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Form **990** 

Department of the Treasury Internal Revenue Service

### **Return of Organization Exempt From Income Tax**

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

► Do not enter social security numbers on this form as it may be made public

► Information about Form 990 and its instructions is at <u>www.IRS.gov/form990</u>

OMB No 1545-0047

Open to Public Inspection

			lendar year, or tax year be	ginning 01-01-2015 , and ending 12	-31-201	5	<b>-</b>		
		applicable hange	COLUMBUS ASSOCIATION OF	REALTORS				-	entification number
— <sub>Nar</sub>		_	Doing business as				_ 31-4	15402	20
– <sub>Init</sub>		_	Doing Dusiness as						
Fina			Number and street (or P O b 2700 AIRPORT DRIVE	ox if mail is not delivered to street address)	Room/sui	te	E Teleph	none nui	mber
_		mınated					(614	) 475-	4000
		return n pending	City or town, state or provinc COLUMBUS, OH 43219	e, country, and ZIP or foreign postal code			<b>G</b> Gross	receipts	s \$ 4,416,726
			<b>F</b> Name and address	of principal officer		<b>H(a)</b> Is	<b></b> this a grou∣	p retur	n for
			STANLEY E COLLINS 2700 AIRPORT DRIVI	=		sub	ordinates?	•	ΓYes <b>Γ</b> Νο
			COLUMBUS, OH 432				e all subord luded?	lınates	S TYes TNo
<b>.</b> To	, over	npt status		6) ◀ (insert no )			•		t (see instructions)
					27	<b>H(c)</b> Gr	oup exemp	tion ni	umber ►
			W COLUMBUSREALTORS						
			Corporation Trust Ass	sociation Other 🕨		<b>L</b> Year of	formation 1	908 <b>I</b>	M State of legal domicile Of
Pa	rt I		mary						
		riefly des		ission or most significant activities					
<u>၁</u>	_								
Ē									
Governance	2 (	Check th	nis box 析 if the organizati	on discontinued its operations or disp	osed of	f more than	25% of its	net a	ssets
	3	Number	of voting members of the go	overning body (Part VI, line 1a) .				з	20
Activities &	4	Number	of independent voting mem	bers of the governing body (Part VI, I	ıne 1b)			4	20
	5	Total nur	mber of individuals employe	ed ın calendar year 2015 (Part V, lıne	2a) .			5	20
រួម		<b>6</b> Total number of volunteers (estimate if necessary)							996
				om Part VIII, column (C), line 12 .				7a	255,238
	<b>b</b> N	let unrela	ated business taxable incoi	me from Form 990-T, line 34				7b 	-5,020
	8	Contri	ibutions and grants (Part V	III, line 1h)		P	rior Year	,730	Current Year 25,568
9	9						3,410		3,672,816
Revenue	10			125	-	132,932			
걆	11			n (A), lines 5, 6d, 8c, 9c, 10c, and 11				,910	339,515
	12	Total 12)	revenue—add lines 8 throu	gh 11 (must equal Part VIII, column	(A), line		3,904	,336	4,170,831
	13		s and sımılar amounts paıd	(Part IX, column (A), lines 1-3) .			53	,460	43,000
	14	Benefi	its paid to or for members (	Part IX, column (A), line 4)				0	0
<b>\$</b> ?	15	Saları 5–10		nployee benefits (Part IX, column (A)	, lines		866	,504	923,785
Expenses	16a		,	art IX, column (A), line 11e)				0	0
Ř	Ь	Total fu	ındraısıng expenses (Part IX, colu	ımn (D), lıne 25) <b>►</b> 0					
ш	17	Other	expenses (Part IX, column	n (A), lines 11a-11d, 11f-24e)			2,707	,414	2,972,121
	18			7 (must equal Part IX, column (A), lin			3,627		3,938,906
, w	19	Reven	ue less expenses Subtrac	t line 18 from line 12		•	276	,958	231,925
Net Assets or Fund Balances						Beginning	g of Current	Year	End of Year
988 888	20	Total	assets (Part X, line 16) .				6,818	,656	7,524,422
A PER	21						2,622	-	3,121,331
	22			otract line 21 from line 20			4,195	,781	4,403,091
Unde my kr	owle	alties of dge and		ve examined this return, including acc d complete Declaration of preparer (					
		****	***				2016-06-14		
Sign		Signa	ature of officer				Date		
Here		STAN	NLEY E COLLINS CEO						
		<u> </u>	e or print name and title	Droporodo signativos	I n	ato T	<del> –</del>	DTTN	
Dair			Print/Type preparer's name MARY ELIZABETH WRIGHT	Preparer's signature MARY ELIZABETH WRIGHT	Da		heck 🗍 ıf elf-employed	PTIN P0009	99212
Paid		<b></b>	Firm's name	es Inc			ırm's EIN 🕨 3		0124
Pre∣ Use	•	1 +	Fırm's address 🟲 941 Steubenville	Ave PO Box 820		Р	hone no (74	0) 432-	5658
Jot	UII	''y	Cambridge, OH	437250820					

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

. ✓ Yes ☐ No

Form	990 (2015)				Page <b>2</b>
Par	t IIII Stateme	nt of Program Service A	Accomplishments		-
1		chedule O contains a response the organization's mission	or note to any line in this Part	III	
See	Schedule O				
	Did the organizati	ion undertake any significant p	rogram services during the yea		
	the prior Form 99				Yes No
		these new services on Sched			
3	Did the organization services?	<u> </u>	significant changes in how it co		Yes ✓ No
	If "Yes," describe	e these changes on Schedule O			
4	expenses Sectio		anizations are required to repor	nree largest program services, as n t the amount of grants and allocati	•
4a	(Code	) (Expenses \$	including grants of \$	) (Revenue \$	)
	BOTH RESIDENTIAL		NING CLASSES ON TOPICS INCLUDING	EALTORS A WIDE VARIETY OF CONTINUING THE MLS SOFTWARE, COLUMBUS ASSOCIA	
4b	(Code	) (Expenses \$	including grants of \$	) (Revenue \$	)
	PRODUCED BY THE			MMITTEES AT THE BOARD OR ONE OF THE C JARY), AWARDS NIGHT (APRIL), OR THE C	
 4с	(Code	) (Expenses \$	ıncludıng grants of \$	) (Revenue \$	)
				TE PROFESSIONALS NEED TO SUCCEED AN INDUSTRY AS WELL AS COMMUNITY INVOL	
4d	Other program s	ervices (Describe in Schedule	0)		_
	(Expenses \$	ıncludıng	grants of \$	) (Revenue \$	)

Total program service expenses ►

4e

Part IV Checklist of Required Schedules
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			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1		No
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2		No
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3		No
4	Section 501(c)(3) organizations.  Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year?  If "Yes," complete Schedule C, Part II	4		
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19?  If "Yes," complete Schedule C, Part III	5		No
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts?  If "Yes," complete Schedule D, Part I	6		No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets?  If "Yes," complete Schedule D, Part III	8		No
9	Did the organization report an amount in Part X, line 21 for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		No
LO	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V 😼	10	Yes	
l1	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10?  If "Yes," complete Schedule D, Part VI	11a	Yes	
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b	Yes	
С	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		No
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX 😼	11d		No
e	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		No
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)?  If "Yes," complete Schedule D, Part X	11f	Yes	
L2a	Did the organization obtain separate, independent audited financial statements for the tax year?  If "Yes," complete Schedule D, Parts XI and XII	12a		No
b	Was the organization included in consolidated, independent audited financial statements for the tax year?  If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b	Yes	
L3	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		No
l4a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		No
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		No
<b>L</b> 5	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		No
L6	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		No
<b>L7</b>	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17		Νo
L8	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>	18		No
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		No
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		No
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		

Par	t IV Checklist of Required Schedules (continued)			
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	Yes	
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		No
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>	23	Yes	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a	24a		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part $I$	25a		
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25b		
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes," complete Schedule L, Part II	26		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		No
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L,			
_	Part IV	28a		No
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		No
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		No
29	Did the organization receive more than $$25,000$ in non-cash contributions? If "Yes," complete Schedule M	29		No
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part $I$ .	31		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets?  If "Yes," complete Schedule N, Part II	32		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33		No
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	34	Yes	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	Yes	
b	If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b	Yes	
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36		
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?	38	Yes	

	990 (2015)					Page
Pai	Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response or note to any line in this		v			
	enest in content of content of a copenies of most to any mic in time				Yes	No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0 - if not applicable $\cdot$ .	1a	35			
b	Enter the number of Forms W-2G included in line 1a Enter -0 - if not applicable	1b	0			
C	Did the organization comply with backup withholding rules for reportable payments to gaming (gambling) winnings to prize winners?	vend •	dors and reportable	1c	Yes	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	2a	20			
b	If at least one is reported on line 2a, did the organization file all required federal emp Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file			2b	Yes	
За	Did the organization have unrelated business gross income of \$1,000 or more during	g the	year <sup>?</sup>	3a	Yes	
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation	on in S	Schedule O	3b	Yes	
4a	At any time during the calendar year, did the organization have an interest in, or a si over, a financial account in a foreign country (such as a bank account, securities account)? $\cdot$ .			4a		No
b	If "Yes," enter the name of the foreign country ► See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank (FBAR)	c and	Financial Accounts			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during	g the	tax year?	5a		Νo
b	Did any taxable party notify the organization that it was or is a party to a prohibited t	axsh	nelter transaction?	5b		Νo
c	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?		5c			
6a	Does the organization have annual gross receipts that are normally greater than \$10 organization solicit any contributions that were not tax deductible as charitable cont			6a	Yes	
b	If "Yes," did the organization include with every solicitation an express statement the were not tax deductible?	at su	ch contributions or gifts	6b	Yes	
	Organizations that may receive deductible contributions under section 170(c).					
	Did the organization receive a payment in excess of \$75 made partly as a contributive services provided to the payor?			7a		
	If "Yes," did the organization notify the donor of the value of the goods or services probe by the organization sell, exchange, or otherwise dispose of tangible personal proper			7b		
	file Form 8282?	· •	· · · · ·	7c		
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d				
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a p	erson	nal benefit contract?	7e		No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a person	nal b	enefit contract?	7f		Νo
g	If the organization received a contribution of qualified intellectual property, did the orequired?		zation file Form 8899 as	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles Form 1098-C?	, dıd •	the organization file a	7h		
8	Sponsoring organizations maintaining donor advised funds.  Did a donor advised fund maintained by the sponsoring organization have excess but during the year?	sines	s holdings at any time			
02	Did the sponsoring organization make any taxable distributions under section 4966	,		8 9a		
	Did the sponsoring organization make a distribution to a donor, donor advisor, or rela			9a 9b		
10	Section 501(c)(7) organizations. Enter	iccu p		36		
а	Initiation fees and capital contributions included on Part VIII, line 12	10a				
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b				
11	Section 501(c)(12) organizations. Enter					
а	Gross income from members or shareholders	11a				
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them )	11b				
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990	ın lıe	eu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b				
13	Section 501(c)(29) qualified nonprofit health insurance issuers.					
а	Is the organization licensed to issue qualified health plans in more than one state? ${f N}$ additional information the organization must report on Schedule O	ote. S	See the instructions for	13a		
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13b				
c	Enter the amount of reserves on hand	13c				
14a	Did the organization receive any payments for indoor tanning services during the tax	year	?	14a		Νo
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explana	tıon ır	n Schedule O	14b		

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

Check if Schedule O contains a response or note to any line in this Part VI

Se	ction A. Governing Body and Management			· •
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year			
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O			
b	Enter the number of voting members included in line 1a, above, who are independent 1b 20			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2		No
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? .	3		No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		No
5	Did the organization become aware during the year of a significant diversion of the organization's assets? .	5		No
6	Did the organization have members or stockholders?	6	Yes	
	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or	H		
	more members of the governing body?	7a 7b	Yes Yes	
	or persons other than the governing body?	70	res	
	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following			
	The governing body?	8a	Yes	
b	Each committee with authority to act on behalf of the governing body?	8b	Yes	
	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		Νo
Se	ction B. Policies (This Section B requests information about policies not required by the Internal R	evenu	ıe Cod	e.)
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		Νo
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Yes	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Yes	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes	
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	12c	Yes	
13	Did the organization have a written whistleblower policy?	13	Yes	
14	Did the organization have a written document retention and destruction policy?	14		No
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a	Yes	
	Other officers or key employees of the organization	15b		N o
_	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)			110
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a		No
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	16b		NO
Se	ction C. Disclosure	00		
	List the States with which a copy of this Form 990 is required to be filed			
18	Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c) (3)s only) available for public inspection. Indicate how you made these available. Check all that apply Own website. Another's website. Upon request. Other (explain in Schedule O).  Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of			
19	Describe in Schedule O whether (and it so, now) the organization made its governing documents, conflict of			

interest policy, and financial statements available to the public during the tax year

State the name, address, and telephone number of the person who possesses the organization's books and records ▶Stanley E Collins CEO 2700 AIRPORT DRIVE COLUMBUS, OH 43219 (614) 475-4000

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

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

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

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation Enter -0 in columns (D), (E), and (F) if no compensation was paid
  - List all of the organization's current key employees, if any See instructions for definition of "key employee"
- ♦ List the organization's five **current** highest compensated employees (other than an officer, director, trustee or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations
- List all of the organization's **former** officers, key employees, or highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations
- ◆ List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations

List persons in the following order individual trustees or directors, institutional trustees, officers, key employees, highest compensated employees, and former such persons

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

(A) Name and Title	(B) A verage hours per week (list any hours for related organizations below dotted line)	more pers	ıtıon than on ıs	(do one bot	not box	chefic e Highest compensated	ess er e)	(D) Reportable compensation from the organization (W- 2/1099- MISC)	(E) Reportable compensation from related organizations (W- 2/1099- MISC)	(F) Estimated amount of other compensation from the organization and related organizations
			å			at ed				
(1) KATHY SHIFLET PRESIDENT	12 00	х		х				0	0	0
(2) JOHN ROYER PRESIDENT-ELECT	8 00	х		х				0	0	0
(3) MICHAEL GORDON TREASURER	8 00	х		х				0	0	0
(4) SARA WALSH SECRETARY	8 00	х		х				0	0	0
(5) MILT LUSTNAUER DIRECTOR	2 00	х						0	0	0
(6) VICKI BALLENGER DIRECTOR	2 00	х						0	0	0
(7) TERRY BRYANT DIRECTOR	2 00	x						0	0	0
(8) JILL FERGUS DIRECTOR	2 00	х						0	0	0
(9) MICHAEL MAHON DIRECTOR	2 00	х						0	0	0
(10) STACY MCVEY DIRECTOR	2 00	х						0	0	0
(11) MIKE NACERINO DIRECTOR	2 00	х						0	0	0
(12) TED OATTS DIRECTOR	2 00	х						0	0	0
(13) MATT OSOWSKI DIRECTOR	2 00	х						0	0	0
(14) LOUISE POTTER DIRECTOR	2 00	х						0	0	0
	1	<u> </u>		_	_	<u> </u>	_			Form <b>990</b> (2015)

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

	(A) Name and Title	(B) A verage hours per week (list any hours	more pers	than on is I a dii	one bot	not bo: th ar	checl x, unle n office rustee	ess er	(D) Reportable compensation from the organization	from related organizations	Estir amount compe	F) nated of other nsation i the
		for related organizations below dotted line)	Individual trustae or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	(W- 2/1099- MISC)	(W- 2/1099- MISC)	and r	ization elated zations
	EMMANUEL REMY	2 00	х							0	0	0
(16) I	MARK SULLIVAN	2 00										
DIREC	CTOR		X							0	0	0
(17) I	BUZZ THOMAS CTOR	2 00	х							0	0	0
(18) I	EFFREY WOO CTOR	2 00	х							0	0	0
	RONNIE WOODROW	2 00	×							0	o	0
(20) S	CTOR STANLEY COLLINS	40 00			х				89,40	97,40	07	21,740
CEO												
						<u> </u> 						
						Ļ						
1b c d	Sub-Total	•		· ·		•			89,407	89,407		21,740
2	Total number of individuals (including b	ut not limited to	those	liste	ed al	bove	e) who	rece	eived more than	•		
										_	Yes	No
3	Did the organization list any <b>former</b> offi on line 1a? <i>If "Yes," complete Schedule J</i>			e, key •	y em •	nplo <sup>.</sup>	yee, o	rhig •	hest compensa		3	No
4	For any individual listed on line 1a, is the organization and related organizations of individual										4 Yes	
5	Did any person listed on line 1a receive services rendered to the organization?		•						-		5	No
Se	ection B. Independent Contracto	ors										
1	Complete this table for your five highes compensation from the organization Re											r
		(A) usiness address					, , , , ,	5.14		(B)	(0	<del></del>
	name and b	usiness duuless							Descrip	doll of services	Сопіре	nsation

2 Total number of independent contractors (including but not limited to those listed above) who received more than

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

Part V	4441	Statement o						
		Check if Schedu	ile O contains a respoi	nse or note to any lir	(A) Total revenue	(B) Related or exempt function	(C) Unrelated business	(D)  Revenue excluded from tax under
						revenue	revenue	sections 512-514
တ္က	1a	Federated camp	paigns 1a					
rant ouni	b	Membership du	es <b>1b</b>					
Agi	С	Fundraising eve	ents <b>1c</b>					
siffs Iar 7	d	Related organiz	ations 1 <b>d</b>					
imi	е	Government grants	(contributions) <b>1e</b>					
tior er S	f	All other contribution	ns, gifts, grants, and <b>1f</b> t included above	25,568				
igi B∯	g		ons included in lines					
Contributions, Giffs, Grants and Other Similar Amounts	h	1a-1f \$ <b>Total.</b> Add lines	:1a-1f		25,568			
				Business Code				
emue	2a	MEMBERSHIP INCO	ME	900099	3,313,889	3,313,889		
Rew	b	Other exempt func	tion	900099	98,038	98,038		
ace.	С	SUBSCRIPTION INC	COME	511120	65,876	65,876		
Seri	d	CONTINUING EDUC		900099	65,695	65,695		
Program Service Revenue	e f	TRADE SHOW INCO	m service revenue	900099	60,820 68,498	60,820		
Jo.⊁		_			·	68,498		
	g 3	Total. Add lines	ome (including dividen	ds interest	3,672,816			
		and other simila	aramounts)		28,101			28,10
	4 5		tment of tax-exempt bond	proceeds	56,516			56,51
		Royalties	(ı) Real	(II) Personal	,			,
	6a	Gross rents	135,123					
	b	Less rental	111,029					
	С	expenses Rental income	24,094					
	d	or (loss)  Net rental incor	me or (loss)		24,094		19,615	4,479
			(ı) Securities	(II) Other				
	7a	Gross amount from sales of assets other than inventory		104,831				
	Ь	Less cost or other basis and sales expenses Gain or (loss)		0 104,831				
	c d		s)	·	104,831			104,83
Other Revenue	8a	Gross income fi events (not incl \$	om fundraising	-				
er R.		See Part IV, lin	-	-				
5 ∣	b	·	penses b					
	c 9a			events 🛌				
	ь	less direct evi	a penses b					
		•	loss) from gaming acti	vities				
	10a	Gross sales of						
		returns and allo	wances . a	158,148				
	b	Less cost of go	oods sold <b>b</b>	134,866				
	С		loss) from sales of inv		23,282	23,282		
	11a	Miscellaneous		Business Code 561439	171,616		171,616	
	b 111a	MEMBER SERV	ICE CENTER	900004	64,007		64,007	
	С	Advertising			,/		, - 37	
	d	All other revenu	ıe					
	e	Total. Add lines	11a-11d		235,623			
	12	Total revenue.	See Instructions .	· · · · •	4,170,831	3,696,098	255,238	193,92

Form	990 (2015)				Page <b>10</b>
	Statement of Functional Expenses				
Section	on 501(c)(3) and 501(c)(4) organizations must complete all columns				
	Check if Schedule O contains a response or note to any line in t	his Part IX			
	ot include amounts reported on lines 6b, o, 9b, and 10b of Part VIII.	(A) Total expenses	<b>(B)</b> Program service expenses	<b>(C)</b> Management and general expenses	<b>(D)</b> Fundraising expenses
1	Grants and other assistance to domestic organizations and domestic governments See Part IV, line 21	43,000			
2	Grants and other assistance to domestic individuals See Part IV, line 22				
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees	98,819			
6	Compensation not included above, to disqualified persons (as defined under section $4958(f)(1)$ ) and persons described in section $4958(c)(3)(B)$				
7	Other salaries and wages	614,907			
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	33,653			
9	Other employee benefits	119,317			
10	Payroll taxes	57,089			
11	Fees for services (non-employees)				
а	Management				
b	Legal	14,390			
C	Accounting	22,283			
d	Lobbying				
e	Professional fundraising services See Part IV, line 17				
f	Investment management fees	6,792			
g	Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)				
12	Advertising and promotion				
13	Office expenses	110,020			
14	Information technology				
15	Royalties				
16	Occupancy	190,815			
17	Travel	99,169			
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	144,192			
20	Interest				
21	Payments to affiliates	1,816,369			
22	Depreciation, depletion, and amortization	49,253			
23	Insurance	8,341			
24	Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24e If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O)				
а	PUBLIC RELATIONS	124,676			
b	PRESIDENT'S BALL EXPENS	84,649			
C	PRINTING AND PHOTOGRAPH	63,942			
d	TRADE SHOW EXPENSE	56,018			
e	All other expenses	181,212			
25	Total functional expenses. Add lines 1 through 24e	3,938,906			
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation Check here ► ✓ if following SOP 98-2 (ASC 958-720)				

art X	Bal	ance	Sł	1ee	t
					_

	(	Check if Schedule O contains a response or note to any lin	e in this P	art X			
					(A) Beginning of year		(B) End of year
	1	Cash-non-interest-bearing			1,199	1	0
	2	Savings and temporary cash investments		[	3,240,977	2	3,839,476
	3	Pledges and grants receivable, net		[		3	
	4	Accounts receivable, net			142,802	4	156,481
	5	Loans and other receivables from current and former office key employees, and highest compensated employees. Conschedule L	omplete Pa				
						5	
ussels	6	Loans and other receivables from other disqualified person section 4958(f)(1)), persons described in section 4958(contributing employers and sponsoring organizations of successful to see instances of see instances. It of Schedule L	c)(3)(B), a section 50	ınd 1 (c )(9 )		6	
Ž,	,	Nahar and large managed and		-			
1	7	Notes and loans receivable, net			50.404	7	57,000
	8	Inventories for sale or use			59,481	8	57,969
	9 10a	Prepaid expenses and deferred charges Land, buildings, and equipment cost or other basis		2,914,704	41,486	9	33,780
	b	Complete Part VI of Schedule D  Less accumulated depreciation	10a 10b	1,696,400	1,225,394	10c	1,218,304
	11	·			777,748	11	790,973
	12	Investments—publicly traded securities		, , , , , , , , , , , , , , , , , , ,	1,323,628	12	1,421,498
		Investments—other securities See Part IV, line 11			1,323,028		1,421,496
	13	Investments—program-related See Part IV, line 11 .		•		13	
	14	Intangible assets		• •	5.044	14	5.044
	15	Other assets See Part IV, line 11			5,941	15	5,941
	16	Total assets. Add lines 1 through 15 (must equal line 34)			6,818,656	16	7,524,422
	17	Accounts payable and accrued expenses		• •	275,255	17	316,487
	18	Grants payable				18	
	19	Deferred revenue			2,347,620	19	2,804,844
	20	Tax-exempt bond liabilities				20	
(Č	21	Escrow or custodial account liability Complete Part IV o				21	
Liabilities	22	Loans and other payables to current and former officers, key employees, highest compensated employees, and dis		trustees,			
<u> </u>		persons Complete Part II of Schedule L				22	
Ï	23	Secured mortgages and notes payable to unrelated third	parties			23	
	24	Unsecured notes and loans payable to unrelated third pa	rties .	[		24	
	25	Other liabilities (including federal income tax, payables t and other liabilities not included on lines 17-24) Complete Part X of Schedule D	o related t	hird parties,			
						25	
	26	Total liabilities. Add lines 17 through 25			2,622,875	26	3,121,331
n h		Organizations that follow SFAS 117 (ASC 958), check he	re ► 🔽 aı	nd complete			
2	27	lines 27 through 29, and lines 33 and 34.  Unrestricted net assets			4,171,925	27	4,380,756
ruiki Dalaikt	28			• •	23,856	28	22,335
<u> </u>	29	Temporarily restricted net assets		• •	25,000	29	22,555
_	29	•	 ا دسمط باد د			29	
5		Organizations that do not follow SFAS 117 (ASC 958), checomplete lines 30 through 34.		, ,			
200	30	Capital stock or trust principal, or current funds				30	
	31	Paid-in or capital surplus, or land, building or equipment				31	
Ĉ	32	Retained earnings, endowment, accumulated income, or o		, , , , , , , , , , , , , , , , , , ,		32	
į	33	Total net assets or fund balances		[	4,195,781	33	4,403,091
-	34	Total liabilities and net assets/fund balances			6,818,656	34	7,524,422

1 01111	750 (2013)				aye 12
Par	Reconcilliation of Net Assets Check if Schedule O contains a response or note to any line in this Part XI				
1	Total revenue (must equal Part VIII, column (A), line 12)	1		4,:	170,831
2	Total expenses (must equal Part IX, column (A), line 25)	2		3,9	38,906
3	Revenue less expenses Subtract line 2 from line 1	3		2	231,925
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) $\cdot$ .	4		4,:	195,781
5	Net unrealized gains (losses) on investments	5			-24,615
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain in Schedule O)	9			0
	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10		4 ,4	103,091
Par	t XII Financial Statements and Reporting				_
	Check if Schedule O contains a response or note to any line in this Part XII	<u> </u>			. ᅜ
1	Accounting method used to prepare the Form 990 Cash Accrual Other  If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O	-		Yes	No
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		Νo
	If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or revaluated basis, consolidated basis, or both	riewed on			
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b	Yes	
	If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a sebasis, consolidated basis, or both	parate			
	☐ Separate basis				
c	If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for overs of the audit, review, or compilation of its financial statements and selection of an independent accounta	nt?	2c	Yes	
	If the organization changed either its oversight process or selection process during the tax year, explain Schedule O				
	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in Single Audit Act and OMB Circular A-133?		За		No
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.		3b		

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OMB No 1545-0047

## **SCHEDULE D**

(Form 990)

Inter

### **Supplemental Financial Statements**

► Complete if the organization answered "Yes," on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. 
► Attach to Form 990.

rnal Revenue Service	Information about Schedule D	(Form 990) and its instructions is at <u>www.ii</u>	rs.gov/form990.	Inspection
Name of the organ	nization		Employer identif	ication number
			31-4154020	
		Advised Funds or Other Similar F	unds or Accoun	ts.
Comp	piete if the organization answere	ed "Yes" on Form 990, Part IV, line 6.	(L)F J !	*hau a a c - · · · · + -
Total numb	per at end of year	(a) Donor advised funds	( <b>b)</b> Funds and o	iner accounts
A ggregate year)	value of contributions to (during			
Aggregate	value of grants from (during year)			
Aggregate	value at end of year			
funds are the	organization's property, subject to t	advisors in writing that the assets held in do the organization's exclusive legal control?		┌ Yes ┌ No
used only for		and donor advisors in writing that grant fund: benefit of the donor or donor advisor, or for a		┌ Yes ┌ No
	' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' '	ete if the organization answered "Yes"	on Form 990, Part	IV, line 7.
Protection Preservat Complete line	tion of land for public use (e g , recre n of natural habitat tion of open space es 2a through 2d if the organization the last day of the tax year	<u> </u>	n historically importa certified historic str the form of a conser	ucture
easement on	the last day of the tax year		Held at t	he End of the Year
a Total number	of conservation easements		2a	
<b>b</b> Total acreage	e restricted by conservation easeme	ents	2b	
Number of co	nservation easements on a certified	historic structure included in (a)	2c	
	nservation easements included in (o ture listed in the National Register	c) acquired after 8/17/06, and not on a	2d	
_	nservation easements modified, trai	nsferred, released, extinguished, or terminat	ed by the organization	on during the
tax year ►	<del></del>			
Does the orga		ervation easement is located - ding the periodic monitoring, inspection, har	ndling of	Yes
•		inspecting, handling of violations, and enforc	cing conservation ea	sements during the
A mount of ex	•	ecting, handling of violations, and enforcing o	conservation easeme	ents during the year
Does each co	onservation easement reported on lii ition 170(h)(4)(B)(ii)?	ne 2(d) above satisfy the requirements of se		Yes
balance shee		ts conservation easements in its revenue ar of the footnote to the organization's financia sements		
art IIII Orgai	nizations Maintaining Collec	tions of Art, Historical Treasures, ed "Yes" on Form 990, Part IV, line 8.	or Other Simila	r Assets.
a If the organiz works of art, h	ation elected, as permitted under SF nistorical treasures, or other similar	FAS 116 (ASC 958), not to report in its reve assets held for public exhibition, education note to its financial statements that describe	, or research in furth	
works of art, h		FAS 116 (ASC 958), to report in its revenue assets held for public exhibition, education these items		
(i) Revenue inc	luded on Form 990, Part VIII, line 1	L	<b>►</b> \$	
(ii) Assets inclu	ded in Form 990, Part X		<b>►</b> \$	
If the organiz	ation received or held works of art, h	nistorical treasures, or other similar assets in SFAS 116 (ASC 958) relating to these items	for financial gain, pro	
<b>a</b> Revenue incli	uded on Form 990, Part VIII, line 1		<b>▶</b> \$	

**b** Assets included in Form 990, Part X

Part	Organizations Maintaining (continued)	Collections of Art, I	Historical	Treasures,	or Otl	her Similar Ass	ets	
3	Using the organization's acquisition, acce collection items (check all that apply)	ession, and other records	, check any	of the following	that are	e a significant use o	of its	
а	Public exhibition		d  Los	an or exchange	prograi	ms		
b	Scholarly research		e ┌ Ot	ner				
c	Preservation for future generations							
4	Provide a description of the organization's	s collections and explain	how they fur	ther the organı	zatıon's	exempt purpose in		
5	During the year, did the organization solic assets to be sold to raise funds rather tha					sımılar <b>Ves</b>	┌ No	
Par	<b>t IV Escrow and Custodial Arra</b> Complete if the organization a Part X, line 21.	ngements.				rted an amount o	on Forn	n 990,
1a	Is the organization an agent, trustee, cus included on Form 990, Part X?	todian or other intermedi	ary for contr	ibutions or oth	er asset	s not <b>Yes</b>	┌ No	
b	If "Yes," explain the arrangement in Pa	rt XIII and complete the	following tal	ole		Amou	nt	
c	Beginning balance				1c			
d	Additions during the year				1d			
e	Distributions during the year				1e			
f	Ending balance				1f			
2a	Did the organization include an amount or	n Form 990. Part X. line 2	1. for escro	w or custodial a	account	liability? <b>Yes</b>	┌ No	
						, , , , ,	,	
b	If "Yes," explain the arrangement in Part	XIII Check here if the ex	xplanation h	as been provid	ed ın Pa	rt XIII		$\vdash$
Pa	rt V Endowment Funds. Complete							
			<b>)</b> Prior year	<b>b</b> (c)Two years		· · · · · · · · · · · · · · · · · · ·	<b>e)</b> Four yea	ars back
1a	Beginning of year balance	23,856	27,728	2	5,527	27,090		34,365
b	Contributions	25,568	22,730	1	2,340	5,346		19,300
С	Net investment earnings, gains, and losses							
d	Grants or scholarships							
е	Other expenditures for facilities and programs	27,089	26,602	1	0,139	6,909		26,575
f	Administrative expenses							
g	End of year balance	22,335	23,856	2	7,728	25,527		27,090
2	Provide the estimated percentage of the o	current year end balance	(line 1g, col	umn (a)) held a	s	•		
а	Board designated or quasi-endowment	·						
b	Permanent endowment >							
		00 000 %						
С	The percentages on lines 2a, 2b, and 2c s	should equal 100%						
За	Are there endowment funds not in the pos organization by	session of the organizati	on that are h	eld and admin	stered f	or the	Yes	No
	(i) unrelated organizations					3a(i)	<del></del>	140
	(ii) related organizations					3a(ii		No
b	If "Yes" on 3a(II), are the related organiza			R?		3b		
4	Describe in Part XIII the intended uses o	f the organization's endo	wment funds					
Par	t VI Land, Buildings, and Equip							
	Complete if the organization a	nswered 'Yes' to Form						
	Description of property		(a) Cost or other (Investmer		her basıs	Accumulated (c)depreciation	<b>(d)</b> Bool	k value
1a	Land				116,537			116,537
ь	Buildings			1	,891,789	965,513		926,276
c	Leasehold improvements				172,110	125,971		46,139
_	Equipment				734,268	604,916		129,352
	Other				· · ·			· · ·

Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c).)

1,218,304

See Form 990, Part X, line 12.	piete ii the organ		
<ul><li>(a) Description of security or category (including name of security)</li></ul>		( <b>b)</b> Book value	(c)Method of valuation Cost or end-of-year market value
(1)Financial derivatives			
(2)Closely-held equity interests		1,421,498	F
<b>(3)</b> 0 ther			
Total. (Column (b) must equal Form 990, Part X, col (B) line 12)	<b>F</b>	1,421,498	
Part VIII Investments—Program Related.	l .		
Complete if the organization answered "	Yes' on Form 990		
(a) Description of investment		(b) Book value	(c) Method of valuation Cost or end-of-year market value
			Cost of the of year market value
	<del></del>		
Total. (Column (b) must equal Form 990. Part X col (B) line 13.)	<b>F</b>		
Total. (Column (b) must equal Form 990, Part X, col (B) line 13 )  Part IX Other Assets. Complete if the organization	answered 'Yes' on F	orm 990, Part IV, line 1	1d See Form 990, Part X, line 15
		orm 990, Part IV, line 1	1d See Form 990, Part X, line 15  (b) Book value
Part IX Other Assets. Complete if the organization		orm 990, Part IV, line 1	
Part IX Other Assets. Complete if the organization		orm 990, Part IV, line 1	
Part IX Other Assets. Complete if the organization		orm 990, Part IV, line 1	
Part IX Other Assets. Complete if the organization		orm 990, Part IV, line 1	
Part IX Other Assets. Complete if the organization		orm 990, Part IV, line 1	
Part IX Other Assets. Complete if the organization		orm 990, Part IV, line 1	
Part IX Other Assets. Complete if the organization		orm 990, Part IV, line 1	
Part IX Other Assets. Complete if the organization		orm 990, Part IV, line 1	
Part IX Other Assets. Complete if the organization		orm 990, Part IV, line 1	
Part IX Other Assets. Complete if the organization		orm 990, Part IV, line 1	
Part IX Other Assets. Complete if the organization		orm 990, Part IV, line 1	
Part IX Other Assets. Complete if the organization (a) Descrip	tion		(b) Book value
Part IX Other Assets. Complete if the organization (a) Descrip	)		(b) Book value
Part IX Other Assets. Complete if the organization (a) Descrip	)		(b) Book value
Total. (Column (b) must equal Form 990, Part X, col.(B) line 15.  Part X Other Liabilities. Complete if the organ. See Form 990, Part X, line 25.	)		(b) Book value
Total. (Column (b) must equal Form 990, Part X, col.(B) line 15.  Part X Other Liabilities. Complete if the organ See Form 990, Part X, line 25.  (a) Description of liability	)		(b) Book value
Total. (Column (b) must equal Form 990, Part X, col.(B) line 15.  Part X Other Liabilities. Complete if the organ See Form 990, Part X, line 25.  (a) Description of liability	)		(b) Book value
Total. (Column (b) must equal Form 990, Part X, col.(B) line 15.  Part X Other Liabilities. Complete if the organ See Form 990, Part X, line 25.  (a) Description of liability	)		(b) Book value
Total. (Column (b) must equal Form 990, Part X, col.(B) line 15.  Part X Other Liabilities. Complete if the organ See Form 990, Part X, line 25.  (a) Description of liability	)		(b) Book value
Total. (Column (b) must equal Form 990, Part X, col.(B) line 15.  Part X Other Liabilities. Complete if the organ See Form 990, Part X, line 25.  (a) Description of liability	)		(b) Book value
Total. (Column (b) must equal Form 990, Part X, col.(B) line 15.  Part X Other Liabilities. Complete if the organ See Form 990, Part X, line 25.  (a) Description of liability	)		(b) Book value
Total. (Column (b) must equal Form 990, Part X, col.(B) line 15.  Part X Other Liabilities. Complete if the organ See Form 990, Part X, line 25.  (a) Description of liability	)		(b) Book value
Total. (Column (b) must equal Form 990, Part X, col.(B) line 15.  Part X Other Liabilities. Complete if the organization  (a) Descrip	)		(b) Book value
Total. (Column (b) must equal Form 990, Part X, col.(B) line 15.  Part X Other Liabilities. Complete if the organ See Form 990, Part X, line 25.  (a) Description of liability	)		(b) Book value
Total. (Column (b) must equal Form 990, Part X, col.(B) line 15.  Part X Other Liabilities. Complete if the organ See Form 990, Part X, line 25.  (a) Description of liability	)		(b) Book value
Total. (Column (b) must equal Form 990, Part X, col.(B) line 15.  Part X Other Liabilities. Complete if the organ See Form 990, Part X, line 25.  (a) Description of liability	)		(b) Book value
Total. (Column (b) must equal Form 990, Part X, col.(B) line 15.  Part X Other Liabilities. Complete if the organ See Form 990, Part X, line 25.  (a) Description of liability	)		(b) Book value
Total. (Column (b) must equal Form 990, Part X, col.(B) line 15.  Part X Other Liabilities. Complete if the organ See Form 990, Part X, line 25.  (a) Description of liability	)		(b) Book value
Total. (Column (b) must equal Form 990, Part X, col.(B) line 15.  Part X Other Liabilities. Complete if the organ See Form 990, Part X, line 25.  (a) Description of liability	)		(b) Book value
Total. (Column (b) must equal Form 990, Part X, col.(B) line 15.  Part X Other Liabilities. Complete if the organ See Form 990, Part X, line 25.  (a) Description of liability	)		(b) Book value

	le D (Form 990) 2015						Paç
Part		Revenue per Audited Financial State anization answered 'Yes' on Form 990, Pa				e per R	eturn
1	•	ther support per audited financial statements .				1	
2		but not on Form 990, Part VIII, line 12					
a		i i	2a				
ь	• ,	· -	2b				
c	Recoveries of prior year gra	nts	2c				
d		<del>_</del>	2d				
e			<del></del>			2e	
	Subtract line <b>2e</b> from line <b>1</b>					3	
	A mounts included on Form	990, Part VIII, line 12, but not on line 1					
a	Investment expenses not in	ncluded on Form 990, Part VIII, line 7b .	4a				
b	Other (Describe in Part XII	1)	4b				
<b>c</b>	Add lines <b>4a</b> and <b>4b</b>					4c	
	Total revenue Add lines 3	and <b>4c.</b> (This must equal Form 990, Part I, line 1:	2).			5	
art >	<b>111</b> Reconciliation of	<b>Expenses per Audited Financial State</b>	eme	nts Wit	h Expens	ses per	Return.
		anızatıon answered 'Yes' on Form 990, Pa					1
	·	per audited financial statements				1	
		but not on Form 990, Part IX, line 25		ı			
1		of facilities	2a				
)	-		2b				
3			2c				
i		I) <u>.</u>	2d				į
<b>=</b>	Add lines <b>2a</b> through <b>2d</b> .					2e	
						3	
		990, Part IX, line 25, but not on line 1:		ı			
)		ncluded on Form 990, Part VIII, line 7b	4a				
)		I) <u>.</u>	4b				į
3						4c	
	Total expenses Add lines 3	and <b>4c.</b> (This must equal Form 990, Part I, line	18)			. 5	
art	XIII Supplemental I	nformation					
				B + D / 1	<b>a</b> 1		
	, line 4, Part X, line 2, Part	for Part II, lines 3, 5, and 9, Part III, lines 1a ar XI, lines 2d and 4b, and Part XII, lines 2d and 4					de any additional
	Return Reference	Explanation					
irt V ,	Line 4	COLUMBUS ASSOCIATION OF REALTORS reported as an asset of the Columbus Found the endowment fund, however, they are able Association of REALTORS Foundation Advis	latıon to he	The Org Ip direct	anızatıon ıs the uses of	unable t the fund t	to receive funds from through the Columbi

Return Reference	Explanation
Part V , Line 4	COLUMBUS ASSOCIATION OF REALTORS is a donor to an endowment fund, which is held by and reported as an asset of the Columbus Foundation. The Organization is unable to receive funds from the endowment fund, however, they are able to help direct the uses of the fund through the Columbus Association of REALTORS Foundation Advisory Board. During the years ended December 31, 2015 and 2014, the Organization had not recognized income from the endowment. The value of the fund was \$276,271 and \$274,650 as of December 31, 2015 and 2014, respectively. THE ORGANIZATION HAS SIX SEPARATE FUNDS FOR SIX DISTINCT PURPOSES. THESE FUNDS INCLUDE THE AFFORDABLE HOUSING FUND, THE BUILDER REALTOR FUND, THE POST LICENSE GRANT FUND, the Young Professionals Network fund, Commercial Investment Division and National association of realtors Foreclosure fund. AFFORDABLE HOUSING FUND - THE PRIMARY PURPOSE OF THE AFFORDABLE HOUSING FUND IS TO PAY FOR THE SUPERSUNDAY AFFORDABLE HOUSING OPEN HOUSE EVENT. THIS EVENT IS HELD SEMIANNUALLY AND IS FUNDED THROUGH PARTICIPANT FEES AND CONTRIBUTIONS FROM LENDERS BUILDER REALTOR FUND - THE PRIMARY PURPOSE OF THE BUILDER REALTOR FUND IS TO PROVIDE SCHOLARSHIPS ARE GENERALLY IN THE AMOUNT OF \$500. THE FUND RECEIVES MONIES FROM FEES GENERATED BY BUS TOURS OF NEW BUILD DEVELOPMENTS, WHICH ARE CONDUCTED SEMIANNUALLY, AND FROM THE BUILDERS' PREVIEW SHOW, HELD EACH JANUARY POST LICENSE GRANT FUND - THE PRIMARY PURPOSE OF THE POST LICENSE GRANT FUND IS TO PROVIDE MULTICULTURAL, POST-LICENSING ASSISTANCE TO NEW REALTORS. THESE GRANTS ARE \$500. TO HELP WITH START-UP COSTS AND ARE AWARDED SEMIANNUALLY. Young Professionals Network-funds are used to sponsor events of the young professionals network for realtors. Commercial Investment Division—this fund is used to sponsor an awards ceremoney to recognize outstanding real estate professionals in the region. National Association of Realtors Forclosure Fund-this is a grant from the national association of realtors in connection with their foreclosure prevention and respo
Part X, Line 2	Fin 48 Footnote Generally accepted accounting principles required the Organization to evaluate the level of uncertainty related to whether tax positions taken will be sustained upon examination. Any positions taken that do not meet the more-likely-than-not threshold must be quantified and recorded as a liability for unrecognized tax benefits in the accompanying balance sheet along with any associated interest and penalties that would be payable to the taxing authorities upon examination. Interest and penalties associated with unrecognized tax benefits are classified as additional income taxes in the statement of income. The Organization believes that none of the tax positions taken would materially impact the financial statements and no such liabilities have been recorded. With few exceptions, the Organization is no longer subject to U.S. federal, state and local income tax examinations by tax authorities for the years. December 31, 2011, and prior.

Part XIII Supplemental Info	ormation (continued)
Return Reference	Explanation

Schedule D (Form 990) 2015

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(Form 990)

Department of the

DLN: 93493179004326

OMB No 1545-0047

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

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

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reasury nternal Revenue Service	► Infor	mation about Schedule	I (Form 990) and its ins	structions is at <u>www.</u>	<u>.irs.gov/form990</u> .		Inspection
ame of the organization						Employer ider	ntification number
OLUMBUS ASSOCIATI	ON OF REALIORS					31-4154020	0
Part I General I	nformation on Grant	s and Assistance				·	
the selection criteri	on maintain records to sub a used to award the grants the organization's proced	s or assistance?			Jibility for the grants or as	ssistance, and	✓ Yes
	ther Assistance to Domes I more than \$5,000 Part I				nization answered "Yes" o	n Form 990, Part IV,	line 21, for any recipient
(a) Name and address organization or government	s of <b>(b)</b> EIN	(c) IRC section if applicable	<b>(d)</b> A mount of cash grant	(e) A mount of non- cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description o	
COLUMBUS HOUSI (1) PARTNERSHIP INC 562 EAST MAIN STRE COLUMBUS,OH 4321	ET	501(C)(3)	28,000				BUILDING VIBRANT COMMUNITIES
COLUMBUS REALT (2) FOUNDATION 2700 AIRPORT DR COLUMBUS,OH 4321		501(C)(3)	15,000				Benevolence Fund
2 Enter total number	of section 501(c)(3) and g	overnment organizatior	s listed in the line 1 tab	ole			2

Enter total number of other organizations listed in the line 1 table . . . . . .

Part I, Line 2

Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22	
Part III can be duplicated if additional space is needed	

(a)Type of grant or assistance	e <b>(b)</b> Number of recipients	<b>(c)</b> A mount of cash grant	(d)A mount of non-cash assistance	(e)Method of valuation (book, FMV, appraisal, other)	(f)Description of non-cash assistance		
Part IV Supplemental Information. Provide the information required in Part I, line 2, Part III, column (b), and any other additional information.							
Return Reference Explanation							

THE COLUMBUS ASSOCIATION OF REALTORS MAKES CONTRIBUTIONS TO OTHER NON-PROFIT ORGANIZATIONS with purposes similar to

the COLUMBUS ASSOCIATION OF REALTORS TO FURTHER THE EXEMPT PURPOSE OF THE COLUMBUS ASSOCIATION OF REALTORS

Schedule I (Form 990) 2015

DLN: 93493179004326

OMB No 1545-0047

#### Schedule J (Form 990)

Department of the Treasury

### **Compensation Information**

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

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

► Information about Schedule J (Form 990) and its instructions is at www.irs.gov/form990.

2015

Open to Public Inspection

Internal Revenue Service Name of the organization COLUMBUS ASSOCIATION OF REALTORS

**Employer identification number** 

31-4154020

Pai	rt I Questions Regarding Compensation	on				
					Yes	No
1a	Check the appropriate box(es) if the organization pr 990, Part VII, Section A, line 1a Complete Part II		ny of the following to or for a person listed on Form vide any relevant information regarding these items			
	First-class or charter travel	Г	Housing allowance or residence for personal use			
	▼ Travel for companions	Г	Payments for business use of personal residence			
	Tax idemnification and gross-up payments	굣	Health or social club dues or initiation fees			
	Discretionary spending account	Γ	Personal services (e g , maid, chauffeur, chef)			
b	If any of the boxes in line 1a are checked, did the creimbursement or provision of all of the expenses of			1b	Yes	
2	Did the organization require substantiation prior to					
	directors, trustees, officers, including the CEO/Exe	ecutive D	Director, regarding the items checked in line 1a?	2	Yes	
3	Indicate which, if any, of the following the filing orgorganization's CEO/Executive Director Check allused by a related organization to establish compen	that appl				
	▼ Compensation committee	<b>▽</b>	Written employment contract			
	☐ Independent compensation consultant	Г	Compensation survey or study			
	Form 990 of other organizations	<u>~</u>	Approval by the board or compensation committee			
4	During the year, did any person listed on Form 990 or a related organization	), Part VI	I, Section A, line $1a$ with respect to the filing organization			
а	Receive a severance payment or change-of-contro	ol paymen	nt?	4a		No
b	Participate in, or receive payment from, a supplem	ental non	iqualified retirement plan?	4b		No
c	Participate in, or receive payment from, an equity-	based co	mpensation arrangement?	4c		No
	If "Yes" to any of lines 4a-c, list the persons and p					
	Only 501(c)(3), 501(c)(4), and 501(c)(29) organize	ations m	ust complete lines 5-9.			
5	For persons listed on Form 990, Part VII, Section compensation contingent on the revenues of	A, line 1a	a, did the organization pay or accrue any			
а	The organization?			5a		
b	Any related organization?			5b		
	If "Yes," on line 5a or 5b, describe in Part III					
6	For persons listed on Form 990, Part VII, Section compensation contingent on the net earnings of	A, line 1a	a, did the organization pay or accrue any			
а	The organization?			6a		
b	Any related organization?			6b		
	If "Yes," on line 6a or 6b, describe in Part III					
7	For persons listed on Form 990, Part VII, Section payments not described in lines 5 and 6? If "Yes,"			7		
8	Were any amounts reported on Form 990, Part VII subject to the initial contract exception described in Part III		accured pursuant to a contract that was ations section 53 4958-4(a)(3)? If "Yes," describe	8		
9	If "Yes" on line 8, did the organization also follow t section 53 4958-6(c)?	he rebutt	cable presumption procedure described in Regulations	9		

#### Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

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

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and	( <b>D)</b> Nontaxable	(E) Total of columns	<b>(F)</b> Compensation in	
		Base (i) compensation	(ii) Bonus & Incentive compensation	(iii) Other reportable compensation	other deferred compensation	benefits	(B)(ı)-(D)	column(B) reported as deferred on prior Form 990	
1 STANLEY COLLINSCEO	(i)	89,407	0	0	4,470	6,400	100,277	0	
	(ii)	89,407	0	0	4,470	6,400	100,277	0	

Schedule J (Form 990) 2015

#### Part III Supplemental Information

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II Also complete this part for any additional information

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

**Schedule J (Form 990) 2015** 

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DLN: 93493179004326

Supplemental Information to Form 990 or 990-EZ

Department of the Treasury Internal Revenue Service

**SCHEDULE 0** 

(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.

OMB No 1545-0047

2015

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Name of the organization COLUMBUS ASSOCIATION OF REALTORS	Employer identification number
COLUMBUS ASSOCIATION OF REALTORS	31-4154020

Return Reference	Explanation
Form 990, Part I, Line 1	TO UNITE THOSE ENGAGED IN THE RECOGNIZED BRANCHES OF THE REAL ESTATE PROFESSION FOR THE PURPOSE OF EXERTING A BENEFICIAL INFLUENCE UPON THE PROFESSION AS EXPRESSED IN THE CODE OF ETHICS OF THE NATIONAL ASSOCIATION OF REALTORS

Return Reference	Explanation
form 990, part III, line 1, description of organization mission	The Columbus Association of REALTORS is a local level, not-for-profit trade association. Founded in 1908, COLUMBUS ASSOCIATION OF REALTORS is comprised of more than 6,000 real estate professionals engaged in residential sales and leasing, commercial sales and leasing, property management, appraisal, consultation, real estate syndication, and land development. The territorial jurisdiction of CAR as a member of the National Association of REALTORS is Fayette, Franklin, Madison, Morrow, and Pickaway counties in Ohio. COLUMBUS ASSOCIATION OF REALTORS provides leadership for the REALTOR community by protecting the interests of its members, promoting their value to the real estate consumer, setting high standards for professional practice, and advocating private property rights. Its mission is accomplished through the enforcement of the Code of Ethics, committee and general membership meetings, a monthly magazine provided to the members, other communications, and education seminars.

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

Return Reference	Explanation
Form 990, Part VI, Section A, line 7a	THE MEMBERS OF THE BOARD OF DIRECTORS ARE ELECTED BY THE GENERAL MEMBERSHIP

Return Reference	Explanation
Form 990, Part VI, Section A, line 7b	THE ONLY ACTION OR DECISION OF THE BOARD OF DIRECTORS THAT REQUIRES APPROVAL BY THE GENERAL MEMBERSHIP IS THE DECISION TO CEASE MEMBERSHIP IN THE OHIO ASSOCIATION OF REALTORS AND THE NATIONAL ASSOCIATION OF REALTORS

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

Return Reference	Explanation
Form 990, Part VI, Section B, line 12c	EACH DIRECTOR, PRINCIPAL OFFICER AND MEMBER OF A COMMITTEE WITH BOARD-DELEGATED POWERS SHALL ANNUALLY SIGN A STATEMENT AFFIRMING THAT SUCH PERSON HAS RECEIVED A COPY OF THE CONFLICTS OF INTEREST POLICY, READ AND UNDERSTANDS THE POLICY, AGREED TO COMPLY WITH THE POLICY, AND UNDERSTANDS THAT THE COLUMBUS ASSOCIATION OF REALTORS IS A NOT-FOR-PROFIT ORGANIZATION AND THAT IN ORDER TO MAINTAIN ITS FEDERAL TAX EXEMPTION IT MUST ENGAGE PRIMARILY IN ACTIVITIES WHICH ACCOMPLISH ONE OR MORE OF ITS TAX-EXEMPT PURPOSES

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

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

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

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

DLN: 93493179004326

### **SCHEDULE R** (Form 990)

Name of the organization

Department of the Treasury

Internal Revenue Service

### **Related Organizations and Unrelated Partnerships**

► Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.

► Attach to Form 990. ▶ Information about Schedule R (Form 990) and its instructions is at www.irs.gov/form990. OMB No 1545-0047 2015

**Employer identification number** 

Open to Public Inspection

UMBUS ASSUCIATION OF REALTORS				31-4154	020			
Part I Identification of Disregarded Entities Comp	lete if the organization	answered "Yes" or	n Form 990, Par	t IV, line 33.				
(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	<b>(e)</b> End-of-year assets	D	<b>(f)</b> Direct controlling entity		
Part II Identification of Related Tax-Exempt Organ or more related tax-exempt organizations during		ne organization an	swered "Yes" o	n Form 990, P	art IV, l	ine 34 because it l	had on	е
(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code sect	(e) Ion Public charity (if section 50	y status 1(c)(3))	(f) Direct controlling entity	Section (13) c	
(1)CENTRAL OHIO REALTORS POLITICAL ACTION COMMITTEE	LOCAL POLITICAL ACTION COMMITTEE	ОН	527	N/A			Yes	No
COLUMBUS, OH 43219 31-1721082						N/A		
								_
								<u> </u>
			1					_
	90.	Cat No 501				Schedule R (Forn		<u></u>

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

<b>(a)</b> Name, address, and EIN of related organization		(c) Legal domicile (state or foreign country)	entity	(e) Predominant income(related, unrelated, excluded from tax under sections 512- 514)	(f) Share of total income	(g) Share of end-of-year assets	(h Disprop alloca	rtionate	(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	mana part	ral or aging	<b>(k)</b> Percentage ownership
				1			Yes	No		Yes	No	
	_						<del></del>					

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

(a) Name, address, and EIN of related organization	<b>(b)</b> Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(g) Share of end-of- year assets	(h) Percentage ownership	(i) Section (b)(i) contro entit	n 512 13) olled
(1) MULTIPLE LISTING SERVICE OF THE COLUMBUS BOARD OF REALTORS INC  2700 AIRPORT DRIVE COLUMBUS, OH 43219 31-0809177	LISTING SERVICE		ASSOCIATION OF REALTORS	С		100 000 %		No
(2)REAL ESTATE WEEKLY INC 2700 AIRPORT DRIVE COLUMBUS, OH 43219 31-1427462	FREE WEEKLY NEWSPAPER		COLUMBUS ASSOCIATION OF REALTORS	С		100 000 %		No

Part V Transactions With Related Organizations Complete if the organization ans	wered "Yes" on Form	990, Part IV, line	34, 35b, or 36.			
Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule					Yes	No
<b>1</b> During the tax year, did the orgranization engage in any of the following transactions with one or more	e related organizations lis	sted in Parts II-IV?				
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity				1a '	Yes	
<b>b</b> Gift, grant, or capital contribution to related organization(s)				1b		No
<b>c</b> Gift, grant, or capital contribution from related organization(s)				1c		No
f d Loans or loan guarantees to or for related organization(s)				1d		No
e Loans or loan guarantees by related organization(s)				1e		No
f Dividends from related organization(s)				1f		No
g Sale of assets to related organization(s)				1g		No
<b>h</b> Purchase of assets from related organization(s)				1h		No
i Exchange of assets with related organization(s)				1i		No
j Lease of facilities, equipment, or other assets to related organization(s)				1j		No
<b>k</b> Lease of facilities, equipment, or other assets from related organization(s)				1k		No
I $$ Performance of services or membership or fundraising solicitations for related organization(s) $$ .				11		No
$m{m}$ Performance of services or membership or fundraising solicitations by related organization(s) .				1m		No
${f n}$ Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)				1n		No
o Sharing of paid employees with related organization(s)				10	Yes	
p Reimbursement paid to related organization(s) for expenses				<b>1</b> p		No
<b>q</b> Reimbursement paid by related organization(s) for expenses				1q		No
r Other transfer of cash or property to related organization(s)				1r		No
<b>s</b> Other transfer of cash or property from related organization(s)				1s		No
2 If the answer to any of the above is "Yes," see the instructions for information on who must comple	ete this line, including co	vered relationships	and transaction thresholds			
(a) Name of related organization	<b>(b)</b> Transaction type (a-s)	(c) Amount involved	( <b>d)</b> Method of determining am	ount inv	volved	
MULTIPLE LISTING SERVICES OF THE COLUMBUS BOARD OF REALTORS	A	130,644	FMV			

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

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

revenue) that was not a related organization. See instructions													
<b>(a)</b> Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512- 514)	org	(e) all partners section 501(c)(3) anizations?	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproprtiona allocations	_	(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?	_	<b>(k)</b> Percentage ownership
			314)	Yes	No			Yes	No		Yes	No	
												1	İ

### Part VII Supplemental Information

Provide additional information for responses to questions on Schedule R (see instructions)

**Explanation** 

Return Reference

Schedule R (Form 990) 2015