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Form **990-EZ****Short Form**
Return of Organization Exempt From Income TaxUnder section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code
(except black lung benefit trust or private foundation)

▶ Sponsoring organizations of donor advised funds and controlling organizations as defined in section 512(b)(13) must file Form 990. All other organizations with gross receipts less than \$500,000 and total assets less than \$1,250,000 at the end of the year may use this form.

▶ The organization may have to use a copy of this return to satisfy state reporting requirements.

OMB No 1545-1150

2009**Open to Public Inspection**Department of the Treasury
Internal Revenue Service

For the 2009 calendar year, or tax year beginning , and ending

Check if applicable:

Address change

Name change

Initial return

Termination

Amended return

Application pending

Please use IRS label or print or type. See Specific Instructions.

C Name of organization

**HOME BUILDERS ASSOCIATION
OF ANDERSON, INC.**

Number and street (or P O box, if mail is not delivered to street address)

1924 MCCONNELL SPRINGS ROAD

Room/suite

City or town, state or country, and ZIP + 4

ANDERSON**SC 29621**

D Employer identification number

57-0549251E Telephone number
864-226-0347

F Group Exemption Number ▶

● Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ).

G Accounting method ☒ Cash ☐ Accrual
Other (specify) ▶Website: ▶ **WWW.HBAOFANDERSON.COM**Tax-exempt status (check only one) — ☒ 501(c) (**6**) (insert no) ☐ 4947(a)(1) or ☐ 527H Check ☒ if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF)Check ☐ if the organization is not a section 509(a)(3) supporting organization and its gross receipts are normally not more than \$25,000. A Form 990-EZ or Form 990 return is not required, but if the organization chooses to file a return, be sure to file a complete return.L Add lines 5b, 6b, and 7b, to line 9 to determine gross receipts, if \$500,000 or more, file Form 990 instead of Form 990-EZ ▶ \$ **178,568****Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances** (See the instructions for Part I.)

Revenue	1	Contributions, gifts, grants, and similar amounts received		1	
	2	Program service revenue including government fees and contracts		2	
	3	Membership dues and assessments	SEE STATEMENT 1	3	60,677
	4	Investment income		4	2,885
	5a	Gross amount from sale of assets other than inventory	5a		
	b	Less cost or other basis and sales expenses	5b		
	c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)		5c	
	6	Special events and activities (complete applicable parts of Schedule G) If any amount is from gaming, check here <input type="checkbox"/>			
	a	Gross revenue (not including \$ of contributions reported on line 1)	6a	114,440	
	b	Less direct expenses other than fundraising expenses	6b	62,609	
c	Net income or (loss) from special events and activities (Subtract line 6b from line 6a)		6c	51,831	
7a	Gross sales of inventory, less returns and allowances	7a			
b	Less cost of goods sold	7b			
c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)		7c		
8	Other revenue (describe ▶ SEE STATEMENT 2)		8	566	
9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8 ▶		9	115,959	
10	Grants and similar amounts paid (attach schedule) STMT 3		10	37,500	
11	Benefits paid to or for members		11		
12	Salaries, other compensation, and employee benefits		12	50,440	
13	Professional fees and other payments to independent contractors		13	2,200	
14	Occupancy, rent, utilities, and maintenance		14	14,580	
15	Printing, publications, postage, and shipping		15	9,777	
16	Other expenses (describe ▶ SEE STATEMENT 4)		16	18,016	
17	Total expenses. Add lines 10 through 16 ▶		17	132,513	
18	Excess or (deficit) for the year (Subtract line 17 from line 9)		18	-16,554	
19	Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)		19	159,755	
20	Other changes in net assets or fund balances (attach explanation)		20		
21	Net assets or fund balances at end of year. Combine lines 18 through 20 ▶		21	143,201	

Part II Balance Sheets. If Total assets on line 25, column (B) are \$1,250,000 or more, file Form 990 instead of Form 990-EZ

(See the instructions for Part II.)

	(A) Beginning of year	(B) End of year
Cash, savings, and investments	99,777	85,690
Land and buildings	27,025	27,025
24 Other assets (describe ▶ SEE STATEMENT 5)	33,887	32,708
25 Total assets	160,689	145,423
26 Total liabilities (describe ▶ SEE STATEMENT 6)	934	2,222
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	159,755	143,201

For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions.

Form **990-EZ** (2009)

Part V Other Information (Note the statement requirements in the instructions for Part V.)

	Yes	No
33 Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity		X
34 Were any changes made to the organizing or governing documents? If "Yes," attached a conformed copy of the changes		X
35 If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but not reported on Form 990-T, attach a statement explaining why the organization did not report the income on Form 990-T		
a Did the organization have unrelated business gross income of \$1,000 or more or was it subject to section 6033(e) notice, reporting, and proxy tax requirements?	X	
b If "Yes," has it filed a tax return on Form 990-T for this year?	X	
36 Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N		X
37a Enter amount of political expenditures, direct or indirect, as described in the instr		
b Did the organization file Form 1120-POL for this year?		X
38a Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the period covered by this return?		X
b If "Yes," complete Schedule L, Part II and enter the total amount involved		
39 Section 501(c)(7) organizations Enter		
a Initiation fees and capital contributions included on line 9		
b Gross receipts, included on line 9, for public use of club facilities		
40a Section 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under section 4911 ▶ _____, section 4912 ▶ _____, section 4955 ▶ _____		
b Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year or is it 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		
c Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 ▶ _____		
d Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax on line 40c reimbursed by the organization ▶ _____		
e All organizations At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T		X
41 List the states with which a copy of this return is filed ▶ SC		
42a The organization's books are in care of ▶ CLAIRE D. HICKS-BRANNON Telephone no ▶ 864-226-0347 1924 MCCONNEL SPRINGS ROAD Located at ▶ ANDERSON, SC ZIP + 4 ▶ 29621		
b At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? If "Yes," enter the name of the foreign country ▶ _____ See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts .		
c At any time during the calendar year, did the organization maintain an office outside of the U S ? If "Yes," enter the name of the foreign country ▶ _____		X
43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 —Check here ▶ <input type="checkbox"/> and enter the amount of tax-exempt interest received or accrued during the tax year ▶ 43 _____		
44 Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of Form 990-EZ		X
45 Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If "Yes," Form 990 must be completed instead of Form 990-EZ		X

Part VI Section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts only. All section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts must answer questions 46-49b and complete the tables for lines 50 and 51.

46	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	Yes	No
47	Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II		
48	Is the organization operating a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E		
49a	Did the organization make any transfers to an exempt non-charitable related organization?		
49b	If "Yes," was the related organization a section 527 organization?		

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

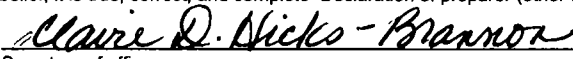

(a) Name and address of each employee paid more than \$100,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances

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

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

(a) Name and address of each independent contractor paid more than \$100,000	(b) Type of service	(c) Compensation

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

Sign Here	Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.			
	 Signature of officer		Date <u>May 14, 2010</u>	
	CLAIRE D. HICKS-BRANNON Type or print name and title		EXECUTIVE OFFICER	
Paid Preparer's Use Only	Preparer's signature 	Date <u>05/14/10</u>	Check if self-employed <input type="checkbox"/>	Preparer's Identifying Number (See instr.)
	Firm's name (or yours if self-employed), address, and ZIP + 4 GREENE & COMPANY, LLP 303 E CALHOUN ST ANDERSON, SC 29621			EIN ▶ Phone no 864-226-7202
May the IRS discuss this return with the preparer shown above? See instructions ▶ <input type="checkbox"/> Yes <input type="checkbox"/> No				

SCHEDULE C
(Form 990 or 990-EZ)

Political Campaign and Lobbying Activities

OMB No 1545-0047

2009

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

For Organizations Exempt From Income Tax Under section 501(c) and section 527

▶ **Complete if the organization is described below.**

▶ **Attach to Form 990 or Form 990-EZ.** ▶ **See separate instructions.**

If the organization answered "Yes," to Form 990, Part IV, line 3, or Form 990-EZ, Part VI, line 46 (Political Campaign Activities), then

- Section 501(c)(3) organizations Complete Parts I-A and B Do not complete Part I-C
- Section 501(c) (other than section 501(c)(3)) organizations Complete Parts I-A and C below Do not complete Part I-B
- Section 527 organizations Complete Part I-A only

If the organization answered "Yes," to 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," to Form 990, Part IV, line 5 (Proxy Tax), then

- Section 501(c)(4), (5), or (6) organizations Complete Part III

Name of organization **HOME BUILDERS ASSOCIATION
OF ANDERSON, INC.**

Employer identification number
57-0549251

Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization.

- 1 Provide a description of the organization's direct and indirect political campaign activities in Part IV
- 2 Political expenditures ▶ \$
- 3 Volunteer hours

Part I-B Complete if the organization is exempt under section 501(c)(3).

- 1 Enter the amount of any excise tax incurred by the organization under section 4955 ▶ \$
- 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 Form 4720 for this year?
☐ Yes ☐ No
- 4a Was a correction made?
☐ Yes ☐ No
- b If "Yes," describe in Part IV

Part I-C Complete if the organization is exempt under section 501(c), except section 501(c)(3).

- 1 Enter the amount directly expended by the filing organization for section 527 exempt function activities ▶ \$
- 2 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities ▶ \$
- 3 Total exempt function expenditures Add lines 1 and 2 Enter here and on Form 1120-POL, line 17b ▶ \$ ☐ Yes ☐ No
- 4 Did the filing organization file **Form 1120-POL** for this year?
- 5 Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which payments were made For each organization listed, enter the amount paid from the filing organization's funds Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC) If additional space is needed, provide information in Part IV

(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds If none, enter -0-	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization If none, enter -0-

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

Schedule C (Form 990 or 990-EZ) 2009

Part II-A Complete if the organization is exempt under section 501(c)(3) and filed Form 5768 (election under section 501(h)).**A** Check ☐ if the filing organization belongs to an affiliated group.**B** Check ☐ if the filing organization checked box A and "limited control" provisions apply.**Limits on Lobbying Expenditures**
(The term "expenditures" means amounts paid or incurred.)(a) Filing
organization's totals(b) Affiliated
group totals**1a** Total lobbying expenditures to influence public opinion (grass roots lobbying)**b** Total lobbying expenditures to influence a legislative body (direct lobbying)**c** Total lobbying expenditures (add lines 1a and 1b)**d** Other exempt purpose expenditures**e** Total exempt purpose expenditures (add lines 1c and 1d)**f** Lobbying nontaxable amount Enter the amount from the following table in both columns

If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:
Not over \$500,000	20% of the amount on line 1e
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000
Over \$17,000,000	\$1,000,000

g Grassroots nontaxable amount (enter 25% of line 1f)**h** Subtract line 1g from line 1a. If zero or less, enter -0-**i** Subtract line 1f from line 1c. If zero or less, enter -0-**j** If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?☐ Yes ☐ No**4-Year Averaging Period Under Section 501(h)**

(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the instructions for lines 2a through 2f on page 4.)

Lobbying Expenditures During 4-Year Averaging Period

Calendar year (or fiscal year beginning in)	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) Total
2a Lobbying non-taxable amount					
b Lobbying ceiling amount (150% of line 2a, column(e))					
c Total lobbying expenditures					
d Grassroots nontaxable amount					
e Grassroots ceiling amount (150% of line 2d, column (e))					
f Grassroots lobbying expenditures					

Part II-B Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).

	(a)		(b)
	Yes	No	Amount
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			
a Volunteers?			
b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?			
c Media advertisements?			
d Mailings to members, legislators, or the public?			
e 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?			
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any other means?			
i Other activities? If "Yes," describe in Part IV			
j Total Add lines 1c through 1i			
2a 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			
c 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?			

Part III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6).

	Yes	No
1 Were substantially all (90% or more) dues received nondeductible by members?	X	
2 Did the organization make only in-house lobbying expenditures of \$2,000 or less?	X	
3 Did the organization agree to carryover lobbying and political expenditures from the prior year?		X

Part III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6) if BOTH Part III-A, lines 1 and 2 are answered "No" OR if Part III-A, line 3 is answered "Yes."

1 Dues, assessments and similar amounts from members	1	
2 Section 162(e) non-deductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).		
a Current year	2a	
b Carryover from last year	2b	
c 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	

Part IV Supplemental Information

Complete this part to provide the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, and Part II-B, line 1i. Also, complete this part for any additional information.

Part IV **Supplemental Information** (continued)

Department of the Treasury
Internal Revenue Service

Complete if the organization answered "Yes" to Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.
▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.

OMB No 1545-0047

2009

Open To Public Inspection

Employer identification number
57-0549251

Fundraising Activities. Complete if the organization answered "Yes" to Form 990, Part IV, line 17
Form 990-EZ filers are not required to complete this part.

- 1** Indicate whether the organization raised funds through any of the following activities. Check all that apply.

- a** ☐ Mail solicitations
- b** ☐ Internet and email solicitations
- c** ☐ Phone solicitations
- d** ☐ In-person solicitations
- e** ☐ Solicitation of non-government grants
- f** ☐ Solicitation of government grants
- g** ☐ Special fundraising events

- 2a** Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services?

☐ **Yes** ☐ **No**

- b** If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization

(i) Name of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
Total						

- 3** List all states in which the organization is registered or licensed to solicit funds or has been notified it is exempt from registration or licensing

Part II Fundraising Events. Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than \$15,000 on Form 990-EZ, line 6a. List events with gross receipts greater than \$5,000.

Revenue		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events (add col (a) through col (c))
		2009 HOME & GAR (event type)	OTHER SPECIAL E (event type)	3 (total number)	
Revenue	1 Gross receipts	59,421	12,578	32,480	104,479
	2 Less Charitable contributions				
	3 Gross revenue (line 1 minus line 2)	59,421	12,578	32,480	104,479
Direct Expenses	4 Cash prizes				
	5 Noncash prizes				
	6 Rent/facility costs				
	7 Food and beverages				
	8 Entertainment				
	9 Other direct expenses	30,073	12,980	15,310	58,363
	10 Direct expense summary Add lines 4 through 9 in column (d)				58,363
	11 Net income summary Combine line 3, column (d), and line 10				46,116

Part III Gaming. Complete if the organization answered "Yes" to Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.

Revenue		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (Add col (a) through col (c))
Direct Expenses	1 Gross revenue				
	2 Cash prizes				
	3 Noncash prizes				
	4 Rent/facility costs				
	5 Other direct expenses				
Revenue	6 Volunteer labor	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
	7 Direct expense summary Add lines 2 through 5 in column (d)				
	8 Net gaming income summary Combine line 1, column d, and line 7				

	Yes	No
9 Enter the state(s) in which the organization operates gaming activities		
a Is the organization licensed to operate gaming activities in each of these states?	9a	X
b If "No," Explain		
10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year?	10a	X
b If "Yes," Explain		
11 Does the organization operate gaming activities with nonmembers?	11	X
12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming?	12	X

13 Indicate the percentage of gaming activity operated in

- a** The organization's facility
- b** An outside facility

13a	%
13b	%

14 Provide the name and address of the person who prepares the organization's gaming/special events books and records

Name ► **CLAIRE D. HICKS-BRANNON**
1924 MCCONNEL SPRINGS ROAD
 Address ► **ANDERSON**

SC 29621

15a Does the organization have a contract with a third party from whom the organization receives gaming revenue?

15a

X

- b** If "Yes," enter the amount of gaming revenue received by the organization ► \$
- amount of gaming revenue retained by the third party ► \$
- c** If "Yes," enter name and address of the third party

and the

Name ►

Address ►

16 Gaming manager information

Name ►

Gaming manager compensation ► \$

Description of services provided ►

☐ Director/officer ☐ Employee ☐ Independent contractor

17 Mandatory distributions

- a** Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?
- b** Enter the amount of distributions required under state law distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ► \$

17a

X

Form **4562**Department of the Treasury
Internal Revenue Service

(99)

Depreciation and Amortization
(Including Information on Listed Property)

OMB No 1545-0172

2009Attachment
Sequence No **67**

▶ See separate instructions.

▶ Attach to your tax return.

Name(s) shown on return **HOME BUILDERS ASSOCIATION
OF ANDERSON, INC.**Identifying number
57-0549251

Business or activity to which this form relates

INDIRECT DEPRECIATION**Part I Election To Expense Certain Property Under Section 179****Note:** If you have any listed property, complete Part V before you complete Part I.

1	Maximum amount See the instructions for a higher limit for certain businesses	1	250,000
2	Total cost of section 179 property placed in service (see instructions)	2	
3	Threshold cost of section 179 property before reduction in limitation (see instructions)	3	800,000
4	Reduction in limitation Subtract line 3 from line 2. If zero or less, enter -0-	4	
5	Dollar limitation for tax year Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions	5	
6	(a) Description of property	(b) Cost (business use only)	(c) Elected cost
7	Listed property Enter the amount from line 29	7	
8	Total elected cost of section 179 property Add amounts in column (c), lines 6 and 7	8	
9	Tentative deduction Enter the smaller of line 5 or line 8	9	
10	Carryover of disallowed deduction from line 13 of your 2008 Form 4562	10	
11	Business income limitation Enter the smaller of business income (not less than zero) or line 5 (see instructions)	11	
12	Section 179 expense deduction Add lines 9 and 10, but do not enter more than line 11	12	
13	Carryover of disallowed deduction to 2010 Add lines 9 and 10, less line 12 ▶	13	

Note: Do not use Part II or Part III below for listed property. Instead, use Part V.**Part II Special Depreciation Allowance and Other Depreciation (Do not include listed property.) (See instr.)**

14	Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year (see instructions)	14	
15	Property subject to section 168(f)(1) election	15	
16	Other depreciation (including ACRS)	16	

Part III MACRS Depreciation (Do not include listed property.) (See instructions.)**Section A**

17	MACRS deductions for assets placed in service in tax years beginning before 2009	17	1,509
18	If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here ▶ <input type="checkbox"/>		

Section B—Assets Placed in Service During 2009 Tax Year Using the General Depreciation System

(a) Classification of property	(b) Month and year placed in service	(c) Basis for depreciation (business/investment use only—see instructions)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
19a 3-year property						
b 5-year property						
c 7-year property						
d 10-year property						
e 15-year property						
f 20-year property						
g 25-year property			25 yrs		S/L	
h Residential rental property			27 5 yrs	MM	S/L	
			27 5 yrs	MM	S/L	
i Nonresidential real property			39 yrs	MM	S/L	
				MM	S/L	

Section C—Assets Placed in Service During 2009 Tax Year Using the Alternative Depreciation System

20a Class life					S/L	
b 12-year			12 yrs		S/L	
c 40-year			40 yrs	MM	S/L	

Part IV Summary (See instructions.)

21	Listed property Enter amount from line 28	21	
22	Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21 Enter here and on the appropriate lines of your return Partnerships and S corporations—see instructions	22	1,509
23	For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs	23	

For Paperwork Reduction Act Notice, see separate instructions.

Form **4562** (2009)

DAA

THERE ARE NO AMOUNTS FOR PAGE 2

Form 990	Special Events Schedule	2009
For calendar year 2009, or tax year beginning _____, and ending _____		

2009

For calendar year 2009, or tax year beginning _____, and ending _____

Name

Employer Identification Number

57-0549251

	(A)	(B)	(C)	Others	Total
Gross receipts	5,076	0	0	0	5,076
Less contributions	0	0	0	0	0
Gross revenue	5,076	0	0	0	5,076
Less direct expenses	604	0	0	0	604
Net income (loss)	4,472	0	0	0	4,472

Description	(A)	NEWSLETTERS
	(B)	
	(C)	
Others		

Federal Statements**Statement 1 - Form 990-EZ, Part I, Line 3 - Membership Dues and Assessments**

<u>Description</u>	<u>Amount</u>
MEMBERSHIP DUES	\$ <u>60,677</u>
TOTAL	\$ <u><u>60,677</u></u>

Statement 2 - Form 990-EZ, Part I, Line 8 - Other Revenue

<u>Description</u>	<u>Amount</u>
REFUND OF INSURANCE AUDIT	\$ <u>566</u>
TOTAL	\$ <u><u>566</u></u>

Federal Statements

Statement 3 - Form 990-EZ, Part I, Line 10 - Payments to Affiliates

Name and Address	Purpose	Amount of Payment
NATIONAL DUES		24,000
STATE DUES		13,500
TOTAL		<u>37,500</u>

Federal Statements**Statement 4 - Form 990-EZ, Part I, Line 16 - Other Expenses**

<u>Description</u>	<u>Amount</u>
EXPENSES	\$
SUBSCRIPTIONS	8,260
OFFICE SUPPLIES & EQUIPMENT	2,183
WEBSITE	287
TRAVEL	500
INSURANCE	3,270
MISCELLANEOUS EXPENSE	200
REFUND	1,800
BANK CHARGES	1,516
TOTAL	<u>\$ 18,016</u>

Statement 5 - Form 990-EZ, Part II, Line 24 - Other Assets

<u>Description</u>	<u>Beginning of Year</u>	<u>End of Year</u>
PREPAID EXPENSES AND DEFERRED CHARGES	\$	\$ 330
BUILDING, EQUIPMENT, AND FURNITURE	82,663	82,663
LESS ACCUMULATED DEPRECIATION	48,776	50,285
	<u>33,887</u>	<u>32,708</u>

Statement 6 - Form 990-EZ, Part II, Line 26 - Total Liabilities

<u>Description</u>	<u>Beginning of Year</u>	<u>End of Year</u>
PAYROLL LIABILITIES	\$ 934	\$ 722
PLATINUM PLUS CC		1,500
	<u>934</u>	<u>2,222</u>

Federal Statements**Statement 7 - Form 990-EZ, Part III - Organization's Primary Exempt Purpose****Description**

TO MAINTAIN HIGH PROFESSIONAL STANDARDS IN THE RESIDENTIAL AND LIGHT COMMERCIAL CONSTRUCTION INDUSTRY AND TO SERVE ITS MEMBERS & THE GENERAL PUBLIC.

Statement 8 - Form 990-EZ, Part III, Line 29 - Statement of Program Service Accomplishments**Description**

HELD FUNDRAISING EVENTS TO BENEFIT NEEDY PERSONS IN THE COMMUNITY, SUCH AS THE RAMP-A-THON, WHICH BUILT HANDICAP RAMPS, AND SUPPORT FOR THE HABITAT FOR HUMANITY AND THE SC UPSTATE HOMELESS COALITION.

Federal Statements

Statement 9 - Form 990EZ, Part IV - List of Officers, Directors, Trustees and Key Employees

Name and Address	Title	Average Hours	Compensation	Benefits	Expenses
COLLEEN ALLISON PO BOX 2787 ANDERSON, SC 29622	TREASURER		0	0	0
OWEN ARNOLD 148 ANGIE DRIVE ANDERSON, SC 29624	V. PRESIDENT		0	0	0
OLIN BELL 118 EAST MAULDIN STREET ANDERSON, SC 29621	DIRECTOR		0	0	0
CASS BROWN 5207 OLD PEARMAN DAIRY ROAD ANDERSON, SC 29625	DIRECTOR		0	0	0
JIM CAMPBELL PO BOX 178 ANDERSON, SC 29622	AS. DIRECTOR		0	0	0
MIKE CAPE 303 MCGEE ROAD ANDERSON, SC 29625	DIRECTOR		0	0	0
DON CHAPMAN 132 EAST BENSON STREET ANDERSON, SC 29624	DIRECTOR		0	0	0
JOEY CARTER 13104 HWY 20 BELTON, SC 29627	1ST VICE PRE		0	0	0
EDDIE CHEEK 2605 CONCORD ROAD ANDERSON, SC 29621	DIRECTOR		0	0	0
TOMMY DUNN 124 MAPLEWOOD ROAD	DIRECTOR		0	0	0

Federal Statements

Statement 9 - Form 990EZ, Part IV - List of Officers, Directors, Trustees and Key Employees (continued)

Name and Address	Title	Average Hours	Compensation	Benefits	Expenses
ANDERSON, SC 29625					
DWIGHT EDWARDS 1501 HUNTERS TRAIL ANDERSON, SC 29625	PAST PRESIDE		0	0	0
WAYNE HENRY 3021 WHITEHALL ROAD ANDERSON, SC 29626	DIRECTOR		0	0	0
KEN HICKS PO BOX 5103 ANDERSON, SC 29623	FINANCE		0	0	0
C. DINO HICKS-BRANNON 1924 MCCONNELL SPRINGS ROAD ANDERSON, SC 29621	EXEC DIRECTO	40.00	0	0	0
CHARLIE JACKSON 605 N. MAIN ST. ANDERSON, SC 29621	FINANCE		0	0	0
CURT LOLLIS 410 BONANZA CIRCLE PIEDMONT, SC 29673	2ND VICE PRE		0	0	0
JIM MARKLEY PO BOX 2066 ANDERSON, SC 29622	PAST PRESIDE		0	0	0
PUG MCABEE 2804 BARNARD E. BEE AVE ANDERSON, SC 29625	DIRECTOR		0	0	0
WANDA S. MORGAN 231 GRANT ROAD WESTMINISTER, SC 29693	SECRETARY		0	0	0

Federal Statements

Statement 9 - Form 990EZ, Part IV - List of Officers, Directors, Trustees and Key Employees (continued)

Name and Address	Title	Average Hours	Compensation	Benefits	Expenses
ALLEN PARNELL 123 GREEN CHERRY ROAD ANDERSON, SC 29625	PRESIDENT		0	0	0
A.B. ROBERTS PO BOX 393 ANDERSON, SC 29622	PAST PRESIDE		0	0	0
TIM ROBERTS PO BOX 393 ANDERSON, SC 29622	PAST PRESIDE		0	0	0
JERRY TROTTER PO BOX 58 WILLIAMSTON, SC 29697	DIRECTOR		0	0	0
ALLAN TURNER 405 MCGEE ROAD ANDERSON, SC 29625	ASSOC. V. PR		0	0	0
DODD WOOD 3027 STANDRIDGE ROAD ANDERSON, SC 29625	DIRECTOR		0	0	0
LANE ASHLEY 124 MOATS FOWLER ROAD ANDERSON, SC 29626	DIRECTOR		0	0	0
REGGIE HINES 130 VIOLA WAY PENDELTON, SC 29670	DIRECTOR		0	0	0
RUSS VICKERY 128 BROADWELL MILL ROAD ANDERSON, SC 29626	DIRECTOR		0	0	0

Federal Asset Report

Form 990, Page 1

Asset	Description	Date In Service	Cost	Bus %	Sec 179 Bonus	Basis for Depr	Per Conv Meth	Prior	Current
Prior MACRS:									
1	BUILDING	10/01/93	55,111			55,111	40 MMS/L	21,356	1,377
2	EQUIPMENT	5/01/92	394			394	5 HY S/L	394	0
3	OFFICE EQUIPMENT	8/16/93	164			164	5 HY S/L	164	0
4	COMPUTER	10/29/93	735			735	5 HY S/L	735	0
5	FURNITURE	11/29/93	500			500	5 HY S/L	500	0
6	PHONE EQUIPMENT	1/28/94	741			741	5 HY S/L	741	0
7	COMPUTER	8/05/94	2,261			2,261	5 HY S/L	2,261	0
8	COPIER	7/13/94	945			945	5 HY S/L	945	0
9	MIRROR	11/28/94	52			52	7 HY S/L	52	0
10	CHAIRS	3/14/94	3,465			3,465	7 HY S/L	3,465	0
11	FURNITURE	2/15/94	1,234			1,234	7 HY S/L	1,234	0
12	FAX MACHINE	1/12/94	735			735	5 HY S/L	735	0
13	DESK	1/13/94	420			420	7 HY S/L	420	0
14	CREDENZA	3/25/94	472			472	7 HY S/L	472	0
15	PICTURES	4/21/94	233			233	7 HY S/L	233	0
16	CHAIRS	4/29/94	356			356	7 HY S/L	356	0
17	LANDSCAPING	5/30/94	3,946			3,946	15 HY S/L	3,814	132
18	LIGHTING FIXTURES	7/07/94	319			319	7 HY S/L	319	0
19	WINDOW TREATMENT	5/17/94	179			179	7 HY S/L	179	0
20	PICTURES	5/25/94	126			126	7 HY S/L	126	0
21	FLOWER ARRANGEMENTS	3/14/94	412			412	7 HY S/L	412	0
22	PRINTER	8/09/94	681			681	5 HY S/L	681	0
23	COMPUTER EQUIPMENT	6/30/97	3,101			3,101	5 HY 200DB	3,101	0
24	COMPUTER SOFTWARE	6/30/97	315			315	3 HY 200DB	315	0
25	SOFTWARE	12/04/97	499			499	3 HY 200DB	499	0
26	DIGITAL CAMERA	10/12/00	504			504	5 MQ200DB	504	0
27	COMPUTER EQUIPMENT	2/14/01	217			217	5 MQ200DB	217	0
28	COMPUTER	11/07/01	845			845	5 MQ200DB	845	0
29	COMPUTER MONITOR	11/16/01	315			315	5 MQ200DB	315	0
30	COMPUTER MONITOR	11/16/01	163			163	5 MQ200DB	163	0
31	FAX MACHINE	1/17/01	451			451	5 MQ200DB	451	0
32	MONITOR	5/17/01	189			189	5 MQ200DB	189	0
33	MONITOR	6/18/01	309			309	5 MQ200DB	309	0
34	2 COMPUTERS	1/21/03	1,468			1,468	5 HY 200DB	1,468	0
			<u>81,857</u>			<u>81,857</u>		<u>47,970</u>	<u>1,509</u>
Other Depreciation:									
35	QUICKBOOKS SOFTWARE	8/20/03	804			804	3 MO S/L	804	0
36	LAND	10/01/93	27,025			27,025	0 -- Land	0	0
	Total Other Depreciation		<u>27,829</u>			<u>27,829</u>		<u>804</u>	<u>0</u>
	Total ACRS and Other Depreciation		<u>27,829</u>			<u>27,829</u>		<u>804</u>	<u>0</u>
	Grand Totals		109,686			109,686		48,774	1,509
	Less: Dispositions and Transfers		0			0		0	0
	Less: Start-up/Org Expense		0			0		0	0
	Net Grand Totals		<u>109,686</u>			<u>109,686</u>		<u>48,774</u>	<u>1,509</u>

57-0549251

Depreciation Adjustment Report

All Business Activities

Form Unit Asset

Description

Tax

AMT

AMT
Adjustments/
Preferences

There are no assets that meet the criteria of this report