500,000 but not over \$1,000,000		% of the excess over \$500					
Over \$1,000,000 but not over \$1,500,000	1	% of the excess over \$1,0					
Over \$1,500,000 but not over \$17,000,000		of the excess over \$1,50	0,000				
Over \$17,000,000	\$1,000,000		<u></u>				多物理
<ul><li>g Grassroots nontaxable amount (enter 25% of</li><li>h Subtract line 1g from line 1a. If zero or less,</li></ul>	•						
i Subtract line 1f from line 1c. If zero or less,				<u> </u>			
j If there is an amount other than zero on either		lid the organization file l	Form 4720	L			
reporting section 4911 tax for this year?	si iiile iii oi iiile ii, e	nd the organization me	01111 4720			☐Yes ☐	No
reporting decitors 40 11 tax for this year	4 Vaar Avaran	ing Deried Under C	action EO4/I			1,100	<del></del>
(Comp organizations that mad	_	ing Period Under S			of the five column	s bolow	
(Some organizations that mad	-	nstructions for line	_		of the five column	is below.	
3	ee ille Separate i	iistructions for nine	s za unoug	11 21.)			
Lo	bbying Expendit	ures During 4-Year	Averaging I	Period			
Calendar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(c) 201	17	(d) 2018	(e) Total	
2233,							
2a Lobbying nontaxable amount							
General Control of Con						<u> </u>	
b Lobbying ceiling amount							
(150% of line 2a, column (e))			<b>建酸氢油烧的油酸医乳</b> 毒				_
c Total lobbying expenditures							
d Grassroots nontaxable amount							
e Grassroots ceiling amount							
(150% of line 2d, column (e))							

Schedule C (Form 990 or 990-EZ) 2018

f Grassroots lobbying expenditures

_	•
Page	

gai	(election under section 501(h)).	ilea i	-orm	3/68			
		(;	a)		(b	)	
	each "Yes," response on lines 1a through 1ı below, provide in Part IV a detailed Emption of the lobbying activity	Yes	No		Amo	unt	
1	During the year, did the filing organization attempt to influence foreign, national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of						
а	Volunteers?						/ive
	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?  Media advertisements?						
d	Mailings to members, legislators, or the public?						
е	Publications, or published or broadcast statements?						
f	Grants to other organizations for lobbying purposes?						
g	Direct contact with legislators, their staffs, government officials, or a legislative body?						
	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?  Other activities?						
j	Total Add lines 1c through 1i						
_	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?						
b	If "Yes," enter the amount of any tax incurred under section 4912				·		
С	If "Yes," enter the amount of any tax incurred by organization managers under section 4912						
d	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?						
Par	Complete if the organization is exempt under section 501(c)(4), section 501(c)	(5), c	or sec	ction			
	501(c)(6).						
						Yes	No
1	Were substantially all (90% or more) dues received nondeductible by members?				1		X
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?				2	Χ	
3	Did the organization agree to carry over lobbying and political campaign activity expenditures from the prior year?				3		X
Par	Complete if the organization is exempt under section 501(c)(4), section 501(c) 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No," O answered "Yes."				ine 3	, is	
1	Dues, assessments and similar amounts from members		1				
2	Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of						
	political expenses for which the section 527(f) tax was paid).						
а	Current year		2a				
	Carryover from last year		2b				
	Total		2c				
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues		3				
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the						
	excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying						
_	and political expenditure next year?		4				
5	Taxable amount of lobbying and political expenditures (see instructions)		5				

Partily Supplemental Information

Provide the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, Part II-A (affiliated group list), Part II-A, lines 1 and 2 (see instructions), and Part II-B, line 1. Also, complete this part for any additional information

Page 4

#### SCHEDULE D . (Form 990)

Department of the Treasury Internal Revenue Service

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

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

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	of the organization		Employer ide	ntification number
	OME BUILDERS ASSOCIATION OF FORT		25 00	26524
	AYNE, INC.  Organizations Maintaining Donor Advised Fur	ado or Othor Similar Funds or As	35-09	36524
150	Complete if the organization answered "Yes" on F		,counts.	
		(a) Donor advised funds	(b) F	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 (dunng year)			
4	Aggregate value at end of year			
5	Did the organization inform all donors and donor advisors in writing that the	he assets held in donor advised		
	funds are the organization's property, subject to the organization's exclus	sive legal control?		Yes No
6	Did the organization inform all grantees, donors, and donor advisors in w	nting that grant funds can be used		
	only for charitable purposes and not for the benefit of the donor or donor	advisor, or for any other purpose		
	conferring impermissible private benefit?			Yes No
Pa	Till Conservation Easements.			
	Complete if the organization answered "Yes" on F	orm 990, Part IV, line 7.		
1	Purpose(s) of conservation easements held by the organization (check a	li that apply)		
	Preservation of land for public use (e.g., recreation or education)	Preservation of a historically import		ea
	Protection of natural habitat	Preservation of a certified historic s	structure	
	Preservation of open space			
2	Complete lines 2a through 2d if the organization held a qualified conserva-	ation contribution in the form of a conservation	3.Filmerun	
	easement on the last day of the tax year			eld at the End of the Tax Year
а	Total number of conservation easements		2a	
b	Total acreage restricted by conservation easements	da d (-)	2b	
	Number of conservation easements on a certified historic structure includ		2c	· · · · · · · · · · · · · · · · · · ·
a	Number of conservation easements included in (c) acquired after 7/25/06	o, and not on a	2d	
2	historic structure listed in the National Register  Number of conservation easements modified, transferred, released, extir	aguished or terminated by the organization of		
3	tax year ►	iguished, or terminated by the organization t	Juning the	
4	Number of states where property subject to conservation easement is loc	rated >		
5	Does the organization have a written policy regarding the periodic monito			
Ū	violations, and enforcement of the conservation easements it holds?	, mopositin, name in g of		☐ Yes ☐ No
6	Staff and volunteer hours devoted to monitoring, inspecting, handling of v	violations, and enforcing conservation easen	nents during	
•	<b>▶</b>			, , ,
7	Amount of expenses incurred in monitoring, inspecting, handling of violati	ions, and enforcing conservation easements	during the	year
	<b>▶</b> \$	,	J	•
8	Does each conservation easement reported on line 2(d) above satisfy the	e requirements of section 170(h)(4)(B)(i)		
	and section 170(h)(4)(B)(ii)?			Yes No
9	In Part XIII, describe how the organization reports conservation easemen	nts in its revenue and expense statement, ar	ıd	
	balance sheet, and include, if applicable, the text of the footnote to the or	ganization's financial statements that descri	bes the	
	organization's accounting for conservation easements	<del></del>		<del></del>
Pa	organizations Maintaining Collections of Art,		milar As	sets.
	Complete if the organization answered "Yes" on F			<del> </del>
1a	If the organization elected, as permitted under SFAS 116 (ASC 958), not			
	works of art, historical treasures, or other similar assets held for public ex		ce or	
	public service, provide, in Part XIII, the text of the footnote to its financial		-1	
D	If the organization elected, as permitted under SFAS 116 (ASC 958), to require of out but areal transported as a thoroughly asset bald for public so			
	works of art, historical treasures, or other similar assets held for public ex	chibilion, education, or research in furtherand	DE OI	
	public service, provide the following amounts relating to these items			<b>c</b>
	(i) Revenue included on Form 990, Part VIII, line 1			\$ \$
2	(ii) Assets included in Form 990, Part X	ther similar assets for financial gain, provide	•	Ψ
2	If the organization received or held works of art, historical treasures, or of following amounts required to be reported under SFAS 116 (ASC 958) re		uie	
2	Revenue included on Form 990, Part VIII, line 1	material to triese items	<b>.</b>	\$
a	Assets included in Form 990 Part Y			<b>₹</b>

		LDERS ASSOC			35-0936				age 2
Pa	rt III Organizations Maintainir	ng Collections of	Art, Historical Tr	easures, c	or Other Simi	lar Assets	(contınu	ed)	
3	Using the organization's acquisition, access collection items (check all that apply)	ion, and other records,	check any of the follow	ving that are a	significant use o	fits			
а	Public exhibition	d 🗌	Loan or exchange prog	grams					
b	Scholarly research	е 🗍	Other	-					
С	Preservation for future generations	_							
4	Provide a description of the organization's c	ollections and explain h	now they further the org	janization's e	kempt purpose in	Part			
5	During the year, did the organization solicit	or receive denotions of	art historical transuras	or other com	ular				
5	assets to be sold to raise funds rather than t		•	-	iliai		Ye	. [	No
EPa	It V Escrow and Custodial A		t of the organization's	CONCOUNT					110
	Complete if the organization	_	on Form 990. Pa	rt IV. line 9	or reported a	an amount c	n Form		
	990, Part X, line 21				·				
1a	Is the organization an agent, trustee, custod	ian or other intermedia	ry for contributions or c	other assets n	ot		$\Box$ ,,	_	٦
	included on Form 990, Part X?						∐ Ye	es [	J No
b	If "Yes," explain the arrangement in Part XIII	and complete the follo	wing table				Amount		
	n						Amoun		—
С.	Beginning balance					1c			
	Additions during the year					1d			
_	Distributions during the year					1e			
t 2-	Ending balance	000 Dark V line 2	1 for consumer analysis	lial against hi	-E-I-E-O	1f			1 112
	Did the organization include an amount on F	·	•		•		∐ Ye	·s  -	No
	If "Yes," explain the arrangement in Part XIII  THE Endowment Funds.	Check here if the exp	ianation has been prov	ided on Fait.	<u> </u>		_		J
	Complete if the organization	on answered "Yes"	on Form 990 Par	rt IV line 1	0				
	Complete ii tilo organizate	(a) Current year	(b) Pnor year	(c) Two yea		'hree years back	(e) Four	r vears	back
1a	Beginning of year balance	(, ,	(2) ,	(-//	(,,	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	1 (1)	7	
	Contributions								
	Net investment earnings, gains, and						<del>                                     </del>		
·	losses								
d	Grants or scholarships								
	Other expenditures for facilities and								
_	programs								
f	Administrative expenses								
	End of year balance								
2	Provide the estimated percentage of the cur	rent year end balance (	(line 1g, column (a)) he	ld as					
а	Board designated or quasi-endowment	%							
b	Permanent endowment ▶ %	•							
С	Temporarily restricted endowment ▶	%							
	The percentages on lines 2a, 2b, and 2c sho	ould equal 100%							
3a	Are there endowment funds not in the posse	ession of the organization	on that are held and ad	ministered fo	r the				
	organization by							Yes	No
	(i) unrelated organizations						3a(i)		
	(ii) related organizations						3a(ii)		
b	If "Yes" on line 3a(ii), are the related organiz	ations listed as require	d on Schedule R?				3b		
4	Describe in Part XIII the intended uses of the		ment funds						
Pa	TIVI Land, Buildings, and Equ	•							
	Complete if the organization	<u>on answered "Yes"</u>	on Form 990, Pai	rt IV, line 1	1a See Form	990, Part X	<u>, line 10</u>		
	Description of property	(a) Cost or other b	1 ''		(c) Accumulat	l	(d) Book	value	
		(investment)	(other	er)	depreciation				
1a	Land								:
	Buildings			75,000	74	,649			<u>351</u>
	Leasehold improvements								
	Equipment		<del></del>	0.000				2.0	7
	Other			<u> 26,317</u>	296	5,559			<u>758</u>
ıotal	. Add lines 1a through 1e (Column (d) must a	eguai ⊢orm 990. Part X	., column (B), line 10c )					JU,	109

line 25

1.	(a) Description of liability	(b) Book value	
(1) Federal income t	axes		
(2)			
_(3)			
(4)			
(5)			
(6)			
(7)			
(8)	<del></del>		
_(9)	<del></del>		
Total. (Column (b) mus	st equal Form 990, Part X, col. (B) line 25 ) ▶		

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740) Check here if the text of the footnote has been provided in Part XIII

Sche	dule D (Form 990) 2018 HOME BUILDERS ASSOCIATION OF F	ORT	35-093652	4	Page 4
Pa	Reconciliation of Revenue per Audited Financial Statemen	ts With	Revenue per Ret	urn.	<del>-</del>
	Complete if the organization answered "Yes" on Form 990, Par	t IV, line	12a		
1	Total revenue, gains, and other support per audited financial statements			1	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12				
а	Net unrealized gains (losses) on investments	2a			
þ	Donated services and use of facilities	2b			
C	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIII )	2d			
е	Add lines 2a through 2d			2e	
3	Subtract line 2e from line 1			3	
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 )	4b			
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	
Pa	Reconciliation of Expenses per Audited Financial Statement		•	eturr	١.
	Complete if the organization answered "Yes" on Form 990, Par	t IV, line	12a	,	
1	Total expenses and losses per audited financial statements			1	
2	Amounts included on line 1 but not on Form 990, Part IX, line 25				
а	Donated services and use of facilities	2a			
b	Prior year adjustments	2b			
C	Other losses	2c			
d	Other (Describe in Part XIII )	2d			
е	Add lines 2a through 2d			2e	
3	Subtract line 2e from line 1			3	
4	Amounts included on Form 990, Part IX, line 25, but not on line 1	ŀ			
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII )	4b			
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	

Part XIII Supplemental Information.

Provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b, Part V, line 4, Part X, line

2, Part XI, lines 2d and 4b, and Part XII, lines 2d and 4b. Also complete this part to provide any additional information

Page 5

Schedule D (Form 990) 2018 HOME BUILDERS ASSOCIATION OF FORT 35-0936524

Rart XIII Supplemental Information (continued)

Schedule D (Form 990) 2018

SCHEDULEI (Form 990)

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

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

▶ Attach to Form 990.

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**%** ⊠ Inspection Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, (h) Purpose of grant or assistance Employer identification number Yes 35-0936524 EDUCATION noncash assistance (g) Description of Part IV, line 21, for any recipient that received more than \$5,000 Part II can be duplicated if additional space is needed. (f) Method of valuation (book, FMV, appraisal, other) Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and ► Go to www.irs.gov/Form990 for the latest information. (e) Amount of noncash assistance 10,000 (d) Amount of cash Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States grant (c) IRC section (if applicable) HOME BUILDERS ASSOCIATION OF FORT GOV General Information on Grants and Assistance (p) EIN the selection critena used to award the grants or assistance? IN 46802 - ANTHIS (a) Name and address of organization INC or government WAYNE, (1) FT WAYNE COMM SCHLS 1200 S CLINTON ST. Department of the Treasury Internal Revenue Service Name of the organization FORT WAYNE Part Part 2 3 **€** 9 9 8 8

For Paperwork Reduction Act Notice, see the Instructions for Form 990. Enter total number of other organizations listed in the line 1 table

Enter total number of section 501(c)(3) and government organizations listed in the line 1 table

6

Schedule I (Form 990) (2018)

Page 2

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 Schedule I (Form 990) (2018) HOME BUILDERS ASSOCIATION OF FORT PRACTING Grants and Other Assistance to Domestic Individuals. Complete 1

	i ait iii cail de dubiicated ii additioliai space is lleeded	ומו שמשבר וש ווכבחבת				
	(a) Type of grant or assistance	(b) Number of	(c) Amount of	(d) Amount of	(e) Method of valuation (book,	(e) Method of valuation (book, (f) Description of noncash assistance
		recipients	cash grant	noncash assistance	FMV, appraisal, other)	•
-						
2						
ო						
4						
u						
9						
۲						
Part V	Supplemental Information. Provide the information required in Part I, line 2; Part III, column (b), and any other additional information	de the information req	luired in Part I, line 2	; Part III, column (b),	and any other additional in	ıformation

Schedule I (Form 990) (2018)

OMB No 1545-0047

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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.

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

Department of the Treasury Internal Revenue Service Name of the organization

HOME BUILDERS ASSOCIATION OF FORT WAYNE, INC.

inspection Employer identification number

35-0936524

FORM 990, PART VI, LINE 6 - CLASSES OF MEMBERS OR STOCKHOLDERS MEMBERS PAY DUES TO BELONG TO THE ORGANIZATION.

FORM 990, PART VI, LINE 7A - ELECTION OF MEMBERS AND THEIR RIGHTS MEMBERS ELECT THE BOARD OF DIRECTORS.

FORM 990, PART VI, LINE 9 - OFFICERS WHO CANNOT BE REACHED

JESSICA SCHEURICH

305 W. MAIN STREET

FORT WAYNE, IN 46802

FORM 990, PART VI, LINE 11B - ORGANIZATION'S PROCESS TO REVIEW FORM 990 REVIEWED AND APPROVED BY THE BOARD OF DIRECTORS.

FORM 990, PART VI, LINE 12C - ENFORCEMENT OF CONFLICTS POLICY REVIEWED BY THE BOARD OF DIRECTORS.

FORM 990, PART VI, LINE 15A - COMPENSATION PROCESS FOR TOP OFFICIAL REVIEWED BY THE EXECUTIVE BOARD OF DIRECTORS AND THEN APPROVED BY THE FULL BOARD OF DIRECTORS.

FORM 990, PART VI, LINE 15B - COMPENSATION PROCESS FOR OFFICERS

REVIEWED BY THE EXECUTIVE BOARD OF DIRECTORS AND THEN APPROVED BY THE FULL

BOARD OF DIRECTORS.

Schedule O (Form 990 or 990-EZ) (2018)

Page 2
Employer identification number

Name of the organization
HOME BUILDERS ASSOCIATION OF FORT

35-0936524

FORM 990, PART VI, LINE 19 - GOVERNING DOCUMENTS DISCLOSURE EXPLANATION DISCLOSURES ARE AVAILABLE UPON REQUEST.