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A For the 2011 calendar year, or tax year beginning 01-01-2011, and ending 12-31-2011		
B Check if applicable <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization KENTUCKY CCIM CHAPTER OF THE CCIM INSTIT AN AFFILIATE OF NAT'L ASSOC OF REALTORS	D Employer identification number 61-0954358
	Number and street (or P O box, if mail is not delivered to street address) P O BOX 6747	E Telephone number (502) 882-4452
	City or town, state or country, and ZIP + 4 LOUISVILLE, KY 402060747	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

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 <input type="checkbox"/> <input checked="" type="checkbox"/>	

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

Part II

Balance Sheets

Check 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 IIIStatement of Program Service Accomplishments

Check 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.

28TO 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

28a0

29
(Grants \$)If this amount includes foreign grants, check here

29a

30
(Grants \$)If this amount includes foreign grants, check here

30a

31Other program services (describe in Schedule O)
(Grants \$)If this amount includes foreign grants, check here

31a

32Total program service expenses (add lines 28a through 31a)

32

Part IVList 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

☒

		Yes	No
33	Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O	33	No
34	Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O (see instructions)	34	No
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)?	35a	No
b	If 'Yes' to line 35a, has the organization filed a Form 990-T for the year? If 'No,' provide an explanation in Schedule O	35b	
c	Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If 'Yes,' complete Schedule C, Part III	35c	No
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N	36	No
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions ▶	37a	0
b	Did the organization file Form 1120-POL for this year?	37b	
38a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?	38a	No
b	If "Yes," complete Schedule L, Part II and enter the total amount involved	38b	
39	Section 501(c)(7) organizations. Enter		
a	Initiation fees and capital contributions included on line 9	39a	
b	Gross receipts, included on line 9, for public use of club facilities	39b	
40a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under section 4911 ▶ _____, section 4912 ▶ _____, section 4955 ▶ _____		
b	Section 501(c)(3) 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	
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 ▶ _____		
d	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization ▶ _____		
e	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T	40e	No
41	List the states with which a copy of this return is filed ▶ _____		
42a	The organization's books are in care of ▶ STEPHEN M LUKINOVICH CPA Telephone no ▶ (502) 882-4452 462 S 4TH STREET 2000 MEIDINGER TOWER Located at ▶ LOUISVILLE, KY ZIP + 4 ▶ 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 ▶ _____ See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts .	42b	No
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	No
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 —Check here ▶ <input checked="" type="checkbox"/> and enter the amount of tax-exempt interest received or accrued during the tax year ▶ 43		
44a	Did the organization maintain any donor advised funds? If "Yes", Form 990 must be completed instead of Form 990-EZ.	44a	No
b	Did the organization operate one or more hospital facilities during the year? If 'Yes,' Form 990 must be completed instead of Form 990-EZ	44b	No
c	Did the organization receive any payments for indoor tanning services during the year?	44c	No
d	If 'Yes' to line 44c, has the organization filed a Form 720 to report these payments? If 'No,' provide an explanation in Schedule O	44d	
45a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45a	No
45b	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If 'Yes,' Form 990 and Schedule R may need to be completed instead of Form 990-EZ (see instructions)	45b	

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

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

50 Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter "None "				
(a) Name and 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	
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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	
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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
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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		2012-08-22 Date		
	STEPHEN LUKINOVICH TREASURER Type or print name and title				
Paid Preparer's Use Only	Preparer's signature	STEPHEN M LUKINOVICH CPA CVA	Date	Check if self-employed	Preparer's taxpayer identification number (See instructions) P00024096
	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 27-1235638
					Phone no (502) 749-1900

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

OMB No 1545-0047

Open to Public Inspection

61-0954358

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

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
		<u>GOLF OUTING</u> (event type)	 (event type)	<u>2</u> (total number)	(Add col (a) through col (c))
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			
	2	Cash prizes			
Direct Expenses	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	
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

a	The organization's facility	13a
b	An outside facility	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 question on Schedule G (see instructions.)

Identifier	ReturnReference	Explanation
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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.**

OMB No 1545-0047

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.