

**ED K. BURTON, LLC
12333 AUGUSTA ROAD PO BOX 40
LAVONIA, GA 30553
706-460-5750**

November 9, 2022

EAST METRO BOARD OF REALTORS, INC.
P.O. BOX 1143
COVINGTON, GA 30015

Dear Client:

Your 2021 Federal Return of Organization Exempt from Income Tax will be electronically filed with the Internal Revenue Service upon receipt of a signed Form 8879-TE - IRS e-file Signature Authorization. No tax is payable with the filing of this return.

Mail the copy for Georgia to Georgia Income Tax Division, P.O. Box 740397, Atlanta, GA 30374-0397.

Please be sure to call us if you have any questions.

Sincerely,

ALAN M. BURTON, CPA

**IRS e-file Signature Authorization
for a Tax Exempt Entity**

For calendar year 2021, or fiscal year beginning _____, 2021, and ending _____, 20____

2021

Department of the Treasury
Internal Revenue Service

► **Do not send to the IRS. Keep for your records.**
► **Go to www.irs.gov/Form8879TE for the latest information.**

Name of filer

EIN or SSN

EAST METRO BOARD OF REALTORS, INC.

58-1538860

Name and title of officer or person subject to tax

ERICA ALLEN EXECUTIVE DIRECTOR

Part I Type of Return and Return Information

Check the box for the return for which you are using this Form 8879-TE and enter the applicable amount, if any, from the return. Form 8038-CP and Form 5330 filers may enter dollars and cents. For all other forms, enter whole dollars only. If you check the box on line 1a, 2a, 3a, 4a, 5a, 6a, 7a, 8a, 9a, or 10a below, and the amount on that line for the return being filed with this form was blank, then leave line 1b, 2b, 3b, 4b, 5b, 6b, 7b, 8b, 9b, or 10b, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. **Do not** complete more than one line in Part I.

1a Form 990 check here	<input type="checkbox"/>	b Total revenue, if any (Form 990, Part VIII, column (A), line 12)	1b	
2a Form 990-EZ check here	<input checked="" type="checkbox"/>	b Total revenue, if any (Form 990-EZ, line 9)	2b	<u>176,548.</u>
3a Form 1120-POL check here	<input type="checkbox"/>	b Total tax (Form 1120-POL, line 22)	3b	
4a Form 990-PF check here	<input type="checkbox"/>	b Tax based on investment income (Form 990-PF, Part V, line 5)	4b	
5a Form 8868 check here	<input type="checkbox"/>	b Balance due (Form 8868, line 3c)	5b	
6a Form 990-T check here	<input type="checkbox"/>	b Total tax (Form 990-T, Part III, line 4)	6b	
7a Form 4720 check here	<input type="checkbox"/>	b Total tax (Form 4720, Part III, line 1)	7b	
8a Form 5227 check here	<input type="checkbox"/>	b FMV of assets at end of tax year (Form 5227, Item D)	8b	
9a Form 5330 check here	<input type="checkbox"/>	b Tax due (Form 5330, Part II, line 19)	9b	
10a Form 8038-CP check here	<input type="checkbox"/>	b Amount of credit payment requested (Form 8038-CP, Part III, line 22)	10b	

Part II Declaration and Signature Authorization of Officer or Person Subject to Tax

Under penalties of perjury, I declare that I am an officer of the above entity or I am a person subject to tax with respect to (name of entity) _____, (EIN) _____ and that I have examined a copy of the 2021 electronic return and accompanying schedules and statements, and, to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the electronic return and, if applicable, the consent to electronic funds withdrawal.

PIN: check one box only

I authorize ED K. BURTON, LLC to enter my PIN 53258 as my signature
ERO firm name Enter five numbers, but do not enter all zeros

on the tax year 2021 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen.

As an officer or person subject to tax with respect to the entity, I will enter my PIN as my signature on the tax year 2021 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.

Signature of officer or person subject to tax ►

Date ►

Part III Certification and Authentication

ERO's EFIN/PIN. Enter your six-digit electronic filing identification number (EFIN) followed by your five-digit self-selected PIN.

58977811974

Do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2021 electronically filed return indicated above. I confirm that I am submitting this return in accordance with the requirements of **Pub. 4163**, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns.

ERO's signature ►

Date ►

**ERO Must Retain This Form – See Instructions
Do Not Submit This Form to the IRS Unless Requested To Do So**

Application for Automatic Extension of Time To File an Exempt Organization Return

▶ **File a separate application for each return.**
▶ **Go to www.irs.gov/Form8868 for the latest information.**

Electronic filing (e-file). You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the forms listed below with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, for which an extension request must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits.

Automatic 6-Month Extension of Time. Only submit original (no copies needed).

All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

Type or print	Name of exempt organization or other filer, see instructions. EAST METRO BOARD OF REALTORS, INC.	Taxpayer identification number (TIN) 58-1538860
File by the due date for filing your return. See instructions.	Number, street, and room or suite number. If a P.O. box, see instructions. P.O. BOX 1143	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. COVINGTON, GA 30015	

Enter the Return Code for the return that this application is for (file a separate application for each return) 01

Application Is For	Return Code	Application Is For	Return Code
Form 990 or Form 990-EZ	01	Form 1041-A	08
Form 4720 (individual)	03	Form 4720 (other than individual)	09
Form 990-PF	04	Form 5227	10
Form 990-T (section 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12
Form 990-T (corporation)	07		

• The books are in the care of ▶ ERICA MILLIGAN-ALLEN _____

Telephone No. ▶ 770-787-3763 _____ Fax No. ▶ _____

• If the organization does not have an office or place of business in the United States, check this box ▶

• If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) _____. If this is for the whole group, check this box. ▶ . If it is for part of the group, check this box ... ▶ and attach a list with the names and TINs of all members the extension is for.

1 I request an automatic 6-month extension of time until 11/15, 2022, to file the exempt organization return for the organization named above. The extension is for the organization's return for:

- ▶ calendar year 2021 or
- ▶ tax year beginning _____, 20____, and ending _____, 20_____.

2 If the tax year entered in line 1 is for less than 12 months, check reason: Initial return Final return Change in accounting period

3 a If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions	3 a	\$	0.
b If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit	3 b	\$	0.
c Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions	3 c	\$	0.

Caution: If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-TE and Form 8879-TE for payment instructions.

Form **990-EZ**

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

OMB No. 1545-0047

2021

- ▶ 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.

Department of the Treasury
Internal Revenue Service

Open to Public Inspection

A For the **2021** calendar year, or tax year beginning , **2021**, and ending ,

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C EAST METRO BOARD OF REALTORS, INC. P.O. BOX 1143 COVINGTON, GA 30015	D Employer identification number 58-1538860 E Telephone number (770) 787-3763 F Group Exemption Number
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G Accounting Method: Cash Accrual Other (specify) ▶ _____

I Website: ▶ WWW.EMBOR.COM

J Tax-exempt status (check only one) – 501(c)(3) 501(c) (6) ◀(insert no.) 4947(a)(1) or 527

H Check if the organization is **not** required to attach Schedule B (Form 990).

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)) are \$500,000 or more, file Form 990 instead of Form 990-EZ. ▶ \$ **176,548.**

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.

	Description	Line	Amount
Revenue	1 Contributions, gifts, grants, and similar amounts received	1	168,223.
	2 Program service revenue including government fees and contracts	2	5,312.
	3 Membership dues and assessments	3	
	4 Investment income	4	971.
	5 a Gross amount from sale of assets other than inventory	5 a	
	b Less: cost or other basis and sales expenses	5 b	
	c Gain or (loss) from sale of assets other than inventory (subtract line 5b from line 5a)	5 c	
	6 Gaming and fundraising events:		
	a Gross income from gaming (attach Schedule G if greater than \$15,000)	6 a	
	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)	6 b	
c Less: direct expenses from gaming and fundraising events	6 c		
d Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)	6 d		
7 a Gross sales of inventory, less returns and allowances	7 a		
b Less: cost of goods sold	7 b		
c Gross profit or (loss) from sales of inventory (subtract line 7b from line 7a)	7 c		
8 Other revenue (describe in Schedule O) SEE SCHEDULE O	8	2,042.	
9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8. ▶	9	176,548.	
Expenses	10 Grants and similar amounts paid (list in Schedule O)	10	
	11 Benefits paid to or for members	11	
	12 Salaries, other compensation, and employee benefits	12	49,439.
	13 Professional fees and other payments to independent contractors	13	12.
	14 Occupancy, rent, utilities, and maintenance	14	
	15 Printing, publications, postage, and shipping	15	
	16 Other expenses (describe in Schedule O) SEE SCHEDULE O	16	148,039.
17 Total expenses. Add lines 10 through 16. ▶	17	197,490.	
Net Assets	18 Excess or (deficit) for the year (subtract line 17 from line 9)	18	-20,942.
	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	1,636.
	20 Other changes in net assets or fund balances (explain in Schedule O) SEE SCHEDULE O	20	2,510.
	21 Net assets or fund balances at end of year. Combine lines 18 through 20. ▶	21	-16,796.

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

Form **990-EZ** (2021)

Part II Balance Sheets (see the instructions for Part II)
 Check if the organization used Schedule O to respond to any question in this Part II.

	(A) Beginning of year	(B) End of year
22 Cash, savings, and investments	38,196.	22 36,352.
23 Land and buildings	89.	23
24 Other assets (describe in Schedule O) SEE SCHEDULE O	11,466.	24 8,313.
25 Total assets	49,751.	25 44,665.
26 Total liabilities (describe in Schedule O) SEE SCHEDULE O	48,115.	26 61,461.
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	1,636.	27 -16,796.

Part III Statement of Program Service Accomplishments (see the instructions for Part III)
 Check if the organization used Schedule O to respond to any question in this Part III.

What is the organization's primary exempt purpose? SEE SCHEDULE O		Expenses	
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.		(Required for section 501 (c)(3) and 501(c)(4) organizations; optional for others.)	
28	EDUCATION AND TRAINING OF MEMBERS IN THE UPHOLDING OF PROFESSIONAL AND ETHICAL STANDARDS AND ENHANCING THE INTEGRITY OF THE REAL ESTATE INDUSTRY. (Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	28 a	
29	EXPENSES INCURRED IN THE RECOGNITION OF QUALIFIED APPLICANTS IN AWARD CATEGORIES INCLUDING BUT NOT LIMITED TO MILLION DOLLAR CLUB OF REALTORS. (Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	29 a	
30	PROGRAM EXPENSES INCURRED FOR SUPPORT OF ESTABLISHED GOALS OF THE ASSOCIATION IN PLANNING AND IMPLEMENTING PROGRAMS. (Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	30 a	
31	Other program services (describe in Schedule O) (Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	31 a	
32	Total program service expenses (add lines 28a through 31a).	32	

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-MIS/1099-NEC) (if not paid, enter -0-)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
TAMI MOODY PRES ELECT	4	0.	0.	0.
MICHELE MILLER VP COMM & PR	4	0.	0.	0.
KIM DILDY VP PROF DEV	4	0.	0.	0.
KATHY TAYLOR PAST PRES	4	0.	0.	0.
DENA LYNN SOSEBEE VP ADMIN / FIN	4	0.	0.	0.
FD BELL DIRECTOR	4	0.	0.	0.
ADAM MCGINNIS DIRECTOR	4	0.	0.	0.
SHANE MASK DIRECTOR	4	0.	0.	0.
ERICA ALLEN CEO	40	45,883.	0.	0.
MARK MARTIN DIRECTOR	4	0.	0.	0.
CHRISTIE PHILLIPS PRESIDENT	4	0.	0.	0.
KRISTY STUBBS-HENDERSON VP GOV AFFAIRS	4	0.	0.	0.

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. []

33 Did the organization engage in any significant activity not previously reported to the IRS?
34 Were any significant changes made to the organizing or governing documents?
35a Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities?
35b If 'Yes' to line 35a, has the organization filed a Form 990-T for the year?
35c 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?
36 Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year?
37a Enter amount of political expenditures, direct or indirect, as described in the instructions.
37b Did the organization file Form 1120-POL for this year?
38a Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee; or were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?
38b If 'Yes,' complete Schedule L, Part II, and enter the total amount involved.
39 Section 501(c)(7) organizations. Enter:
39a Initiation fees and capital contributions included on line 9
39b Gross receipts, included on line 9, for public use of club facilities
40a Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under:
40b 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?
40c 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.
40d Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed by the organization.
40e All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction?
41 List the states with which a copy of this return is filed

42a The organization's books are in care of ERICA MILLIGAN-ALLEN Telephone no. 770-787-3763
Located at P.O. BOX 1143 COVINGTON GA ZIP + 4 30015

42b 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?
42c At any time during the calendar year, did the organization maintain an office outside the United States?
See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).

43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 - Check here
and enter the amount of tax-exempt interest received or accrued during the tax year.

44a Did the organization maintain any donor advised funds during the year?
44b Did the organization operate one or more hospital facilities during the year?
44c Did the organization receive any payments for indoor tanning services during the year?
44d If 'Yes' to line 44c, has the organization filed a Form 720 to report these payments?
45a Did the organization have a controlled entity within the meaning of section 512(b)(13)?
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)?

	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.....		X

Part VI Section 501(c)(3) Organizations Only

All section 501(c)(3) organizations must answer questions 47-49b and 52, and complete the tables for lines 50 and 51.

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

	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.....		
49 a Did the organization make any transfers to an exempt non-charitable related organization?.....		
b 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/1099-NEC)	(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	Date
	ERICA ALLEN Type or print name and title	EXECUTIVE DIRECTOR

Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN
	ALAN M. BURTON, CPA		11/09/22		P01447973
	Firm's name ▶ ED K. BURTON, LLC	Firm's address ▶ 12333 AUGUSTA ROAD PO BOX 40 LAVONIA, GA 30553		Firm's EIN ▶ 45-3988955	Phone no. 706-460-5750

May the IRS discuss this return with the preparer shown above? See instructions ▶ Yes No

SCHEDULE O
(Form 990)

Supplemental Information to Form 990 or 990-EZ

OMB No. 1545-0047

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 Form 990-EZ.

2021

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

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

Name of the organization

Employer identification number

EAST METRO BOARD OF REALTORS, INC.

58-1538860

FORM 990-EZ, PART I, LINE 8
OTHER REVENUE

MISCELLANEOUS INCOME.....	\$ 2,042.
TOTAL	<u>\$ 2,042.</u>

FORM 990-EZ, PART I, LINE 16
OTHER EXPENSES

AWARDS EXPENSE.....	\$ 8,777.
BANK & CREDIT CARD FEES.....	5,299.
COMMUNITY SERVICE.....	12,288.
DEPRECIATION.....	189.
EDUCATION EXPENSES.....	21,786.
GAR SCHOLARSHIP FOUNDATION.....	1,050.
INSURANCE.....	2,092.
LEADERSHIP FOCUS.....	271.
MEALS & ENTERTAINMENT.....	3,431.
MEMBERSHIP DUES.....	87.
OFFICE EXPENSES.....	24,570.
OTHER OPERATING EXPENSES.....	5,955.
PROGRAM EXPENSES.....	6,663.
RPAC DONATIONS & FUNDRAISING.....	5,567.
TELEPHONE & INTERNET.....	8,064.
TRAVEL.....	41,950.
TOTAL	<u>\$ 148,039.</u>

FORM 990-EZ, PART I, LINE 20
OTHER CHANGES IN NET ASSETS OR FUND BALANCES

NET UNREALIZED GAINS AND LOSSES ON INVESTMENTS.....	\$ 2,510.
TOTAL	<u>\$ 2,510.</u>

FORM 990-EZ, PART II, LINE 24
OTHER ASSETS

	BEGINNING	ENDING
ACCOUNTS RECEIVABLE.....	\$ 11,365.	\$ 8,313.
MACHINERY AND EQUIPMENT.....	101.	0.
TOTAL	<u>\$ 11,466.</u>	<u>\$ 8,313.</u>

FORM 990-EZ, PART II, LINE 26
TOTAL LIABILITIES

	BEGINNING	ENDING
ACCOUNTS PAYABLE AND ACCRUED EXPENSES.....	\$ 3,629.	\$ 5,162.
DEFERRED REVENUE.....	44,486.	56,299.
TOTAL	<u>\$ 48,115.</u>	<u>\$ 61,461.</u>

FORM 990-EZ, PART III - ORGANIZATION'S PRIMARY EXEMPT PURPOSE

EAST METRO BOARD OF REALTORS IS A PROFESSIONAL ASSOCIATION ENTRUSTED TO SERVE AS

AN ADVOCATE FOR ITS MEMBERS AND COMMUNITY. PROVIDING EDUCATION AND LEADERSHIP

Name of the organization

Employer identification number

EAST METRO BOARD OF REALTORS, INC.

58-1538860

FORM 990-EZ, PART III - ORGANIZATION'S PRIMARY EXEMPT PURPOSE (CONTINUED)

TRAINING WHILE UPHOLDING PROFESSIONAL AND ETHICAL STANDARDS IN OUR INDUSTRY.