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

2010**Open to Public
Inspection**Department of the Treasury
Internal Revenue Service

► Sponsoring organizations of donor advised funds, organizations that operate one or more hospital facilities, and certain controlling organizations as defined in section 512(b)(13) must file Form 990 (see instructions)
All other organizations with gross receipts less than \$200,000 and total assets less than \$500,000
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

A For the 2010 calendar year, or tax year beginning _____, and ending _____**B Check if applicable**

Address change
 Name change
 Initial return
 Terminated
 Amended return
 Application pending

C Name of organization**HOME BUILDERS ASSOCIATION
OF ANDERSON, INC.****D Employer identification number****57-0549251**

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

1924 MCCONNELL SPRINGS ROAD

Room/suite _____

E Telephone number**864-226-0347**

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

ANDERSON SC 29621**F Group Exemption****Number** ►**G Accounting Method** Cash Accrual Other (specify) ► _____**I Website:** ► WWW.HBAOFANDERSON.COM**H Check** ► if the organization is not required to attach Schedule B**J Tax-exempt status (check only one)** — 501(c)(3) 501(c) (6) (insert no.) 4947(a)(1) or 527

(Form 990, 990-EZ, or 990-PF)

K Check ► if the organization is not a section 509(a)(3) supporting organization and its gross receipts are normally not more than \$50,000 A

Form 990-EZ or Form 990 return is not required though Form 990-N (e-postcard) may be required (see instructions). But if the organization chooses to file a return, be sure to file a complete return

L Add lines 5b, 6c, and 7b, to line 9 to determine gross receipts If gross receipts are \$200,000 or more, or if total assets (Part II,

line 25, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ

► \$ **153,467****Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances** (see the instructions for Part I)Check if the organization used Schedule O to respond to any question in this Part I

Revenue	1 Contributions, gifts, grants, and similar amounts received	SEE STATEMENT	1	
	2 Program service revenue including government fees and contracts		2	95,147
	3 Membership dues and assessments		3	55,802
	4 Investment income		4	2,518
	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)			
	6 Gaming and fundraising events		5c	
	a Gross income from gaming (attach Schedule G if greater than \$15,000)			
	b Gross income from fundraising events (not including \$ _____ from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000)		6a	of contributions
	c Less direct expenses from gaming and fundraising events		6b	
	d Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)		6c	
	7a Gross sales of inventory, less returns and allowances		6d	
	b Less cost of goods sold			
	c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)		7a	
	8 Other revenue (describe in Schedule O)		7b	
	9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8		7c	
Net Assets	10 Grants and similar amounts paid (list in Schedule O)	► 153,467	8	
	11 Benefits paid to or for members		10	33,475
	12 Salaries, other compensation, and employee benefits		11	
	13 Professional fees and other payments to independent contractors		12	48,192
	14 Occupancy, rent, utilities, and maintenance		13	2,200
	15 Printing, publications, postage, and shipping		14	11,933
	16 Other expenses (describe in Schedule O)		15	3,398
	17 Total expenses. Add lines 10 through 16		16	78,858
	18 Excess or (deficit) for the year (Subtract line 17 from line 9)		17	178,056
	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)		18	-24,589
	20 Other changes in net assets or fund balances (explain in Schedule O)		19	143,201
	21 Net assets or fund balances at end of year Combine lines 18 through 20		20	
			21	118,612

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

	(A) Beginning of year	(B) End of year	
22 Cash, savings, and investments	85,690	22	62,498
23 Land and buildings	27,025	23	27,025
24 Other assets (describe in Schedule O)	32,708	24	31,000
25 Total assets	145,423	25	120,523
26 Total liabilities (describe in Schedule O)	2,222	26	1,911
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	143,201	27	118,612

Part III Statement of Program Service Accomplishments (see the instructions for Part III)Check if the organization used Schedule O to respond to any question in this Part III

What is the organization's primary exempt purpose?

SEE SCHEDULE O

Describe what was achieved in carrying out the organization's exempt purposes. In a clear and concise manner, describe the services provided, the number of persons benefited, or other relevant information for each program title

28 SEE SCHEDULE O

(Grants \$) If this amount includes foreign grants, check here ►

28a

29

(Grants \$) If this amount includes foreign grants, check here ►

29a

30

(Grants \$) If this amount includes foreign grants, check here ►

30a

31 Other program services (describe in Schedule O)

(Grants \$) If this amount includes foreign grants, check here ►

31a

32 Total program service expenses (add lines 28a through 31a) ► 32**Part IV List of Officers, Directors, Trustees, and Key Employees.** List each one even if not compensated (see the instructions for Part IV)Check if the organization used Schedule O to respond to any question in this Part IV

(a) Name and address	(b) Title and average hours per week devoted to position	(c) Compensation (If not paid, enter -0-.)	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
JOHN BARGIOL 124 WILSON ROAD	ANDERSON SC 29625	DIRECTOR 2.00	0	0
OWEN ARNOLD 148 ANGIE DRIVE	ANDERSON SC 29624	DIRECTOR 2.00	0	0
OLIN BELL 118 EAST MAULDIN STREET	ANDERSON SC 29621	DIRECTOR 2.00	0	0
CASS BROWN 5207 OLD PEARMAN DAIRY ROAD	ANDERSON SC 29625	DIRECTOR 2.00	0	0
JIM CAMPBELL PO BOX 178	ANDERSON SC 29622	AS. DIRECTOR 2.00	0	0
MIKE CAPE 303 MCGEE ROAD	ANDERSON SC 29625	DIRECTOR 2.00	0	0
DON CHAPMAN PO BOX 3969	ANDERSON SC 29622	DIRECTOR 2.00	0	0
JOEY CARTER 13104 HWY 20	BELTON SC 29627	PRESIDENT 2.00	0	0
EDDIE CHEEK 2605 CONCORD ROAD	ANDERSON SC 29621	DIRECTOR 2.00	0	0
TOMMY DUNN 131 MING LANE	ANDERSON SC 29625	DIRECTOR 2.00	0	0
DWIGHT EDWARDS 1501 HUNTERS TRAIL	ANDERSON SC 29625	2ND V. PRESIDENT 2.00	0	0
WAYNE HENRY 3021 WHITEHALL ROAD	ANDERSON SC 29626	DIRECTOR 2.00	0	0
KEN HICKS PO BOX 5103	ANDERSON SC 29623	TREASURER 2.00	0	0

DAA

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

	(A) Beginning of year	(B) End of year	
22 Cash, savings, and investments	0	22	
23 Land and buildings	0	23	
24 Other assets (describe in Schedule O)	0	24	
25 Total assets	0	25	0
26 Total liabilities (describe in Schedule O)	0	26	0
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	0	27	0

Part III Statement of Program Service Accomplishments (see the instructions for Part III)Check if the organization used Schedule O to respond to any question in this Part III

What is the organization's primary exempt purpose?

Describe what was achieved in carrying out the organization's exempt purposes. In a clear and concise manner, describe the services provided, the number of persons benefited, or other relevant information for each program title

28

(Grants \$) If this amount includes foreign grants, check here ►

28a

29

(Grants \$) If this amount includes foreign grants, check here ►

29a

30

(Grants \$) If this amount includes foreign grants, check here ►

30a

31 Other program services (describe in Schedule O)

(Grants \$) If this amount includes foreign grants, check here ►

31a

32 Total program service expenses (add lines 28a through 31a) ► 32

Part IV List of Officers, Directors, Trustees, and Key Employees. List each one even if not compensated (see the instructions for Part IV)Check if the organization used Schedule O to respond to any question in this Part IV

(a) Name and address	(b) Title and average hours per week devoted to position	(c) Compensation (If not paid, enter -0-.)	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
C. DINO HICKS-BRANNON 1924 MCCONNELL SPRINGS ROAD	ANDERSON SC 29621 40.00	EXEC OFFICER 0	0	0
PAULA BUCKLES 518 COLLEGE AVE, STE 190	CLEMSON SC 29631 2.00	MEMBERSHIP CHAIR 0	0	0
CURT LOLLIS 410 BONANZA CIRCLE	PIEDMONT SC 29673 2.00	1ST V. PRESIDENT 0	0	0
JIM MARKLEY PO BOX 2066	ANDERSON SC 29622 2.00	DIRECTOR 0	0	0
PUG MCABEE 2804 BARNARD E. BEE AVE	ANDERSON SC 29625 2.00	DIRECTOR 0	0	0
WANDA S. MORGAN 231 GRANT ROAD	WESTMINISTER SC 29693 2.00	SECRETARY 0	0	0
ALLEN PARRELL 123 GREEN CHERRY ROAD	ANDERSON SC 29625 2.00	PAST PRESIDENT 0	0	0
A.B. ROBERTS PO BOX 393	ANDERSON SC 29622 2.00	DIRECTOR 0	0	0
TIM ROBERTS PO BOX 393	ANDERSON SC 29622 2.00	DIRECTOR 0	0	0
JERRY TROTTER PO BOX 58	WILLIAMSTON SC 29697 2.00	DIRECTOR 0	0	0
ALLAN TURNER 405 MCGEE ROAD	ANDERSON SC 29625 2.00	ASSOC. V. PRESIDENT 0	0	0
DODD WOOD 3027 STANDRIDGE ROAD	ANDERSON SC 29625 2.00	DIRECTOR 0	0	0
LANE ASHLEY 124 MOATS FOWLER ROAD	ANDERSON SC 29626 2.00	DIRECTOR 0	0	0

DAA

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

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

33 Did the organization engage in any activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O 33 X

34 Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O (see instructions) 34 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, explain in Schedule O 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 a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements? 35a X

b If "Yes," has it filed a tax return on Form 990-T for this year (see instructions)? 35b

36 Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N 36 X

37a Enter amount of political expenditures, direct or indirect, as described in the instructions ► 37a

b Did the organization file Form 1120-POL for this year? 37b 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 tax year covered by this return? 38a X

b If "Yes," complete Schedule L, Part II and enter the total amount involved 38b

39 Section 501(c)(7) organizations. Enter

a Initiation fees and capital contributions included on line 9 39a

b Gross receipts, included on line 9, for public use of club facilities 39b

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 did it engage in an excess benefit transaction in a prior year, that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I 40b

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 40e X

41 List the states with which a copy of this return is filed. ► **NONE**

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 ► _____

43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 — Check here and enter the amount of tax-exempt interest received or accrued during the tax year ► 43

44a Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ 44a X

b Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ 44b X

c Did the organization receive any payments for indoor tanning services during the year? 44c X

d If "Yes," to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O 44d

45 Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)?

	Yes	No
45		X
45a		X
46		X

a Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of Form 990-EZ (see instructions)

46 Did the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I

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 47-49b and 52, and complete the tables for lines 50 and 51

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

47 Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II

	Yes	No
47		
48		
49a		

48 Is the organization 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?

b 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 ► _____

52 Did the organization complete Schedule A? **Note.** All section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A ► Yes No

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

Sign Here	► <i>Claire D. Hicks-Brannon</i>		Date <i>15-16-11</i>
	Signature of officer CLAIRE D. HICKS-BRANNON	Preparer's signature MICHAEL L WILLOUGHBY	EXECUTIVE OFFICER
Type or print name and title			
Paid Preparer Use Only	Print/Type preparer's name MICHAEL L WILLOUGHBY	Preparer's signature MICHAEL L WILLOUGHBY	Date <i>05/12/11</i> Check <input type="checkbox"/> if self-employed
	Firm's name ► GREENE & COMPANY, LLP	Firm's EIN ►	
	Firm's address ► 303 E CALHOUN ST ANDERSON, SC 29621	Phone no 864-226-7202	

May the IRS discuss this return with the preparer shown above? See instructions

► Yes No

SCHEDULE O
(Form 990 or 990-EZ)Department of the Treasury
Internal Revenue Service**Supplemental Information to Form 990 or 990-EZ**Complete to provide information for responses to specific questions on
Form 990 or 990-EZ or to provide any additional information.
► Attach to Form 990 or 990-EZ.

OMB No. 1545-0047

2010Open to Public
Inspection

Name of the organization	HOME BUILDERS ASSOCIATION OF ANDERSON, INC.	Employer identification number 57-0549251
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FORM 990-EZ, PART I, LINE 10 - PAYMENTS TO AFFILIATES

NAME AND ADDRESS	PURPOSE	AMOUNT
NATIONAL DUES		\$ 19,355
STATE DUES		\$ 11,620

FORM 990-EZ, PART I, LINE 16 - OTHER EXPENSES

DESCRIPTION	AMOUNT
-------------	--------

2010 HOME & GARDEN EXPO	\$ 35,725
	\$ 0

FALL GOLF

SUPPLIES	\$ 4,082
	\$ 0

2011 HOME SHOW

SUPPLIES	\$ 1,787
	\$ 0

OYSTER ROAST & FISH FRY

SUPPLIES	\$ 4,875
	\$ 0

SPRING GOLF

SUPPLIES	\$ 5,471
	\$ 0

OTHER SPECIAL EVENTS

SUPPLIES	\$ 2,564
CONFERENCES/MEETINGS	\$ 8,154

Name of the organization

HOME BUILDERS ASSOCIATION

Employer identification number

57-0549251

EXPENSES

SUBSCRIPTIONS	\$	1,043
OFFICE SUPPLIES	\$	347
OFFICE EQUIPMENT	\$	5,091
MISCELLANEOUS EXPENSE	\$	-842
BANK CHARGES	\$	1,633
WEBSITE	\$	3,866
COMPUTER	\$	1,608
INSURANCE	\$	3,454
	TOTAL \$	78,858

FORM 990-EZ, PART II, LINE 24 - OTHER ASSETS

DESCRIPTION	BEG. OF YEAR	END OF YEAR
PREPAID EXPENSES AND DEFERRED CHARGES	\$ 330	\$ 0
BUILDING, EQUIPMENT, AND FURNITURE	\$ 82,663	\$ 82,661
LESS ACCUMULATED DEPRECIATION	\$ 50,285	\$ 51,661
	TOTAL \$ 32,708	\$ 31,000

FORM 990-EZ, PART II, LINE 26 - OTHER LIABILITIES

DESCRIPTION	BEG. OF YEAR	END OF YEAR
PAYROLL LIABILITIES	\$ 722	\$ 1,911
PLATINUM PLUS CC	\$ 1,500	\$ 0

FORM 990-EZ, PART III - PRIMARY EXEMPT PURPOSE

THE HOME BUILDERS ASSOCIATION OF ANDERSON IS A NON-PROFIT TRADE
 ORGANIZATION FORMED TO MAINTAIN HIGH PROFESSIONAL STANDARDS IN THE
 RESIDENTIAL AND LIGHT COMMERCIAL CONSTRUCTION INDUSTRY AND TO SERVE ITS

Name of the organization

HOME BUILDERS ASSOCIATION

Employer identification number

57-0549251

MEMBER FIRMS AND THE GENERAL PUBLIC. THE HBA OF ANDERSON (HBAA) REPRESENTS THE ENTIRE SPECTRUM OF THE BUILDING AND HOUSING INDUSTRY SERVING AS THE "VOICE OF ANDERSON'S HOUSING INDUSTRY."

FORM 990-EZ, PART III, LINE 28 - FIRST ACHIEVEMENT

BY HOLDING VARIOUS EVENTS, BOTH EDUCATIONAL AND INDUSTRY RELATED, SUCH AS THE HOME & GARDEN EXPO, THE HOME BUILDERS ASSOCIATION OF ANDERSON IS ABLE TO COORDINATE OUR MEMBERS' INVOLVEMENT AND EFFORTS THAT ENHANCE THE BUILDING INDUSTRY AND OUR COMMUNITY.

Depreciation and Amortization
(Including Information on Listed Property)

2010

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 instructions)	1	500,000
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	2,000,000
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 2009 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 2011 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 instructions)

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 2010	17	1,378
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 ►		

Section B—Assets Placed in Service During 2010 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	
i Nonresidential real property		27.5 yrs	MM		S/L	
		39 yrs	MM		S/L	
			MM		S/L	

Section C—Assets Placed in Service During 2010 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
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.

DAA

Form 4562 (2010)
THERE ARE NO AMOUNTS FOR PAGE 2

Federal Asset Report

Form 990, Page 1

Asset	Description	Date In Service	Cost	Bus %	Sec 179	Basis for Depr	Per Conv	Meth	Prior	Current
Prior MACRS:										
1	BUILDING	10/01/93	55,111			55,111	40	MM S/L	22,733	1,378
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	3,946	0
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
			81,857			81,857			49,479	1,378

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			27,829			27,829			804	0
Total ACRS and Other Depreciation			27,829			27,829			804	0
Grand Totals			109,686			109,686			50,283	1,378
Less: Dispositions and Transfers			0			0			0	0
Less: Start-up/Org Expense			0			0			0	0
Net Grand Totals			109,686			109,686			50,283	1,378