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EXTENDED TO AUGUST 17, 2015

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

Do not enter social security numbers on this form as it may be made public.

Open to Public

OMB No 1545-0047

Department of the Treasury ▶ Information about Form 990 and its instructions is at www.lrs.gov/form990. Inspection Internal Revenue Service For the 2014 calendar year, or tax year beginning and ending Check if C Name of organization D Employer identification number BIRMINGHAM ASSOC OF REALTORS, INC. Address change D/B/A BIRMINGHAM ASSOC OF REALTORS Name change 63-0022510 Doing business as]Initial return Number and street (or P.O. box if mail is not delivered to street address) Room/suite E Telephone number Final return/ P.O. BOX 59609 205-871-1911 termin-ated City or town, state or province, country, and ZIP or foreign postal code 612,668. G Gross receipts \$ Amende return 35259 BIRMINGHAM, AL H(a) Is this a group return Applica-Yes X No F Name and address of principal officer: CLIFF LONG for subordinates? pending SAME AS C ABOVE H(b) Are all subordinates included? Tax-exempt status. 501(c)(3) X 501(c) (6) (insert no.) 4947(a)(1) or If "No," attach a list. (see instructions) J Website: ► WWW.BARBHAM.COM **H(c)** Group exemption number ▶ K Form of organization; X Corporation Trust Association Other > L Year of formation: 1914 M State of legal domicile: AL Part I Summary Briefly describe the organization's mission or most significant activities TO PROMOTE THE VALUE OF USING A REALTOR AND TO ENHANCE OUR MEMBERS' OPPORTUNITIES TO SERVE CUSTOMERS Check this box ▶ if the organization discontinued its operations or disposed of more than 25% of its net assets. 19 Number of voting members of the governing body (Part VI, line 1a) 19 Number of independent voting members of the governing body (Part VI, line 1b) 4 0 Total number of individuals employed in calendar year 2014 (Part V, line 2a) 5 Total number of volunteers (estimate if necessary) 0 6 7 a Total unrelated business revenue from Part VIII, column (C), line 1 0. b Net unrelated business taxable income from Form 990 T) [in 34 0. 7h **Prior Year Current Year** 0. 0. Contributions and grants (Part VIII, line, 1h) Program service revenue (Part VIII, line 2g) 441,869. 552,694. 10,939. Investment income (Part VIII, column (A), lines 3, 4, and 7d) 8,792. 10 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 43,946 51,182. 496,754. 612,668. Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 0. Grants and similar amounts paid (Part IX, column (A), lines 1-3) Ο. 0. 0. Benefits paid to or for members (Part IX, column (A), line 4) 0 0. Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 16a Professional fundraising fees (Part IX, column (A), line 11e) 0 0. **b** Total fundraising expenses (Part IX, column (D), line 25) 631,652 736,088. 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 736,088. 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 631,652 <134,898. <123,420.> Revenue less expenses Subtract line 18 from line 12 **Beginning of Current Year End of Year** Assets 3,409,662. 3,219,534. Total assets (Part X, line 16) 75,832 Total liabilities (Part X, line 26) 20,882. 333,830. 198,652 Net assets or fund balances Subtract line 21 from line 20 Part II | Signature Block 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 bareful it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge. Signature of afficer Sign

CLIFF LONG, CHIEF EXECUTIVE OFFICER Here Type or print name and title Print/Type preparer's name X Preparer's signature Paid Nal self-employed P00284548 DALE A. PROSCH, CPA Preparer Firm's name DENT, BAKER & COMPANY, LLP Firm's EIN 63-0352192 Use Only Firm's address 2204 LAKESHORE DR, Phone no. 205 - 871 - 1880B'HAM, AL 35209

LHA For Paperwork Reduction Act Notice, see the separate instructions.

May the IRS discuss this return with the preparer shown above? (see instructions)

X Yes No Form **990** (2014)

	990 (2014) D/B/A BIRMINGHAM ASSOC OF REALTORS	63-0022510	Page 2
Par	t III Statement of Program Service Accomplishments		
	Check if Schedule O contains a response or note to any line in this Part III		\Box
1	Briefly describe the organization's mission:		
	TO PROMOTE THE VALUE OF USING A REALTOR AND TO ENHANCE		
	OPPORTUNITIES TO SERVE CUSTOMERS IN A PROFESSIONAL, ETH	IICAL AND	
	PROFITABLE MANNER WITHIN AN ENVIRONMENT THAT FOSTERS CO	OPERATION AM	ONG
	THE MEMBERSHIP.		
2	Did the organization undertake any significant program services during the year which were not listed on		
	the prior Form 990 or 990-EZ?	. Tyes	X No
	If "Yes," describe these new services on Schedule O		
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services'	? Yes	X No
	If "Yes," describe these changes on Schedule O		
4	Describe the organization's program service accomplishments for each of its three largest program services, a	s measured by expenses	i.
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to other	iers, the total expenses, a	and
	revenue, if any, for each program service reported		
4a	(Code) (Expenses \$) (Reve	nue \$)
		REALTOR AS A	
	PROFESSIONAL. ENCOURAGED OWNERS OF ALL TYPES OF PROPERT	Y TO USE THE	
	SERVICES PROVIDED BY REALTORS.		
		· · · · · · · · · · · · · · · · · · ·	
4b	(Code) (Expenses \$) (Rever	nue \$)
	GOVERNMENTAL AFFAIRS - PROVIDED INFORMATION TO MEMBERSH	IP ABOUT	
	LEGISLATION PERTINENT TO THE REAL ESTATE PROFESSION.		
4c	(Code) (Expenses \$	nue \$	
	PROFESSIONAL DEVELOPMENT - PLANNED AND COORDINATED COMP		
	EDUCATIONAL PROGRAMS FOR ASSOCIATION MEMBERS, OFFERING		_
	QUALITY PROGRAMS FOR CONTINUING AND NON-CONTINUING EDUC		ERE
	TIMELY AND RELEVANT TO MEMBERS' NEEDS.		
		 	
		 	
	Other program convece (Decembe in School to C.)		
40	Other program services (Describe in Schedule O)		
4-	(Expenses \$ including grants of \$) (Revenue \$		
4e	Total program service expenses ▶		20 :
		Form 99	90 (2014)

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			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	_1_		X
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2		<u>X</u>
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		<u> X</u>
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	<u>X</u>	
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			v
7	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	_		X
8	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete	7		
0	Schedule D, Part III	8		X
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 debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9		х
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, VII, IX, or X			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," 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
ď	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		<u>X</u>
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		ĺ	
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		<u> </u>
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete		1	
	Schedule D, Parts XI and XII	12a		<u>X</u>
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	
13	ts the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		<u>X</u>
14a	Did the organization maintain an office, employees, or agents outside of the United States?	_14a		X
b	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 foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	146	}	X
4E	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any	14b		
15	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to	15		
.0	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17	ĺ	X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines	-"-		
. •	1c and 8a? If "Yes," complete Schedule G, Part II	18	- 1	<u> </u>
19	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
20a	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		
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Form 990 (2014) D/B/A BIRMINGHAM ASSOC OF REALTORS
Part IV Checklist of Required Schedules (continued)

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	Production of the companies and the companies of the comp	_	Yes	No
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or	l	ł	٠,
~~	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		X
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III			
00		22		_X_
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J			v
240	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the	23_		<u> X</u>
24 a	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No", go to line 25a			Х
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24a 24b		<u> </u>
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease	240		
·	any tax exempt bonds?	24c		
а	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit	240		
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		
b		2.Ja		
_	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L, Part I	25b		
26	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 disqualified persons? If "Yes,"			
	complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, 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	27		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			
	instructions for applicable filing thresholds, conditions, and exceptions):	1		
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		X
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,		İ	
	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		<u>X</u>
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations?			
	If "Yes," complete Schedule N, Part I	31		<u>X</u>
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete		1	
	Schedule N, Part II	32		<u>X</u>
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations		İ	
	sections 301.7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33		<u> </u>
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
	Part V, line 1	34	X	
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	Х	
D	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
20	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b	Х	
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?	_		
27	If "Yes," complete Schedule R, Part V, line 2	36		
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization	_		v
38	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?	37		<u>X</u>
	Note. All Form 990 filers are required to complete Schedule O	20	x	
	110101. mil vitti 000 moto are required to complete conedate o	38 Eorm	990 (2	2014
		1 01111	J J J (/	LU 14)

Form 990 (2014)

D/B/A BIRMINGHAM ASSOC OF REALTORS

63-0022510 Part V Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response or note to any line in this Part V No 1a Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable U Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 0 Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? 1c 2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, 0 filed for the calendar year ending with or within the year covered by this return b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? 2b Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) Х 3a Did the organization have unrelated business gross income of \$1,000 or more during the year? 3a If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule O **3b** 4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a X financial account in a foreign country (such as a bank account, securities account, or other financial account)? 4a **b** If "Yes," enter the name of the foreign country: ▶ See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR) 5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? 5а X b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? 5b If "Yes," to line 5a or 5b, did the organization file Form 8886-T? Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit X any contributions that were not tax deductible as charitable contributions? b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 6b 7 Organizations that may receive deductible contributions under section 170(c). a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? 7a b If "Yes," did the organization notify the donor of the value of the goods or services provided? 7b Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? 7c d If "Yes," indicate the number of Forms 8282 filed during the year Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 7е **7**f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? 7<u>g</u> If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? 7h Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the 8 sponsoring organization have excess business holdings at any time during the year? 8 9 Sponsoring organizations maintaining donor advised funds. Did the sponsoring organization make any taxable distributions under section 4966? 9a Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? 9b Section 501(c)(7) organizations. Enter Initiation fees and capital contributions included on Part VIII, line 12 10a Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b Section 501(c)(12) organizations. Enter: 11 Gross income from members or shareholders 11a Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them) 11b 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? 12a b If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b Section 501(c)(29) qualified nonprofit health insurance issuers. 13 a Is the organization licensed to issue qualified health plans in more than one state? 13a Note. See the instructions for additional information the organization must report on Schedule O. b Enter the amount of reserves the organization is required to maintain by the states in which the 13b organization is licensed to issue qualified health plans c Enter the amount of reserves on hand 130 X 14a Did the organization receive any payments for indoor tanning services during the tax year?

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

Form 990 (2014)

D/B/A BIRMINGHAM ASSOC OF REALTORS

63-0022510 Page 6

Part VI 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			\mathbf{x}
Sec	tion A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 1a 15		1 3 3	
	If there are material differences in voting rights among members of the governing body, or if the governing	1		
	body delegated broad authority to an executive committee or similar committee, explain in Schedule O.			
b	Enter the number of voting members included in line 1a, above, who are independent 1b 19			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other	1		
2	officer, director, trustee, or key employee?	_		v
3		2		X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision			7.
	of officers, directors, or trustees, or key employees to a management company or other person?	_3_		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X
6	Did the organization have members or stockholders?	6_		X
7a	, , , , , , , , , , , , , , , , , , , ,			
	more members of the governing body?	7a	Х	
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or			
	persons other than the governing body?	7b	X	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
а	The governing body?	8a	X	
b	Each committee with authority to act on behalf of the governing body?	8b	Х	
9	is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the			
	organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		X
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)			
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		X
b	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	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a		Х
	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			
	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	x	
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	X	
	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe			
•	in Schedule O how this was done	12c	x	
13	Did the organization have a written whistleblower policy?	13	-21	X
14	Did the organization have a written document retention and destruction policy?		х	
15		14		
	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
_			. ,	
	The organization's CEO, Executive Director, or top management official	15a	X	
D	Other officers or key employees of the organization	15b		<u> </u>
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)			
loa	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a	İ		
	taxable entity during the year?	16a		<u> </u>
þ	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 organization's	1		
	exempt status with respect to such arrangements?	16b		
ec	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed NONE			
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) a	vaılab	е	
	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)			
9	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and	financ	al	
	statements available to the public during the tax year.			
:0	State the name, address, and telephone number of the person who possesses the organization's books and records			
	ROBYN KAYLOR - 205-871-1911			
	3501 INDEPENDENCE DRIVE, BIRMINGHAM, AL 35209			

Form 990 (2014) D/B/A BIRMINGHAM ASSOC OF REALTORS 63-0022510

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated

Employees, and independent Contractors	
Check if Schedule O contains a response or note to any line in this Part VII	

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)	(B)			_ ((C)	_		(D)	(E)	(F)
Name and Title	Average	(do	Position (do not check more than one				one	Reportable	Reportable	Estimated
	hours per	box, unless person is both an officer and a director/trustee)		compensation	compensation	amount of				
	week (list any	⊢	1		1	17003		from the	from related	other
	hours for	direct				Ļ		organization	organizations (W-2/1099-MISC)	compensation from the
	related	ee or	stee			nsate		(W-2/1099-MISC)	(** 2, 1000 111100)	organization
	organizations	Individual trustee or director	Institutional trustee		oyee	Highest compensated employee		, ,		and related
	below	vdua	幫	5	Key employee	hest c	JE.			organizations
	line)	횰	重	Officer	×e,	₹5	臣			
(1) CHIP WATTS	1.00								_	_
PRESIDENT		X		X	_	<u> </u>		0.	_0.	0.
(2) JAMES HARWELL	1.00	ļ						_	_	_
PRESIDENT ELECT		X		X		ļ		0.	0.	0.
(3) DOT MASH	1.00		ŀ			ļ		_	_	_
VICE PRESIDENT		X	<u> </u>	X	<u> </u>			0.	0.	0.
(4) FAITH HARPER	1.00							_	_	_
TREASURER		X	_	X	ļ	 		0.	0.	0.
(5) SHARON WILSON	0.50		1					_	_	_
BOARD OF DIRECTORS		X		<u> </u>				0.	0.	0.
(6) KIM MANGHAM-BARELARE	1.00			_						
SECRETARY		X		X				0.	0.	0.
(7) TED MCLAUGHLIN	0.50									
BOARD OF DIRECTORS		X		_	<u> </u>			0.	0.	0.
(8) WILMER POYNOR, IV	0.50				İ					•
BOARD OF DIRECTORS		X						0.	0.	0.
(9) JUHMAD HOLLIS	0.50									•
BOARD OF DIRECTORS		X		_				0.	0.	0.
(10) GUSTY GULAS	0.50									•
BOARD OF DIRECTORS	2 50	X			<u> </u>			0.	0.	0.
(11) BONNIE LEVENSON	0.50									•
BOARD OF DIRECTORS		X						0.	0.	0.
(12) MILDRED OSBORN	0.50									•
BOARD OF DIRECTORS		X				-		0.	0.	0.
(13) AMY SANTAGATA	0.50									•
BOARD OF DIRECTORS	1 00	X						0.	0.	0.
(14) GINNY WILLIS	1.00									
IMMEDIATE PAST PRESIDENT		X		X		\vdash		0.	0.	0.
(15) LUCIANA GUIN	0.50						ļ	_ [_ (•
BOARD OF DIRECTORS	0.50	X				Ш		0.	0.	0.
(16) JANET HAMM	0.50							_	_	•
BOARD OF DIRECTORS	2 - 2	X						0.	0.	0.
(17) SENIA JOHNSON	0.50							_	_	•
BOARD OF DIRECTORS		X				Ш		0.	0.	0 . Form 990 (2014)

Total number of independent contractors (including but not limited to those listed above) who received more than

\$100,000 of compensation from the organization

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Form 990 (2014)

Form 990 (2014)

Statement of Revenue

D/B/A BIRMINGHAM ASSOC OF REALTORS

Check if Schedule O contains a response or note to any line in this Part VIII (B) Related or (C) Unrelated (D)
Revenue excluded from tax under sections 512 - 514 Total revenue exempt function business revenue revenue Contributions, Gifts, Grants and Other Similar Amounts Federated campaigns 1a Membership dues 1b Fundraising events 10 Related organizations 1d Government grants (contributions) 1e All other contributions, gifts, grants, and similar amounts not included above 1f Noncash contributions included in lines 1a-1f \$ h Total. Add lines 1a-1f **Business Code** Program Service Revenue 2 a MEMBERSHIP DUES 900099 424,430. 424,430 ь SEMINARS & COURSES 611430 76,664 76,664 900099 51,600 51,600 c APPLICATION, INITIATIO All other program service revenue g Total. Add lines 2a-2f 552,694 Investment income (including dividends, interest, and 3 8,792 8,792. other similar amounts) Income from investment of tax-exempt bond proceeds 5 Royatties (ĭ) Real (ii) Personal 6 a Gross rents b Less: rental expenses c Rental income or (loss) d Net rental income or (loss) 7 a Gross amount from sales of (i) Securities (ii) Other assets other than inventory b Less: cost or other basis and sales expenses c Gain or (loss) d Net gain or (loss) 8 a Gross income from fundraising events (not Other Revenue contributions reported on line 1c). See Part IV, line 18 b Less direct expenses c Net income or (loss) from fundraising events 9 a Gross income from gaming activities. See Part IV, line 19 b Less: direct expenses c Net income or (loss) from gaming activities 10 a Gross sales of inventory, less returns and allowances . b Less: cost of goods sold c Net income or (loss) from sales of inventory Miscellaneous Revenue **Business Code** 11 a MISCELLANEOUS INCOME 900099 34,857. 34,857 ь **SPECIAL EVENTS** 15,525 900099 15,525. 900099 800 800 c LATE CHARGES d All other revenue 51,182. e Total. Add lines 11a-11d 612,668 603,876 0 Total revenue. See instructions.

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Sect	Check if Schedule O contains a respon			ompiete column (A)	X
- Do	not include amounts reported on lines 6b,	(A)	(B)	(C)	
	8b, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	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		l		
	individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees				
6	Compensation not included above, to disqualified			1	
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages		 	 	
8	Pension plan accruals and contributions (include				
_	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits				
10	Payroll taxes				
11	Fees for services (non-employees):				
a	Management	11,405.			
b	Legal	11,410.			
c d	Accounting Lobbying				
u	Professional fundraising services. See Part IV, line 17				,
f	Investment management fees				
u a	Other. (If line 11g amount exceeds 10% of line 25,		·		
9	column (A) amount, list line 11g expenses on Sch O.)				
12	Advertising and promotion				
13	Office expenses	15,475.			
14	Information technology	794.			
15	Royalties				
16	Occupancy	65,000.			
17	Travel				
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	81,793.			
20	Interest .				 _
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	0 305			
23	Insurance	2,325.	·		
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 0.) MGMT FEE - SALARIES	246,089.			
a	SEMINAR EXPENSE	44,211.			
b	MGMT FEE - HEALTH INSUR	41,479.			
c d	WEBSITE DEVELOPMENT	24,092.			
_	All other expenses SEE SCH O	192,015.			
25	Total functional expenses. Add lines 1 through 24e	736,088.			
<u>25</u> 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)				

Port V Rolonce

Pa	rt X	Balance Sheet			
		Chesk if Schedule O contains a response or note to any line in this Part X			<u> </u>
			(A) Beginning of year		(B) End of year
	1	Cash · non-interest-bearing	320,821.	1	132,739.
	2	Savings and temporary cash investments	1,562,230.	2	1,571,942.
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net		4	
	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			
क्		employees' beneficiary organizations (see instr) Complete Part II of Sch L		6	
Assets	7	Notes and loans receivable, net		7	
ä	8	Inventones for sale or use		8	
	9	Prepaid expenses and deferred charges		9	
	10a	Land, buildings, and equipment cost or other			
		basis. Complete Part VI of Schedule D 10a			
	b	Less: accumulated depreciation 10b		10c	
	11	Investments · publicly traded securities		11	
	12	Investments - other securities. See Part IV, line 11	1,526,611.	12	1,514,853.
	13	Investments · program-related See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets See Part IV, line 11		15	
	16	Total assets. Add lines 1 through 15 (must equal line 34)	3,409,662.	16	3,219,534.
	17	Accounts payable and accrued expenses		17	<u> </u>
	18	Grants payable .		18	
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D	m	21	
ies	22	Loans and other payables to current and former officers, directors, trustees,			
ij		key employees, highest compensated employees, and disqualified persons			
Liabilities		Complete Part II of Schedule L		22	
_	23	Secured mortgages and notes payable to unrelated third parties		23	<u></u>
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities (including federal income tax, payables to related third			
		parties, and other liabilities not included on lines 17-24). Complete Part X of	75 022		20 002
	00	Schedule D	75,832. 75,832.	25	20,882.
	26	Total liabilities, Add lines 17 through 25	15,034.	26	20,882.
"		Organizations that follow SFAS 117 (ASC 958), check here ▶			
ĕ	27	Unrestricted net assets		27	
lan	28	Temporanly restricted net assets		27 28	•
Ä	29	Permanently restricted net assets			
Σ	23	Organizations that do not follow SFAS 117 (ASC 958), check here		29	
Ē		and complete lines 30 through 34.			
ts o	30	Capital stock or trust principal, or current funds	0.	30	0.
SSe	31	Paid-in or capital surplus, or land, building, or equipment fund	0.	31	0.
Net Assets or Fund Balances	32	Retained earnings, endowment, accumulated income, or other funds	3,333,830.	32	3,198,652.
Ž	33	Total net assets or fund balances	3,333,830.	33	3,198,652.
	34	Total liabilities and net assets/fund balances	3,409,662.	34	3,219,534.
			3,303,004	<u> </u>	5,419,334.

	1990 (2014) D/B/A BIRMINGHAM ASSOC OF REALTORS	<u>63-00</u>	<u> 22510</u>	Pa	ge 12
Pa	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				\mathbf{X}
1	Total revenue (must equal Part VIII, column (A), line 12)	1	61	2,6	68.
2	Total expenses (must equal Part IX, column (A), line 25)	2	73	6,0	88.
3	Revenue less expenses. Subtract line 2 from line 1	3	<12	3,4	20.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	3,33	3,8	30.
5	Net unrealized gains (losses) on investments	5			
6	Donated services and use of facilities	6	_		
7	Investment expenses	7_			
8	Pnor penod adjustments	8			
9	Other changes in net assets or fund balances (explain in Schedule O)	9	<1	1,7	58.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,				
	column (B))	10	3,19	8,6	<u>52.</u>
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				<u> </u>
				Yes	No
1	Accounting method used to prepare the Form 990. X Cash Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	О.			
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 reviewe	d on a			
	separate basis, consolidated basis, or both				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b	X	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	e basis,			
	consolidated basis, or both.				
	Separate basis X Consolidated basis Both consolidated and separate basis				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	e audıt,			
	review, or compilation of its financial statements and selection of an independent accountant?		2c	X	
	If the organization changed either its oversight process or selection process during the tax year, explain in Sch	edule O			
3а	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Si	ngle Audıt			
	Act and OMB Circular A-133?		3a		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requ	ired audit			

Form **990** (2014)

or audits, explain why in Schedule O and describe any steps taken to undergo such audits

SCHEDULE C

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Political Campaign and Lobbying Activities

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

Complete if the organization is described below. Attach to Form 990 or Form 990-EZ.
Information about Schedule C (Form 990 or 990-EZ) and its instructions is at www.lrs.gov/torm990.

2014

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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
- 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

•	Section 501(c)(4), (5), or (6) organiza	ations Complete Part III.			
		SHAM ASSOC OF RE	ALTORS, INC.	Em	oloyer identification number
		BIRMINGHAM ASSOC		•	63-0022510
Pa	art I-A Complete if the or	ganization is exempt un	der section 501(c)	or is a section 527	organization.
2	Provide a description of the organi Political expenditures Volunteer hours	zation's direct and indirect polit	ical campaign activities		\$
Pa	art I-B Complete if the or	ganization is exempt un	der section 501(c)	(3).	
1	Enter the amount of any excise tax				\$
2	Enter the amount of any excise tax	cincurred by organization mana	gers under section 4955		\$
3	If the organization incurred a section	on 4955 tax, did it file Form 472	0 for this year?		Yes No
4:	a Was a correction made?				Yes No
	o If "Yes," describe in Part IV				· _
Pa	art I-C Complete if the or	ganization is exempt un	der_section 501(c)	, except section 501	(c)(3).
1	Enter the amount directly expende	ed by the filing organization for s	ection 527 exempt func	tion activities	\$
2	Enter the amount of the filing organ	nization's funds contributed to d	other organizations for s		
	exempt function activities				\$
3	Total exempt function expenditure	s. Add lines 1 and 2. Enter here	and on Form 1120-POL		
	line 17b			•	\$
	Did the filing organization file Form	•			☐ Yes ☐ No
5	•	• •	•	•	• •
	made payments For each organization contributions received that were page 1	•	• •		•
	political action committee (PAC) If				ate segregated fame of a
	(a) Name	(b) Address	(c) EIN	· · · · · · · · · · · · · · · · · · ·	(e) Amount of political
	(a) Name	(b) Audress	(C) EIIV	(d) Amount paid from filing organization's funds. If none, enter -0-	contributions received and

Schedule C (Form 990 or 990-EZ) 2014 Part II-A Complete if the org	D/B/A ganizatio	BIRMI on is exe	NGHAM ASSOC mpt under section	OF REALTOR n 501(c)(3) and file	S 63- ed Form 5768(0022510 Page 2 election under
section 501(h)).				· · · · · · · · · · · · · · · · · · ·	<u> </u>	
•				n Part IV each affiliated	group member's nai	ne, address, EIN,
expenses, and sha			•			
B Check Lifthe filing organiza	tion check	ed box A a	nd "limited control" pre	ovisions apply.		
		bying Expe leans amou	nditures unts paid or incurred.)	(a) Filing organization's totals	(b) Affiliated group totals
1a Total lobbying expenditures to infl	uence pub	lic opinion (grass roots lobbying)	-		
b Total lobbying expenditures to infl						
c Total lobbying expenditures (add I	ines 1a an	d 1b)	, ,			
d Other exempt purpose expenditur		•	•			
e Total exempt purpose expenditure		s 1c and 1d	d)	<u> </u>	· - <u>-</u>	
f Lobbying nontaxable amount. Ent	•		•	h columns		
If the amount on line 1e, column (a) of			bying nontaxable am			
Not over \$500,000	71 (0) 13.		the amount on line 1e	ount is.		
Over \$500,000 but not over \$1,00	0.000					
			00 plus 15% of the exc			
Over \$1,000,000 but not over \$1,5			00 plus 10% of the exc			
Over \$1,500,000 but not over \$17	,000,000		00 plus 5% of the exce	ss over \$1,500,000		
Over \$17,000,000		\$1,000,	000			
g Grassroots nontaxable amount (er		•		<u> </u>		
h Subtract line 1g from line 1a. If zer	o or less, e	enter -0-		-		ļ.,
i Subtract line 1f from line 1c If zero	-					
j If there is an amount other than ze	ro on eithe	er line 1h or	line 1i, did the organiz	ation file Form 4720		
reporting section 4911 tax for this	year?					Yes No
(Some organizations t		a section 5	eraging Period Under 01(h) election do not ate instructions for li	have to complete all o	of the five columns l	pelow.
	Lobb	ying Expe	nditures During 4-Yea	ar Averaging Period		
Calendar year (or fiscal year beginning in)	(a) 2	2011	(b) 2012	(c) 2013	(d) 2014	(e) Total
2a Lobbying nontaxable amount						
b Lobbying ceiling amount						
(150% of line 2a, column(e))						
c Total lobbying expenditures	-				·-	
d Grassroots nontaxable amount						
e Grassroots celling amount						
(150% of line 2d, column (e))		,				
(10070 of mio Ed, coldini (c))						
f Grassroots lobbying expenditures						

Schedule C (Form 990 or 990-EZ) 2014

Schedule C (Form 990 or 990-EZ) 2014 D/B/A BIRMINGHAM ASSOC OF REALTORS 63-0022510 Page 3

Part II-B Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).

For e	ach "Yes," response to lines 1a through 1i below, provide in Part IV a detailed description	(a)		(b)	
of the	e lobbying activity.	Yes	No	Amo	ount
1	During the 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 referendum, through the use of.				
а	Volunteers?				
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?				
С	Media advertisements?				
d	Mailings to members, legislators, or the public?				
e	Publications, or published or broadcast statements?				
f	Grants to other organizations for lobbying purposes?				· · · · · ·
g	Direct contact with legislators, their staffs, government officials, or a legislative body?				
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?				
i	Other activities?				
j	Total. Add lines 1c through 1i				
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?				
	If "Yes," enter the amount of any tax incurred under section 4912				
	If "Yes," enter the amount of any tax incurred by organization managers under section 4912				
	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?				
Par	t III-A Complete if the organization is exempt under section 501(c)(4), sect 501(c)(6).	ion 501(c)(5), or se	ction	
	00 1(0)(0).			Yes	No
1	Were substantially all (90% or more) dues received nondeductible by members?		1		X
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?		2		X
3	Did the organization agree to carry over lobbying and political expenditures from the prior year?		3		X
	501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered answered "Yes."	d "No," OR	· ·		·
1	Dues, assessments and similar amounts from members		1	4/6	<u>,030.</u>
2	Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenditures (do not include amounts of political expenditures).	icai			
_	expenses for which the section 527(f) tax was paid).		0-	0 5	725.
	Current year		2a	03	0,145.
	Carryover from last year		2b	0 F	725.
C			2c		0,008.
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues if notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the expensive section 162(e) dues in the first section 162(e) due in the first section 162(e) due in the		3		7,000.
4	does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and				
	expenditure next year?	political			
5	Taxable amount of lobbying and political expenditures (see instructions)		5	~33	283.
Par			1 9 1		, 203.
	de the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, Part II-A (affiliated grou	n list\ Part II.Δ	lings 1 a	nd 2 (see	
	ctions); and Part II-B, line 1. Also, complete this part for any additional information	p listy, i art ili-	, III 1 0 3 1 a	110 Z (366	
1113110	ctions), and it art ind, line it. Also, complete this part for any additional information				
		••••			

SCHEDULE D

(Form 990)

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.

► Attach to Form 990.

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

2014
Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization

BIRMINGHAM ASSOC OF REALTORS, INC. D/B/A BIRMINGHAM ASSOC OF REALTORS

Employer identification number 63-0022510

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" to Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts 1 Total number at end of year 2 Aggregate value of contributions to (during year) 3 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? Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for chantable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7. Part II 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 Protection of natural habitat Preservation of a certified historic structure □ 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 a Total number of conservation easements 2a Total acreage restricted by conservation easements 2b Number of conservation easements on a certified historic structure included in (a) 2c 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 3 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 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) Revenue included in Form 990, Part VIII, line 1 (ii) Assets included in Form 990, Part X 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: Revenue included in Form 990, Part VIII, line 1 Assets included in Form 990, Part X

	t III Organizations Maintaining C	Collections of A					or Simil		22510	
3	Using the organization's acquisition, access	ion, and other record	as, criec	k any or the	nollowing that	are a s	ignilicant	use or its	collection	nems
	(check all that apply).		. $ egin{array}{c} $							
а	Public exhibition				change prograr	ms				
b	Scholarly research	•		Other						
C	Preservation for future generations									
4	Provide a description of the organization's c			-	=			ose in Par	t XIII.	
5	During the year, did the organization solicit of					r sımılaı	r assets	_	٦	
Б	to be sold to raise funds rather than to be m								Yes	No_
Par	t IV Escrow and Custodial Arran reported an amount on Form 990, Pa		lete if the	organizatio	on answered "\	Yes" to	Form 990), Part IV,	line 9, or	
1a	Is the organization an agent, trustee, custod	ian or other interme	diary for	contributio	ns or other ass	ets not	ıncluded			
	on Form 990, Part X?		•						Yes	☐ No
b	If "Yes," explain the arrangement in Part XIII	and complete the fo	ollowing	table [.]					_	
	, .	·	J						Amount	
Ç	Beginning balance						1c		_	
d	Additions during the year						1d			
e	Distributions during the year						1e			
f	Ending balance						1f			
2a	Did the organization include an amount on F	orm 990, Part X, line	21, for	escrow or c	ustodial accou	ınt lıabıl	lity?		Yes	☐ No
<u> </u>	If "Yes," explain the arrangement in Part XIII	Check here if the e	xplanation	on has beer	provided in P	art XIII				
Par	t V Endowment Funds. Complete	f the organization a	nswered	"Yes" to Fo	orm 990, Part I	V, line 1	0.			
		(a) Current year	(b) F	nor year	(c) Two years	back	(d) Three	years back	(e) Four y	ears back
1a	Beginning of year balance		1						<u> </u>	
b	Contributions		<u> </u>							
С	Net investment earnings, gains, and losses				<u> </u>		<u>.</u>	_		
d	Grants or scholarships		<u> </u>							
е	Other expenditures for facilities		l							
	and programs									
f	Administrative expenses			·						
g	End of year balance		<u> </u>		<u> </u>					
2	Provide the estimated percentage of the cur	rent year end baland	ce (line 1	g, column (a)) held as:					
а	Board designated or quasi-endowment		%							
b	Permanent endowment	%								
c	Temporarily restricted endowment ▶	%								
	The percentages in lines 2a, 2b, and 2c show	uld equal 100%.								
3a	Are there endowment funds not in the posse	ession of the organiz	ation tha	at are held a	and administer	ed for th	he organi	zation	_	
	by.								_ <u>Y</u>	<u>res No</u>
	(i) unrelated organizations								3a(ı)	
	(ii) related organizations		-		•				3a(ii)	
b	If "Yes" to 3a(ii), are the related organizations	•							3b_	
4	Describe in Part XIII the intended uses of the		owment	funds						
Par	t VI Land, Buildings, and Equipm									
	Complete if the organization answere								 	
	Description of property	(a) Cost or o			t or other		ccumulate		(d) Book	value
		basis (investi	ment)	basis	(other)	dep	preciation	L		
	Land									
b	Buildings									
С	Leasehold improvements	<u> </u>	-							
	Equipment					·				
_	Other							_		
Total	. Add lines 1a through 1e (Column (d) must e	qual Form 990, Part	X, colur	nn (B), line i	10c.)					0.

Schedule D (Form 990) 2014

D/B/A BIRMINGHAM ASSOC OF REALTORS 63-0022510 Page 3 Schedule D (Form 990) 2014 Part VII Investments - Other Securities. Complete if the organization answered "Yes" to Form 990, Part IV, line 11b See Form 990, Part X, line 12. (a) Description of security or category (including name of security) (b) Book value (c) Method of valuation. Cost or end-of-year market value (1) Financial derivatives (2) Closely-held equity interests (3) Other INVESTMENT IN SUB-GREATER ALABAMA MLS, INC 1,514,853. COST (B) (C) (D) (E) (F) (G) (H)1,514,853 Total (Col. (b) must equal Form 990, Part X, col. (B) line 12.) Part VIII Investments - Program Related. Complete if the organization answered "Yes" to Form 990, Part IV, line 11c. 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) Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) Part IX Other Assets. Complete if the organization answered "Yes" to Form 990, Part IV, line 11d. See Form 990, Part X, line 15 (a) Description (b) Book value (1) (2) (3) (4)(5) (6)(7) (8) (9) Total. (Column (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 11e or 11f. See Form 990, Part X, line 25. (a) Description of liability (b) Book value (1) Federal income taxes (2) PAYABLE- GREATER ALABAMA AREA MLS, 14,650 INC. (3)DUES PAYABLE TO OTHER 6,232 ORGANIZATIONS (5)

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII Schedule D (Form 990) 2014

20,882

(6) (7) (8) (9)

Total. (Column (b) must equal Form 990, Part X, col. (B) line 25)

D/B/A BIRMINGHAM ASSOC OF REALTORS 63-0022510 Page 4 Schedule D (Form 990) 2014 Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return. Complete if the organization answered "Yes" to Form 990, Part IV, line 12a Total revenue, gains, and other support per audited financial statements Amounts included on line 1 but not on Form 990, Part VIII, line 12. Net unrealized gains (losses) on investments 2a Donated services and use of facilities 2b Recovenes of prior year grants 2c Other (Describe in Part XIII) 2d Add lines 2a through 2d 2e Subtract line 2e from line 1 3 Amounts included on Form 990, Part VIII, line 12, but not on line 1 Investment expenses not included on Form 990, Part VIII, line 7b 4a Other (Describe in Part XIII) 4b c Add lines 4a and 4b 4c Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12) Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return. Complete if the organization answered "Yes" to Form 990, Part IV, line 12a Total expenses and losses per audited financial statements 1 1 Amounts included on line 1 but not on Form 990, Part IX, line 25. Donated services and use of facilities 2a Prior year adjustments 2b Other losses 2c Other (Describe in Part XIII) 2đ Add lines 2a through 2d 2e Subtract line 2e from line 1 3 Amounts included on Form 990, Part IX, line 25, but not on line 1 Investment expenses not included on Form 990, Part VIII, line 7b Other (Describe in Part XIII.) c Add lines 4a and 4b Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18) 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.

SCHEDULE 0

(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.lrs.gov/form990. Open to Public Inspection

Name of the organization

BIRMINGHAM ASSOC OF REALTORS, INC. D/B/A BIRMINGHAM ASSOC OF REALTORS **Employer identification number** 63-0022510

Schedule O (Form 990 or 990-EZ) (2014)

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:
IN A PROFESSIONAL, ETHICAL AND PROFITABLE MANNER WITHIN AN ENVIRONMENT
THAT FOSTERS COOPERATION AMONG THE MEMBERSHIP.
FORM 990, PART VI, SECTION A, LINE 7A:
MEMBERS OF THE ASSOCIATION ELECT THE BOARD OF DIRECTORS.
•
FORM 990, PART VI, SECTION A, LINE 7B:
SOME DECISIONS OF THE BOARD OF DIRECTORS ARE SUBJECT TO APPROVAL BY THE
MEMBERS OF THE ASSOCIATION.
FORM 990, PART VI, SECTION B, LINE 11:
THE CHIEF EXECUTIVE OFFICER REVIEWS THE FORM 990. NO REVIEW WAS OR WILL BE
CONDUCTED BY THE BOARD OF DIRECTORS.
FORM 990, PART VI, SECTION B, LINE 12C:
ON AN ANNUAL BASIS, MEMBERS OF THE BOARD OF DIRECTORS AND STAFF ARE
REQUIRED TO COMPLETE A WRITTEN CONFLICT OF INTEREST STATEMENT.
FORM 990, PART VI, SECTION B, LINE 15A:
THE CHIEF EXECUTIVE OFFICER'S COMPENSATION IS REVIEWED ON AN ANNUAL BASIS
BY THE EXECUTIVE COMMITTEE OF THE BOARD OF DIRECTORS.
FORM 990, PART VI, SECTION C, LINE 19:
MATERIALS ARE AVAILABLE UPON REQUEST BY CONTACTING THE ASSOCIATION.
CONTACT INFORMATION CAN BE FOUND ON THE ASSOCIATION'S WEBSITE.

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

432211 08-27-14

Schedule O (Form 990 or 990-EZ) (2014)	Page 2
Name of the organization BIRMINGHAM ASSOC OF REALTORS, INC. D/B/A BIRMINGHAM ASSOC OF REALTORS	Employer identification number 63-0022510
FORM 990, PART IX, LINE 24E, ALL OTHER FUNCTIONAL EX	PENSES:
MGMT FEE - PAYROLL TAX_	22,244.
GOLF/TENNIS	18,906.
LEADERSHIP ACADEMY EXPENSE	15,465.
EQUIPMENT RENTAL	15,240.
MISCELLANEOUS	13,915.
TRADE SHOW	13,170.
CREDIT CARD FEES	11,276.
DUES & SUBSCRIPTIONS	10,398.
BCRC	9,610.
MGMT FEE - 401K MATCH	9,104.
STRATEGIC PLAN	7,350.
MGMT FEE - RETIREMENT	6,764.
GOVERNMENTAL AFFAIRS	4,606.
POST LICENSE EXPENSE	4,350.
TELEPHONE	3,123.
AAR LEADERSHIP SCHOLARSHIP	3,000.
PR - REALTOR PROMOTION	2,774.
PR - GENERAL	2,755.
POSTAGE	2,592.
PAC ADMIN	2,500.
MGMT FEE - STAFF PROFESSIONAL DEVELOPMENT	2,410.
MGMT FEE - RETIREMENT ADMIN	1,614.
MGMT FEE - DISABILITY INSURANCE	1,561.
ADVERTISING CAMPAIGN	1,506.
YOUNG PROFESSIONAL NETWORK	1,308.
AWARDS COMMITTEE EXPENSE	1,085.
432212 08-27-14	Schedule O (Form 990 or 990-EZ) (2014)

(g) Section 512(b)(13) Employer identification númber Open to Public Inspection OMB No 1545-0047 2014 controlled Direct controlling Yes 63-0022510 Identification of Related Tax-Exempt Organizations Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year. Direct controlling entity End-of-year assets e status (if section Public charity 501(c)(3)) Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37. Information about Schedule R (Form 990) and its instructions is at www.irs.gov/form990. Total income Related Organizations and Unrelated Partnerships Exempt Code Ð section ਉ Legal domicile (state or Identification of Disregarded Entities Complete if the organization answered "Yes" on Form 990, Part IV, line 33 Legal domicile (state or foreign country) foreign country) ▶ Attach to Form 990. D/B/A BIRMINGHAM ASSOC OF REALTORS BIRMINGHAM ASSOC OF REALTORS, INC. Primary activity Primary activity Name, address, and EIN (if applicable) Name, address, and EIN of related organization of disregarded entity Name of the organization Department of the Treasury internal Revenue Service SCHEDULE R (Form 990) Part Part II

For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule R (Form 990) 2014

ş

entity?

Schedule R (Form 990) 2014 D/B/A BIRMINGHAM ASSOC OF REALTORS

Identification of Related Organizations Taxable as a Partnership Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a partnership during the tax year Part III

Page 2

63-0022510

General or Percentage managing ownership 3 Yes No 9 Code V-UBI amount in box 20 of Schedule K-1 (Form 1065) \equiv Disproportionate Yes No allocations? Ξ (g)
Share of
end-of-year
assets Share of total income ε Predominant income (related, unrelated, excluded from tax under sections 512-514) e (d)
| Direct controlling | entity (c)
Legal
domicile
(state or
foreign Primary activity 9 Name, address, and EIN of related organization <u>a</u>

Identification of Related Organizations Taxable as a Corporation or Trust Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year Part IV

organizations treated as a colporation of trust during the tax year
Primary activity
REAL ESTATE

Schedule R (Form 990) 2014

432162 08-14-14

Schedule R (Form 990) 2014 D/B/A BIRMINGHAM ASSOC OF REALTORS

Part V Transactions With Related Organizations Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.

Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.					Yes	ş
1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?	ons with one or more re	lated organizations listed	n Parts II:1V?		•	
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity	ıty			1a		×
b Gift, grant, or capital contribution to related organization(s)				9		×
c Gift, grant, or capital contribution from related organization(s)				10		×
d Loans or loan guarantees to or for related organization(s)				1 d		×
e Loans or loan guarantees by related organization(s)				1 e		×
f Dividends from related organization(s)				=	1	×
g Sale of assets to related organization(s)				19		×
h Purchase of assets from related organization(s)				t.	_	×
i Exchange of assets with related organization(s)				Ŧ		×
j Lease of facilities, equipment, or other assets to related organization(s)				1;		×
k Lease of facilities, equipment, or other assets from related organization(s)				¥	×	
I Performance of services or membership or fundraising solicitations for related or	related organization(s)			=		×
m Performance of services or membership or fundraising solicitations by related org	related organization(s)			£		×
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	ation(s)			T,	×	
o Sharing of paid employees with related organization(s)				9	×	
p Reimbursement paid to related organization(s) for expenses				đ	×	
q Reimbursement paid by related organization(s) for expenses				19		×
r Other transfer of cash or property to related organization(s)				1		×
s Other transfer of cash or property from related organization(s)				1s		×
2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.	who must complete the	ns line, including covered	elationships and transaction thresholds.			
(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved	/olved	:	
(1) GREATER ALABAMA MLS, INC.	Ж	80,240.	LEASE AGREEMENT			
(2) GREATER ALABAMA MLS, INC.	0	331,265.	265. ALLOCATION BY RESPONSIBILITIES	LITI	ES	}
(3)						
(4)						
(5)						
(9)						
432163 08-14-14			Schedule R (Form 990) 2014	R (Form	(066	80 44

63-0022510 Page 4

BIRMINGHAM ASSOC OF REALTORS, INC.

Schedule R (Form 990) 2014 D/B/A BIRMINGHAM ASSOC OF REALTORS

Part VI Unrelated Organizations Taxable as a Partnership Complete if the organization answered "Yes" on Form 990, Part IV, line 37.

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross reverlue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

(k) Percentage ownership																	}				
General or managing partner?												<u> </u>		L							\exists
hspropor-Code V-UBI General or Percentage blorate amount in box 20 managing ownership or Schedule K-1 partners ownership yes No (Form 1065) yes No				_				 										 			
Orsproportionate allocations?			L															_			╡
On the part of the			-	_	-					 		\vdash			 			 	 \vdash		\dashv
(g) Share of end-of-year assets							_														
(f) Share of total Income																					
(e) Are all partners sec 501(c)(3) 008 7		-				 			-			_					-	 		 	\exists
(d) Predominant income pa (related, unrelated, excluded from tax under sections 512-514)																					
(c) Legal domicile (state or foreign e					-											•					
(b) Primary activity											:										i
(a) Name, address, and EIN of entity																					

Schedule R (Form 990) 2014

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.lrs.gov/form8868 .

OMB No. 1545-1709

• If yo	u are filing for an Automatic 3-Month Extension, comple	ete only Pa	art I and check this box		. 1	X							
	u are filing for an Additional (Not Automatic) 3-Month Ex												
Do not	complete Part II unless you have already been granted	an automa	atic 3-month extension on a previous	sly filed Fo	orm 8868								
Electr	onic filing (e-file). You can electronically file Form 8868 if	you need a	a 3-month automatic extension of tir	ne to file (6 months for a cor	poration							
required to file Form 990-T), or an additional (not automatic) 3-month extension of time. You can electronically file Form 8868 to request an extension													
of time	to file any of the forms listed in Part I or Part II with the ex	ception of	Form 8870, Information Return for	Transfers.	Associated With C	ertain							
Persor	al Benefit Contracts, which must be sent to the IRS in page	oer format	(see instructions). For more details	on the elec	ctronic filing of this	form,							
	wwwwwwwwwwwwwwwwwwwwwwwwwwwwwwwwwwwwww					·							
Part	I Automatic 3-Month Extension of Time	e. Only s	submit original (no copies ne	eded).									
A corp	oration required to file Form 990-T and requesting an auto	matic 6-mo	onth extension - check this box and	complete									
Part I	only)	▶ □							
	er corporations (including 1120-C filers), partnerships, REN	IICs, and t	rusts must use Form 7004 to reques	st an exter	ision of time								
to file income tax returns. Enter filer's identifying number													
Type or Name of exempt organization or other filer, see instructions Enter filer's identifying nu Employer identification num													
print	BIRMINGHAM ASSOC OF REALTO	RS, I	NC.										
File by th	D/B/A BIRMINGHAM ASSOC OF	REALT(ORS		63-00225	510							
due date	for Number, street, and room or suite no. If a P O. box, s	ee instruc	tions	Social se	curity number (SS	N)							
filing you return S													
instruction	ns City, town or post office, state, and ZIP code For a f	oreign add	lress, see instructions										
	BIRMINGHAM, AL 35259												
Enter t	he Return code for the return that this application is for (file	e a separa	te application for each return)			0 1							
		ſ											
Applic	ation	Return	Application			Return							
Is For		Code	Is For_			Code							
Form 9	90 or Form 990-EZ	01	Form 990-T (corporation)			07							
Form 9	90-BL	02	Form 1041-A		·	08							
Form 4	720 (ındıvıdual)	03	Form 4720 (other than individual)	_		09							
Form 9		04	Form 5227			10							
Form 9	90-T (sec 401(a) or 408(a) trust)	05	Form 6069			11							
Form 9	90-T (trust other than above)	06	Form 8870			12							
	ROBYN KAYLOR												
	books are in the care of \triangleright 3501 INDEPENDE	NCE DI	<u> RIVE - BIRMINGHAM,</u>	AL 3	5209								
Tele	phone No ▶ 205-871-1911		Fax No. >										
	e organization does not have an office or place of busines				•	· [_]							
• If th	s is for a Group Return, enter the organization's four digit												
<u>b</u> ox ▶					ers the extension i	s for.							
1 !	request an automatic 3-month (6 months for a corporation												
_		t organizat	tion return for the organization name	ed above	The extension								
	is for the organization's return for:												
	X calendar year 2014 or												
•	tax year beginning	, and	d ending		_								
2 1	the tax year entered in line 1 is for less than 12 months, c	heck reaso	on Initial return i	Final retur	n								
	Change in accounting period												
	this application is for Forms 990-BL, 990-PF, 990-T, 4720,	or 6069, e	enter the tentative tax, less any										
<u>n</u>	onrefundable credits. See instructions			3a	\$	0.							
b II	this application is for Forms 990-PF, 990-T, 4720, or 6069	, enter any	refundable credits and										
<u>e</u>	stimated tax payments made Include any prior year overp	ayment all	lowed as a credit.	3b	\$	0.							
c E	alance due. Subtract line 3b from line 3a. Include your pa	yment with	n this form, if required,										
b	y using EFTPS (Electronic Federal Tax Payment System).	See instruc	ctions	3c	\$	0.							
Cautio	n. If you are going to make an electronic funds withdrawal	(direct det	ort) with this Form 8868, see Form 8-	453-EO an	d Form 8879-EO fe	or payment							

LHA For I