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F Group Exemption
Number 

Form **990-EZ** (2010)

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

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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 <input type="checkbox"/>		28a	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 <input type="checkbox"/>		29a	
30 (Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>		30a	
31 Other program services (describe in Schedule O) (Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>		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

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(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
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

☐

		Yes	No
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	33	No
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	No
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)?	35a	No
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	35b	
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	35c	No
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	No
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions <input type="checkbox"/> 37a <input type="text"/>		
b	Did the organization file Form 1120-POL for this year?	37b	No
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	No
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 <input type="checkbox"/> _____, section 4912 <input type="checkbox"/> _____, section 4955 <input type="checkbox"/> _____		
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 . . . <input type="checkbox"/> _____		
d	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization <input type="checkbox"/> _____		
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	No
41	List the states with which a copy of this return is filed <input type="checkbox"/> _____		
42a	The organization's books are in care of <input type="checkbox"/> CLAIRES D HICKS-BRANNON Telephone no <input type="checkbox"/> (864) 226-0347 1924 MCCONNEL SPRINGS ROAD Located at <input type="checkbox"/> ANDERSON, SC ZIP + 4 <input type="checkbox"/> 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 <input type="checkbox"/> _____ See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts .	42b	No
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 <input type="checkbox"/> _____	42c	No
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 <input type="checkbox"/> 43 <input type="text"/>		
44a	Did the organization maintain any donor advised funds? If "Yes", Form 990 must be completed instead of Form 990-EZ.	44a	No
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	No
c	Did the organization receive any payments for indoor tanning services during the year?	44c	No
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	
45a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45a	No
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)	45b	

		Yes	No
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		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

		Yes	No
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		
48	Is the organization a school 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

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	*****	2012-05-11			
	Signature of officer	Date			
Paid Preparer's Use Only	CLAIRE D HICKS-BRANNON EXECUTIVE OFFICER				
	Type or print name and title				
	Preparer's signature	MICHAEL L WILLOUGHBY	Date 2012-05-11	Check if self-employed	Preparer's taxpayer identification number (See instructions)
	Firm's name (or yours if self-employed), address, and ZIP + 4	ARGO AND ASSOCIATES 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

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 40 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.

OMB No 1545-0047

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 (HBAA) 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

Attachment
Sequence No 179

Department of the Treasury
Internal Revenue Service (99)

See separate instructions. Attach to your tax return.

Name(s) shown on return HOME BUILDERS ASSOCIATION OF ANDERSON INC	Business or activity to which this form relates INDIRECT DEPRECIATION	Identifying number 57-0549251
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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 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 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	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? <input type="checkbox"/> Yes <input type="checkbox"/> No						24b If "Yes," is the evidence written? <input type="checkbox"/> Yes <input type="checkbox"/> 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	
25Special 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		
26 Property used more than 50% in a qualified business use									
		%							
		%							
		%							
27 Property used 50% or less in a qualified business use									
		%				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

30 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	
31 Total commuting miles driven during the year												
32 Total other personal(noncommuting) miles driven												
33 Total miles driven during the year Add lines 30 through 32												
34 Was the vehicle available for personal use during off-duty hours?	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
35 Was the vehicle used primarily by a more than 5% owner or related person?												
36 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)

37 Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your employees?	Yes	No
38 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		
39 Do you treat all use of vehicles by employees as personal use?		
40 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?		
41 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		

Part VI Amortization

(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	