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Return of Organization Exempt From Income Tax

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

OMB No 1545-0047

DLN: 93493123006038

Open to Public

Department of the Treasur Internal Revenue Service

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 www IRS gov/form990

Inspection

For the 2017 calendar year, or tax year beginning 01-01-2017 , and ending 12-31-2017 C Name of organization COLUMBUS ASSOCIATION OF REALTORS D Employer identification number ☐ Address change 31-4154020 ☐ Name change Doing business as ☐ Initial return ☐ Final return/terminated E Telephone number Number and street (or P O box if mail is not delivered to street address) 2700 AIRPORT DRIVE ☐ Amended return ☐ Application pending (614) 475-4000 City or town, state or province, country, and ZIP or foreign postal code COLUMBUS, OH 43219 G Gross receipts \$ 5,718,022 Name and address of principal officer H(a) Is this a group return for STANLEY E COLLINS ☐Yes ☑No subordinates? 2700 AIRPORT DRIVE H(b) Are all subordinates COLUMBUS, OH 43219 ☐Yes ☐No included? Tax-exempt status ☐ 501(c)(3) **☑** 501(c)(6) **◄** (insert no) 4947(a)(1) or If "No," attach a list (see instructions) **H(c)** Group exemption number ▶ Website: ► WWW COLUMBUSREALTORS COM L Year of formation 1908 M State of legal domicile Summary 1 Briefly describe the organization's mission or most significant activities Activities & Governance Check this box 🕨 🗌 if the organization discontinued its operations or disposed of more than 25% of its net assets Number of voting members of the governing body (Part VI, line 1a) . . . 3 Number of independent voting members of the governing body (Part VI, line 1b) Total number of individuals employed in calendar year 2017 (Part V, line 2a) 5 22 Total number of volunteers (estimate if necessary) . . . 6 1,098 7a 269,988 7a Total unrelated business revenue from Part VIII, column (C), line 12 . **7**b -25,334 **b** Net unrelated business taxable income from Form 990-T, line 34 **Current Year** 20,033 8 Contributions and grants (Part VIII, line 1h) . . 14,314 **9** Program service revenue (Part VIII, line 2g) . . . 3,961,640 4,354,892 28,754 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) . 71,910 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 367,155 347,900 4,377,582 4,789,016 12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12) 58,500 Grants and similar amounts paid (Part IX, column (A), lines 1–3) . . . 53,000 14 Benefits paid to or for members (Part IX, column (A), line 4) . . . 1,025,858 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10) 1,058,188 16a Professional fundraising fees (Part IX, column (A), line 11e) . **b** Total fundraising expenses (Part IX, column (D), line 25) ▶0 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) . . . 3,117,465 3,537,038 4,196,323 4,653,726 18 Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25) 19 Revenue less expenses Subtract line 18 from line 12 . 181,259 135,290 Assets or d Balances **Beginning of Current Year End of Year** 8,711,435 20 Total assets (Part X, line 16) . 8,236,500 21 Total liabilities (Part X, line 26) 3,541,383 3,671,575 5,039,860 4,695,117 22 Net assets or fund balances Subtract line 21 from line 20 . Part III Signature Block Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge <u>2018-0</u>5-02 Signature of officer Sign Here STANLEY E COLLINS CEO Type or print name and title Print/Type preparer's name MARY ELIZABETH WRIGHT Preparer's signature MARY ELIZABETH WRIGHT Date PTIN Check I If P00099212 Paid self-employed Firm's EIN > 34-1310124 **Preparer** Firm's address ▶ 941 STEUBENVILLE AVE PO BOX 820 Phone no (740) 432-5658 Use Only CAMBRIDGE, OH 437250820 May the IRS discuss this return with the preparer shown above? (see instructions) . ✓ Yes 🗆 No For Paperwork Reduction Act Notice, see the separate instructions. Form **990** (2017) Cat No 11282Y

Form	990 (2017)				Page 2						
Par	t IIII State	ment of Program Service	e Accomplishments								
	 Check	ıf Schedule O contains a respo	onse or note to any line in this Pa	art III	🗹						
1		e the organization's mission	•								
SEE	SCHEDULE O										
2	Did the organi										
	the prior Form	n 990 or 990-EZ?			🗌 Yes 🗹 No						
	If "Yes," descr	ribe these new services on Sch	nedule O								
3	Did the organization cease conducting, or make significant changes in how it conducts, any program										
	services ⁷										
	If "Yes," descr	be these changes on Schedul	e O								
4	Describe the of Section 501(c) expenses, and	easured by expenses rs, the total									
	(Code) (Expenses \$	4,653,726 including grants of	of \$ 58,500) (Revenue \$	4,354,892)						
	See Additional D	Pata									
4b	(Code) (Expenses \$	ıncludıng grants o	of \$) (Revenue \$)						
	See Additional D)ata									
4c	(Code) (Expenses \$	ıncludıng grants o	of \$) (Revenue \$)						
	See Additional D	Data									
4d	Other progran	n services (Describe in Schedu	ıle O)								
	(Expenses \$	ınd	uding grants of \$) (Revenue \$)						
					,						

or X as applicable

Checklist of Required Schedules

Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year?

Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right

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

Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments,

Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its

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

Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D. Part X 🕏

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 🛸

If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional 🕏

Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any

Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to

Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX.

Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII,

Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"

ın Part X, line 16? *If "Yes," complete Schedule D, Part IX* 😼

b Was the organization included in consolidated, independent audited financial statements for the tax year?

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

Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E

14a Did the organization maintain an office, employees, or agents outside of the United States? . . .

column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)

Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total

5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues,

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 👺 . . . Did the organization maintain collections of works of art, historical treasures, or other similar assets?

assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII 🛸

to provide advice on the distribution or investment of amounts in such funds or accounts?

a Did the organization report an amount for land, buildings, and equipment in Part X, line 10?

12a Did the organization obtain separate, independent audited financial statements for the tax year?

foreign organization? If "Yes," complete Schedule F, Parts II and IV

or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV

assessments, or similar amounts as defined in Revenue Procedure 98-19?

No

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Form **990** (2017)

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Form **990** (2017)

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ΙV	Checklist of	Required	Schedules	(continued)

25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.

instructions for applicable filing thresholds, conditions, and exceptions)

Pal	Checklist of Required Schedules (continued)			
			Yes	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		
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		
	-	-		

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		
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? . . .

that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ?

officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV

Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets?

35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?

a A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L,

Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes,"

b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and

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?

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

Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV

b A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part

An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an

Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation

Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections

Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and

b If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity

Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related

Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that

Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 197 Note.

301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I 💆

within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 . . . 🛸

is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI 🛸

organization? If "Yes," complete Schedule R, Part V, line 2

Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I .

Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M . . .

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Par	t V Statements Regarding Other IRS Filings and Tax Compliance			
	Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No
	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable 1a 27			
	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable 1b 0			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1 c	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	2b	Yes	
D	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note.If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	20	165	
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	Yes	
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b	Yes	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?			
		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 and Financial Accounts (FBAR)			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		No
c	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?			
		5 c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6a	Yes	
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6 b	Yes	
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services 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 was required to file Form 8282?	7c		
d	If "Yes," indicate the number of Forms 8282 filed during the year			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		No
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?			
ο-	Did the annual survey and a serve to sale and to sale a details there are the section 40002	8		
	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? Section 501(c)(7) organizations. Enter	9b		
0	Initiation fees and capital contributions included on Part VIII, line 12 10a			
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b			
.1	Section 501(c)(12) organizations. Enter Gross income from members or shareholders			
	Gross income from other sources (Do not net amounts due or paid to other sources			
U	against amounts due or received from them)			
2a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
.3	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for			
b	additional information the organization must report on Schedule O Enter the amount of reserves the organization is required to maintain by the states in	13a		
	which the organization is licensed to issue qualified health plans			
	Enter the amount of reserves on hand			
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		No
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b		I

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Par	TEXION SET 10.1 Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule 0 See instructions	a "No" respo	nse to l	_
	Check if Schedule O contains a response or note to any line in this Part VI	<u> </u>		<u> </u>
Se	ection A. Governing Body and Management			
1a	Enter the number of voting members of the governing body at the end of the tax year	23	Yes	No
	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	22		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any of officer, director, trustee, or key employee?	ther 2		No
3	Did the organization delegate control over management duties customarily performed by or under the direct super of officers, directors or trustees, or key employees to a management company or other person? .	vision 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	
7a	a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or members of the governing body?	more 7a	Yes	
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, persons other than the governing body?	or 7b	Yes	
8		ar by		
а	The governing body?	8a	Yes	
b	Each committee with authority to act on behalf of the governing body?	. 8b	Yes	
9	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		No
Se	ection B. Policies (This Section B requests information about policies not required by the Internal Re		e.)	
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		No
b	o If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliate and branches to ensure their operations are consistent with the organization's exempt purposes?	tes,		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing form?	the 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 conflicts?	to 12b	Yes	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe Schedule O how this was done	ın 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 independence persons, comparability data, and contemporaneous substantiation of the deliberation and decision?	ent		
а	The organization's CEO, Executive Director, or top management official	15a	Yes	
ь	Other officers or key employees of the organization	15b		No
	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 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 particip in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exe			
	status with respect to such arrangements?	16b		
	ection C. Disclosure			
17	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 available for public inspection. Indicate how you made these available. Check all that apply	only)		
	Own website Another's website Upon request Other (explain in Schedule O)			
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of intere policy, and financial 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 books and record STANLEY E COLLINS CEO 2700 AIRPORT DRIVE COLUMBUS, OH 43219 (614) 475-4000	s		

(14) ROBERT MCCARTHY

(15) TRISH MORROW DIRECTOR

(16) BUFFIE PATTERSON

(17) LOUISE POTTER

DIRECTOR

DIRECTOR

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, 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 trus compensated employees, and former such person	stees or directoi		_	nal t	rust	ees, c	office	ers, key employees	s, highest	
Check this box if neither the organization noi		rganızat	ion c	omp:	ens	ated a	any o	current officer, dire	ctor, or trustee	
(A) Name and Title	(B) Average hours per week (list any hours	Positio tha perso	n (do an on on is	(C) o not le bo both) t che ox, u h an or/tr	eck me inless i office ustee)	ore er	(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-	(F) Estimated amount of other compensation from the
	for related organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officer	key employee	Highest compensated employee	Former		MISC)	organization and related organizations
(1) MICHAEL GORDON PRESIDENT	16 00	х		х				0	0	0
(2) SARA WALSH PRESIDENT-ELECT	8 00	х		х				0	0	0
(3) JOHN MYERS TREASURER	8 00	х		х				0	0	0
(4) ANDY MILLS SECRETARY	8 00	х		х				0	0	0
(5) BILL BENNINGTON DIRECTOR	4 00	х						0	0	0
(6) JEFF BUROFF DIRECTOR	4 00	х						0	0	0
(7) NEWTON BURRIS DIRECTOR	4 00	х						0	0	0
(8) BOB CASE DIRECTOR	4 00	х						0	0	0
(9) TIM COCANOUR DIRECTOR	4 00	х						0	0	0
(10) HEATHER DUNN DIRECTOR	4 00	х						0	0	0
(11) JP FAULKNER DIRECTOR	4 00	х						0	0	0
(12) JILL FERGUS DIRECTOR	4 00	х						0	0	0
(13) JAN JEDLINSKY DIRECTOR	4 00	х						0	0	0

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compensation from the organization ▶ 0

Part VII

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	(A) Name and Title	(B) Average hours per week (list any hours	than c	ne bo	ox, ι n of	t che unles ficer	and a	on	(D) Reportabe compensation from the organization	tion e n (W-	(E) Reportable compensation from related organization	on d ns	Estima amount o compen from	ated of other sation the
		for related organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former	2/1099-MI	.SC)	(W- 2/1099 MISC)	-	organizat relat organiza	ed
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DIREC			^							ĭ				
	ESSE SHKOLNIK	4 00	×							0		0		0
(20) A	NDREW SHOW											_		
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	DUSTIN ULTICAN	4 00	V							0				
DIREC	TOR	···	×							Ů		١		
, ,	UE VAN WOERKOM	4 00	x							٥		ا		0
DIREC		···	^							Ŭ		Ű	<u></u>	
	TANLEY COLLINS	40 00			×					99,700	99	,700		14,800
CEO			••••							,		,		
												\dashv		
												\dashv		
1b S	ub-Total					_	•							
	otal from continuation sheets to Part Votal (add lines 1b and 1c)	VII, Section A				,	\vdash		99,700		99,70	0		14,800
2	Total number of individuals (including but	t not limited to t						ceive			•	<u>~ </u>		11,000
	of reportable compensation from the orga	inization > 0												
_	D. J. th	4				1		1	- L				Yes	No
3	Did the organization list any former offici line 1a ⁷ <i>If "Yes," complete Schedule J for</i>			кеу є •		•	e, or n	iigne •	est compensa		nployee on	3		No
4	For any individual listed on line 1a, is the organization and related organizations grandividual										ne	4	Yes	
5	Did any person listed on line 1a receive o services rendered to the organization? If "									ındıvıc	lual for	5		No
Se	ction B. Independent Contractors													
1	Complete this table for your five highest of from the organization. Report compensation	compensated in										npen	sation	
-	(A) Name and business address (B) Description of services							(C) Compensation						
													,	

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of

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

Form **990** (2017)

Part		I Statement of	Revenue								rage 3
				a respo	onse or note to any	line in tl	hıs Part VIII				🗆
				· · · · · ·		(A) revenue	Relat exe fund	ed or mpt ction	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections
	1 a	Federated campaign	ns	1a	1			revi	enue		512-514
nts nts		b Membership dues		1b	<u> </u>						
irai 10 u		c Fundraising events		1c							
s, G An		d Related organizatio		1d	<u> </u>						
Siff lar		e Government grants (co			<u> </u> 						
imi				1e							
io S	1	f All other contributions, and similar amounts n		1f	14,314						
Contributions, Gifts, Grants and Other Similar Amounts	,	above Noncash contribution in lines 1a-1f \$	ons included		· ·						
Cont and	h	Total.Add lines 1a-1	.f		•		14,314				
ı					Business	Code					
Program Service Revenue	2 a	MEMBERSHIP INCOME				900099	3,9	64,492	3,964	,492	
₹ •	b	PRESIDENT'S BALL				900099		95,656	95	,656	
رد	C	SUBSCRIPTION INCOME				511120		75,108		,108	
<u>\$</u>		OTHER EXEMPT FUNCTION				900099		73,721		,721	
Ξ	е	CONTINUING EDUCATION	N			900099		60,180 85,735		,180	
gra	f	All other program se	rvice revenue					85,/35	83	,735	
ĕ	g	Total. Add lines 2a-2f	f		▶ 4,3	54,892					
		Investment income (ii			interest, and other		27.00				37,000
		similar amounts) .			>		27,898	3			27,898
		Income from investme Royalties		•	•		52,57	5			52,575
	9 1	Royalties	(ı) Rea		(II) Personal		32,37				32,373
	6a	Gross rents	(i) itea	•	(ii) reisonai	1					
				163,485							
	ь	Less rental expenses	1	140,711							
	c	; Rental income or		22,774		-					
		(loss)				ļ					
	d	Net rental income o			• • • •		22,77	+		18,655	4,119
	7-	Gross amount	(ı) Securi	ties	(II) Other	-					
	<i>,</i> a	from sales of assets other	7	708,346							
		than inventory									
	ь	Less cost or									
		other basis and sales expenses		564,334							
		Gain or (loss)		44,012		ļ					
		Net gain or (loss)		•	•	ļ	44,01	2			44,012
a	ъа	Gross income from for form for the contract of		ents of							
듀		contributions reporte		_]						
e e		See Part IV, line 18				-					
<u>۔</u> ۳		Less direct expense: Net income or (loss)		b sing ev	ents 🕨]					
Other Revenue		Gross income from g				1					
0		See Part IV, line 19			J						
				a		-					
		Less direct expense: Net income or (loss)		b	lec .]					
		Gross sales of invent		activit	ies >	1					
		returns and allowand	ces		J						
	_			а	,						
		Less cost of goods s		b]	21,218		21 210		
	С	Net income or (loss) Miscellaneous		invent	tory ► Business Code		21,210		21,218		
-	11	aMEMBER SERVICE C			561439	-	185,579	9		185,579	
		MEMBER SERVICE C	LINILIX				r			,	
	h	ABVERTICING			900004		65,75	1		65,754	
		ADVERTISING			300004		23,,3			33,734	
	_	. —				-		1			
	C	•									
		All -ti						1			
		All other revenue . Total. Add lines 11a						1			
					•		251,333	3			
	12	Total revenue. See	Instructions	• •	· · · <u>•</u>		4,789,016	5	4,376,110	269,988	
											Form 990 (2017)

d BANK SERVICE CHARGES

25 Total functional expenses. Add lines 1 through 24e

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)

e All other expenses

Forr	m 990 (2017)				Page 10
	Int IX Statement of Functional Expenses tion 501(c)(3) and 501(c)(4) organizations must complete all col	olumns All other orga	anizations must com	nplete column (A)	
	Check if Schedule O contains a response or note to any	_			🗹
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraisingexpenses
1	Grants and other assistance to domestic organizations and domestic governments See Part IV, line 21	58,500			
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, line 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees	97,500			
	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	733,689			
8	Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions)	35,639			
9	Other employee benefits	130,301			
10	Payroll taxes	61,059			
11	Fees for services (non-employees)				
a	a Management				
t	o Legal	34,766			
c	Accounting	21,062			
ď	i Lobbying				
€	e Professional fundraising services See Part IV, line 17				
f	Investment management fees	5,551			
g	GOther (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	118,123			
14	Information technology				
15	Royalties				
16	Occupancy	170,459			
	Travel	112,634			
18	Payments of travel or entertainment expenses for any federal, state, or local public officials .				
19	Conferences, conventions, and meetings	152,110			
20	Interest				
21	Payments to affiliates	2,273,250			
22	Depreciation, depletion, and amortization	86,154			
23	Insurance	9,492			
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)				
i	a PRESIDENT'S BALL EXPENS	131,403			
l				<u> </u>	
	b PUBLIC RELATIONS	105,526			
,	c PRINTING AND PHOTOGRAPH	69,297			

66,496

180,715

Form **990** (2017)

4,653,726

11

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13

14

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16

17

18

19

20

21

23

24

25

26

27

28

29

31

32

33

34

Liabilities 22

Fund Balances

Assets or 30

Net

(B)

End of year

5

6

8

9

10c

11

12

13

14

15

16

17

18

19

20

21

22 23

24

25

26

27

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29

30

31 32

33

34

51.764

130.451

1,168,121

1.133.050

1.505.567

8,236,500

3,311,101

3,541,383

4.679.189

4,695,117

8.236.500

15.928

230,282

Page **11**

55.082

118,920

1,828,558

1.448.022

1.633.791

8.711.435

3,298,183

3,671,575

5.029.817

5,039,860

8.711.435

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10.043

373,392

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

1	Cash–non-interest-bearing		1	
2	Savings and temporary cash investments	4,110,238	2	3,509,974
3	Pledges and grants receivable, net		3	
4	Accounts receivable, net	137,309	4	117,088
5	Loans and other receivables from current and former officers, directors,			

10a

10b

3,461,609

1,633,051

(A)

Beginning of year

trustees, key employees, and highest compensated employees. Complete Part 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 instructions) Complete Part II of Schedule L . Assets Notes and loans receivable, net . Inventories for sale or use . Prepaid expenses and deferred charges

10a Land, buildings, and equipment cost or other

Investments—publicly traded securities .

Investments—other securities See Part IV, line 11 .

Investments—program-related See Part IV, line 11 .

Other assets See Part IV, line 11

Tax-exempt bond liabilities

persons Complete Part II of Schedule L .

and other liabilities not included on lines 17-24)

Total liabilities. Add lines 17 through 25 . .

Total liabilities and net assets/fund balances .

complete lines 27 through 29, and lines 33 and 34.

Organizations that do not follow SFAS 117 (ASC 958), check here

and complete lines 30 through 34.

Capital stock or trust principal, or current funds

Paid-in or capital surplus, or land, building or equipment fund . . .

Retained earnings, endowment, accumulated income, or other funds

Total assets.Add lines 1 through 15 (must equal line 34) . . .

Escrow or custodial account liability Complete Part IV of Schedule D

Secured mortgages and notes payable to unrelated third parties . . .

key employees, highest compensated employees, and disqualified

Unsecured notes and loans payable to unrelated third parties .

Loans and other payables to current and former officers, directors, trustees,

Other liabilities (including federal income tax, payables to related third parties,

Organizations that follow SFAS 117 (ASC 958), check here 🕨 🗹 and

basis Complete Part VI of Schedule D

Intangible assets

Accounts payable and accrued expenses

b Less accumulated depreciation

Grants payable . . .

Deferred revenue . . .

Complete Part X of Schedule D

Temporarily restricted net assets

Permanently restricted net assets

Total net assets or fund balances

Unrestricted net assets

• Other changes in flet assets or fund balances (explain in Schedule O)	ן פן	1		120,224
10 Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10		5	,039,860
Part XII Financial Statements and Reporting				
Check if Schedule O contains a response or note to any line in this Part XII				✓
			Yes	No
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				

☐ Both consolidated and separate basis

☐ Both consolidated and separate basis

2a

2b

2c

3а

3b

Yes

Yes

No

Nο

Form 990 (2017)

2a Were the organization's financial statements compiled or reviewed by an independent accountant?

Consolidated basis

b Were the organization's financial statements audited by an independent accountant?

Consolidated basis

separate basis, consolidated basis, or both

Separate basis

consolidated basis, or both

Audit Act and OMB Circular A-133?

Separate basis

If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed on a

If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate basis,

If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O

3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single

b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required

c If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?

audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits

Additional Data

Software ID:

Software Version: EIN: 31-4154020

Name: COLUMBUS ASSOCIATION OF REALTORS

Form 990 (2017)

AS WELL AS SEMINARS, LECTURES AND ROUNDTABLE PROGRAMS

Form 990, Part III, Line 4a:

EDUCATION - A FULL SERVICE ASSOCIATION, THE COLUMBUS ASSOCIATION OF REALTORS OFFERS REALTORS A WIDE VARIETY OF CONTINUING EDUCATION COURSES, BOTH RESIDENTIAL AND COMMERCIAL, COMPUTER TRAINING CLASSES ON TOPICS INCLUDING THE MLS SOFTWARE, COLUMBUS ASSOCIATION OF REALTORS FLEX/MLS,

Form 990, Part III, Line 4b:

COMMITTEES & EVENTS - REALTORS ARE INVITED TO PARTICIPATE IN THE MORE THAN 30 COMMITTEES AT THE ASSOCIATION OR ONE OF THE MANY SPECIAL PROGRAMS

PRODUCED BY THE COLUMBUS ASSOCIATION OF REALTORS, SUCH AS FORECAST NIGHT (JANUARY), AWARDS NIGHT (APRIL), OR THE COLUMBUS ASSOCIATION OF

REALTORS PRESIDENT'S BALL (DECEMBER)

Form 990, Part III, Line 4c: SUPPORT SERVICES & BENEFITS - PROVIDE ACCESS TO PROGRAMS AND SERVICES REAL ESTATE PROFESSIONALS NEED TO SUCCEED AND TO RECOGNIZE CENTRAL OHIO. REAL ESTATE PROFESSIONALS FOR A NUMBER OF NOTEWORTHY ACTIVITIES INCLUDING INDUSTRY AS WELL AS COMMUNITY INVOLVEMENT

efile GRAPHIC print - DO NOT PROCESS As Filed Data -**SCHEDULE D**

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.

DLN: 93493123006038 OMB No 1545-0047

Department of the Treasury Internal Revenue Service

(Form 990)

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

Open to Public Inspection

	LUMBUS ASSOCIATION OF REALTORS					byer identification number
						54020
26	organizations Maintaining Donor Advi Complete if the organization answered "Ye				or Acco	unts.
	complete if the organization anowered Te			sed funds	(b)Funds and other accounts
1	Total number at end of year					
2	Aggregate value of contributions to (during year)					
3	Aggregate value of grants from (during year)					
4	Aggregate value at end of year					
5	Did the organization inform all donors and donor adviso organization's property, subject to the organization's ex			ets held in donor ac	lvised fu	nds are the
6	Did the organization inform all grantees, donors, and do charitable purposes and not for the benefit of the donor private benefit?					
Pa	rt III Conservation Easements. Complete if th	ne organization a	nswe	red "Yes" on Forr	n 990,	
1	Purpose(s) of conservation easements held by the organ				•	,
	Preservation of land for public use (e.g., recreation	or education)		Preservation of an	historic	ally important land area
	☐ Protection of natural habitat		$\overline{\Box}$	Preservation of a		<i>,</i> .
			ш	rieservation of a t	certinea	mstoric structure
_	☐ Preservation of open space				_	
2	Complete lines 2a through 2d if the organization held a easement on the last day of the tax year	qualified conservat	ion co	intribution in the foi	rm of a c	conservation Held at the End of the Year
а	Total number of conservation easements				2a -	Tield at the Lild of the Teal
b	Total acreage restricted by conservation easements				2b	
c	Number of conservation easements on a certified histori	c structure include	d in (a	1)	2c	
d	Number of conservation easements included in (c) acquistructure listed in the National Register	red after 8/17/06,	and r	ot on a historic	2d	
3	Number of conservation easements modified, transferre tax year ►	d, released, exting	uishe	d, or terminated by	the orga	inization during the
	Number of states where property subject to conservation	n assamant is laca	tod 🏲			
4	· · · · ·					
5	Does the organization have a written policy regarding the and enforcement of the conservation easements it holds		ıng, ıı	ispection, handling	of violati	ons,
6	Staff and volunteer hours devoted to monitoring, inspect	ting, handling of v	olatio	ns, and enforcing co	onservat	ion easements during the year
7	Amount of expenses incurred in monitoring, inspecting, ► \$	handling of violation	ons, a	nd enforcing conser	vation e	asements during the year
8	Does each conservation easement reported on line 2(d) and section 170(h)(4)(B)(II)?	above satisfy the	equir	ements of section 1	70(h)(4)	(B)(I)
9	In Part XIII, describe how the organization reports cons balance sheet, and include, if applicable, the text of the the organization's accounting for conservation easemen	footnote to the org				
Par	TITI Organizations Maintaining Collections Complete if the organization answered "Ye				er Sim	ilar Assets.
1a	If the organization elected, as permitted under SFAS 11 art, historical treasures, or other similar assets held for provide, in Part XIII, the text of the footnote to its finar	public exhibition, e	ducat	ion, or research in f		
b	If the organization elected, as permitted under SFAS 11 historical treasures, or other similar assets held for pub following amounts relating to these items					
(i) Revenue included on Form 990, Part VIII, line 1					▶\$
(i	ii)Assets included in Form 990, Part X					▶ \$
2	If the organization received or held works of art, historic following amounts required to be reported under SFAS:				ncıal gaı	
а	Revenue included on Form 990, Part VIII, line 1	110 (NOC 990) Tela	anig t	S diese items		▶ \$
b	Assets included in Form 990, Part X					▶ \$
For I	Paperwork Reduction Act Notice, see the Instruction	ns for Form 990.		Cat No	52283D	Schedule D (Form 990) 201

Par	3111	Organizations Ma	aintaining Coll	ections of	Art, Histo	rical T	reas	ures, o	r Other	Similar As	ssets (con	tinued)	
3		g the organization's acq s (check all that apply)	uisition, accession	, and other re	ecords, chec	k any of	the fo	ollowing t	hat are a	significant u	ise of its co	llection	
а		Public exhibition			d		Loar	or exch	ange prog	rams			
b		Scholarly research			е		Othe	er					
С		Preservation for future	generations										
4	Provi Part :	ide a description of the XIII	organızatıon's coll	ections and e	xplain how t	hey furt	her th	e organiz	zation's ex	kempt purpo	se in		
5		ng the year, did the orga ts to be sold to raise fur								ular	☐ Yes		lo
Pai	t IV	Escrow and Cust Complete if the ord X, line 21.			on Form 99	00, Part	: IV,	ıne 9, o	r reporte	ed an amou	ınt on For	m 990,	Part
1a		e organization an agent ded on Form 990, Part X		n or other int	ermediary f	or contr	ibutior	ns or othe	er assets I	not	☐ Yes		lo
ь	If "Ye	es," explain the arrange	ment in Part XIII	and complete	the following	a table				A	mount		_
c		nning balance		,		_			1c				_
d	-	tions during the year							1d				
е	Dıstrı	ibutions during the year	-						1e				_
f	Endır	ng balance							1f				_
2 a	Dıd tl	he organization include	an amount on For	rm 990, Part 1	X, line 21, fo	r escrov	v or cı	ustodial a	ccount lia	ibility?	☐ Yes		— Io
b	If "Y∈	es," explain the arrange	ment ın Part XIII	Check here i	f the explana	ation ha	s beer	provide	d in Part)	KIII			
Pa	rt V	Endowment Fund	ds. Complete ıf	the organiza	ation answ	ered "Y	es" o	n Form	990, Par	t IV, line 1	0.		
	D			(a)Current y		Prior yea		(c)Two y	ears back)Four yea	
	_	ning of year balance .			15,928		2,335		23,856		27,728		25,527
		butions	s and laces		14,313		0,033		25,568		22,730		12,340
		vestment earnings, gair s or scholarships	· .										
		expenditures for facilities	ŀ										
	and pr	rograms	:5	:	20,198	2	6,440		27,089		26,602		10,139
		istrative expenses .			10.042		5.000		22.225		22.056		27.720
_		year balance			10,043		5,928		22,335		23,856		27,728
2		de the estimated percei	-	nt year end b	alance (line	1g, colu	ımn (a	i)) held a	S				
а		d designated or quasi-e	ndowment 🟲										
b		nanent endowment >											
С		porarily restricted endov		000 %	i								
3a	Are t	percentages on lines 2a here endowment funds nization by		•		at are h	neld ar	nd admin	stered fo	r the		Yes	No
	_	nrelated organizations									3a(i		140
		related organizations .				· . · .					3a(ii		No
b		es" on 3a(II), are the rel		s listed as red	uired on Sci	nedule F	۲۶ .	· · ·			3b		
4	Desci	ribe in Part XIII the inte	ended uses of the	organization's	s endowmen	t funds						ı	<u> </u>
Pai	t VI	Land, Buildings,	• •			_			_	_		_	
		Complete if the ord								m 990, Pa			
	Descri	ription of property	(a) Cost or oth (ınvestmei		b) Cost or oth	er basis (otner)	(c) Acc	umulated c	iepreciation	(b)	Book valu	ie
1a	Land					1	16,537						116,537
b	Buildin	ngs				2,4	63,065			1,079,689			1,383,376
		nold improvements				1	72,110			138,771			33,339
		ment				7	09,897			414,591			295,306

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

1,828,558

(a) Description of (including na	f security or category ame of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market value	
1) Financial derivatives 2) Closely-held equity interests		1,633,791	C	
3)Other			, and the second	
A)				
3)				
C)				
D)				
≣)				
;)				
G)				
H)				
otal. (Column (b) must equal Form 990, P.	Part X, col (B) line 12)	▶ 1,633,791		
Investments—Prog		orm 990. Part IV. line	11c. See Form 990, Part X, line 13.	
	n of investment	(b) Book value	(c) Method of valuation	
L)			Cost or end-of-year market value	
2)				
3)				
1)				
5)				
5)				
7)				
в)				
9)				
otal. (Column (b) must equal Form 990, P.	are 11, cor (b) mre 13)	▶		
Part IX Other Assets. Compl			(b) Book	< value
Other Assets. Comple	lete if the organization answered			k value
Other Assets. Comple	lete if the organization answered			k value
Other Assets. Comple	lete if the organization answered			k value
Other Assets. Comple	lete if the organization answered			∢ value
Other Assets. Complete: Other Assets. Complet	lete if the organization answered			< value
Other Assets. Complete: Other Assets. Complet	lete if the organization answered			< value
Other Assets. Complete Other Assets. Other Assets. Complete Other Assets. Other	lete if the organization answered			< value
Other Assets. Complement IX Other Assets. Complement II Other Assets. Co	lete if the organization answered			< value
Other Assets. Completely Other Assets. Comp	lete if the organization answered (a) Description			< value
Other Assets. Complete Other	lete if the organization answered (a) Description (a) Description 990, Part X, col (B) line 15) omplete if the organization ai		(b) Book	< value
Other Assets. Complete Co	lete if the organization answered (a) Description (a) Description 990, Part X, col (B) line 15) omplete if the organization ai		(b) Book	< value
Other Assets. Complemental Comp	990, Part X, col (B) line 15) omplete if the organization aid, line 25.	nswered 'Yes' on Form	(b) Book	< value
Other Assets. Complete. Other Assets. Complet	990, Part X, col (B) line 15) omplete if the organization aid, line 25.	nswered 'Yes' on Form	(b) Book	< value
Other Assets. Complemental Column (b) must equal Form (b) Part X Other Liabilities. Column (c) Part X Other Liabilities. Column (d) Description (a) Description (a) Description (b) Federal Income taxes	990, Part X, col (B) line 15) omplete if the organization aid, line 25.	nswered 'Yes' on Form	(b) Book	< value
Other Assets. Complemental Column (b) must equal Form (c) See Form 990, Part X (a) Description (a) Description (b) Federal Income taxes	990, Part X, col (B) line 15) omplete if the organization aid, line 25.	nswered 'Yes' on Form	(b) Book	k value
Other Assets. Complemental Column (b) must equal Form (c) See Form 990, Part X (a) Description (a) Description (b) Federal Income taxes	990, Part X, col (B) line 15) omplete if the organization aid, line 25.	nswered 'Yes' on Form	(b) Book	k value
Other Assets. Complemental Complemental Complemental Column (b) must equal Form to See Form 990, Part X (a) Description (a) Description (b) Federal Income taxes	990, Part X, col (B) line 15) omplete if the organization aid, line 25.	nswered 'Yes' on Form	(b) Book	< value
Other Assets. Complete Other	990, Part X, col (B) line 15) omplete if the organization aid, line 25.	nswered 'Yes' on Form	(b) Book	< value
Other Assets. Complete Other Assets. Other Assets	990, Part X, col (B) line 15) omplete if the organization aid, line 25.	nswered 'Yes' on Form	(b) Book	k value
Other Assets. Complete Other	990, Part X, col (B) line 15) omplete if the organization aid, line 25.	nswered 'Yes' on Form	(b) Book	< value
1) 2) 3) 4) 5) 6) 7) 8) 9) otal. (Column (b) must equal Form (b) Part X Other Liabilities. Co	990, Part X, col (B) line 15) omplete if the organization aid, line 25.	nswered 'Yes' on Form	(b) Book	< value

Provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b, Part V, line 4, Part X, line 2, Part

2d

4b

Explanation

2e 3

4c

Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

Page 4

4,653,726

4,653,726

Schedule D (Form 990) 2017

2b 2c

Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)

XI, lines 2d and 4b, and Part XII, lines 2d and 4b. Also complete this part to provide any additional information

Schedule D (Form 990) 2017

Other (Describe in Part XIII) Add lines 2a through 2d

Other (Describe in Part XIII)

Supplemental Information

Add lines 4a and 4b . .

Return Reference

Amounts included on Form 990, Part IX, line 25, but not on line 1:

Investment expenses not included on Form 990, Part VIII, line 7b . . .

Part XI

3

4

c 5

Part XIII

See Additional Data Table

Page 5		Schedule D (Form 990) 2017		
	ormation (continued)	Part XIII Supplemental Info		
	Explanation	Return Reference		

Schedule D (Form 990) 2017

Additional Data

Software ID: Software Version:

EIN: 31-4154020

Name: COLUMBUS ASSOCIATION OF REALTORS

Explanation

FROM THE ENDOWMENT FUND, HOWEVER, THEY ARE ABLE TO HELP DIRECT THE USES OF THE FUND THROUG

Supplemental Information

Return Reference

PART V, LINE 4

COLUMBUS ASSOCIATION OF REALTORS IS A DONOR TO AN ENDOWMENT FUND, WHICH IS HELD BY AND REP
ORTED AS AN ASSET OF THE COLUMBUS FOUNDATION THE ORGANIZATION IS UNABLE TO RECEIVE FUNDS

ENTION AND RESPONSE

H THE COLUMBUS ASSOCIATION OF REALTORS FOUNDATION BOARD OF TRUSTEES DURING THE YEARS ENDE D DECEMBER 31, 2017 AND 2016, THE ORGANIZATION HAS NOT RECOGNIZED INCOME FROM THE **ENDOWMEN** T THE VALUE OF THE FUND WAS \$314.378 AND \$264.178 AS OF DECEMBER 31, 2017 AND 2016, RESPE CTIVELY THE ORGANIZATION HAS SIX SEPARATE FUNDS FOR SIX DISTINCT PURPOSES. THESE FUNDS IN CLUDE THE AFFORDABLE HOUSING FUND. THE BUILDER REALTOR FUND. THE POST LICENSE GRANT FUND. THE YOUNG PROFESSIONALS NETWORK FUND, COMMERCIAL INVESTMENT DIVISION AND NATIONAL ASSOCIAT ION OF REALTORS FORECLOSURE FUND AFFORDABLE HOUSING FUND - THE PRIMARY PURPOSE OF THE AFF ORDABLE HOUSING FUND IS TO PAY FOR THE SUPERSUNDAY AFFORDABLE HOUSING OPEN HOUSE EVENT. TH IS EVENT IS HELD SEMIANNUALLY AND IS FUNDED THROUGH PARTICIPANT FEES AND CONTRIBUTIONS FRO M LENDERS BUILDER REALTOR FUND - THE PRIMARY PURPOSE OF THE BUILDER REALTOR FUND IS TO PR OVIDE SCHOLARSHIPS FOR STUDENTS WHO ARE PURSUING A REAL-ESTATE EDUCATION DEGREE. THE SCHOL ARSHIPS 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 BUI LDERS' PREVIEW SHOW, HELD EACH JANUARY POST LICENSE GRANT FUND - THE PRIMARY PURPOSE OF T HE POST LICENSE GRANT FUND IS TO PROVIDE MULTICULTURAL, POST-LICENSING ASSISTANCE TO NEW R EALTORS THESE GRANTS ARE \$500 TO HELP WITH START-UP COSTS AND ARE AWARDED SEMIANNUALLY Y OUNG PROFESSIONALS NETWORK-FUNDS ARE USED TO SPONSOR EVENTS OF THE YOUNG PROFESSIONALS NET WORK FOR REALTORS COMMERCIAL INVESTMENT DIVISION-THIS FUND IS USED TO SPONSOR AN AWARDS C EREMONEY TO RECOGNIZE OUTSTANDING REAL ESTATE PROFESSIONALS IN THE REGION NATIONAL ASSOCI ATION OF REALTORS FORCLOSURE FUND-THIS IS A GRANT FROM THE NATIONAL ASSOCIATION OF REALTOR S IN CONNECTION WITH THEIR FORECLOSURE PREVENTION AND RESPONSE PROGRAM. THIS PROGRAM PROVI DES EDUCATIONAL OPPORTUNITIES AND RESOURCES AND BEST PRACTICES RELATED TO FORECLOSURE PREV

Supplemental Information	
Return Reference	Explanation
PART X, LINE 2	FIN 48 FOOTNOTE GENERALLY ACCEPTED ACCOUNTING PRINCIPLES REQUIRED THE ORGANIZATION TO EVA LUATE THE LEVEL OF UNCERTAINTY RELATED TO WHETHER TAX POSITIONS TAKEN WILL BE SUSTAINED UP ON EXAMINATION ANY POSITIONS TAKEN THAT DO NOT MEET THE MORE-LIKELY-THAN-NOT THRESHOLD MU ST BE QUANTIFIED AND RECORDED AS A LIABILITY FOR UNRECOGNIZED TAX BENEFITS IN THE ACCOMPAN YING BALANCE SHEET ALONG WITH ANY ASSOCIATED INTEREST AND PENALTIES THAT WOULD BE PAYABLE TO THE TAXING AUTHORITIES UPON EXAMINATION INTEREST AND PENALTIES ASSOCIATED WITH UNRECOG NIZED 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

Supplemental Information	
Return Reference	Explanation
PART XI, LINE 2D - OTHER ADJUSTMENTS	NET INCOME EARNED BY SUBSIDIARIES DIFF TAX BOOK 128,222 RENTAL EXPENSES NETTED WITH RENTAL INCOME ON FORM 990

_ _ _

Supplemental Information		_
Return Reference	Explanation	
	BUILDING EXPENSES NETTED WITH BUILDING INCOME ON F/S, NOT 990 CONTINUING EDUCATION EXPENSE S NETTED ON FINANCIAL STATEMENTS, NOT 990 MEMBER SERVICE CENTER EXPENSES NETTED ON FINANCI AL STATEMENTS, NOT 990 IN CONTRACT MAGAZINE EXPENSES NETTED ON FINANCIAL STATEMENTS, NOT 990 NET GAIN ON INVESTMENTS	

Cupplemental Information

Supplemental Information	
Return Reference	Explanation
PART XII, LINE 2D - OTHER ADJUSTMENTS	MEMBER SERVICE CENTER EXPENSES NETTED ON FINANCIAL STATEMENTS, NOT 990 CONTINUING EDUCATIO N EXPENSES NETTED ON FINACIAL STATEMENTS, NOT 990 IN CONTRACT MAGAZINE EXPENSES NETTED ON FINANCIAL STATEMENTS, NOT 990

Supplemental Information	
Return Reference	Explanation
PART XII, LINE 4B - OTHER ADJUSTMENTS	RENTAL EXPENSES NETTED WITH RENTAL INCOME ON FORM 990

Sı

efile GRAPHIC print - DO NOT PROCESS As Filed Data DLN: 93493123006038 OMB No 1545-0047 Schedule I **Grants and Other Assistance to Organizations,** (Form 990) Governments and Individuals in the United States Complete if the organization answered "Yes," on Form 990, Part IV, line 21 or 22. Open to Public Attach to Form 990. Department of the Inspection ▶ Information about Schedule I (Form 990) and its instructions is at www.irs.gov/form990. Treasury Internal Revenue Service Name of the organization **Employer identification number** COLUMBUS ASSOCIATION OF REALTORS 31-4154020 Part I **General Information on Grants and Assistance** Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and ✓ Yes Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States Part III Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000 Part II can be duplicated if additional space is needed (a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (q) Description of (h) Purpose of grant (if applicable) (book, FMV, appraisal, noncash assistance organization grant cash or assistance or government assistance other) (1) See Additional Data (3) (5) (6)(7) (8)(9)(10)(11)(12)Enter total number of section 501(c)(3) and government organizations listed in the line 1 table . . . For Paperwork Reduction Act Notice, see the Instructions for Form 990. Cat No 50055P Schedule I (Form 990) 2017

Schedule I (Form 990) 2017	i					Page 2
		Domestic Individua onal space is needed	als. Complete if the org	janization answered "Yes	" on Form 990, Part IV, line 22	
(a) Type of grant or	•	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of noncash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
(1)						
(2)						
(3)						
(4)						
(5)						
(6)						
(7)						
Part IV Suppleme	ental Informati	on. Provide the inf	ormation required in	Part I, line 2; Part III	, column (b); and any other ad	ditional information.
Return Reference	Explanati	on				
PART I, LINE 2					R NON-PROFIT ORGANIZATIONS WITH MBUS ASSOCIATION OF REALTORS	ITH PURPOSES SIMILAR TO THE COLUMBUS

Additional Data

GREATER COLUMBUS

SUITE 200

CHAMBER OF COMMERCE 150 SOUTH FRONT STREET

COLUMBUS, OH 43219

31-4152950

Software ID: Software Version: **EIN:** 31-4154020 Name: COLUMBUS ASSOCIATION OF REALTORS Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments. (a) Name and address of **(b)** EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (q) Description of (h) Purpose of grant if applicable non-cash assistance organization grant cash (book, FMV, appraisal, or assistance or government assistance other) COLUMBUS HOUSING 31-1208260 501(C)(3) 28,000 BUILDING VIBRANT PARTNERSHIP INC COMMUNITIES 562 FAST MAIN STREET COLUMBUS, OH 43215

15,000

BRINGING BUSINESS
TO THE COLUMBUS

REGION

501(C)(3)

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments. (a) Name and address of (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant (b) EIN (c) IRC section organization ıf applıcable grant cash (book, FMV, appraisal, non-cash assistance or assistance other) or government assistance 501(C)(3) 15.000 46-4401521 CHARITABLE

COLUMBUS REALTOR FOUNDATION COMMUNITY 2700 AIRPORT DRIVE IMPROVEMENTS

COLUMBUS, OH 43215

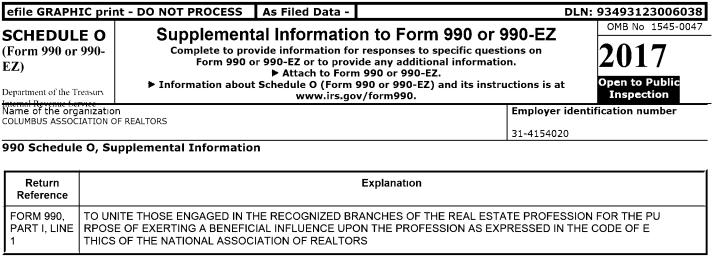
efil	e GRAPHIC pi	rint - DO NOT PROCESS	As Filed Data	a -	DLN: 934	9312	3006	038	
Sch	nedule J	C	ompensati	ion Information	MO	IB No	1545-0	0047	
(Form 990)		▶ Attach to Form 990.					2017 Open to Public		
•	tment of the Treasurv al Revenue Service	P Information a		gov/form990.	is at		ectio		
	ne of the organization				Employer identificat	ion nu	ımber		
COL	UNBUS ASSOCIATIO	JN OF REALTORS			31-4154020				
Pa	rt I Questi	ons Regarding Compensa	ition						
1a				the following to or for a person liste			Yes	No	
		·	. III to provide an	y relevant information regarding the					
		s or charter travel	님	Housing allowance or residence for	•				
		companions nification and gross-up payment	ts 🔽	Payments for business use of perso Health or social club dues or initiation					
		nary spending account		Personal services (e.g., maid, chauf					
		iary speriaring account	_	reisonal services (e.g., maia, enda	rear, errery				
b		xes in line 1a are checked, did t all of the expenses described ab		ollow a written policy regarding paym plete Part III to explain	nent or reimbursement	1 b	Yes		
2				or allowing expenses incurred by all r, regarding the items checked in line	1 1 2 2	2	Yes		
	anectors, traste	tes, officers, frictioning the CEO/	Executive Director	r, regarding the items checked in line	. Id				
3	organization's C	EO/Executive Director Check a	II that apply Dor	d to establish the compensation of th not check any boxes for methods CEO/Executive Director, but explain i					
	☑ Compens	ation committee	✓	Written employment contract					
		ent compensation consultant		Compensation survey or study					
	☐ Form 990	of other organizations	\checkmark	Approval by the board or compensa	tion committee				
4	During the year related organiza		990, Part VII, Se	ction A, line 1a, with respect to the f	iling organization or a				
а	Receive a sever	ance payment or change-of-cor	itrol payment?			4a		No	
b		r receive payment from, a supp		ified retirement plan?		4b		No	
С	•	r receive payment from, an equ	·	· ·		4c		No	
	If "Yes" to any o	of lines 4a-c, list the persons an	d provide the app	olicable amounts for each item in Part	: III				
), 501(c)(4), and 501(c)(29	-						
5		ed on Form 990, Part VII, Section ontingent on the revenues of		the organization pay or accrue any					
а	The organization	n [?]				5a			
b	Any related orga					5b			
	-	5a or 5b, describe in Part III							
6		ed on Form 990, Part VII, Section on tingent on the net earnings o		the organization pay or accrue any					
а	The organization					6 a			
b	Any related orga					6b			
_	•	6a or 6b, describe in Part III							
7		ed on Form 990, Part VII, Section escribed in lines 5 and 6? If "Ye		the organization provide any nonfixe rt III	d	7			
8				red pursuant to a contract that was section 53 4958-4(a)(3)? If "Yes," do	escribe	8			
9	If "Yes" on line 53 4958-6(c)?	8, did the organization also folio	ow the rebuttable	presumption procedure described in	Regulations section	9			
For I	Panerwork Redu	uction Act Notice, see the Ins	structions for Fo	orm 990. Cat No 5	50053T Schedule J	(Forn	1990)	2017	

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 (D) Nontaxable (C) Retirement and (E) Total of columns (F) Compensation in column (B) reported other deferred benefits (B)(i)-(D)(i) Base (ii) Bonus & incentive (iii) Other compensation as deferred on prior compensation compensation reportable Form 990 compensation 1 STANLEY COLLINS 85,000 (i) 7,500 7,200 7,400 0 107,100 85,000 (ii) 7,500 7,200 7,400 107,100

Schedule J (Form 990) 2017		
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 COLUMBUS AND ENTERTAINING INDIVIDUALS WITH WHICH THE OPERANT HAS A BUSINESS PURPOSE. TO THE EXTENT THAT A MEMBERSHIP IS USED FOR DEPSONAL	

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) 2017



990 Schedule O, Supplemental Information

Return

Reference	
FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION	THE COLUMBUS ASSOCIATION OF REALTORS IS A LOCAL LEVEL, NOT-FOR-PROFIT TRADE ASSOCIATION F OUNDED IN 1908, COLUMBUS ASSOCIATION OF REALTORS IS COMPRISED OF MORE THAN 7,000 REAL ESTA TE PROFESSIONALS ENGAGED IN RESIDENTIAL SALES AND LEASING, COMMERCIAL SALES AND LEASING, P ROPERTY 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, PICKAWAY AND UNION COUNTIES IN OHIO COLUMBUS ASSOCIATION OF REALTORS PROVIDES LEADERSHIP FOR THE REALTOR COMMUNITY BY PROTECTING THE INTERES TS OF ITS MEMBERS, PROMOTING THEIR VALUE TO THE REAL ESTATE CONSUMER, SETTING HIGH STANDAR DS 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 BI-MONTHLY MAGAZINE PROVIDED TO THE MEMBERS, OTHER COMMUNICATIONS, AND EDUCATION SEMINARS

Explanation

Return Explanation Reference

990 Schedule O, Supplemental Information

FORM 990.

PART VI,	AND AFFILIATE/SUSTAINING MEMBERSHIP THERE ARE FOUR TYPES OF REALTOR MEMBERSHIPS, INCLUDIN
SECTION A	G DESIGNATED REALTOR, REALTOR, REALTOR APPRAISER, AND INSTITUTE AFFILIATE. THE REALTOR MEM
LINE 6	BERSHIP IS LIMITED TO INDIVIDUALS WHO HAVE A REAL ESTATE LICENSE OR APPRAISER LICENSES TH
	ERE ARE THREE TYPES OF AFFILIATE/SUSTAINING MEMBERSHIPS, INCLUDING CORPORATE AFFILIATE, IN
	DIVIDUAL AFFILIATE, AND SUSTAINING THE AFFILIATE/SUSTAINING MEMBERSHIP IS AVAILABLE TO IN
	DIVIDUALS WHO DO NOT HAVE A REAL ESTATE OR APPRAISER LICENSES BUT HAVE AN INTEREST IN THE
	REAL ESTATE INDUSTRY
J	

THE COLUMBUS ASSOCIATION OF REALTORS OFFERS TWO CLASSES OF MEMBERSHIP, REALTOR MEMBERSHIP

Return Explanation
Reference

FORM 990, THE MEMBERS OF THE BOARD OF DIRECTORS ARE ELECTED BY THE GENERAL MEMBERSHIP
PART VI,
SECTION A,
LINE 7A

Return Explanation

LINE 7B

FORM 990, THE ONLY ACTION OR DECISION OF THE BOARD OF DIRECTORS THAT REQUIRES APPROVAL BY THE GENERA PART VI, L MEMBERSHIP IS THE DECISION TO CEASE MEMBERSHIP IN THE OHIO ASSOCIATION OF REALTORS AND T SECTION A. HE NATIONAL ASSOCIATION OF REALTORS

Return Explanation
Reference

FORM 990, PART VI, IS REVIEWED BY THE CEO AND THE BUDGET, FINANCE & INVESTMENT COMMITTEE THE BUDGET, FINANC SECTION B, LINE 11B ORS, AND ADDITIONAL MEMBERS-AT-LARGE OF THE ASSOCIATION A COPY OF THE FORM 990 IS PROVIDE D TO THE FULL BOARD PRIOR TO FILING

Return Explanation
Reference

FORM 990,	EACH DIRECTOR, PRINCIPAL OFFICER AND MEMBER OF A COMMITTEE WITH BOARD-DELEGATED POWERS SHA
PART VI,	LL ANNUALLY SIGN A STATEMENT AFFIRMING THAT SUCH PERSON HAS RECEIVED A COPY OF THE CONFLI
SECTION B,	CTS OF INTEREST POLICY, READ AND UNDERSTANDS THE POLICY, AGREED TO COMPLY WITH THE POLICY,
LINE 12C	AND UNDERSTANDS THAT THE COLUMBUS ASSOCIATION OF REALTORS IS A NOT-FOR-PROFIT ORGANIZATIO
	N AND THAT IN ORDER TO MAINTAIN ITS FEDERAL TAX EXEMPTION IT MUST ENGAGE PRIMARILY IN ACTI
	VITIES WHICH ACCOMPLISH ONE OR MORE OF ITS TAX-EXEMPT PURPOSES

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 15A	THE PROCESS FOR DETERMINING THE COMPENSATION OF THE CEO STARTS WITH THE SELECTION OF THE C EO EVALUATION COMMITTEE, APPOINTED BY THE PRESIDENT AND CONSISTING OF THE FOLLOWING PRESIDENT, PRESIDENT-ELECT, TREASURER, SECRETARY, 3 DIRECTORS, 2 IMMEDIATE PAST PRESIDENTS, STE ERING 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 OTHE ROFFICERS 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 Explanation
Reference

FORM 990, PART VI, SECTION C, LINE 19

Return Explanation Reference

FORM 990,	TRADE SHOW EXPENSE 55,591 DUES AND SUBSCRIPTIONS 33,686 MISCELLANEOUS 27,616 KEY BOX EX
PART IX,	PENSE 26,302 CONTINUING EDUCATION EXPENSE 25,339 LEADERSHIP ACADEMY 10,126 FOUNDATION E
LINE 24E	XPENSE 2.055

Return Explanation
Reference

LINE 9

FORM 990, PART XI.

Return Explanation
Reference

FORM 990,	THE BUDGET, FINANCE & INVESTMENT COMMITTEE SERVES AS THE AUDIT COMMITTEE FOR THE BOARD OF
PART XI,	DIRECTORS THE BUDGET, FINANCE & INVESTMENT COMMITTEE RECEIVES AND REVIEWS THE AUDITED FIN
LINE 2C	ANCIAL STATEMENTS BEFORE THEY ARE OFFICIALLY RECEIVED FOR APPROVAL BY THE BOARD OF DIRECTO
	RS THE PROCESS FOR OVERSEEING THE AUDIT AND SELECTION OF AN INDEPENDENT ACCOUNTANT HAS NO
	T CHANGED DURING THE TAX YEAR

Return Explanation
Reference

SCHEDULE	THE COLUMBUS ASSOCIATION OF REALTORS, INC. AND THE MULTIPLE LISTING SERVICES OF THE COLUMB
R, PART V,	US BOARD OF REALTORS, INC. SHARE PAID EMPLOYEES. BOTH THE COLUMBUS ASSOCIATION OF REALTORS
LINE 2(2)	, INC_AND THE MULTIPLE LISTING SERVICES OF COLUMBUS BOARD OF REALTORS, INC_SEPARATELY PA
	Y FOR THE FAIR MARKET VALUE OF THE SERVICES PROVIDED BY THE EMPLOYEES

efile GRAPHIC print - DO NOT PROCESS As Filed Data -DLN: 93493123006038 OMB No 1545-0047 **SCHEDULE R Related Organizations and Unrelated Partnerships** 2017 (Form 990) ► 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. Open to Public Department of the Treasury Inspection Internal Revenue Service Name of the organization **Employer identification number** COLUMBUS ASSOCIATION OF REALTORS 31-4154020 Identification of Disregarded Entities Complete if the organization answered "Yes" on Form 990, Part IV, line 33. Part I **(f)** Direct controlling (b) (c) Legal domicile (state (d) (a)
Name, address, and EIN (if applicable) of disregarded entity (e) Primary activity End-of-year assets Total income or foreign country) entity

Part II Identification of Related Tax-Exempt Organization related tax-exempt organizations during the tax year.	s Complet	te if the organ					Part IV	, line 34 be	cause	it had one or r		
(a) Name, address, and EIN of related organization	(b) Primary activity		Legal dor or foreig	(c) nicile (state in country)	(d) Exempt Cod) le section	(e) Public charity status (if section 501(c)(3))		(f) Direct controlling entity		Section (13) cor enti	ntrolled ity?
(1)CENTRAL OHIO REALTORS POLITICAL ACTION COMMITTEE 2700 AIRPORT DRIVE	LOCAL POLI COMMITTEE	ITICAL ACTION	ОН		527		N/A				Yes	No No
COLUMBUS, OH 43219 31-1721082									N/A			

	<u>·</u>	(b)	, ,										
(a) Name, address, and EIN of related organization			(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predomina income(rela unrelated excluded fr tax unde sections 5: 514)	ited, total incon d, om er	(g) Share of end-of-year assets	(H Disprop alloca	rtionate tions?	(1) Code V-UBI amount in bo 20 of Schedule K-: (Form 1065)	mana partr	ral or Pei ging ow ner?	(k) ercentage wnership
								Yes	No		Yes	No	
											+		
Part IV Identification of Related Organize	ations Taxable as a C	orporation	or Trus	t Complete	ıf the orga	anızatıon ans	wered "Yes	" on Fo	orm 99	90, Part IV	, line i	34	
because it had one or more related o	rganizations treated as	a corporation	n or tru	t during th	e tax year	·							
		a corporation (c) egal nicile or foreign	t during th	(d) controlling		(f) Share of total Income	Share	(g) of end- year assets	of- Perce	h) entage ership	Section (13)	(i) on 512(b) controlled
because it had one or more related of (a) Name, address, and EIN of related organization (1) MULTIPLE LISTING SERVICE OF THE COLUMBUS BOARD OF	rganizations treated as	a corporation (Le dor (state o	on or tru c) egal nicile	Direct COLUMI	(d) controlling entity BUS IATION OF	(e) Type of entity (C corp, S corp,	(f) Share of total	Share	(g) of end- year	of- Perce	h) entage ership	Section (13)	on 512(b) controlled entity?
because it had one or more related of (a) Name, address, and EIN of related organization (1) MULTIPLE LISTING SERVICE OF THE COLUMBUS BOARD OF REALTORS INC 2700 AIRPORT DRIVE COLUMBUS, OH 43219	rganizations treated as (b) Primary activity	a corporation (Le dor (state o	on or tru c) egal nicile or foreign ntry)	Direct	(d) controlling entity BUS IATION OF	(e) Type of entity (C corp, S corp,	(f) Share of total	Share	(g) of end- year	of- Perce own	h) entage ership	Section (13)	on 512(b) controlled entity? s No
because it had one or more related of (a) Name, address, and EIN of related organization (1) MULTIPLE LISTING SERVICE OF THE COLUMBUS BOARD OF REALTORS INC 2700 AIRPORT DRIVE COLUMBUS, OH 43219 31-0809177	rganizations treated as (b) Primary activity	a corporatio	on or tru c) egal nicile or foreign ntry)	Direct COLUMI ASSOCI REALTO	e tax year (d) controlling entity BUS JATION OF DRS	(e) Type of entity (C corp, S corp,	(f) Share of total	Share	(g) of end- year	of- Perce own	h) entage ership	Section (13)	on 512(b) controlled entity? s No
because it had one or more related of (a) Name, address, and EIN of related organization (1) MULTIPLE LISTING SERVICE OF THE COLUMBUS BOARD OF REALTORS INC 2700 AIRPORT DRIVE COLUMBUS, OH 43219 31-0809177 (2)REAL ESTATE WEEKLY INC 2700 AIRPORT DRIVE COLUMBUS, OH 43219 COLUMBUS, OH 43219	rganizations treated as (b) Primary activity LISTING SERVICE	a corporatio	on or tru c) egal encile or foreign entry)	Direct COLUMI ASSOCI REALTO	e tax year (d) controlling entity BUS IATION OF RS	(e) Type of entity (C corp, S corp,	(f) Share of total	Share	(g) of end- year	of- Perco	h) entage ership	Section (13)	on 512(b) controlled entity? s No
because it had one or more related of (a) Name, address, and EIN of related organization (1) MULTIPLE LISTING SERVICE OF THE COLUMBUS BOARD OF REALTORS INC 2700 AIRPORT DRIVE COLUMBUS, OH 43219 31-0809177 (2)REAL ESTATE WEEKLY INC 2700 AIRPORT DRIVE COLUMBUS, OH 43219 COLUMBUS, OH 43219	rganizations treated as (b) Primary activity LISTING SERVICE	a corporatio	on or tru c) egal encile or foreign entry)	COLUMI ASSOCI	e tax year (d) controlling entity BUS IATION OF RS	(e) Type of entity (C corp, S corp,	(f) Share of total	Share	(g) of end- year	of- Perco	h) entage ership	Section (13)	on 512(b) controlled entity? s No
because it had one or more related of (a) Name, address, and EIN of related organization (1) MULTIPLE LISTING SERVICE OF THE COLUMBUS BOARD OF REALTORS INC 2700 AIRPORT DRIVE COLUMBUS, OH 43219 31-0809177 (2)REAL ESTATE WEEKLY INC 2700 AIRPORT DRIVE COLUMBUS, OH 43219 COLUMBUS, OH 43219	rganizations treated as (b) Primary activity LISTING SERVICE	a corporatio	on or tru c) egal encile or foreign entry)	COLUMI ASSOCI	e tax year (d) controlling entity BUS IATION OF RS	(e) Type of entity (C corp, S corp,	(f) Share of total	Share	(g) of end- year	of- Perco	h) entage ership	Section (13)	on 512(b) controlled entity? s No
because it had one or more related of (a) Name, address, and EIN of related organization (1) MULTIPLE LISTING SERVICE OF THE COLUMBUS BOARD OF REALTORS INC 2700 AIRPORT DRIVE COLUMBUS, OH 43219 31-0809177 (2)REAL ESTATE WEEKLY INC 2700 AIRPORT DRIVE COLUMBUS, OH 43219 COLUMBUS, OH 43219	rganizations treated as (b) Primary activity LISTING SERVICE	a corporatio	on or tru c) egal encile or foreign entry)	COLUMI ASSOCI	e tax year (d) controlling entity BUS IATION OF RS	(e) Type of entity (C corp, S corp,	(f) Share of total	Share	(g) of end- year	of- Perco	h) entage ership	Section (13)	on 512(b) controlled entity? s No
because it had one or more related of (a) Name, address, and EIN of related organization (1) MULTIPLE LISTING SERVICE OF THE COLUMBUS BOARD OF REALTORS INC 2700 AIRPORT DRIVE COLUMBUS, OH 43219 31-0809177 (2)REAL ESTATE WEEKLY INC 2700 AIRPORT DRIVE COLUMBUS, OH 43219 COLUMBUS, OH 43219	rganizations treated as (b) Primary activity LISTING SERVICE	a corporatio	on or tru c) egal encile or foreign entry)	COLUMI ASSOCI	e tax year (d) controlling entity BUS IATION OF RS	(e) Type of entity (C corp, S corp,	(f) Share of total	Share	(g) of end- year	of- Perco	h) entage ership	Section (13)	on 512(b) controlled entity? s No
because it had one or more related of (a) Name, address, and EIN of related organization (1) MULTIPLE LISTING SERVICE OF THE COLUMBUS BOARD OF REALTORS INC 2700 AIRPORT DRIVE COLUMBUS, OH 43219 31-0809177 (2)REAL ESTATE WEEKLY INC 2700 AIRPORT DRIVE COLUMBUS, OH 43219	rganizations treated as (b) Primary activity LISTING SERVICE	a corporatio	on or tru c) egal encile or foreign entry)	COLUMI ASSOCI	e tax year (d) controlling entity BUS IATION OF RS	(e) Type of entity (C corp, S corp,	(f) Share of total	Share	(g) of end- year	of- Perco	h) entage ership	Section (13)	on 512(b) controlled entity? s No
(a) Name, address, and EIN of	rganizations treated as (b) Primary activity LISTING SERVICE	a corporatio	on or tru c) egal encile or foreign entry)	COLUMI ASSOCI	e tax year (d) controlling entity BUS IATION OF RS	(e) Type of entity (C corp, S corp,	(f) Share of total	Share	(g) of end- year	of- Perco	h) entage ership	Section (13)	on 512(b) controlled entity? s No

(2)MULTIPLE LISTING SERVICES OF THE COLUMBUS BOARD OF REALTORS

Schedule R (Form 990) 2017						Pag	e 3
Part V Transactions With Related Organizations Co	mplete if the organization answered "Yes'	on Form 990, Par	t 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
1 During the tax year, did the orgranization engage in any of the fo	ollowing transactions with one or more related o	organizations listed in	Parts II-IV?				
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or(iv) ren	t from a controlled entity				1a \	Yes	
${f b}$ Gift, grant, or capital contribution to related organization(s) .					1b		No
c Gift, grant, or capital contribution from related organization(s))				1c		No
$oldsymbol{d}$ Loans or loan guarantees to or for related organization(s) .					1d		No
${f e}$ 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
h 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 organ	ızatıon(s)				1j		No
k Lease of facilities, equipment, or other assets from related org	ganization(s)				1k	+	No
I Performance of services or membership or fundraising solicitat	ions for related organization(s)				11		No
m Performance of services or membership or fundraising solicitat	cions by related organization(s)				1m		No
n Sharing of facilities, equipment, mailing lists, or other assets w	vith related organization(s)				1n		No
\boldsymbol{o} $$ Sharing of paid employees with related organization(s) . $$.					10	Yes	
p Reimbursement paid to related organization(s) for expenses .					1р	+	No
q Reimbursement paid by related organization(s) for expenses					1 q		No
${f r}$ Other transfer of cash or property to related organization(s) .					1r	\dashv	No
${f s}$ Other transfer of cash or property from related organization(s) <u>.</u>	<u> </u>	<u>.</u> .	<u>.</u>	1s		No
2 If the answer to any of the above is "Yes," see the instructions	for information on who must complete this line	e, including covered re	elationships and tra	nsaction thresholds			
(a) Name of related organization		(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining a	ımount ınv	olved	
(1)MULTIPLE LISTING SERVICES OF THE COLUMBUS BOARD OF REALTORS		Α	159,366	FMV			

, Leave of Laurinees, equipment, of societies of sales as sales and a second of sales as sale	-	-	
k Lease of facilities, equipment, or other assets from related organization(s)	<u>-</u>	1k	No
l Performance of services or membership or fundraising solicitations for related organization(s)	[11	No
m Performance of services or membership or fundraising solicitations by related organization(s)		1m	No
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)		1o Yes	
p Reimbursement paid to related organization(s) for expenses		1p	No
q Reimbursement paid by related organization(s) for expenses		1q	No
r Other transfer of cash or property to related organization(s)		1r	No
s Other transfer of cash or property from related organization(s)	[1s	No

В

10,000

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

was not a related organization. See instructions regarding exclusion for certain investment partnerships													
(a) 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)		(e) e all partners section 501(c)(3) ganizations?	(f) Share of total Income	(g) Share of end-of-year assets	(h) Disproprtiona allocations?		(1) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)			(k) Percentage ownership
			514)	Yes	No			Yes	No		Yes	No	
										Schedul	e R (Forn	1 99	0) 2017

Schedule R (Form 990) 2017 Part VII Supplemental Information Provide additional information for responses to questions on Schedule R (see instructions) Schedule R (Form 990) 2017