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Return of Private Foundation or Section 4947(a)(1) Trust Treated as Private Foundation

OMB No 1545-0052

Department of the Treasury Internal Revenue Service

▶ Do not enter social security numbers on this form as it may be made public.
 ▶ Information about Form 990-PF and its separate instructions is at www.irs.gov/form990pf.

Open to Public Inspection

For	alend	lar year 2015 or tax year beginning , a	and ending				<u> </u>
Nan	ne of fou	indation			A Emplo	oyer identification number	
					0.0	1516540	
		TOR FOUNDATION OF WAKE COUNTY				-1716740	
		I street (or P 0 box number if mail is not delivered to street address) REALTORS WAY	Ro	oom/suite		hone number (see instructions 9 – 654 – 5400	5)
_		, state or province, country, and ZIP or foreign postal code					
	ARY	NC 27511			C If exer	nption application is pending,	check here
GC	heck a	all that apply Initial return Initial return	rn of a former public cl	narity	D 1 Fo	reign organizations, check he	re 🕨
		Final return Amended	return	·	2 Fo	reign organizations meeting t	he
		Address change X Name cha	inge			% test, check here and attach	
H C	heck t	ype of organization Section 501(c)(3) exempt private	foundation		F If prive	ate foundation status was term	ninated under
		1 4947(a)(1) nonexempt charitable trust X Other taxable				n 507(b)(1)(A), check here	>
		ket value of all assets at J Accounting method	Cash X Acc	rual	F If the f	oundation is in a 60-month te	rmination
		ear (from Part II, col (c), Other (specify)				section 507(b)(1)(B), check h	. [""]
	e 16) l	100	be on cash basis)				
	irt l	Analysis of Revenue and Expenses (The total of	(a) Revenue and	(b) Not in		(a) Odwaład zat	(d) Disbursements
		amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a) (see instructions))	expenses per books	(b) Net inv		(c) Adjusted net income	for charitable purposes
	1 4		85,915				(cash basis only)
	1	Contributions, gifts, grants, etc., received (attach schedule)	65,915				
	2	Check if the foundation is not required to attach Sch B	3,277		3,277	3,277	
	3	Interest on savings and temporary cash investments	3,211		3,2,77	3,211	
	4	Dividends and interest from securities	I DEC	EIVED			
A.	5a b	Gross rents Net rental income or (loss)		/L1 V L L		***************************************	
⊋a E	6a	Net gain or (loss) from sale of assets not on line 10	(2)				
NNA.	b	Gross sales price for all assets on line 6a	WAR	3 0 2016	(g)		
HINNAUS Revenue	7	Capital gain net income (from Part IV, line 2)			`≝o		
5	8	Net short-term capital gain	OGI	NEN U		0	
	9	Income modifications	E-marin-				
:	10a	Gross sales less returns and allowances				·····	
- -	b	Less Cost of goods sold					
ec	С	Gross profit or (loss) (attach schedule)					
	11	Other income (attach schedule)					
ار 2016	12	Total. Add lines 1 through 11	89,192		3,277	3,277	
	13	Compensation of officers, directors, trustees, etc	0				
penses	14	Other employee salaries and wages					
ē	15	Pension plans, employee benefits					
	16a	Legal fees (attach schedule) SEE STMT 1	38	-			38
e m	b	Accounting fees (attach schedule) STMT 2	2,050				2,050
Operating and Administrative Ex	С	Other professional fees (attach schedule)					
tra	17	Interest		<u> </u>			
njs	18	Taxes (attach schedule) (see instructions) STMT 3	117				117
Ē	19	Depreciation (attach schedule) and depletion					· · · · · · · · · · · · · · · · · · ·
Ad	20	Occupancy	4 727				4 505
ğ	21	Travel, conferences, and meetings	4,737				4,737
a	22	Printing and publications Other expenses (att sch.) STMT 4 STMT 5	67 221				67 071
ng	23	,	67,221		_		67,071
ati	24	Total operating and administrative expenses.	74,163		o	o	74,013
ber	25	Add lines 13 through 23	3,950		- 0	U	3,950
ō	25 26	Contributions, gifts, grants paid Total expenses and disbursements. Add lines 24 and 25	78,113	*	0	0	77,963
	27	Subtract line 26 from line 12	, , , , , , , , , , , , , , , , , , , ,			- U	77,303
	a	Excess of revenue over expenses and disbursements	11,079				
	b	Net investment income (if negative, enter -0-)			3,277		
	C	Adjusted net income (if negative, enter -0-)	**************************************			3,277	

Fo	rm 990	-PF (2015) REALTOR FOUNDATION OF WAKE COUNTY	26-171674	0	Page 2
_	N 1	Balance Sheets Attached schedules and amounts in the description column	Beginning of year	End of	year
	Part I	should be for end-of-year amounts only (See instructions)	(a) Book Value	(b) Book Value	(c) Fair Market Value
	1	Cash – non-interest-bearing	22,272	29,907	29,907
	2	Savings and temporary cash investments	393,154	396,432	396,432
	3	Accounts receivable ▶		ł	
1		Less allowance for doubtful accounts ▶			
-	4	Pledges receivable ▶		•	
-		Less allowance for doubtful accounts ▶			
-	5	Grants receivable			<u>-</u>
	6	Receivables due from officers, directors, trustees, and other			
-		disqualified persons (attach schedule) (see		İ	
		instructions)			
	7	Other notes and loans receivable (att. schedule)			
i		Less allowance for doubtful accounts ▶ 0			
स्	8	Inventories for sale or use			
Assets	9	Prepaid expenses and deferred charges			
ď	10a	Investments – U S and state government obligations (attach schedule)			· · · · · · · · · · · · · · · · · · ·
	b	Investments – corporate stock (attach schedule)			
- 1	С	Investments – corporate bonds (attach schedule)			
	11	Investments – land, buildings, and equipment basis			
		Less accumulated depreciation (attach sch.)			
	12	Investments – mortgage loans			
- 1	13	Investments – other (attach schedule)			
ı	14	Land, buildings, and equipment basis ► 6,881	4-0	İ	
		Less accumulated depreciation (attach sch) ► STMT 6 6,881	150		
	15	Other assets (describe ▶)			
	16	Total assets (to be completed by all filers – see the	44	406 000	404 000
-		instructions Also, see page 1, item I)	415,576	426,339	426,339
	17	Accounts payable and accrued expenses	604	288	
S	18	Grants payable			
tie	19	Deferred revenue	-		
į	20	Loans from officers, directors, trustees, and other disqualified persons			
Liabilities	21	Mortgages and other notes payable (attach schedule)			
- 1	22	Other liabilities (describe)	604	288	
\dashv	23	Total liabilities (add lines 17 through 22)	804	200	
,		Foundations that follow SFAS 117, check here and complete lines 24 through 26 and lines 30 and 31.			
ĕ			414,972	426,051	
a	24	Unrestricted	414,312	420,031	
Ba	25	Temporarily restricted			
힏	26	Permanently restricted			
Net Assets or Fund Balances		Foundations that do not follow SFAS 117, check here and complete lines 27 through 31.			
0	27	Capital stock, trust principal, or current funds			
š	28	Paid-in or capital surplus, or land, bldg , and equipment fund			
Ass	29	Retained earnings, accumulated income, endowment, or other funds			
e	30	Total net assets or fund balances (see instructions)	414,972	426,051	
Z	31	Total liabilities and net assets/fund balances (see			
		instructions)	415,576	426,339	
_	Part I		· · · · · · · · · · · · · · · · · · ·		
1		net assets or fund balances at beginning of year - Part II, column (a), line 30 (mu	st agree with		
		of-year figure reported on prior year's return)		1	414,972
2		r amount from Part I, line 27a		2	11,079
3		r increases not included in line 2 (itemize) ▶		3	400.05
		lines 1, 2, and 3		4	426,051
		eases not included in line 2 (itemize)	L) In a 00	5	406.055
_6	Tota	net assets or fund balances at end of year (line 4 minus line 5) - Part II, column (D), line 30	6	426,051

If line 8 is equal to or greater than line 7, check the box in Part VI, line 1b, and complete that part using a 1% tax rate. See the

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77,963

8

Add lines 5 and 6

Part VI instructions

Enter qualifying distributions from Part XII, line 4

	990-PF (2015) REALTOR FOUNDATION OF WAKE COUNTY 26-1716740				P	age 4
	Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948 – see instructions)					
1a	Exempt operating foundations described in section 4940(d)(2), check here and enter "N/A" on line 1					
	Date of ruling or determination letter (attach copy of letter if necessary—see instructions)					
b	Domestic foundations that meet the section 4940(e) requirements in Part V, check	1	ļ			<u>33</u>
	here ▶ X and enter 1% of Part I, line 27b					
С	All other domestic foundations enter 2% of line 27b Exempt foreign organizations enter 4% of					
	Part I, line 12, col (b)					_
2	Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only Others enter -0-)	2	-			0
3	Add lines 1 and 2	3				33
4	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)	_ 4	ļ			33
5	Tax based on investment income. Subtract line 4 from line 3 If zero or less, enter -0-	5				<u>33</u>
6	Credits/Payments					
а	2015 estimated tax payments and 2014 overpayment credited to 2015					
b	Exempt foreign organizations – tax withheld at source 6b					
С	Tax paid with application for extension of time to file (Form 8868)					
d	Backup withholding erroneously withheld 6d					
7	Total credits and payments Add lines 6a through 6d	7	ļ			
8	Enter any penalty for underpayment of estimated tax. Check here if Form 2220 is attached	8	ļ			
9	Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed	9	. .			<u>33</u>
10	Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid	10	ļ			
11	Enter the amount of line 10 to be Credited to 2016 estimated tax ▶ Refunded ▶	_11	<u> </u>			
Pa	rt VII-A Statements Regarding Activities					
1a	During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it				Yes	No
	participate or intervene in any political campaign?			1a		<u> </u>
b	Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see					
	Instructions for the definition)?			1b		X
	If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and copies of any materials					
	published or distributed by the foundation in connection with the activities					
С	Did the foundation file Form 1120-POL for this year?			1c		X
d	Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year					
	(1) On the foundation ▶ \$ (2) On foundation managers ▶ \$	_				
е	Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed					
	on foundation managers \$					
2	Has the foundation engaged in any activities that have not previously been reported to the IRS?			2		<u> </u>
	If "Yes," attach a detailed description of the activities					
3	Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles of					
	incorporation, or bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes			3		X
4a	Did the foundation have unrelated business gross income of \$1,000 or more during the year?		/-	4a		X
b	If "Yes," has it filed a tax return on Form 990-T for this year?		N/A	4b		
5	Was there a liquidation, termination, dissolution, or substantial contraction during the year?			_5		X
	If "Yes," attach the statement required by General Instruction T					
6	Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either					
	By language in the governing instrument, or					
	By state legislation that effectively amends the governing instrument so that no mandatory directions that					
	conflict with the state law remain in the governing instrument?			6	X	
7	Did the foundation have at least \$5,000 in assets at any time during the year? If "Yes," complete Part II, col (c), and Pa	rt XV		7	X	
8a	Enter the states to which the foundation reports or with which it is registered (see instructions) ► NC					
b	If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General					
	(or designate) of each state as required by General Instruction G? If "No," attach explanation			8b	X	
9	Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or					
	4942(j)(5) for calendar year 2015 or the taxable year beginning in 2015 (see instructions for Part XIV)? If "Yes,"					
	complete Part XIV			9	X	
10	Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their					
	names and addresses			10		X
			-	orm 99	n-PF	(2015)

_	990-PF (2015) REALTOR FOUNDATION OF WAKE COUN		./16/40				Page	0
Pa	rt VII-B Statements Regarding Activities for Which Form	<u> 1720 May Be F</u>	lequired (con	tınue	d)			_
ā	During the year did the foundation pay or incur any amount to				_			
	(1) Carry on propaganda, or otherwise attempt to influence legislation (section 4	1945(e))?		Yes	X No			
	(2) Influence the outcome of any specific public election (see section 4955), or t	o carry on,						
	directly or indirectly, any voter registration drive?			Yes	X No			
	(3) Provide a grant to an individual for travel, study, or other similar purposes?			Yes	X No			
	(4) Provide a grant to an organization other than a charitable, etc., organization	described in						
	section 4945(d)(4)(A)? (see instructions)			Yes	X No			
	(5) Provide for any purpose other than religious, charitable, scientific, literary, or	educational						
	purposes, or for the prevention of cruelty to children or animals?		П	Yes	X No			
b	If any answer is "Yes" to 5a(1)-(5), did any of the transactions fail to qualify under	er the exceptions d	escribed in		_		}	
	Regulations section 53 4945 or in a current notice regarding disaster assistance	(see instructions)?	•		N/A	5b	ĺ	
	Organizations relying on a current notice regarding disaster assistance check he	re			▶			_
С	If the answer is "Yes" to question 5a(4), does the foundation claim exemption fro	m the tax						
	because it maintained expenditure responsibility for the grant?		N/A 🗌	Yes	No			
	If "Yes," attach the statement required by Regulations section 53 4945–5(d)							
Sa	Did the foundation, during the year, receive any funds, directly or indirectly, to pa	v premiums						
	on a personal benefit contract?	,		Yes	X No			
b	Did the foundation, during the year, pay premiums, directly or indirectly, on a per	sonal benefit contr				6b	x	
-	If "Yes" to 6b, file Form 8870					1		-
7 a	At any time during the tax year, was the foundation a party to a prohibited tax shi	elter transaction?		Yes	X No			
	If "Yes," did the foundation receive any proceeds or have any net income attribut		·	163	N/A	7b		
	int VIII Information About Officers, Directors, Trustees, Fo			Pair			L	-
, ,	and Contractors		agoro, mgmy	· uit	a Linpio	, 003,		
1 L	ist all officers, directors, trustees, foundation managers and their compensation	ation (see instruc	tions).					-
	<u> </u>		· · · · · · · · · · · · · · · · · · ·	(4) (Contributions to	Т		-
	(a) Name and address	(b) Title, and average hours per week	(c) Compensation (if not paid,	en	ployee benefit	(e) Exp	ense account,	
	,,,	devoted to position	enter -0-)		ns and deferred ompensation	other	allowances	
SE	E STATEMENT 7			1		_		-
		-		\vdash				-
			-	1		+		-
-				 				-
						1		
_	Companyation of five highest anid ampleyees (ather these included a	- in a 4 - and in a						-
2	Compensation of five highest-paid employees (other than those included o "NONE"	m ime i – see msi	ructions). If not	ie, en	ter			
				(4) (Contributions to	т		-
	(a) Name and address of each employee paid more than \$50,000	(b) Title, and average hours per week	(a) Componenties		Contributions to iployee benefit		ense account,	
	(a) Name and address of each employee paid more than \$50,000	devoted to position	(c) Compensation		s and deferred	other	allowances	
					ompensation			-
NO	NE			1		ŀ		
				-		 		_
						1		
				<u> </u>		 		_
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				ļ				_
								_
				L				
ota	number of other employees paid over \$50,000						0	-

Form 990-PF (20	(15) REALTOR FOUNDATION OF WAKE COUNTY	26-1716740	Page 7
Part VIII	Information About Officers, Directors, Trustees, Foundand Contractors (continued)		Employees,
3 Five highe	est-paid independent contractors for professional services (see instru	actions). If none, enter "NONE."	
	(a) Name and address of each person paid more than \$50,000	(b) Type of service	(c) Compensation
NONE			
Total number of	others receiving over \$50,000 for professional services		•
Part IX-A	Summary of Direct Charitable Activities		
	s four largest direct charitable activities during the tax year. Include relevant statistical information solher beneficiaries served, conferences convened, research papers produced, etc.	such as the number of	Expenses
1 N/A			
2			
3			
4			
Part IX-B	Summary of Program-Related Investments (see Instru	ictions)	
	rgest program-related investments made by the foundation during the tax year on lines 1 and 2		Amount
1 N/A			
2			
All other program	plated investments. See instructions		
3	elated investments. See instructions		
Total Add Im	1 through 2	•	,
Total. Add lines	runougn 3	<u> </u>	

a E	rpenses, contributions, gifts, etc. – total from Part I, column (d), line 26	1a	77,963
b P	ogram-related investments – total from Part IX-B	1b	
2 A	mounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc.,		
рі	ırposes	2	
3 A	mounts set aside for specific charitable projects that satisfy the	1 1	
a S	uitability test (prior IRS approval required)	3a	
b C	ash distribution test (attach the required schedule)	3b	
4 Q	ualifying distributions. Add lines 1a through 3b Enter here and on Part V, line 8, and Part XIII, line 4	4	<u>77,963</u>
5 F	oundations that qualify under section 4940(e) for the reduced rate of tax on net investment income	1 1	
E	nter 1% of Part I, line 27b (see instructions)	5	33
6 A	djusted qualifying distributions. Subtract line 5 from line 4	6	77,930

Note. The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the foundation qualifies for the section 4940(e) reduction of tax in those years

Form **990-PF** (2015)

Form	990-PF (2015) REALTOR FOUN	DATION OF V	WAKE	COUNTY	26-17167	40	Page 9
Pa	rt XIII Undistributed Income	(see instructions					
	•			(a)	(b)	(c)	(d)
1	Distributable amount for 2015 from Part >	KI,		Corpus	Years prior to 2014	2014	2015
	line 7					••••	
2	Undistributed income, if any, as of the en	d of 2015					
	Enter amount for 2014 only						
b	Total for prior years 20 , 20						
3	Excess distributions carryover, if any, to	2015					
а	From 2010	···					
b	From 2011						
	From 2012						
	From 2013		-				
	From 2014 [-				
f	Total of lines 3a through e						
4	Qualifying distributions for 2015 from Par	t XII,					
	line 4 > \$ 77,963	_					
	Applied to 2014, but not more than line 2						
D	Applied to undistributed income of prior y	ears					
_	(Election required – see instructions)	action					
C	Treated as distributions out of corpus (Eli required – see instructions)	ection					
4	Applied to 2015 distributable amount		 			***************************************	
	Remaining amount distributed out of corp	nus	 	77,963			
5	Excess distributions carryover applied to			7.5			·
•	(If an amount appears in column (d), the						
	amount must be shown in column (a))		ļ				
6	Enter the net total of each column as						
	indicated below:						
а	Corpus Add lines 3f, 4c, and 4e Subtrac	ct line 5		77,963			
	Prior years' undistributed income Subtra						
	line 4b from line 2b						
С	Enter the amount of prior years' undistrib	uted					
	income for which a notice of deficiency h	as					
	been issued, or on which the section 494	2(a)					
	tax has been previously assessed						
d	Subtract line 6c from line 6b Taxable						
	amount – see instructions						
е	Undistributed income for 2014 Subtract	line					
	4a from line 2a Taxable amount – see						
	instructions					· · · · · · · · · · · · · · · · · · ·	
1	Undistributed income for 2015 Subtract						
	4d and 5 from line 1. This amount must be distributed in 2016.	Je					
7	Amounts treated as distributions out of c	ornus					
•	to satisfy requirements imposed by section	•					
	170(b)(1)(F) or 4942(g)(3) (Election may						
	required—see instructions)						
8	Excess distributions carryover from 2010) not					
	applied on line 5 or line 7 (see instruction						
9	Excess distributions carryover to 2010	•					
	Subtract lines 7 and 8 from line 6a						
10	Analysis of line 9						
а	Excess from 2011						
b	Excess from 2012	-	1				
С	Excess from 2013		1				
d	Excess from 2014]	ļ			

Excess from 2015

DAA

Pa	rt XIV Private Operating Fou					
1a	If the foundation has received a ruling or	determination letter that	at it is a private operat	ing		
	foundation, and the ruling is effective for :					06/22/07
b	Check box to indicate whether the founda	ition is a private opera	ting foundation describ	ped in section X 49	42(j)(3) or 49	42(j)(5)
2a	Enter the lesser of the adjusted net	Тах уеаг		Prior 3 years		(e) Total
	income from Part I or the minimum	(a) 2015	(b) 2014	(c) 2013	(d) 2012	(e) Total
	investment return from Part X for					
	each year listed	3,277	4,208	4,452	4,895	16,832
b	85% of line 2a	2,785	3,577	3,784	4,161	14,30
С	Qualifying distributions from Part XII,					
	line 4 for each year listed	77,963	109,410	94,974	66,023	348,370
d	Amounts included in line 2c not used directly					
-	for active conduct of exempt activities	6,000	5,000	7,000	7,000	25,000
е	Qualifying distributions made directly					
_	for active conduct of exempt activities					1
	Subtract line 2d from line 2c	71,963	104,410	87,974	59,023	323,370
3	Complete 3a, b, or c for the	· · · · · · · · · · · · · · · · · · ·				
•	alternative test relied upon					
а	"Assets" alternative test – enter					
_	(1) Value of all assets					
	(2) Value of assets qualifying under					
	section 4942(j)(3)(B)(i)					
b	"Endowment" alternative test – enter 2/3					
-	of minimum investment return shown in					1
	Part X, line 6 for each year listed	13,993	14,171	14,014	13,533	55,71
С	"Support" alternative test – enter		•			
_	(1) Total support other than gross					
	investment income (interest,					
	dividends, rents, payments on					
	securities loans (section					
	512(a)(5)), or royalties)					+
	(2) Support from general public and 5 or more exempt					
	organizations as provided in					
	section 4942(j)(3)(B)(III)					
	(3) Largest amount of support from					
	an exempt organization					<u> </u>
	(4) Gross investment income					
Pi	art XV Supplementary Inform	nation (Complete	this part only if	the foundation ha	id \$5,000 or mo	re in assets at
	any time during the y	<u>ear – see instruct</u>	tions.)			
1	Information Regarding Foundation Ma	inagers:				
а	List any managers of the foundation who	have contributed more	e than 2% of the total	contributions received t	by the foundation	
	before the close of any tax year (but only	if they have contribute	ed more than \$5,000)	(See section 507(d)(2))	
	N/A				<u> </u>	
b	List any managers of the foundation who	own 10% or more of t	the stock of a corporate	on (or an equally large	portion of the	
	ownership of a partnership or other entity	 of which the foundat 	ion has a 10% or great	ter interest		
	N/A			· ···		
2	Information Regarding Contribution, C					
	Check here ▶ X if the foundation only					
	unsolicited requests for funds. If the four	idation makes gifts, gr	ants, etc (see instruct	ions) to individuals or o	rganizations under	
	other conditions, complete items 2a, b, c					
а	The name, address, and telephone num	per or e-mail address o	of the person to whom	applications should be	addressed	
	N/A					
b	The form in which applications should be	submitted and inform	ation and materials the	ey should include		
	N/A					
С	Any submission deadlines					
	N/A					···· = ··· · · · · · · · · · · · · · ·
d	Any restrictions or limitations on awards,	such as by geographi	ical areas, charitable fi	elds, kinds of institution	ns, or other	
	factors					
	N/A					

Part XV Supplementary Information (continued)

	r ruture Payment	 	
show any relationship to any foundation manager	Foundation status of recovers	Purpose of grant or contribution	Amount
or substantial contributor			· · · · · · · · · · · · · · · · · · ·
NONE	501C3 EXEMPT SENIOR A	SSISTANCE	700
NONE	501C3 EXEMPT	RECOVERY	1,500
PRIANGLE NONE	501C3 EXEMPT FAMILY A	SSISTANCE	500
NONE	501C3 EXEMPT	YOUTH	250
CHEN NONE	501C3 EXEMPT SOU	P KITCHEN	1,000
		▶ 3a	3,950
			2,550
	If recipient is an individual, show any relationship to any foundation manager or substantial contributor NONE PRIANGLE NONE NONE CHEN	show any relationship to any foundation manager or substantial contributor NONE 501C3 EXEMPT SENIOR A NONE 501C3 EXEMPT FRIANGLE NONE 501C3 EXEMPT FAMILY A NONE 501C3 EXEMPT FAMILY A TRIANGLE NONE 501C3 EXEMPT	If recipient is an individual, show any relationship to any foundation manager or substantial contributor NONE 501C3 EXEMPT SENIOR ASSISTANCE NONE 501C3 EXEMPT RECOVERY Pripage of grant or contribution 501C3 EXEMPT RECOVERY PRIANGLE NONE 501C3 EXEMPT RECOVERY PRIANGLE NONE 501C3 EXEMPT FAMILY ASSISTANCE NONE 501C3 EXEMPT YOUTH CHEN NONE 501C3 EXEMPT SOUP KITCHEN

Part XVI-	Analysis of Income-Producing Ac	tivities				
	nounts unless otherwise indicated		ed business income	Exclude	d by section 512, 513, or 514	
31		(a) Business code	(b) Amount	(c) Exclusion code	(d) Amount	(e) Related or exempt function income
1 Program s	ervice revenue					(See instructions)
a		.		ļ		
b		.				
c				 		
d				1		-
е				-		
f						
•	nd contracts from government agencies	-		 		
	ip dues and assessments	-		111	2 077	
	savings and temporary cash investments			14	3,277	
	and interest from securities		·			
	income or (loss) from real estate					
	nanced property		<u> </u>	 		
	bt-financed property					
	income or (loss) from personal property					
	stment income			- 		
	ss) from sales of assets other than inventory		<u> </u>	 		
	e or (loss) from special events			-		
	it or (loss) from sales of inventory			+		
	nue a	-		-		
		·				
		·				
		· 		 		
_		.		0	3,277	0
	Add columns (b), (d), and (e)	<u> </u>	<u>'</u>	<u> </u>		
	line 12, columns (b), (d), and (e)				13 _	3,211
	t in line 13 instructions to verify calculations) Relationship of Activities to the A	ccomplishe	ent of Evernt F	Purnose		
Part XVI-I	Explain below how each activity for which income				· · ·	
Line No. ▼	accomplishment of the foundation's exempt purp					
N/A	accomplishment of the foundation's exempt purp	JOSES (Other than	rby providing rands r	or such p	arposes/ (occ monder	
M/A						
					 	
<u></u>	-					
				 		

Part X	(VII	Information Regardaniza	_	nsfers To a	nd T	ransactio	ns and Relatio	nships With I	Noncharitab	le		
1 Did	the orga	anization directly or ind		e in any of the f	ollowir	ng with any c	ther organization de	escribed		T	Yes	No
	•	01(c) of the Code (othe		•		•	_					
org	anızatıor	15?										
a Tra	insfers fr	om the reporting found	ation to a noi	ncharitable exei	mpt or	ganization o	f					ĺ
(1)	Cash									1a(1)		X
(2)	Other a	ssets								1a(2)		X
b Oth	er trans	actions										
(1)	Sales o	f assets to a noncharit	able exempt o	organization						1b(1)		X
		ses of assets from a no			ation					1b(2)		X
٠,		of facilities, equipment,		ets						1b(3)		<u> </u>
		irsement arrangements	3							1b(4)		<u> </u>
		or loan guarantees								1b(5)		<u>X</u>
		nance of services or me	•	_						1b(6)		_ X _
	•	acilities, equipment, m	_	•			(I-) -bI-I -b		4	1c	L	<u>X</u>
		er to any of the above i			-							
		goods, other assets, o transaction or sharing	•	•	_							
(a) Lir		(b) Amount involved		of noncharitable exe				on of transfers, transac				
LB (4)		 	·	H REGION			REIMBURSI				nies -	
LD (3)			1412210	1420101	12 222	210000	- IGHTIDONOI	o villandi	D BALLER	<u> </u>	-	
												
												
									· · · · · · · · · · · · · · · · · · ·			
						 					.,	
												
20 10 1	ho found	I lation directly or indirec	tly offiliated v	with or related t	·o one	or more tay	evernt erganization					
		n section 501(c) of the						IIS		X Ye	. []	No
		mplete the following so	•	man section so	, (0)(0),) Of III SCOLIO	11 32 ; .					110
D 11		a) Name of organization	I	(b) Type o	of organia	zation		(c) Description of	of relationship			
RA		H REGIONAL	ASSOC	501 C 6			MAJOR DO		N BOARD	ME	MBEI	RS
1		nallies of perjury, I declare th ind complete Declaration of p							nowledge and belief	, it is true	9,	
- 1	5555., 5	J	, opa. o. (ou.o. u	, , , , , , , , , , , , , , , , ,			or property inde any in		May the IRS disc			
Sign			ΛÍ						with the preparer (see instructions)			٦ _{No} .
lere		90110 11.	ll.			. 31	2111.					<u></u>
	_	Just Ju					3/16		CIO			
	▼ Sign	ature of officer or trusted	$\overline{}$			Date	•	Title	 -r			
	Print/T	ype preparer's name	_		Pro	eparer's signatui	е		Date		Check	ıf
aid		At mroconsesses			1	Usan	Elud	~	12/24	1/1.	self-em	ployed
reparer		N GLENDENNING	CONT C	CATCON	<u> </u>	_ <u></u>		\rightarrow	<u> </u>	7,5	017	
lse Only	Firm's i	4444	OBERLI	CAISON,	LL	<u>- </u>	· · · · · · · · · · · · · · · · · · ·	PT		0921		
•	Firm's		GH, NC		_111	36				- <u>105</u> -82		
			LGII, NC	27005	<u> </u>	. · ·		J_Ph	one no 919		10-DE	-

Schedule B (Form 990, 990-EZ, or 990-PF)

Department of the Treasury Internal Revenue Service

Name of the organization

Schedule of Contributors

▶ Attach to Form 990, Form 990-EZ, or Form 990-PF.

▶ Information about Schedule B (Form 990, 990-EZ, or 990-PF) and its instructions is at www.irs.gov/form990

OMB No 1545-0047

2015

Employer identification number

REALTOR FOUNDA	ATION OF WAKE COUNTY	26-1716740
Organization type (check one		
Filers of:	Section:	
Form 990 or 990-EZ	501(c)() (enter number) organization	
	4947(a)(1) nonexempt charitable trust not treated as a private foundation	
	527 political organization	
Form 990-PF	501(c)(3) exempt private foundation	
	4947(a)(1) nonexempt charitable trust treated as a private foundation	
	X 501(c)(3) taxable private foundation	
	overed by the General Rule or a Special Rule. , (8), or (10) organization can check boxes for both the General Rule and a Special Rule	e See
General Rule		
	ng Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5 property) from any one contributor. Complete Parts I and II. See instructions for determinable to the contributions.	
Special Rules		
regulations under sect 13, 16a, or 16b, and th	escribed in section $501(c)(3)$ filing Form 990 or 990-EZ that met the $33^{1}/3$ % support test ions $509(a)(1)$ and $170(b)(1)(A)(vi)$, that checked Schedule A (Form 990 or 990-EZ), Paratreceived from any one contributor, during the year, total contributions of the greater of amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1 Complete Parts	rt II, line of (1)
contributor, during the	scribed in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from an year, total contributions of more than \$1,000 exclusively for religious, charitable, scienti purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, an	fic,
	scribed in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from an	ly one
-	year, contributions exclusively for religious, charitable, etc., purposes, but no such fore than \$1,000. If this box is checked, enter here the total contributions that were rece	ived
during the year for an e	exclusively religious, charitable, etc., purpose. Do not complete any of the parts unless t	the
General Rule applies totaling \$5,000 or more	to this organization because it received nonexclusively religious, charitable, etc., contrib e during the year	outions • \$
990-EZ, or 990-PF), but it mus	is not covered by the General Rule and/or the Special Rules does not file Schedule B (Fist answer "No" on Part IV, line 2, of its Form 990, or check the box on line H of its Form certify that it does not meet the filing requirements of Schedule B (Form 990, 990-EZ, o	990-EZ or on its

Name of organization

Employer identification number

REALTOR FOUNDATION OF WAKE COUNTY 26-1716740 Contributors (see instructions) Use duplicate copies of Part I if additional space is needed Part I (a) (c) (d) Name, address, and ZIP + 4 **Total contributions** Type of contribution No. 1 RALEIGH REGIONAL ASSOC OF REALTORS Person 111 REALTORS WAY **Payroll** 21,460 \$ Noncash CARY NC 27513 (Complete Part II for noncash contributions) (a) (b) (c) (d) Name, address, and ZIP + 4 **Total contributions** No. Type of contribution Person Payroll \$ Noncash (Complete Part II for noncash contributions) (b) (a) (c) (d) Name, address, and ZIP + 4 No. **Total contributions** Type of contribution Person Payroll Noncash (Complete Part II for noncash contributions) (b) (c) (d) (a) **Total contributions** Type of contribution No. Name, address, and ZIP + 4 Person **Payroll** \$ Noncash (Complete Part II for noncash contributions) (b) (c) (d) (a) Name, address, and ZIP + 4 **Total contributions** Type of contribution No. Person Payroli \$ Noncash (Complete Part II for noncash contributions) (c) (d) (a) (b) Name, address, and ZIP + 4 Total contributions Type of contribution <u>N</u>o. Person Payroll \$ Noncash (Complete Part II for noncash contributions)

1735 REALTOR FOUNDATION OF WAKE COUNTY 26-1716740 FYE: 12/31/2015	VAKE COUNTY Federal	Statements		2/23/2016 6:01 PM • Page 1
	Statement 1 - Form 990-PF	rm 990-PF, Part I, Line 16a - Legal Fees	jal Fees	
Description	Total	Net Investment	Adjusted Net	Charitable Purpose
LEGAL FEES TOTAL	\$ 38	w w	\$ \$	38 38
Stal	Statement 2 - Form 990-PF, P	990-PF, Part I, Line 16b - Accounting Fees	Inting Fees	
Description	Total	Net Investment	Adjusted Net	Charitable Purpose
ACCOUNTING	\$ 2,050	w w	\$ \$	\$ 2,050
	Statement 3 - Form 990	Form 990-PF, Part I, Line 18 - Taxes	axes	
Description	Total	Net Investment	Adjusted Net	Charitable Purpose
2014 990-PF SECRETARY OF STATE TOTAL	\$ 42	0 % %	\$	\$ 42
				1-3

1735 REALTOR FOUNDATION OF WAKE COUNTY 26-1716740 FYE: 12/31/2015	/AKE COUNTY	Federal Statements	tements		2/23/2016 6:01 PM • Page 2
S	Statement 4 - Forn	rm 990-PF, Pa	n 990-PF, Part I, Line 23 - Amortization	tization	·
Description	-				
Date Acquired	Cost Basis	Prior Year Amortization	Current Year Life Amortization	sar Net Investment	Adjusted Net Income COGS
ORGANIZATIONAL COSTS	4,181 \$	4,181	rv vv	v,	\$
WEBSITE 3/01/12 5- TOTAL \$=	2,700 6,881 \$	2,550	w.	150 150 \$ 0 :	0 S
3 5	Statement 5 - Form	n 990-PF, Part I,	Line 23 -	Other Expenses	
Description	Tota	ţaļ	Net Investment	Adjusted Net	Charitable Purpose
	ر د	· σ-		S	\$
CARD EXPENSES EXPENSE FE & COMPUTER R DRIVE PROJEC ARSHIPS AWARDE ROJECT EXPENSE SOJECT EXPENSES		78 496 1,358 5,570 6,000 6,517			78 496 1,358 5,570 6,000 6,517 15,084
ANGEL TREE PROJECT EXPENSES TOTAL	w.	31,968 67,071 \$	0	\$	\$ 67,071
Statement 6	6 - Form 990-PF	F, Part II, Line 14	14 - Land, Building,	1, and Equipment	
Description BUILDLINGS TOTAL		Beginning Net Book 150	End Cost / Basis \$ 6,881	End Accumulated Depreciation \$ 6,881	b Net FMV
					4-6

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1735 REALTOR FOUNDATION OF WAKE COUNTY 26-1716740 FYE: 12/31/2015	UNTY Federal Statements	tatement	S	2/2	2/23/2016 6:01 PM Page 3
Statement 7 - Form 990-PF, Part	PF, Part VIII, Line 1	- List of Of	VIII, Line 1 - List of Officers, Directors, Trustees, Etc.	ustees, Etc.	·
Name and Address	Title	Average Hours	Compensation	Benefits	Expenses
STEINA DE ANDRADE 111 REALTORS WAY CARY NC 27513	PRESIDENT	2.00	0	0	0
JOSE SERRANO 111 REALTORS WAY CARY NC 27513	PRESIDENT EL	2.00	0	0	0
GINA MILLER 111 REALTORS WAY CARY NC 27513	SECRETARY/TR	2.00	0	0	0
MORTY JAYSON 111 REALTORS WAY CARY NC 27513	PAST PRESIDE	2.00	0	0	0
DIANA BRAUN 111 REALTORS WAY CARY NC 27513	DIRECTOR	1.00	0	0	0
FRANK DERONJA 111 REALTORS WAY CARY NC 27513	DIRECTOR	1.00	0	0	0
HARRIETTE DOGGETT 111 REALTORS WAY CARY NC 27513	DIRECTOR	1.00	0	0	0
MARSHALL GAY 111 REALTORS WAY CARY NC 27513	DIRECTOR	1.00	0	0	0
THOMAS GONGAWARE 111 REALTORS WAY CARY NC 27513	DIRECTOR	1.00	0	0	0
LEWIS GRUBBS	DIRECTOR	1.00	0	0	0
					/

1735 REALTOR FOUNDATION OF WAKE COUNTY 26-1716740 FYE: 12/31/2015	oun⊤Y Federal	Statement	S	2/2	2/23/2016 6:01 PM Page 4
Statement 7 - Form 990-PF,		VIII, Line 1 - List of Etc. (continued)	Part VIII, Line 1 - List of Officers, Directors, Trustees, Etc. (continued)	, Trustees,	
Name and Address	Title	Average Hours	Compensation	Benefits	Expenses
111 REALTORS WAY CARY NC 27513					
GRAYSON HODGE 111 REALTORS WAY CARY NC NC 27513	DIRECTOR	1.00	0	0	0
LINDA KOLAROV 111 REALTORS WAY CARY NC 27513	DIRECTOR	1.00	0	0	0
JAMES MCBRAYER 111 REALTORS WAY CARY NC 27513	DIRECTOR	1.00	0	0	0
DAWN NUZZI 111 REALTORS WAY CARY NC 27513	DIRECTOR	1.00	0	0	0
MOLLIE OWEN 111 REALTORS WAY CARY NC 27513	DIRECTOR	1.00	0	0	0
STEVE SMALLMAN 111 REALTORS WAY CARY NC 27513	DIRECTOR	1.00	0	0	0
MARGARET SOPHIE 1111 REALTORS WAY CARY NC 27513	DIRECTOR	1.00	0	0	0
SUSAN TENNEY 111 REALTORS WAY CARY NC 27513	DIRECTOR	1.00	0	0	0
					,

1735 REALTOR FOUNDATION OF WAKE COUNTY 26-1716740 FYE: 12/31/2015	WAKE COUNTY Federal	Federal Statements	Ş.	21.2	2/23/2016 6:01 PM Page 5
Statement 7 -	- Form 990-PF, Part VIII, L	ine 1 - List of continued)	Part VIII, Line 1 - List of Officers, Directors, Trustees, Etc. (continued)	, Trustees,	
Name and Address	Title	Average Hours	Compensation	Benefits	Expenses
HARRISON TULLOSS, II 1111 REALTORS WAY CARY NC 27513	DIRECTOR	1.00	0	0	0
TESSA HULTZ 1111 REALTORS WAY CARY NC 27513	EX OFFICIO	2.00	0	0	0