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DLN: 93493131022162

Return of Organization Exempt From Income Tax

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

OMB No 1545-0047

Open to Public Department of the Treasury ▶ The organization may have to use a copy of this return to satisfy state reporting requirements Internal Revenue Service Inspection A For the 2011 calendar year, or tax year beginning 01-01-2011 and ending 12-31-2011 D Employer identification number **B** Check if applicable COLUMBUS BOARD OF REALTORS Address change 31-4154020 E Telephone number Doing Business As Name change (614)475-4000 ☐ Initial return Number and street (or P O box if mail is not delivered to street address) Room/suite **G** Gross receipts \$ 3,102,762 Terminated City or town, state or country, and ZIP + 4 Amended return COLUMBUS, OH 43219 Application pending Name and address of principal officer Is this a group return for STANLEY E COLLINS 2700 AIRPORT DRIVE COLUMBUS, OH 43219 H(b) Are all affiliates included? Yes No If "No," attach a list (see instructions) 501(c)(3) **✓** 501(c) (6) **◄** (insert no) ☐ 4947(a)(1) or ☐ 527 Group exemption number Website: ► WWW COLUMBUSREALTORS COM K Form of organization
✓ Corporation
☐ Trust
☐ Association
☐ Other ► **L** Year of formation 1908 M State of legal domicile OH Part I Summary Briefly describe the organization's mission or most significant activities Activities & Governance Check this box দ if the organization discontinued its operations or disposed of more than 25% of its net assets Number of voting members of the governing body (Part VI, line 1a) . 20 Number of independent voting members of the governing body (Part VI, line 1b) . 20 4 5 23 Total number of individuals employed in calendar year 2011 (Part V, line 2a) . Total number of volunteers (estimate if necessary) 6 745 **7a** Total unrelated business revenue from Part VIII, column (C), line 12 231,111 **7**a **b** Net unrelated business taxable income from Form 990-T, line 34 -37,081 **Prior Year Current Year** 36,314 8 Contributions and grants (Part VIII, line 1h) . 19,303 9 Program service revenue (Part VIII, line 2g) . 2,633,966 2,518,236 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 51,011 44,597 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 328,299 304,917 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12 3,049,590 2,887,053 13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) . . . 43.000 43,000 Benefits paid to or for members (Part IX, column (A), line 4) 0 0 Salaries, other compensation, employee benefits (Part IX, column (A), lines 15 781.741 801,420 16a Professional fundraising fees (Part IX, column (A), line 11e) . 0 b Total fundraising expenses (Part IX, column (D), line 25) \blacktriangleright 0 2,275,885 2,191,838 **17** Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 18 Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25) 3,100,626 3,036,258 19 Revenue less expenses Subtract line 18 from line 12 . -51,036 -149,205 t Assets or ind Balances **Beginning of Current End of Year** Year 6,204,275 6,245,396 20 Total assets (Part X, line 16) . . . Net / 21 Total liabilities (Part X, line 26) 2,043,499 2,299,385 4,160,776 22 Net assets or fund balances Subtract line 21 from line 20 3,946,011 Part II 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. ***** 2012-05-01 Signature of officer Sign Here STANLEY E COLLINS CEO Type or print name and title

Date

GRETA RZYMEK CPA

REA & ASSOCIATES INC CPA'S

DUBLIN, OH 430173224

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

5775 PERIMETER DRIVE - STE 200

Preparer's

Firm's name (or yours

if self-employed), address, and ZIP + 4

Paid

Preparer's

Use Only

Check if

employed 🕨 🧧

Preparer's taxpayer identification number

P00181209

EIN > 34-1310124

Phone no (614) 889-8725

SUPPORT SERVICES & BENEFITS - PROVIDE ACCESS TO PROGRAMS AND SERVICES REAL ESTATE PROFESSIONALS NEED TO SUCCEED AND TO RECOGNIZE CENTRAL OHIO REAL ESTATE PROFESSIONALS FOR A NUMBER OF NOTEWORTHY ACTIVITIES INCLUDING INDUSTRY AS WELL AS COMMUNITY INVOLVEMENT

Other program services (Describe in Schedule O) 4d (Expenses \$ including grants of \$) (Revenue \$

Total program service expenses►\$

Part IV	Checklist	of Rec	uired	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? <i>If</i> "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 2	8		No
9	Did the organization report an amount in Part X, line 21, 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? If "Yes," complete Schedule D, Part $\sqrt{2}$	10	Yes	
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			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line10? If "Yes," complete Schedule D, Part VI.	11a	Yes	
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII.	11b	Yes	
c	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII.	11c		No
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX.	11d		No
e	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	Yes	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI, XII, and XIII	12a		No
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered 'No' to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional	12b	Yes	
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, Part I	14b		No
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the U S? If "Yes," complete Schedule F, Part 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 assistance to individuals located outside the U S ? If "Yes," complete Schedule F, Part 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? If "Yes," complete Schedule G, Part I	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? If "Yes," complete Schedule G, Part II	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 hospitals? If "Yes," complete Schedule H	20a		No
b	If "Yes" to line 20a, did the organization attach its audited financial statement to this return? Note. All Form 990 filers that operated one or more hospitals must attach audited financial statements	20b		

Par	t IV Checklist of Required Schedules (continued)			
21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	Yes	
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States 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, questions 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	23	Yes	
	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 questions 24b-24d and complete Schedule K. If "No," go to line 25	24a		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	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		
25a	Section 501(c)(3) and 501(c)(4) 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	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? 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 a grant selection committee member, or to a person related to such an individual? If "Yes," complete Schedule L, Part III	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)			_
a	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		No
b	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 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		Νo
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, Parts II, III, IV, and V, line 1	34	Yes	
35a	Is any related organization a controlled entity of the filing organization within the meaning of section $512(b)(13)$?	35a	Yes	
b	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	Yes	
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If</i> "Yes," complete Schedule R, Part V, line 2	36		
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization 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 11 and 19? Note. All Form 990 filers are required to complete Schedule O	38	Yes	
		F	orm 990	(2011)

Part V	Statements Regarding Other IRS Filings and Tax Compliance

	Check if Schedule O contains a response to any question in this Part V			
			Yes	No
a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable		= ='	
	1a 34			
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable 1b			
_				
C	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	Yes	
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 by this return			
h	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?			
_		2b	Yes	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
a	Did the organization have unrelated business gross income of \$1,000 or more during the	_	V	
	year?	3a	Yes	
	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b	Yes	
la	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 or securities			
	account)?	4a		Νo
b	If "Yes," enter the name of the foreign country 🕨			
	See instructions for filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts			
_	Weether exemples a postulate a postulate to the latest and the second se	-		N:
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		No
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		Νo
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
ia	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the	6a	Yes	
_	organization solicit any contributions that were not tax deductible?			
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts			
,	were not tax deductible?	6b	Yes	
, _	Organizations that may receive deductible contributions under section 170(c).	7-		
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to			
	file Form 8282?	7 c		
d	If "Yes," indicate the number of Forms 8282 filed during the year			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit			
Ū	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			
L	required?	7g		
п	Form 1098-C?	7h		
3	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. DId			
	the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess			
	business holdings at any time during the year?	8		
)	Sponsoring organizations maintaining donor advised funds.			
	Did the organization make any taxable distributions under section 4966?	9a		
	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		
	Section 501(c)(7) organizations. Enter			
	Initiation fees and capital contributions included on Part VIII, line 12 10a			
D	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
1	Section 501(c)(12) organizations. Enter			
	Gross income from members or shareholders			
	Gross income from other sources (Do not net amounts due or paid to other			
	sources against amounts due or received from them)			
.2a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the			
	year 12b			
3	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state?			
	Note. All 501(c)(29) organizations must list in Schedule O each state in which they are licensed to issue qualified health plans, the amount of reserves required by each state, and the amount of reserves the organization	_		
	allocated to each state	13a		
b	Enter the aggregate amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans.			
_	the states in which the organization is licensed to issue qualified health plans Enter the aggregate amount of reserves on hand			
_	13c			
4a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		No
h	If "Yes." has it filed a Form 720 to report these payments? If "No." provide an explanation in Schedule O	14b		

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to lines 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

Check if Schedule O contains a response to any question in this Part VI		. 🗸
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Se	ection A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax vear			
b	Enter the number of voting members included in line 1a, above, who are	1		
2	Independent	1		
_	other officer, director, trustee, or key employee?	2		Νo
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		Νo
6	Did the organization have members or stockholders?	6	Yes	
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	Yes	
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	Yes	
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	
ь	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? If "Yes," provide the names and addresses in Schedule O	9		No
	ection B. Policies (This Section B requests information about policies not required by the Internal evenue Code.)			1
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		No
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Yes	
b	Describe in Schedule O the process, if any, used by the organization to review the Form 990			
	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Yes	
	Were officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes	
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	Yes	
13	Did the organization have a written whistleblower policy?	13	Yes	
14	Did the organization have a written document retention and destruction policy?	14		No
15	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	Yes	
b	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)			
16a	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		No
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			1

- List the States with which a copy of this Form 990 is required to be filed▶
- 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 V Upon request

- 19 Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, and financial statements available to the public See Additional Data Table
- State the name, physical address, and telephone number of the person who possesses the books and records of the organization ►

 STANLEY E COLLINS CEO

 2700 AIRPORT DRIVE

 COLUMBUS, OH 43219

 (614) 475-4000

Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Check if Schedule O contains a response to any question in this Part VII

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

1a Complete this table for all persons required to be listed Report compensation for the calendar year ending with or within the organization's tax year

- ◆ List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation, and **current** key employees 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

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

• 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

Total Companies Total Comp	(A) Name and Title	(B) A verage hours per week (describe hours	Position more unless	on (de e thar	c) o no o no s o n e r a r	t che e box is bo nd a stee)	eck K, oth		(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099- MISC)	(F) Estimated amount of other compensation from the organization and related
PRESIDENT		related organizations in Schedule	Individual trustee or director	Institutional Trustee	Officei	Key employee	lighest compensated mployee	Former			organizations
PRESIDENT-ELECT		6 00	х		Χ				0	0	0
TREASURER		4 00	х		X				0	0	0
SECRETARY		2 00	х		Х				0	0	0
DIRECTOR		2 00	х		Х				0	0	0
DIRECTOR		1 00	х						0	0	0
DIRECTOR 1 00		1 00	х						0	0	0
DÍRECTOR 1 00 X 0 0 (9) RON HOBELMAN 1 00 X 0 0 (10) BOB MCCARTHY 1 00 X 0 0 (11) JAN JEDLINSKY 1 00 X 0 0 (11) JAN JEDLINSKY 1 00 X 0 0 (12) DEBBIE KING 1 00 X 0 0 (13) SUE LUSK-GLEICH 1 00 X 0 0 (14) GRETCHEN MCKAY 1 00 X 0 0 (15) LYNN COOK 1 00 X 0 0 (15) LYNN COOK 1 00 X 0 0 (16) TEDDY GRIFFIN 1 00 X 0 0		1 00	х						0	0	0
DÍRECTOR 1 00		1 00	х						0	0	0
DIRECTOR 1 00 X 0 0 (11) JAN JEDLINSKY 1 00 X 0 0 DIRECTOR 1 00 X 0 0 (12) DEBBIE KING 1 00 X 0 0 DIRECTOR 1 00 X 0 0 (13) SUE LUSK-GLEICH 1 00 X 0 0 (14) GRETCHEN MCKAY 1 00 X 0 0 (15) LYNN COOK 1 00 X 0 0 (15) LYNN COOK 1 00 X 0 0 (16) TEDDY GRIFFIN 1 00 X 0 0		1 00	х						0	0	0
DIRECTOR 1 00 X 0 0 (12) DEBBIE KING DIRECTOR 1 00 X 0 0 (13) SUE LUSK-GLEICH DIRECTOR 1 00 X 0 0 (14) GRETCHEN MCKAY DIRECTOR 1 00 X 0 0 (15) LYNN COOK DIRECTOR 1 00 X 0 0 (16) TEDDY GRIFFIN 1 00 X 0 0		1 00	х						0	0	0
DIRÉCTOR 1 00 X 0 0 (13) SUE LUSK-GLEICH 1 00 X 0 0 DIRECTOR 1 00 X 0 0 (14) GRETCHEN MCKAY 1 00 X 0 0 DIRECTOR 1 00 X 0 0 (15) LYNN COOK 1 00 X 0 0 DIRECTOR 1 00 X 0 0 (16) TEDDY GRIFFIN 1 00 X 0 0		1 00	х						0	0	0
DIRÉCTOR 1 00 X 0 0 (14) GRETCHEN MCKAY 1 00 X 0 0 DIRECTOR 1 00 X 0 0 (15) LYNN COOK DIRECTOR 1 00 X 0 0 (16) TEDDY GRIFFIN 1 00 X 0 0		1 00	х						0	0	0
DIRÉCTOR 1 00 X 0 (15) LYNN COOK 1 00 X 0 DIRECTOR 0 0 (16) TEDDY GRIFFIN 1 00 X 0		1 00	х						О	0	0
DIRECTOR		1 00	х						0	0	0
(16) TEDDY GRIFFIN		1 00	х						0	0	0
	(16) TEDDY GRIFFIN	1 00	х						0	0	0
(17) SHANE WOLOSHAN DIRECTOR 1 00 X 0	(17) SHANE WOLOSHAN	1 00	Х						0	0	0

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

	(A) Name and Title	(B) Average hours per week (describe hours	unles an	on (d e tha	n one son er ai	e bo is b nd a	x, oth)		(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099- MISC)	Estima amount o compen from organizat relat	ated f other sation the ion and
		for related organizations in Schedule O)	Individual trustiee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former		М 13 С)	organiza	
(18) JII DIRECT	L RUDLER OR	1 00	х						0	0		0
(19) KA	THY SHIFLET OR	1 00	х						0	0		0
	ANLEY COLLINS	40 00			х				78,400	78,400		20,412
1b	Sub-Total			<u> </u>	٠.	٠.		<u> </u>				
С	Total from continuation sheets	to Part VII, Sec	tion A					P				
d	Total (add lines 1b and 1c) .							•	78,400	78,400		20,412
	Total number of individuals (incli \$100,000 of reportable compens					ted	above) who	received more tha	n		
	Old the organization list any forr on line 1a? <i>If</i> "Yes," complete Sch					ey e	mploy	ee, c	or highest compens	ľ	Yes	No
4	For any individual listed on line 1 organization and related organiza	La, is the sum of	f report	able	com					n from the	3	No
5	ndividual								_	r individual for	4 Yes	N o
											<u> </u>	
	tion B. Independent Con							_ 4		- +L		
:	Complete this table for your five \$100,000 of compensation from or within the organization's tax y	the organizatio ear								ng with	_	
	Nan	(A) ne and business add	dress						Descr	(B) iption of services	Comper	
	ntal number of independent conti											

\$100,000 of compensation from the organization $\blacktriangleright 0$

Part V	<u> </u>	Statement of	Revenue					
					(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512,513,or 514
\$ \$	1a	Federated camp	aigns 1a					
記言	Ь	Membership due	es 1b					
ಕ್ಟಾ	c	•	nts 1c					
क्षेत्र इ.स.		_						
<u>=</u> ,ਰ	d	Related organiza						
્ર≅	e	Government grants	(contributions) 1e					
<u>`</u> 5.∑	f		ns, gifts, grants, and 1f	19,303	į			
5 2		similar amounts not	included above outions included in					
≣ਰ	g							
Contributions, gifts, grants and other similar amounts	h	lines 1a-1f \$	1a-1f	▶	19,303			
Ç ®	<u>"</u>	Total: Add IIIIcs	14 17		,			
<u> 9</u>				Business Code				
E E	2a	MEMBERSHIP DUES	AND FE	900099	2,273,803	2,273,803		
<u>ح</u>	ь	CONTINUING EDUC	ATION	900099	54,304	54,304		
<u>a</u> .	l c	SUBSCRIPTION INC	OME	511120	51,555	51,555		
Ę	d	TRADE SHOW INCO			, i	,		42 225
Ī				900099	43,225			43,225
Ē	e	OTHER EXEMPT FUN		900099	38,875	38,875		
Program Serwce Revenue	f	All other progra	m service revenue		56,474	56,474		
₹	_	Total Add lines	2a-2f	<u> </u>	2,518,236			
	g 3				2,310,230			
			ome (including dividend	. F	44,597			44,597
	_		ramounts)	· · ·	77,337			44,337
	4		ment of tax-exempt bond p	· · · · · · · · · · · · · · · · · · ·	40.063			40.063
	5	Royalties			49,963			49,963
		<u> </u>	(ı) Real	(II) Personal				
	6a	Gross rents	127,921					
	b	Less rental expenses	106,678					
	c	Rental income	21,243					
	ا ا	or (loss)	ne or (loss)	<u> </u>	21,243		17,966	3,277
	d	Net rental incom			21,243		17,500	3,277
	_	Cross amount	(ı) Securities	(II) Other				
	7a	Gross amount from sales of						
		assets other than inventory						
	Ь	Less cost or						
		other basis and sales expenses						
	l c	Gain or (loss)						
	d	Net gain or (loss	s)					
	8a	Gross income fr						
ψ.		events (not incli						
문		\$						
.≳			reported on line 1c)					
æ		See Part IV, line	a					
Other Revenue	.	1	•					
チ	b		penses b	- Lands				
J	C		oss) from fundraising (events F				
	9a	Gross income from See Part IV, line	om gaming activities					
		Secratery, mile	a					
	ь	Less direct over	penses b					
	c		oss) from gaming activ	vities				
	10a	Gross sales of I	·					
	100	returns and allow		133,244				
	Ь	Less cost of go	ods sold b	109,031				
			oss) from sales of inve	•	24,213	20,566	3,647	
	Ť	Miscellaneous	· · · · · · · · · · · · · · · · · · ·	Business Code	,	-,	-,	
	11a			561439	114,358		114,358	
	_	MEMBER SERVI	ICE CENTEK		· ·			
	b	ADVERTISING		900004	95,140		95,140	
	c							
	d	All other revenu	e					
	e	Total. Add lines	11a-11d		202.403			
				▶ [209,498			
	12	Total revenue. S	See Instructions	▶	2.007.052	3.405.533	224 444	141.003
	ı				2,887,053	2,495,577	231,111	141,062

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns

All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D)

Check if Schedule O contains a response to any question in this Part IX

	ot include amounts reported on lines 6b, o, 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 governments and organizations in the United States See Part IV, line 21	43,000			
2	Grants and other assistance to individuals in the United States See Part IV, line 22				
3	Grants and other assistance to governments, organizations, and individuals outside the United States See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees	88,607			
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	507,936			
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	29,009			
9	Other employee benefits	122,447			
10	Payroll taxes	53,421			
11	Fees for services (non-employees)	-			_
а	Management				_
b	Legal	21,120			-
c	Accounting	17,465			_
d	Lobbying				_
e	Professional fundraising See Part IV, line 17				_
f	Investment management fees	4,284			
g	Other				_
12	Advertising and promotion				_
13	Office expenses	95,577			
14	Information technology				_
15	Royalties				
16	Occupancy	139,090			_
17	Travel	87,092			
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	101,696			
20	Interest				
21	Payments to affiliates	1,265,956			
22	Depreciation, depletion, and amortization	54,788			
23	Insurance	5,518			
24	Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24f If line 24f amount exceeds 10% of line 25, column (A) amount, list line 24f expenses on Schedule O)				
a	PRINTING AND PHOTOGRAPH	90,517			
b	PUBLIC RELATIONS	74,960			
c	PRESIDENT'S BALL EXPENS	62,474			
d	BANK SERVICE CHARGES	35,033			
e					
f	All other expenses	136,268			
25	Total functional expenses. Add lines 1 through 24f	3,036,258			
26	Joint costs. Check here ► if following SOP 98-2 (ASC 958-720) Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				orm 990 (2011)

Part X **Balance Sheet** (A) (B) Beginning of year End of year 1,200 1,200 1 1 2.804.289 3.009.468 2 2 3 3 143.387 4 4 116.369 5 Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L 5 6 Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) Complete Part II of 6 Schedule L 7 60.105 8 71.352 9 19,563 9 20,466 Prepaid expenses and deferred charges 10a 2,823,563 Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D 10a 10b 1,427,031 b Less accumulated depreciation 1,455,479 10c 1,396,532 400,279 352,963 11 11 1,300,668 1,265,716 12 12 Investments—other securities See Part IV, line 11 13 13 Investments—program-related See Part IV, line 11 . . 14 14 Intangible assets 19,305 15 15 11,330 6,204,275 6,245,396 16 Total assets. Add lines 1 through 15 (must equal line 34) . . . 16 90,213 226,685 17 17 Accounts payable and accrued expenses . 18 18 19 1,953,286 19 2,072,700 20 20 21 21 Escrow or custodial account liability Complete Part IV of Schedule D . . Liabilities 22 Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L \ldots . \ldots . \ldots 22 23 Secured mortgages and notes payable to unrelated third parties . . . 23 24 Unsecured notes and loans payable to unrelated third parties 24 25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X of Schedule 25 D 26 2,043,499 26 2,299,385 **Total liabilities.** Add lines 17 through 25 Organizations that follow SFAS 117, check here ▶ 🔽 and complete lines 27 Balances through 29, and lines 33 and 34. 27 4,126,411 3,918,921 Unrestricted net assets 34.365 28 27,090 28 Temporarily restricted net assets Fund 29 29 Permanently restricted net assets Organizations that do not follow SFAS 117, check here ▶ ☐ and complete lines 30 through 34. ö 30 Capital stock or trust principal, or current funds 30 Assets 31 31 Paid-in or capital surplus, or land, building or equipment fund 32 32 Retained earnings, endowment, accumulated income, or other funds ¥ 33 Total net assets or fund balances 4.160.776 33 3.946.011 34 Total liabilities and net assets/fund balances 6.204.275 34 6.245.396

	Check if Schedule O contains a response to any question in this Part XI		<u></u>	. [
1	Total revenue (must equal Part VIII, column (A), line 12)	1		2.8	387,053
2	Total expenses (must equal Part IX, column (A), line 25)	2			36,258
3	Revenue less expenses Subtract line 2 from line 1	3		- 1	149,205
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		4,1	160,776
5	Other changes in net assets or fund balances (explain in Schedule O)	5			-65,560
6	Net assets or fund balances at end of year Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))	6		3,9	946,011
Pai	The Financial Statements and Reporting Check if Schedule O contains a response to any question in this Part XII			৮	
1	Accounting method used to prepare the Form 990			Yes	No
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		No
b	Were the organization's financial statements audited by an independent accountant?		2b	Yes	
c	If "Yes," to 2a or 2b, does the organization have a committee that assumes responsibility for oversight of audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain Schedule O		2c	Yes	
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were on a separate basis, consolidated basis, or both	ıssued			
	Separate basis Consolidated basis Both consolidated and separated basis				
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in t Single Audit Act and OMB Circular A-133?	ne	За		No
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	required	3b		

DLN: 93493131022162

OMB No 1545-0047

Open to Public Inspection

SCHEDULE D

(Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

► Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b ► Attach to Form 990. ► See separate instructions.

Name of the organization

Employer identification number

COLU	MBUS BOARD OF REALIORS		31-	4154020		
Par					. Complet	e if the
	organization answered "Yes" to Form 99		1			
		(a) Donor advised funds	1	(b) Funds and o	other accou	nts
	Total number at end of year		1			
	Aggregate contributions to (during year)		1			
	Aggregate grants from (during year)					
	Aggregate value at end of year					
5	Did the organization inform all donors and donor advi funds are the organization's property, subject to the		nor adv	ısed	☐ Yes	┌ No
5	Did the organization inform all grantees, donors, and used only for charitable purposes and not for the ben conferring impermissible private benefit				┌ Yes	┌ No
Par	Conservation Easements. Complete	ıf the organization answered "Yes"	to Forr	n 990, Part I\	/, line 7.	
l 2	Purpose(s) of conservation easements held by the oi Preservation of land for public use (e g , recreati Protection of natural habitat Preservation of open space Complete lines 2a-2d if the organization held a quali	on or pleasure) Preservation of a	certifie	d historic struc	· ·	a
	easement on the last day of the tax year			1		
				Held at the	End of the	Year
а	Total number of conservation easements		2a			
b	Total acreage restricted by conservation easements		2b			
С	Number of conservation easements on a certified his	, ,	2c			
d	Number of conservation easements included in (c) a	cquired after 8/17/06	2d			
3	Number of conservation easements modified, transfe the taxable year -	erred, released, extinguished, or terminat	ed by tl	ne organization	during	
ı	Number of states where property subject to conserva	ation easement is located 🛌				
;	Does the organization have a written policy regarding enforcement of the conservation easements it holds?		dling o	f violations, and	☐ Yes	┌ No
5	Staff and volunteer hours devoted to monitoring, insp	pecting and enforcing conservation easer	nents d	uring the year I	•	
,	A mount of expenses incurred in monitoring, inspecti	-		= •		
,	▶ \$			g tile year		
3	Does each conservation easement reported on line 2 $170(h)(4)(B)(i)$ and $170(h)(4)(B)(ii)$?	(d) above satisfy the requirements of se	ction		┌ Yes	┌ No
•	In Part XIV, describe how the organization reports cobalance sheet, and include, if applicable, the text of the organization's accounting for conservation easen	the footnote to the organization's financia				
art	Organizations Maintaining Collection Complete if the organization answered	ons of Art, Historical Treasures,	or Ot	her Similar	Assets.	
La	If the organization elected, as permitted under SFAS art, historical treasures, or other similar assets held provide, in Part XIV, the text of the footnote to its fin	116, not to report in its revenue statem for public exhibition, education or resear	ch in fu			٠,
b	If the organization elected, as permitted under SFAS historical treasures, or other similar assets held for provide the following amounts relating to these items	public exhibition, education, or research			•	
	(i) Revenues included in Form 990, Part VIII, line 1			► \$		
	(ii) Assets included in Form 990, Part X					
2	If the organization received or held works of art, histofollowing amounts required to be reported under SFA		or finar			
а	Revenues included in Form 990. Part VIII. line 1			▶ \$		

b Assets included in Form 990, Part X

Part	•••• Organizations Maintaining Co	llections of Art	<u>, His</u>	toric	<u>al Tre</u>	asures, or	<u>Othe</u>	r Similar	<u>Asse</u>	ts (co	ntınued)
3	Using the organization's accession and othe items (check all that apply)	r records, check any	of th	ne follo	owing the	at are a sıgnıfı	cant u	ise of its col	lection	1	
а	Public exhibition		d	Γ	Loan or	exchange pro	grams	3			
b	Scholarly research		e	Γ	Other						
c	Preservation for future generations										
4	Provide a description of the organization's co	llections and expla	ın hov	v they	further	the organization	on's ex	xempt purpo	se in		
5	During the year, did the organization solicit of assets to be sold to raise funds rather than t							nılar	Г	Yes	┌ No
Par	Escrow and Custodial Arrang Part IV, line 9, or reported an an						ed "Y	es" to Forr	n 990),	
1a	Is the organization an agent, trustee, custod included on Form 990, Part X?	ıan or other ınterme	diary	forco	ontributio	ons or other as	sets	not	Г	Yes	┌ No
b	If "Yes," explain the arrangement in Part XIV	/ and complete the	follow	ıng ta	ble				Amou	ınt	
c	Beginning balance						1c				
d	Additions during the year						1d				
e	Distributions during the year						1e				
f	Ending balance						1f				
2a	Did the organization include an amount on Fo	orm 990. Part X. line	217					l	Г	Yes	
	If "Yes," explain the arrangement in Part XIV								'		, 110
	rt V Endowment Funds. Complete		ans	were	d "Yes"	to Form 99) Par	rt IV line 1	0		
	Endownient i anabi complete	(a)Current Year		Prior Y		(c)Two Years Bac)Four Y	ears Back
1a	Beginning of year balance	34,365			39,261	20,3	62	20,:	384	-	
b	Contributions	19,301			36,314	39,0	87	12,	162		
С	Investment earnings or losses										
d	Grants or scholarships										
e	Other expenditures for facilities and programs	26,575			41,210	20,1	.88	12,	184		
f	Administrative expenses										
g	End of year balance	27,091			34,365	39,2	61	20,:	362		
2	Provide the estimated percentage of the yea	r end balance held a	is								
а	Board designated or quasi-endowment 🕨										
b	Permanent endowment 🕨										
c	Term endowment ► 100 000 %										
За	Are there endowment funds not in the posses	ssion of the organiza	ation	that a	re held a	ınd admınıster	ed for	the			
	organization by							_		Yes	No
	(i) unrelated organizations			•				-	3a(i)	Yes	
_	(ii) related organizations						•		3a(ii)		No
	If "Yes" to 3a(II), are the related organizatio	•							3b		
4	Describe in Part XIV the intended uses of th										
Par	t VI Land, Buildings, and Equipme	nt. See ronn 99	U, Pa								
	Description of property				Cost or ot (investm			(c) Accumul depreciati		(d) Bo	ok value
	Land					1	16,537				116,537
b	Buildings		•			1,8	75,100	78	1,513		1,093,587
C	Leasehold improvements					1	66,514	10	0,372		66,142
d I	Equipment					6	65,412	54	5,146		120,266
	Other										
Tota	I. Add lines 1a-1e <i>(Column (d) should equal Fo</i>	rm 990, Part X, colun	nn (B)	, line .	10(c).			▶			1,396,532
								Schedu	le D (F	orm 9	90) 2011

Part VII Investments—Other Securities. See	rorm 990, Part X, line 12.	
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market value
(1)Financial derivatives		Cost of cita of year market value
(2)Closely-held equity interests	1,265,716	F
Other	1,203,710	<u>'</u>
Total. (Column (b) should equal Form 990, Part X, col (B) line 12) ▶	1,265,716	
Part VIII Investments—Program Related. See	Form 990, Part X, line 13	3.
(a) Description of investment type	(b) Book value	(c) Method of valuation
	(-,	Cost or end-of-year market value
Total. (Column (b) should equal Form 990, Part X, col (B) line 13)		
Part IX Other Assets. See Form 990, Part X, lin (a) Descrip		(b) Book value
(4) 5 6 5 6 11 5		(b) Book value
Total (Column (h) should equal Form 990, Part Y, col (R) line 1	5.)	
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1.		
Part X Other Liabilities. See Form 990, Part X	, line 25.	
Part X Other Liabilities. See Form 990, Part X 1 (a) Description of Liability		
Part X Other Liabilities. See Form 990, Part X	, line 25.	
Part X Other Liabilities. See Form 990, Part X 1 (a) Description of Liability	, line 25.	
Part X Other Liabilities. See Form 990, Part X 1 (a) Description of Liability	, line 25.	
Part X Other Liabilities. See Form 990, Part X 1 (a) Description of Liability	, line 25.	
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Part X Other Liabilities. See Form 990, Part X 1 (a) Description of Liability	, line 25.	
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Part X Other Liabilities. See Form 990, Part X 1 (a) Description of Liability	, line 25.	
Part X Other Liabilities. See Form 990, Part X 1 (a) Description of Liability	, line 25.	

Pai	t XI Reconciliation of Change in Net Assets from Form 990 to Financial Statemen	nts	
1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	2,887,053
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	3,036,258
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	-149,205
4	Net unrealized gains (losses) on investments	4	-30,610
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV)	8	-34,950
9	Total adjustments (net) Add lines 4 - 8	9	-65,560
10	Excess or (deficit) for the year per financial statements Combine lines 3 and 9	10	-214,765
Par	t XII Reconciliation of Revenue per Audited Financial Statements With Revenue	er Re	turn
1	Total revenue, gains, and other support per audited financial statements	1	2,251,521
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
а	Net unrealized gains on investments		
b	Donated services and use of facilities		
c	Recoveries of prior year grants		
d	Other (Describe in Part XIV)		
e	Add lines 2a through 2d	2e	44,939
3	Subtract line 2e from line 1	3	2,206,582
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1		
а	Investment expenses not included on Form 990, Part VIII, line 7b . 4a		
b	Other (Describe in Part XIV)		
C	Add lines 4a and 4b	4 c	680,471
5	Total Revenue Add lines 3 and 4c. (This should equal Form 990, Part I, line 12)	5	2,887,053
	Reconciliation of Expenses per Audited Financial Statements With Expenses	s per l	
1	Total expenses and losses per audited financial statements	1	2,462,464
2	Amounts included on line 1 but not on Form 990, Part IX, line 25		
а	Donated services and use of facilities		
b	Prior year adjustments		
C	Other losses		
d	Other (Describe in Part XIV)		
e	Add lines 2a through 2d	2e	-408,779
3	Subtract line 2e from line 1	3	2,871,243
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a		
b	Other (Describe in Part XIV)		
c	Add lines 4a and 4b	4 c	165,015
_	Total expenses Add lines 3 and 4c. (This should equal Form 990, Part I, line 18)	5	3,036,258
5	t XIV Supplemental Information		

additional information	· · · · · · · · · · · · · · · · · · ·	III, lines 2d and 4b Also complete this part to provide any
Identifier	Return Reference	Explanation
DESCRIPTION OF INTENDED USE OF ENDOWMENT FUNDS		CBR IS A DONOR TO AN ENDOWMENT FUND, WHICH IS HELD BY AND REPORTED AS AN ASSET OF THE COLUMBUS FOUNDATION THE ORGANIZATION IS UNABLE TO RECEIVE FUNDS FROM THE ENDOWMENT FUND, HO WEVER, THEY ARE ABLE TO HELP DIRECT THE USES OF THE FUND THROUGH THE COLUMBUS BOARD OF REALTORS FOUNDATION ADVISORY BOARD OURING THE YEARS ENDED DECEMBER 31, 2011 AND 2010, THE ORGANIZATION HAD NOT RECOGNIZED INCOME FROM THE ENDOWMENT THE VALUE OF THE FUND WAS \$309,349 AND \$348,723 AS OF DECEMBER 31, 2011 AND 2010, RESPECTIVELY THE ORGANIZATION HAS SIX SEPARATE FUNDS FOR SIX DISTINCT PURPOSES THESE FUNDS INCLUDE THE AFFORDABLE HOUSING FUND, THE BUILDER REALTOR FUND, THE POST LICENSE GRANT FUND, THE YOUNG PROFESSIONALS NETWORK FUND, COMMERCIAL INVESTMENT DIVISION AND NATIONAL ASSOCIATION OF REALTORS FOR RECLOSURE FUND AFFORDABLE HOUSING FUND - THE PRIMARY PURPOSE OF THE AFFORDABLE HOUSING FUND IS TO PAY FOR THE SUPPERSUNDAY AFFORDABLE HOUSING ON THE BUILDER REALTOR FUND IS TO PAY FOR THE SUPPERSUNDAY AFFORDABLE HOUSING ON THE PURPOSE OF THE AFFORDABLE HOUSING FUND IS TO PROVIDE SCHOLARSHIPS FOR STUDENTS WHO ARE PURSUING A REAL-ESTATE EDUCATION DEGREE THE SCHOLARSHIPS ARE GENERALLY IN THE AMOUNT OF \$500 THE FUND RECEIVES MONIES FROM FEES GENERATED BY BUS TOURS OF NEW BUILD DEVELOPMENTS, WHICH ARE CONDUCTED SEMIANNUALLY, AND FROM THE BUILDERS' PREVIEW SHOW, HELD EACH JANUARY POST LICENSE GRANT FUND THE PRIMARY PURPOSE OF THE FUND RECEIVES MONIES FROM FEES GENERATED BY BUS TOURS OF NEW BUILD DEVELOPMENTS, WHICH ARE CONDUCTED SEMIANNUALLY, AND FROM THE BUILDERS' PREVIEW SHOW, HELD EACH JANUARY POST LICENSE GRANT FUND THE PRIMARY PURPOSE OF THE POST LICENSE GRANT FUND SEMIANNUALLY YOUNG PROFESSIONALS NETWORK-FUNDS ARE ESCONTONES FROM FEES GENERATED BY BUS TOURS OF OHELP WITH START-UP COSTS AND ARE AWARDED SEMIANNUALLY YOUNG PROFESSIONALS NETWORK-FUNDS ARE AWARDED SEMIANNUALLY YOUNG PROFESSIONALS NETWORK-FUNDS ARE AWARDED ON SPONSOR ANA WARDS CEREMONEY TO RECOGNIZE OUTSTANDING REALTORS IN CONNECTION WITH THEIR FORECLOSURE PREVENTION AND RESPON
TAX POSITIONS UNDER FIN 48		FIN 48 FOOTNOTE GENERALLY ACCEPTED ACCOUNTING PRINCIPLES REQUIRED THE ORGANIZATION TO EVALUATE THE LEVEL OF UNCERTAINTY RELATED TO WHETHER TAX POSITIONS TAKEN WILL BE SUSTAINED UPON EXAMINATION ANY POSITIONS TAKEN THAT DO NOT MEET THE MORE-LIKELY-THAN-NOT THRESHOLD MUST BE QUANTIFIED AND RECORDED AS A LIABILITY FOR UNRECOGNIZED TAX BENEFITS IN THE ACCOMPANYING BALANCE SHEET ALONG WITH ANY ASSOCIATED INTEREST AND PENALTIES THAT WOULD BE PAYABLE TO THE TAXING AUTHORITIES UPON EXAMINATION INTEREST AND PENALTIES ASSOCIATED WITH UNRECOGNIZED TAX BENEFITS ARE CLASSIFIED AS ADDITIONAL INCOME TAXES IN THE STATEMENT OF INCOME THE ORGANIZATION BELIEVES THAT NONE OF THE TAX POSITIONS TAKEN WOULD MATERIALLY IMPACT THE FINANCIAL STATEMENTS AND NO SUCH LIABILITIES HAVE BEEN RECORDED WITH FEW EXCEPTIONS, THE ORGANIZATION IS NO LONGER SUBJECT TO US FEDERAL, STATE AND LOCAL INCOME TAX EXAMINATIONS BY TAX AUTHORITIES FOR THE YEARS DECEMBER 31, 2008 AND PRIOR
PART XI, LINE 8 - OTHER ADJUSTMENTS		NET INCOME EARNED BY SUBSIDIARIES -34,950
PART XII, LINE 2D - OTHER ADJUSTMENTS		NET INCOME EARNED BY SUBSIDIARIES -31,128 RENTAL EXPENSES NETTED WITH RENTAL INCOME ON FORM 990 106,677
PART XII, LINE 4B - OTHER ADJUSTMENTS		BUILDING EXPENSES NETTED WITH BUILDING INCOME ON F/S, NOT 990 270,042 CONTINUING EDUCATION EXPENSES NETTED ON FINACIAL STATEMENTS, NOT 990 84,793 MEMBER SERVICE CENTER EXPENSES NETTED ON FINANCIAL STATEMENTS, NOT 990 170,850 IN CONTRACT MAGAZINE EXPENSES NETTED ON FINANCIAL STATEMENTS, NOT 990 153,136 RESTRICTED FUNDS INCOME NETTED WITH RESTRICTED FUNDS EXPENSE ON F/S, NOT 990 1,650
PART XIII, LINE 2D - OTHER ADJUSTMENTS		MEMBER SERVICE CENTER EXPENSES NETTED ON FINANCIAL STATEMENTS, NOT 990 -170,850 CONTINUING EDUCATION EXPENSES NETTED ON FINACIAL STATEMENTS, NOT 990 -84,793 IN CONTRACT MAGAZINE EXPENSES NETTED ON FINANCIAL STATEMENTS, NOT 990 -153,136
PART XIII, LINE 4B - OTHER ADJUSTMENTS		BUILDING EXPENSES NETTED WITH BUILDING INCOME ON F/S, NOT 990 270,042 RESTRICTED FUNDS INCOME NETTED WITH RESTRICTED FUNDS EXPENSE ON F/S, NOT 990 1,650 RENTAL EXPENSES NETTED WITH RENTAL INCOME ON FORM 990 -106,677 Schedule D (Form 990) 2011

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Schedule I (Form 990)

Grants and Other Assistance to Organizations, Governments and Individuals in the United States

Complete if the organization answered "Yes," to Form 990, Part IV, line 21 or 22.

OMB No 1545-0047

2011

DLN: 93493131022162

Open to Public

Department of the Treasury Internal Revenue Service Name of the organization

► Attach to Form 990

Employer identification number

COLUMBUS BOARD OF REALT	TORS					31-4154020	
Part I General Inform	mation on Grants	and Assistance					
Does the organization ma the selection criteria use Describe in Part IV the o	untain records to subs d to award the grants	stantiate the amount of t			lity for the grants or as	sistance, and	√ Yes
Part II Grants and Otl Form 990, Part 1	IV, line 21 for any	Governments and recipient that received 0) if additional space	d more than \$5,000	. Check this box if	no one recipient rece	eived more than \$5,	000. Use
(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1) COLUMBUS HOUSING PARTNERSHIP INC562 EAST MAIN STREET COLUMBUS,OH 43215	31-1208260	501(C)(3)	28,000				BRINGING PEOPLE HOME CELEBRATION
(2) GREATER COLUMBUS CHAMBER OF COMMERCE 150 SOUTH FRONT STREET SUITE 200 COLUMBUS,OH 43215	31-4152950	501(C)(6)	15,000				COLUMBUS REGIONAL GROWTH FUND CONTRIBUTION TO BE USED FOR THE COLUMBUS AMERICA CAMPAIGN
2 Enter total number of sec							
3 Enter total number of other	ei organizations iisteo	in the line 1 table					

Orants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 22. Use Schedule I-1 (Form 990) if additional space is needed.										
(a)Type of grant or assistance	(b)Number of recipients	(c)A mount of cash grant	(d)A mount of non-cash assistance	(e)Method of valuation (book, FMV, appraisal, other)	(f)Description of non-cash assistance					

Part IV Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information.

Identifier	Return Reference	Explanation
PROCEDURE FOR MONITORING GRANTS IN THE U S	,	SCHEDULE I, PART I, LINE 2 THE COLUMBUS BOARD OF REALTORS "CBR" MAKES CONTRIBUTIONS TO OTHER NON-PROFIT ORGANIZATIONS WITH PURPOSES SIMILAR TO THE CBR TO FURTHER THE EXEMPT PURPOSE OF THE COLUMBUS BOARD OF REALTORS

DLN: 93493131022162

OMB No 1545-0047

Open to Public Inspection

Schedule J (Form 990)

Department of the Treasury Internal Revenue Service

For certain Officers, Directors, Trustees, Key Employees, and Highest **Compensated Employees**

Compensation Information

► Complete if the organization answered "Yes" to Form 990, Part IV, question 23.

► Attach to Form 990. ► See separate instructions.

Name of the organization COLUMBUS BOARD OF REALTORS **Employer identification number**

31-4154020

Pa	rt I Questions Regarding Compensation					
					Yes	Νo
1a	Check the appropriate box(es) if the organization provides 990, Part VII, Section A, line 1a Complete Part III to					_
	First-class or charter travel	Γ	Housing allowance or residence for personal use			
	▼ Travel for companions	\sqcap	Payments for business use of personal residence			
	Tax idemnification and gross-up payments	~	Health or social club dues or initiation fees			
	Discretionary spending account	Γ	Personal services (e g , maid, chauffeur, chef)			
b	If any of the boxes in line 1a are checked, did the orga reimbursement orprovision of all the expenses describ			1b	Yes	
2	Did the organization require substantiation prior to rein officers, directors, trustees, and the CEO/Executive D			2	Yes	
3	Indicate which, if any, of the following the organization organization's CEO/Executive Director Check all that Compensation committee		y Written employment contract			
	Independent compensation consultant		Compensation survey or study			
	Form 990 of other organizations	~	Approval by the board or compensation committee			
4	During the year, did any person listed in Form 990, Par or a related organization	t VI	I, Section A, line 1a with respect to the filing organization			
а	Receive a severance payment or change-of-control pa	ymer	nt?	4a		Νo
b	b Participate in, or receive payment from, a supplemental nonqualified retirement plan?					
c	c Participate in, or receive payment from, an equity-based compensation arrangement?					Νo
	If "Yes" to any of lines 4a-c, list the persons and provi	de th	ne applicable amounts for each item in Part III			
	Only 501(c)(3) and 501(c)(4) organizations only must	com	plete lines 5-9.			
5	For persons listed in form 990, Part VII, Section A, lin compensation contingent on the revenues of	e 1a,	, did the organization pay or accrue any			
а	The organization?			5a		
b	Any related organization?			5b		
	If "Yes," to line 5a or 5b, describe in Part III					
6	For persons listed in form 990, Part VII, Section A, lin compensation contingent on the net earnings of	e 1a,	, did the organization pay or accrue any			
а	The organization?			6a		
b	Any related organization?			6b		
	If "Yes," to line 6a or 6b, describe in Part III					
7	For persons listed in Form 990, Part VII, Section A, lir payments not described in lines 5 and 6? If "Yes," des			7		
8	Were any amounts reported in Form 990, Part VII, pair subject to the initial contract exception described in R in Part III			8		
9	If "Yes" to line 8, did the organization also follow the resection 53 $4958-6(c)$?	butt	able presumption procedure described in Regulations	9		

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use Schedule J-1 if additional space needed.

For each individual whose compensation must be reported in Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions on row (ii) Do not list any individuals that are not listed on Form 990, Part VII

Note. The sum of columns (B)(1)-(III) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, columns (D) and (E) for that individual

(A) Name		(B) Breakdown of (i) Base compensation	W-2 and/or 1099-MI: (ii) Bonus & Incentive compensation	SC compensation (iii) Other reportable compensation	(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(I)-(D)	(F) Compensation reported in prior Form 990 or Form 990-EZ
(1) STANLEY COLLINS	(I) (II)	72,800 72,800	0	5,600 5,600	3,920 3,920	6,286 6,286	88,606 88,606	0

Part III Supplemental Information

Complete this part to provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 4c, 5a, 5b, 6a, 6b, 7, and 8 Also complete this part for any additional information

Identifier	Return Reference	Explanation
	1A	UNDER CERTAIN CIRCUMSTANCES, THE COLUMBUS BOARD OF REALTORS REIMBURSES TRAVEL EXPENSES FOR THE SPOUSES OF THE PRESIDENT, PRESIDENT ELECT, AND THE CHIEF EXECUTIVE OFFICER NO AMOUNT IS INCLUDED IN WAGES WHERE TRAVEL REIMBURSEMENTS ARE FOR SPOUSES HAVING A BUSINESS PURPOSES IN CONNECTION WITH THE TRAVEL THE BOARD OF DIRECTORS OF THE COLUMBUS BOARD OF REALTORS APPROVED MEMBERSHIP DUES TO THE ATHLETIC CLUB OF COLUMBUS FOR THE CEO THIS MEMBERSHIP IS USED FOR BUSINESS PURPOSES, INCLUDING BOARD MEETINGS AND ENTERTAINING INDIVIDUALS WITH WHICH THE ORGANIZATION HAS A BUSINESS PURPOSE TO THE EXTENT THAT A MEMBERSHIP IS USED FOR PERSONAL PURPOSES, THE RESPECTIVE EMPLOYEE IS REQUIRED TO REIMBURSE THE ORGANIZATION FOR ANY PERSONAL USE OF THE CLUB MEMBERSHIP

Schedule J (Form 990) 2011

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DLN: 93493131022162

SCHEDULE O (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 to provide any additional information.

▶ Attach to Form 990 or 990-EZ.

2011
Open to Public Inspection

Name	of t	he oı	rgan	ızatıo	n
COLUMI	BUS	Boar	D OF	REALT	ORS

Employer identification number

31-4154020

ldentifier	Return Reference	Explanation
ORGANIZATION MISSION STATEMENT	FORM 990, PART I, LINE 1	TO UNITE THOSE ENGAGED IN THE RECOGNIZED BRANCHES OF THE REAL ESTATE PROFESSION FOR THE PURPOSE OF EXERTING A BENEFICIAL INFLUENCE UPON THE PROFESSION AS EXPRESSED IN THE CODE OF ETHICS OF THE NATIONAL ASSOCIATION OF REALTORS

ldentifier	Return Reference	Explanation
ORGANIZATION MISSION STATEMENT	FORM 990, PART III, LINE 1	THE COLUMBUS BOARD OF REALTORS ("CBR") IS A LOCAL LEVEL, NOT-FOR-PROFIT TRADE ASSOCIATION FOUNDED IN 1908, CBR IS COMPRISED OF MORE THAN 6,000 REAL ESTATE PROFESSIONALS ENGAGED IN RESIDENTIAL SALES AND LEASING, COMMERCIAL SALES AND LEASING, PROPERTY MANAGEMENT, APPRAISAL, CONSULTATION, REAL ESTATE SYNDICATION AND LAND DEVELOPMENT THE TERRITORIAL JURISDICTION OF CBR AS A MEMBER OF THE NATIONAL ASSOCIATION OF REALTORS IS FAYETTE, FRANKLIN, MADISON, MORROW AND PICKAWAY COUNTIES IN OHIO CBR PROVIDES LEADERSHIP FOR THE REALTOR COMMUNITY BY PROTECTING THE INTERESTS OF ITS MEMBERS, PROMOTING THEIR VALUE TO THE REAL ESTATE CONSUMER, SETTING HIGH STANDARDS FOR PROFESSIONAL PRACTICE, AND ADVOCATING PRIVATE PROPERTY RIGHTS ITS MISSION IS ACCOMPLISHED THROUGH THE ENFORCEMENT OF THE CODE OF ETHICS, COMMITTEE AND GENERAL MEMBERSHIP MEETINGS, A MONTHLY MAGAZINE PROVIDED TO THE MEMBERS, OTHER COMMUNICATIONS, AND EDUCATION SEMINARS

Identifier	Return Reference	Explanation
	FORM 990, PART VI, SECTION A, LINE 6	THE COLUMBUS BOARD OF REALTORS OFFERS TWO CLASSES OF MEMBERSHIP, REALTOR MEMBERSHIP AND AFFILIATE/SUSTAINING MEMBERSHIP THERE ARE FOUR TYPES OF REALTOR MEMBERSHIPS, INCLUDING DESIGNATED REALTOR, REALTOR, REALTOR APPRAISER, AND INSTITUTE AFFILIATE. THE REALTOR MEMBERSHIP IS LIMITED TO INDIVIDUALS WHO HAVE A REAL ESTATE LICENSE OR APPRAISER LICENSES THERE ARE THREE TYPES OF AFFILIATE/SUSTAINING MEMBERSHIPS, INCLUDING CORPORATE AFFILIATE, INDIVIDUAL AFFILIATE, AND SUSTAINING THE AFFILIATE/SUSTAINING MEMBERSHIP IS AVAILABLE TO INDIVIDUALS WHO DO NOT HAVE A REAL ESTATE OR APPRAISER LICENSES BUT HAVE AN INTEREST IN THE REAL ESTATE INDUSTRY

Identifier	Return Reference	Explanation
	FORM 990, PART VI, SECTION A, LINE 7A	THE MEMBERS OF THE BOARD OF DIRECTORS ARE ELECTED BY THE GENERAL MEMBERSHIP

Identifier	Return Reference	Explanation
	FORM 990, PART VI, SECTION A, LINE 7B	THE ONLY ACTION OR DECISION OF THE BOARD OF DIRECTORS THAT REQUIRES APPROVAL BY THE GENERAL MEMBERSHIP IS THE DECISION TO CEASE MEMBERSHIP IN THE OHIO ASSOCIATION OF REALTORS AND THE NATIONAL ASSOCIATION OF REALTORS

Identifier	Return Reference	Explanation
	FORM 990, PART VI, SECTION B, LINE 11	THE FORM 990 IS PREPARED BY AN OUTSIDE ACCOUNTING FIRM PRIOR TO BEING FILED, THE FORM 990 IS REVIEWED BY THE CEO AND THE BUDGET, FINANCE & INVESTMENT COMMITTEE. THE BUDGET, FINANCE & INVESTMENT COMMITTEE IS COMPRISED OF THE OFFICERS, SOME MEMBERS OF THE BOARD OF DIRECTORS, AND ADDITIONAL MEMBERS-AT-LARGE OF THE ASSOCIATION A COPY OF THE FORM 990 IS PROVIDED TO THE FULL BOARD PRIOR TO FILING

ldentifier	Return Reference	Explanation
	PART VI, SECTION B, LINE	EACH DIRECTOR, PRINCIPAL OFFICER AND MEMBER OF A COMMITTEE WITH BOARD-DELEGATED POWERS SHALL ANNUALLY SIGN A STATEMENT AFFIRMING THAT SUCH PERSON HAS RECEIVED A COPY OF THE CONFLICTS OF INTEREST POLICY, READ AND UNDERSTANDS THE POLICY, AGREED TO COMPLY WITH THE POLICY, AND UNDERSTANDS THAT THE COLUMBUS BOARD OF REALTORS IS A NOT-FOR-PROFIT ORGANIZATION AND THAT IN ORDER TO MAINTAIN ITS FEDERAL TAX EXEMPTION IT MUST ENGAGE PRIMARILY IN ACTIVITIES WHICH ACCOMPLISH ONE OR MORE OF ITS TAX-EXEMPT PURPOSES

	Return ference	Explanation
PART SECT	ETION B, E 15A	THE PROCESS FOR DETERMINING THE COMPENSATION OF THE CEO STARTS WITH THE SELECTION OF THE CEO EVALUATION COMMITTEE, APPOINTED BY THE PRESIDENT AND CONSISTING OF THE FOLLOWING PRESIDENT, PRESIDENT-ELECT, TREASURER, SECRETARY, 3 DIRECTORS, 2 IMMEDIATE PAST PRESIDENTS, STEERING COMMITTEE CHAIRMAN, AND 1 ELECTED DIRECTOR THIS CEO EVALUATION COMMITTEE THEN COMPLETES EVALUATION FORMS CONCERNING THE CEO THE CEO ALSO COMPLETES A SELF-ASSESSMENT FORM THE COMMITTEE MEMBERS THEN REVIEW AND DISCUSS THE CEO'S PERFORMANCE BASED ON PERSONAL KNOWLEDGE AND THE COMPLETED EVALUATIONS THE COMMITTEE THEN CREATES AN OVERALL EVALUATION AND PREPARES A RECOMMENDATION REGARDING ANY COMPENSATION ADJUSTMENT TO BE GIVEN TO THE CEO ANY SUGGESTED COMPENSATION INCREASE IS SUBJECT TO THE APPROVAL OF THE OFFICERS OF THE COLUMBUS BOARD OF REALTORS AND FINALLY THE BOARD OF DIRECTORS AS A WHOLE THERE ARE NO OTHER OFFICERS OR KEY EMPLOYEES OF THE ORGANIZATION THAT RECEIVE COMPENSATION AS SUCH, QUESTION 15B ON PAGE 6 OF THE FORM 990 HAS BEEN ANSWERED "NO"

Identifie	Return Reference	Explanation
	1 '	THE COLUMBUS BOARD OF REALTORS MAKES THEIR GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, AND FINANCIAL STATEMENTS AVAILABLE TO THE PUBLIC UPON REQUEST

ldentifier	Return Reference	Explanation
CHANGES IN NET ASSETS OR FUND BALANCES	l '	NET UNREALIZED LOSSES ON INVESTMENTS -30,610 NET INCOME EARNED BY SUBSIDIARIES -34,950 TOTAL TO FORM 990, PART XI, LINE 5 -65,560

ldentifier	Return Reference	Explanation
OVERSIGHT PROCESS FOR AUDITED FINANCIAL STATEMENTS	FORM 990, PART XI, LINE 2C	THE BUDGET, FINANCE & INVESTMENT COMMITTEE SERVES AS THE AUDIT COMMITTEE FOR THE BOARD OF DIRECTORS THE BUDGET, FINANCE & INVESTMENT COMMITTEE RECEIVES AND REVIEWS THE AUDITED FINANCIAL STATEMENTS BEFORE THEY ARE OFFICIALLY RECEIVED FOR APPROVAL BY THE BOARD OF DIRECTORS THE PROCESS FOR OVERSEEING THE AUDIT AND SELECTION OF AN INDEPENDENT ACCOUNTANT HAS NOT CHANGED DURING THE TAX YEAR

ldentifier	Return Reference	Explanation
SHARING OF PAID EMPLOYEES	SCHEDULE R, PART V, LINE 2 (2)	THE COLUMBUS BOARD OF REALTORS, INC. AND THE MULTIPLE LISTING SERVICES OF THE COLUMBUS BOARD OF REALTORS, INC. SHARE PAID EMPLOYEES BOTH THE COLUMBUS BOARD OF REALTORS, INC. AND THE MULTIPLE LISTING SERVICES OF COLUMBUS BOARD OF REALTORS, INC. SEPARATELY PAY FOR THE FAIR MARKET VALUE OF THE SERVICES PROVIDED BY THE EMPLOYEES

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

DLN: 93493131022162

OMB No 1545-0047

Employer identification number

2011

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Schedule R (Form 990) 2011

SCHEDULE R (Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization COLUMBUS BOARD OF REALTORS

Related Organizations and Unrelated Partnerships

Complete if the organization answered "Yes" to Form 990, Part IV, line 33, 34, 35, 36, or 37.
 ► Attach to Form 990.
 ► See separate instructions.

31-4154020 Identification of Disregarded Entities (Complete if the organization answered "Yes" on Form 990, Part IV, line 33.) (a) (b) (c) (d) (e) Name, address, and EIN of disregarded entity Primary activity Legal domicile (state Total income End-of-year assets Direct controlling or foreign country) entity Identification of Related Tax-Exempt Organizations (Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.) (g) (b) (f) (c) Section 512(b)(13) Name, address, and EIN of related organization Legal domicile (state Exempt Code section Public charity status Direct controlling Primary activity controlled or foreign country) (if section 501(c)(3)) entity organization Yes No (1) CENTRAL OHIO REALTORS POLITICAL ACTION COMMITTEE 2700 AIRPORT DRIVE LOCAL POLITICAL ACTION OH 527 N/A N/A No COMMITTEE COLUMBUS, OH 43219 31-1721082

Cat No 50135Y

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512- 514)	(f) Share of total income	(g) Share of end-of- year assets	(h Disprop allocat	rtionate	(i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) Gener mana partn	ral or iging	(k) Percentage ownership
							Yes	No		Yes	No	
											ı	
											i	
											i	
											i	
											i	
											i	
											i I	

Part IV

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total Income	(g) Share of end-of-year assets	(h) Percentage ownership
(1) MULTIPLE LISTING SERVICE OF THE COLUMBUS BOARD OF REALTORS INC 2700 AIRPORT DRIVE COLUMBUS, OH 43219 31-0809177	LISTING SERVICE	ОН	COLUMBUS BOARD OF REALTORS	С	31,128	1,430,530	100 000 %
(2) REAL ESTATE WEEKLY INC 2700 AIRPORT DRIVE COLUMBUS, OH 43219 31-1427462	FREE WEEKLY NEWSPAPER	ОН	COLUMBUS BOARD OF REALTORS	С		1,576	100 000 %
						Schodulo D /	Form 000\ 2011

che	dule R (Form 990) 2011		Рa	age 3
Pa	Transactions With Related Organizations (Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35, 35A, or 36.)			
	Note. Complete line 1 if any entity is listed in Parts II, III or IV		Yes	No
1 D	uring the tax year, did the orgranization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?			1
а	Receipt of (i) interest (ii) annuities (iii) royalties (iv) rent from a controlled entity	1a	Yes	
b	Gift, grant, or capital contribution to related organization(s)	1b		No
c	Gift, grant, or capital contribution from related organization(s)	1 c		No
d	Loans or loan guarantees to or for related organization(s)	1d		No
e	Loans or loan guarantees by related organization(s)	1e		No
f	Sale of assets to related organization(s)	1f		No
g	Purchase of assets from related organization(s)	1 g		No
h	Exchange of assets with related organization(s)	1h		No
i	Lease of facilities, equipment, or other assets to related organization(s)	1i		No
j	Lease of facilities, equipment, or other assets from related organization(s)	1j		No
k	Performance of services or membership or fundraising solicitations for related organization(s)	1k		No
ı	Performance of services or membership or fundraising solicitations by related organization(s)	11		No
m	Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1m		No
n	Sharing of paid employees with related organization(s)	1n	Yes	
0	Reimbursement paid to related organization(s) for expenses	10		No
p	Reimbursement paid by related organization(s) for expenses	1р		No
q	Other transfer of cash or property to related organization(s)	1 q		No
r	Other transfer of cash or property from related organization(s)	1r		No
2	If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds			
	(a) (b) (c) Method of de	(d)		

(a) Name of other organization	(b) Transaction type(a-r)	(c) Amount involved	(d) Method of determining amount involved
(1) MULTIPLE LISTING SERVICES OF THE COLUMBUS BOARD OF REALTORS	Α	124,644	FMV
(2)			
(3)			
(4)			
(5)			
(6)			

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

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

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income(related, unrelated, excluded from tax under sections 512- 514)	(e) Are all partners section 501(c)(3) organizations?		partners section t 501(c)(3) organizations?		(f) Share of Share of total income assets				Disproprtionate allocations?		(h) Disproprtionate allocations?		(i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)			(k) Percentage ownership
			,	Yes	Yes No			Yes	No		Yes No		ı						

Schedule R (Form 990) 2011

Part VII Supplemental Information

Complete this part to provide additional information for responses to questions on Schedule R (see instructions)

Identifier Return Reference Explanation

Schedule R (Form 990) 2011

Additional Data

Software ID: Software Version:

EIN: 31-4154020

Name: COLUMBUS BOARD OF REALTORS

Form 990, Special Condition Description:

Special Condition Description

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DLN: 93493131022162

OMB No 1545-0172

Department of the Treasury

(Including Information on Listed Property)

Depreciation and Amortization

See separate instructions. Attach to your tax return. Sequence No 179 Internal Revenue Service (99) Name(s) shown on return Business or activity to which this form relates **Identifying number** COLUMBUS BOARD OF REALTORS FORM 990 PAGE 10 31-4154020 **Election To Expense Certain Property Under Section 179** Note: If you have any listed property, complete Part V before you complete Part I. 500.000 1 Maximum amount (see instructions) 1 2 **2** Total cost of section 179 property placed in service (see instructions) . . . **3** Threshold cost of section 179 property before reduction in limitation (see instructions) 3 2,000,000 4 Reduction in limitation Subtract line 3 from line 2 If zero or less, enter -0-4 5 Dollar limitation for tax year Subtract line 4 from line 1 If zero or less, enter -0- If married filing separately, see instructions (b) Cost (business use 6 (a) Description of property (c) Elected cost only) **7** Listed property Enter the amount from line 29 8 Total elected cost of section 179 property Add amounts in column (c), lines 6 and 7 9 9 Tentative deduction Enter the smaller of line 5 or line 8 **10** Carryover of disallowed deduction from line 13 of your 2010 Form 4562 10 11 Business income limitation Enter the smaller of business income (not less than zero) or line 5 (see instructions) 11 12 Section 179 expense deduction Add lines 9 and 10, but do not enter more than line 11 13 Carryover of disallowed deduction to 2012 Add lines 9 and 10, less line 12 Note: Do not use Part II or Part III below for listed property. Instead, use Part V. Special Depreciation Allowance and Other Depreciation (Do not include listed property) (See instructions) 14 Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year (see instructions) 14 **15 16** Other depreciation (including ACRS) 16 54,788 MACRS Depreciation (Do not include listed property.) (See instructions.) 17 MACRS deductions for assets placed in service in tax years beginning before 2011 18 If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here Section B-Assets Placed in Service During 2011 Tax Year Using the General Depreciation System (c) Basis for (b) Month and depreciation (a) Classification of (g)Depreciation (d) Recovery year placed in (business/investment (e) Convention (f) Method property period deduction service use only—see instructions) 19a 3-year property **b** 5-year property c 7-year property d 10-year property **e** 15-year property **f** 20-year property g 25-year property h Residential rental 27 5 yrs ММ S/L property 27 5 yrs MMS/L 39 yrs MM i Nonresidential real property ММ Section C—Assets Placed in Service During 2011 Tax Year Using the Alternative Depreciation System **20a** Class life S/L **b** 12-year 12 yrs S/L **c** 40-year 40 yrs ММ S/L Part IV **Summary** (see instructions) 22 Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21 Enter here 54,788 and on the appropriate lines of your return Partnerships and S corporations—see instructions 23 For assets shown above and placed in service during the current year, enter the 23 portion of the basis attributable to section 263A costs

Part V

Listed Property (Include automobiles, certain other vehicles, certain computers, and property used for entertainment, recreation, or amusement.)

Note: For any vehicle for which you are using the standard mileage rate or deducting lease expense, complete **only** 24a, 24b, columns (a) through (c) of Section A, all of Section B, and Section C if applicable.

Section A—Depre	ciation a	nd Other I	nforma	tion (C	aution	: See i	the i	instruc	tions	for li	mits 1	or pa	sseng	er au	tomot	iles.)
24a Do you have evider	nce to support	the business/inv	estment ι	ise claime	d? ┌ Yes	Γ _{No}		2	4b If "\	∕es," ıs	the ev	ıdence	written?	Гүе	sГN)
(a) Type of property (list vehicles first)	(b) Date placed in service	(c) Business/ investment use percentage	(c Cost o ba		(busines	(e) deprecia ss/investr e only)		(f) Recover period	y M∈	(g) ethod/ ventior		(h Depreci deduc	ation/		(i) Electe section : cost	179
25 Special depreciation allo 50% in a qualified busi	•		erty placed	in service (during the	tax year	and u	used moi	e than	25						
26 Property used more	e than 50%	ın a qualıfıed	business	use												
		%									+			-		
		%									+					
27 Property used 50%	orless in a		iness us	e												
		%							S/L - S/L -		_					
		%							S/L -							
28 Add amounts in co	olumn (h), lır	ies 25 throug	jh 27 En	ter here a	and on lu	ne 21, _l	oage	1 .	28	8						
29 Add amounts in co	olumn (ı), lın	e 26 Enterh	ere and c	n line 7,	page 1					•		29				
			ction B													
Complete this section If you provided vehicles to														e vehic	les	
				(6	a)	(1)		(c)		((≘)	(f)
30 Total business/investment miles driven during the year (do not include commuting miles)				Vehi	cle 1	Vehi	cle 2	: V	ehicle	3	Vehi	cle 4	Vehi	cle 5	Vehi	icle 6
31 Total commuting i	miles driven	during the ye	ear .							$\neg \dagger$						
32 Total other persor	nal(noncomm	nuting) miles	drıven							$\neg \dagger$						
33 Total miles driven through 32	during the y		s 30													
34 Was the vehicle a			•	Yes	No	Yes	No	Ye	s 1	No.	Yes	No	Yes	No	Yes	No
during off-duty ho	urs? .															1
35 Was the vehicle us		by a more tl	nan 5%													
36 Is another vehicle			e? .													
Section	on C—Que	stions for	Employ	ers W	ho Pro	vide \	/ehi	icles	or U	se by	/ The	ir En	nploy	ees		
Answer these questio 5% owners or related				eption to	comple	ting Se	ction	B for v	ehicle	s use	d by e	mploy	ees wh	o are	not mo	re tha
37 Do you maintain a employees?		y statement											our.	Y	es	No
38 Do you maintain a	written polic	y statement	that prof	nibits per	sonal us	e of vel	nicle	s, exce	pt con	nmutır	ng, by					
employees? See t	he instructio	ns for vehicle	es used b	y corpor	ate office	ers, dire	ector	s, or 1	% or m	nore o	wners					
39 Do you treat all us	se of vehicles	s by employe	es as pei	sonal us	e? .		•	•		•	•		•			
40 Do you provide movehicles, and reta				oyees, ol	btaın ınfo	rmatio •	n fro	m your • •	emplo •	yees	about •	the us	e of the	9		
41 Do you meet the r	equirements	concerning	qualified a	automobi	le demor	nstratio	n us	e? (See	ınstrı	uction	s)					
Note: If your answ	ver to 37, 38	, 39, 40, or 4	l 1 is "Ye:	s," do no	t comple	te Sect	ion E	3 for the	cove	red ve	hicles	5				
	rtization														I	
(a) Description of c	osts	(b) Date amortizatio begins	n	(A mort a mo	ızable			(d) Code ection	Code per			Amor		(f) rtızatı nıs ye		
42 A mortization of co	sts that her		ur 2011	tax vear	(see ins	truction	ns)		<u> </u>	ercen	5					
			1	,	,_ ,_ ,,,,	T	,									
						-+			\dashv							
43 Amortization of co	sts that beg	an before you	ur 2011 t	ax year		-			•		43					
44 Total. Add amoun	_	•		•	ere to re	port				Ì	44					

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DLN: 93493131022162

OMB No 1545-0172

Form **4562**

Depreciation and Amortization (Including Information on Listed Property)

Department of the Treasury Internal Revenue Service (99)	•		Attachment Sequence No 17 9									
Name(s) shown on return COLUMBUS BOARD OF R	EALTORS		Business	or activity to w	hich this for	m relates		Identifying number				
Doub T. Clockion i	Fo Franco (Coutoin Duo	a a wheel line	lau Caatian	170			31-4154020				
	Fo Expense (ou have any li	-	_			nnlete Part I.						
1 Maximum amount (see		· · ·	· · · ·				1	500,00				
2 Total cost of section 1	79 property plac	ed in service i	ísee instruc	tions) .			2	<u> </u>				
3 Threshold cost of sect				-	uctions)		3					
4 Reduction in limitation					400.000		4					
5 Dollar limitation for tax				•	· · · ·)- If marrie	I filing	-					
separately, see instruc	-	inic 4 nom mic	1 11 2010 0	1 1033, 011001 0	, ir marrie	i iiiiig	5					
Separatery, see mistrat			· · ·									
6 (a)	Description of pi	operty	(b) Cost (bu		(c) Elected o	ost						
7 Listed property Enter	the amount from	line 29 .			. 7							
8 Total elected cost of s	ection 179 prop	erty Add amou	ınts ın colur	mn (c), lines 6	and 7 .		8	1				
9 Tentative deduction E	nter the smaller	of line 5 or line	e 8				. 9)				
10 Carryover of disallowe	d deduction from	ılıne 13 of you	r 2010 Forr	n 4562 .			10	D				
11 Business income limitation	Enter the smaller of	business income	(not less than	zero) or line 5 (se	e instructions)		11	1				
12 Section 179 expense	deduction Add I	nes 9 and 10.	but do not e	enter more than	n line 11		12	2				
13 Carryover of disallowe		•			. 13							
Note: Do not use Part												
						t ınclude lısted p	rope	erty) (See instructions				
14 Special depreciation a tax year (see instruction	llowance for qua											
15 Property subject to se		alection					15					
16 Other depreciation (inc		siection .					16					
	preciation (I	o not includ	la listad ni	roperty) (Se	· · ·	nc)	1 10	25,01				
Hartin Macks be	preciation (JO HOL IIICIAC		ction A	.c mstracti	7113.)						
17 MACRS deductions for	assets placed i	n service in ta:	x years begi	ınnıng before 2	011 .		17	7				
18 If you are electing t	o group any a	ssets placed	ın service	during the ta	ax year int	o one or more						
general asset accou		•			•	▶□						
Section B-Ass	ets Placed in	Service Du	ring 201	1 Tax Year	Using the	General Dep	rec	iation System				
		(c) Bası										
(a) Classification of	(b) Month and	deprecia (business/in		(d) Recovery	(e) Conven	tion (f) Moth		(g)Depreciation				
property	year placed in service	use		period	(e) Conven	tion (f) Meth	oa	deduction				
		only—see inst	tructions)									
19a 3-year property												
b 5-year property												
c 7-year property												
d 10-year property												
e 15-year property												
f 20-year property	-			25 ,450		S /I						
g 25-year property h Residential rental				25 yrs 27 5 yrs	ММ	S/L S/L						
property				27 5 yrs	MM	S/L						
i Nonresidential real		S/L										
property				39 yrs	M M M M	S/L						
Section	n C—Assets Plac	ced in Service [Ouring 2011	Tax Year Using	the Alterna	tive Depreciatio	n Sys	stem				
20a Class life						S/L						
b 12-year				12 yrs		S/L						
c 40-year				40 yrs	ММ	S/L						
Part IV Summar	y (see instruc	tions)										
21 Listed property Enter	amount from line	28					21	1				
22 Total. Add amounts fro and on the appropriate							22	25,61				
23 For assets shown above portion of the basis att					23							

Form 4562 (2011) Part V Listed Property (Include automobiles, certain other vehicles, certain computers, and property used for entertainment, recreation, or amusement.) **Note:** For any vehicle for which you are using the standard mileage rate or deducting lease expense, complete only 24a, 24b, columns (a) through (c) of Section A, all of Section B, and Section C if applicable.

Depreciation and Other Information (Caution: See the instructions for limits for passenger automobiles.)

Section A—Depre	ciation a	<u>na Otner In</u>	тогта	tion (C	aution	<u>: 5ee</u>	uie i	risti uct	<u>ions tor</u>	IIIIIII	ioi pa	isseriy	<u>er au</u>	LOITIOL	nies. j
24a Do you have eviden	ce to support	the business/inve	estment u	ıse claımed	d? ┌ Yes	Гио		24	lb If "Yes,	" is the	ev idence	written?	,	s L	o
(a) Type of property (list vehicles first)	(b) Date placed in service	(c) Business/ investment use percentage	Cost o	i) r other sıs	Basis for (busines us			(f) Recovery period	(g) Metho Conven	d/	(h Deprec dedu	iation/		(i) Electe section cost	179
25 Special depreciation allow 50% in a qualified busing	•		y placed	in service o	during the	tax yea	r and ι	ised more		25					
26 Property used more	•		usiness	use											
Le i repercy asea more		%	45111055	450											
		%											4		
27 Property used 50%	orlessina	% %	nace lie		<u> </u>			l							
27 i Toperty used 50 70	01 1633 111 6	%	1033 43						S/L -				\top		
	%								S/L -						
20 4 1 1		%			<u> </u>				S/L -				4		
28 Add amounts in co						ne 21,	page	1 .	28		T				
29 Add amounts in co	olumn (ı), lın					•	<u></u>		<u> </u>		29				
Complete this section	for vehicles			—Infor						or rela	ted ner	eon			
If you provided vehicles to	your employe	es, first answer th	e questioi	ns in Sectio	n C to see	e if you r	neet a	ın excepti	on to com	oleting th	ns section	for thos	se vehic	eles	
30 Total business/inv	estment mi	les driven duri	na the		a)		b)		(c)		(d)		e)		(f)
year (do not includ	•	Vehi	cle 1	Veh	icle 2	Ve	hicle 3	Veh	nicle 4	Vehi	cle 5	Veh	ıcle 6		
31 Total commuting miles driven during the year .												<u> </u>			
_								-		+		<u> </u>			
32 Total other personal (noncommuting) miles driven 33 Total miles driven during the year Add lines 30															
through 32 .															
34 Was the vehicle av	/aılable for p	personal use		Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
during off-duty hou	ırs? .														
35 Was the vehicle us	•	y by a more tha	ın 5%												
owner or related po							-	+	-	_	+		\vdash		-
36 Is another vehicle		•			<u> </u>	<u> </u>	<u> </u>			<u>. </u>	<u> </u>	<u> </u>	<u> </u>		
Sectio Answer these question 5% owners or related	ns to determ		t an exc											not mo	re than
37 Do you maintain a				nibits all į	personal	use of	vehi	cles, inc	luding c	ommut	ing, by	your	 Y	'es	No
employees? .						•	٠			•		•			
38 Do you maintain a employees? See th															
39 Do you treat all us	e of vehicle	s by employee	s as per	rsonal us	e? .										
40 Do you provide movehicles, and retain				oyees, ob	otaın ınfo	ormatic	n fro	m your e	employee	s abou	t the us	e of th	e		
41 Do you meet the re				automobi	le demor	nstratio	on us	e? (See	ınstructı	ons)					
Note: If your answ	er to 37, 38	3, 39, 40, or 41	ıs "Ye:	s," do not	t comple	te Sec	tion E	3 for the	covered	vehicl	es				
	rtization														
		(b)		/-				(d)		(e)			(f)		
(a)		Date		(c A morti			((d) Code		tızatıo	n	A mo	rtızatı	on for	
Description of costs amortization begins					unt			period or percentage					hıs ye		
42 A mortization of co	sts that bed		r 2011	tax year	(see ins	tructio	ns)		1 2010	ugu	-				
	T			<u> </u>	-										
									1		1				
43 A mortization of co	sts that beg	gan before your	2011 t	ax year						43					

44 Total. Add amounts in column (f) See the instructions for where to report

44