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2011

Open to Public  
Inspection

Form 990-EZ

# 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)

► 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

Department of the Treasury  
Internal Revenue Service

**A For the 2011 calendar year, or tax year beginning 01-01-2011**

, and ending 12-31-2011

- Check if applicable
- Address change
- Name change
- Initial return
- Terminated
- Amended return
- Application pending

<b>C Name of organization</b>	HOME BUILDERS ASSOCIATION OF ANDERSON INC
<b>D Employer identification number</b>	57-0549251
<b>E Telephone number</b>	(864) 226-0347
<b>F Group Exemption Number</b>	►

<b>Number and street (or P O box, if mail is not delivered to street address)</b>	Room/suite 1924 MCCONNELL SPRINGS ROAD
<b>City or town, state or country, and ZIP + 4</b>	ANDERSON, SC 29621

**G Accounting method**  Cash  Accrual Other (specify) ► \_\_\_\_\_

**H Check**  **if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF)**

**I Website:** ► [WWW.HBAOFANDERSON.COM](http://WWW.HBAOFANDERSON.COM)

**J Tax-Exempt status** (check only one) —  501(c)(3)  501(c)( 6)  (insert no)  4947(a)(1) or  527

**K Check**  **if the organization is not a section 509(a)(3) supporting organization or a section 527 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 ► \$ 189,742**

### 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 . . . . .	1
	2 Program service revenue including government fees and contracts . . . . .	2 124,525
	3 Membership dues and assessments . . . . .	3 56,270
	4 Investment income . . . . .	4 8,947
	5a Gross amount from sale of assets other than inventory . . . . .	5a
	5b Less cost or other basis and sales expenses . . . . .	5b
	5c Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) . . . . .	5c
	6 Gaming and fundraising events	
	6a Gross income from gaming (attach Schedule G if greater than \$15,000) . . . . .	6a
Expenses	6b Gross income from fundraising events (not including \$ _ of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000) . . . . .	6b
	6c Less direct expenses from gaming and fundraising events . . . . .	6c
	6d Net income or (loss) from gaming and fundraising events (Add lines 6a and 6b and subtract line 6c) . . . . .	6d
	7a Gross sales of inventory, less returns and allowances . . . . .	7a
	7b Less cost of goods sold . . . . .	7b
	7c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a) . . . . .	7c
	8 Other revenue (describe in Schedule O) . . . . .	8
	9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 . . . . .	9 189,742
	10 Grants and similar amounts paid (list in Schedule O) . . . . .	10 30,505
Net Assets	11 Benefits paid to or for members . . . . .	11
	12 Salaries, other compensation, and employee benefits . . . . .	12 40,521
	13 Professional fees and other payments to independent contractors . . . . .	13 2,250
	14 Occupancy, rent, utilities, and maintenance . . . . .	14 8,909
	15 Printing, publications, postage, and shipping . . . . .	15 1,236
	16 Other expenses (describe in Schedule O) . . . . .	16 106,347
	17 Total expenses. Add lines 10 through 16 . . . . .	17 189,768
Net Assets	18 Excess or (deficit) for the year (Subtract line 17 from line 9) . . . . .	18 -26
	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) . . . . .	19 118,612
	20 Other changes in net assets or fund balances (explain in Schedule O) . . . . .	20
	21 Net assets or fund balances at end of year Combine lines 18 through 20 . . . . .	21 118,586

**Part II Balance Sheets**Check if the organization used Schedule O to respond to any question in this Part II 

(See the instructions for Part II )

	(A) Beginning of year	(B) End of year
<b>22 Cash, savings, and investments</b>	62,498	<b>22</b> 62,637
<b>23 Land and buildings</b>	27,025	<b>23</b> 27,025
<b>24 Other assets (describe in Schedule O)</b>	31,000	<b>24</b> 29,622
<b>25 Total assets</b>	120,523	<b>25</b> 119,284
<b>26 Total liabilities (describe in Schedule O)</b>	1,911	<b>26</b> 698
<b>27 Net assets or fund balances</b> (line 27 of column (B) <b>must</b> agree with line 21)	118,612	<b>27</b> 118,586

**Part III Statement of Program Service Accomplishments**Check if the organization used Schedule O to respond to any question in this Part III 

What is the organization's 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 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."

Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title

**28** 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

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

**Expenses**

(Required for section 501 (c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts, optional for others )

**29**

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

**30**

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

**31** Other program services (describe in Schedule O)

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

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

**28a****29a****30a****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 <b>(If not paid, enter -0-.)</b>	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
See Additional Data Table				

**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 significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O

**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)

**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 during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)?

**b** If "Yes" to line 35a, has the organization filed a **Form 990-T** for the year? If "No," provide an explanation in Schedule O

**c** Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III

**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

**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?

**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?

**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

	Yes	No
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<b>33</b>		No
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<b>34</b>		No
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**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

<b>40e</b>		No
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**41** List the states with which a copy of this return is filed ► \_\_\_\_\_

**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 ► \_\_\_\_\_

<b>43</b>	
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	Yes	No
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<b>42b</b>		No
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<b>42c</b>		No
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**44a** Did the organization maintain any donor advised funds? If "Yes," *Form 990 must be completed instead of Form 990-EZ.*

<b>44a</b>		No
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**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*

<b>44b</b>		No
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**c** Did the organization receive any payments for indoor tanning services during the year?

<b>44c</b>		No
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**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

<b>44d</b>	
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**45a** Did the organization have a controlled entity within the meaning of section 512(b)(13)?

<b>45a</b>		No
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**45b** 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)*

<b>45b</b>	
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**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

	Yes	No
<b>46</b>		No

**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.

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

**47** 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

	Yes	No
<b>47</b>		

**48** Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E

<b>48</b>	
<b>49a</b>	

**49a** Did the organization make any transfers to an exempt non-charitable related organization?

<b>49b</b>	
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**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.

<b>Sign Here</b>	***** Signature of officer <b>CLAIRED HICKS-BRANNON EXECUTIVE OFFICER</b> Type or print name and title	2012-05-11 Date
<b>Paid Preparer's Use Only</b>	Preparer's signature <b>MICHAEL L WILLOUGHBY</b> Firm's name (or yours if self-employed), address, and ZIP + 4 <b>ARGO AND ASSOCIATES LLP 303 E CALHOUN ST ANDERSON, SC 29621</b>	Date 2012-05-11 Check if self-employed <input type="checkbox"/> Preparer's taxpayer identification number (See instructions)
		EIN <input type="checkbox"/> Phone no <b>(864) 226-7202</b>

May the IRS discuss this return with the preparer shown above? See instructions  Yes  No

**Additional Data**

**Software ID:**  
**Software Version:**  
**EIN:** 57-0549251  
**Name:** HOME BUILDERS ASSOCIATION  
OF ANDERSON INC

**Form 990-EZ, Special Condition Description:****Special Condition Description****Form 990EZ, Part IV - List of Officers, Directors, Trustees, and Key Employees**

(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		
OWEN ARNOLD  148 ANGIE DRIVE ANDERSON, SC 29624	DIRECTOR 2 00	0		
OLIN BELL  118 EAST MAULDIN STREET ANDERSON, SC 29621	DIRECTOR 2 00	0		
CASS BROWN  5207 OLD PEARMAN DAIRY ROAD ANDERSON, SC 29625	DIRECTOR 2 00	0		
JIM CAMPBELL  PO BOX 178 ANDERSON, SC 29622	AS DIRECTOR 2 00	0		
MIKE CAPE  303 MCGEE ROAD ANDERSON, SC 29625	DIRECTOR 2 00	0		
DON CHAPMAN  PO BOX 3969 ANDERSON, SC 29622	2ND VICE PRE 2 00	0		
JOEY CARTER  13104 HWY 20 BELTON, SC 29627	PAST PRESIDE 2 00	0		
EDDIE CHEEK  2605 CONCORD ROAD ANDERSON, SC 29621	DIRECTOR 2 00	0		
TOMMY DUNN  131 MING LANE ANDERSON, SC 29625	DIRECTOR 2 00	0		
DWIGHT EDWARDS  1501 HUNTERS TRAIL ANDERSON, SC 29625	1ST V PRESI 2 00	0		
WAYNE HENRY  3021 WHITEHALL ROAD ANDERSON, SC 29626	DIRECTOR 2 00	0		
KEN HICKS  PO BOX 5103 ANDERSON, SC 29623	TREASURER 2 00	0		
C DINO HICKS-BRANNON  1924 MCCONNELL SPRINGS ROAD ANDERSON, SC 29621	EXEC OFFICER 4 0 00	0		
PAULA BUCKLES  518 COLLEGE AVE STE 190 CLEMSON, SC 29631	MEMBERSHIP C 2 00	0		

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

(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
CURT LOLLIS 410 BONANZA CIRCLE PIEDMONT, SC 29673	PRESIDENT 2 00	0		
JIM MARKLEY PO BOX 2066 ANDERSON, SC 29622	DIRECTOR 2 00	0		
PUG MCABEE 2804 BARNARD E BEE AVE ANDERSON, SC 29625	DIRECTOR 2 00	0		
WANDA S MORGAN 231 GRANT ROAD WESTMINISTER, SC 29693	SECRETARY 2 00	0		
AB ROBERTS PO BOX 393 ANDERSON, SC 29622	DIRECTOR 2 00	0		
TIM ROBERTS PO BOX 393 ANDERSON, SC 29622	DIRECTOR 2 00	0		
JERRY TROTTER PO BOX 58 WILLIAMSTON, SC 29697	DIRECTOR 2 00	0		
ALLAN TURNER 405 MCGEE ROAD ANDERSON, SC 29625	ASSOC V PR 2 00	0		
DODD WOOD 3027 STANDRIDGE ROAD ANDERSON, SC 29625	DIRECTOR 2 00	0		
HENRY MARTIN 124 MOATS FOWLER ROAD ANDERSON, SC 29626	DIRECTOR 2 00	0		
NATHANIEL SATTERFIELD PO BOX 2602 ANDERSON, SC 29622	DIRECTOR 2 00	0		

**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 to provide any additional information.  
► Attach to Form 990 or 990-EZ.

**2011****Open to Public  
Inspection**Name of the organization  
HOME BUILDERS ASSOCIATION  
OF ANDERSON INC**Employer identification number**

57-0549251

Identifier	Return Reference	Explanation
PAYMENTS TO AFFILIATES	FORM 990-EZ, PART I, LINE 10	NATIONAL DUES 18,905 STATE DUES 11,600
OTHER EXPENSES	FORM 990-EZ, PART I, LINE 16	2012 HOME & GARDEN EXPO SUPPLIES 3,631 0 FALL GOLF SUPPLIES 3,980 0 2011 HOME SHOW SUPPLIES 40,091 0 OYSTER ROAST & FISH FRY SUPPLIES 6,600 0 SPRING GOLF SUPPLIES 4,555 0 OTHER SPECIAL EVENTS SUPPLIES 4,217 EXPENSES BANK CHARGES 1,624 OFFICE EXPENSE 2,889 MEETINGS 1,809 INSURANCE EXPENSE 11,473 CLEANING SERVICES 1,383 COMPUTER MAINTENANCE 1,324 LAWN MAINTENANCE 1,155 MISC - PETTY CASH BOX 6,893 AWARDS 530 FLOWERS 289 MEMBERSHIPS 571 MISCELLANEOUS EXPENSE 700 DUES & SUBSCRIPTIONS 1,255 WEBSITE 2,450 NON-INVESTMENT DEPRECIATION 8,928 TOTAL 106,347
OTHER ASSETS	FORM 990-EZ, PART II, LINE 24	BUILDING, EQUIPMENT, AND FURNITURE 82,661 90,211 LESS ACCUMULATED DEPRECIATION 51,661 60,589 TOTAL 31,000 29,622
OTHER LIABILITIES	FORM 990-EZ, PART II, LINE 26	PAYROLL LIABILITIES 1,911 698
PRIMARY EXEMPT PURPOSE	FORM 990-EZ, PART III	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 MEMBER FIRMS AND THE GENERAL PUBLIC. THE HBA OF ANDERSON (HBA) REPRESENTS THE ENTIRE SPECTRUM OF THE BUILDING AND HOUSING INDUSTRY SERVING AS THE "VOICE OF ANDERSON'S HOUSING INDUSTRY "
FIRST ACCOMPLISHMENT	FORM 990-EZ, PART III, LINE 28	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

Form 4562

Depreciation and Amortization  
(Including Information on Listed Property)

OMB No 1545-0172

2011

Department of the Treasury  
Internal Revenue Service (99)

► See separate instructions. ► Attach to your tax return.

Attachment  
Sequence No 179Name(s) shown on return  
HOME BUILDERS ASSOCIATION  
OF ANDERSON INCBusiness or activity to which this form relates  
INDIRECT DEPRECIATIONIdentifying number  
57-0549251**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 <b>smaller</b> of line 5 or line 8	9			
10 Carryover of disallowed deduction from line 13 of your 2010 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 2012 Add lines 9 and 10, less line 11 ►	13			

**Note:** Do not use Part II or Part III below for listed property. Instead, use Part V.

<b>Part II Special Depreciation Allowance and Other Depreciation (Do not include listed property.) (See instructions.)</b>		
14 Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year (see instructions)	14	7,550
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 2011	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 2011 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 2011 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	8,928
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	

**Part V**

**Listed Property** (Include automobiles, certain other vehicles, certain computers, and property used for entertainment, recreation, or amusement.)

**Note:** For any vehicle for which you are using the standard mileage rate or deducting lease expense, complete **only** 24a, 24b, columns (a) through (c) of Section A, all of Section B, and Section C if applicable.

**Section A—Depreciation and Other Information (Caution:** See the instructions for limits for passenger automobiles.)

**24a** Do you have evidence to support the business/investment use claimed?  Yes  No **24b** If "Yes," is the evidence written?  Yes  No

(a) Type of property (list vehicles first)	(b) Date placed in service	(c) Business/investment use percentage	(d) Cost or other basis	(e) Basis for depreciation (business/investment use only)	(f) Recovery period	(g) Method/Convention	(h) Depreciation/deduction	(i) Elected section 179 cost

**25** Special depreciation allowance for qualified listed property placed in service during the tax year and used more than 50% in a qualified business use (see instructions) **25**

	%							
	%							
	%							

	%			S/L -				
	%			S/L -				
	%			S/L -				

**28** Add amounts in column (h), lines 25 through 27 Enter here and on line 21, page 1 **28**

**29** Add amounts in column (i), line 26 Enter here and on line 7, page 1 **29**

**Section B—Information on Use of Vehicles**

Complete this section for vehicles used by a sole proprietor, partner, or other "more than 5% owner," or related person

If you provided vehicles to your employees, first answer the questions in Section C to see if you meet an exception to completing this section for those vehicles

<b>30</b> Total business/investment miles driven during the year (do not include commuting miles)	(a) Vehicle 1		(b) Vehicle 2		(c) Vehicle 3		(d) Vehicle 4		(e) Vehicle 5		(f) Vehicle 6	
	Yes	No										
<b>31</b> Total commuting miles driven during the year												
<b>32</b> Total other personal (noncommuting) miles driven												
<b>33</b> Total miles driven during the year Add lines 30 through 32												
<b>34</b> Was the vehicle available for personal use during off-duty hours?												
<b>35</b> Was the vehicle used primarily by a more than 5% owner or related person?												
<b>36</b> Is another vehicle available for personal use?												

**Section C—Questions for Employers Who Provide Vehicles for Use by Their Employees**

Answer these questions to determine if you meet an exception to completing Section B for vehicles used by employees who are not more than 5% owners or related persons (see instructions)

<b>37</b> Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your employees?													<b>Yes</b>	<b>No</b>
<b>38</b> Do you maintain a written policy statement that prohibits personal use of vehicles, except commuting, by your employees? See the instructions for vehicles used by corporate officers, directors, or 1% or more owners														
<b>39</b> Do you treat all use of vehicles by employees as personal use?														
<b>40</b> Do you provide more than five vehicles to your employees, obtain information from your employees about the use of the vehicles, and retain the information received?														
<b>41</b> Do you meet the requirements concerning qualified automobile demonstration use? (See instructions)														

**Note:** If your answer to 37, 38, 39, 40, or 41 is "Yes," do not complete Section B for the covered vehicles

(a) Description of costs	(b) Date amortization begins	(c) Amortizable amount	(d) Code section	(e) Amortization period or percentage	(f) Amortization for this year

**42** Amortization of costs that begins during your 2011 tax year (see instructions)

**43** Amortization of costs that began before your 2011 tax year **43**

**44** Total. Add amounts in column (f) See the instructions for where to report **44**

## TY 2011 Compensation Explanation

**Name:** HOME BUILDERS ASSOCIATION  
OF ANDERSON INC  
**EIN:** 57-0549251

Person Name	Explanation
JOHN BARGIOL	
OWEN ARNOLD	
OLIN BELL	
CASS BROWN	
JIM CAMPBELL	
MIKE CAPE	
DON CHAPMAN	
JOEY CARTER	
EDDIE CHEEK	
TOMMY DUNN	
DWIGHT EDWARDS	
WAYNE HENRY	
KEN HICKS	
C DINO HICKSBRANNON	
PAULA BUCKLES	
CURT LOLLIS	
JIM MARKLEY	
PUG MCABEE	
WANDA S MORGAN	
AB ROBERTS	
TIM ROBERTS	
JERRY TROTTER	
ALLAN TURNER	
DODD WOOD	
HENRY MARTIN	
NATHANIEL SATTERFIELD	