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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 private foundations)

OMB No. 1545-1150

2014

Open to Public
Inspection

A For the 2014 calendar year, or tax year beginning		, 2014, and ending		, 20
B Check if applicable:		C Name of organization		D Employer identification number
<input type="checkbox"/> Address change		HOME BUILDERS ASSOCIATION OF ANDERSON		57-0549251
<input type="checkbox"/> Name change		Number & street (or P.O. box, if mail is not delivered to street addr.)		E Room/ suite
<input type="checkbox"/> Initial return		1924 MCCONNELL SPRINGS ROAD		F Telephone number
<input type="checkbox"/> Final return/terminated		City or town, state or province, country, and ZIP or foreign postal code		(864) 226-0347
<input type="checkbox"/> Amended return		ANDERSON SC 29621		G Group Exemption Number ►
<input type="checkbox"/> Application pending				
G Accounting Method: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Accrual <input type="checkbox"/> Other (specify) ► _____				H Check ► <input checked="" type="checkbox"/> if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF).
I Website: ► WWW.HBAOFANDERSON.COM				
J Tax-exempt status (check only one) — <input checked="" type="checkbox"/> 501(c)(3) <input checked="" type="checkbox"/> 501(c)(6) (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527				
K Form of organization: <input type="checkbox"/> Corporation <input type="checkbox"/> Trust <input checked="" type="checkbox"/> Association <input type="checkbox"/> Other				
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, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ ► \$ 165,544				

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	111,392
	2 Program service revenue including government fees and contracts	2	43,547
	3 Membership dues and assessments	3	10,605
	4 Investment income	4	5a
	5a Gross amount from sale of assets other than inventory	5b	5c
	b Less: cost or other basis and sales expenses	6a	6d
	c Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	6b	6e
	6 Gaming and fundraising events	6c	6f
	a Gross income from gaming (attach Schedule G if greater than \$15,000)	6d	6g
b 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)	6e	6h	
c Less: direct expenses from gaming and fundraising events	6f	6i	
d Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)	6g	6j	
7a Gross sales of inventory, less returns and allowances	7b	7c	
b Less: cost of goods sold	7c	7d	
c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7d	7e	
8 Other revenue (describe in Schedule O)	7e	7f	
9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	7f	7g	
Expenses	10 Grants and similar amounts paid (list in Schedule O)	10	165,544
	11 Benefits paid to or for members	11	21,590
	12 Salaries, other compensation, and employee benefits	12	44,665
	13 Professional fees and other payments to independent contractors	13	6,163
	14 Occupancy, rent, utilities, and maintenance	14	10,038
	15 Printing, publications, postage, and shipping	15	402
	16 Other expenses (describe in Schedule O)	16	63,930
	17 Total expenses. Add lines 10 through 16	17	146,788
	18 Excess or (deficit) for the year (Subtract line 17 from line 9)	18	18,756
Net Assets	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	116,551
	20 Other changes in net assets or fund balances (explain in Schedule O)	20	21
	21 Net assets or fund balances at end of year. Combine lines 18 through 20	21	135,307

For Paperwork Reduction Act Notice, see the separate Instructions.

Form 990-EZ (2014)

Part V Other Information (Note the Schedule A and personal benefit contract 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	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
35a 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	X
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	X
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 II	35c	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	36	X
37a Enter amount of political expenditures, direct or indirect, as described in the instructions ► 37a	37b	X
b Did the organization file Form 1120-POL for this year?	38a	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?	38b	X
b If "Yes," complete Schedule L, Part II and enter the total amount involved	39a	X
39 Section 501(c)(7) organizations. Enter:	39b	X
a Initiation fees and capital contributions included on line 9	40a	X
b Gross receipts, included on line 9, for public use of club facilities	40b	X
40a Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 ► _____ ; section 4912 ► _____ ; section 4955 ► _____	40c	X
b Section 501(c)(3) and 501(c)(4), and 501(c)(29) 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	40d	X
c Section 501(c)(3) and 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958	40e	X
d Section 501(c)(3) and 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed by the organization	41	X
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	42a	X
41 List the states with which a copy of this return is filed ► _____	42b	X
42a The organization's books are in care of ► SEE ATTACHMENT # 4 Telephone no. ► _____ Located at ► _____	42c	X
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)?	43	X
If "Yes," enter the name of the foreign country: ► _____ See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).	44a	X
c At any time during the calendar year, did the organization maintain an office outside the U.S.?	44b	X
If "Yes," enter the name of the foreign country: ► _____	44c	X
43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 -- Check here ► 43 and enter the amount of tax-exempt interest received or accrued during the tax year	44d	X
44a Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	45a	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	45b	X
c Did the organization receive any payments for indoor tanning services during the year?	45c	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	45d	X
45a Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45e	X
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)	45f	X

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 46 X

Part VI Section 501(c)(3) organizations only

All section 501(c)(3) organizations 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 or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II Yes No 47

48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E Yes No 48

49a Did the organization make any transfers to an exempt non-charitable related organization? Yes No 49a

b If "Yes," was the related organization a section 527 organization? Yes No 49b

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 title of each employee	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation

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 business address of each independent contractor	(b) Type of service	(c) Compensation
NONE		

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 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.

Claire D. Hicks-Brannon *May 15, 2015*
 Sign Here Date
 Signature of officer
 CLAIRE D HICKS BRANNON
 Type or print name and title
 EXECUTIVE OFFICER

Paid Preparer Use Only	Print/Type preparer's name MARY SHANNON VOS	Preparer's signature <i>MARY SHANNON VOS</i>	Date 5/15/15	Check <input type="checkbox"/> if self-employed	PTIN P00203770
	Firm's name H AND R BLOCK			Firm's EIN 810636808	
	Firm's address 313 MARKET ST			Phone no. 864-885-1883	

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.

► Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

2014

Open to Public
Inspection

Name of the organization

HOME BUILDERS ASSOCIATION OF ANDERSON

Employer identification number

57-0549251

PART 1 LINE 10 - PAYMENT TO AFFILIATES NATIONAL DUES \$13,740, STATE
DUES \$11,160

PART 1 LINE 16 - 2015 EXPO \$2,625

PART 1 LINE 16 - 2014 SPRING GOLF \$6,192

PART 1 LINE 16 - 2014 CLAY SHOOT \$4,935

PART 1 LINE 16 - 2014 EXPO \$31,137

PART 1 LINE 16 - OTHER SPECIAL EVENTS \$1,170

PART 1 LINE 16 - OFFICE EXPENSE \$2,583

PART 1 LINE 16 - MEETINGS \$3,537

PART 1 LINE 16 - MEMBERSHIP \$731

PART 1 LINE 16 - DUES AND SUBSCRIPTIONS \$3,496

PART 1 LINE 16 - TRAINING \$25

PART 1 LINE 16 - WEBSITE \$1,797

PART 1 LINE 16 - BANK CHARGES \$1,587

PART 1 LINE 16 - INSURANCE \$2,408

PART 1 LINE 16 - ADMINISTRATIVE EXPENSES \$1,560

PART 1 LINE 16 - FLOWERS \$147 HOME BUILDERS OF ANDERSON INC DOES NOT
SOLICIT CHARITABLE DONATIONS NOR DOES IT TELL ANYONE OR ENDORSE THE
NOTION THAT DONATED FUNDS ARE TAX DEDUCTIBLE.

2014 FORM 990 CURRENT OFFICERS, DIRECTORS, TRUSTEES, AND KEY EMPLOYEES

ATTACHMENT 3: PAGE 1 - 990-EZ PAGE 2, PART IV

OPEN TO PUBLIC

INSPECTION	For calendar year 2014, or tax period beginning	, and ending	Employer Identification Number
Name of Organization			57-0549251
HOME BUILDERS ASSOCIATION OF ANDERSON			
(A) Name and Title	(B) Average hours per week devoted to position	(C) Compensation (Form W-2/1099-MISC) (If not paid, enter -0-)	(D) Cont. to employee ben. plans & def. comp.
C DINO HICKS-BRANNON EXECUTIVE OFFICER	40.00	38,000	3,190
DON CHAPMAN PRESIDENT	10.00	0	0
TOMMY DUNN 1ST VICE PRESIDENT	2.00	0	0
JOEY CARTER 2ND VICE PRESIDENT	2.00	0	0
ALLAN TURNER ASSOC VICE PRESIDENT	2.00	0	0
KEN HICKS TREASURER	2.00	0	0
WANDA MORGAN SECRETARY	2.00	0	0
DWIGHT EDWARDS PAST PRESIDENT	1.00	0	0
OWEN ARNOLD DIRECTOR EMERITUS	1.00	0	0
OLIN BELL LOCAL BUILDER DIRECT	1.00	0	0
EDDIE CHEEK LOCAL BUILDER DIRECT	1.00	0	0
GLENN FINLEY LOCAL BUILDER DIRECT	1.00	0	0
CURT LOLLISS LOCAL BUILDER DIRECT	1.00	0	0
JIM MARKLEY LOCAL BUILDER DIRECT	1.00	0	0
SEAN LEAHEY ASSOCIATE DIRECTOR	1.00	0	0
NATHANIEL SATTERFIELD LOCAL BUILDER DIRECT	1.00	0	0
AB ROBERTS SENIOR LIFE DIRECTOR	1.00	0	0

2014 FORM 990 CURRENT OFFICERS, DIRECTORS, TRUSTEES, AND KEY EMPLOYEES

ATTACHMENT 3: PAGE 2 - 990-EZ PAGE 2, PART IV

OPEN TO PUBLIC

INSPECTION For calendar year 2014, or tax period beginning

, and ending

Name of Organization

HOME BUILDERS ASSOCIATION OF ANDERSON

Employer Identification Number
57-0549251

(A) Name and Title	(B) Average hours per week devoted to position	(C) Compensation (Form W-2/1099-MISC) (if not paid, enter -0-)	(D) Cont. to employee ben. plans & def. comp.	(E) Expense account & other compensation
WAYNE HENRY ASSOCIATE DIRECTOR	1.00	0	0	0
DON KINLEY ASSOCICTE DIRECTOR	1.00	0	0	0
PUG MCABEE ASSOCIATE DIRECTOR	1.00	0	0	0
JERRY TROTTER ASSOCIATE DIRECTOR	1.00	0	0	0
DODD WOOD ASSOCIATE DIRECTOR	1.00	0	0	0
JOHN BARGIOL LOCAL CHAIR	1.00	0	0	0
CASS BROWN DIRECTOR AT LARGE	1.00	0	0	0

2014 FORM 990 BOOKS ARE IN CARE OF

ATTACHMENT 4 - 990-EZ PAGE 3, PART V, LINE 42A

OPEN TO PUBLIC

INSPECTION For calendar year 2014, or tax period beginning

, and ending

Name of Organization

HOME BUILDERS ASSOCIATION OF ANDERSON

Employer Identification Number

57-0549251

Part V - Line 42a

Individual Name **CLAIRE D HICKS-BRANNON**

or

Business Name:

Street Address **1924 MCCONNEL SPRINGS ROAD**

U.S. Address:

Zip code **29621**

City **ANDERSON**

State **SC**

or

Foreign Address

City

Province or State

Country

Postal code

Phone Number **(864) 226-0347**

Fax Number

Depreciation and Amortization
(Including Information on Listed Property)

Name(s) shown on return

Business or activity to which this form relates

Identifying number

HOME BUILDERS ASSOCIATION OF AFOR

570549251

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
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
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 500000

(a) Description of property	(b) Cost (busn. 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 2013 Form 4562.....	10	
11 Business income limitation. Enter the smaller of business income (not less than zero) or line 5 (see instructions).....	11 500000	
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 2014. 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 2014	17	1413
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 2014 Tax Year Using the General Depreciation System

(a) Classification of property	(b) Month and year placed in service	(c) Basis for depr. (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 2013 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 1413
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 (2014)

2014 FEDERAL DEPRECIATION SCHEDULE

HOME BUILDERS ASSOCIATION OF ANDERSON
570549251

DESCRIPTION	DATE	METHOD	COST	PRIOR	CURRENT	PR SPEC	CURR SPEC	BASIS	PRIOR DEPR	CURRENT DEPR	ACCUM DEPR	ADJ BASIS
		- LIFE		179	179	ALLOW	ALLOW					
FORM 990												
LAND	01-01-94	LAND-0	27025	0	0	0	0	0	0	0	0	0
BUILDING	01-01-94	S/L-39	55111	0	0	0	0	55111	28244	1413	29657	25454
2 ASSETS		TOTALS:	82136	0	0	0	0	55111	28244	1413	29657	25454
2 ASSETS		GRAND TOTALS:	82136	0	0	0	0	55111	28244	1413	29657	25454