EXTENDED TO NOVEMBER 15, 2018

Form **990**

Départment of the Treasury,

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

2017 Open to Public Inspection

OMB No 1545-0047

iúfeu	aj Revei	Go to www.irs.gov/Form990 for instructions and	the latest	information:	Inspection
A, F	or the	2017 calendar year, or tax year beginning and e	ending	,	
B c	heck if pplicabl		D Employer identifi	cation number	
	Addred chang Name chang	WOMEN S COUNCIL OF REALTORS OF ORIO, II	NC	26-2	488736
-	Initial		Room/suite	E Telephoné numbe	
\vdash	_iretum ∏Fṁal	7.635 WASTLER RD.	TOO IV SUITE	•	561-3805
_	Jreturni termin ated		·····	G Gross receipts \$	221,078.
X	Ameno	BROOKVILLE, OH 45309		H(a) is this a group n	
	Application	F Name and address of principal officer DONNA ALLEN	······································	for subordinates	
	pendir	SAME AS C ABOVE	٠.,	H(b) Are all subordinates in	
T T	ax-ex	empt-status: 501(c)(3) X 501(c) (6) (insert no.) 4947(a)(1) o	f	7 ' ' '	list. (see instructions)
		e: WWW.WCROHIO.ORG	3,1	H(c) Group exemption	n number 🕨
ΚF	orm ôf	organization: X Corporation Trust Association Other	L Year	of formation: 1946	M-State of legal domicile: OH
	rt.I	Summary			,
4	ì	Briefly describe the organization's mission or most significant activities: WOMEN	1'S CO	UNCIL OF REA	ALTORS OF
Activities & Governance		OHIO IS A NETWORK OF SUCCESSFUL REALTORS A			,
rua	1	Check this box 🕨 🔲 if the organization discontinued its operations or dispose	ed of more,	than 25% of its net as:	
ove	i	Number of voting members of the governing body.(Part;VI, line 1a)	,. ,	, 3	19
2		Number of independent voting members of the governing body (Part VI, line 1b)		, 4	19
es	-	Total number of individuals employed in calendar year, 2017 (Part V, line 2a)	٠٠ ر.		0
Σįξ	ľ	Total number of volunteers (estimate if necessary)	٠,٠٠٠, ۲۰۰۰		23.7
Act		Total unrelated business revenue from Part VIII, column (C), line 12	10 kg A.		0.
\dashv	p,	Net unrelated business taxable income from Form 990-T, line 34		7b	
	_		ļ 	Prior Year 21,980.	Current Year 41,947.
é		Contributions and grants (Part VIII, line 1h)	<u> </u>	38,874.	36,122.
Revenue		Program:service revenue (Part VIII, line 2g)	'ED	9.	10.
Re		Investment income (Part VIII, column (A), lines 3, 4, and 7d)	— 	65,610.	80,711.
	1 <u>1</u> 12	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) Total revenue - add lines 8 through 11 (must equal Part VIII, column (A) (i) 26 2		126,473.	158,790.
	13	Grants and similar amounts paid (Part IX, column (A), lines 137		6,403.	5,390.
	-	1) Comparison of the Compariso		0.	0.
	15	Benefits paid to or for members (Part IX, column (A), line 4) Salanes, other compensation, employee benefits (Part IX, column (A) line 11e)		2,046.	0.
Expenses	16a	Professional fundraising fees (Part IX, column (A), line 11e)	"	0.	^ 0.
per	b	Total fundraising expenses (Part.IX, column (D), line 25)	0.		
Ä	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		111,166.	136,253.
		Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		119,615.	141,643.
	19	Revenue less expenses, Subtract line 18 from line 12		6,858.	17,147.
ප්වූ	`	• ,	Be	ginning of Current Year-	End of Year
Net Assets or Fund Balances	20	Total'assets (Part X, line 16)		100,130.	115,817.
it As	21	Total liabilities (Part X, line.26)	<u> </u>	0.	0.
		Net:assets or fund balances. Subtract line 21 from line 20		100,130.	115,817.
	ırt II	Signature Block		ante and to the heat of so	u lorgaladas und halial út is
		ities of perjury, I declare that I have examined this return, including accompanying schedules t, and complete. Declaration of preparer (other than officer) is based on all information of whi			y knowledge and belief, it is
u ue,	correc	t, and copplete. Decid and to prepare (other than officer) is dased on an information of with	icii preparei	1/120/	19
C:~.		Signature of officer	•	Date	
Sign Here		DONNA ALLEN, PRESIDENT			
1101	-	Type or print name and title	·····	·	
		Print/Type preparer's name Preparer's signature		Date Check [PTIN
Paid		HERBERT L LEMASTER, CPA HERBERT L LEMAST	ER, 0	8/21/19 self-emplo	P00039882
Prep	arer	Firm's,name CLARK, SCHAEFER, HACKETT & CO.		Firm's EIN 🔈	31-0800053
Use	Only	Firm's address 10100 INNOVATION DRIVE	<u> </u>		
	,	DAYTON, OH 45342		Phone no. 93	7-226-0070
May	the II	3S discuss this return with the preparer shown above? (see instructions)			X Yes No.
73200	31 11-2	3-17 LHA For Paperwork Reduction Act Notice, see the separate instruction	ns.		Form 990 (2017)

SEE SCHEDULE O FOR ORGANIZATION MISSION STATEMENT CONTINUATION

G25

	990 (2017) WOMEN'S COUNCIL OF REALTORS OF OHIO, INC 26-2488736 Page 2
Pai	t III Statement of Program Service Accomplishments
_	Check if Schedule O contains a response or note to any line in this Part III
1	Briefly describe the organization's mission WOMEN'S COUNCIL OF REALTORS OF OHIO IS A NETWORK OF SUCCESSFUL
	REALTORS ADVANCING WOMEN AS PROFESSIONALS AND LEADERS IN BUSINESS, THE
	INDUSTRY, AND THE COMMUNITIES WE SERVE.
	INDODIKI, AND THE COMMONITIES WE SERVE.
2	Did the organization undertake any significant program services during the year which were not listed on the
_	prior Form 990 or 990-EZ?
	If "Yes," describe these new services on Schedule O
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes X No
	If "Yes," describe these changes on Schedule O
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses
•	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and
	revenue, if any, for each program service reported
4a	(Code) (Expenses \$ including grants of \$) (Revenue \$)
	WOMEN'S COUNCIL OF REALTORS OF OHIO IS A NETWORK OF SUCCESSFUL REALTORS
	ADVANCING WOMEN AS PROFESSIONALS AND LEADERS IN BUSINESS, THE INDUSTRY,
	AND THE COMMUNITIES WE SERVE.
4b	(Code) (Expenses \$ including grants of \$) (Revenue \$)
	·
	· · · · · · · · · · · · · · · · · · ·
4c	(Code) (Expenses \$
4d	Other program services (Describe in Schedule O)
	(Expenses \$ including grants of \$) (Revenue \$)
4e	Total program service expenses
	Form 990 (2017)

6-2488736 Page 3									
		Yes	No						
	1		X						
	2		X						
tes for	3		x						
n in effect	4	N/							
nts, or	5	x							
ght to	J								
le D, Part I	6		X						
	7		х						
olete	8		x						
ın for									
ces?	9		х						
ermanent	10		x						
IX, or X									
edule D,			J						
tal	11a		X						
	11b		X						
tal	11c		X						
d in	11d		х						
	11e		X						
es			х						
<	11f								
	12a		Χ_						

Pa	try Checklist of Required Schedules			
			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		X
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2		Х
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		X
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	N/	<u>A</u>
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			ł
	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5	Х	<u> </u>
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			ĺ
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			1
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			1
	Schedule D, Part III	8		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			1
	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		X
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent			1
	endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, VIII, IX, or X			1
	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		X
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	\vdash	X
C	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		Х
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		X
e	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		X
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	\vdash	X
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			v
	Schedule D, Parts XI and XII	12a	\vdash	Х
Ь	Was the organization included in consolidated, independent audited financial statements for the tax year?			Ψ.
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		
Ь	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	445		х
4-	or more? If "Yes," complete Schedule F, Parts I and IV	14b		<u> </u>
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any	ء ا		х
46	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		┢弃
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to	46		x
4-	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		<u> </u>
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,	47		x
40	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17	\vdash	┝▀
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines	18	х	1
40	1c and 8a? If "Yes," complete Schedule G, Part II Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"	├ ` ^		
19	,	19		X
	complete Schedule G. Part III	<u>, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,</u>	ш	

Form **990** (2017)

	1990 (2017) WOMEN'S COUNCIL OF REALTORS OF OHIO, INC. 26-2480	3/36	P	age 4
Pa	rt IV Checklist of Required Schedules (continued)			
			Yes	No
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a	L	X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b	L	
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		X
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 29 If "Yes," complete Schedule I, Parts I and III	22		X
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? If "Yes, " complete			1
	Schedule J	23		Х
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			1
	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	L	X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	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	N/	Α
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			ŀ
	Schedule L, Part I	25b	N/	A
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		х
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			1
	of any of these persons? If "Yes," complete Schedule L, Part III	27		х
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)			i
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L. Part IV	28a		X
b		28b		х
	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		х
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes." complete Schedule M	29		Х
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		х
31	Did the organization liquidate, terminate, or dissolve and cease operations?			
	If "Yes," complete Schedule N, Part I	31		Х
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		Х
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	1	х
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		х
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		х
	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		
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	N/	A
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			

Form 990 (2017)

and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI 38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?

Note. All Form 990 filers are required to complete Schedule O

Par	Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response or note to any line in this Part V					\Box
	Officer in Concedure O Containing a response of free to any line in this tark to				Yes	No
4.	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable	1a	0	- X-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-	Se S	300
1a 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 vendors and re				文章	y de
·	(gambling) winnings to prize winners?	operius gum	9	1c		
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,	1 1			75 3 .	1
	filed for the calendar year ending with or within the year covered by this return	2a	0			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax retuined to the control of the control			2b		
_	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instruction			1748)		
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	•		3a		Х
b	If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule	e O		3b		
	At any time during the calendar year, did the organization have an interest in, or a signature or other		а			
	financial account in a foreign country (such as a bank account, securities account, or other financial			4a		X
b	if "Yes," enter the name of the foreign country					
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial A	Accounts (FBA	₹).	24		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	,		5a		Х
þ	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction	action?		5b		Х
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 \$100,000, and did the	he organizatior	solicit			l
	any contributions that were not tax deductible as charitable contributions?			6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contribut	tions or gifts		_		
	were not tax deductible?		37/3	6b	V25/25/200	100000
7	Organizations that may receive deductible contributions under section 170(c).		N/A		33.3	20
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and se	ervices provided	to the payor?	7a	 	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?			7b	┝╌╌┤	-
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it w	as required		7c		
	to file Form 8282? If "Yes," indicate the number of Forms 8282 filed during the year	7d		**************************************	1775	74. E
	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit of			7e	د المقترين	X
e f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit cont			7f		X
g	If the organization received a contribution of qualified intellectual property, did the organization file F		eaured?	7g	N/	
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization			7h	N/	
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintaine		N/A	*33%		
-	sponsoring organization have excess business holdings at any time during the year?	•		8	Internation 1	
9	Sponsoring organizations maintaining donor advised funds.			16504	77,52	1000
а	Did the sponsoring organization make any taxable distributions under section 4966?		N/A	9a		
ь	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		N/A	9b		
10	Section 501(c)(7) organizations. Enter				學變	質繁
а	Initiation fees and capital contributions included on Part VIII, line 12 N/A	10a				200
ь	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b				
11	Section 501(c)(12) organizations. Enter				3.	
а	Gross income from members or shareholders N/A	11a			3	
b	Gross income from other sources (Do not net amounts due or paid to other sources against	1 1				
	amounts due or received from them)	11b			22	
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form			12a	3.5 x50x	ルンを登録を
ь	If "Yes," enter the amount of tax-exempt interest received or accrued during the year N/A	12b		-		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		37 / 3	3,0723	\$ _448 <u>8</u>	15 98%
а	Is the organization licensed to issue qualified health plans in more than one state?		N/A	13a	1 4 4 1 m	- 2000
_	Note. See the instructions for additional information the organization must report on Schedule O			M	P.	
b	Enter the amount of reserves the organization is required to maintain by the states in which the	106				
	organization is licensed to issue qualified health plans	13b		恢變		
140	Enter the amount of reserves on hand Did the organization receive any payments for indoor tanging senuces during the tay year?			14a	¥ ,r-%	X
14a	Did the organization receive any payments for indoor tanning services during the tax year? If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedu	ula O		14b	 	
	in 160, 160 it into a 1 offir 120 to report those payments. If No. provide an explanation in Schedu	ent U			990	(2017
						-

Form 990 (2017) WOMEN'S COUNCIL OF REALTORS OF OHIO, INC 26-2488736 Page Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 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					X		
Sec	tion 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	1a	1	.9	1775	192		
	If there are material differences in voting rights among members of the governing body, or if the governing							
	ody 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 19							
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship	with a	any other	1				
	officer, director, trustee, or key employee?			2		X		
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		X		
4	Did the organization make any significant changes to its governing documents since the prior Form 99	90 wa:	s filed?	4		X		
5	Did the organization become aware during the year of a significant diversion of the organization's asset	ets?		5		X		
6	Did the organization have members or stockholders?			6		X		
7a	Did the organization have members, stockholders, or other persons who had the power to elect or ap	point o	one or			l		
	more members of the governing body?			7a	Х	L		
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, sto	ockho	lders, or					
	persons other than the governing body?			7b	<u> </u>	X		
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year	r by the	e following:		<u> </u>			
а	The governing body?			8a	Х			
b	Each committee with authority to act on behalf of the governing body?			8b	X	Ь—		
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reach	ched a	t the					
	organization's mailing address? If "Yes." provide the names and addresses in Schedule O			9		X		
<u>Sec</u>	tion B. Policies (This Section B requests information about policies not required by the Internal Re	venue	Code.)					
					Yes	No		
10a	Did the organization have local chapters, branches, or affiliates?			10a	X	ļ		
b	If "Yes," did the organization have written policies and procedures governing the activities of such characteristics.	apters	, affiliates,					
	and branches to ensure their operations are consistent with the organization's exempt purposes?			10b	Х	<u> </u>		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body	befor	e filing the form?	11a	, ,	X		
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990			فعنه		验的		
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13			12a		X		
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise	to conf	flicts?	12b		Ь		
C	Did the organization regularly and consistently monitor and enforce compliance with the policy? If " γ	'es," d	escnbe					
	ın Schedule O how this was done			12c				
13	Did the organization have a written whistleblower policy?			13	ļ	X		
14	Did the organization have a written document retention and destruction policy?			14	86-14-85 V	X		
15	Did the process for determining compensation of the following persons include a review and approval	l by inc	dependent	(C) 24				
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			3	<u> </u>			
а	The organization's CEO, Executive Director, or top management official			15a		X		
b	Other officers or key employees of the organization			15b	Ento:	X GROUN 4		
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)							
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement	nent w	ıth a		المستعمدة	المنتفد		
	taxable entity during the year?			16a	200 SV.	X 2002 5 3		
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate		=					
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organ	ızatıon	ı's					
	exempt status with respect to such arrangements?			16b	L			
Sec	tion C. Disclosure							
17	List the states with which a copy of this Form 990 is required to be filed OH							
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T	(Secti	on 501(c)(3)s only) available	9			
	for public inspection. Indicate how you made these available. Check all that apply							
	Own website Another's website X Upon request Other (explain		•					
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, con	iffict of	rinterest policy, a	nd financ	ıal			
	statements available to the public during the tax year	_						
20	State the name, address, and telephone number of the person who possesses the organization's boo	ks and	d records					
	SANDRA RUNYON - 513-561-3805							
	7635 WASTLER RD., BROOKVILLE, OH 45309				000	(0047)		
732006	11-28-17			rorn	」 コゴリ	(2017)		

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

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

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, and 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

X Check this box if neither the organization ne	or any related	orga	nıza	tion	con	nper	sat	ed any current officer, d	rector, or trustee	
(A)	(B)				2)			(D)	(E)	(F)
Name and Title	Average	(do	not c	Pos	ition more	than (one	Reportable	Reportable	Estimated
	hours per	box	, unle:	ss per	son ı	s both	an	compensation	compensation	amount of
	week (list any	\vdash			<u> </u>		<u> </u>	from the	from related organizations	other compensation
	hours for	director				-	ŀ	organization	(W-2/1099-MISC)	from the
	related	ee or	stee	ŀ		nsate		(W-2/1099-MISC)	(** =, *********************************	organization
	organizations	Trustee or	ral tru		oyee	ed Eu				and related
	below	Individual	nstitutional	je l	Key employee	Highest compensated employee	盲			organizations
	line)	힐	Inst	Officer	š	훈	Former			
(1) PATRICIA ZIRKELBACH	5.00									
PRESIDENT	L	X		Х		<u> </u>		0.	0.	0.
(2) ANNE GOSS	5.00									•
PRESIDENT ELECT		X		Х	_	_	ļ	0.	0.	0.
(3) DONNA ALLEN	5.00									•
TREASURER		X		Х	_	ļ	_	0.	0.	0.
(4) SANDRA RUNYON	5.00									•
SECRETARY	F 00	X	igwdap	Х	\vdash	<u> </u>	L	0.	0.	0.
(5) JAN JEDLINSKY	5.00	,,		٠,,					,	•
GOVERNOR	F 00	X		Х	<u> </u>	-	L	0.	0.	0.
(6) MARYANN MILLS	5.00									0
IMMEDIATE PAST PRESIDENT	5 00	X	_	X	-		┞	0.	0.	0.
(7) KIM YOUNG	5.00									•
BYLAWS STATE STANDING CMTE CHAIR.	F 00	X	ļ	Х	ļ	<u> </u>	-	0.	0.	0.
(8) NANCY FARKAS	5.00					ŀ			_	^
ED. STATE STANDING CMTE CHAIR.	F 00	X	-	Х		┝	┡	0.	0.	0.
(9) CHRISTINE PAPPAS	5.00								0	
FIN & BUDGET STATE STANDING CMTE CHA	F 00	X	_	X		-	L	0.	0.	0.
(10) SARA CALO	5.00	٠,		٠,,					0.	_
MKTING. STATE STANDING CMTE CHAIR.	F 00	X	H	X	_	-	┝	0.	0.	0.
(11) BARBARA LACH	5.00	١,,		٦,				0.	0.	0.
NAT. FOCUS STATE STANDING CMTE CHAIR (12) DEBI ZEREN	5.00	X	┝	Х	┢	├	<u> </u>	U .	0.	0.
STRAT. PLANNING STATE STANDING CMTE	3.00	x		x	ŀ			0.	0.	0.
(13) LINDA SHURTE	5.00	₽	⊢	^	-	┢	-	U •	0.	
WAYS & MEANS STATE STANDING CMTE CHA	3.00	x		x				0.	0.	0.
(14) MICHELLE BILLINGS	5.00	┢	┢	^	⊢	┢	┝	<u> </u>	0.	<u> </u>
CINCINNATI CHAPTER PRESIDENT	3.00	X		x				0.	0.	0.
(15) KATIE MCCARTNEY	5.00	₽		^	-	╁	H	0.		•
COLUMBUS CHAPTER PRESIDENT	3.00	x		x	1		ĺ	0.	0.	0.
(16) TANYA BLAIR	5.00	1	_	<u> </u>	╁	\vdash	H	†	-	
DAYTON CHAPTER PRESIDENT	3.00	X		x				0.	0.	0.
(17) SHANNON CANNON	5.00	 	\vdash	 	 	t	Н		<u>.</u>	
NORTHEAST OHIO CHAPTER PRESIDENT		X		х			1	0.	0.	0.
	L				Ь_	_	Ь			- 000

732007 11-28-17

Form 990 (2017)

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

\$100,000 of compensation from the organization

Part VIII Statement of Revenue Check if Schedule O contains a response or note to any line in this Part VIII (C) Unrelated (D) Revenue excluded from tax under (B) Related or Total revenue exempt function business revenue revenue 1 a Federated campaigns 20,414 1b b Membership dues c Fundraising events 1c d Related organizations Government grants (contributions) f All other contributions, gifts, grants, and 21,533. similar amounts not included above Q Noncash contributions included in lines 1a-1f \$ 41,947. Total. Add lines 1a-1f Business Code 2 a PROGRAM REVENUE 36,122 36,122 531390 All other program service revenue 36,122. g Total. Add lines 2a-2f Investment income (including dividends, interest, and 10. other similar amounts) Income from investment of tax-exempt bond proceeds Royalties (i) Real 6 a Gross rents b Less rental expenses c Rental income or (loss) d Net rental income or (loss) (ii) Other 7 a Gross amount from sales of (i) Securities assets other than inventory b Less cost or other basis and sales expenses c Gain or (loss) d Net gain or (loss) 8 a Gross income from fundraising events (not Other Revenue including \$ contributions reported on line 1c) See a[140,319]Part IV, line 18 62,288. **b** Less direct expenses 78,031. 78,031 c Net income or (loss) from fundraising events 9 a Gross income from gaming activities See Part IV, line 19 b Less direct expenses c Net income or (loss) from gaming activities 10 a Gross sales of inventory, less returns and allowances b Less cost of goods sold c Net income or (loss) from sales of inventory Miscellaneous Revenue Business Code 11 a MISCELLANEOUS INCOME 900099 2,680 d All other revenue 2,680. e Total. Add lines 11a-11d 158,790. 38,802 78,041. Total revenue. See instructions. Form 990 (2017)

Secii	On 50 (C)(3) and 50 (C)(4) organizations must comp			ripiete coluiriir (A).	X
	Check if Schedule O contains a respon	(A)	this Part IX (B)	(C)	
	not include amounts reported on lines 6b,	Total expenses	Program service	Management and	(D) Fundraising
7b,	8b, 9b, and 10b of Part VIII		expenses	general expenses	expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21	5,390.			
2	Grants and other assistance to domestic				
	individuals See Part IV, line 22		,		
3	Grants and other assistance to foreign				4/19/2019
-	organizations, foreign governments, and foreign				
	individuals See Part IV, lines 15 and 16				
	·				
4	Benefits paid to or for members			K-14 AMERICAN PROPERTY OF A STREET AND A STR	A THE STATE OF THE
5	Compensation of current officers, directors,				
	trustees, and key employees				
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				
8	Pension plan accruals and contributions (include				1 1
	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits				
10	Payroll taxes				
11	Fees for services (non-employees)	<u>,</u>			
	Management				
a	-	·			
b	Legal	1,100.			
С	Accounting	1,100.		,	
d	Lobbying		500		
е	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				-
9	Other (If line 11g amount exceeds 10% of line 25,				
	column (A) amount, list line 11g expenses on Sch O.)				
12	Advertising and promotion	9,730.			
13	Office expenses	4,529.			
14	Information technology	2,226.			
15	Royalties				
16	Occupancy				
17	Travel				
18	Payments of travel or entertainment expenses				
.0	for any federal, state, or local public officials				j.
10	Conferences, conventions, and meetings	110,486.	,		 . <u>.</u>
19		110,100			· · · · · · · · · · · · · · · · · · ·
20	Interest	- · · · · · · · · · · · · · · · · · · ·			,
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	910.			
23	Insurance	910.	0001 0 50144 Co.50 Co.000 Co.60 Co.00	O ANTONIO NO SERVINO DE LA SERVE LA SER	1707 <i>James Sand</i>
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.)	MARKET SELECTION	Section 1997 and 199		
а	DUES & SUBSCRIPTIONS	3,465.			
b	BANK FEES	1,096.			
c	EDUCATION	915.			
d	WAYS & MEANS	277.			
е	All other expenses	1,519.			_
25	Total functional expenses. Add lines 1 through 24e	141,643.			
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)				
	11 IONOWING OUT 30-2 (AGC 330-720)		·		L

Part X Balance Sheet Check if Schedule O contains a response or note to any line in this Part X (A) (B) Beginning of year End of year 115,817. 100,130. 1 Cash - non-interest-bearing 2 Savings and temporary cash investments 2 3 Pledges and grants receivable, net 3 Accounts receivable, net Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L 6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instr) Complete Part II of Sch L 6 Notes and loans receivable, net 7 Inventories for sale or use 8 9 Prepaid expenses and deferred charges 10a Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D 10a b Less accumulated depreciation 10b 10c Investments - publicly traded securities 11 12 12 Investments - other securities See Part IV, line 11 13 Investments - program-related See Part IV, line 11 13 14 Intangible assets 14 15 15 Other assets. See Part IV, line 11 100,130. 115,817. Total assets. Add lines 1 through 15 (must equal line 34) 16 16 Accounts payable and accrued expenses 17 17 18 18 Grants payable 19 Deferred revenue 19 20 Tax-exempt bond liabilities 20 Escrow or custodial account liability Complete Part IV of Schedule D 21 21 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L 22 23 Secured mortgages and notes payable to unrelated third parties 23 24 Unsecured notes and loans payable to unrelated third parties Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X of Schedule D 0 0. Total liabilities. Add lines 17 through 25 Organizations that follow SFAS 117 (ASC 958), check here

X
and complete lines 27 through 29, and lines 33 and 34. Net Assets or Fund Balances 100,130. 115,817. 27 Unrestricted net assets Temporarily restricted net assets 28 28 Permanently restricted net assets 29 Organizations that do not follow SFAS 117 (ASC 958), check here and complete lines 30 through 34. 30 Capital stock or trust principal, or current funds 31 Paid-in or capital surplus, or land, building, or equipment fund 31 32 32 Retained earnings, endowment, accumulated income, or other funds 100,130. 115,817. Total net assets or fund balances 33 115,817. 100,130.

Form 990 (2017)

Total liabilities and net assets/fund balances

	990 (2017) WOMEN'S COUNCIL OF REALTORS OF OHIO, INC	26	-2488736	Page 12
Pa	Reconciliation of Net Assets			
	Check if Schedule O contains a response or note to any line in this Part XI			
			456	
1	Total revenue (must equal Part VIII, column (A), line 12)	1		790.
2	Total expenses (must equal Part IX, column (A), line 25)	2		,643.
3	Revenue less expenses Subtract line 2 from line 1	3		,147.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	100	,130.
5	Net unrealized gains (losses) on investments	5		
6	Donated services and use of facilities	6		
7	Investment expenses	7		1.50
8	Prior period adjustments	8	<1,	460.>
9	Other changes in net assets or fund balances (explain in Schedule O)	9		0.
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33,			
*D=	column (B))	10	115	817.
(Ka	Financial Statements and Reporting			
	Check if Schedule O contains a response or note to any line in this Part XII			
			4900000 B	Yes No
1	Accounting method used to prepare the Form 990 X Cash Accrual Other			
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	0		
2a			2a	X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a		
	separate basis, consolidated basis, or both			
	Separate basis Consolidated basis Both consolidated and separate basis			
b	Were the organization's financial statements audited by an independent accountant?		2b	X
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	basis,		
	consolidated basis, or both			
	Separate basis Consolidated basis Both consolidated and separate basis			
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	: audıt,		
	review, or compilation of its financial statements and selection of an independent accountant?		2c	Company of Section and
	If the organization changed either its oversight process or selection process during the tax year, explain in Sche	dule O		
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sin	gle Au	dit 🔀 🤻	
	Act and OMB Circular A-133?		3a	X
ь	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required	red aud	Jit	
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits		3b	
			Form 9	990 (2017)

SCHEDULE C (Form 990 or 990-EZ)

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.

➤ Go to www.irs.gov/Form990 for instructions and the latest information.

2017 Open to Public

OMB No 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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.

If the organization answered "Yes," on Form 990, Part IV, line 5 (Proxy Tax) (see separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (see separate instructions), then

	•				
	on 501(c)(4), (5), or (6) organizat	tions Complete Part III		1-	
Name of	organization				loyer identification number
- · ·	WOMEN'S	COUNCIL OF REAL	TORS OF OHIO	O, INC	26-2488736
Part I-	A Complete if the org	janization is exempt und	er section 501(c)	or is a section 527 of	ganization.
1 Prov	vide a description of the organiz	ation's direct and indirect politic	al campaign activities i	n Part IV	
2 Polr	tical campaign activity expendit	ures		▶ :	\$
3 Volu	inteer hours for political campai	gn activities			
Part I-	B Complete if the org	janization is exempt und	er section 501(c)(
1 Ente	er the amount of any excise tax	incurred by the organization und	der section 4955	▶ :	\$
2 Ente	er the amount of any excise tax	incurred by organization managi	ers under section 4955	▶ :	\$
3 If th	e organization incurred a sectio	n 4955 tax, did it file Form 4720	for this year?		Yes No
4a Was	a correction made?				Yes No
	es," describe in Part IV				
Part I-	C Complete if the org	janization is exempt und	er section 501(c),		
1 Ente	er the amount directly expended	by the filing organization for se	ction 527 exempt funct	ion activities	\$
2 Ente	er the amount of the filing organ	ization's funds contributed to ot	her organizations for se		
exe	mpt function activities			> :	\$
3 Tota	al exempt function expenditures	Add lines 1 and 2 Enter here a	and on Form 1120-POL,		
line	17b			▶ :	\$
4 Did	the filing organization file Form	1120-POL for this year?			Yes No
5 Ente	er the names, addresses and en	nployer identification number (El	N) of all section 527 pol	litical organizations to whic	h the filing organization
mac	le payments For each organiza	tion listed, enter the amount pai	d from the filing organiz	cation's funds. Also enter th	e amount of political
	•	omptly and directly delivered to		•	te segregated fund or a
poli	tical action committee (PAC) If	additional space is needed, prov	vide information in Part	IV	
	(a) Name	(b) Address	(c) EIN	(d) Amount paid from	(e) Amount of political
				filing organization's	contributions received and
				funds If none, enter -0	promptly and directly delivered to a separate
					political organization
					If none, enter -0-

For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule C (Form 990 or 990-EZ) 2017

LHA

732041 11-09-17

Schedule C (Form 990 or 99 Part/II-A: Complete	0-EZ) 2017 WOMEN	'S COU	NCIL OF REAL	LTORS OF OHI	IO, IN 26-2 ed Form 5768 (ele	488736 Page 2
section 50	_				,	
A Check ▶ ☐ If the fill expens	ling organization belon	ss lobbying e	expenditures).		group member's name	, address, EIN,
	Limits on Lob	bying Expe	nd "limited control" pro inditures ints paid or incurred.)		(a) Filing organization's totals	(b) Affiliated group totals
1a Total lobbying expend	itures to influence pub	lic opinion (d	arass roots lobbying)			
b Total lobbying expend	•					
c Total lobbying expend		_	, (=====,==3,			
d Other exempt purpose	•	- · - ,			·	
e Total exempt purpose	•	s 1c and 1d	١			
f Lobbying nontaxable a	•		•	n columns	<u>.</u>	
If the amount on line 1e,			bying nontaxable ame	The state of the s	721 10 10 10 10 10 10 10 10 10 10 10 10 10	# 1280g W# 1380
Not over \$500,000	column (a) of (b) is.		the amount on line 1e.	ount is.		
Over \$500,000 but not	t over \$1,000,000		00 plus 15% of the exce	ncc over \$500 000		
Over \$1,000,000 but no			00 plus 10% of the exce			
Over \$1,500,000 but n			00 plus 5% of the exces			
Over \$17,000,000	iot over \$17,000,000	\$1,000,		ss over \$1,500,000		
Over \$17,000,000		\$1,000,	000			
- Cross-sets nestsychis	amount (antar 250)	Flora 16			T-TOARDS SEA CATURES SERVED SERVE	2490017.5.5.2-2-2-2-2-2-2-2-2-2-2-2-2-2-2-2-2-2
g Grassroots nontaxable	·	-				
h Subtract line 1g from I				•		
i Subtract line 1f from li			4	El- E 4700		
j If there is an amount o		er line 1n or i	line 11, did the organiza	ation file Form 4/20	Г	
reporting section 4911	tax for this year?	4 3/ 4				Yes No
(Some orga		a section 5	eraging Period Under 01(h) election do not l ate instructions for lin	have to complete all o	of the five columns be	low.
	Lob	bying Expe	nditures During 4-Yea	r Averaging Period		
Calendar year (or fiscal year beginnii	ng in) (a)	2014	(b) 2015	(c) 2016	(d) 2017	(e) Total
2a Lobbying nontaxable a	amount					
 b Lobbying ceiling amou 	ınt 🖟 💢					
(150% of line 2a, colur	nn(e))				7 7 3 6 6 6 6 6 6	
c Total lobbying expend	itures					•
_						
d Grassroots nontaxable	4975-Comarconomic	EGGEODOLFONO:	2.57795 1566-15. 1000 to 7774 1774 1884	5505- 17 ° A #867.4.89578-V905645	U -704000404 4 2-50004040400	
e Grassroots ceiling amo	DO-2596. February					
(150% of line 2d, colur	mn (e))		ACABILITY CANDON STATE		* (300)*7	
f Grassroots lobbying e	xpenditures					

Schedule C (Form 990 or 990-EZ) 2017

Schedule C (Form 990 or 990-EZ) 2017 WOMEN'S COUNCIL OF REALTORS OF OHIO, IN 26-2488736 Page 3 Part II-B. Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).

of the l	ch "Yes," response on lines 1a through 1i below, provide in Part IV a detailed description	(-	a)	(b)	
	obbying activity	Yes	No	Am	ount
	Ouring the year, did the filing organization attempt to influence foreign, national, state or ocal legislation, including any attempt to influence public opinion on a legislative matter				
	or referendum, through the use of				
	/olunteers?				
	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?				
	Media advertisements?			2000	20 () A 2 4 MANAGES
	Mailings to members, legislators, or the public?				
	Publications, or published or broadcast statements?			·	
	Grants to other organizations for lobbying purposes?				
	Direct contact with legislators, their staffs, government officials, or a legislative body?				
_	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?				
	Other activities?			İ	•
	Fotal. Add lines 1c through 1i	C 13887			<u> </u>
-	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?			T1000000	
	f "Yes," enter the amount of any tax incurred under section 4912	034247		17 X	
	f "Yes," enter the amount of any tax incurred by organization managers under section 4912		3 7 7 6 3 2 3 3 4 3 4 3 4 3 4 3 4 3 4 3 4 3 4 3	,,,	
	f the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?	10 24 62 711	(C) 0/- (C)	5.0000	
	III-A Complete if the organization is exempt under section 501(c)(4), sect	ion 501(c)(5), or se	ction	
X 17 2 4	501(c)(6).		•		
				Yes	No
1 V	Nere substantially all (90% or more) dues received nondeductible by members?		1		Х
	Did the organization make only in-house lobbying expenditures of \$2,000 or less?		2	Х	
	Did the organization agree to carry over lobbying and political campaign activity expenditures from	the prior year	2 3		Х
	III-B Complete if the organization is exempt under section 501(c)(4), sect	ion 501(c)(5), or se	ection	
	501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered	d "No " OD	/L\ D		
		u NO, On	(b) Par	t III-A, lin	e 3, is
	answered "Yes."	u 140, On	(b) Par	t III-A, lin	e 3, ıs
1 [u 140, On	(b) Par	t III-A, lin	e 3, is
	answered "Yes."			t III-A, lin	e 3, is
2 9	answered "Yes." Dues, assessments and similar amounts from members			t III-A, lin	e 3, is
2 5	answered "Yes." Dues, assessments and similar amounts from members Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of pol			t III-A, lin	e 3, is
2 S a C	answered "Yes." Dues, assessments and similar amounts from members Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of polexpenses for which the section 527(f) tax was paid).		1		e 3, is
2 5 a 6 b 6	answered "Yes." Dues, assessments and similar amounts from members Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of polexpenses for which the section 527(f) tax was paid). Current year		1 2a		e 3, is
2 5 a 6 b 6 c 1	answered "Yes." Dues, assessments and similar amounts from members Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of polexpenses for which the section 527(f) tax was paid). Current year Carryover from last year		1 2a 2b		e 3, is
2 5 a 6 b 6 c 1 3 A	answered "Yes." Dues, assessments and similar amounts from members Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of polexpenses for which the section 527(f) tax was paid). Current year Carryover from last year Total	rtical	1 2a 2b 2c		e 3, is
2 S a C b C c T 3 /4	answered "Yes." Dues, assessments and similar amounts from members Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of polexpenses for which the section 527(f) tax was paid). Current year Carryover from last year Total Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	rtical	1 2a 2b 2c		e 3, is
2 S a C b C T 3 A 4 B	answered "Yes." Dues, assessments and similar amounts from members Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of polexpenses for which the section 527(f) tax was paid). Durrent year Carryover from last year Total Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues finotices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the e	rtical	1 2a 2b 2c		e 3, is
2 S a C b C c 1 3 A 4 B C c c c c c c c c c c c c c c c c c c	answered "Yes." Dues, assessments and similar amounts from members Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of polexpenses for which the section 527(f) tax was paid). Durrent year Carryover from last year Total Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues f notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the eddes the organization agree to carryover to the reasonable estimate of nondeductible lobbying and	rtical	2a 2b 2c 3		e 3, is

732043 11-09-17

SCHEDULE G (Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities

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

OMB No 1545-0047

Open to Public Inspection

						Open to Public Inspection		
Name of the organizatio	n		7.IIS.GOVII OIIIISS	<u>, , , , , , , , , , , , , , , , , , , </u>	- 1415		Employer i	dentification number
	WOMEN'S	COUNCIL	OF REAL'	TORS (F (OHIO, INC	26-248	8736
		Complete if the				n Form 990, Part IV, I	ine 17 Form 990-	EZ filers are not
1 Indicate whether th			any of the follo	owing activ	rities	Check all that apply		
a Mail solicita	=	J				overnment grants		
b Internet and	l email solicitations	i	f Soli	citation of	gover	nment grants		
c Phone solic	rtations		g 🔲 Spe	cial fundra	ising (events		
d In-person so	olicitations							
2 a Did the organization	on have a written o	r oral agreement	with any individ	dual (includ	ling of	ficers, directors, trus	tees, or	
key employees list	ted in Form 990, Pa	art VII) or entity ii	connection with	th professi	onal fu	undraising services?	Y	es No
b If "Yes," list the 10	highest paid indiv	riduals or entities	(fundraisers) pu	ursuant to	agreei	ments under which th	ne fundraiser is to	be
compensated at le	east \$5,000 by the	organization						
				/iii)	Did		(v) Amount paid	(-)
(i) Name and addres		(iı) Actıvıty		(iii) fundr have c	ustody	(iv) Gross receipts	to (or retained by) fundraiser listed in col (i)	(vi) Amount paid to (or retained by)
or entity (fund	draiser)			or con contrib		from activity		organization
			. <u> </u>	Yes	No			-
			 .					
		<u> </u>						
			-		<u> </u>			
Total					•			
3 List all states in who or licensing	ich the organizatio	n is registered o	licensed to sol	ıcıt contrib	utions	or has been notified	it is exempt from	registration
	·							
				_				

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule G (Form 990 or 990-EZ) 2017

Sch Pa	edu i rt l	le G (Form 990 or 990-EZ) 2017 WOMEN 'S Fundraising Events. Complete if the of fundraising event contributions and gr	ne organization answered	l "Yes" on Form 990, Parl	IV, line 18, or reported	more than \$15,000					
		or landraising event contributions and gr	(a) Event #1	(b) Event #2 DAYTON (event type)	(c) Other events 5 (total number)	(d) Total events (add col (a) through col (c))					
Revenue	1	Gross receipts	31,432.	41,051.	67,836.	140,319.					
	2	Less Contributions									
	3	Gross income (line 1 minus line 2)	31,432.	41,051.	67,836.	140,319.					
	4	Cash prizes		715.		715.					
	5	Noncash prizes									
benses	6	Rent/facility costs	20,757.	12,471.	11,594.	44,822.					
Direct Expenses	7	Food and beverages		5,390.	6,462.	11,852.					
Ō	8	Entertainment Other direct expenses		1,959.	1,500. 1,440.	1,500. 3,399.					
		Direct expense summary. Add lines 4 through		1,555.	>	62,288. 78,031.					
Pa		Gaming. Complete if the organization \$15,000 on Form 990-EZ, line 6a	answered "Yes" on Form	1 990, Part IV, line 19, or r	reported more than	1					
Revenue		\$13,000 0H r 0HH 950-L2, line da	(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))					
-	1	Gross revenue									
ses	2	Cash prizes									
: Expenses	3	Noncash prizes									
Direct	4	Rent/facility costs									
	5	Other direct expenses	ļ								
	6	Volunteer labor	Yes % No	└── Yes %	Yes % No						
	7	7 Direct expense summary Add lines 2 through 5 in column (d)									
	8	Net gaming income summary Subtract line 7	<u> </u>								
а	ls t	ter the state(s) in which the organization condi the organization licensed to conduct gaming a "No," explain	ctivities in each of these	states?		Yes No					

Schedule G (Form 990 or 990-EZ) 2017

Yes No

10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year?

b If "Yes," explain

732082 09-13-17

Sch	edule G (Form 990 or 990 EZ) 2017 WOMEN'S COUNCIL OF REALTORS OF OHIO, INC 26-	<u>2488736</u>	Page 3
11	Does the organization conduct gaming activities with nonmembers?	Yes	☐ No
12	Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed		
	to administer charitable gaming?	Yes	No
13	Indicate the percentage of gaming activity conducted in		
а	The organization's facility	13a	%
b	An outside facility	13b	%
14	Enter the name and address of the person who prepares the organization's gaming/special events books and records		
	Name		
	Address ►		
15a	Does the organization have a contract with a third party from whom the organization receives gaming revenue?	Yes	☐ No
b	If "Yes," enter the amount of gaming revenue received by the organization 🕨 \$ and the amount		
	of gaming revenue retained by the third party > \$		
C	If "Yes," enter name and address of the third party		
	Name		
	Address ►		
16	Gaming manager information		
	Name		
	Gaming manager compensation ▶ \$		
	Description of services provided		
	Director/officer Employee Independent contractor		
17	Mandatory distributions		
	Is the organization required under state law to make charitable distributions from the gaming proceeds to		
	retain the state gaming license?	Yes	☐ No
ь	Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the		
	organization's own exempt activities during the tax year 🕨 💲		
Pa	Tt IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v), and Part III,	lines 9, 9b, 10	b, 15b,
	15c, 16, and 17b, as applicable. Also provide any additional information. See instructions		
			,
_		.	
_			
7320	Schedule G (Fo	rm 990 or 990)-EZ) 2017

Schedule G (Form 990 or 990-EZ)	WOMEN'S	COUNCIL	OF	REALTORS	OF	OHIO,	INC 26-2488736	Page 4
Schedule G (Form 990 or 990-EZ) Part IV Supplemental Info	rmation (contin	nued)						
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SCHEDULE O

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.

Attach to Form 990 or 990-EZ.

Go to www.irs.gov/Form990 for the latest information.

OMB No 1545-0047 Inspection

Name of the organization

WOMEN'S COUNCIL OF REALTORS OF OHIO INC Employer identification number 26-2488736

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:
PROFESSIONALS AND LEADERS IN BUSINESS, THE INDUSTRY, AND THE
COMMUNITIES WE SERVE.
FORM 990, ITEM B
WOMEN'S COUNCIL OF REALTORS OF OHIO, INC. ("ORGANIZATION") IS AMENDING
THEIR 2017 FORM 990 TO PROVIDE A MORE DETAILED BREAKOUT OF EXPENDITURES
ON FORM 990, PART IX AND FORM 990, SCHEDULE G, PART II. THIS DETAIL
PROVIDES A MORE ACCURATE PRESENTATION OF THE OPERATIONS OF THE
ORGANIZATION.
THE FOLLOWING ARE THE PARTS/SCHEDULES OF THE FORM 990 THAT WERE
AMENDED:
FORM 990, PART IX, LINE 11B
AS ORIGINALLY FILED: 1,496
AS AMENDED: 0
DIFFERENCE: -1,496
FORM 990, PART IX, LINE 11C
AS ORIGINALLY FILED: 700
AS AMENDED: 1,110
DIFFERENCE: 410
FORM 990, PART IX, LINE 13
AS ORIGINALLY FILED: 4,472
LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. Schedule O (Form 990 or 990-EZ) (2017)

Schedule O (Form 990 or 990-EZ) (2017)	Page 2
Name of the organization WOMEN'S COUNCIL OF REALTORS OF OHIO, INC	Employer identification number 26-2488736
AS AMENDED: 4,529	
DIFFERENCE: 57	
FORM 990, PART IX, LINE 19	
AS ORIGINALLY FILED: 78,709	
AS AMENDED: 110,486	
DIFFERENCE: 31,777	
FORM 990, PART IX, LINE 24A ("DUES AND SUBSCRIPTIONS")	
AS ORIGINALLY FILED: 0	
AS AMENDED: 3,465	
DIFFERENCE: 3,465	· · · · · · · · · · · · · · · · · · ·
FORM 990, PART IX, LINE 24B ("BANK FEES")	
AS ORIGINALLY FILED: 0	
AS AMENDED: 1,096	
DIFFERENCE: 1,096	,
FORM 990, PART IX, LINE 24C ("EDUCATION")	
AS ORIGINALLY FILED: 0	
AS AMENDED: 915	
DIFFERENCE: 915	
FORM 990, PART IX, LINE 24E	
AS ORIGINALLY FILED: 37,733	
AS AMENDED: 1,519	
DIFFERENCE: 36,214	

FORM 990, SCHEDULE G, PART II, LINE 9, COLUMN B

AS ORIGINALLY FILED: 20,757

AS AMENDED: 1,959

732212 09-07-17

DIFFERENCE: 19,556

FORM 990, PART VI, SECTION A, LINE 7A:

THE ORGANIZATION IS COMPRISED OF A NETWORK OF 241 MEMBERS. THESE MEMBERS

VOTE FOR PRESIDENT ELECT, TREASURER, SECRETARY & GOVERNOR.

FORM 990, PART VI, SECTION B, LINE 11B:

732212 09-07-17

Schedule O (Form 990 or 990-EZ) (2017)	Page 2
Name of the organization WOMEN'S COUNCIL OF REALTORS OF OHIO, INC	Employer identification number 26-2488736
EACH LOCAL NETWORK COMPLETES A 990 FORM AND SUBMITS IT TO	THE STATE
TREASURER, WHO FORWARDS THEM TO THE ACCOUNTANT FOR COMPLET	PION.
FORM 990, PART VI, SECTION C, LINE 19:	
GOVERNING DOCUMENTS ARE AVAILABLE ON THE WEBSITE. MINUTES	ARE DISTRIBUTED
AT MEETINGS & ARE ON WEBSITE. FINANCIAL DOCUMENTS ARE AVAI	LABLE UPON
REQUEST. WE ARE IN THE PROCESS OF ADDING THE WRITTEN POLICE	CIES TO OUR
STANDING RULES.	
FORM 990, PART IX, LINE 24E:	
MISCELLANEOUS CHAPTER EXPENSES	
	<u> </u>