

Form **990EZ**


Short Form
Return of Organization Exempt From Income Tax
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

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

▶ Go to www.irs.gov/Form990EZ for instructions and the latest information.

OMB No 1545-1150
2019
Open to Public Inspection

Department of the Treasury
Internal Revenue Service

A For the 2019 calendar year, or tax year beginning 01-01-2019, and ending 12-31-2019
B Check if applicable:
☐ Address change
☐ Name change
☐ Initial return
☐ Final return/terminated
☐ Amended return
☐ Application pending

C Name of organization
ST CLAIR ASSOCIATION OF REALTORS

Number and street (or P O box, if mail is not delivered to street address) Room/suite
30 COMER AVENUE STE 2

City or town, state or province, country, and ZIP or foreign postal code
PELL CITY, AL 35125

D Employer identification number
63-1131697
E Telephone number

F Group Exemption Number ▶

G Accounting Method ☐ Cash ☒ Accrual Other (specify) ▶
H Check ☒ if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF)

I Website: ▶ STCLAIRREALTORS.COM
J Tax-exempt status (check only one) - ☐ 501(c)(3) ☒ 501(c)(6) ◀ (insert no) ☐ 4947(a)(1) or ☐ 527

K Form of organization ☒ Corporation ☐ Trust ☐ Association ☐ Other

L Add lines 5b, 6c, and 7b to line 9 to determine gross receipts If gross receipts are \$200,000 or more, or if total assets (Part II, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ ▶ \$ 85,175

K Form of organization <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other _____										
L Add lines 5b, 6c, and 7b to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets (Part II, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ. ▶ \$ 85,175										
Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instructions for Part I)										
Check if the organization used Schedule O to respond to any question in this Part I. <input checked="" type="checkbox"/>										
Revenue	1	Contributions, gifts, grants, and similar amounts received						1	32,600	
	2	Program service revenue including government fees and contracts						2	52,537	
	3	Membership dues and assessments						3		
	4	Investment income						4	38	
	5a	Gross amount from sale of assets other than inventory				5a		5c		
	b	Less cost or other basis and sales expenses				5b				
	c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)								
	6	Gaming and fundraising events						6d		
	a	Gross income from gaming (attach Schedule G if greater than \$15,000)				6a				
	b	Gross income from fundraising events (not including \$ _____ of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000)								6b
c	Less direct expenses from gaming and fundraising events				6c					
d	Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)						6d			
7a	Gross sales of inventory, less returns and allowances				7a		7c			
b	Less cost of goods sold				7b					
c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)									
8	Other revenue (describe in Schedule O)						8			
9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8. ▶						9	85,175		
Expenses	10	Grants and similar amounts paid (list in Schedule O)						10	33,380	
	11	Benefits paid to or for members						11		
	12	Salaries, other compensation, and employee benefits						12	14,516	
	13	Professional fees and other payments to independent contractors						13	1,006	
	14	Occupancy, rent, utilities, and maintenance						14	8,400	
	15	Printing, publications, postage, and shipping						15		
	16	Other expenses (describe in Schedule O)						16	24,114	
	17	Total expenses. Add lines 10 through 16. ▶						17	81,416	
Net Assets	18	Excess or (deficit) for the year (Subtract line 17 from line 9)						18	3,759	
	19	Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)						19	32,534	
	20	Other changes in net assets or fund balances (explain in Schedule O)						20		
	21	Net assets or fund balances at end of year. Combine lines 18 through 20						21	36,293	

Check if the organization used Schedule O to respond to any question in this Part II ☒

Part III	Statement of Program Service Accomplishments (see the instructions for Part III)	Expenses
	Check if the organization used Schedule O to respond to any question in this Part III . . <input checked="" type="checkbox"/>	(Required for section 501(c)(3) and 501(c)(4) organizations, optional for others)
	<p>What is the organization's primary exempt purpose?</p> <p>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" A</p> <p>Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title</p>	

Check if the organization used Schedule O to respond to any question in this Part IV. ☐

Form **990-EZ** (2019)

Part V Other Information (Note the Schedule A and personal benefit contract statement requirements in the instructions for Part V) Check if the organization used Schedule O to respond to any question in this Part V ☐

	Yes	No
33 Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O	33	No
34 Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O. See instructions	34	No
35a Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)?	35a	No
b If "Yes," to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O	35b	
c Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III	35c	No
36 Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N	36	No
37a Enter amount of political expenditures, direct or indirect, as described in the instructions ▶ 37a		
b Did the organization file Form 1120-POL for this year?	37b	No
38a Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?	38a	No
b If "Yes," complete Schedule L, Part II and enter the total amount involved	38b	
39 Section 501(c)(7) organizations Enter		
a Initiation fees and capital contributions included on line 9	39a	
b Gross receipts, included on line 9, for public use of club facilities	39b	
40a Section 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under section 4911 ▶ , section 4912 ▶ , section 4955 ▶		
b Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations Did the organization engage in any section 4958 excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	40b	
c Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 ▶		
d Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations Enter amount of tax on line 40c reimbursed by the organization ▶		
e All organizations At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T	40e	No
41 List the states with which a copy of this return is filed ▶		
42a The organization's books are in care of ▶ <u>TAMMY STEWART</u> Telephone no ▶ <u>(205) 338-7729</u> Located at ▶ <u>30 COMER AVENUE STE 2 SUITE 2 PELL CITY, AL</u> ZIP + 4 ▶ <u>35125</u>		
b At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? If "Yes," enter the name of the foreign country ▶	42b	No
See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)		
c At any time during the calendar year, did the organization maintain an office outside the U S ? If "Yes," enter the name of the foreign country ▶	42c	No
43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 - Check here ▶ <input type="checkbox"/> and enter the amount of tax-exempt interest received or accrued during the tax year ▶ 43		
44a Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44a	No
b Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44b	No
c Did the organization receive any payments for indoor tanning services during the year?	44c	No
d If "Yes," to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	44d	
45a Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45a	No
45b Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of Form 990-EZ (see instructions)	45b	No

		Yes	No
46	Did the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I		No

Part VI Section 501(c)(3) Organizations Only
All section 501(c)(3) organizations must answer questions 47- 49b and 52, and complete the tables for lines 50 and 51.
Check if the organization used Schedule O to respond to any question in this Part VI ☐

		Yes	No
47	Did the organization engage in lobbying activities or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II		
48	Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E		
49a	Did the organization make any transfers to an exempt non-charitable related organization?		
49b	If "Yes," was the related organization a section 527 organization?		

50 Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter "None "

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

f Total number of other employees paid over \$100,000 ►

51 Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None "

(a) Name and business address of each independent contractor	(b) Type of service	(c) Compensation

d Total number of other independent contractors each receiving over \$100,000. ►

52 Did the organization complete Schedule A? **NOTE.** All section 501(c)(3) organizations must attach a completed Schedule A ► ☐ **Yes** ☐ **No**

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here	***** Signature of officer		2020-02-05 Date		
	PAULA KRAFFT, PRESIDENT Type or print name and title				
Paid Preparer Use Only	Print/Type preparer's name GREGORY D BAIN CPA	Preparer's signature	Date 2020-02-08	Check <input type="checkbox"/> if self-employed	PTIN P00187496
	Firm's name ► BAIN & COMPANY CPA'S PC			Firm's EIN ► 63-1273966	
	Firm's address ► PO BOX 1090 PELL CITY, AL 351251090			Phone no. (205) 884-2332	

May the IRS discuss this return with the preparer shown above? See instructions ► ☒ **Yes** ☐ **No**

Additional Data

Software ID:
Software Version:
EIN: 63-1131697
Name: ST CLAIR ASSOCIATION OF REALTORS

Form 990EZ, Part III - Statement of Program Service Accomplishments

Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title.		Expenses (Required for section 501(c)(3) and 501(c)(4) organizations; optional for others.)	
<p>28</p> <p>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</p> <p>(Grants \$)</p> <p>If this amount includes foreign grants, check here . . . <input type="checkbox"/></p>		28a	

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Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title.	Expenses (Required for section 501(c)(3) and 501(c)(4) organizations; optional for others.)	
29 TO REMIT DONATIONS TO AAR, NAR, ARPAC ON BEHALF OF THE ASSOCIATION MEMBERS (Grants \$) If this amount includes foreign grants, check here . . . <input type="checkbox"/>	29a	

Form 990EZ, Part IV — List of Officers, Directors, Trustees, and Key Employees

(list each one even if not compensated — see the instructions for Part IV)

Check if the organization used Schedule O to respond to any question in this Part IV. ☐

(a) Name and title	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC) (If not paid, enter -0-)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
SHARON THOMAS BOARD MEMBER	000 00	0		
SHIRLEY KUJAN BOARD MEMBER	000 00	0		
MIKE CARR PRESIDENT EL	000 00	0		
TAMMY STEWART EXECUTIVE DI	5 00	13,375		
DANA ELLISON BOARD MEMBER	000 00	0		
PAULA KRAFFT PRESIDENT	000 00	0		
KAREN BAIN BOARD MEMBER	000 00	0		
CARAN WILBANKS BOARD MEMBER	000 00	0		
RITA FOSTER BOARD MEMBER	000 00	0		
NICOLE ANDERSON SECRETARY/TR	000 00	0		
BRITTON FALKNER BOARD MEMBER	000 00	0		
CARL HOWARD BOARD MEMBER	000 00	0		
ASHLEY VANDIVER BOARD MEMBER	000 00	0		
KATRINA HENNINGS BOARD MEMBER	000 00	0		
LAURIE BRASHER BOARD MEMBER	000 00	0		

Form 990EZ, Part IV — List of Officers, Directors, Trustees, and Key Employees

(list each one even if not compensated — see the instructions for Part IV)

Check if the organization used Schedule O to respond to any question in this Part IV. ☐

(a) Name and title	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC) (If not paid, enter -0-)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
TRACY BOYD BOARD MEMBER	000 00	0		
BECKY BOWMAN BOARD MEMBER	000 00	0		

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury

Name of the organization

ST CLAIR ASSOCIATION OF REALTORS

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.

▶ Go to www.irs.gov/Form990 for the latest information.

OMB No 1545-0047

2019

Open to Public Inspection

Employer identification number

63-1131697

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990-EZ, PART I, LINE 10	ALABAMA ASSOCIATION OF REALTORS 14,645 2000 INTERSTATE PARK DR MONTGOMERY AL 36109 ARPAC 6,665 2000 INTERSTATE PARK DR MONTGOMERY AL 36109 NATIONAL ASSOC OF REALTORS 12,070 430 N ORTH MICHIGAN AVE 4 CHICAGO IL 60611

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990- EZ, PART I, LINE 16	EXPENSES OFFICE SUPPLIES 2,071 BANK SERVICE CHARGES 728 POSTAGE & DELIVERY 61 TRAVEL 5,239 CONVENTIONS & WORKSHOPS 1,862 MEETINGS EXPENSES 7,094 EDUCATION EXPENSES 1,146 INSURANCE 475 PROGRAM EXPENSE 642 CONTRIBUTIONS 3,150 OTHER EXPENSES 582 FOREWARN 1,064 TOTAL 24,114

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990- EZ, PART II, LINE 26	ACCOUNTS PAYABLE AND ACCRUED EXPENSES 1,205 1,185

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990-EZ, PART III	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

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990- EZ, PART III, LINE 28	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