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CHANGE OF ACCOUNTING PERIOD Return of Organization Exempt From Income Tax

	rtment of the Treasur	Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (exc Do not enter social security numbers on this form as it may be information about Form 990 and its instructions is at www.in	e made public.	tions)	2014 Open to Public Inspection					
_		alendar year, or tax year beginning 07/01/14, and ending 12/31/								
_		C Name of organization		D Employer i	dentification number					
(a a	Check if applicable	•								
	Address change	LIVINGSTON COUNTY ASSOC OF REALTORS		22_72	322213					
I	Name change	Doing business as Number and street (or P O box if mail is not delivered to street address)	Room/suite	E Telephone						
	nitial return	2060 GRAND RIVER ANNEX, SUITE 800			25-1100					
	Final return/	City or town, state or province, country, and ZIP or foreign postal code								
<u></u>	erminated	BRIGHTON MI 48114		G Gross receip	ots \$ 150,199					
	Amended return	F Name and address of principal officer		<u> </u>						
\Box	Application pending	SAME	H(a) Is this a group	return for sub	ordinates? Yes X No					
Ш.	*	SAME	H(b) Are all subort	dinates include	ed? Yes No					
			1 ' '		ee instructions)					
_		T (6) 4	-		,					
	Tax-exempt status	501(c)(3) X 501(c) (6) ◄ (insert no) 4947(a)(1) or 527								
J	Website· ► W	WW.LAR-MICHIGAN.COM	H(c) Group exemp		377					
	Form of organization		Year of formation 19	73	M State of legal domicile MI					
Р	arti Su	mmary								
Activities & Governance	1 Briefly de UNIT THE									
overi	2 Check th	s box ▶ if the organization discontinued its operations or disposed of more than 25%	6 of its net assets							
Ğ		of voting members of the governing body (Part VI, line 1a)		3	15					
S		of independent voting members of the governing body (Part VI, line 1b)		4	15					
/itie		ober of individuals employed in calendar year 2014 (Part V, line 2a)		5	2					
댢		ber of volunteers (estimate if necessary)		6	0					
⋖	1 -	elated business revenue from Part VIII, column (C), line 12		7a	480					
	1	ated business taxable income from Form 990-T, line 34		7b	0					
	D Net unite	aceu business taxable income nom i omi oso-i, inic o-	Prior Year		Current Year					
_	8 Contribut	ons and grants (Part VIII, line 1h)			0					
Ę	l	convice revenue (Part VIII line 2g)	141	,449	115,978					
Revenue		nt income (Part VIII, column (A), lines 3, 4, and 7d)		,010	23					
æ	ī	enue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		,111	8,185					
		enue (Part VIII, column (A), lines 3, 4, and 7d) enue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c and 11e) enue – add lines 8 through 11 (must equal Part VIII column (A) lines 12).		,570	124,186					
		and similar amounts paid (Part IX, column (A), lines 1 3)		,	0					
		2 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5			0					
×5.) (and) improvement	to or for members (Part IX, column (A), line 4)							
sesue 107		other compensation, employee benefits (Part IX, column (A), lines-5=10)	30	, 300	45,672					
euse 107	16a Professio	nal fundraising fees (Part IX, column (A), line 11e)								

b Total fundraising expenses (Part IX, column (D), line 25) ▶ 212,191 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 298,646 18 Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25) 19 Revenue less expenses Subtract line 18 from line 12 20 Total assets (Part X, line 16)

-118,076 32,322 End of Year Beginning of Current Year 513,402 721,601 9,077 245,824 475,777 504,325

46,192

91,864

OMB No. 1545-0047

Signature Block

21 Total liabilities (Part X, line 26)

Under penalties of penury, 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	Signature of officer MARIANNE MCCREARY PRESIDENT	7	Date 5-J	6-15
	Type or pnnt name and title Pnnt/Type preparer's name Preparer's signature	Date	Check f	PTIN
Paid	GREGORY D. CLUM	05/20/15	self-employed	P00144382
Preparer	Firm's name BREDERNITZ, WAGNER & CO., P.C.	Firm's	EIN 3	8-2549242
Use Only	109 W. CLINTON ST // Fum's address HOWELL, MI 48843-1565	Phone	_{s no} 51	7-546-2130
May the IR	S discuss this return with the preparer shown above? (see instructions)			X Yes No

22 Net assets or fund balances Subtract line 21 from line 20

Form 990 (2014)	LIVINGSTON COUNT	Y ASSOC OF REALTORS 23	-7322213	Page 2
•	Statement of Program Services of Schedule O contain	vice Accomplishments s a response or note to any line in thi	s Part III	X
1 Briefly des	cribe the organization's mission:	ATE PROFESSION DOING BUMON ORGANIZATION.		
prior Form	ganization undertake any significant 990 or 990-EZ? escribe these new services on Sche	program services during the year which were	not listed on the	Yes X No
services?	ganization cease conducting, or ma	ke significant changes in how it conducts, any	program	Yes X No
4 Describe the expenses.	he organization's program service a	ccomplishments for each of its three largest paractions are required to report the amount		
		including grants of \$ ATE PROFESSION DOING BU MON ORGANIZATION.) (Revenue \$ JSINESS IN)
4b (Code) (Expenses \$	including grants of \$) (Revenue \$)
4c (Code) (Expenses \$	including grants of \$) (Revenue \$)
	am services (Describe in Schedule	•	(Davidous fi	
(Expenses 4e Total progra	sm service expenses ►	iding grants of \$	(Revenue \$	
AA .		···	-	Form 990 (2014)

<u> P</u>	art IV Checklist of Required Schedules			
			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"			37
	complete Schedule A	1		X
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2		X
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to			37
	candidates for public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. 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	4		
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues,			
	assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C,		₹.	
	Part III	5	X	
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors			
	have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If			x
_	"Yes," complete Schedule D, Part I	6		
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	_		x
_	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"			x
_	complete Schedule D, Part III	8		<u> </u>
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a			
	custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or	9		x
40	debt negotiation services? If "Yes," complete Schedule D, Part IV	-		- 22
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		x
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI,	10		
	VII, VIII, IX, or X as applicable			
2	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes,"			
a	complete Schedule D, Part VI	11a	x	
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more		-	
_	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
С	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more			
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets			
	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	X	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		X
l2a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a		X
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if			
	the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
3	is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
4a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
þ	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking,			
	fundraising, business, investment, and program service activities outside the United States, or aggregate	445		v
_	foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		X
5	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or	4.5		x
	for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		
6	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other	16		x
7	assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on	16		
,	Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17		X
8	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on	<u>''</u>		
	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18	x	
9	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?			
-	If "Yes," complete Schedule G, Part III	19		X
0a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		

Page 4 Checklist of Required Schedules (continued) Yes No Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or X 21 domestic government on Part IX, column (A), line 12 If "Yes," complete Schedule I, Parts I and II Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on .22 X Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III 22 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the 23 organization's current and former officers, directors, trustees, key employees, and highest compensated X 23 employees? If "Yes," complete Schedule J 24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b X through 24d and complete Schedule K If "No," go to line 25a 24a 24b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? 24c 24d d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? 25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit 25a transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? 25b If "Yes," complete Schedule L, Part I Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or X disqualified persons? If "Yes," complete Schedule L, Part II 26 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, 27 substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III X 27 Was the organization a party to a business transaction with one of the following parties (see Schedule L, 28 Part IV instructions for applicable filing thresholds, conditions, and exceptions): X a A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV 28a A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete X Schedule L, Part IV 28b An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) X 28c was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV X 29 29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified 30 X 30 conservation contributions? If "Yes," complete Schedule M Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, 31 X Part I 31 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," 32 X 32 complete Schedule N, Part II Did the organization own 100% of an entity disregarded as separate from the organization under Regulations 33 X sections 301 7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I 33 34 Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, X or IV, and Part V, line 1 35a X Did the organization have a controlled entity within the meaning of section 512(b)(13)? b If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a 35b controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable 36 36 related organization? If "Yes." complete Schedule R, Part V, line 2 Did the organization conduct more than 5% of its activities through an entity that is not a related organization 37 and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, X 37 Part VI

Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and

19? Note. All Form 990 filers are required to complete Schedule O

Form 990 (2014)

X

38

Enter the amount of reserves the organization is required to maintain by the states in which

If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O

14a Did the organization receive any payments for indoor tanning services during the tax year?

the organization is licensed to issue qualified health plans

Enter the amount of reserves on hand

14a

13b

13c

Form 990 (2014) LIVINGSTON COUNTY ASSOC OF REALTORS 23-7322213 Page 6 Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions. Check if Schedule O contains a response or note to any line in this Part VI Section A. Governing Body and Management Yes No 15 Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O 15 1b Enter the number of voting members included in line 1a, above, who are independent Did any officer, director, trustee, or key employee have a family relationship or a business relationship with 2 X 2 any other officer, director, trustee, or key employee? Did the organization delegate control over management duties customarily performed by or under the direct 3 X supervision of officers, directors, or trustees, or key employees to a management company or other person? X 4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? X 5 Did the organization become aware during the year of a significant diversion of the organization's assets? 6 Did the organization have members or stockholders? 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint X one or more members of the governing body? 7a b Are any governance decisions of the organization reserved to (or subject to approval by) members, X 7b stockholders, or persons other than the governing body? Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following X The governing body? 8a X 8b Each committee with authority to act on behalf of the governing body? Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at X the organization's mailing address? If "Yes," provide the names and addresses in Schedule O Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) Yes No 10a 10a Did the organization have local chapters, branches, or affiliates? If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? 10b 11a X 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? b Describe in Schedule O the process, if any, used by the organization to review this Form 990. 12a Did the organization have a written conflict of interest policy? If "No," go to line 13 12a X 12b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," 12c describe in Schedule O how this was done X 13 Did the organization have a written whistleblower policy? 13 X 14 14 Did the organization have a written document retention and destruction policy? Did the process for determining compensation of the following persons include a review and approval by 15 independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? X The organization's CEO, Executive Director, or top management official 15a X 15b Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions) 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement 16a X with a taxable entity during the year? b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the 16b organization's exempt status with respect to such arrangements? Section C. Disclosure List the states with which a copy of this Form 990 is required to be filed ▶ MI 17 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply Own website Another's website X Upon request Other (explain in Schedule O) Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year State the name, address, and telephone number of the person who possesses the organization's books and records

2980 DORR ROAD

810-225-1100

MI 48116

PAMELA LEACH

BRIGHTON

	014) LIVINGSTON COUNTY ASSOC OF REALTORS 23-7322213	Page 7
Part VII	Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensation	ated Employees, and
Section A	Officers Directors Trustees Key Employees and Highest Compensated Employees	

1a Complete this table for all persons required to be listed Report compensation for the calendar year ending with or within the organization's tax year

- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid
 - List all of the organization's current key employees, if any See instructions for definition of "key employee"
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations. List persons in the following order individual trustees or directors; institutional trustees; officers, key employees, highest compensated employees, and former such persons

(A) Name and Title	(B) Average hours per week (list any	bo	x, unle	Pos check ess pe	rson	than one is both a or/trustee	n i)	(D) Reportable compensation from the	(E) Reportable compensation from related organizations	(F) Estimated amount of other compensation	
	hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/1099-MISC)	(W-2/1099-MISC)	from the organization and related organizations	
(1) PAMELA LEACH											
	0.00										
EXECUTIVE V-P	0.00	X		X				25,600	0	0	
(2) DEE HOPKINS		i i									
``	0.00										
	0.00	$ \mathbf{x} $					- {	14,831	o	0	
(3) TODD BUCKLEY	<u></u>	1					寸				
	0.00										
	0.00	x						o	o	0	
(4) KEVIN SCHINGECK		+					7			<u></u>	
(,,==:==:==============================	0.00										
TREASURER	0.00	x		x				ol	o	0	
(5) SANDY BAKER							寸				
(0, 22.2.2.2.2.2.2.2.2.2.2.2.2.2.2.2.2.2.2	0.00		ŀ							-	
	0.00	x					-	ol	0	0	
(6) KEVIN GERKIN		1					7				
(0,5	0.00						Ī				
	0.00	x						o	o	0	
(7) NICOLE BARTOLOMU		1			_						
(,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	0.00										
	0.00	$ \mathbf{x} $					ĺ	o	o	0	
(8) DAN MULVIHILL	0.00	-					7				
(0)2124 13024 211222	0.00										
	0.00	$ \mathbf{x} $						o	o	0	
(9) PAT BEAN	0.00	127					+				
(0)	0.00							[ĺ		
		$ \mathbf{x} $						o	o	0	
(10) TERRY GILL	<u> </u>	╬			-	 	+	<u>_</u>			
(10) 222412	0.00										
	0.00	$ \mathbf{x} $						o	o	0	
(11) TIM SOVA	<u> </u>		1				+				
(II) III SOVA	0.00									,	
	0.00	$ \mathbf{x} $						o	o	0	
DAA	0.00	1 4					_1	<u> </u>		Form 990 (2014)	

	ŧrt \	Check if Schedule		ains a response o	or note to any line	ın this Part VIII		
					(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
t st	1a	Federated campaigns	1a					
ž j	l t	Membership dues	1b					
A,C	c	Fundraising events	1c	-				
	0	Related organizations	1d					
Z.E	е	Government grants (contributions)	1e					
Program Service Revenue Contributions, Gifts, Grants and Other Similar Amounts	1	All other contributions, gifts, grants, and similar amounts not included above	1f				A	
2 0	,	Noncash contributions included in lines 1a						
25	¥	Total. Add lines 1a-1f	., Ψ	▶				
<u>e</u>	•	Total: Add lifes 1a-11		Busn. Code				·····
'enu	2a	DUES		Busin oddo_	102,557	102,557		
æ	b				5,667	5,667		
<u>8</u>	C				2,725	2,725		
ē	d				1,305	1,305		
E	e				996	996		
gra	f	All other program service reve	nue		2,728	2,228	480	20
<u>۾</u>	a			•	115,978			
	3	Investment income (including	dividend	s. interest.				
		and other similar amounts)		▶	23			23
	4	Income from investment of tax	-exempt	bond proceeds				
	5	Royalties		>				
	•	(ı) Real		(ii) Personal				
	6a							
	b							
	c	Rental inc or (loss)		· ·				
	d	Net rental income or (loss)						
	7a	Gross amount from (i) Securities		(II) Other				····
		sales of assets other than inventory						
	b	Less cost or other	1					
		basis & sales exps			1			
	_	Gain or (loss)						
		Net gain or (loss)		>				
		Gross income from fundraising ever	nts 🗀					-
Other Revenue	Vu	(not including \$						
ě		of contributions reported on line 1c)	ĺ			-		
윤		See Part IV, line 18	а	28,373				
힐	h	Less direct expenses	b	19,305				
ŏ		Net income or (loss) from fund			9,068		İ	9,068
		Gross income from gaming activities		VOII.0				
	vu	See Part IV, line 19	a		ļ		į.	
	h	Less. direct expenses	Ъ					
		Net income or (loss) from gam		ities	ĺ			
- 1		Gross sales of inventory, less		ilico P				·····
	104	returns and allowances	a	5,825				
- 1	h	Less cost of goods sold	b –	6,708				
		Net income or (loss) from sales			-883	-883	İ	
ŀ		Miscellaneous Revenue	OI IIIVCI	Busn, Code				
H	11a				į	j	İ	
	b			 				
								
	C C	All other revenue		 - 				
- 1	d	Total. Add lines 11a–11d						 ·
	е 12	Total revenue. See instruction	•		124,186	114,595	480	9,111
ᅩ		I TO TO THE TOTAL	<u> </u>					

	Check if Schedule O contains a respo			T	X
	not include amounts reported on lines 6b, Bb, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments See Part IV, line 21				
2	Grants and other assistance to domestic				
	ındıvıduals See Part IV, line 22				
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16		· ·		
4	Benefits paid to or for members				
5	Compensation of current officers, directors,	2- 400			
	trustees, and key employees	25,600			
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)	14 021			
7	Other salaries and wages	14,831			
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)	2 104			
9	Other employee benefits	2,104 3,137			
10	Payroll taxes	3,137			
11	Fees for services (non-employees)				
_		6,346			
b		1,250			
C		1,230			
d	, ,	-			
e	Professional fundraising services See Part IV, line 17				
f ~	Investment management fees				·
g	Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	1,675			
12	Advertising and promotion	1,013	. ,	·	
13	Office expenses				
14	Information technology				
15	Royalties				
16	Occupancy	5,200			
17	Travel	5,658			
18	Payments of travel or entertainment expenses	<u> </u>			
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	1,756			
23	Insurance				
24	Other expenses Itemize expenses not covered				
	above (List miscellaneous expenses in line 24e If				
	line 24e amount exceeds 10% of line 25, column				
	(A) amount, list line 24e expenses on Schedule O)				
а	TECHNOLOGY	3,508			
b	OFFICE SUPPLIES	3,371			
C	MOVING EXPENSES	3,288			
d	PUBLIC RELATIONS	2,984			
е	All other expenses	11,156			
25	Total functional expenses. Add lines 1 through 24e	91,864	0	0	0
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here if following SOP 98-2 (ASC 958-720)				-

Part X **Balance Sheet** Check if Schedule O contains a response or note to any line in this Part X (A) (B) Beginning of year End of year 5,391 1,175 Cash-non-interest bearing 165,486 66,962 Savings and temporary cash investments Pledges and grants receivable, net 3 3 96,813 -2.1524 Accounts receivable, net 5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L 5 6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Complete Part II of Schedule L Notes and loans receivable, net 7 6,487 4,250 8 Inventories for sale or use Prepaid expenses and deferred charges 9 10a Land, buildings, and equipment cost or 22,537 other basis Complete Part VI of Schedule D 10a 20,879 1,140 1,658 b Less accumulated depreciation 10b 430,950 427,175 11 11 Investments—publicly traded securities 12 Investments—other securities See Part IV, line 11 12 13 Investments-program-related See Part IV, line 11 13 14 Intangible assets 14 14,334 15,334 15 15 Other assets See Part IV, line 11 721,601 513,402 Total assets. Add lines 1 through 15 (must equal line 34) 16 16 4,038 4,489 17 17 Accounts payable and accrued expenses 18 Grants payable 18 104,592 19 19 Deferred revenue 20 20 Tax-exempt bond liabilities 21 Escrow or custodial account liability Complete Part IV of Schedule D 21 22 Loans and other payables to current and former officers, directors, Liabilities trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L 22 23 Secured mortgages and notes payable to unrelated third parties 23 24 24 Unsecured notes and loans payable to unrelated third parties 25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X 137,194 25 4,588 of Schedule D 245,824 9,077 26 Total liabilities. Add lines 17 through 25 Organizations that follow SFAS 117 (ASC 958), check here ▶ Net Assets or Fund Balances complete lines 27 through 29, and lines 33 and 34. 475,777 504,325 27 Unrestricted net assets 28 Temporarily restricted net assets 28 29 Permanently restricted net assets 29 Organizations that do not follow SFAS 117 (ASC 958), check here complete lines 30 through 34. Capital stock or trust principal, or current funds 30 31 Paid-in or capital surplus, or land, building, or equipment fund 31 32 Retained earnings, endowment, accumulated income, or other funds 32 475,777 504,325 33 33 Total net assets or fund balances 721,601 513,402 Total liabilities and net assets/fund balances

-om	n 990 (2014) LIVINGSTON COUNTY ASSOC OF REALIORS 23-7322213			Pa	age I∠			
P	art XI Reconciliation of Net Assets							
	Check if Schedule O contains a response or note to any line in this Part XI			_				
1	Total revenue (must equal Part VIII, column (A), line 12)	1		.24,				
2	Total expenses (must equal Part IX, column (A), line 25)	2		91,	864			
3	Revenue less expenses Subtract line 2 from line 1	3		32, 175,	322			
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))							
5								
6	Donated services and use of facilities	6						
7	Investment expenses	7						
8	Prior period adjustments	8						
9	Other changes in net assets or fund balances (explain in Schedule O)	9						
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line							
	33, column (B))	10	Ī	504,	325			
Pa	irt XII Financial Statements and Reporting							
	Check if Schedule O contains a response or note to any line in this Part XII							
				Yes	No			
1	Accounting method used to prepare the Form 990 Cash X Accrual Other							
	If the organization changed its method of accounting from a prior year or checked "Other," explain in		_					
	Schedule O			1				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		X			
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or							
	reviewed on a separate basis, consolidated basis, or both			1				
	Separate basis Consolidated basis Both consolidated and separate basis							
b	Were the organization's financial statements audited by an independent accountant?		2b	1	x			
_	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a							
	separate basis, consolidated basis, or both							
	Separate basis Consolidated basis Both consolidated and separate basis							
c	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight			1	İ			
·	of the audit, review, or compilation of its financial statements and selection of an independent accountant?		2c					
	If the organization changed either its oversight process or selection process during the tax year, explain in			1				
	Schedule O							
32	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in		Ì	1				
Ja	the Single Audit Act and OMB Circular A-133?		3a					
h	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the			†				
	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits		36					

Form **990** (2014)

SCHEDULE C (Form 990 or 990-EZ)

Political Campaign and Lobbying Activities

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

OMB No 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

DAA

▶ Attach to Form 990 or Form 990-EZ.

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

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

• Section 501(c)(3) organizations: Complete Parts I-A and B Do not complete Part I-C

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

Complete if the organization is described below.

• Section 527 organizations Complete Part I-A only.

If the organization answered "Yes," to Form 990, Part IV, line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)) Complete Part II-A Do not complete Part II-B.
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)) Complete Part II-B Do not complete Part II-A

If the organization answered "Yes," to Form 990, Part IV, line 5 (Proxy Tax) (see separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (see separate instructions), then

	e of organization	<u> </u>		Employer ident	ification number
	LIVINGSTON_COUNTY A			23-73222	
Pa	rt I-A Complete if the organization is exe	mpt under section 501(c) or is a section	on 527 organizatio	on.
1	Provide a description of the organization's direct and indi	rect political campaign activitie	s in Part IV.		
2	Political expenditures			▶ \$	
3	Volunteer hours				
Pa	rt I-B Complete if the organization is exe	mpt under section 501(c)(3).		
1	Enter the amount of any excise tax incurred by the organi	zation under section 4955		▶ \$	
2	Enter the amount of any excise tax incurred by organization	on managers under section 49	55	▶ \$	
3	If the organization incurred a section 4955 tax, did it file F	form 4720 for this year?			Yes No
4a	Was a correction made?			Yes No	
	If "Yes," describe in Part IV			E04/-\/0\	
Pa	rt I-C Complete if the organization is exer			ion 501(c)(3).	
1	Enter the amount directly expended by the filing organization	tion for section 527 exempt fur	iction		
	activities			▶ \$	
2	Enter the amount of the filing organization's funds contrib	uted to other organizations for	section	. .	
_	527 exempt function activities		21	▶ \$	
3	Total exempt function expenditures Add lines 1 and 2. Er	nter here and on Form 1120-Po	JL,	. *	
	line 17b			▶ \$	Yes No
4	Did the filing organization file Form 1120-POL for this year		nolitical arganization	one to which the filing	Yes No
5	Enter the names, addresses and employer identification r				
	organization made payments For each organization listed the amount of political contributions received that were pr				
	as a separate segregated fund or a political action commi				
	as a separate segregated runo or a political action commit	(b) Address	(c) EIN	(d) Amount paid from	(e) Amount of political
	(a) Name	(b) Address	(0) 2.114	filing organization's	contributions received and
				funds If none, enter -0-	promptly and directly
					delivered to a separate political organization. If
					none, enter -0-
1)					
2)					
3)					
4)					
' ,					-
5)					
6)					
		- 000 000 F7			
·or F	aperwork Reduction Act Notice, see the Instructions for Form	II 990 OF 990-E4.		Schedule C (Fo	rm 990 or 990-EZ) 2014

Sche	edule C (Form 990 or 990-EZ) 2014	STON COU	NTY ASSOC O	F REALT	ORS 2	3-7322213	Page 2
Рa	ert II-A Complete if the organiza	tion is exemp	ot under section	501(c)(3) an	d filed F	orm 5768 (ele	ction under
	section 501(h)).						
Α	Check ▶ ☐ If the filing organization						up member's
	_ name, address, EIN, e						
<u>B</u> _	Check ▶ ☐ if the filing organization	checked box	A and "limited con	trol" provision	ons apply	y	
	Limits on Lobb					(a) Filing	(b) Affiliated
	(The term "expenditures" m				organ	ization's totals	group totals
	Total lobbying expenditures to influence pub	, ,-					
b	Total lobbying expenditures to influence a le	-	ect lobbying)				
C	, , , , , , , , , , , , , , , , , , , ,	d 1b)			ļ		
d					<u> </u>		
е	Total exempt purpose expenditures (add line						
1	f Lobbying nontaxable amount Enter the amo	unt from the follow	ving table in both				
ſ	columns						
	If the amount on line 1e, column (a) or (b) is: The lobbying nontaxable amount is:						
	Not over \$500,000	20% of the amou					
ļ	Over \$500,000 but not over \$1,000,000		% of the excess over \$50				
	Over \$1,000,000 but not over \$1,500,000		% of the excess over \$1,				
ŀ	Over \$1,500,000 but not over \$17,000,000		of the excess over \$1,5	00,000	,		•
	Over \$17,000,000	\$1,000,000			ļ		
_	Grassroots nontaxable amount (enter 25% o						<u>. </u>
h	Subtract line 1g from line 1a If zero or less,						
İ						<u>. </u>	
j		er line 1h or line 1i	i, did the organization f	file Form 4720			
	reporting section 4911 tax for this year?	· ·					Yes No
		_	ing Period Under s	_	-		
	(Some organizations that made	•	•	-		f the five colum	nns below.
	See	the separate i	nstructions for line	es 2a throug	h 2f.)		
	Lobi	wing Expendit	ures During 4-Year	· Averaging	Pariod		
	Lobi	bying Expendit	ules During 4- Leal	Averaging	Feriou		1
	Calendar year (or fiscal year	(a) 2011	(b) 2012	(c) 201	۱ ء	(d) 2014	(e) Total
	beginning in)	(4) 2011	(5) 25 12	(0, 20.	"	(4) 20 (4)	(6) Foto:
							
2a	Lobbying nontaxable amount						
b	Lobbying ceiling amount					· · · · · · · · · · · · · · · · · · ·	
	(150% of line 2a, column(e))						
С	Total lobbying expenditures						
	Consequents and supplies are supplied to the supplies are supplies are supplied to the supplies are supplied to the supplies are supplied to the supplies are supplied to the supplies are supplies are supplied to the supplies are supplies are supplied to the supplies are supplies are supplied to the supplies are supplies are supplied to the supplies are supplies are supplied to the supplies are supplies are supplies are supplied to the supplies are supplies are supplies are supplies are supplies are suppl				-		
	Grassroots nontaxable amount						
e	Grassroots ceiling amount						
	(150% of line 2d, column (e))						
			I	I			ĺ

Schedule C (Form 990 or 990-EZ) 2014

f Grassroots lobbying expenditures

Pa	ırt II-B	Complete if the organization is exempt under section 501(c)(3) and has NC (election under section 501(h)).	T filed	Forn	n 5768			
	h !!\/		(a)		(b)	-
		the lobbying activity.	Yes	No		Amo	unt	-
1	During the	e year, did the filing organization attempt to influence foreign, national, state or local					••••••	
	legislation	, including any attempt to influence public opinion on a legislative matter or						
	referendu	m, through the use of						
ā	Volunteer	s?						
k	Paid staff	or management (include compensation in expenses reported on lines 1c through 1i)?						
C	: Media ad	vertisements?	<u> </u>					
c	i Mailings t	o members, legislators, or the public?	<u> </u>					
e	Publicatio	ns, or published or broadcast statements?						
1	f Grants to	other organizations for lobbying purposes?						
ç	Direct cor	tact with legislators, their staffs, government officials, or a legislative body?						
r	Rallies, de	emonstrations, seminars, conventions, speeches, lectures, or any similar means?						
	i Other acti	vities?						
j	Total Add	lines 1c through 1i						
2 a	Did the ac	tivities in line 1 cause the organization to be not described in section 501(c)(3)?						
b	If "Yes," e	nter the amount of any tax incurred under section 4912						
С	If "Yes," e	nter the amount of any tax incurred by organization managers under section 4912						
d	If the filing	organization incurred a section 4912 tax, did it file Form 4720 for this year?				••••		
Pa	rt III-A	Complete if the organization is exempt under section 501(c)(4), section 501 501(c)(6).	(c)(5),	or se	ection			
					ſ		Yes	No
1		stantially all (90% or more) dues received nondeductible by members?				1	X	
2		ganization make only in-house lobbying expenditures of \$2,000 or less?				2	X	
3_		panization agree to carry over lobbying and political expenditures from the prior year?				3		X
Pa	rt III-B	Complete if the organization is exempt under section 501(c)(4), section 501 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No," answered "Yes."				line	3, is	
1	Dues, ass	essments and similar amounts from members		1				
2	Section 16	2(e) nondeductible lobbying and political expenditures (do not include amounts of						
	political e	xpenses for which the section 527(f) tax was paid).						
а	Current ye	ar		2a				
b	Carryover	from last year		2b				
С	Total		ļ	2c				_
3	Aggregate	amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	İ	3				
4	If notices v	vere sent and the amount on line 2c exceeds the amount on line 3, what portion of the						
	excess do	es the organization agree to carryover to the reasonable estimate of nondeductible lobbying		Ì				
	and politic	al expenditure next year?		4				
5	Taxable ar	nount of lobbying and political expenditures (see instructions)		5				_
Pai	t IV	Supplemental Information						
Prov	de the desc	riptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, Part II-A (affiliated group list), Pa	rt II-A, lır	ies 1 a	ınd			
a /		sale and Dark II D. Iron 4. Also, complete this part for any additional information						

2 (see instructions); and Part II-B, line 1. Also, complete this part for any additional information.

Part IV Supplemental Information (continued)

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

► Complete if the organization answered "Yes" to Form 990. Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. Attach to Form 990.

OMB No 1545-0047

▶ Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990

Open to Public Inspection

Employer identification number Name of the organization 23-7322213 LIVINGSTON COUNTY ASSOC OF REALTORS Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Part I Complete if the organization answered "Yes" to Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts Total number at end of year Aggregate value of contributions to (during year) Aggregate value of grants from (during year) Aggregate value at end of year Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? 6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? Part II Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7. Purpose(s) of conservation easements held by the organization (check all that apply) Preservation of land for public use (e.g., recreation or education) Preservation of a historically important land area Preservation of a certified historic structure Protection of natural habitat Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year Held at the End of the Tax Year 2a Total number of conservation easements 2b b Total acreage restricted by conservation easements c Number of conservation easements on a certified historic structure included in (a) 2c d Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶ Number of states where property subject to conservation easement is located Does the organization have a written policy regarding the periodic monitoring, inspection, handling of Yes No violations, and enforcement of the conservation easements it holds? Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) Yes and section 170(h)(4)(B)(ii)? In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" to Form 990, Part IV, line 8. 1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items (i) Revenues included in Form 990, Part VIII, line 1 \$ (ii) Assets included in Form 990, Part X 2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items

a Revenue included in Form 990, Part VIII, line 1

		ON COUNTY			~~	·			1	Page
	art III Organizations Maintaini							(contin	nued	
3	Using the organization's acquisition, acces collection items (check all that apply)	sion, and other record	ds, che	ck any of the fo	flowing that	are a signi	ficant use of its			
a	Public exhibition	d 🗍	Loan o	or exchange pro	ograms					
t	Scholarly research	е 🗍	Other		_					
c	Preservation for future generations									
4	Provide a description of the organization's	collections and explai	ın how t	hev further the	organization	's exempt	purpose in Part			
•	XIII.			,		, o o , o , , p ,	parpage c			
5	During the year, did the organization solicit	or receive donations	of art, i	nistorical treasu	ires, or othe	r sımılar			_	_
	assets to be sold to raise funds rather than	to be maintained as	part of t	he organization	n's collection	17		Y	es	No
P	art IV Escrow and Custodial A	rangements.								
	Complete if the organization	n answered "Yes	s" to Fe	orm 990, Pa	rt IV, line	9, or rep	orted an amount o	on Forn	า	
	990, Part X, line 21.									
18	Is the organization an agent, trustee, custo	dian or other intermed	diary foi	contributions of	or other asse	ets not			_	_
	included on Form 990, Part X?							Y	es	_ No
b	If "Yes," explain the arrangement in Part XI	II and complete the fo	ollowing	table			C			
								Amou	nt	
C	Beginning balance						1c			
d	Additions during the year						1d			
е	Distributions during the year						1e			
f	Ending balance						1f			
2a	Did the organization include an amount on	Form 990. Part X. line	e 21. foi	escrow or cus	todial accou	nt liability?		Y	es	No
	If "Yes," explain the arrangement in Part XII					•		ш.	•• F	╡ '''
	ert V Endowment Funds.	· Oncon nord in the o	<i>п</i> ртанас	ion nuo boon pi						
•	Complete if the organization	n answered "Yes	" to Fo	rm 990 Par	t IV line 1	10				
	- Complete ii the organizatio	(a) Current year		o) Prior year	(c) Two ye		(d) Three years back	(a) Fa		h a a l
4-	Barrage of wareholder	(a) Current year	, ,	of Filor year	(C) I WO ye	als back	(u) Three years back	(e) FOI	ur years	раск
	Beginning of year balance							 		
	Contributions		 					-		
С	Net investment earnings, gains, and		ł		ł			1		
	losses									
d	Grants or scholarships									
е	Other expenditures for facilities and									
	programs									
f	Administrative expenses									
g	End of year balance									
2	Provide the estimated percentage of the cui	rent year end balance	e (iine 1	g, column (a))	held as					
а	Board designated or quasi-endowment ▶	%	-							
b	Permanent endowment ▶ %									
С	Temporarily restricted endowment ▶	%								
	The percentages in lines 2a, 2b, and 2c sho									
3a	Are there endowment funds not in the posse	•	ation tha	t are held and :	administere	d for the				
	organization by	oolon or the organiza				2 101 1110			Yes	No
	(i) unrelated organizations							3a(i)	163	140
	(ii) related organizations									
_		- 11	- Caba	dula DO				3a(ii)		-
_	If "Yes" to 3a(ii), are the related organization	· ·						3b		L
4	Describe in Part XIII the intended uses of the		wment	tunds						
ra	at VI Land, Buildings, and Equ	•		000 5	. 13 4 12 4				_	
	Complete if the organization					<u> 1a. See</u>	Form 990, Part X	<u>, line 1</u>	0	
	Description of property	(a) Cost or other b	asis	(b) Cost or ot			ccumulated	(d) Book	value	
_		(investment)		(othe	r)	de	preciation			
1a	Land									
þ	Buildings									
С	Leasehold improvements									
d	Equipment			2	22,537		20,879		1,	658
	Other									
	. Add lines 1a through 1e (Column (d) must e	equal Form 990, Part	X, colu	mn (B), line 10	c)		•		1.	658
					·		<u></u>	ule D /Eo		_

	Investments—Other Securities. Complete if the organization answered "Yes"	to Form 990, Part IV, line 1	1b. See Form 990, Part X, line 12.
	(a) Description of security or category	(b) Book value	(c) Method of valuation
	(including name of security)		Cost or end-of-year market value
) Financial	derivatives		
) Closely-h	eld equity interests .		
) Other			
(A)			
(B)			
(C)			
(D)			
(E)			
(F)			
(G)			
(H)	nn (b) must equal Form 990, Part X, col. (B) line 12.) ▶		
Part VIII	Investments—Program Related.		<u> </u>
. 2012 2 440	Complete if the organization answered "Yes"	to Form 990 Part IV. line 1	1c. See Form 990. Part X. line 13.
	(a) Description of investment	(b) Book value	(c) Method of valuation
			Cost or end-of-year market value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Part IX	on (b) must equal Form 990, Part X, col. (B) line 13) ► Other Assets. Complete if the organization answered "Yes"	to Form 990, Part IV, line 1	
	(-) Dt		(h) Pook valu
	(a) Description		(b) Book valu
	(a) Description		(b) BOOK Valid
(2)	(a) Description		(D) BOOK VAIL
(2)	(a) Description		(D) BOOK VAIL
(2) (3) (4)	(a) Description		(D) BOOK VAIL
(2) (3) (4) (5)	(a) Description		(D) BOOK VAIL
(2) (3) (4) (5)	(a) Description		(D) BOOK VAIL
(2) (3) (4) (5) (6) (7)	(a) Description		(b) Book valu
2) 3) 4) 5) 6) 7)	(a) Description		(D) BOOK VAIL
(2) (3) (4) (5) (6) (7) (8)			(b) BOOK VAIL
(2) (3) (4) (5) (6) (7) (8) (9) (otal. (Column	in (b) must equal Form 990, Part X, col (B) line 15)		
2) 3) 4) 5) 6) 7) 8) 9) otal. (Column		to Form 990, Part IV, line 1	•
(2) (3) (4) (5) (6) (7) (8) (9) (c) (Column Part X	in (b) must equal Form 990, Part X, col. (B) line 15.) Other Liabilities. Complete if the organization answered "Yes"	to Form 990, Part IV, line 1	•
(2) (3) (4) (5) (6) (7) (8) (9) otal. (Colum Part X	in (b) must equal Form 990, Part X, col (B) line 15) Other Liabilities. Complete if the organization answered "Yes" line 25.		•
(2) (3) (4) (5) (6) (7) (8) (9) (btal. (Column Part X	on (b) must equal Form 990, Part X, col. (B) line 15.) Other Liabilities. Complete if the organization answered "Yes" line 25. (a) Description of liability		•
2) 3) 4) 5) 6) 7) 8) 9) otal. (Column Part X 1) Federal 2) DUES	on (b) must equal Form 990, Part X, col (B) line 15) Other Liabilities. Complete if the organization answered "Yes" line 25. (a) Description of liability Income taxes	(b) Book value	•
2) 3) 4) 5) 6) 7) 8) 9) otal. (Column Part X 1) Federal 2) DUES 3)	on (b) must equal Form 990, Part X, col (B) line 15) Other Liabilities. Complete if the organization answered "Yes" line 25. (a) Description of liability Income taxes	(b) Book value	•
(2) (3) (4) (5) (6) (7) (8) (9) (btal. (Column Part X	on (b) must equal Form 990, Part X, col (B) line 15) Other Liabilities. Complete if the organization answered "Yes" line 25. (a) Description of liability Income taxes	(b) Book value	•
(2) (3) (4) (5) (6) (7) (8) (9) otal. (Column Part X	on (b) must equal Form 990, Part X, col (B) line 15) Other Liabilities. Complete if the organization answered "Yes" line 25. (a) Description of liability Income taxes	(b) Book value	•
Part X (1) Federal	on (b) must equal Form 990, Part X, col (B) line 15) Other Liabilities. Complete if the organization answered "Yes" line 25. (a) Description of liability Income taxes	(b) Book value	•
(2) (3) (4) (5) (6) (7) (8) (9) otal. (Column Part X (1) Federal (2) DUES (3) (4) (5)	on (b) must equal Form 990, Part X, col (B) line 15) Other Liabilities. Complete if the organization answered "Yes" line 25. (a) Description of liability Income taxes	(b) Book value	•
(2) (3) (4) (5) (6) (7) (8) (9) otal. (Colum Part X (1) Federal (2) DUES (3) (4) (5) (6) (7)	on (b) must equal Form 990, Part X, col (B) line 15) Other Liabilities. Complete if the organization answered "Yes" line 25. (a) Description of liability Income taxes	(b) Book value	>

Sche	edule D (Form 990) 2014 LIVINGSTON COUNTY ASSOC	OF REALTORS 23-	-7322213	Page 4
P	Reconciliation of Revenue per Audited Financial S	Statements With Reven	ue per Return.	
	Complete if the organization answered "Yes" to Form	990, Part IV, line 12a.		
1	Total revenue, gains, and other support per audited financial statements		1	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12			
а	Net unrealized gains (losses) on investments	2a		
b	Donated services and use of facilities			
С	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII)	2d		
е	Add lines 2a through 2d		2e	
3	Subtract line 2e from line 1		3	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1			
а	Investment expenses not included on Form 990, Part VIII, line 7b	_4a		
b	Other (Describe in Part XIII)	4b		
С	Add lines 4a and 4b		4c	
5	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12	?)	5	
Pe	Reconciliation of Expenses per Audited Financial	Statements With Expe	nses per Return.	
	Complete if the organization answered "Yes" to Form	990, Part IV, line 12a.		
1	Total expenses and losses per audited financial statements		1	
2	Amounts included on line 1 but not on Form 990, Part IX, line 25			
а	Donated services and use of facilities	2a		
þ	Prior year adjustments	2b		
C	Other losses	2c		
d	Other (Describe in Part XIII)	2d		
е	Add lines 2a through 2d		2e	
3	Subtract line 2e from line 1		3	
4	Amounts included on Form 990, Part IX, line 25, but not on line 1			
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII)	4b		
C	Add lines 4a and 4b		4c	
5	Total expenses, Add lines 3 and 4c. (This must equal Form 990, Part I, line 1	8)	5	

Part XIII Supplemental Information.

Provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b, Part V, line 4, Part X, line

2, Part XI, lines 2d and 4b, and Part XII, lines 2d and 4b. Also complete this part to provide any additional information

Part XIII Supplemental Information (continued)

SCHEDULE G (Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities

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

Attach to Form 990 or Form 990-EZ.

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

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

Open to Public Inspection

Employer identification number

Name of the orga	anization LIVINGSTO	N COUNTY	ASSOC	OF	RE!	ALT(ORS	23-73222	
Part I	Fundraising Activitie Form 990-EZ filers are	es. Complete	f the orgar	nizatıc	n ar	swe		990, Part IV, line	17
1 Indicat	te whether the organization rais						Check all that apply.		
a 🗌 Ma	ail solicitations		e Sole	citation	of no	n-gov	ernment grants		
b 🔲 Int	ternet and email solicitations		f Solid	citation	of go	vernn	nent grants		
c 🗌 Ph	none solicitations		Г	cial fun			_		
d 🗌 In-	-person solicitations					_			
or key b If "Yes	e organization have a written or employees listed in Form 990, s," list the ten highest paid indivi- ensated at least \$5,000 by the co	Part VII) or entity iduals or entities (in connection	on with	profe int to	agree	al fundraising services?	•	Yes No
	(i) Name and address of individua	si .			raise	d fund- r have	(iv) Gross receipts	(v) Amount paid to (or retained by)	(vi) Amount paid to (or retained by)
	or entity (fundraiser)	11	(il) Actr	vity		ody or rol of	from activity	fundraiser listed in	organization
					contrib	utrons?		col (i)	
1			·		Yes	No			
2									
3									
4									
5									
6									
7									
8									
9									
0									
otal						▶			

Fundraising Events. Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b List events with gross receipts greater than \$5,000.

		events with gro	oss receipts greater than \$5,	000.		
			(a) Event #1	(b) Event #2	(c) Other events	
			GOLF OUTING	EDUCATION EXPO	1	(d) Total events
•			(event type)	(event type)	(total number)	(add col (a) through col (c))
Revenue	1	Gross receipts	11,213	10,890	5,970	28,073
_	,	Less Contributions				
	3		11,213	10,890	5,970	28,073
	4	Cash prizes	-			
	5	Noncash prizes				
sasus	6	Rent/facility costs				
Direct Expenses	7	Food and beverages		- · · · · · · · · · · · · · · ·		
Dire	8	Entertainment				
	9	Other direct expenses	4,577	7,238	7,490	19,305
	ľ	•	Add lines 4 through 9 in column (d		>	19,305 8,768
P	art	III Gaming. Comp	plete if the organization answ	vered "Yes" to Form 990, Pa	art IV, line 19, or reporte	ed more
		than \$15,000 oi	n Form 990-EZ, line 6a	(b) Pull tabs/instant		(d) Total gaming (add
Revenue			(a) Bingo	bingo/progressive bingo	(c) Other gaming	col (a) through col (c))
Rev						
	1	Gross revenue				
Expenses	2	Cash prizes				
Expe	3	Noncash prizes				
Direct	4	Rent/facility costs				
	5	Other direct expenses				
	6	Volunteer labor	Yes %	Yes %	Yes %	
	7	Direct expense summary i	Add lines 2 through 5 in column (d))	>	
	8	Net gaming income summa	ary Subtract line 7 from line 1, coli	umn (d)	•	
а	ls th		organization conducts gaming activities in each c			Yes No
		e any of the organization's es," explain	gaming licenses revoked, suspend	led or terminated during the tax ye	ear?	Yes No

Sche	dule G (Form 990 or 990-EZ) 2014 LIVINGSTON COUNTY ASSOC OF REALTORS 23	3-7322213 Page 3
11	Does the organization conduct gaming activities with nonmembers?	Yes No
12	Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity	
	formed to administer charitable gaming?	Yes No
13	Indicate the percentage of gaming activity conducted in	
а	The organization's facility	13a %
b	An outside facility	13b %
14	Enter the name and address of the person who prepares the organization's gaming/special events books and records	
	Name ▶	
	Address ►	
15a	Does the organization have a contract with a third party from whom the organization receives gaming	☐ Yes ☐ No
_	revenue? If "Yes." enter the amount of gaming revenue received by the organization ▶ \$ and the	res no
b	If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ and the amount of gaming revenue retained by the third party ▶ \$	
С	If "Yes," enter name and address of the third party:	
	Name ►	
	Address ►	
16	Gaming manager information	
	Name ▶	
	Gaming manager compensation ▶ \$	
	Description of services provided ▶	
	Director/officer Employee Independent contractor	
17	Mandatory distributions	
	Is the organization required under state law to make charitable distributions from the gaming proceeds to	
	retain the state gaming license?	Yes No
b	Enter the amount of distributions required under state law to be distributed to other exempt organizations or	
	spent in the organization's own exempt activities during the tax year ▶ \$	
Par		
	Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable Also provide any additional	information (see
	instructions)	

SCHÉDULE O (Form 990 or 990-EZ)

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.

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

▶ Attach to Form 990 or 990-EZ.

Open to Public Inspection

Name of the organization

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

LIVINGSTON COUNTY ASSOC OF REALTORS

Employer identification number 23-7322213

FORM 990, PART III, LINE 4D - ALL OTHER ACCOMPLISHMENT UNITE THOSE IN REAL ESTATE PROFESSION DOING BUSINESS IN THE COUNTY THROUGH A COMMON ORGANIZATION.

FORM 990, PART VI, LINE 11B - ORGANIZATION'S PROCESS TO REVIEW FORM 990 990 INFORMATION RETURN IS REVIEWED BY MANAGEMENT AND THE BOARD OF DIRECTORS PRIOR TO SUBMISSION.

FORM 990, PART VI, LINE 12C - ENFORCEMENT OF CONFLICTS POLICY EACH YEAR, MEMBERS OF THE BOARD OF DIRECTORS REVIEWS AND UPDATES THE POLICY AS WELL AS EACH DIRECTOR UPDATES ANY POTENTIAL CONFLICTS.

FORM 990, PART VI, LINE 15A - COMPENSATION PROCESS FOR TOP OFFICIAL COMPENSATION FOR THE EXECUTIVE VICE PRESIDENT IS APPROVED BY THE BOARD OF DIRECTORS.

FORM 990, PART VI, LINE 19 - GOVERNING DOCUMENTS DISCLOSURE EXPLANATION NO DOCUMENTS AVAILABLE TO THE PUBLIC

FORM 990, PART IX, LINE 24E - OTHER EXPENSES

AMOUNT DESCRIPTION

CREDIT PROCESSING FEES

S 2,976 0 0 IPN FEES

\$ \$ 0 \$ 1,642 0

BANK CHARGES									
	\$	13	\$	0	\$	0			
SALES	TAX DISCOUNT								
	\$	-18	\$	0	\$	0			

\$

0

\$

0

MEALS

\$

155

Form 4562

Department of the Treasury Internal Revenue Service

(99)

Depreciation and Amortization

(Including Information on Listed Property)

► Attach to your tax return.

► Information about Form 4562 and its separate instructions is at www.irs.gov/form4562.

Name(s) shown on return

LIVINGSTON COUNTY ASSOC OF REALTORS

identifying number 23-7322213

	ION								
ert I Election To Exper									
Note: If you have a	ny listed property	<u>v, complete Part</u>	t V bef	ore you c	ompl	ete Part	<u>l</u>		
Maximum amount (see instructions)								1_	500,000
Total cost of section 179 property	placed in service (se	e instructions)						2	
Threshold cost of section 179 property before reduction in limitation (see instructions)								-	2,000,000
								_	
Dollar limitation for tax year Subtract lin	ne 4 from line 1 If zero o	or less, enter -0 If mar	med filing	separately, s	ee inst	ructions		5	
(a) Description	of property		(b) Cost	(business use	only)	(c)	Elected cost		
					,				
					7			r	
Total elected cost of section 179 p	property. Add amount	ts ın column (c), line	es 6 and	17				8	
Tentative deduction Enter the sm	aller of line 5 or line	8						9	
	•							10_	
					5 (see	instruction	ns)	11	
Section 179 expense deduction A	dd lines 9 and 10, bi	ut do not enter more	e than lır	ne 11				12	
			2		13			j	
						<u>lude liste</u>	ed prope	rty)((See instructions)
Special depreciation allowance for	qualified property (o	ther than listed prop	perty) pl	aced in ser	vice				
during the tax year (see instruction	ıs)							14	1,139
Property subject to section 168(f)(1) election							15	
								16	
rt III MACRS Depreciat	ion (Do not inclu			<u>ee instru</u>	ctions	s.)			
	·								
MACRS deductions for assets pla	ced in service in tax y	years beginning bef	fore 2014	4				17	536
If you are electing to group any assets placed									
				counts, check			$ ightharpoonup \Gamma$		
Section B—A	ssets Placed in Ser	vice During 2014	Tax Yea	counts, check		eral Depre	eciation S		
Section B—A			Tax Yea ation t use	counts, check	Gen	eral Depre	eciation S	ystem	
	(b) Month and year placed in	(c) Basis for deprecia (business/investment	Tax Yea ation t use	ccounts, check r Using the (d) Recovery	Gen			ystem	
(a) Classification of property	(b) Month and year placed in	(c) Basis for deprecial (business/investment only-see instruction	Tax Yea atton t use ns)	ccounts, check r Using the (d) Recovery period	(e)	Convention	(f) Metho	ystem	(g) Depreciation deduction
(a) Classification of property 3-year property	(b) Month and year placed in	(c) Basis for deprecial (business/investment only-see instruction	Tax Yea ation t use	ccounts, check r Using the (d) Recovery	(e)			ystem	
(a) Classification of property 3-year property 5-year property	(b) Month and year placed in	(c) Basis for deprecial (business/investment only-see instruction	Tax Yea atton t use ns)	ccounts, check r Using the (d) Recovery period	(e)	Convention	(f) Metho	ystem	(g) Depreciation deduction
(a) Classification of property 3-year property 5-year property 7-year property	(b) Month and year placed in	(c) Basis for deprecial (business/investment only-see instruction	Tax Yea atton t use ns)	ccounts, check r Using the (d) Recovery period	(e)	Convention	(f) Metho	ystem	(g) Depreciation deduction
(a) Classification of property 3-year property 5-year property 7-year property 10-year property	(b) Month and year placed in	(c) Basis for deprecial (business/investment only-see instruction	Tax Yea atton t use ns)	ccounts, check r Using the (d) Recovery period	(e)	Convention	(f) Metho	ystem	(g) Depreciation deduction
(a) Classification of property 3-year property 5-year property 7-year property 10-year property 15-year property	(b) Month and year placed in	(c) Basis for deprecial (business/investment only-see instruction	Tax Yea atton t use ns)	ccounts, check r Using the (d) Recovery period	(e)	Convention	(f) Metho	ystem	(g) Depreciation deduction
(a) Classification of property 3-year property 5-year property 7-year property 10-year property 20-year property 25-year property Residential rental	(b) Month and year placed in	(c) Basis for deprecial (business/investment only-see instruction	Tax Yea atton t use ns)	coounts, check r Using the (d) Recovery period 7.0	(e) (Convention	(f) Method	ystem od DB	(g) Depreciation deduction
(a) Classification of property 3-year property 5-year property 7-year property 10-year property 20-year property 25-year property	(b) Month and year placed in	(c) Basis for deprecial (business/investment only-see instruction	Tax Yea atton t use ns)	coounts, check r Using the (d) Recovery period 7.0	(e) (Convention HY	(f) Method 200	ystem DB	(g) Depreciation deduction
(a) Classification of property 3-year property 5-year property 7-year property 10-year property 20-year property 25-year property Residential rental	(b) Month and year placed in	(c) Basis for deprecial (business/investment only-see instruction	Tax Yea atton t use ns)	r Using the (d) Recovery period 7.0 25 yrs 27 5 yrs	(e) (HY	(f) Method 200 S/L S/L	ystem od DB	(g) Depreciation deduction
(a) Classification of property 3-year property 5-year property 7-year property 10-year property 20-year property 25-year property Residential rental property Nonresidential real property	ssets Placed in Ser (b) Month and year placed in service	(c) Basis for deprecial (business/investment only-see instruction 1,	Tax Yea ation t use ns)	7 . 0 25 yrs 27 5 yrs 39 yrs	(e)	MM MM MM	(f) Method 200 S/L S/L S/L S/L S/L	ystem od DB	(g) Depreciation deduction
(a) Classification of property 3-year property 5-year property 7-year property 10-year property 20-year property 25-year property Residential rental property Nonresidential real property	(b) Month and year placed in	(c) Basis for deprecial (business/investment only-see instruction 1,	Tax Yea ation t use ns)	7 . 0 25 yrs 27 5 yrs 39 yrs	(e)	MM MM MM	(f) Method 200 S/L S/L S/L S/L S/L	ystem od DB	(g) Depreciation deduction
(a) Classification of property 3-year property 5-year property 7-year property 10-year property 20-year property 25-year property Residential rental property Nonresidential real property	ssets Placed in Ser (b) Month and year placed in service	(c) Basis for deprecial (business/investment only-see instruction 1,	Tax Yea ation t use ns)	7 . 0 25 yrs 27 5 yrs 39 yrs	(e)	MM MM MM	(f) Method 200 S/L S/L S/L S/L S/L	ystem od DB	(g) Depreciation deduction
(a) Classification of property 3-year property 5-year property 10-year property 15-year property 20-year property 25-year property Residential rental property Nonresidential real property Section C—Ass	ssets Placed in Ser (b) Month and year placed in service	(c) Basis for deprecial (business/investment only-see instruction 1,	Tax Yea ation t use ns)	7 . 0 25 yrs 27 5 yrs 39 yrs	(e)	MM MM MM	(f) Method 200 S/L S/L S/L S/L S/L S/L	ystem od DB Syster	(g) Depreciation deduction
(a) Classification of property 3-year property 5-year property 7-year property 10-year property 20-year property 25-year property Residential rental property Nonresidential real property Section C—Ass Class life	ssets Placed in Ser (b) Month and year placed in service	(c) Basis for deprecial (business/investment only-see instruction 1,	Tax Yea ation t use ns)	7 . 0 25 yrs 27 5 yrs 39 yrs Using the	(e)	MM MM MM	(f) Method 200 S/L S/L S/L S/L S/L S/L S/L S	ystem od DB Syster	(g) Depreciation deduction
(a) Classification of property 3-year property 5-year property 10-year property 15-year property 20-year property 25-year property Residential rental property Nonresidential real property Section C—Ass Class life 12-year	ssets Placed in Service (b) Month and year placed in service	(c) Basis for deprecial (business/investment only-see instruction 1,	Tax Yea ation t use ns)	7.0 25 yrs 27 5 yrs 39 yrs Using the	(e)	MM MM MM MM MM ative Dep	(f) Method 200 S/L S/L S/L S/L S/L S/L S/L S/L S/L S/	ystem od DB Syster	(g) Depreciation deduction
(a) Classification of property 3-year property 5-year property 10-year property 15-year property 20-year property 25-year property Residential rental property Nonresidential real property Section C—Ass Class life 12-year	ssets Placed in Service (b) Month and year placed in service sets Placed in Service	(c) Basis for deprecial (business/investment only-see instruction 1,	Tax Yea ation t use ns)	7.0 25 yrs 27 5 yrs 39 yrs Using the	(e)	MM MM MM MM MM ative Dep	(f) Method 200 S/L S/L S/L S/L S/L S/L S/L S/L S/L S/	ystem od DB Syster	(g) Depreciation deduction
(a) Classification of property 3-year property 5-year property 10-year property 15-year property 20-year property 25-year property Residential rental property Nonresidential real property Section C—Ass Class life 12-year 40-year Summary (See insi	ssets Placed in Service (b) Month and year placed in service service sets Placed in Service tructions.)	(c) Basis for deprecial (business/investment only-see instruction only-see instruction only-see During 2014 Ta	ation tuse ns)	7.0 25 yrs 27 5 yrs 27 5 yrs 29 yrs Using the	(e) (MM MM MM MM MM ative Dep	(f) Method 200 S/L S/L S/L S/L S/L S/L S/L S/L S/L S/	ystem od DB Syster	(g) Depreciation deduction
(a) Classification of property 3-year property 5-year property 7-year property 10-year property 20-year property 25-year property Residential rental property Nonresidential real property Section C—Ass Class life 12-year 40-year art IV Summary (See insidential property Enter amount from	sets Placed in Service (b) Month and year placed in service sets Placed in Service tructions.) In line 28 Ines 14 through 17, lines 14 through 17, lines 18	(c) Basis for deprecia (business/investment only-see instruction on only-see instruction o	atton tuse ns) 138	25 yrs 27 5 yrs 27 5 yrs 39 yrs Using the August 12 yrs 40 yrs	(e) (la constant de l	MM MM MM MM MM ative Dep	(f) Method 200 S/L S/L S/L S/L S/L S/L S/L S/L S/L S/	ystem od DB Syster	(g) Depreciation deduction
(a) Classification of property 3-year property 5-year property 7-year property 10-year property 20-year property 25-year property Residential rental property Nonresidential real property Section C—As: Class life 12-year 40-year Listed property Enter amount from Total. Add amounts from line 12, 1	ssets Placed in Service (b) Month and year placed in service sets Placed in Service tructions.) In line 28 Ines 14 through 17, lipf your return Partne	(c) Basis for deprecia (business/investment only-see instruction on only-see instruction on only-see instruc	ax Year ax Year olumn (grations—	25 yrs 27 5 yrs 27 5 yrs 39 yrs Using the August 12 yrs 40 yrs	(e) (la constant de l	MM MM MM MM MM ative Dep	(f) Method 200 S/L S/L S/L S/L S/L S/L S/L S/L S/L S/	ystem DB Syster	(g) Depreciation deduction
	Threshold cost of section 179 property. Reduction in limitation. Subtract limitation for tax year. Subtract limitation for tax year. Subtract limitation for tax year. Subtract limitation for tax year. Subtract limitation for tax year. Subtract limitation for tax year. Subtract limitation. Total elected cost of section 179 property of disallowed deduction. Business income limitation. Enter. Section 179 expense deduction. Carryover of disallowed deduction. Do not use Part II or Part III below. Special depreciation allowance for during the tax year. (see instruction. Property subject to section 168(f)(Other depreciation (including ACR.). MACRS deductions for assets plant.	Threshold cost of section 179 property before reduction Reduction in limitation. Subtract line 3 from line 2. If zero Dollar limitation for tax year. Subtract line 4 from line 1. If zero Control (a) Description of property. Listed property. Enter the amount from line 29. Total elected cost of section 179 property. Add amount Tentative deduction. Enter the smaller of line 5 or line. Carryover of disallowed deduction from line 13 of your Business income limitation. Enter the smaller of business Section 179 expense deduction. Add lines 9 and 10, but Carryover of disallowed deduction to 2015. Add lines 9: Do not use Part II or Part III below for listed property. In the Special Depreciation Allowance as Special depreciation allowance for qualified property (or during the tax year (see instructions). Property subject to section 168(f)(1) election. Other depreciation (including ACRS).	Reduction in limitation Subtract line 3 from line 2. If zero or less, enter -0-Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0 If mai (a) Description of property. Listed property. Enter the amount from line 29. Total elected cost of section 179 property. Add amounts in column (c), line Tentative deduction. Enter the smaller of line 5 or line 8. Carryover of disallowed deduction from line 13 of your 2013 Form 4562. Business income limitation. Enter the smaller of business income (not less Section 179 expense deduction. Add lines 9 and 10, but do not enter more Carryover of disallowed deduction to 2015. Add lines 9 and 10, less line 1. Do not use Part II or Part III below for listed property. Instead, use Part V. Int II. Special Depreciation Allowance and Other Depreciation depreciation allowance for qualified property (other than listed produring the tax year (see instructions). Property subject to section 168(f)(1) election. Other depreciation (including ACRS). Int III. MACRS Depreciation (Do not include listed property Section 168(f)(1)).	Threshold cost of section 179 property before reduction in limitation (see instruction Reduction in limitation Subtract line 3 from line 2. If zero or less, enter -0-Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0 If married filling (a) Description of property. (b) Cost Listed property. Enter the amount from line 29 Total elected cost of section 179 property. Add amounts in column (c), lines 6 and Tentative deduction. Enter the smaller of line 5 or line 8 Carryover of disallowed deduction from line 13 of your 2013 Form 4562. Business income limitation. Enter the smaller of business income (not less than zerosection 179 expense deduction. Add lines 9 and 10, but do not enter more than line Carryover of disallowed deduction to 2015. Add lines 9 and 10, less line 12. Do not use Part II or Part III below for listed property. Instead, use Part V. The Special Depreciation Allowance and Other Depreciation Special depreciation allowance for qualified property (other than listed property) pleduring the tax year (see instructions). Property subject to section 168(f)(1) election. Other depreciation (including ACRS). Int III MACRS Depreciation (Do not include listed property.) (Section A.)	Threshold cost of section 179 property before reduction in limitation (see instructions) Reduction in limitation Subtract line 3 from line 2 If zero or less, enter -0- Dollar limitation for tax year Subtract line 4 from line 1 If zero or less, enter -0 If marned filing separately, see the second of property (a) Description of property (b) Cost (business use) Listed property. Enter the amount from line 29 Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7 Tentative deduction Enter the smaller of line 5 or line 8 Carryover of disallowed deduction from line 13 of your 2013 Form 4562 Business income limitation Enter the smaller of business income (not less than zero) or line section 179 expense deduction Add lines 9 and 10, but do not enter more than line 11 Carryover of disallowed deduction to 2015 Add lines 9 and 10, less line 12 Do not use Part II or Part III below for listed property Instead, use Part V To percial depreciation allowance for qualified property (other than listed property) placed in serious that ax year (see instructions) Property subject to section 168(f)(1) election Other depreciation (including ACRS) Int III MACRS Depreciation (Do not include listed property.) (See instructions)	Threshold cost of section 179 property before reduction in limitation (see instructions) Reduction in limitation Subtract line 3 from line 2 If zero or less, enter -0- Dollar limitation for tax year Subtract line 4 from line 1 If zero or less, enter -0 If marned filing separately, see inst (a) Description of property (b) Cost (business use only) Listed property. Enter the amount from line 29 Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7 Tentative deduction Enter the smaller of line 5 or line 8 Carryover of disallowed deduction from line 13 of your 2013 Form 4562 Business income limitation Enter the smaller of business income (not less than zero) or line 5 (see Section 179 expense deduction Add lines 9 and 10, but do not enter more than line 11 Carryover of disallowed deduction to 2015 Add lines 9 and 10, less line 12 Do not use Part II or Part III below for listed property Instead, use Part V Total elected cost of section 168(f)(1) election Other depreciation (including ACRS) MACRS Depreciation (Do not include listed property.) (See instructions)	Threshold cost of section 179 property before reduction in limitation (see instructions) Reduction in limitation Subtract line 3 from line 2. If zero or less, enter -0- Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0 If marned filing separately, see instructions (a) Description of property. (b) Cost (business use only). (c) Listed property. Enter the amount from line 29. Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7. Tentative deduction. Enter the smaller of line 5 or line 8. Carryover of disallowed deduction from line 13 of your 2013 Form 4562. Business income limitation. Enter the smaller of business income (not less than zero) or line 5 (see instruction section 179 expense deduction. Add lines 9 and 10, but do not enter more than line 11. Carryover of disallowed deduction to 2015. Add lines 9 and 10, less line 12. Do not use Part II or Part III below for listed property. Instead, use Part V. Int II. Special Depreciation Allowance and Other Depreciation (Do not include listed during the tax year (see instructions). Property subject to section 168(f)(1) election. Other depreciation (including ACRS). Int III. MACRS Depreciation (Do not include listed property.) (See instructions.). Section A.	Threshold cost of section 179 property before reduction in limitation (see instructions) Reduction in limitation Subtract line 3 from line 2 If zero or less, enter -0- Dollar limitation for tax year Subtract line 4 from line 1 If zero or less, enter -0 If marned filing separately, see instructions (a) Description of property (b) Cost (business use only) (c) Elected cost Listed property. Enter the amount from line 29 Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7 Tentative deduction Enter the smaller of line 5 or line 8 Carryover of disallowed deduction from line 13 of your 2013 Form 4562 Business income limitation Enter the smaller of business income (not less than zero) or line 5 (see instructions) Section 179 expense deduction Add lines 9 and 10, but do not enter more than line 11 Carryover of disallowed deduction to 2015 Add lines 9 and 10, less line 12 Do not use Part II or Part III below for listed property Instead, use Part V Int II Special Depreciation Allowance and Other Depreciation (Do not include listed property Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year (see instructions) Property subject to section 168(f)(1) election Other depreciation (including ACRS) Int III MACRS Depreciation (Do not include listed property.) (See instructions.)	Threshold cost of section 179 property before reduction in limitation (see instructions) Reduction in limitation Subtract line 3 from line 2 If zero or less, enter -0- Dollar limitation for tax year Subtract line 4 from line 1 If zero or less, enter -0 If married filing separately, see instructions (a) Description of property (b) Cost (business use only) Cost (business use only) Listed property. Enter the amount from line 29 Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7 Tentative deduction Enter the smaller of line 5 or line 8 Carryover of disallowed deduction from line 13 of your 2013 Form 4562 Business income limitation Enter the smaller of business income (not less than zero) or line 5 (see instructions) 11 Carryover of disallowed deduction to 2015 Add lines 9 and 10, less line 12 Carryover of disallowed deduction to 2015 Add lines 9 and 10, less line 12 In on to use Part II or Part III below for listed property Instead, use Part V Total elected cost of section 179 property (other than listed property) placed in service during the tax year (see instructions) Property subject to section 168(f)(1) election Other depreciation (Including ACRS) Total elected cost of less, enter -0 If married filing separately, see instructions.) Section A A A A A A A B A A B A B A A

Form **8868**

(Rev January 2014)

Department of the Treasury Internal Revenue Service

Application for Extension of Time To File an Exempt Organization Return

► File a separate application for each return.

► Information about Form 8868 and its instructions is at www.irs.gov/form8868.

OMB No 1545-1709

• If you are	filing for an Automatic 3-Month Extension, of filing for an Additional (Not Automatic) 3-M Inplete Part II unless you have already been o	onth Exten	sion, complete onl	y Part II (on page 2 o	f this	form).			
a corporation 8868 to require Return for	filing (e-file). You can electronically file Form on required to file Form 990-T), or an addition uest an extension of time to file any of the fransfers Associated With Certain Persona). For more details on the electronic filing of the	al (not auto forms listed I Benefit C	omatic) 3-month extend in Part II or Part II Contracts, which me	ension of time. You ca with the exception of ust be sent to the li	an ele f For RS ır	ectronica m 8870, n paper	ally file Form Information format (see		
Part I	Automatic 3-Month Extension of Time	. Only sul	omit original (no co	pies needed).					
	on required to file Form 990-T and reque	_					•		
	rporations (including 1120-C filers), partnersh								
	ne tax returns.	ips, riciviic	os, and trasts must t	23C 1 01111 1 004 to 1CQ	acsi	an exten	Sion or time		
to me meen	ic tax returns.			Enter filer's identifyin	o nur	nher sec	instructions		
	Name of exempt organization or other filer, see in	structions.		Employer identification					
Type or				' '		` ,			
print	Number, street, and room or suite no. If a P.O bo		uctions.	Social security number	73222 (SSN				
File by the due date for		,			,	,			
filing your	City, town or post office, state, and ZIP code. For	r a foreign a	ddress, see instruction	<u> </u> S.					
return See instructions	BRIGHTON MI 48114	J							
-									
Enter the Re	eturn code for the return that this application i	s for (file a	separate application	n for each return) .			. 0 1		
Application	n	Return	Application				Return		
ls For		Code	is For				Code		
Form 990 c	or Form 990-EZ	01	Form 990-T (corpo	ration)		07			
Form 990-I		02	Form 1041-A	,		08			
Form 4720	(individual)	03	Form 4720 (other t	han individual)		09			
Form 990-F	· · · · · · · · · · · · · · · · · · ·	04	Form 5227	rm 5227					
Form 990-	Γ (sec. 401(a) or 408(a) trust)	05	Form 6069						
	Γ (trust other than above)	06	Form 8870				12		
Telephone If the orga If this is fo for the whole a list with th	e No. ► 810-225-1100 nization does not have an office or place of be r a Group Return, enter the organization's four e group, check this box ► If it e names and EINs of all members the extensi	Fi usiness in t ir digit Grot it is for part on is for.	ax No. ►the United States, clup Exemption Numb	neck this box er (GEN)	· ·	 If th	nis is		
I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time untilAUGUST 15, 2015 , to file the exempt organization return for the organization named above. The extension is for the organization's return for:									
2 <u>If</u> the	 ▶								
	s application is for Forms 990-BL, 990-PF, 99	0-T, 4720,	or 6069, enter the te	entative tax, less any					
nonre	efundable credits. See instructions.				3a	\$			
	s application is for Forms 990-PF, 990-T, and tax payments made. Include any prior ye		•		a.				
	nce due. Subtract line 3b from line 3a. Include				3b	 •			
	PS (Electronic Federal Tax Payment System).			in required, by using	3с	\$			
Caution. If you	u are going to make an electronic funds withdrawa	I (direct debi	t) with this Form 8868,	see Form 8453-EO and	l Form	1 8879-EC) for payment		