

**Return of Organization Exempt From Income Tax**

**2007**

Department of the Treasury  
Internal Revenue Service

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

▶ The organization may have to use a copy of this return to satisfy state reporting requirements.

Open to Public Inspection

**A For the 2007 calendar year, or tax year beginning**

**and ending**

<b>B</b> Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Termination <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	<b>C Name of organization</b> Please use IRS label or print or type. See Specific Instructions. <b>SPACE COAST ASSOCIATION OF REALTORS, INC</b>	<b>D Employer identification number</b> 23-1250368
	Number and street (or P.O. box if mail is not delivered to street address) Room/suite <b>105 MCLEOD STREET</b>	<b>E Telephone number</b> (321) 452-9490
	City or town, state or country, and ZIP + 4 <b>MERRITT ISLAND, FL 32953</b>	<b>F Accounting method</b> <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other (specify) ▶

• Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ).

H and I are not applicable to section 527 organizations.

H(a) Is this a group return for affiliates?  Yes  No

H(b) If "Yes," enter number of affiliates ▶ N/A

H(c) Are all affiliates included? (If "No," attach a list.) N/A  Yes  No

H(d) Is this a separate return filed by an organization covered by a group ruling?  Yes  No

I Group Exemption Number ▶ N/A

M Check  if the organization is not required to attach Sch. B (Form 990, 990-EZ, or 990-PF).

**G Website:** ▶ HTTP://SPACE321.COM

**J Organization type** (check only one)  501(c) ( 6 ) (insert no)  4947(a)(1) or  527

**K** Check here  if the organization is not a 509(a)(3) supporting organization and its gross receipts are normally not more than \$25,000. A return is not required, but if the organization chooses to file a return, be sure to file a complete return.

**L** Gross receipts: Add lines 6b, 8b, 9b, and 10b to line 12 ▶ **1,237,942.**

**Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances**

<b>Revenue</b>	<b>1</b> Contributions, gifts, grants, and similar amounts received:				
	<b>a</b> Contributions to donor advised funds	<b>1a</b>			
	<b>b</b> Direct public support (not included on line 1a)	<b>1b</b>			
	<b>c</b> Indirect public support (not included on line 1a)	<b>1c</b>			
	<b>d</b> Government contributions (grants) (not included on line 1a)	<b>1d</b>			
	<b>e</b> Total (add lines 1a through 1d) (cash \$ _____ noncash \$ _____)	<b>1e</b>			0.
	<b>2</b> Program service revenue including government fees and contracts (from Part VII, line 93)	<b>2</b>			925.
	<b>3</b> Membership dues and assessments	<b>3</b>			954,494.
	<b>4</b> Interest on savings and temporary cash investments	<b>4</b>			63,041.
	<b>5</b> Dividends and interest from securities	<b>5</b>			
	<b>6 a</b> Gross rents	<b>6a</b>			
	<b>b</b> Less: rental expenses	<b>6b</b>			
<b>c</b> Net rental income or (loss). Subtract line 6b from line 6a	<b>6c</b>				
<b>7</b> Other investment income (describe ▶ _____)	<b>7</b>				
<b>8 a</b> Gross amount from sales of assets other than inventory	(A) Securities		(B) Other		
	<b>8a</b>				
	<b>8b</b>				
<b>b</b> Less: cost or other basis and sales expenses	<b>8b</b>				
<b>c</b> Gain or (loss) (attach schedule)	<b>8c</b>				
<b>d</b> Net gain or (loss). Combine line 8c, columns (A) and (B)	<b>8d</b>				
<b>9</b> Special events and activities (attach schedule). If any amount is from gaming, check here <input type="checkbox"/>					
<b>a</b> Gross revenue (not including \$ _____ of contributions reported on line 1b)	<b>9a</b>				
<b>b</b> Less: direct expenses other than fundraising expenses	<b>9b</b>				
<b>c</b> Net income or (loss) from special events. Subtract line 9b from line 9a	<b>9c</b>				
<b>10 a</b> Gross sales of inventory, less returns and allowances	<b>10a</b>				
	<b>b</b> Less: cost of goods sold	<b>10b</b>			
<b>c</b> Gross profit or (loss) from sales of inventory (attach schedule). Subtract line 10b from line 10a	<b>10c</b>				
<b>11</b> Other revenue (from Part VII, line 103)	<b>11</b>			219,482.	
<b>12</b> Total revenue. Add lines 1e, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11	<b>12</b>			1,237,942.	
<b>Expenses</b>	<b>13</b> Program services (from line 44, column (B))	<b>13</b>		970,998.	
	<b>14</b> Management and general (from line 44, column (C))	<b>14</b>		161,377.	
	<b>15</b> Fundraising (from line 44, column (D))	<b>15</b>			
	<b>16</b> Payments to affiliates (attach schedule)	<b>16</b>			
	<b>17</b> Total expenses. Add lines 16 and 44, column (A)	<b>17</b>			1,132,375.
<b>Net Assets</b>	<b>18</b> Excess or (deficit) for the year. Subtract line 17 from line 12	<b>18</b>		105,567.	
	<b>19</b> Net assets or fund balances at beginning of year (from line 73, column (A))	<b>19</b>		1,461,008.	
	<b>20</b> Other changes in net assets or fund balances (attach explanation)	<b>20</b>		0.	
	<b>21</b> Net assets or fund balances at end of year. Combine lines 18, 19, and 20	<b>21</b>			1,566,575.

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**Part II Statement of Functional Expenses**

All organizations must complete column (A). Columns (B), (C), and (D) are required for section 501(c)(3) and (4) organizations and section 4947(a)(1) nonexempt charitable trusts but optional for others.

Do not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I	(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
22a Grants paid from donor advised funds (attach schedule) (cash \$ 0. noncash \$ 0.) If this amount includes foreign grants, check here <input type="checkbox"/>				
22b Other grants and allocations (attach schedule) (cash \$ 0. noncash \$ 0.) If this amount includes foreign grants, check here <input type="checkbox"/>				
23 Specific assistance to individuals (attach schedule)				
24 Benefits paid to or for members (attach schedule)				
25a Compensation of current officers, directors, key employees, etc. listed in Part V-A	82,464.	41,232.	41,232.	0.
b Compensation of former officers, directors, key employees, etc. listed in Part V-B	0.	0.	0.	0.
c Compensation and other distributions, not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
26 Salaries and wages of employees not included on lines 25a, b, and c	245,298.	220,978.	24,320.	
27 Pension plan contributions not included on lines 25a, b, and c	14,537.	11,630.	2,907.	
28 Employee benefits not included on lines 25a - 27				
29 Payroll taxes	25,537.	20,430.	5,107.	
30 Professional fundraising fees				
31 Accounting fees	15,325.		15,325.	
32 Legal fees	19,705.	19,705.		
33 Supplies	74,011.	74,011.		
34 Telephone	11,166.	8,932.	2,234.	
35 Postage and shipping				
36 Occupancy	8,420.	6,736.	1,684.	
37 Equipment rental and maintenance	2,890.		2,890.	
38 Printing and publications				
39 Travel	44,392.	39,953.	4,439.	
40 Conferences, conventions, and meetings				
41 Interest				
42 Depreciation, depletion, etc (attach schedule)	18,149.	14,519.	3,630.	
43 Other expenses not covered above (itemize)				
a				
b				
c				
d				
e				
f				
g SEE STATEMENT 1	570,481.	512,872.	57,609.	
44 Total functional expenses Add lines 22a through 43g. (Organizations completing columns (B)-(D), carry these totals to lines 13-15)	1,132,375.	970,998.	161,377.	0.

Joint Costs. Check  if you are following SOP 98-2.

Are any joint costs from a combined educational campaign and fundraising solicitation reported in (B) Program services?  Yes  No  
 If "Yes," enter (i) the aggregate amount of these joint costs \$ N/A ; (ii) the amount allocated to Program services \$ N/A ;  
 (iii) the amount allocated to Management and general \$ N/A ; and (iv) the amount allocated to Fundraising \$ N/A

Part III Statement of Program Service Accomplishments (See the instructions.)

Form 990 is available for public inspection and, for some people, serves as the primary or sole source of information about a particular organization. How the public perceives an organization in such cases may be determined by the information presented on its return. Therefore, please make sure the return is complete and accurate and fully describes, in Part III, the organization's programs and accomplishments.

What is the organization's primary exempt purpose? <b>REAL ESTATE BOARD</b>	<b>Program Service Expenses</b> (Required for 501(c)(3) and (4) orgs., and 4947(a)(1) trusts; but optional for others.)
All organizations must describe their exempt purpose achievements in a clear and concise manner. State the number of clients served, publications issued, etc. Discuss achievements that are not measurable. (Section 501(c)(3) and (4) organizations and 4947(a)(1) nonexempt charitable trusts must also enter the amount of grants and allocations to others.)	
<b>a PROVIDE COMMUNICATION, CONTINUING EDUCATION, SUPPLIES, MULTIPLE LISTING SERVICES AND MATERIALS, AND RELATED SERVICES TO CENTRAL AND NORTH BREVARD COUNTY REALTORS - # BENEFITTED = APPROX 1,627</b>	
(Grants and allocations \$ ) If this amount includes foreign grants, check here <input type="checkbox"/>	<b>970,998.</b>
<b>b</b>	
(Grants and allocations \$ ) If this amount includes foreign grants, check here <input type="checkbox"/>	
<b>c</b>	
(Grants and allocations \$ ) If this amount includes foreign grants, check here <input type="checkbox"/>	
<b>d</b>	
(Grants and allocations \$ ) If this amount includes foreign grants, check here <input type="checkbox"/>	
<b>e Other program services (attach schedule)</b>	
(Grants and allocations \$ ) If this amount includes foreign grants, check here <input type="checkbox"/>	
<b>f Total of Program Service Expenses (should equal line 44, column (B), Program services)</b>	<b>970,998.</b>

**Part IV Balance Sheets** (See the instructions.)

**Note:** Where required, attached schedules and amounts within the description column should be for end-of-year amounts only

		(A) Beginning of year		(B) End of year	
Assets	45	Cash - non-interest-bearing	202,243.	45	177,652.
	46	Savings and temporary cash investments	1,157,660.	46	1,315,424.
	47 a	Accounts receivable	47a 7,676.		
	b	Less allowance for doubtful accounts	47b	3,150.	47c 7,676.
	48 a	Pledges receivable	48a		
	b	Less allowance for doubtful accounts	48b		48c
	49	Grants receivable			49
	50 a	Receivables from current and former officers, directors, trustees, and key employees			50a
	b	Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)			50b
	51 a	Other notes and loans receivable	51a		
	b	Less: allowance for doubtful accounts	51b		51c
	52	Inventories for sale or use	52,066.	52	47,988.
	53	Prepaid expenses and deferred charges	33,528.	53	39,747.
	54 a	Investments - publicly-traded securities	<input type="checkbox"/> Cost <input type="checkbox"/> FMV		54a
	b	Investments - other securities	STMT 3 <input checked="" type="checkbox"/> Cost <input type="checkbox"/> FMV	395,307.	54b 314,000.
	55 a	Investments - land, buildings, and equipment basis	55a		
	b	Less accumulated depreciation	55b		55c
	56	Investments - other			56
	57 a	Land, buildings, and equipment basis	57a 362,462.		
b	Less accumulated depreciation	57b 206,239.	154,890.	57c 156,223.	
58	Other assets, including program-related investments (describe <input type="checkbox"/> SEE STATEMENT 2 )		18,452.	58 81,231.	
59	<b>Total assets</b> (must equal line 74) Add lines 45 through 58		2,017,296.	59 2,139,941.	
Liabilities	60	Accounts payable and accrued expenses	235,451.	60	248,960.
	61	Grants payable		61	
	62	Deferred revenue	320,837.	62	324,406.
	63	Loans from officers, directors, trustees, and key employees		63	
	64 a	Tax-exempt bond liabilities			64a
	b	Mortgages and other notes payable			64b
	65	Other liabilities (describe <input type="checkbox"/> )			65
66	<b>Total liabilities.</b> Add lines 60 through 65		556,288.	66 573,366.	
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 67 through 69 and lines 73 and 74.				
	67	Unrestricted	1,461,008.	67	1,566,575.
	68	Temporarily restricted		68	
	69	Permanently restricted		69	
	Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 70 through 74				
	70	Capital stock, trust principal, or current funds			70
	71	Paid-in or capital surplus, or land, building, and equipment fund			71
	72	Retained earnings, endowment, accumulated income, or other funds			72
	73	<b>Total net assets or fund balances.</b> Add lines 67 through 69 or lines 70 through 72. (Column (A) must equal line 19 and column (B) must equal line 21)		1,461,008.	73 1,566,575.
	74	<b>Total liabilities and net assets/fund balances.</b> Add lines 66 and 73		2,017,296.	74 2,139,941.

Part IV-A Reconciliation of Revenue per Audited Financial Statements With Revenue per Return (See the instructions)

Table for Part IV-A with rows a-e and sub-rows b1-b4, d1-d2. Total revenue reported as 1,237,942.

Part IV-B Reconciliation of Expenses per Audited Financial Statements With Expenses per Return

Table for Part IV-B with rows a-e and sub-rows b1-b4, d1-d2. Total expenses reported as 1,132,375.

Part V-A Current Officers, Directors, Trustees, and Key Employees (List each person who was an officer, director, trustee, or key employee at any time during the year even if they were not compensated) (See the instructions)

Table with 5 columns: (A) Name and address, (B) Title and average hours per week devoted to position, (C) Compensation, (D) Contributions to employee benefit plans, (E) Expense account and other allowances. Row 1 shows SEE STATEMENT 4 with compensation of 82,464.

<b>Part V-A</b> Current Officers, Directors, Trustees, and Key Employees <i>(continued)</i>		Yes	No
75 a	Enter the total number of officers, directors, and trustees permitted to vote on organization business at board meetings <span style="float: right;">▶ 13</span>		
b	Are any officers, directors, trustees, or key employees listed in Form 990, Part V-A, or highest compensated employees listed in Schedule A, Part I, or highest compensated professional and other independent contractors listed in Schedule A, Part II-A or II-B, related to each other through family or business relationships? If "Yes," attach a statement that identifies the individuals and explains the relationship(s)	75b	X
c	Do any officers, directors, trustees, or key employees listed in Form 990, Part V-A, or highest compensated employees listed in Schedule A, Part I, or highest compensated professional and other independent contractors listed in Schedule A, Part II-A or II-B, receive compensation from any other organizations, whether tax exempt or taxable, that are related to the organization? See the instructions for the definition of "related organization" If "Yes," attach a statement that includes the information described in the instructions	75c	X
d	Does the organization have a written conflict of interest policy?	75d	X

<b>Part V-B</b> Former Officers, Directors, Trustees, and Key Employees That Received Compensation or Other Benefits (If any former officer, director, trustee, or key employee received compensation or other benefits (described below) during the year, list that person below and enter the amount of compensation or other benefits in the appropriate column. See the instructions.)				
(A) Name and address	(B) Loans and Advances	(C) Compensation (if not paid, enter -0-)	(D) Contributions to employee benefit plans & deferred compensation plans	(E) Expense account and other allowances
NONE				
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<b>Part VI</b> Other Information <i>(See the instructions)</i>		Yes	No
76	Did the organization make a change in its activities or methods of conducting activities? If "Yes," attach a detailed statement of each change	76	X
77	Were any changes made in the organizing or governing documents but not reported to the IRS? If "Yes," attach a conformed copy of the changes.	77	X
78 a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?	78a	X
b	If "Yes," has it filed a tax return on Form 990-T for this year?	78b	X
79	Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," attach a statement	79	X
80 a	Is the organization related (other than by association with a statewide or nationwide organization) through common membership, governing bodies, trustees, officers, etc., to any other exempt or nonexempt organization?	80a	X
b	If "Yes," enter the name of the organization ▶ N/A and check whether it is <input type="checkbox"/> exempt or <input type="checkbox"/> nonexempt		
81 a	Enter direct and indirect political expenditures. (See line 81 instructions)	81a	0
b	Did the organization file Form 1120-POL for this year?	81b	X

Part VI Other Information (continued)		Yes	No
82 a	Did the organization receive donated services or the use of materials, equipment, or facilities at no charge or at substantially less than fair rental value?	82a	X
b	If "Yes," you may indicate the value of these items here. Do not include this amount as revenue in Part I or as an expense in Part II (See instructions in Part III)	82b	154,919.
83 a	Did the organization comply with the public inspection requirements for returns and exemption applications?	83a	X
b	Did the organization comply with the disclosure requirements relating to <i>quid pro quo</i> contributions? N/A	83b	
84 a	Did the organization solicit any contributions or gifts that were not tax deductible?	84a	X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? N/A	84b	
85 a	501(c)(4), (5), or (6) Were substantially all dues nondeductible by members?	85a	X
b	Did the organization make only in-house lobbying expenditures of \$2,000 or less? If "Yes" was answered to either 85a or 85b, do not complete 85c through 85h below unless the organization received a waiver for proxy tax owed for the prior year	85b	X
c	Dues, assessments, and similar amounts from members	85c	954,494.
d	Section 162(e) lobbying and political expenditures	85d	0.
e	Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices	85e	0.
f	Taxable amount of lobbying and political expenditures (line 85d less 85e)	85f	0.
g	Does the organization elect to pay the section 6033(e) tax on the amount on line 85f? N/A	85g	
h	If section 6033(e)(1)(A) dues notices were sent, does the organization agree to add the amount on line 85f to its reasonable estimate of dues allocable to nondeductible lobbying and political expenditures for the following tax year? N/A	85h	
86	501(c)(7) organizations. Enter a Initiation fees and capital contributions included on line 12	86a	N/A
b	Gross receipts, included on line 12, for public use of club facilities	86b	N/A
87	501(c)(12) organizations. Enter a Gross income from members or shareholders	87a	N/A
b	Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them)	87b	N/A
88 a	At any time during the year, did the organization own a 50% or greater interest in a taxable corporation or partnership, or an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Part IX	88a	X
b	At any time during the year, did the organization, directly or indirectly, own a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Part XI	88b	X
89 a	501(c)(3) organizations. Enter Amount of tax imposed on the organization during the year under: section 4911 <u>N/A</u> ; section 4912 <u>N/A</u> ; section 4955 <u>N/A</u>		
b	501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If "Yes," attach a statement explaining each transaction N/A	89b	
c	Enter Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958		0.
d	Enter Amount of tax on line 89c, above, reimbursed by the organization		0.
e	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction?	89e	X
f	All organizations. Did the organization acquire a direct or indirect interest in any applicable insurance contract?	89f	X
g	For supporting organizations and sponsoring organizations maintaining donor advised funds. Did the supporting organization, or a fund maintained by a sponsoring organization, have excess business holdings at any time during the year? N/A	89g	
90 a	List the states with which a copy of this return is filed <u>NONE</u>		
b	Number of employees employed in the pay period that includes March 12, 2007	90b	8
91 a	The books are in care of <u>LEAH SELIG</u> Telephone no. <u>321-452-9490</u> Located at <u>105 MCLEOD STREET, MERRITT ISLAND, FL</u> ZIP + 4 <u>32953</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 <u>N/A</u> See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts	91b	X

**Part VI Other Information** (continued) Yes No

c At any time during the calendar year, did the organization maintain an office outside of the United States? 91c  Yes  No  
 If "Yes," enter the name of the foreign country ▶ N/A

92 Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of Form 1041- Check here ▶   
 and enter the amount of tax-exempt interest received or accrued during the tax year ▶ 92 N/A

**Part VII Analysis of Income-Producing Activities** (See the instructions)

**Note:** Enter gross amounts unless otherwise indicated.

	Unrelated business income		Excluded by section 512, 513, or 514		(E) Related or exempt function income
	(A) Business code	(B) Amount	(C) Exclu- sion code	(D) Amount	
93 Program service revenue					
a PHOTOGRAPHY FEES	531390	925.			
b					
c					
d					
e					
f Medicare/Medicaid payments					
g Fees and contracts from government agencies					
94 Membership dues and assessments	531390	591,389.			363,105.
95 Interest on savings and temporary cash investments			14	63,041.	
96 Dividends and interest from securities					
97 Net rental income or (loss) from real estate					
a debt-financed property					
b not debt-financed property					
98 Net rental income or (loss) from personal property					
99 Other investment income					
100 Gain or (loss) from sales of assets other than inventory					
101 Net income or (loss) from special events					
102 Gross profit or (loss) from sales of inventory					
103 Other revenue					
a SUPPLIES	531390	87,218.			
b MISCELLANEOUS	531390	2,879.			71,568.
c LATE FEES	531390	18,348.			16,936.
d ROYALTY FEES	531390	22,533.			
e					
104 Subtotal (add columns (B), (D), and (E))		723,292.		63,041.	451,609.
105 Total (add line 104, columns (B), (D), and (E))					1,237,942.

**Note:** Line 105 plus line 1e, Part I, should equal the amount on line 12, Part I.

**Part VIII Relationship of Activities to the Accomplishment of Exempt Purposes** (See the instructions)

Line No.	Explain how each activity for which income is reported in column (E) of Part VII contributed importantly to the accomplishment of the organization's exempt purposes (other than by providing funds for such purposes).
▼	SEE STATEMENT 5

**Part IX Information Regarding Taxable Subsidiaries and Disregarded Entities** (See the instructions)

(A) Name, address, and EIN of corporation, partnership, or disregarded entity	(B) Percentage of ownership interest	(C) Nature of activities	(D) Total income	(E) End-of-year assets
N/A	%			
	%			
	%			
	%			

**Part X Information Regarding Transfers Associated with Personal Benefit Contracts** (See the instructions)

(a) Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?  Yes  No

(b) Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?  Yes  No

**Note:** If "Yes" to (b), file Form 8870 and Form 4720 (see instructions).



Part XI Information Regarding Transfers To and From Controlled Entities. Complete only if the organization is a controlling organization as defined in section 512(b)(13) N/A

106 Did the reporting organization make any transfers to a controlled entity as defined in section 512(b)(13) of the Code? If "Yes," complete the schedule below for each controlled entity

Table with 4 columns: (A) Name, address, of each controlled entity; (B) Employer Identification Number; (C) Description of transfer; (D) Amount of transfer. Includes a Totals row.

107 Did the reporting organization receive any transfers from a controlled entity as defined in section 512(b)(13) of the Code? If "Yes," complete the schedule below for each controlled entity

Table with 4 columns: (A) Name, address, of each controlled entity; (B) Employer Identification Number; (C) Description of transfer; (D) Amount of transfer. Includes a Totals row.

108 Did the organization have a binding written contract in effect on August 17, 2006, covering the interest, rents, royalties, and annuities described in question 107 above?

Please Sign Here: 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. Signature of officer: Leah M. Selig, Date: 7/30/08, Type or print name and title: Leah M. Selig

Paid Preparer's Use Only: Preparer's signature: Deborah A. Dorda, Date: [redacted], Check if self: [redacted], Preparer's SSN or PTIN (See Gen. Inst. X): [redacted], Firm's name (or yours if self-employed), address, and ZIP + 4: HOYMAN DOBSON CPA'S, 215 BAYTREE DRIVE, MELBOURNE, FL 32940-20

FORM 990	OTHER EXPENSES			STATEMENT 1
DESCRIPTION	(A) TOTAL	(B) PROGRAM SERVICES	(C) MANAGEMENT AND GENERAL	(D) FUNDRAISING
ADVERTISING	7,969.	7,969.		
AMORTIZATION	4,683.		4,683.	
COMMITTEES	7,107.	7,107.		
IMAPP FEES	18,091.	18,091.		
INSURANCE	53,402.	42,723.	10,679.	
MEMBER SERVICES	82,345.	82,345.		
MISCELLANEOUS	23,797.	23,797.		
MLS ACCESS FEES	198,842.	198,842.		
NEWSLETTER	2,818.	2,818.		
OFFICE EXPENSE	52,809.	42,247.	10,562.	
TAXES	86,933.	86,933.		
REPAIRS & MAINTENANCE	30,994.		30,994.	
SECURITY SYSTEM	438.		438.	
SUBSCRIPTIONS & DUES	253.		253.	
<b>TOTAL TO FM 990, LN 43</b>	<b>570,481.</b>	<b>512,872.</b>	<b>57,609.</b>	

FORM 990	OTHER ASSETS		STATEMENT 2
DESCRIPTION	BEGINNING OF YEAR	END OF YEAR	
SOFTWARE	59,448.	59,448.	
ACCUMULATED AMORTIZATION-SOFTWARE	<49,945.>	<54,628.>	
INTEREST RECEIVABLE	8,949.	5,896.	
CONSTRUCTION IN PROGRESS	0.	70,515.	
<b>TOTAL TO FORM 990, PART IV, LINE 58</b>	<b>18,452.</b>	<b>81,231.</b>	

FORM 990	OTHER SECURITIES		STATEMENT 3
SECURITY DESCRIPTION	COST/FMV	OTHER SECURITIES	
CERTIFICATES OF DEPOSIT	COST	314,000.	
<b>TO FORM 990, LINE 54B, COL B</b>		<b>314,000.</b>	

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FORM 990      PART V-A - LIST OF CURRENT OFFICERS, DIRECTORS,      STATEMENT      4  
TRUSTEES AND KEY EMPLOYEES

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NAME AND ADDRESS	TITLE AND AVRG HRS/WK	COMPEN- SATION	EMPLOYEE BEN PLAN CONTRIB	EXPENSE ACCOUNT
LISA DURGIN 1415 N. ATLANTIC AVE. COCOA BEACH, FL 32931	TREASURER 1.98	0.	0.	0.
LANCE VANDEBERG 2275 N COURTENAY PKWY MERRITT ISLAND, FL 32953	PRESIDENT 1.98	0.	0.	0.
LEAH M. SELIG 105 MCLEOD ST MERRITT ISLAND, FL 32953	EXECUTIVE DIRECTOR 37.50	82,464.	14,255.	1,200.
KATHERINE STARKEY 220 KING ST., SUITE 10 COCOA, FL 32922	EX OFFICIO, DVP 1.98	0.	0.	0.
CYNTHIA KELLEY 1733 N. ATLANTIC AVE. COCOA BEACH, FL 32931	PRESIDENT-ELECT 1.98	0.	0.	0.
STEPHEN ROMANO 1 S. ORLANDO AVE. COCOA BEACH, FL 32931	PAST-PRESIDENT 1.98	0.	0.	0.
MICHAEL HEACOCK 3815 N. U. S. 1 SUITE #122 COCOA, FL 32926	SECRETARY 1.98	0.	0.	0.
THOMAS TAYLOR 3333 S. HOPKINS AVE TITUSVILLE, FL 32780	DIRECTOR 1.98	0.	0.	0.
JOANN P. DAVIS 1980 N. ATLANTIC AVE. #301 COCOA BEACH, FL 32931	DIRECTOR 1.98	0.	0.	0.
JAMES JOHNSTON 305 BREVARD AVE. COCOA, FL 32922	DIRECTOR 1.98	0.	0.	0.
MITCH RIBAK 6450 N. WICKHAM RD. #105 MELBOURNE, FL 32940	DIRECTOR 1.98	0.	0.	0.

TIM HARBER	DIRECTOR			
2692 LITTLE BEND PLACE	1.98	0.	0.	0.
MERRITT ISLAND, FL 32952				
AGI ANDERSON	DIRECTOR			
1155 MALABAR RD., #21-22	1.98	0.	0.	0.
PALM BAY, FL 32907				
DONNA LINDEN	DIRECTOR			
7100 N. ATLANTIC AVE.	1.98	0.	0.	0.
CAPE CANAVERAL, FL 32920				
ALLEN WILLIS	DIRECTOR			
835 EXECUTIVE LANE #110	1.98	0.	0.	0.
ROCKLEDGE, FL 32955				
TOTALS INCLUDED ON FORM 990, PART V-A		<u>82,464.</u>	<u>14,255.</u>	<u>1,200.</u>

FORM 990                      PART VIII - RELATIONSHIP OF ACTIVITIES TO                      STATEMENT      5  
 ACCOMPLISHMENT OF EXEMPT PURPOSES

LINE	EXPLANATION OF RELATIONSHIP OF ACTIVITIES
94	MEMBERSHIP DUES ARE FROM MEMBERS WHO ARE INTERESTED IN IMPROVING THEIR KNOWLEDGE OF THE REAL ESTATE BUSINESS AND WORKING TOWARDS PROVIDING THE CONSUMER WITH AN ORDERLY, EFFICIENT, AND LARGE MARKET TO DEAL IN.
103B	MISCELLANEOUS CHARGES ARE COLLECTED FOR OTHER SERVICES WHICH REALTORS USE WHILE CONDUCTING ACTIVITIES IN THE BOARD OFFICE.
103C	FINES ARE LEVIED TO ENFORCE TIMELY PAYMENT OF DUES AND ENSURE UNIFORMITY AND FAIRNESS TO ALL MEMBERS.

Space Coast Association of REALTORS [001093]  
**Depreciation Expense**

Sorted: General - Group

Financial

01/01/2007 - 12/31/2007

System No.	S	Description	Date In Service	Method / Conv.	Life	Cost / Other Basis	Bus./ Inv. %	Sec. 179/ Bonus/ (Cur. Yr. Only)	Salvage/ Basis Adj.	Beg. Accum. Depreciation/ (Sec. 179)	Current Depreciation	Total Depreciation/ (Sec. 179)
<b>Building</b>												
71		Structure	01/01/1973	SL / N/A	15.0000	37,787.00	100.0000	0.00	0.00	37,787.00	0.00	37,787.00
72		Building	11/01/1976	SL / N/A	38.0000	354.00	100.0000	0.00	0.00	281.47	9.36	290.83
73		Auditorium Remc	08/01/1973	SL / N/A	36.0000	850.00	100.0000	0.00	0.00	671.01	23.64	694.65
74		Flag Pole	11/15/1990	SL / N/A	8.0000	576.40	100.0000	0.00	0.00	576.40	0.00	576.40
75		Building	11/15/1999	SL / N/A	5.0000	500.00	100.0000	0.00	0.00	500.00	0.00	500.00
76		Roof	07/01/1993	SL / N/A	31.0000	6,750.00	100.0000	0.00	0.00	2,922.71	217.80	3,140.51
77		Structure	09/01/1973	SL / N/A	40.0000	57,754.00	100.0000	0.00	0.00	46,598.67	1,443.84	48,042.51
<b>Subtotal: Building</b>						<b>104,571.40</b>		<b>0.00</b>	<b>0.00</b>	<b>89,337.26</b>	<b>1,894.64</b>	<b>91,031.90</b>
Less dispositions and exchanges:						0.00		0.00	0.00	0.00	0.00	0.00
<b>Net for: Building</b>						<b>104,571.40</b>		<b>0.00</b>	<b>0.00</b>	<b>89,337.26</b>	<b>1,894.64</b>	<b>91,031.90</b>
<b>Building Improvements</b>												
81		Air Conditioner	06/01/2002	SL / N/A	5.0000	6,475.00	100.0000	0.00	0.00	5,827.64	647.36	6,475.00
82		Sewer Line	10/01/2002	SL / N/A	5.0000	3,757.00	100.0000	0.00	0.00	3,005.72	751.24	3,756.96
83		Carpeting	10/01/2004	SL / N/A	5.0000	5,098.60	100.0000	0.00	0.00	2,209.44	1,019.76	3,229.20
<b>Subtotal: Building Improvements</b>						<b>15,330.60</b>		<b>0.00</b>	<b>0.00</b>	<b>11,042.80</b>	<b>2,418.36</b>	<b>13,461.16</b>
Less dispositions and exchanges:						0.00		0.00	0.00	0.00	0.00	0.00
<b>Net for: Building Improvements</b>						<b>15,330.60</b>		<b>0.00</b>	<b>0.00</b>	<b>11,042.80</b>	<b>2,418.36</b>	<b>13,461.16</b>
<b>Equipment</b>												
3		Projector	12/15/1999	SL / N/A	5.0000	4,732.00	100.0000	0.00	0.00	4,732.00	0.00	4,732.00
6		Telephones	04/01/1999	SL / N/A	5.0000	6,179.69	100.0000	0.00	0.00	6,179.69	0.00	6,179.69
7		Laser Printer	11/01/1987	SL / N/A	5.0000	2,100.00	100.0000	0.00	0.00	2,100.00	0.00	2,100.00
10		VCR	04/01/1988	SL / N/A	5.0000	338.14	100.0000	0.00	0.00	338.14	0.00	338.14
11		Camera	09/01/1988	SL / N/A	5.0000	313.52	100.0000	0.00	0.00	313.52	0.00	313.52
14	D	PC	07/01/1989	SL / N/A	5.0000	2,639.00	100.0000	0.00	0.00	2,639.00	0.00	2,639.00
15		LazyBoy	09/01/1989	SL / N/A	5.0000	409.96	100.0000	0.00	0.00	409.96	0.00	409.96
16		Chair	10/01/1989	SL / N/A	5.0000	409.96	100.0000	0.00	0.00	409.96	0.00	409.96
26		Fax Machine - Sh	02/01/2000	SL / N/A	5.0000	2,008.70	100.0000	0.00	0.00	2,008.70	0.00	2,008.70
28		Telephones	07/31/1995	SL / N/A	5.0000	1,000.00	100.0000	0.00	0.00	1,000.00	0.00	1,000.00
29		Lateral Files	01/31/1996	SL / N/A	5.0000	508.80	100.0000	0.00	0.00	508.80	0.00	508.80
30	D	Chair	02/29/1996	SL / N/A	5.0000	678.36	100.0000	0.00	0.00	678.36	0.00	678.36
31		Cubicles	04/30/1996	SL / N/A	5.0000	12,572.08	100.0000	0.00	0.00	12,572.08	0.00	12,572.08
32		Conference Chair	03/31/1996	SL / N/A	5.0000	6,258.21	100.0000	0.00	0.00	6,258.21	0.00	6,258.21
40		Air Conditioner	04/07/1999	SL / N/A	5.0000	1,260.00	100.0000	0.00	0.00	1,260.00	0.00	1,260.00
42		MLS Computer	09/01/2000	SL / N/A	5.0000	1,138.43	100.0000	0.00	0.00	1,138.43	0.00	1,138.43
43		Laptop	10/01/2000	SL / N/A	5.0000	2,302.00	100.0000	0.00	0.00	2,302.00	0.00	2,302.00
45		Monitor	01/01/2001	SL / N/A	5.0000	337.08	100.0000	0.00	0.00	337.08	0.00	337.08
48	D	Monitors (7)	09/01/2001	SL / N/A	5.0000	1,664.20	100.0000	0.00	0.00	1,663.65	0.00	1,663.65
49	D	Hard Drives (8)	09/01/2001	SL / N/A	5.0000	879.80	100.0000	0.00	0.00	879.80	0.00	879.80
51		Dell Server	09/15/2002	SL / N/A	5.0000	6,132.09	100.0000	0.00	0.00	4,905.88	1,226.11	6,131.99
52	D	Laptop	11/13/2002	SL / N/A	5.0000	1,551.21	100.0000	0.00	0.00	1,240.88	310.25	1,551.13
53		PC Upgrades (5)	11/13/2002	SL / N/A	5.0000	5,013.80	100.0000	0.00	0.00	4,010.44	1,003.28	5,013.72
54		Disc Maker	11/13/2002	SL / N/A	3.0000	2,997.68	100.0000	0.00	0.00	2,997.68	0.00	2,997.68

Space Coast Association of REALTORS [001093]  
**Depreciation Expense**

Sorted: General - Group

Financial  
01/01/2007 - 12/31/2007

System No.	S	Description	Date In Service	Method / Conv.	Life	Cost / Other Basis	Bus./ Inv. %	Sec. 179/ Bonus/ (Cur. Yr. Only)	Salvage/ Basis Adj.	Beg. Accum. Depreciation/ (Sec. 179)	Current Depreciation	Total Depreciation/ (Sec. 179)
<b>Equipment</b>												
55		Telephone Heads	02/15/2003	SL / N/A	5.0000	927.50	100.0000	0.00	0.00	741.53	185.95	927.48
56		Flat Screen Comj	02/15/2003	SL / N/A	5.0000	2,200.00	100.0000	0.00	0.00	1,760.08	439.88	2,199.96
57		Digital Camera	12/15/2003	SL / N/A	5.0000	575.01	100.0000	0.00	0.00	460.16	114.77	574.93
58		10 Laptops-MLS	05/31/2004	SL / N/A	5.0000	18,701.42	100.0000	0.00	0.00	9,662.39	3,740.28	13,402.67
63		Dell Laptop Com	01/01/2005	SL / N/A	5.0000	2,820.56	100.0000	0.00	0.00	1,128.23	564.12	1,692.35
64		Color Laser Print	04/01/2005	SL / N/A	5.0000	2,644.70	100.0000	0.00	0.00	881.58	528.96	1,410.54
65		Laptop Compute	07/01/2005	SL / N/A	5.0000	2,536.58	100.0000	0.00	0.00	718.72	507.36	1,226.08
66		Computers (4)	11/01/2005	SL / N/A	5.0000	6,472.96	100.0000	0.00	0.00	1,402.48	1,294.68	2,697.16
85		Paper Folder	09/01/2006	SL / N/A	5.0000	624.34	100.0000	0.00	0.00	41.62	124.92	166.54
86		Supra Laptop	11/01/2006	SL / N/A	5.0000	1,420.32	100.0000	0.00	0.00	47.34	284.04	331.38
87		Education Laptor	12/01/2006	SL / N/A	5.0000	2,088.83	100.0000	0.00	0.00	34.81	417.72	452.53
88		Video Equipment	03/01/2007	M / HY	5.0000	1,307.92	100.0000	0.00	0.00	0.00	218.00	218.00
89		Projection Equipr	06/01/2007	SL / N/A	5.0000	2,148.00	100.0000	0.00	0.00	0.00	250.60	250.60
90		Biz Hub Scanner	06/01/2007	SL / N/A	5.0000	8,962.30	100.0000	0.00	0.00	0.00	1,045.66	1,045.66
91		SQL 5.0 Server	12/01/2007	SL / N/A	5.0000	7,062.24	100.0000	0.00	0.00	0.00	117.71	117.71
<b>Subtotal: Equipment</b>						<b>123,917.39</b>		<b>0.00</b>	<b>0.00</b>	<b>77,763.20</b>	<b>12,374.29</b>	<b>90,137.49</b>
Less dispositions and exchanges:						7,412.57		0.00	0.00	7,101.69	0.00	7,411.94
<b>Net for: Equipment</b>						<b>116,504.82</b>		<b>0.00</b>	<b>0.00</b>	<b>70,661.51</b>	<b>12,374.29</b>	<b>82,725.55</b>
<b>Remodeling</b>												
78		Building	03/01/1996	SL / N/A	39.0000	38,935.59	100.0000	0.00	0.00	10,732.37	998.40	11,730.77
79		Pave Parking Lot	12/01/1996	SL / N/A	15.0000	6,458.00	100.0000	0.00	0.00	4,305.27	430.56	4,735.83
80		Remodeling	12/01/1996	SL / N/A	39.0000	9,051.46	100.0000	0.00	0.00	2,320.83	232.08	2,552.91
<b>Subtotal: Remodeling</b>						<b>54,445.05</b>		<b>0.00</b>	<b>0.00</b>	<b>17,358.47</b>	<b>1,661.04</b>	<b>19,019.51</b>
Less dispositions and exchanges:						0.00		0.00	0.00	0.00	0.00	0.00
<b>Net for: Remodeling</b>						<b>54,445.05</b>		<b>0.00</b>	<b>0.00</b>	<b>17,358.47</b>	<b>1,661.04</b>	<b>19,019.51</b>
<b>Software</b>												
59		Adobe Software	09/01/2000	SL / N/A	5.0000	604.94	100.0000	0.00	0.00	604.94	0.00	604.94
60		Server Software	12/31/2002	SL / N/A	5.0000	1,690.49	100.0000	0.00	0.00	1,352.58	337.85	1,690.43
61		Zatafax Software	12/31/2002	SL / N/A	5.0000	875.00	100.0000	0.00	0.00	700.24	174.68	874.92
62		SQL Server	02/02/2004	SL / N/A	5.0000	16,800.00	100.0000	0.00	0.00	9,520.00	3,360.00	12,880.00
67		MMSI	11/15/1999	SL / N/A	5.0000	26,242.00	100.0000	0.00	0.00	26,242.00	0.00	26,242.00
68		NRDS Software	11/15/1999	SL / N/A	5.0000	2,400.00	100.0000	0.00	0.00	2,400.00	0.00	2,400.00
69		Web Site	06/01/2000	SL / N/A	3.0000	6,785.00	100.0000	0.00	0.00	6,785.00	0.00	6,785.00
70		Office XP	11/01/2002	SL / N/A	5.0000	2,550.15	100.0000	0.00	0.00	2,040.39	509.67	2,550.06
84		Ofutt Software Ir	01/09/2006	SL / FM	5.0000	1,500.00	100.0000	0.00	0.00	300.00	300.00	600.00
<b>Subtotal: Software</b>						<b>59,447.58</b>		<b>0.00</b>	<b>0.00</b>	<b>49,945.15</b>	<b>4,682.20</b>	<b>54,627.35</b>
Less dispositions and exchanges:						0.00		0.00	0.00	0.00	0.00	0.00
<b>Net for: Software</b>						<b>59,447.58</b>		<b>0.00</b>	<b>0.00</b>	<b>49,945.15</b>	<b>4,682.20</b>	<b>54,627.35</b>

Space Coast Association of REALTORS [001093]  
**Depreciation Expense**

Sorted: General - Group

Financial  
01/01/2007 - 12/31/2007

System No.	S	Description	Date In Service	Method / Conv.	Life	Cost / Other Basis	Bus / Inv. %	Sec. 179 / Bonus / (Cur. Yr. Only)	Salvage / Basis Adj.	Beg. Accum. Depreciation / (Sec. 179)	Current Depreciation	Total Depreciation / (Sec. 179)
<b>Subtotal:</b>						<b>357,712.02</b>		<b>0.00</b>	<b>0.00</b>	<b>245,446.88</b>	<b>22,830.53</b>	<b>268,277.41</b>
<b>Less dispositions and exchanges:</b>						<b>7,412.57</b>		<b>0.00</b>	<b>0.00</b>	<b>7,101.69</b>	<b>0.00</b>	<b>7,411.94</b>
<b>Grand Totals:</b>						<b>350,299.45</b>		<b>0.00</b>	<b>0.00</b>	<b>238,345.19</b>	<b>22,830.53</b>	<b>260,865.47</b>

350,299 Total Above  
 133,970 Land  
 (62,360) Like Kind Adjustment  
421,909 Total

362,462 990 Line 57a  
 59,448 Software included in 990 Line 58  
 (1) Rounding adjustment  
421,909 Total

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

▶ File a separate application for each return

- If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** and check this box ▶
  - If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only **Part II** (on page 2 of this form)
- Do not complete Part II unless you have already been granted an automatic 3-month extension on a previously filed Form 8868**

**Part I Automatic 3-Month Extension of Time.** Only submit original (no copies needed).

A corporation required to file Form 990-T and requesting an automatic 6-month extension - check this box and complete Part I only ▶

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

**Electronic Filing (e-file).** Generally, you can electronically file Form 8868 if you want a 3-month automatic extension of time to file one of the returns noted below (6 months for a corporation required to file Form 990-T). However, you cannot file Form 8868 electronically if (1) you want the additional (not automatic) 3-month extension or (2) you file Forms 990-BL, 6069, or 8870, group returns, or a composite or consolidated Form 990-T. Instead, you must submit the fully completed and signed page 2 (Part II) of Form 8868. For more details on the electronic filing of this form, visit [www.irs.gov/efile](http://www.irs.gov/efile) and click on *e-file for Charities & Nonprofits*.

<b>Type or print</b>	Name of Exempt Organization <b>SPACE COAST ASSOCIATION OF REALTORS, INC</b>	Employer identification number <b>23-1250368</b>
File by the due date for filing your return. See instructions.	Number, street, and room or suite no. If a P.O. box, see instructions <b>105 MCLEOD STREET</b>	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions <b>MERRITT ISLAND, FL 32953</b>	

**Check type of return to be filed** (file a separate application for each return)

- |  |   |                                    |
|--|---|------------------------------------|
| <input checked="" type="checkbox"/> Form 990 | <input type="checkbox"/> Form 990-T (corporation)                 | <input type="checkbox"/> Form 4720 |
| <input type="checkbox"/> Form 990-BL         | <input type="checkbox"/> Form 990-T (sec. 401(a) or 408(a) trust) | <input type="checkbox"/> Form 5227 |
| <input type="checkbox"/> Form 990-EZ         | <input type="checkbox"/> Form 990-T (trust other than above)      | <input type="checkbox"/> Form 6069 |
| <input type="checkbox"/> Form 990-PF         | <input type="checkbox"/> Form 1041-A                              | <input type="checkbox"/> Form 8870 |

- The books are in the care of ▶ **LEAH SELIG**  
Telephone No. ▶ **321-452-9490** FAX No ▶ **321-452-1108**
- 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 EINs of all members the extension will cover.

**1** I request an automatic 3-month (6-months for a corporation required to file Form 990-T) extension of time until **AUGUST 15, 2008**, to file the exempt organization return for the organization named above. The extension is for the organization's return for  
▶  calendar year **2007** or  
▶  tax year beginning \_\_\_\_\_, and ending \_\_\_\_\_.

**2** If this tax year is for less than 12 months, check reason  Initial return  Final return  Change in accounting period

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

**Caution.** If you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.