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DLN: 93492267002036

OMB No 1545-1150

Form 990-EZ

Return of Organization Exempt From Income Tax Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

Short Form

▶ Do not enter social security numbers on this form as it may be made public. ► Information about Form 990-EZ and its instructions is at www.irs.gov/form990.

Open to Public

Department of the Treasury

ntern	al Reven	ue Service						
			r year, or tax year beginning 01-01-2015	, and ending :	12-31-2015			
	Check ı Idress c	f applicable :hange	C Name of organization WOMEN'S COUNCIL OF REALTORS OF OHIO INC			D En	nployer id	dentification number
	ame cha Itial reti			to street address In	No ome / evute		-2488736	
Fir	nal retu	ırn/termınated	Number and street (or P O box, if mail is not delivered 6290 SEILER DRIVE	to street address) R	coom/suite	E Tele	phone nui	mber
		return n pending					(513)) 205-2711
			City or town, state or province, country, and ZIP or fore CINCINNATI, OH 45239	ign postal code			up Exempt	tion
						Nu	iibei F	
					н	Check ► 🔽 ıf	the orga	nization is not
G A	ccour	ntıng Method	ঢ়Cash ┌Accrual Other(specify) ▶			required to att	ach Sch	edule B
Γ \ Α/	obsit	e: 🕨 WWW.CRC	OHIO ORG			(Form 990, 99	0-EZ, o	r 990-PF)
			: only one) -┌501(c)(3)┌ 501(c)(6) ◀(insert no)┌ 4947(a)(1) or □ 527	_			
		*			1			
		_	FCorporation FTrust FAssociation FOther 57b to line 9 to determine gross receipts If gross		00 000 or	more or if total	accotc	/Part II column
			0 or more, file Form 990 instead of Form 990-EZ		00,000 01	•	\$ 177,4	•
Ρ	art I		e, Expenses, and Changes in Net Asse					
	1		e organization used Schedule O to respond to an					
	1	Contributions	, gifts, grants, and similar amounts received .				1	27,322
	2	Program serv	ice revenue including government fees and contr	acts			2	31,364
Kevenue	3	Membership o	dues and assessments				3	20,471
	4	Investment in	ncome				4	11
	5a	Gross amount	t from sale of assets other than inventory .		5a			
	b	Less cost or	other basis and sales expenses		· · 5b			
	С	Gain or (loss)) from sale of assets other than inventory (Subtra	ct line 5b from li	ne 5a) .		5c	
Ž	6	Gaming and fu	undraising events					
	а	Gross income	e from gaming (attach Schedule G if greater than	\$15,000)	. 6a			
	ь	Gross income	e from fundraising events (not including \$	of contri	butions			
			ing events reported on line 1) (attach Schedule G					
		sum of such g	gross income and contributions exceeds \$15,000))	6b	94,3	337	
	С	Less directe	expenses from gaming and fundraising events		6c	45,	543	
	d	Net income oi	r (loss) from gaming and fundraising events (add	lines 6a and 6b	and subtra	ct line 6c)	6d	48,794
	7a	Gross sales o	of inventory, less returns and allowances .		7a			
	b	Less cost of	goods sold		7b			
	С	Gross profit o	r (loss) from sales of inventory (Subtract line 7b	from line 7a)			7c]
	8	O ther revenue	e (describe in Schedule O)				8	3,978
	9	Total revenue	. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8			🕨	9	131,940
	10	Grants and sı	mılar amounts paid (list in Schedule O)				10	13,200
	11	Benefits paid	to or for members				11	
	12	Salaries, othe	er compensation, and employee benefits				12	
Š	13	Professional f	fees and other payments to independent contract	ors			13	10,519
Expenses	14	Occupancy, r	ent, utilities, and maintenance				14	
Š	15	Printing, publi	ications, postage, and shipping				15	
	16		es (describe in Schedule O)				16	101,135
	17	•					17	124,854
	18		eficit) for the year (Subtract line 17 from line 9)				18	7,086
ර ඩ	19		fund balances at beginning of year (from line 27				10	,,000
etAssets	15		gure reported on prior year's return)	, column (A)) (iiii	ast agree v	71211	19	95,371
Net	20		es in net assets or fund balances (explain in Sche	dule O)				95,371
	20		fund balances at end of year Combine lines 18				20	102,457
	21	iver assets of	idid palances at end of year Combine lines 18	anough 20 .			21	102,437

Part II Balance Sheets (see the instructions for Part II)

	•	•		
Check if the organiza	ation used Schedule O t	o respond to any ques	stion in this Part II	

		(A) Beginning of year		(B) End of year
22	Cash, savings, and investments	95,371	22	102,457
23	Land and buildings		23	
24	Other assets (describe in Schedule O)		24	
25	Total assets	95,371	25	102,457
26	Total liabilities (describe in Schedule O)	0	26	0
27	Net assets or fund balances (line 27 of column (B) must agree with line 21)	95,371	27	102,457

Part IIII Statemen	t of Program Service Accomplishments (see the instructions for Part III)		Evmanasa
	organization used Schedule O to respond to any question in this Part III	(Re	Expenses equired for section 501
	primary exempt purpose?	(c)	(3) and 501(c)(4)
	L OF REALTORS IS A NETWORK OF SUCCESSFUL REALTORS EMPOWERING HEIR POTENTIAL AS ENTREPRENEURS AND INDUSTRY LEADERS	-	ganizations, optional for ners)
measured by expenses I	's program service accomplishments for each of its three largest program services, a n a clear and concise manner, describe the services provided, the number of persons ant information for each program title	s	
THE OHIO CHAPTER 28 APPROXIMATELY 40	AND CONSTITUENT LOCAL CHAPTERS SERVICE THE EDUCATION OF DIMEMBERS/REALTORS		
(Grants \$ 0)	If this amount includes foreign grants, check here 🕨 🦵	28a	0
29			
(Grants \$)	If this amount includes foreign grants, check here 🕨 🦵	29a	
30			
(Grants \$)	If this amount includes foreign grants, check here ▶ ┌	30a	
31 Other program service	s (describe in Schedule O)		
(Grants \$)	If this amount includes foreign grants, check here 🕨 🦵	31a	
32 Total program service	expenses (add lines 28a through 31a)	32	

(a) Name and title	(b) A verage hours per week devoted to position	(c)Reportable compensation (Forms W-2/1099- MISC) (if not paid, enter -0-)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
SHARON GEIER PRESIDENT	5 0 0	0	0	0
PAT ZIRKELBACH SECRETARY	5 0 0	0	0	0
MARYANN MILLS PRESIDENT ELECT	5 0 0	0	0	0
JAN JEDLINSKY IMMEDIATE PAST PRESIDENT	5 0 0	0	0	0
ANNE GOSS TREASURER	5 00	0	0	0
DONNA ALLEN GOVERNOR	5 0 0	0	0	0
DENISE TAYLOR CINCINNATI CHAPTER PRESIDE	0 10	0	0	0
RUTHIE LOWERY NORTHEAST CHAPTER PRESIDEN	0 10	0	0	0
HEATHER DUNN COLUMBUS CHAPTER PRESIDENT	0 10	0	0	0
LINDA SHURTE DAYTON CHAPTER PRESIDENT	0 10	0	0	0
NANCY EUBANKS CLARK CHAMPAIGN CHAPTER PR	0 10	0	0	0
JOANN AMOS TOLEDO CHAPTER PRESIDENT	0 10	0	0	0

Part V Other Information (Note the Schedule A and personal benefit contract statement requirements in the instructions for Part V) Check if the organization used Schedule O to respond to any question in this Part V No Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a 33 Νo 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 Nο on Schedule O (see instructions) 35a 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)? Νo **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 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 📆 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 Νo 37a Enter amount of political expenditures, direct or indirect, as described in the instructions 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 Nο **b** If "Yes," complete Schedule L, Part II and enter the total amount involved Section 501(c)(7) organizations Enter a Initiation fees and capital contributions included on line 9 **b** Gross receipts, included on line 9, for public use of club facilities **40a** Section 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under _____, section 4955 🟲 ___, section 4912 🏲__ section 4911 **b** Section 501(c)(3), 501(c)(4), and 501(c)(29) 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), 501(c)(4), and 501(c)(29) 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), 501(c)(4), and 501(c)(29) organizations Enter amount of tax on line 40c reimbursed by the organization All organizations At any time during the tax year, was the organization a party to a prohibited tax shelter 41 List the states with which a copy of this return is filed _______Telephone no ▶ (513) 205-2711 **42a** The organization's books are in care of ► ANNE GOSS Located at ▶ 6290 SEILER DRIVE CINCINNATI, OH _ ZIP + 4 🕨 45239 **b** At any time during the calendar year, did the organization have an interest in or a signature or other authority Yes No over a financial account in a foreign country (such as a bank account, securities account, or other financial 42b Νo If "Yes," enter the name of the foreign country ▶_ See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR) c At any time during the calendar year, did the organization maintain an office outside the U.S.? 42c Νo If "Yes," enter the name of the foreign country ▶_ 43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 - Check here . and enter the amount of tax-exempt interest received or accrued during the tax year 🕨 🔼 🛂 Yes No Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-F7 44a Νo b Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed 44b Nο c Did the organization receive any payments for indoor tanning services during the year? 44c Νo d If "Yes," to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an **44**d **45a** Did the organization have a controlled entity within the meaning of section 512(b)(13)? 45a Nο 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	(2015)							Page 4
								Yes	No
46		organization engage, directly or indi							
		tes for public office? If "Yes," comp	lete Schedule C, Part	I 185 0			46		No
Par		Section 501(c)(3) organizate All section 501(c)(3) organizate		vestions 47 40h or	.d E2	and complete	the table	c for lu	200 FO
		and 51	ons must answer qu	uestions 47-490 ai	iu 52,	and complete	the table	5 101 111	IES 30
		Check if the organization used Sche	dule O to respond to a	any question in this P	art V I		<u></u>		Г
								Yes	No
47		organization engage in lobbying act " complete Schedule C, Part II	ivities or have a secti	on 501(h) election in	effect (during the tax ye	ear? 47		
48	Is the o	rganization a school as described in	section 170(b)(1)(A)(11)? If "Yes," comple	ete Sch	edule E	48		
49a	Did the	organization make any transfers to	an exempt non-charita	able related organizat	:ion?		49a		
h	If"Yes	" was the related organization a sec	tion 527 organization	?			49b		
						×			<u> </u>
50		te this table for the organization's fi ees) who each received more than \$							
	(a) Na	me and title of each employee	(b) A verage hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-	` () Health benefits contributions to loyee benefit pla		timated of othe	
			acrosses to poortion	MISC)	5,	and deferred compensation			
			-						
f	Total	number of other employees paid ove	r\$100,000 .				. ►		
51		te this table for the organization's fi ensation from the organization If th			ractors	who each receiv	ed more th	nan \$10	0,000
		(a) Name and business address of	each independent cor	ntractor	(b) T	ype of service	(c) Com	pensatı	on
d	Total	number of other independent contrac	ctors each receiving o	ver\$100,000			.		
52		ne organization complete Schedule A	? NOTE. All Section 5	501(c)(3) organizatio	ns mus	t attach a			
	comp	leted Schedule A						Ye	s 「No
Under	r penaltie	s of perjury, I declare that I have exam	ined this return, includ	ing accompanying sch	edules a	and statements, a	nd to the b	est of my	,
	ledge and ledge.	l belief, it is true, correct, and complet	e. Declaration of prepar	er (other than officer)	is based	d on all information	on of which	prepare	r has any
	- Is					1			
Sign	,	****** Signature of officer				2016-09-07 Date			
Here		PATRICIA ZIRKELBACH TREASURER							
	<u> </u>	Type or print name and title				-			
Do:-	1	Print/Type preparer's name STEPHANIE R PYLES CPA	Preparer's signature	Date 201	e 6-09-02		TIN 00613386		
Paid Pre	a parer	Firm's name FCLARK SCHAEFER H	ACKETT & CO	<u> </u>		Firm's EIN 🟲 31-0	800053		
	Only	Firm's address • 10100 INNOVATION (OR SUITE 400			Phone no (937) 2	226-0070		
		DAYTON, OH 45342							
Mavt	the IRS o	discuss this return with the preparer	shown above? See in	structions		.	· ΓYes	⊏No	

TY 2015 Transfers Personal Benefits Contracts Declaration

Name: WOMEN'S COUNCIL OF REALTORS OF OHIO INC

EIN: 26-2488736

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.

DLN: 93492267002036

OMB No 1545-0047

SCHEDULE C (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Political Campaign and Lobbying Activities

For Organizations Exempt From Income Tax Under section 501(c) and section 527 ► Complete if the organization is described below. ► Attach to Form 990 or Form 990-EZ. ▶Information about Schedule C (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

Inspection

If the organization answered "Yes" on Form 990, Part IV, Line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then

- Section 501(c)(3) organizations
 Complete Parts I-A and B Do not complete Part I-C
- ◆ Section 501(c) (other than section 501(c)(3)) organizations Complete Parts I-A and C below Do not complete Part I-B
- ◆ Section 527 organizations Complete Part I-A only

If the organization answered "Yes" on Form 990, Part IV, Line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

- ◆ Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)) Complete Part II-A Do not complete Part II-B
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)) Complete Part II-B Do not complete Part II-A

line	e organization answered "Yes 35c (Proxy Tax) (see separate Section 501(c)(4), (5), or (6) orga		oxy Tax) (see se	parate instructions) or F	Form 990-EZ, Part V,
Na	me of the organization MEN'S COUNCIL OF REALTORS OF OHIO			Employer ident 26-2488736	tification number
Par	t I-A Complete if the or	ganization is exempt under	section 501(c		organization.
1	Provide a description of the org	ganızatıon's dırect and ındırect politic	al campaign activ	vities in Part IV	
2	Political expenditures			▶	\$
3	Volunteer hours				
Par	t I-B Complete if the or	ganization is exempt under	section 501(c)(3).	
1	Enter the amount of any excise	e tax incurred by the organization und	ler section 4955	*	\$
2	Enter the amount of any excise	e tax incurred by organization manage	ers under section	4955	\$
3	If the organization incurred a s	ection 4955 tax, did it file Form 472	O for this year?		┌ Yes ┌ No
4a	Was a correction made?				┌ Yes ┌ No
b	If "Yes," describe in Part IV				
Par		ganization is exempt under	-		1(c)(3).
1		ended by the filing organization for se			\$
2	Enter the amount of the filing o exempt function activities	organization's funds contributed to otl	ner organizations	for section 527	\$
3	Total exempt function expendi	tures Add lines 1 and 2 Enter here a	and on Form 1120)-POL, line 17b ►	\$
4	Did the filing organization file F	orm 1120-POL for this year?			☐ Yes ☐ No
5	organization made payments f amount of political contribution	nd employer identification number (EI For each organization listed, enter the ns received that were promptly and di political action committee (PAC) If a	e amount paid fror rectly delivered t	n the filing organization's f o a separate political orgal	unds Also enter the nızatıon, such as a
	(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds If none, enter -0-	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization If none, enter -0-
2					
3					
4					
5					

f Grassroots lobbying expenditures

5ch	edule C (Form 990 or 990-EZ) 2015					Page 2
Pa	rt II-A Complete if the organization under section 501(h)).	is exempt under	section 501(c	:)(3) and fil	ed Form 5768	
	Check fithe filing organization belongs to expenses, and share of excess lobbed. Check fithe filing organization checked bo	oying expenditures)		_	up member's nam	e, address, EIN,
		ying Expenditures		,	(a) Filing organization's totals	(b) Affiliated group totals
1a	Total lobbying expenditures to influence public of	opinion (grass roots	<u> </u>		1918.9	
Ia	lobbying)			-		
b	Total lobbying expenditures to influence a legisl	iative body (direct lobb)	/ing)			
c	Total lobbying expenditures (add lines $1a$ and 1	b)				_
d	O ther exempt purpose expenditures					
e	Total exempt purpose expenditures (add lines 1	c and 1d)				
f	Lobbying nontaxable amount Enter the amount	from the following table	ın both columns			
	If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxab	ole amount is:			
	Not over \$500,000	20% of the amount on lin	ne 1e			
	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the	e excess over \$500,00	00		
	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the	e excess over \$1,000,	000		
	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the	excess over \$1,500,0	000		
	Over \$17,000,000	\$1,000,000				
g h i j	Subtract line 1g from line 1a If zero or less, ento Subtract line 1f from line 1c If zero or less, ento If there is an amount other than zero on either line porting section 4911 tax for this year?	er -0-	organization file F		No	
	(Some organizations that made a columns below. See t	the separate instr	ection do not uctions for lin	have to cor les 2a throu		ne five
	Lobbying Exp	enditures During 4	4-Year Avera	ging Perioa	T	1
	Calendar year (or fiscal year beginning in)	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) Total
2a	Lobbying nontaxable amount					
b	Lobbying ceiling amount (150% of line 2a, column(e))					
С	Total lobbying expenditures					
d	Grassroots nontaxable amount					
e	Grassroots ceiling amount (150% of line 2d, column (e))					

Jene	dale 6 (101111 330 01 330 EZ) 2013				гс	iye 🥥
Pa	rt II-B Complete if the organization is exempt under section 501(c)(3) and has N filed Form 5768 (election under section 501(h)).	TOI				
For o	ach "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying	(;	a)	,	(b)	
roi e activ			No		A moun	t
		Yes		·		
1	During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of					
а	Volunteers?					
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?					
C	Media advertisements?					
d	Mailings to members, legislators, or the public?					
e	Publications, or published or broadcast statements?					
f	Grants to other organizations for lobbying purposes?					
g	Direct contact with legislators, their staffs, government officials, or a legislative body?					
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?					
i	O ther activities?					
j	Total Add lines 1c through 1i					
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?					
b	If "Yes," enter the amount of any tax incurred under section 4912					
C	If "Yes," enter the amount of any tax incurred by organization managers under section 4912					
	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?					
Par	t III-A Complete if the organization is exempt under section 501(c)(4), section 5501(c)(6).	01(c)(5),	or s	ectio	n
_			_		Yes	No
1	Were substantially all (90% or more) dues received nondeductible by members?		L	1		Νo
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?		-	2	Yes	
3	Did the organization agree to carry over lobbying and political expenditures from the prior year?			3	<u> </u>	Νo
Par	t III-B Complete if the organization is exempt under section 501(c)(4), section 5 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "line 3, is answered "Yes."					
1	Dues, assessments and similar amounts from members	1				
2	Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).					
а	Current year	2a				
b	Carryover from last year	2b				
С	Total	2c				
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	3				
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year?	4				
5	Taxable amount of lobbying and political expenditures (see instructions)	5	•			

Part IV Supplemental Information

Return Reference

Provide the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, Part II-A (affiliated group list), Part II-A, lines 1 and 2 (see instructions), and Part II-B, line 1 Also, complete this part for any additional information

Explanation

efile GRAPHIC print - DO NOT PROCESS | As Filed Data -

WOMEN'S COUNCIL OF REALTORS OF OHIO INC

DLN: 93492267002036

OMB No 1545-0047

Open to Public Inspection

SCHEDULE G (Form 990 or 990-EZ)

Name of the organization

Department of the Treasury Internal Revenue Service

Fundraising or Gaming Activities Complete if the organization answered "Yes" on 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.

Supplemental Information Regarding

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

Employer identification number

26-2488736 Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Part I Form 990-EZ filers are not required to complete this part. Indicate whether the organization raised funds through any of the following activities. Check all that apply Mail solicitations e Solicitation of non-government grants Internet and email solicitations f Solicitation of government grants **a** ☐ Special fundraising events Phone solicitations In-person solicitations 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? 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 (i) Name and address of (ii) Activity (iii) Did (iv) Gross receipts (v) A mount paid to (vi) A mount paid to ındıvıdual fundraiser have from activity (or retained by) (or retained by) or entity (fundraiser) custody or fundraiser listed in organization control of col (i) contributions? Yes No 1 10 Total 3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing

Part II	Fundraising	Events

Fundraising Events.

Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross

	receipts greater than \$5,000	·			
		(a)Event #1 TOLEDO (event type)	(b)Event #2 DAYTON (event type)	(c)O ther events 5 (total number)	(d) Total events (add col (a) through col (c))
Revenue	1 Gross receipts 2 Less Contributions 3 Gross income (line 1 minus line 2)	35,252 35,252		38,888	
	6 Rent/facility costs				
Expenses	7 Food and beverages				
Хре́	8 Entertainment				
ш ij	9 Other direct expenses	16,017	13,548	15,978	45,543
Direct	10 Direct expense summary Add lines 4	l through 9 ın column (d)		45,543
	11 Net income summary Subtract line 1	0 from line 3, column (d)	🛌	48,794
Par	t III Gaming. Complete if the organization Form 990-EZ, line 6a.	answered "Yes" on F	Form 990, Part IV, line	19, or reported mor	e than \$15,000 on
Revenue		(a)Bingo	(b)Pull tabs/Instant bingo/progressive bingo	(c)O ther gaming	(d) Total gaming (add col (a) through col (c))
<u>~</u>	1 Gross revenue				
nses	2 Cash prizes				
<u>8</u> 8	3 Noncash prizes				
Direct Expenses	4 Rent/facility costs				
	5 Other direct expenses				
	6 Volunteerlabor	┌ Yes <u> %</u> ┌ No	Г Yes <u></u> % Г No	│ Yes <u></u> %	
	7 Direct expense summary Add lines 2	2 through 5 ın column (d)		
	8 Net gaming income summary Subtra	ct line 7 from line 1, col	umn (d)	🛌	
9 a	Enter the state(s) in which the organiza Is the organization licensed to conduct				「Yes 「No
b	If "No," explain				
_					
10a	Were any of the organization's gaming li	censes revoked, susper	nded or terminated during	the tax year?	「Yes 「No
b	If "Yes," explain				

Schedule	G (Form	990	or 990-EZ)	201

Page	3
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11	Does the organization conduct gaming	activities with nonmem	bers?	Yes	No	
12	Is the organization a grantor, beneficia	ary or trustee of a trust o	or a member of a partnership or other entit	ty		
	formed to administer charitable gaming	g?		┌Yes ┌	No	
13	Indicate the percentage of gaming act	ıvıty conducted ın				
а	The organization's facility			13a	%	
b	An outside facility			13b	%	
14	Enter the name and address of the per	son who prepares the or	ganızatıon's gamıng/specıal events books	s and records		
	Name ▶					
15a	Does the organization have a contract		hom the organization receives gaming			
	revenue?	men a emia parcy nom v	montaile organization receives gaining	□Yes □	No	
h		avanua racaiyad by tha	organization 🕨 \$ a			
	amount of gaming revenue retained by			and the		
_						
	If "Yes," enter name and address of th	e third party				
	Name 🟲					
	Address ►					
16	Gaming manager information					
	Name 🕨					
	Gaming manager compensation 🟲 \$					
	Description of services provided					
	Director/officer	 Employee				
	Director/officer	Employee	☐ Independent contractor			
17	Mandatory distributions					
а	Is the organization required under state law to make charitable distributions from the gaming proceeds to					
	retain the state gaming license?					
ь	• •	red under state law dist	ributed to other exempt organizations or s			
	in the organization's own exempt activ			•		
Pa	rt IV Supplemental Information	on. Provide the explant of the control of the contr	nnations required by Part I, line 2b, as applicable. Also complete this pa		v); and	
	Return Reference		Explanation			
		l .	· · · · · · · · · · · · · · · · · · ·			

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2015

Open to Public Inspection

SCHEDULE 0 (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 990-EZ or to provide any additional information.

► Attach to Form 990 or 990-EZ.

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

Name of the organization **Employer identification number** WOMEN'S COUNCIL OF REALTORS OF OHIO INC 26-2488736

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990-EZ, PART I, LINE 4 - OTHER INVESTMENT INCOME	DESCRIPTION INTEREST INCOME AMOUNT 11
FORM 990-EZ, PART I, LINE 8 - OTHER REVENUE	DESCRIPTION MISCELLANEOUS INCOME AMOUNT 3,978
FORM 990-EZ, PART I, LINE 16 - OTHER EXPENSES	DESCRIPTION ADVERTISING AMOUNT 1,274 DESCRIPTION MEETING EXPENSES AMOUNT 7,484 DES CRIPTION OFFICE EXPENSE AMOUNT 6,527 DESCRIPTION MISCELLANEOUS EXPENSE AMOUNT 14,94 6 DESCRIPTION WEBSITE AMOUNT 1,803 DESCRIPTION INSURANCE AMOUNT 1,619 DESCRIPTION CONFERENCES AND MEETINGS AMOUNT 67,482 TOTAL TO FORM 990-EZ, LINE 16 101,135