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Form **990**

Return of Organization Exempt From Income Tax

DLN: 93493074010236

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

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

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

► Information about Form 990 and its instructions is at <u>www.IRS.gov/form990</u>

					Inspection
		alendar year, or tax year beginning 01-01-2015 , and ending 12-31-201 C Name of organization	.5 	D Employer i	dentification number
	ck if applicable ress change	ST CLAIR ASSOCIATION OF REALTORS		63-11316	
_	ne change	Doing business as		00-11016	
▼ Initia	al return			E Telephone n	umber
_ Fina retu	l rn/terminated	Number and street (or P O box if mail is not delivered to street address) Room/sui 30 COMER AVENUE STE 2	te		
_	ended return	City or town, state or province, country, and ZIP or foreign postal code			
_	lication pending	PELL CITY. AL 35125		G Gross receip	ts \$ 20,007
		F Name and address of principal officer	H(a) Is thi	l s a group reti	ırn for
		SHARON THOMAS 30 COMER AVENUE		dinates?	ΓYes ΓΝο
		PELL CITY, AL 35125	Are a (ט) Are a	ll subordinate ded?	es TYes No
	-exempt status	5			st (see instructions)
	ebsite: ►	, series(s) , series(e) (e) 4 (institute) , is in (e)(e) (e)	H(c) Grou	p exemption i	number 🟲
			1		M o
Par		n	L Year of fo	mation	M State of legal domicile A
Governance	FOR THE PROMOT CODE OF OWNERS AND ADV ENGAGE INC , AN THE STA DESIGN	E THOSE ENGAGED IN THE RECOGNIZED BRANCHES OF THE REAL E PURPOSE OF EXERTING A BENEFICIAL INFLUENCE UPON THE PRE AND MAINTAIN HIGH STANDARDS OF CONDUCT IN THE REAL EFETHICS OF THE NATIONAL ASSOCIATION OF REALTORS, TO PREAND THOSE ENGAGED IN THE REAL ESTATE PROFESSION WHERE VANCED, TO FURTHER THE INTEREST OF HOME AND OTHER REAL DIN THE REAL ESTATE PROFESSION IN THIS COMMUNITY WITH DITHE NATIONAL ASSOCIATION OF REALTORS, THEREBY FURTHER THE AND NATION, AND OBTAINING THE BENEFITS AND PRIVILEGE ATE, FOR THE BENEFIT OF THE PUBLIC, THOSE INDIVIDUALS WITH MS "REALTOR" A	OFESSION A STATE PROF OVIDE A UN BY THEIR IN PROPERTY C THE ALABAM RING THEIR S OF MEMBE	ND RELATED FESSION AS IFIED MEDIU TERESTS MA WNERSHIP, A ASSOCIA OWN OBJEC ERSHIP THER	DINTERESTS, TO EXPRESSED IN THE JM FOR REAL ESTATE AY BE SAFEGUARDED TO UNITE THOSE TION OF REALTORS, ETIVES THROUGHOUT
	THETER	NEALTON A			
ნ ტ					
rune?	2 Check t	his box দ $\overline{}$ if the organization discontinued its operations or disposed o	f more than 2!	5% of its net	assets
{	3 Number	of voting members of the governing body (Part VI, line 1a)	. з	17	
		of independent voting members of the governing body (Part VI, line 1b)			
		imber of individuals employed in calendar year 2015 (Part V, line 2a) $$.			1
		Imber of volunteers (estimate if necessary)		_	
		arelated business revenue from Part VIII, column (C), line 12			_
			Prio	r Year	Current Year
.		ributions and grants (Part VIII, line 1h)			20,00
Revenue		ram service revenue (Part VIII, line 2g)			
Æ		r revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)			
		$revenue-add\ lines\ 8\ through\ 11\ (must\ equal\ Part\ VIII,\ column\ (A\),\ lines$	e		20,00
	12) 13 Grant	ts and similar amounts paid (Part IX, column (A), lines 1–3)			
		fits paid to or for members (Part IX, column (A), line 4)			
₈₈	15 Salar 5-10	nes, other compensation, employee benefits (Part IX, column (A), lines			3,81
Expenses		essional fundraising fees (Part IX, column (A), line 11e)			
ਲੈ	b Total f	undraising expenses (Part IX, column (D), line 25) \blacktriangleright^0			
		r expenses (Part IX, column (A), lines 11a-11d, 11f-24e)			9,07
		expenses Add lines 13-17 (must equal Part IX, column (A), line 25) nue less expenses Subtract line 18 from line 12			12,88 7,12
5 %	1000	inde less expenses subtract line to from line 12 1 1 1 1 1 1 1		f Current Year	·
ger	20 Total	pagets (Port V. line 16)	Degg	- Carrent rear	28,70
net Assect or Fund Balances		assets (Part X, line 16)			82
Fem		ssets or fund balances Subtract line 21 from line 20			27,88
Jnder ny kn	penalties of	nature Block perjury, I declare that I have examined this return, including accompan belief, it is true, correct, and complete Declaration of preparer (other the knowledge			
	Corr	***	Б-	16-03-08	
Sign Here	- 1.	nature of officer	Da	ne	
1616	9111	RON THOMAS DIRECTOR e or print name and title			
				ck If PTI	N 187496
Paid	-	Firm's name BAIN & COMPANY CPA'S PC	5611-	employed P00	
-	parer -	Firm's address PO BOX 1090		ne no (205) 884	
Jse	Only			•	

PELL CITY, AL 351251090

Pell		ement of Program Service A	_		<u> </u>
1		k if Schedule O contains a response cribe the organization's mission	or note to any line in this Part III		<u> </u>
TO U PURF MAIN NATI THE INTE THIS THEF PRIV	NITE THOS OSE OF EXI ITAIN HIGH ONAL ASSO REAL ESTAT REST OF HO COMMUNIT LEBY FURTH ILEGES OF	E ENGAGED IN THE RECOGNIZED ERTING A BENEFICIAL INFLUENC STANDARDS OF CONDUCT IN THE CLATION OF REALTORS, TO PROFE PROFESSION WHEREBY THEIR OME AND OTHER REAL PROPERTY WITH THE ALABAMA ASSOCIAERING THEIR OWN OBJECTIVES THE MEMBERSHIP THEREIN, AND TO END AUTHORIZED TO USE THE TERM	E UPON THE PROFESSION AND LE REAL ESTATE PROFESSION A VIDE A UNIFIED MEDIUM FOR RINTERESTS MAY BE SAFEGUARD OWNERSHIP, TO UNITE THOSE TION OF REALTORS, INC, AND THROUGHOUT THE STATE AND IDESIGNATE, FOR THE BENEFIT OF	RELATED INTERESTS, TO S EXPRESSED IN THE COD REAL ESTATE OWNERS AND PED AND ADVANCED, TO FENGAGED IN THE REAL ESTHE NATIONAL ASSOCIAT NATION, AND OBTAINING	PROMOTE AND TO OF ETHICS OF THE THOSE ENGAGED IN THER THE TATE PROFESSION IN TON OF REALTORS, THE BENEFITS AND
2	the prior Foi	anization undertake any significant pi rm 990 or 990-EZ?			「Yes ▼No
3	Did the orga services?	scribe these new services on Schedi inization cease conducting, or make · · · · · · · · · · · · · · · · · · ·	sıgnıfıcant changes ın how ıt condu • • • • • • • • • • •	icts, any program	「Yes ▼No
4	Describe the expenses S	e organization's program service acc section 501(c)(3) and 501(c)(4) organization penses, and revenue, if any, for each	omplishments for each of its three anizations are required to report th		
4a	BENEFICIAL I PROFESSION AND THOSE E HOME AND O ASSOCIATION AND NATION, INDIVIDUALS) (Expenses \$ OSE ENGAGED IN THE RECOGNIZED BRANCHINFLUENCE UPON THE PROFESSION AND RELEAS EXPRESSED IN THE CODE OF ETHICS OF ENGAGED IN THE REAL ESTATE PROFESSION ITHER REAL PROPERTY OWNERSHIP, TO UNINFORM OF REALTORS, INC , AND THE NATIONAL AS, AND OBTAINING THE BENEFITS AND PRIVILIBITY OF AND THE STAND PRIVILIBITY OF AND THE STAND PRIVILIBITY OF ASSOCIATION OF REALTORS	ATED INTERESTS, TO PROMOTE AND MAIN THE NATIONAL ASSOCIATION OF REALTOR WHEREBY THEIR INTERESTS MAY BE SAFE TE THOSE ENGAGED IN THE REAL ESTATE SSOCIATION OF REALTORS, THEREBY FURNESS OF MEMBERSHIP THEREIN, AND TO I	ITAIN HIGH STANDARDS OF CONDUSS, TO PROVIDE A UNIFIED MEDIUN GUARDED AND ADVANCED, TO FUI PROFESSION IN THIS COMMUNITY THERING THEIR OWN OBJECTIVES DESIGNATE, FOR THE BENEFIT OF	JCT IN THE REAL ESTATE IF FOR REAL ESTATE OWNERS RTHER THE INTEREST OF WITH THE ALABAMA THROUGHOUT THE STATE THE PUBLIC, THOSE
4b	(Code) (Expenses \$	including grants of \$) (Revenue \$)
4 c	(Code) (Expenses \$	including grants of \$) (Revenue \$)
	Other prog	ram services (Describe in Schedule	0)		

including grants of \$

(Expenses \$

) (Revenue \$

Part TV	Checklist	of Regu	ired S	Schedules

			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		No
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2		No
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		No
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		No
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 "Yes," complete Schedule D, Part I	6		No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		No
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		No
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i>	10		No
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable			
	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	11a		No
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? <i>If "Yes," complete Schedule D, Part VII</i>	11b		No
	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? <i>If "Yes," complete Schedule D, Part VIII</i>	11c		No
	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? <i>If "Yes," complete Schedule D, Part IX</i>	11d		No
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		No
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		No
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a		No
	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		No
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		No
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		No
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	14b		No
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		No
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		No
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 $11e^{2}$ If "Yes," complete Schedule G, Part I (see instructions)	17		No
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>	18		No
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		No
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		No
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		

Par	t IV Checklist of Required Schedules (continued)		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	No
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	22	No
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? <i>If "Yes," complete Schedule J</i>	23	No
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 through 24d and complete Schedule K. If "No," go to line 25a	24a	No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b	
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	
d	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 transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a	
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? 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	No
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? <i>If "Yes," complete Schedule L, Part III</i>	27	No
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)		
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV		
		28a	No
D	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b	No
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c	No
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	No
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30	No
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I .	31	No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32	No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33	No
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	No
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	No
b	If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b	
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>	36	
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37	No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?	38	No

Form 990 (2015) Statements Regarding Other IRS Filings and Tax Compliance Part V Check if Schedule O contains a response or note to any line in this Part V Yes No 1a Enter the number reported in Box 3 of Form 1096 Enter -0 - if not applicable . . | 1a 0 **b** Enter the number of Forms W-2G included in line 1a Enter -0 - if not applicable c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable **1**c Νo 2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered 2b Νo b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) 3a Did the organization have unrelated business gross income of \$1,000 or more during the year? . . . Νo **b** 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 financial account in a foreign country (such as a bank account, securities account, or other financial 4a Νo account)? . 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 5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? . Νo b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? Νo 5b f c If "Yes," to line 5a or 5b, did the organization file Form 8886-T? **5**c 6a Νo 6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit 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 6b 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 **b** If "Yes," did the organization notify the donor of the value of the goods or services provided? c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to 7c **d** If "Yes," indicate the number of Forms 8282 filed during the year 7d e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 7e **f** Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? . 7f g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as 7g If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time 8 9a Did the sponsoring organization make any taxable distributions under section 4966? . 9a **b** Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? . . . 9b 10 Section 501(c)(7) organizations. Enter a Initiation fees and capital contributions included on Part VIII, line 12 . . . 10a 10b **b** Gross receipts, included on Form 990, Part VIII, line 12, for public use of club Section 501(c)(12) organizations. Enter a Gross income from members or shareholders . . 11a Gross income from other sources (Do not net amounts due or paid to other sources 12a 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? If "Yes," enter the amount of tax-exempt interest received or accrued during the 12b Section 501(c)(29) qualified nonprofit health insurance issuers. a Is the organization licensed to issue qualified health plans in more than one state? **Note.** See the instructions for 13a additional information the organization must report on Schedule O **b** Enter the amount of reserves the organization is required to maintain by the states 13b in which the organization is licensed to issue qualified health plans **c** Enter the amount of reserves on hand . 14a Did the organization receive any payments for indoor tanning services during the tax year? . 14a Νo **b** If "Yes," has it filed a Form 720 to report these payments? *If "No," provide an explanation in Schedule O* . .

Part VI	Governance	Management,	and	Disclosure
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Se	ection A. Governing Body and Management	ġ.		•
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 17			
	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			
b	Enter the number of voting members included in line 1a, above, who are independent 1b 17			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2		No
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?.	3		No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		No
5	Did the organization become aware during the year of a significant diversion of the organization's assets? .	5		No
6	Did the organization have members or stockholders?	6		No
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a		No
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		No
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following			
а	The governing body?	8a	Yes	
b	Each committee with authority to act on behalf of the governing body?	8b	Yes	
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? <i>If "Yes," provide the names and addresses in Schedule O</i>	9		No
Se	ection B. Policies (This Section B requests information about policies not required by the Internal Re	evenu	ie Cod	e.)
			Yes	No
	Did the organization have local chapters, branches, or affiliates?	10a		No_
	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		
	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a		Νo
	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		No_
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b		
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	12c		
L3	Did the organization have a written whistleblower policy?	13		No
L4	Did the organization have a written document retention and destruction policy?	14		No
L 5	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		No_
Ь	Other officers or key employees of the organization	15b		No
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)			
	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a		Νo
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 organization's exempt status with respect to such arrangements?	16b		
Se	ection C. Disclosure	· '		•
L7	List the States with which a copy of this Form 990 is required to be filed▶			
18	Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c) (3)s only) available for public inspection. Indicate how you made these available. Check all that apply Own website. Another's website. Upon request. Other (explain in Schedule O)			
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of			

State the name, address, and telephone number of the person who possesses the organization's books and records ►TAMMY STEWART 30 COMER AVENUE STE 2 PELL CITY, AL 35125 (205) 338-7729

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

- ◆ 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, or 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

▼ Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee

(A) Name and Title	(B) A verage hours per week (list any hours	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization	(E) Reportable compensation from related organizations	(F) Estimated amount of other compensation
	for related organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	(W- 2/1099- MISC)	(W- 2/1099- MISC)	from the organization and related organizations
(1) JENNY HOUZE PRESIDENT				х				0	0	0
(2) CARAN WILBANKS PRESIDENT EL				х				0	0	0
(3) ALAN DRINKARD VICE PRESIDE				х				0	0	0
(4) PAULA KRAFFT SECRETARY/TR				х				0	0	0
(5) SHARON THOMAS DIRECTOR				х				0	0	0
										Form 990 (2015)

s (continued

	(A) Name and Title	(B) A verage hours per week (list any hours							(D) Reportable compensation from the organization (W-		(E) Reportable compensation from related organizations (W-	(F) Estimated amount of other compensation from the
		for related organizations below dotted line)	Individual trustae or director	Institutional Trustee	Officei	Ke) employee	Highest compensated employee	Former	2/1099	-MISC)	2/1099-MISC)	organization and related organizations
1b	Sub-Total						<u> </u> ▶					
c d	Total from continuation sheet Total (add lines 1b and 1c) .				٠.	٠.						
2	Total number of individuals (in \$100,000 of reportable compe	cluding but not	lımıted	to the	ose	lıste	d abov	e) w	ho receive	d more th	an	
3	Did the organization list any f oon line 1a? <i>If "Yes," complete S</i>					-	-		or highes	· ·	sated employee	Yes No
4	For any individual listed on line organization and related organ individual											4 No
5	5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person								or individual for	5 No		
	ection B. Independent Co			٠٠		J - '	L		11		+100 000	- 4
1	Complete this table for your five compensation from the organization from the organizati	zation Report co									thin the organizatio	n's tax year
	N	(A) lame and business	address							Des	(B) cription of services	(C) Compensation

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

\$100,000 of compensation from the organization 🕨

Part V	* * *	Statement of Revenue					_
		Check if Schedule O contains a respo	nse or note to any lir	(A)	(B)	(C)	
				Total revenue	Related or	Unrelated	Revenue
					exempt	business	excluded from
					function revenue	revenue	tax under sections
							512-514
s s	1a	Federated campaigns 1a					
ant uni	b	Membership dues 1b	20,001				
Gr:	С	Fundraising events 10	-				
tributions, Gifts, Grants Other Similar Amounts							
Gif ilai	d	Related organizations 1d					
is,	е	Government grants (contributions) 1e					
tior r S	f	All other contributions, gifts, grants, and similar amounts not included above					
but the		Noncash contributions included in lines					
Contributions, Gifts, Grants and Other Similar Amounts	g	1a-1f \$					
Cont and	h	Total. Add lines 1a-1f	<u>.</u> [20,001			
			Business Code				
ППе	2a		Business code				
еме	b						
eE ou							
МĈ	C						
Ser	d						
E	e						
Program Service Revenue	f	All other program service revenue					
ΔŤ	g	Total. Add lines 2a-2f					
	3	Investment income (including dividen					
		and other similar amounts)		6	6		
	4	Income from investment of tax-exempt bond	-				
	5	Royalties					
	6a	(1) Real Gross rents	(II) Personal				
	Va	GIOSS TEIRS					
	b	Less rental expenses					
	С	Rental income					
	А	or (loss) Net rental income or (loss)	<u>. </u>				
	•	(i) Securities	(II) Other				
	7a	Gross amount	(II) o circi				
		from sales of assets other					
		than inventory					
	ь	Less cost or					
		other basis and sales expenses					
	С	Gain or (loss)					
	d	Net gain or (loss)					
<u>e</u>	8a	Gross income from fundraising					
eur		events (not including					
eΛ		\$ of contributions reported on line 1c)					
ב ת		See Part IV, line 18					
Other Revenue	_	a					
ō		Less direct expenses b					
		Net income or (loss) from fundraising	events 🛌				
	ya	Gross income from gaming activities See Part IV, line 19					
		a					
	b	Less direct expenses b					
	С	Net income or (loss) from gaming acti	vities				
	10a	Gross sales of inventory, less					
		returns and allowances .					
	h	Less cost of goods sold b					
		Net income or (loss) from sales of inv	entory 🛌				
		Miscellaneous Revenue	Business Code				
	11a						
							
	c	 -					
	_	All other revenue					
	d	All other revenue					
	е	Total. Add lines 11a–11d	-				
	12	Total revenue. See Instructions .	🕨	20,007	6		

Part	IX Statement of Functional Expenses				
	in $501(c)(3)$ and $501(c)(4)$ organizations must complete all columns	All other organiz	ations must con	nplete column (A)	
	Check if Schedule O contains a response or note to any line in t	his Part IX			
	t include amounts reported on lines 6b, , 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 individuals 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, trustees, and key employees				
6	Compensation not included above, to disqualified persons (as defined under section $4958(f)(1)$) and persons described in section $4958(c)(3)(B)$				
7	Other salaries and wages	3,500			
8	Pension plan accruals and contributions (include section $401(k)$ and $403(b)$ employer contributions)				
9	Other employee benefits				
10	Payroll taxes	314			
11	Fees for services (non-employees)				
а	Management				
b	Legal				
С	Accounting	450			
d	Lobbying				
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)				
12	Advertising and promotion				
13	Office expenses	374			
14	Information technology				
15	Royalties				
16	Occupancy	540			
17	Travel	165			
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	580			
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization				
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	DUES PAID TO AFFILIATES	6,490			
b	LUNCHEONS	439			
c	PRO GRAM EXPENSE	34			
d					
e	All other expenses				
25	Total functional expenses. Add lines 1 through 24e	12,886	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)				

Form 990 (2015) Page 11 Part X **Balance Sheet** (A) (B) Beginning of year End of year 28,563 1 1 2 2 Savings and temporary cash investments 3 3 4 145 5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of 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 7 7 8 8 9 9 Prepaid expenses and deferred charges 10a Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D 10a b Less accumulated depreciation 10b 10c 11 11 12 Investments—other securities See Part IV, line 11 12 13 13 Investments—program-related See Part IV, line 11 14 14 15 15 16 Total assets. Add lines 1 through 15 (must equal line 34) 16 28,708 820 **17** 17 18 18 19 19 20 20 21 21 Escrow or custodial account liability Complete Part IV of Schedule D . 22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified 22 23 Secured mortgages and notes payable to unrelated third parties . . 23 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 of Schedule D 25 26 ol 26 820 **Total liabilities.**Add lines 17 through 25 Organizations that follow SFAS 117 (ASC 958), check here ▶ ▽ and complete Balance lines 27 through 29, and lines 33 and 34. 27 27.888 27 28 28 Fund 29 Organizations that do not follow SFAS 117 (ASC 958), check here ▶

and complete lines 30 through 34. 5 30 Capital stock or trust principal, or current funds 30 Net Assets 31 31 Paid-in or capital surplus, or land, building or equipment fund

Retained earnings, endowment, accumulated income, or other funds

Total liabilities and net assets/fund balances

32

33

34

27,888

28.708

32

33

34

ol

ol

-01111	990 (2015)				Page ⊥ ∡
Par	Reconcilliation of Net Assets Check if Schedule O contains a response or note to any line in this Part XI				୮
1	Total revenue (must equal Part VIII, column (A), line 12)	1			20,007
2	Total expenses (must equal Part IX, column (A), line 25)	2			12,886
3	Revenue less expenses Subtract line 2 from line 1	3			7,121
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4			C
5	Net unrealized gains (losses) on investments	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			20,767
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10			27,888
Par	t XIII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				. \sqsubset
	once kindenedule di contains a response of note to any fine firefine fare XII i i i i i i		 -	Yes	No
1	Accounting method used to prepare the Form 990			163	140
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		Νo
	If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or revie a separate basis, consolidated basis, or both	wed on			
	Separate basis Consolidated basis Both consolidated and separate basis				
ь	Were the organization's financial statements audited by an independent accountant?		2b		Νo
	If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a sepa basis, consolidated basis, or both	ırate			
	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 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 i Schedule O	n			
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in th Single Audit Act and OMB Circular A-133?	е	3a		
b	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		3b		

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OMB No 1545-0047

2015

Open to Public Inspection

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.irs.gov/form990.

Name of the organization **Employer identification number** ST CLAIR ASSOCIATION OF REALTORS 63-1131697

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990 - ORGANIZATION'S MISSION	TO UNITE THOSE ENGAGED IN THE RECOGNIZED BRANCHES OF THE REAL ESTATE PROFESSION IN THIS COMMUNITY FOR THE PURPOSE OF EXERTING A BENEFICIAL INFLUENCE UPON THE PROFESSION AND RELATED INTERESTS, TO PROMOTE AND MAINTAIN HIGH STANDARDS OF CONDUCT IN THE REAL ESTATE PROFESSION AS EXPRESSED IN THE CODE OF ETHICS OF THE NATIONAL ASSOCIATION OF REALTORS, TO PROVIDE A UNIFIED MEDIUM FOR REAL ESTATE OWNERS AND THOSE ENGAGED IN THE REAL ESTATE PROFESSION WHEREBY THEIR INTERESTS MAY BE SAFEGUARDED AND ADVANCED, TO FURTHER THE INTEREST OF HOME AND OTHER REAL PROPERTY OWNERSHIP, TO UNITE THOSE ENGAGED IN THE REAL ESTATE PROFESSION IN THIS COMMUNITY WITH THE ALABAMA ASSOCIATION OF REALTORS, INC., AND THE NATIONAL ASSOCIATION OF REALTORS, THEREBY FURTHERING THEIR OWN OBJECTIVES THROUGHOUT THE STATE AND NATION, AND OBTAINING THE BENEFITS AND PRIVILEGES OF MEMBERSHIP THEREIN, AND TO DESIGNATE, FOR THE BENEFIT OF THE PUBLIC, THOSE INDIVIDUALS WITHIN ITS JURISDICTION AUTHORIZED TO USE THE TERMS "REALTOR- AND "REALTOR- ASSOCIATES", AS LICENSED, PRESCRIBED AND CONTROLLED BY THE NATIONAL ASSOCIATION OF REALTORS
FORM 990, PAGE 2, PART III, LINE 4A	THE ALABAMA ASSOCIATION OF REALTORS, INC , AND THE NATIONAL ASSOCIATION OF REALTORS, THERE BY FURTHERING THEIR OWN OBJECTIVES THROUGHOUT THE STATE AND NATION, AND OBTAINING THE BENE FITS AND PRIVILEGES OF MEMBERSHIP THEREIN, AND TO DESIGNATE, FOR THE BENEFIT OF THE PUBLIC , THOSE INDIVIDUALS WITHIN ITS JURISDICTION AUTHORIZED TO USE THE TERMS "REALTOR- AND "REA LTOR- ASSOCIATES", AS LICENSED, PRESCRIBED AND CONTROLLED BY THE NATIONAL ASSOCIATION OF R EALTORS
FORM 990, PAGE 6, PART VI, LINE 11B	NO REVIEW WAS OR WILL BE CONDUCTED
FORM 990, PAGE 6, PART VI, LINE 19	NO DOCUMENTS AVAILABLE TO THE PUBLIC
FORM 990, PART XI, LINE 9	TRANSFERRED IN FROM 1120 20,767 TOTAL 20,767