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2011

Open to Public
Inspection

Form 990-EZ

Short Form

Return of Organization Exempt From Income Tax

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

► Sponsoring organizations of donor advised funds, organizations that operate one or more hospital facilities, and certain controlling organizations as defined in section 512(b)(13) must file Form 990 (see instructions). All other organizations with gross receipts less than \$200,000 and total assets less than \$500,000 at the end of the year may use this form.

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

Department of the Treasury
Internal Revenue Service

A For the 2011 calendar year, or tax year beginning 01-01-2011

, and ending 12-31-2011

- Check if applicable
- Address change
- Name change
- Initial return
- Terminated
- Amended return
- Application pending

C Name of organization	KENTUCKY CCIM CHAPTER OF THE CCIM INSTIT AN AFFILIATE OF NAT'L ASSOC OF REALTORS
Number and street (or P O box, if mail is not delivered to street address)	Room/suite P O BOX 6747
City or town, state or country, and ZIP + 4	LOUISVILLE, KY 402060747

D Employer identification number	61-0954358
E Telephone number	(502) 882-4452
F Group Exemption Number	►

G Accounting method Cash Accrual Other (specify) ► _____

H Check **if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF)**

I Website: ► [HTTP://CHAPTERS.CCIM.COM/KENTUCKY](http://CHAPTERS.CCIM.COM/KENTUCKY)

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

K Check **if the organization is not a section 509(a)(3) supporting organization or a section 527 organization and its gross receipts are normally not more than \$50,000. A Form 990-EZ or Form 990 return is not required though Form 990-N (e-postcard) may be required (see instructions). But if the organization chooses to file a return, be sure to file a complete return**

L Add lines 5b, 6c, and 7b, to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets (Part II, line 25, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ ► \$ 108,063

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See the instructions for Part I)

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

Revenue	1 Contributions, gifts, grants, and similar amounts received	1	
	2 Program service revenue including government fees and contracts	2	57,555
	3 Membership dues and assessments	3	21,750
	4 Investment income	4	33
	5a Gross amount from sale of assets other than inventory	5a	
	b Less cost or other basis and sales expenses	5b	
	c Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	5c	
	6 Gaming and fundraising events	6a	
	a Gross income from gaming (attach Schedule G if greater than \$15,000)	6b	28,725
Expenses	b Gross income from fundraising events (not including \$ _ of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000)	6c	20,839
	c Less direct expenses from gaming and fundraising events	6d	7,886
	d Net income or (loss) from gaming and fundraising events (Add lines 6a and 6b and subtract line 6c)	7a	
	7a Gross sales of inventory, less returns and allowances	7b	
	b Less cost of goods sold	7c	
	c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	8	
	8 Other revenue (describe in Schedule O)	9	87,224
	9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	10	
	10 Grants and similar amounts paid (list in Schedule O)	11	1,950
Net Assets	11 Benefits paid to or for members	12	
	12 Salaries, other compensation, and employee benefits	13	33,049
	13 Professional fees and other payments to independent contractors	14	775
	14 Occupancy, rent, utilities, and maintenance	15	
	15 Printing, publications, postage, and shipping	16	1,096
	16 Other expenses (describe in Schedule O)	17	62,567
	17 Total expenses. Add lines 10 through 16	18	99,437
Net Assets	18 Excess or (deficit) for the year (Subtract line 17 from line 9)	19	-12,213
	19 Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)	20	86,216
	20 Other changes in net assets or fund balances (explain in Schedule O)	21	0
	21 Net assets or fund balances at end of year Combine lines 18 through 20		74,003

Part II Balance SheetsCheck if the organization used Schedule O to respond to any question in this Part II

(See the instructions for Part II)

	(A) Beginning of year	(B) End of year
22 Cash, savings, and investments	86,477	22 73,705
23 Land and buildings	23	
24 Other assets (describe in Schedule O)	1,819	24 900
25 Total assets	88,296	25 74,605
26 Total liabilities (describe in Schedule O)	2,080	26 602
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	86,216	27 74,003

Part III Statement of Program Service AccomplishmentsCheck if the organization used Schedule O to respond to any question in this Part III

What is the organization's primary exempt purpose?

PROVIDE NETWORKING AND EDUCATION OPPORTUNITIES TO MEMBERS

Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title

Expenses

(Required for section 501 (c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts, optional for others)

28 TO PROVIDE OPPORTUNITY TO MEMBERS FOR REAL ESTATE EDUCATION BY CONDUCTING APPROVED COURSES AND SEMINARS AND PROVIDING A FORUM FOR EXCHANGE OF INFORMATION AND BUSINESS DEVELOPMENT

(Grants \$ 0)	If this amount includes foreign grants, check here . . . ► <input type="checkbox"/>	28a	0
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29

(Grants \$)	If this amount includes foreign grants, check here . . . ► <input type="checkbox"/>	29a	
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30

(Grants \$)	If this amount includes foreign grants, check here . . . ► <input type="checkbox"/>	30a	
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31 Other program services (describe in Schedule O)

(Grants \$)	If this amount includes foreign grants, check here . . . ► <input type="checkbox"/>	31a	
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32 Total program service expenses (add lines 28a through 31a)	► <input type="checkbox"/>	32	
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Part IV List of Officers, Directors, Trustees, and Key Employees. List each one even if not compensated (See the instructions for Part IV)Check if the organization used Schedule O to respond to any question in this Part IV

(a) Name and address	(b) Title and average hours per week devoted to position	(c) Compensation (If not paid, enter -0-.)	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
See Additional Data Table				

Part V Other Information (Note the statement requirements in the instructions for Part V.)Check if the organization used Schedule O to respond to any question in this Part V

33 Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O

34 Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O (see instructions)

35 If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but **not** reported on Form 990-T, explain in Schedule O why the organization did not report the income on Form 990-T

a Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)?

b If "Yes" to line 35a, has the organization filed a **Form 990-T** for the year? If "No," provide an explanation in Schedule O

c Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III

36 Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N

37a Enter amount of political expenditures, direct or indirect, as described in the instructions **37a** 0

b Did the organization file **Form 1120-POL** for this year?

38a Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee **or** were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?

b If "Yes," complete Schedule L, Part II and enter the total amount involved **38b** 0

39 *Section 501(c)(7) organizations.* Enter

a Initiation fees and capital contributions included on line 9 **39a** 0

b Gross receipts, included on line 9, for public use of club facilities **39b** 0

40a *Section 501(c)(3) organizations.* Enter amount of tax imposed on the organization during the year under

section 4911 0, section 4912 0, section 4955 0

b *Section 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 engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I **40b** 0

c *Section 501(c)(3) and 501(c)(4) organizations.* Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 **40c** 0

d *Section 501(c)(3) and 501(c)(4) organizations.* Enter amount of tax on line 40c reimbursed by the organization **40d** 0

e *All organizations.* At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T **40e** 0

41 List the states with which a copy of this return is filed **41** 0

42a The organization's books are in care of **42a** STEPHEN M LUKINOVICH CPA Telephone no **42a** (502) 882-4452

462 S 4TH STREET 2000 MEIDINGER
TOWER

Located at **42a** LOUISVILLE, KY ZIP + 4 **42a** 40202

b At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)?

If "Yes," enter the name of the foreign country **42b** 0

See the instructions for exceptions and filing requirements for **Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.**

c At any time during the calendar year, did the organization maintain an office outside of the U S?

If "Yes," enter the name of the foreign country **42c** 0

43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of **Form 1041**—Check here **43** 0 and enter the amount of tax-exempt interest received or accrued during the tax year **43** 0

44a Did the organization maintain any donor advised funds? If "Yes", *Form 990 must be completed instead of Form 990-EZ.*

b Did the organization operate one or more hospital facilities during the year? If "Yes," *Form 990 must be completed instead of Form 990-EZ*

c Did the organization receive any payments for indoor tanning services during the year?

d If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O

45a Did the organization have a controlled entity within the meaning of section 512(b)(13)?

45b Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," *Form 990 and Schedule R may need to be completed instead of Form 990-EZ (see instructions)*

	Yes	No
33	33	No
34	34	No
35a		No
35b		
35c		No
36	36	No
37a	37a	0
37b		
38a		No
38b		
39a		
39b		
40b		
40c		
40d		
40e	40e	No
41	41	
42a	42a STEPHEN M LUKINOVICH CPA	Telephone no 42a (502) 882-4452
	462 S 4TH STREET 2000 MEIDINGER TOWER	
	Located at 42a LOUISVILLE, KY	ZIP + 4 42a 40202
42b		
42c		No
43	43	
44a	44a	No
44b		No
44c		No
44d		
45a		No
45b		

46 Did the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I

	Yes	No
46		No

Part VI Section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts only.

All section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts must answer questions 47-49b and 52.

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

47 Did the organization engage in lobbying activities or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II

	Yes	No
47		

48 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E

48	
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49a Did the organization make any transfers to an exempt non-charitable related organization?

49a	
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b If "Yes," was the related organization a section 527 organization?

49b	
------------	--

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

(a) Name and address of each employee paid more than \$100,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances

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

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

(a) Name and address of each independent contractor paid more than \$100,000	(b) Type of service	(c) Compensation

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

52 Did the organization complete Schedule A? **NOTE:** All Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A Yes No

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

Sign Here	***** Signature of officer STEPHEN LUKINOVICH TREASURER Type or print name and title	2012-08-22 Date	
	Preparer's signature STEPHEN M LUKINOVICH CPA CVA	Date Check if self-employed <input type="checkbox"/>	Preparer's taxpayer identification number (See instructions) P00024096
Paid Preparer's Use Only	Firm's name (or yours if self-employed), address, and ZIP + 4 MOUNTJOY CHILTON MEDLEY LLP 462 S FOURTH ST SUITE 2000 LOUISVILLE, KY 402023445	EIN <input type="checkbox"/> 27-1235638	
		Phone no <input type="checkbox"/> (502) 749-1900	

May the IRS discuss this return with the preparer shown above? See instructions

Yes No

Additional Data

Software ID:
Software Version:
EIN: 61-0954358
Name: KENTUCKY CCIM CHAPTER OF THE CCIM INSTIT
AN AFFILIATE OF NAT'L ASSOC OF REALTORS

Form 990-EZ, Special Condition Description:

Special Condition Description

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

(A) Name and address	(B) Title and average hours per week devoted to position	(C) Compensation (If not paid, enter -0-.)	(D) Contributions to employee benefit plans & deferred compensation	(E) Expense account and other allowances
STEWART SCOVIL PO BOX 6747 LOUISVILLE, KY 402060747	PRESIDENT 10 00	0	0	0
JIM BAKER PO BOX 6747 LOUISVILLE, KY 402060747	PRESIDENT ELECT 2 00	0	0	0
TIM BROWN PO BOX 6747 LOUISVILLE, KY 402060747	VICE PRESIDENT 2 00	0	0	0
PAUL GELHAUSEN PO BOX 6747 LOUISVILLE, KY 402060747	DIRECTOR 2 00	0	0	0
MICHAEL VINCENTI PO BOX 6747 LOUISVILLE, KY 402060747	DIRECTOR 2 00	0	0	0
ANNE RAY PO BOX 6747 LOUISVILLE, KY 402060747	EXECUTIVE ADMINISTRATOR 10 00	0	0	0
STEPHEN LUKINOVICH PO BOX 6747 LOUISVILLE, KY 402060747	TREASURER 2 00	0	0	0
JIM LOBB PO BOX 6747 LOUISVILLE, KY 402060747	DIRECTOR 2 00	0	0	0
JIM OILER PO BOX 6747 LOUISVILLE, KY 402060747	DIRECTOR 2 00	0	0	0
AMY MIRANDA PO BOX 6747 LOUISVILLE, KY 402060747	SECRETARY 2 00	0	0	0
DON SEBASTIAN PO BOX 6747 LOUISVILLE, KY 402060747	IMMEDIATE PAST PRESIDENT 2 00	0	0	0
TONY FLUHR PO BOX 6747 LOUISVILLE, KY 402060747	DIRECTOR 2 00	0	0	0

SCHEDULE G
(Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities

OMB No 1545-0047

2011

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Department of the Treasury
Internal Revenue Service

**Complete if the organization answered "Yes" to Form 990, Part IV, lines 17, 18, or 19,
or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.**

► Attach to Form 990 or Form 990-EZ. ► See separate instructions.

► **Attach to Form 990 or Form 990-EZ.** ► **See separate instructions**

F Attach to Form 990 or Form 990 EZ. F See separate instructions.

Name of the organization

KENTUCKY CCIM CHAPTER OF THE CCIM INSTITUTE
AN AFFILIATE OF NAT'L ASSOC OF REALTORS

Employer identification number

61-0954358

Part I **Fundraising Activities.** Complete if the organization answered "Yes" to Form 990, Part IV, line 17.

1 Indicate whether the organization raised funds through any of the following activities. Check all that apply.

- a** Mail solicitations
- b** Internet and e-mail solicitations
- c** Phone solicitations
- d** In-person solicitations
- e** Solicitation of non-government grants
- f** Solicitation of government grants
- g** Special fundraising events

2a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services?

Yes No

b If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization. Form 990-EZ filers are not required to complete this table.

3 List all states in which the organization is registered or licensed to solicit funds or has been notified it is exempt from registration or licensing

Part II Fundraising Events. Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than \$15,000 on Form 990-EZ, line 6a. List events with gross receipts greater than \$5,000.

		(a) Event #1	(b) Event #2	(c) Other Events	(d) Total Events (Add col (a) through col (c))
		<u>GOLF OUTING</u> (event type)	(event type)	<u>2</u> (total number)	
Revenue	1 Gross receipts . . .	24,275		4,450	28,725
	2 Less Charitable contributions . . .				
	3 Gross income (line 1 minus line 2) . . .	24,275		4,450	28,725
Direct Expenses	4 Cash prizes . . .				
	5 Non-cash prizes . . .				
	6 Rent/facility costs . . .	16,809			16,809
	7 Food and beverages . . .				
	8 Entertainment . . .				
	9 Other direct expenses . . .			4,030	4,030
	10 Direct expense summary Add lines 4 through 9 in column (d)				(20,839)
	11 Net income summary Combine lines 3 and 10 in column (d)				7,886

Part III Gaming. Complete if the organization answered "Yes" to Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.

		(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (Add col (a) through col (c))
Revenue	1 Gross revenue				
Direct Expenses	2 Cash prizes				
	3 Non-cash prizes				
	4 Rent/facility costs				
	5 Other direct expenses				
	6 Volunteer labor	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
	7 Direct expense summary Add lines 2 through 5 in column (d)				()
	8 Net gaming income summary Combine lines 1 and 7 in column (d)				

9 Enter the state(s) in which the organization operates gaming activities _____

a Is the organization licensed to operate gaming activities in each of these states? Yes No

b If "No," Explain _____

10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? Yes No

b If "Yes," Explain _____

11 Does the organization operate gaming activities with nonmembers? Yes No

12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming? Yes No

13 Indicate the percentage of gaming activity operated in

13a	
13b	

14 Provide the name and address of the person who prepares the organization's gaming/special events books and records

Name ►

Address ►

15a Does the organization have a contract with a third party from whom the organization receives gaming revenue? Yes No

b If "Yes," enter the amount of gaming revenue received by the organization ► \$ _____ and the amount of gaming revenue retained by the third party ► \$ _____

c If "Yes," enter name and address

Name ►

Address ►

16 Gaming manager information

Name ►

Gaming manager compensation ► \$ _____

Description of services provided ►

Director/officer

Employee

Independent contractor

17 Mandatory distributions

a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? Yes No

b Enter the amount of distributions required under state law distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ► \$ _____

Part IV Complete this part to provide additional information for responses to questions on Schedule G (see instructions.)

Identifier

ReturnReference

Explanation

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 the organization

KENTUCKY CCIM CHAPTER OF THE CCIM INSTIT
AN AFFILIATE OF NAT'L ASSOC OF REALTORS**Employer identification number**

61-0954358

Identifier	Return Reference	Explanation
OTHER INVESTMENT INCOME	FORM 990-EZ, PART I, LINE 4	INTEREST INCOME 33
OTHER EXPENSES	FORM 990-EZ, PART I, LINE 16	DESCRIPTION CONVENTIONS & MEETINGS AMOUNT 5,186 DESCRIPTION BANK SERVICE CHARGES AMOUNT 2,277 DESCRIPTION EDUCATION EXPENSES AMOUNT 30,838 DESCRIPTION CONTINUING EDUCATION AMOUNT 305 DESCRIPTION LUNCHEON EXPENSE AMOUNT 18,010 DESCRIPTION TRAVEL AMOUNT 3,714 DESCRIPTION TELEPHONE AMOUNT 448 DESCRIPTION WEB PAGE EXPENSES AMOUNT 158 DESCRIPTION MISCELLANEOUS EXPENSES AMOUNT 1,369 DESCRIPTION DUES AMOUNT 262 TOTAL TO FORM 990-EZ, LINE 16 62,567
OTHER ASSETS	FORM 990-EZ, PART II, LINE 24	DESCRIPTION ACCOUNTS RECEIVABLE BEG OF YEAR AMOUNT 1,819 END OF YEAR AMOUNT 900
OTHER LIABILITIES	FORM 990-EZ, PART II, LINE 26	DESCRIPTION PREPAID MEMBERSHIP DUES BEG OF YEAR AMOUNT 2,080 END OF YEAR AMOUNT 0 DESCRIPTION ACCOUNTS PAYABLE BEG OF YEAR AMOUNT 0 END OF YEAR AMOUNT 602

TY 2011 Transfers Personal Benefits Contracts Declaration

Name: KENTUCKY CCIM CHAPTER OF THE CCIM INSTIT
AN AFFILIATE OF NAT'L ASSOC OF REALTORS

EIN: 61-0954358

Declaration: THE ORGANIZATION DID NOT, DURING THE YEAR, RECEIVE ANY FUNDS, DIRECTLY,OR INDIRECTLY, TO PAY PREMIUMS ON A PERSONAL BENEFIT CONTRACT.THE ORGANIZATION, DID NOT, DURING THE YEAR, PAY ANY PREMIUMS, DIRECTLY,OR INDIRECTLY, ON A PERSONAL BENEFIT CONTRACT.