Pering 990
Return of Organization Exempt From Income Tax
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

DLN: 93493207001168

OMB No 1545-0047

2017

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

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

▶ Information about Form 990 and its instructions is at <a href="https://www.irs.gov/form990">www.irs.gov/form990</a>

Department of the Treasury Internal Revenue Service Open to Public Inspection

A For the 2017 c	Doing business as  T1-6057037  Number and street (or P O box if mail is not delivered to street address) Room/suite  E Telephone number		
B Check if applicable  ☐ Address change	C Name of organization FORT SMITH BOARD OF REALTORS INC		
□ Name change □ Initial return			71 0037037
☐ Final return/terminated ☐ Amended return	Number and street (or P O box if mail is not delivered to street address)	Room/suite	
☐ Application pending	City or town, state or province, country, and ZIP or foreign postal code		(479) 783-0655
	·		<b>G</b> Gross receipts \$ 586,548
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Forr	n 990 (2	017) Page :
Pa	rt 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
	VIDING ION	A SUPERIOR LEVEL OF INFORMED, PROFESSIONAL REAL ESTATE SERVICES FOR BUYERS AND SELLERS IN THE GREATER FORT SMITH
2	Dıd th	e organization undertake any significant program services during the year which were not listed on
	the pr	ıor Form 990 or 990-EZ?
	If "Yes	s," describe these new services on Schedule O
3	Dıd th	e organization cease conducting, or make significant changes in how it conducts, any program
	servic	es <sup>7</sup>
	If "Yes	s," describe these changes on Schedule O
4	Descri	the the organization's program service accomplishments for each of its three largest program services, as measured by expenses
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20a Di b If 21 Di	Checklist of Required Schedules (continued)  In the organization operate one or more hospital facilities? If "Yes," complete Schedule H  The "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?  In the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic	20a 20b	Yes	No
<b>b</b> If <b>21</b> Diago	"Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?  Id the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic		Yes	
<b>b</b> If <b>21</b> Diago	"Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?  Id the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic			
<b>21</b> Di	id the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic	20b		No
go				
	overnment on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II 🕏	21	Yes	
	olumn (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		No
cu	Id the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's surrent and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," compensated employees? If "Yes," compensated employees? If "Yes," compensated employees? If "Yes," compensated employees?	23		No
th	Id 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>b</b> Di	id the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
	od the organization maintain an escrow account other than a refunding escrow at any time during the year	24c		
d Di	id the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
Di	ection 501(c)(3), 501(c)(4), and 501(c)(29) organizations.  Id the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," omplete Schedule L, Part I	25a		
th	s the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and not the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ?	25b		
for	Id the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or organization reports, trustees, key employees, highest compensated employees, or disqualified persons?	26		No
co	Id the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial ontributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member fany of these persons? If "Yes," complete Schedule L, Part III	27		No
	as the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV)			
	current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L,			
	art IV	28a		No
	family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part</i>	28b		No
<b>c</b> Ar	n entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an			

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	٧.				$\Box$
	F., b., 4	the growth on the day Box 2 of Ferma 1000 Fator 0 of the boundaries	الما	ı -		Yes	No
		the number reported in Box 3 of Form 1096 Enter -0- if not applicable	1a 1b	3			
		the number of Forms W-2G included in line 1a Enter -0- if not applicable			4		
С		e organization comply with backup withholding rules for reportable payments to ve ling) winnings to prize winners?	enaors •	and reportable gaming	1c	Yes	
2a	Enter t	the number of employees reported on Form W-3, Transmittal of Wage and					
		atements, filed for the calendar year ending with or within the year covered by turn	2a	;	2		
b	If at le	ast one is reported on line 2a, did the organization file all required federal employ	ment t	ax returns?	2b	Yes	
_		If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (so		•			
		e organization have unrelated business gross income of \$1,000 or more during the	•		3a	Yes	
		," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation			3b	Yes	
4a		time during the calendar year, did the organization have an interest in, or a signal account in a foreign country (such as a bank account, securities account, or oth					
					4a		No
b	If "Yes	," enter the name of the foreign country <b>&gt;</b> structions for filing requirements for FinCEN Form 114, Report of Foreign Bank and	d Finan	ocial Accounts (FRAR)			
	JCC 111.	activities for mining requirements for time EN Form 114, Report of Foreign Bank and	a i ilian	iciai Accounts (1 DAIV)			
5a	Was th	ne organization a party to a prohibited tax shelter transaction at any time during the	he tax	vear?	5a		No
		y taxable party notify the organization that it was or is a party to a prohibited tax		•	5b		No
		," to line 5a or 5b, did the organization file Form 8886-T?			30		
٠	11 163	, to line 3a of 3b, this the organization file form 6000-1	• •		5c		
6a		he organization have annual gross receipts that are normally greater than \$100,00 any contributions that were not tax deductible as charitable contributions?		d did the organization	6a		No
b		," did the organization include with every solicitation an express statement that so deductible?	uch cor	ntributions or gifts were	<b>6</b> b		
7	Organ	izations that may receive deductible contributions under section 170(c).					
а		e organization receive a payment in excess of \$75 made partly as a contribution a ed to the payor?	nd par	tly for goods and service: • •	7a		
b	If "Yes	," did the organization notify the donor of the value of the goods or services provi	ded?		7b		
С		e organization sell, exchange, or otherwise dispose of tangible personal property f 3282?	or whic	ch it was required to file	7c		
d	If "Yes	," indicate the number of Forms 8282 filed during the year	7d		-		
e	Did the	e organization receive any funds, directly or indirectly, to pay premiums on a pers	onal be	enefit contract?	7e		No
f	Did the	e organization, during the year, pay premiums, directly or indirectly, on a persona	l benef	fit contract?	7f		No
g	If the crequire	organization received a contribution of qualified intellectual property, did the orgai	nızatıor • •	n file Form 8899 as	<b>7</b> g		
h		organization received a contribution of cars, boats, airplanes, or other vehicles, die	d the o	rganization file a Form			
	1098-0	oring organizations maintaining donor advised funds.			7h		
0		donor advised fund maintained by the sponsoring organization have excess busine	ss hold	dings at any time during			
	the ye	ar <sup>9</sup>			8		
9a	Did the	e sponsoring organization make any taxable distributions under section 4966? $$ .			9a		
b	Did the	e sponsoring organization make a distribution to a donor, donor advisor, or related	d perso	n?	9b		
		n 501(c)(7) organizations. Enter		1			
		on fees and capital contributions included on Part VIII, line 12	10a		1		
		receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b		4		
		on 501(c)(12) organizations. Enter		Ī			
		income from members or shareholders	11a		-		
D		income from other sources (Do not net amounts due or paid to other sources t amounts due or received from them )	11b				
2a	Section	on 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 9	90 ın lı	eu of Form 1041?	12a		
b	If "Yes	," enter the amount of tax-exempt interest received or accrued during the year	ا ا				
			12b	,			]
				• •			

orm	990 (2017)			Page <b>6</b>
Par	Governance, Management, and DisclosureFor each "Yes" response to lines 2 through 7b below, and for a "No 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O See instructions	" respo	nse to li	nes
	Check if Schedule O contains a response or note to any line in this Part VI	<u> </u>		<b>✓</b>
Se	ction A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year  13			
	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 13	,		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2		No
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? .	3		No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		No
5	Did the organization become aware during the year of a significant diversion of the organization's assets? .	5		No
6	Did the organization have members or stockholders?	6	Yes	
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a	Yes	
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b	Yes	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following			
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	ction B. Policies (This Section B requests information about policies not required by the Internal Revenu	e Code	e.)	
			Yes	No
.0a	Did the organization have local chapters, branches, or affiliates?	10a		No
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
.1a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Yes	
	Describe in Schedule O the process, if any, used by the organization to review this Form 990			
22	Pid+th prantinton have a written conflict of interest policy? If "No " so to line 12	122	Vac	
(T.				
		·		

of reportable compensation from the organization and any related organizations  $% \left( 1\right) =\left( 1\right) \left( 1\right) \left($ 

• 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

Form 990 (2										Page <b>7</b>
Part VII	Compensation of Officers, Di and Independent Contractor:	rs								ees,
Egekina	Check if Schedule O contains a respo	onse or note to	any III	ne in tr	مند به	t VII	<u> </u>		104000	<u> L</u>
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(A) Name and Title	(B) Average hours per week (list any hours		ne bo	ox, u n off	t che inles ficer	ss pers and a	son	(D) Reportable compensation from the organization (W-	(E) Reportable compensation from related organizations (W-	Estima amount o compen from	ated of other sation the
	for related organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officei	key employee	Highest compensated employee	Former	2/1099-MISC)	2/1099-MISC)	organizat relat organiz	ed
1b Sub-Total						<u> </u>					
c Total from continuation sheets to Pad Total (add lines 1b and 1c)  2 Total number of individuals (including			<u></u>		bove	▶   ▶   e) who	rece	43,083 eived more than \$1	00.000		0
of reportable compensation from the									,	Yes	No
3 Did the organization list any <b>former</b> in line 1a? <i>If "Yes," complete Schedule 3</i>			ee, ke			oyee, o	or hi	ghest compensated	employee on	3	No
For any individual listed on line 1a, is crashration and related organization									the		
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Form 990 (2017)				Page <b>10</b>
Part IX Statement of Functional Expenses Section 501(c)(3) and 501(c)(4) organizations must complete all c	olumns All other orga	anizations must comp	olete column (A)	
Check if Schedule O contains a response or note to any	_	·	• •	🗆
Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraisingexpenses
Grants and other assistance to domestic organizations and domestic governments See Part IV, line 21	9,168	9,168		
<b>2</b> 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				
<b>5</b> Compensation of current officers, directors, trustees, and key employees	43,083		43,083	
<b>6</b> 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	20,841		20,841	
8 Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions)				
9 Other employee benefits	1,824		1,824	
10 Payroll taxes	5,070		5,070	
11 Fees for services (non-employees)				
a Management				
<b>b</b> Legal	158		158	
c Accounting	15,193		15,193	
d Lobbying				
e Professional fundraising services See Part IV, line 17				
<b>f</b> Investment management fees				
g Other (If line 11g amount exceeds 10% of line 25, column	1,155		1,155	
T <sub>r</sub>				
<b>4</b>				
a=				
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Forr	n 990	(2017)			Page <b>11</b>
Pa	art X	Balance Sheet			
		Check if Schedule O contains a response or note to any line in this Part IX	<u> </u>		🗆
			<b>(A)</b> Beginning of year		<b>(B)</b> End of year
	1	Cash-non-interest-bearing	173,416	1	237,355
	2	Savings and temporary cash investments	355,657	2	462,127
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net	760	4	1,993
	5	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L		5	
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	17	Accounts payable and accrued expenses	8,285	17	11,245
	18	Grants payable		18	
	19	Deferred revenue	51,065	19	54,779
	20	Tax-exempt bond liabilities		20	
ι.	21	Escrow or custodial account liability Complete Part IV of Schedule D		21	
Liabilities	22	Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified			
æ		persons Complete Part II of Schedule L		22	
Ξ	23	Secured mortgages and notes payable to unrelated third parties		23	_
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	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	45,808	25	47,308
	26	Total liabilities. Add lines 17 through 25	105,158	26	113,332
Ş		Organizations that follow SFAS 117 (ASC 958), check here ▶ ☑ and			
Fund Balances		complete lines 27 through 29, and lines 33 and 34.		_	ATA 40:
퍨	27	Unrestricted net assets	567,519	27	679,021
ä	28	Temporarily restricted net assets	9,170	28	8,266
핕	29	Permanently restricted net assets		29	
		Organizations that do not follow SFAS 117 (ASC 958),			
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Form	990 (2017)				Page <b>12</b>
Pai	t XI Reconcilliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI		<del></del>	<u> </u>	. 🗆
1	Total revenue (must equal Part VIII, column (A), line 12)	1			539,211
2	Total expenses (must equal Part IX, column (A), line 25)	2			428,613
3	Revenue less expenses Subtract line 2 from line 1	3			110,598
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4			576,689
5	Net unrealized gains (losses) on investments	5			
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain in Schedule O)	9			0
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10			687,287
Par	t XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				✓
<b>(D</b> ==)	If the organization changed its method of accounting from a prior year or checked "Other." explain in			ı	I
	Section 501(c)(4), (5), or (6) organizations. Complete Part III				
Nar	me of the organization T SMITH BOARD OF REALTORS INC	r ider	tifica	tion numl	ber
FUR	71-60570	137			
Par	t I-A Complete if the organization is exempt under section 501(c) or is a section 527 or	gani	zatio	n.	
1	Provide a description of the organization's direct and indirect political campaign activities in Part IV (see instruc "political campaign activities")	tions f	or defi	nition of	
2	Political campaign activity expenditures (see instructions)	<b>&gt;</b>	\$		
3	Volunteer hours for political campaign activities (see instructions)				
Par	t I-B Complete if the organization is exempt under section 501(c)(3).				
1	Enter the amount of any excise tax incurred by the organization under section 4955	<b>&gt;</b>	\$		
2	Enter the amount of any excise tax incurred by organization managers under section 4955	▶	\$		
3	If the organization incurred a section 4955 tax, did it file Form 4720 for this year?		Г	Yes	□ No

## **Additional Data**

Software Version:

**EIN:** 71-6057037

Software ID:

Name: FORT SMITH BOARD OF REALTORS INC.

Form 990 (2017)

Form 990, Part III, Line 4a:

FORT SMITH BOARD OF REALTORS - AN ORGANIZATION FOR REALTORS

## Form 990, Part III, Line 4b: FORT SMITH MULTI-LIST - A MULTI-LIST SERVICE FOR ALL REALTORS IN SEBASTIAN AND CRAWFORD COUNTIES

efile GRAPHIC pri	nt - DO NOT PROCESS	As Filed Data -		DLN	93493207001168		
SCHEDULE C	Political	Campaign an	d Lobbying A	Activities	OMB No 1545-0047		
(Form 990 or 990- EZ)	For Organizations Exe	mpt From Income	Tax Under section	501(c) and section 527	2017		
Department of the Treasury Internal Revenue Service	►Complete if the organization about	ation is described be Schedule C (Form 9 <u>www.irs.gov</u>	90 or 990-EZ) and i		Open to Public Inspection		
<ul> <li>Section 501(c)(3) org</li> <li>Section 501(c) (others</li> <li>Section 527 organization ansition</li> </ul>	wered "Yes" on Form 990, ganizations Complete Parts ler than section 501(c)(3)) orgizations Complete Part I-A on swered "Yes" on Form 990, reanizations that have filed Francisco	-A and B Do not comp anizations Complete P ly Part IV, Line 4, or For	lete Part I-C arts I-A and C below m 990-EZ, Part VI, Iın	Do not complete Part I-B	), then		
· XA75.							
V-0	Yes — u	_					
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function activities			-	<b>&gt;</b> 4	;		
•	ction expenditures Add lines		d on Form 1120-POL,	line 17b ► s	<b>5</b>		
	anızatıon file Form 1120-PO	L for this year?			☐ Yes ☐ No		
organization mad of political contrib	addresses and employer ider e payments For each organiz outions received that were pro action committee (PAC) If a	ation listed, enter the omptly and directly deli	amount paid from the vered to a separate po	filing organization's funds olitical organization, such as	Also enter the amount		
(a) Nam	e	( <b>b)</b> Address	(c) EIN	(d) Amount paid from filing organization's funds If none, enter -0-	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization If none, enter -0-		
1							
2							
3		· · · · · · · · · · · · · · · · · · ·					

	edule C (Form 990 or 990-EZ) 2017  art II-A Complete if the organization is	s exempt	under secti	on 501(c)(3)	and filed	Form	5768 (elect	Pag i <b>on unde</b> r
	section 501(h)).							
A	Check If the filing organization belongs to expenses, and share of excess lobby			t in Part IV each a	affiliated gr	oup men	nber's name, a	ddress, EIN,
В	Check $\blacktriangleright$ $\square$ if the filing organization checked bo	x A and "lin	nited control" p	rovisions apply				
	Limits on Lobbyi (The term "expenditures" mea			ırred.)		organ	Filing lization's otals	(b) Affiliated group totals
La	Total lobbying expenditures to influence public opi	ınıon (grass	roots lobbying	)				
b	Total lobbying expenditures to influence a legislati	ıve body (dı	rect lobbying)					
c	Total lobbying expenditures (add lines 1a and 1b)							
d	Other exempt purpose expenditures							
e	Total exempt purpose expenditures (add lines 1c	and 1d)						
f	Lobbying nontaxable amount Enter the amount fr columns	rom the follo	owing table in b	ooth				
	If the amount on line 1e, column (a) or (b) is	s: The lob	bying nontax	able amount is:				
	Not over \$500,000	20% of th	e amount on line	1e				
	Over \$500,000 but not over \$1,000,000	\$100,000	plus 15% of the	excess over \$500,00	00			
	Over \$1,000,000 but not over \$1,500,000	\$175,000	plus 10% of the	excess over \$1,000,	000			
	Over \$1,500,000 but not over \$17,000,000 \$225,000 plus 5% of the excess over \$1,500,000							
	Over \$17,000,000 \$1,000,000							
							<u> </u>	
g	Grassroots nontaxable amount (enter 25% of line	1f)						
h	Subtract line 1g from line 1a If zero or less, enter	r -0-						
i	Subtract line 1f from line 1c If zero or less, enter	-0-						
j	If there is an amount other than zero on either lin section 4911 tax for this year?	ne 1h or line	1ı, dıd the org	anızatıon file Forn	n 4720 rep	orting		Yes 🗆 No
	4-Year (Some organizations that made columns below. See	a section	501(h) elec		ave to co			ive
	Lobbying Ex	cpenditur	es During 4	Year Averagii	ng Period	<u> </u>		
	Calendar year (or fiscal year beginning in)		(a) 2014	<b>(b)</b> 2015	(c) 20	16	(d) 2017	(e) Total
2a	Lobbying nontaxable amount							
	4. 1:	J.			].			Las
=								
	<b>A A</b>							
	-							
<u>L</u>	<u>r</u>							

Schedule C (Form 990 or 990-EZ) 2017

Part II-B

Volunteers?

Media advertisements?

Mailings to members, legislators, or the public? Publications, or published or broadcast statements? Grants to other organizations for lobbying purposes?

activity

1

1	During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of			
	including any attempt to influence public opinion on a legislative matter of referendum, through the use of			
а	Volunteers?			
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?			
С	Media advertisements?			
d	Mailings to members, legislators, or the public?			
е	Publications, or published or broadcast statements?			
f	Grants to other organizations for lobbying purposes?			
g	Direct contact with legislators, their staffs, government officials, or a legislative body?			
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?			
i	Other activities?			
j	Total Add lines 1c through 1i			
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?			
ь	If "Yes," enter the amount of any tax incurred under section 4912			
С	If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
d	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			
Par	t III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)	:)(5), o	r sectio	n
<b>X</b>				

b	If "Yes," enter the amount of any tax incurred under section 4912			
С	If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
d	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			
Par	t III-A Complete if the organization is exempt under section 501(c)(4), section 501(c	)(5), o	r sectio	n
<b>III.</b>				
7-				
i ——				

Complete if the organization is exempt under section 501(c)(3) and has NOT filed

Form 5768 (election under section 501(h)).

For each "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying

Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?

Direct contact with legislators, their staffs, government officials, or a legislative body?

During the year, did the filing organization attempt to influence foreign, national, state or local legislation,

including any attempt to influence public opinion on a legislative matter or referendum, through the use of

**A**mount

(b)

Page 3

(b)

Amount

(a)

No

Yes

efile GRAPHIC p	rint - DO NOT PROCESS As Filed Data -		DLN: 93493207001168
SCHEDULE D (Form 990)	Supplemental Fina	incial Statements	OMB No 1545-0047
	Complete if the organization a	inswered "Yes," on Form 990,	<b> 2017</b>
•			
	ın Form 990, Part X		<b>&gt;</b> \$
For Paperwork Redu	uction Act Notice, see the Instructions for Form	<b>990.</b> Cat No 52283D	Schedule D (Form 990) 2017

Sche	edule D (Form 990) 2017				Page <b>2</b>
	Organizations Maintaining				
3	Using the organization's acquisition, accented items (check all that apply)	ession, and other records,	check any of the following	g that are a significant us	e of its collection
а	Public exhibition		<b>d</b> Loan or exc	change programs	
b	Scholariv-research		e 🗌 Other		
_					
	. / 1==				
<b>:</b> : 1					
ŧ	•				
Par	<b>Gaming.</b> Complete if the org on Form 990-EZ, line 6a.	anızatıon answered "Y	es" on Form 990, Part	IV, line 19, or reported	i more than \$15,000
KI e		(a) Bingo	(b) Pull tabs/Instant	(c) Other gaming	(d) Total gaming (add
Reverkie			bingo/progressive bingo		col (a) through col (c))
æ	1 Gross revenue				
န္					
÷ns(	2 Cash prizes				
Expenses	3 Noncash prizes				
	4 Rent/facility costs				
Direct					
	5 Other direct expenses			D <b>V</b> 0/	
			Yes %	Yes %	
	6 Volunteer labor	∐ No			
	- Direct expense cummany Add lines 2	through E in entires (d)		<b>L</b>	
_					
C	☐ Preservation for future generations				
4	Provide a description of the organization Part XIII	s collections and explain	how they further the orga	nization's exempt purpose	e in
5	During the year, did the organization sol				_
	assets to be sold to raise funds rather th		art of the organization's co	ollection?	☐ Yes ☐ No
Pa	rt IV Escrow and Custodial Arra Complete if the organization a X, line 21.		m 990, Part IV, line 9,	or reported an amoun	t on Form 990, Part
1a	Is the organization an agent, trustee, cu included on Form 990, Part X?	stodian or other intermed	iary for contributions or ot		□ Yes □ No
Ь	If "Yes," explain the arrangement in Part	· XIII and complete the fo	llowing table	Am	ount
c	Beginning balance	. All and complete the lo	moving table	1c	
d	Additions during the year			1d	
е	Distributions during the year			1e	
f	Ending balance			1f	
2a	Did the organization include an amount of	on Form 990, Part X, line	21, for escrow or custodia	l account liability?	☐ Yes ☐ No
ь	If "Yes," explain the arrangement in Part		· · · · · · · · · · · · · · · · · · ·		
Pa	rt V Endowment Funds. Comple	te if the organization a		m 990, Part IV, line 10	

3 539,21  4 Amounts included on Form 990, Part VIII, line 12, but not on line 1  a Investment expenses not included on Form 990, Part VIII, line 7b .	Sche	dule D (Form 990) 2017			Page <b>4</b>
1 Total revenue, gains, and other support per audited financial statements	Pa	· · · · · · · · · · · · · · · · · · ·	•	turn	
Amounts included on line 1 but not on Form 990, Part VIII, line 12  a Net unrealized gains (losses) on investments	1			1	674 548
a Net unrealized gains (losses) on investments					0,4,540
b Donated services and use of facilities					
c Recoveries of prior year grants					
d Other (Describe in Part XIII )		<del>                                     </del>			
e Add lines 2a through 2d		· · · ·	135 337		
3 539,21 4 Amounts included on Form 990, Part VIII, line 12, but not on line 1 a Investment expenses not included on Form 990, Part VIII, line 7b		·		2e	135,337
A mounts included on Form 990, Part VIII, line 12, but not on line 1  a Investment expenses not included on Form 990, Part VIII, line 7b . 4a    b Other (Describe in Part XIII )		-			
a Investment expenses not included on Form 990, Part VIII, line 7b .			· ·		
b Other (Describe in Part XIII )					
c Add lines 4a and 4b					
Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)	_	(2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2		40	0
Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.  Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.  1 Total expenses and losses per audited financial statements			•		
Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.  1 Total expenses and losses per audited financial statements				_	
2 Amounts included on line 1 but not on Form 990, Part IX, line 25  a Donated services and use of facilities				Ctuiii	
a Donated services and use of facilities	1	Total expenses and losses per audited financial statements		1	563,950
b         Prior year adjustments         2b         2c           c         Other losses         2c         2c           d         Other (Describe in Part XIII )         2d         135,337           e         Add lines 2a through 2d         2e         135,33	2	Amounts included on line 1 but not on Form 990, Part IX, line 25			
c Other losses	а	Donated services and use of facilities 2a			
d Other (Describe in Part XIII )	b	Prior year adjustments			
e Add lines <b>2a</b> through <b>2d</b>	c	Other losses			
	d	Other (Describe in Part XIII )	135,337		
3 428,61	е	Add lines <b>2a</b> through <b>2d</b>		2e	135,337
	3	Subtract line <b>2e</b> from line <b>1</b>		3	428,613
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Page <b>5</b>		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:** 71-6057037

Name: FORT SMITH BOARD OF REALTORS INC

#### Supplemental Information Return Reference

PART X, LINE 2

Explanation





pplemental Information					
Return Reference	Explanation				
PART XI, LINE 2D - OTHER ADJUSTMENTS	INTERCOMPANY CHARGES 88,000 SPECIAL EVENT EXPENSES 47,337				

Supplemental Information	oplemental Information					
Return Reference	Explanation					
PART XII, LINE 2D - OTHER ADJUSTMENTS	SPECIAL EVENT EXPENSES 47,337 INTERCOMPANY EXPENSES 88,000					

DLN: 93493207001168 OMB No 1545-0047 **SCHEDULE G Supplemental Information Regarding** (Form 990 or 990-EZ) **Fundraising or Gaming Activities** Complete if the organization answered "Yes" on Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a **Open to Public** Department of the Treasury Attach to Form 990 or Form 990-EZ. Inspection Internal Revenue Service ▶ Information about Schedule G (Form 990 or 990-EZ) and its instructions is at www irs gov/form990. Name of the organization **Employer identification number** FORT SMITH BOARD OF REALTORS INC 71-6057037 Part I Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part.

**Part II**Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

Reversie		(a)Event #1  SPECIAL OLYMPICS AND DONATION EXP (event type)	(b) Event #2	(c)Other events (total number)	(d) Total events (add col (a) through col (c))
<u>~</u>	1 Gross receipts	45,827			45,827
	2 Less Contributions	45,827			45,827
	4 Cash prizes				
S	5 Noncash prizes				
Expenses	<b>6</b> Rent/facility costs				
<u>\$</u>	7 Food and beverages				
й П	8 Entertainment				
Direct	9 Other direct expenses	47,337			47,337
	10 Direct expense summary Add lines 4 t	hrough 9 in column (d)			47,337
e	11 Net income cummory. Subtract line 10	from line 2 column (d)		<b>b</b>	1
ſ <b>T</b>	(——				

Sche	dule G (Form 990 or 990-EZ) 2017			P	age <b>3</b>
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 re	cords			
	Name •				
15-	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 $\blacktriangleright$ \$ and the amount of gaming revenue retained by the third party $\blacktriangleright$ \$	e			
С	If "Yes," enter name and address of the third party				
	Name ▶				
	Address ►				
16	Gaming manager information				
	Name ▶				
	Gaming manager compensation ▶ \$				
1-7-	Description of services provided ▶			<del>-</del>	rus a <del>se</del>
<u>.</u>					
Δ.					
\ <u>**</u>					
, <del>H</del>					

efile GRAPHIC print - D	O NOT PROCESS As Filed Data -	DLN: 93493207001168
Schedule I (Form 990)  Department of the	Grants and Other Assistance to Organizations, Governments and Individuals in the United States Complete if the organization answered "Yes," on Form 990, Part IV, line 21 or 22.  Attach to Form 990.	OMB No 1545-0047  2017  Open to Public Inspection
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Schedule I (Form 990) 2017

(6)

(7)

**Explanation** 

Supplemental Information. Provide the information required in Part I, line 2; Part III, column (b); and any other additional information.

Part IV

Return Reference

### **Additional Data**

Software ID: **Software Version:** 

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

**EIN:** 71-6057037

Name: FORT SMITH BOARD OF REALTORS INC

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	( <b>d)</b> Amount of cash grant	(e) Amount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
GREATER FORT SMITH			1,750				TO SPONSOR HOME

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	(g) Description of	(h) Purpose of grant				
. # # # # # # # # # # # # # # # # # # #											

2 Hability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the

efile GRAPH	IIC print	- DO NOT PROCESS As Filed Data -	DLI	N: 93493207001168				
SCHEDUL (Form 990 or EZ)	• 990-	Supplemental Information to Form 990 C Complete to provide information for responses to specific question 990 or 990-EZ to to provide any additional inform  Attach to Form 990 or 990-EZ.  Information about Schedule O (Form 990 or 990-EZ) and its in www.irs.gov/form990.	uestions on nation.	2017				
Name of the ord FORT SMITH BOAF	RD OF REALT	ors INC plemental Information	71-6057037	ntification number				
Return Reference		Explanation						
FORM 990, PART VI, SECTION A	MEMBER	RS						
4								

Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 7A	FORT SMITH BOARD OF REALTORS, INC. HAS AN AVERAGE OF 450-550 MEMBERS, AND 11% OF THE MEMBE RS MUST BE PRESENT FOR A QUORUM TO VOTE. THEY ELECT THE BOARD OF DIRECTORS AND HOLD AN ANN UAL ELECTION. ONLY 1/3 OF THE GOVERNING BODY'S TERM EXPIRE ANNUALLY, SO THERE ARE USUALLY 2 OR 3 OF THE DIRECTORS BEING ELECTED ANNUALLY IN ADDITION TO PRESIDENT, PRESIDENT ELECT, VICE PRESIDENT, AND SECRETARY

Return Explanation
Reference

FORM 990, THE MEMBERS MUST APPROVE THE OPERATING BUDGETS AND ANY PURCHASES ABOVE \$2,500 00 PART VI, SECTION A, LINE 7B

Return Explanation

FORM 990, PART VI, APPROVED BY THE BOARD FOR FILING
SECTION B, LINE 11B

Explanation Return Reference FORM 990. I FORT SMITH BOARD OF REALTORS. INC  $\,$  IS CONSIDERED A LOCAL ASSOCIATION. MEMBER OF THE STATE

990 Schedule O, Supplemental Information

PART VI,

AND NATIONAL ASSOCIATIONS OF REALTORS WE ARE MONITORED ON AN ONGOING BASIS ON A LOCAL LEV

SECTION B,

EL, A BI-ANNUAL AUDIT OF POLICIES IS DONE BY THE STATE ASSOCIATION AND THE NATIONAL ASSOCI

Return Explanation
Reference

FORM 990,	THE HIRING COMMITTEE (5 MEMBERS) AND INTERVIEW COMMITTEE (13 MEMBERS) OF BOARD OF DIRECTOR
PART VI,	S SET THE MAXIMUM DOLLAR AMOUNT OF SALARY EO DECIDES BASED UPON PERFORMANCE EVALUATION
SECTION B,	
LINE 15	

Return Explanation
Reference

FORM 990, THE GOVERNING DOCUMENTS AND FINANCIAL STATEMENTS ARE AVAILABLE TO THE PUBLIC UPON REQUEST PART VI, SECTION C, LINE 19

Return Explanation
Reference

FORM 990, PART XII, LINE 2C

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

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

# **Related Organizations and Unrelated Partnerships**

2017

**Employer identification number** 

Open to Public Inspection

Schedule R (Form 990) 2017

DLN: 93493207001168

OMB No 1545-0047

Internal Revenue Service Name of the organization

(Form 990)

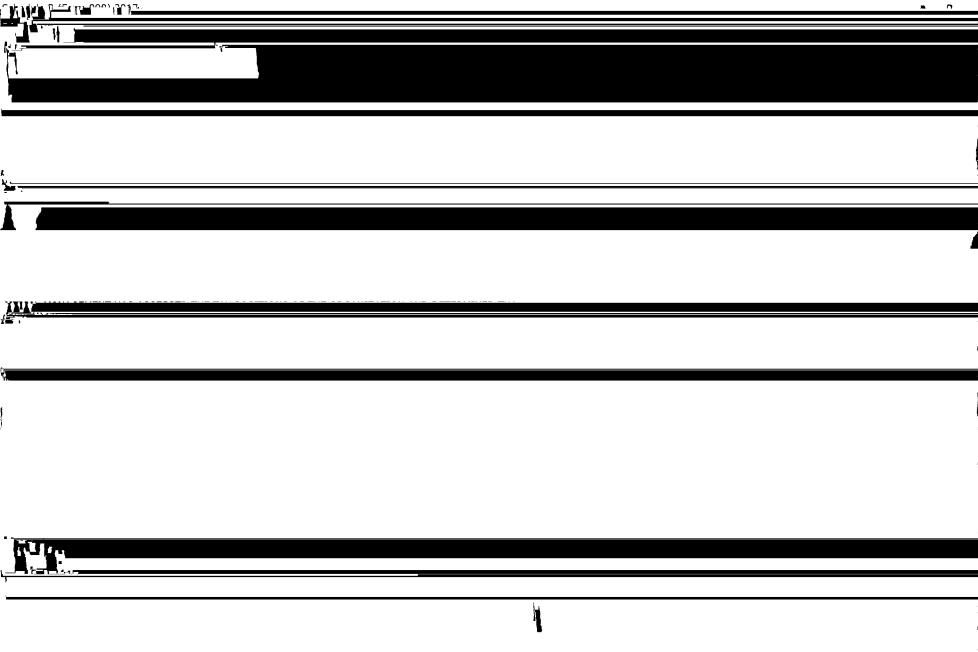
Department of the Treasury

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

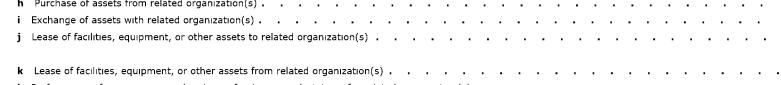
▶ Information about Schedule R (Form 990) and its instructions is at www.irs.gov/form990.

FORT SMITH BOARD OF REALTORS INC. 71-6057037 Part I Identification of Disregarded Entities Complete if the organization answered "Yes" on Form 990, Part IV, line 33. (b) (c) (d) (e) (f) Name, address, and EIN (if applicable) of disregarded entity Primary activity Legal domicile (state Total income End-of-year assets Direct controlling or foreign country) entity Part II Identification of Related Tax-Exempt Organizations Complete If the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year. (a)
Name, address, and EIN of related organization (b) (c) (e) (f) (g) Primary activity Legal domicile (state Exempt Code section Public charity status Direct controlling Section 512(b) or foreign country) (if section 501(c)(3)) entity (13) controlled entity? Yes No (1) ARKANSAS ASSOCIATION OF REALTORS AR 501(C)(6) No 11224 EXECUTIVE CENTER DR LITTLE ROCK, AR 72211 (2) NATIONAL ASSOCIATION OF REALTORS ΙL 501(C)(6) No 430 NORTH MICHIGAN AVENUE CHICAGO, IL 606114087

Cat No 50135Y



Part V Transactions With Related Organizations Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.							
Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule							
1 During the tax year, did the orgranization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?							
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or(iv) rent from a controlled entity	1a		No				
<b>b</b> Gift, grant, or capital contribution to related organization(s)	<b>1</b> b		No				
c Gift, grant, or capital contribution from related organization(s)	1c		No				
d Loans or loan guarantees to or for related organization(s)	1d		No				
e Loans or loan guarantees by related organization(s)	1e		No				
f Dividends from related organization(s)	1f		No				
g Sale of assets to related organization(s)	1g		N				
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 organization(s)	1j		No				
k Lease of facilities, equipment, or other assets from related organization(s)	1k	$\mid - \mid$	No				
l Performance of services or membership or fundraising solicitations for related organization(s)							
m Performance of services or membership or fundraising solicitations by related organization(s)							
		Ų.					



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

<b>(a)</b> Name, address, and EIN of entity	<b>(b)</b> Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512-	section 501(c)(3) organizations?		Are all partners section 501(c)(3) organizations?		(f) Share of total income (g) Share of end-of-year assets	f-year allocations?		Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		<b>(k)</b> Percentage ownership
			514)	Yes	No			Yes	No		Yes	No		
													_	
	•		•			•				Schedul	e R (Forn	າ 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