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Form 990-PF

Department of the Treasury

Internal Revenue Service

As Filed Data -

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OMB No 1545-0052

2018

Return of Private Foundation or Section 4947(a)(1) Trust Treated as Private Foundation

Do not enter social security numbers on this form as it may be made public.
 Go to <u>www.irs.gov/Form990PF</u> for instructions and the latest information.

Open to Public Inspection

or	caler	ndar year 2018, or tax year beginning 01-01-20)18 , aı	nd ending 12-31-	2018	
		indation FOUNDATION OF WAKE COUNTY		A Employer ıd	entification numbe	r
KE	ALTOR	FOUNDATION OF WARE COUNTY		26-1716740		
		street (or P O box number if mail is not delivered to street address). TORS WAY	Room/suite	B Telephone nu	mber (see instruction	ns)
	LI NEAL	Total Wal		(919) 654-5400)	
	or town 7, NC 2	, state or province, country, and ZIP or foreign postal code 27511		C If exemption	application is pending	g, check here
G Ch	neck al	I that apply Initial return Initial return of a	former public charity	D 1. Foreign or	ganizations, check he	ere \square
		Final return Amended return	,		ganizations meeting	
		Address change Name change		test, chec	k here and attach cor	mputation 🕨 🔝
1 C	eck ty	pe of organization \square Section 501(c)(3) exempt private	foundation		undation status was t n 507(b)(1)(A), checl	
	Section	4947(a)(1) nonexempt charitable trust	e private foundation			
of '	year (f	tet value of all assets at end from Part II, col (c), ▶\$ 331,846 J Accounting method □ Other (specify) (Part I, column (d) must	De on cash basis)		ation is in a 60-month n 507(b)(1)(B), checi	
Pa	rt I	Analysis of Revenue and Expenses (The total	(a) Revenue and			(d) Disbursements
		of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a) (see instructions))	expenses per books	(b) Net investment income	(c) Adjusted net income	for charitable purposes (cash basis only)
	1	Contributions, gifts, grants, etc , received (attach schedule)	122,932			
	2	Check ► ☐ If the foundation is not required to attach	122,332			
	,	Sch B	2	2	2	
	3 4	Dividends and interest from securities	7,046	7,046	7,046	
	- 5а	Gross rents	.,,,,,	,,,,,,	1,70.0	
	ь	Net rental income or (loss)				
Пe	6a	Net gain or (loss) from sale of assets not on line 10	5,507			
Revenue	b	Gross sales price for all assets on line 6a 47,446				
Re	7	Capital gain net income (from Part IV, line 2)		5,507		
	8	Net short-term capital gain			8	
	9	Income modifications				
	10a	Gross sales less returns and allowances 1,180				
	b	Less Cost of goods sold	<u> </u> ∞ 804		804	
	С 11	Other income (attach schedule)	3,414		3,414	
	12	Total. Add lines 1 through 11	139,705		· ·	
	13	Compensation of officers, directors, trustees, etc	133,703	12,555	11,2,1	
	14	Other employee salaries and wages	60,350			60,350
Š	15	Pension plans, employee benefits	16,311			16,311
1156	16a	Legal fees (attach schedule)				
<u>g</u>	b	Accounting fees (attach schedule)	3,935			3,935
Operating and Administrative Expenses	С	Other professional fees (attach schedule)	2,500			2,500
⋛	17	Interest				
stra	18	Taxes (attach schedule) (see instructions)	198			198
≣	19	Depreciation (attach schedule) and depletion				
5	20	Occupancy				
ק ק	21	Travel, conferences, and meetings	850			850
<u> </u>	22	Printing and publications	705		2 44 4	705
ב ב	23	Other expenses (attach schedule)	78,435		3,414	75,897
era	24	Total operating and administrative expenses. Add lines 13 through 23	163,284	0	3,414	160,746
Š	25	Contributions, gifts, grants paid	14,380		3,414	14,380
	26	Total expenses and disbursements. Add lines 24 and	14,300			14,300
		25	177,664	0	3,414	175,126
	27	Subtract line 26 from line 12				
	a	Excess of revenue over expenses and disbursements	-37,959			
	ь	Net investment income (if negative, enter -0-)	2.,533	12,555		
	С	Adjusted net income (If negative, enter -0-)			7,860	
or	Daner	work Reduction Act Notice, see instructions		Cat No. 11289)	· ·	m 000-DF (2018)

394,781

394,498

394,498

394,781

283

331,846

780

780

331,066

331,066

331,846

1 2

3

4

5

6

394,498

-37,959

-25,473

331,066

331,066 Form 990-PF (2018)

205,769

331,846

		Less allowance for doubtful accounts ▶	284	110
	4	Pledges receivable ▶		
		Less allowance for doubtful accounts ▶		
	5	Grants receivable		
	6	Receivables due from officers, directors, trustees, and other		
		disqualified persons (attach schedule) (see instructions)		
	7	Other notes and loans receivable (attach schedule)		
		Less allowance for doubtful accounts ▶		
2	8	Inventories for sale or use		
Assets	9	Prepaid expenses and deferred charges		
AS	10a	Investments—U S and state government obligations (attach schedule)		
	b	Investments—corporate stock (attach schedule)	225,379	9 205,769
	С	Investments—corporate bonds (attach schedule)		
	11	Investments—land, buildings, and equipment basis ▶		
		Less accumulated depreciation (attach schedule) ▶		
	12	Investments—mortgage loans		

Investments—other (attach schedule)

instructions Also, see page 1, item I)

Accounts payable and accrued expenses .

Other assets (describe > _

Grants payable

Deferred revenue .

Other liabilities (describe -_

Unrestricted . . .

Permanently restricted .

and complete lines 27 through 31.

of-year figure reported on prior year's return)

Add lines 1, 2, and 3

Decreases not included in line 2 (itemize) ▶

Other increases not included in line 2 (itemize)

Enter amount from Part I, line 27a

Temporarily restricted

Land, buildings, and equipment basis

Less accumulated depreciation (attach schedule) ▶ 6,881

Loans from officers, directors, trustees, and other disqualified persons

Mortgages and other notes payable (attach schedule).

Total liabilities(add lines 17 through 22)

Total assets (to be completed by all filers—see the

Foundations that follow SFAS 117, check here ▶

and complete lines 24 through 26 and lines 30 and 31.

Foundations that do not follow SFAS 117, check here ▶

Paid-in or capital surplus, or land, bldg, and equipment fund

Retained earnings, accumulated income, endowment, or other funds

Total net assets or fund balances (see instructions)

Total liabilities and net assets/fund balances (see instructions) .

Total net assets or fund balances at beginning of year-Part II, column (a), line 30 (must agree with end-

Total net assets or fund balances at end of year (line 4 minus line 5)—Part II, column (b), line 30

Analysis of Changes in Net Assets or Fund Balances

13 14

15 16

17

18

19

20

21

22

23

24

25

26

28 29

31 Part III

Liabilities

Fund Balances

5

Assets 27

Net 30

2

3

	e the kınd(s) of property sold (e g , rehouse, or common stock, 200 shs		(D) How acquired P—Purchase D—Donation	(c) Date acquired (mo , day, yr)	(d) Date sold (mo , day, yr)
1 a SALE OF ETFS & MUTUAL	. FUNDS		Р	2018-04-06	2018-04-06
b SALE OF ETFS & MUTUAL	. FUNDS		Р		2018-04-06
c SALE OF EFTS & MUTUAL	. FUNDS		Р		2018-11-28
d					
e					
(e) Gross sales price	(f) Depreciation allowed (or allowable)	Cost or d	(g) other basis ense of sale	Gain d	h) r (loss)) minus (g)
a	8	pius expe	on saic	(c) pius (i	9 minus (g)
	5,398		13,005		2,393
	2,040		28,934		3,106
d					
	showing gain in column (h) and ow	ned by the foundation	on 12/31/60		1\
(i) F M V as of 12/31/69	(i) Adjusted basis as of 12/31/69	Excess	(k) of col (i) (j), if any	Gains (Col (col (k), but not	l) h) gain minus less than -0-) or om col (h))
a	<u> </u>		7,,		8
b					2,393
С					3,106
d					· · · · · · · · · · · · · · · · · · ·
<u>е</u>					
	or (net capital loss) Jain or (loss) as defined in sections : rt I, line 8, column (c) (see instructi		art I, line 7	3	5,507
For optional use by domestic p f section 4940(d)(2) applies, le Vas the foundation liable for th	Inder Section 4940(e) for Recrivate foundations subject to the section 4940 this part blank e section 4942 tax on the distributated the section 4940(e) Do	ction 4940(a) tax on ne	t investment incom	ne)	es 🔽 No
1 Enter the appropriate am	ount in each column for each year,	see instructions before	making any entrie	s	
(a) Base period years Calendar year (or tax year beginning in)	(b) Adjusted qualifying distributions	(c) Net value of noncharitabl	e-use assets	(d) Distribution rat (col (b) divided by o	
2017	173,854	-	405,743	•	0 428483
2016	110,387		427,379		0 258288
2015	77,930		419,790		0 185640
2014	109,368		425,124		0 257261
2013	94,929		420,428		0 225791
2 Total of line 1, column (d	d)		2		1 355463
number of years the four	for the 5-year base period—divide dation has been in existence if less incharitable-use assets for 2018 from	than 5 years n Part X, line 5	0, or by the		0 271093 361,904 98,110
6 Enter 1% of net investme	ent income (1% of Part I, line 27b)		6		126
7 Add lines 5 and 6			7		98,236
	ons from Part XII, line 4 , later than line 7, check the box in Pa		8 plete that part usin	ng a 1% tax rate Se	175,126 e the Part VI
oc. dedon's					vrm 000-DE (2018)

Page **6**

1201	Statements Regard	uing	Activities for which	FORM 4720 May Be	Required (Continue	u)			
5a	During the year did the foundation	pay o	r incur any amount to					Yes	No
	(1) Carry on propaganda, or other	wise a	ttempt to influence legisl	ation (section 4945(e))?	☐ Yes	✓ 1	No		
	(2) Influence the outcome of any s	pecifi	c public election (see sect	tion 4955), or to carry					
	on, directly or indirectly, any vo	oter re	egistration drive?		· · · Pes	✓ 1	No		
	(3) Provide a grant to an individual	l for t	ravel, study, or other sım	ılar purposes?	☐ Yes	✓ 1	No		
	(4) Provide a grant to an organizat in section 4945(d)(4)(A)? See i			· -		✓ 1	.		
	(5) Provide for any purpose other t				· · L Yes		No		
	educational purposes, or for the	e prev	ention of cruelty to childi	ren or animals?		✓ ,	.		
b	If any answer is "Yes" to 5a(1)-(5)	, dıd a	any of the transactions fa	all to qualify under the ex	cceptions described in	Y	No		
	Regulations section 53 4945 or in a		=				5b		
	Organizations relying on a current i								
c	If the answer is "Yes" to question 5	a(4),	does the foundation clain	n exemption from the		ш			
	tax because it maintained expendit			•	· · □	П.	.		
	If "Yes," attach the statement requi		· · · · · ·		· · L Yes	ш	No		
6 a	Did the foundation, during the year	, rece	ive any funds, directly or	indirectly, to pay premi	ums on				
	a personal benefit contract?				· 🗆 🗆 vas	✓ 1	Na		
b	Did the foundation, during the year	, pay	premiums, directly or inc	lirectly, on a personal be	nefit contract?		МО 6Ь		No
	If "Yes" to 6b, file Form 8870								
7a	At any time during the tax year, wa	s the	foundation a party to a p	prohibited tax shelter tra	nsaction?		.		
b	If yes, did the foundation receive a				∟ Yes	V	NO 7b		
8	Is the foundation subject to the sec		•						
	excess parachute payment during t								
	Information About				Yes		No		
Pa	and Contractors	OIIIC	ers, Directors, Trust	ices, roundation ma	illagers, nighty Far	u EIII	рюусс	γ,	
1	List all officers, directors, truste	es fo	oundation managers ar	nd their compensation	See instructions				
	List all officers, all cetors, traste		b) Title, and average	(c) Compensation (If		. Т			
	(a) Name and address	`	hours per week	not paid, enter	employee benefit plans	and	(e) Expe	ense acc allowan	
			devoted to position	-0-)	deferred compensation	on			
See	Additional Data Table	_							
		-							
2	Compensation of five highest-pa	id en	nployees (other than t	hose included on line	1—see instructions). I	f non	e, enter	"NONE	. "
, ,	N		(b) Title, and average		(d) Contributions t				
(a)	Name and address of each employee more than \$50,000	paid	hours per week	(c) Compensation	employee benefit plans and deferred		(e) Expe	nse acci Ilowanc	
	more than \$50,000		devoted to position		compensation	•	Ochici e	o	.03
NON	 E								
	I mumahan af athan arradana a		0.000						
TOTA	I number of other employees paid ov	/er \$5	0,000		· · · · · •		F 01	10 55	/2012
							Form 99	7U-PF	(∠018

Form 990-PF (2018)		Page 7
Part VIII Information About Officers, Directors, Trust and Contractors (continued)	ees, Foundation Managers, Highly Paid	Employees,
3 Five highest-paid independent contractors for professional s	services (see instructions). If none, enter "NC	ONE".
(a) Name and address of each person paid more than \$50,000	(b) Type of service	(c) Compensation
NONE		
T-1-1		
Total number of others receiving over \$50,000 for professional services. Part IX-A Summary of Direct Charitable Activities		
List the foundation's four largest direct charitable activities during the tax year Inclu organizations and other beneficiaries served, conferences convened, research papers		Expenses
1 REALTOR FOUNDATION OF WAKE COUNTY SPONSORS AN ANGEL TR REALTORS AND THE PUBLIC TO PROVIDE GIFTS TO CHILDREN IN TH PROTECTIVE SERVICES 233 CHILDREN RECEIVED ANGEL TREE GIF	HE COMMUNITY WHO ARE IN THE CARE OF CHLD	34,632
2 REALTOR FOUNDATION OF WAKE COUNTY VOLUNTEERS DONATED OF INITIATIVES TO HELP UNDERSERVED POPULATIONS IN WAKE COUNTEURISHED APARTMENTS FOR SOUTHLIGHT HEALTHCARE CLIENTS HOUSING WHILE UNDERGOING TREATMENT FOR MENTAL HEALTH IS PARTNERED WITH CASA, A LOCAL NON-PROFIT OFFERING AFFORDA APARTMENTS AS WELL AS WITH HAVEN HOUSE, ANOTHER LOCAL NURENN HOUSE, A HOME FOR YOUTH IN CRISIS THE FOUNDATION, PROGRAM AT THE GREEN CHAIR PROJECT TO PROVIDE BEDS AND BE	ITY THE FOUNDATION ADOPTED AND WHO ARE IN NEED OF STABLE AND SECURE SSUES IN ADDITION THE FOUNDATION BLE HOUSING, TO UPFIT AND OUTFIT ON-PROFIT, TO RENOVATE THE KITCHEN AT ALSO MADE A GRANT TO THE SWEETER DREAMS	22,756
3 REALTOR FOUNDATION OF WAKE COUNTY PARTNERED WITH THE N SPONSOR A FOOD DRIVE IN RESPONSE TO THE DISASTER OF HURR IN SEPTEMBER OF 2018		7,392
4 THROUGH THE COOLING WAKE PROGRAM RUN BY WAKE COUNTY H WAKE COUNTY PROVIDED 22 COOLING UNITS TO SENIORS OR CHIL		3,200
Part IX-B Summary of Program-Related Investments	(see instructions)	
Describe the two largest program-related investments made by the foundation du	uring the tax year on lines 1 and 2	Amount
1 N/A		
2		
All other program-related investments See instructions		
Total. Add lines 1 through 3		

Qualifying distributions. Add lines 1a through 3b Enter here and on Part V, line 8, and Part XIII, line 4

Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment

the section 4940(e) reduction of tax in those years

4

5

Note: The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the foundation qualifies for

3a 3h

4

5

175.126

175.000

Form 990-PF (2018)

126

b Total for prior years

a Enter amount for 2017 only. .

3 Excess distributions carryover, if a From 2013. **b** From 2014. . . . c From 2015. . d From 2016. . . . e From 2017.

Form **990-PF** (2018)

Page 9

		•	
P	art XIII	Undistributed Income (see instruc	tions)
1	Distributabl	le amount for 2018 from Part XI, line 7	
2	Undistribute	ed income, if any, as of the end of 2018	

of the end of 2018	
20 , 20	
any, to 2018	
	l

(a)

Corpus

175,126

175,126

(b)

Years prior to 2017

(c)

2017

f Total of lines 3a through e.

(Election required—see instructions). required—see instructions). **d** Applied to 2018 distributable amount. . . . e Remaining amount distributed out of corpus

XII, line 4 🕨 \$

4 Qualifying distributions for 2018 from Part

a Applied to 2017, but not more than line 2a **b** Applied to undistributed income of prior years c Treated as distributions out of corpus (Election

same amount must be shown in column (a))

5 Excess distributions carryover applied to 2018 (If an amount appears in column (d), the

a Corpus Add lines 3f, 4c, and 4e Subtract line 5 b Prior years' undistributed income Subtract line 4b from line 2b c Enter the amount of prior years' undistributed income for which a notice of deficiency has been issued, or on which the section 4942(a) tax has been previously assessed. d Subtract line 6c from line 6b Taxable amount e Undistributed income for 2017 Subtract line 4a from line 2a Taxable amount—see instructions f Undistributed income for 2018 Subtract lines 4d and 5 from line 1. This amount must be distributed in 2019 7 Amounts treated as distributions out of corpus to satisfy requirements imposed by section 170(b)(1)(F) or 4942(g)(3) (Election may be required - see instructions) 8 Excess distributions carryover from 2013 not applied on line 5 or line 7 (see instructions) . . .

6 Enter the net total of each column as

9 Excess distributions carryover to 2019.

10 Analysis of line 9 a Excess from 2014. . **b** Excess from 2015. . c Excess from 2016. . . d Excess from 2017. . e Excess from 2018. .

Subtract lines 7 and 8 from line 6a

indicated below:

ı.	Part XIV Private Operating Found	lations (see ınstru	ctions and Part V	II-A, question 9)					
	If the foundation has received a ruling or de foundation, and the ruling is effective for 20	18, enter the date of	the ruling.	▶∟					
b	Check box to indicate whether the organizat	ion is a private opera	ting foundation desc	ribed in section 🗹	4942(j)(3) or L	4942(j)(5)			
2a	Enter the lesser of the adjusted net	Tax year			(e) Total				
	income from Part I or the minimum investment return from Part X for each	(a) 2018	(b) 2017	(c) 2016	(d) 2015	(0) 10141			
	year listed	7,860	6,130	2,889	3,277	20,156			
	85% of line 2a	6,681	5,211	2,456	2,785	17,133			
	Qualifying distributions from Part XII, line 4 for each year listed	175,126	173,915	110,416	77,963	537,420			
d	Amounts included in line 2c not used directly for active conduct of exempt activities				6,000	6,000			
е	Qualifying distributions made directly for active conduct of exempt activities Subtract line 2d from line 2c	175,126	173,915	110,416	71,963	531,420			
3	Complete 3a, b, or c for the alternative test relied upon	173,120	173,713	110,110	, 1,503	331,120			
а	"Assets" alternative test—enter								
	(1) Value of all assets (2) Value of assets qualifying under section 4942(1)(3)(B)(i)								
b	"Endowment" alternative test— enter 2/3 of minimum investment return shown in Part X, line 6 for each year listed	12,063	13,525	14,246	13,993	53,827			
С	"Support" alternative test—enter	,	,	,	,	, , , , , , , , , , , , , , , , , , ,			
	(1) Total support other than gross investment income (interest, dividends, rents, payments on securities loans (section 512(a)(5)), or royalties)								
	(2) Support from general public and 5 or more exempt organizations as provided in								
	section 4942(j)(3)(B)(iii) (3) Largest amount of support from an exempt organization								
	(4) Gross investment income								
D:				oundation had \$	5,000 or more i	in			
1 a	Supplementary Information (Complete this part only if the foundation had \$5,000 or more in assets at any time during the year—see instructions.) Information Regarding Foundation Managers: a List any managers of the foundation who have contributed more than 2% of the total contributions received by the foundation before the close of any tax year (but only if they have contributed more than \$5,000) (See section 507(d)(2)) b List any managers of the foundation who own 10% or more of the stock of a corporation (or an equally large portion of the ownership of a partnership or other entity) of which the foundation has a 10% or greater interest Information Regarding Contribution, Grant, Gift, Loan, Scholarship, etc., Programs: Check here I if the foundation only makes contributions to preselected charitable organizations and does not accept unsolicited requests for funds. If the foundation makes gifts, grants, etc. to individuals or organizations under other conditions, complete items 2a, b, c, and d. See instructions.								
а	The name, address, and telephone number	or email address of th	ne person to whom a	applications should b	e addressed				
b	The form in which applications should be sul	bmitted and informat	on and materials th	ey should ınclude					
С	Any submission deadlines								
d	Any restrictions or limitations on awards, su factors	ch as by geographica	l areas, charitable fi	elds, kınds of ınstitu	tions, or other				



a BOWLIN			siness income	Excluded by section	512, 513, or 514	(e) Related or exempt
b	ervice revenue	(a) Business code	(b) Amount	(c) Exclusion code	(d) Amount	function income (See instructions)
	NG EVENT			1	3,414	
_						
d						
e						
g Fees and	d contracts from government agencies					
	nip dues and assessments					
	n savings and temporary cash					
ınvestmer	nts			14	2	
	and interest from securities			14	7,046	
5 Net rental	l income or (loss) from real estate					
	anced property					
	t-financed property					
	l income or (loss) from personal property					
	estment income					
•	oss) from sales of assets other than					
inventory				14	5,507	
	ne or (loss) from special events					
	ofit or (loss) from sales of inventory					804
	renue a					
	_					
_						
	Add columns (b), (d), and (e).				15,969	
	d line 12, columns (b), (d), and (e).			13	·	16,773
Part XVI-E	Sheet in line 13 instructions to verify calcu Relationship of Activities to the		ment of Exem	pt Purposes		
Line No.	Explain below how each activity for which the accomplishment of the foundation's ex					
Tine No.						
Tine No.	the accomplishment of the foundation's ex					
Tine No.	the accomplishment of the foundation's ex					
Tine No.	the accomplishment of the foundation's ex					
Tine No.	the accomplishment of the foundation's ex					
Tine No.	the accomplishment of the foundation's ex					
Tine No.	the accomplishment of the foundation's ex					
Tine No.	the accomplishment of the foundation's ex					
Line No. ■	the accomplishment of the foundation's ex					
Line No. ■	the accomplishment of the foundation's ex					
Line No. ■	the accomplishment of the foundation's ex					
Tine No.	the accomplishment of the foundation's ex					
Tine No.	the accomplishment of the foundation's ex					
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Line No. ■	the accomplishment of the foundation's ex					
Line No. ■	the accomplishment of the foundation's ex					
Tine No.	the accomplishment of the foundation's ex					
Line No. ■	the accomplishment of the foundation's ex					
Tine No.	the accomplishment of the foundation's ex					
Tine No.	the accomplishment of the foundation's ex					
Tine No.	the accomplishment of the foundation's ex					

1 (20	510)
П	Information Regarding Transfers To and Transactions and Relationships With Noncharitable Exempt Organizations
	EXCIIDI OI GAIIZALIOIIS

L	art xvii	Exempt Organia	zations											
1	Did the or (c) (other	rganization directly or in than section 501(c)(3)	directly enga	ge in s) or i	any of the	following with 527, relating to	any pol	other or	ganızatıc anızatıon	n described in sect	ion 501		Yes	No
а	Transfers	from the reporting foun	dation to a ne	oncha	ırıtable ex	empt organizat	ion	of						
	(1) Cash											1a(1)		No
	(2) Othe	er assets										1a(2)		No
b	Other tran	nsactions												
		s of assets to a nonchari	•	_								1b(1)		No
		hases of assets from a n										1b(2)		No
		al of facilities, equipmer	· ·									1b(3)		No
		bursement arrangemen					•				•	1b(4)	Yes	
		s or loan guarantees.										1b(5)		No
		rmance of services or m									•	1b(6)		No
	_	f facilities, equipment, n	-									1c		No
a	of the goo	wer to any of the above ods, other assets, or ser	vices given b	y the	reporting	foundation If t	the f	oundatioi	n receive	d less than fair ma	rket valu			
	ın any tra	nsaction or sharing arra	ngement, sho	ow in	column (c	i) the value of	the	goods, ot	her asse	ts, or services rece	eived			
(a \	Line No	(b) Amount involved	(c) Namo of	nonch:	aritable ove	mpt organization	ı	(d) Dos	cription of	transfers, transaction	c and chai	ing arrai	aaoman	tc
Lb(· , ,	RALEIGH RE							AND OVERHEAD	s, and sna	iliy allai	igennen	LS
(-,	5_7, 55					1							
							-							
							-							
2a	Is the fou	ndation directly or indire	ectly affiliated	d with	, or relate	d to, one or mo	ore t	tax-exem	pt organ		_	_		
	described	ın section 501(c) (other	than section	501(c)(3)) or i	ın section 527?	٠.			∠\	res L	Ινο		
b	If "Yes," o	complete the following so												
		(a) Name of organization	n			b) Type of organi	zatio	n		(c) Descriptio				
₹AI	EIGH REG	SIONAL ASSOC			501 C 6				MAJOR I	DONOR/COMMON E	BOARD M	MBERS	5	
	Und	ler penalties of perjury,	I declare that	t I ha	ve examın	ed this return.	ıncl	udina acc	ompanvi	ng schedules and s	tatement	s, and t	to the l	best
	of n	ny knowledge and belief	, it is true, co											
c:		ch preparer has any kno	wledge			ı								
	gn	*****				2019-02-07		*	****		May th return	ie IRS di	scuss th	115
П	ere							—) -			with th	ne prepar	er show	vn
		Signature of officer or ti	rustee			Date		7	itle		below ,	nstr)? 🕻	7 1 r	п І
		<u> </u>								,	(see ir	istr) / 🗅	ı Yes └	⊔ No
		Print/Type preparer's	name	Prep	arer's Sıgr	nature		Date			PTIN			
										Check if self-		P00921	817	
		SUSAN GLENDENN	ING					2019-	02-07	employed ▶ 🏻		100321	.017	
_	nid							2019	J2 J/					
	eparer		DISON & CAI	SON	LLP			•			Fırm's E	IN > 56-	.10531	87
Us	se Only										1 11111 5 E.	™ ► 20.	10231	.57
		Firm's address ► 11	11 OBERLIN	RD										
		RA RA	LEIGH, NC 2	27605	1136						Phone n	0 (919)	821-5	5482

Form 990PF Part VIII Line 1 - List all officers, directors, trustees, foundation managers and their compensation (a) Name and address Title, and average (c) Compensation (If (d) Expense account, hours per week not paid, enter Contributions to (e) other allowances (b) devoted to position -0-) employee benefit plans and deferred compensation TIM MCBRAYER PRESIDENT 0 0 5 00 111 REALTORS WAY CARY, NC 27513 LESLIE WILLIAMS 0 0 PRESIDENT EL 0 5 00 111 REALTORS WAY CARY, NC 27513 GINA MILLER PAST PRESIDE 0 0 5 00 111 REALTORS WAY CARY, NC 27513 BEN WILLS ٥ 0 **TREASURER** 0 5 00 111 REALTORS WAY CARY, NC 27513 TERI AINSWORTH 0 0 DIRECTOR 2 00 111 REALTORS WAY CARY, NC 27513 **BRENDA CARROLL** DIRECTOR 0 0 0 2 00 111 RALTORS WAY CARY, NC 27513 STEVE COLLINS 0 0 DIRECTOR 0 2 00 111 REALTORS WAY CARY, NC 27513 FRANK DERONJA 0 DIRECTOR 0 0 2 00 111 REALTORS WAY CARY, NC 27513 HARRIETTE DOGGETT 0 0 DIRECTOR 0 2 00 111 REALTORS WAY CARY, NC 27513 TOM GONGAWARE DIRECTOR 0 0 0 2 00 111 REALTORS WAY CARY, NC 27513 LEWIS GRUBBS DIRECTOR 0 0 2 00 111 REALTORS WAY CARY, NC 27513 DANIEL HARMON 0 0 DIRECTOR 2 00 111 REALTORS WAY CARY NC, NC 27513 GRAYSON HODGE DIRECTOR 0 0 0 2 00 111 REALTORS WAY CARY, NC 27513 HANES JOYNER DIRECTOR 0 0 0 2 00 111 REALTORS WAY CARY, NC 27513 ANNETTE KNOX DIRECTOR 0 0 2 00 111 REALTORS WAY CARY, NC 27513

Form 990PF Part VIII Line 1 - List all officers, directors, trustees, foundation managers and their compensation (a) Name and address Title, and average (c) Compensation (If (d) Expense account, (e) other allowances hours per week not paid, enter Contributions to (b) devoted to position -0-) employee benefit plans and deferred compensation TIM MOCK DIRECTOR 0 2 00 111 REALTORS WAY

CARY, NC 2/513				
DAWN NUZZI	DIRECTOR	0	0	0
111 REALTORS WAY CARY, NC 27513	2 00			
MOLLIE OWEN	DIRECTOR	0	0	0

111 REALTORS WAY CARY, NC 27513				
MOLLIE OWEN	DIRECTOR	0	0	0
111 REALTORS WAY CARY, NC 27513	2 00			
BETH SMOOT	DIRECTOR	0	0	0

111 REALTORS WAY CARY, NC 27513	2 00			
BETH SMOOT	DIRECTOR	0	0	0
111 RALTORS WAY CARY, NC 27513	2 00			
MARGARET SOPHIE	DIRECTOR	0	0	0

BETH SMOOT 111 RALTORS WAY CARY, NC 27513	DIRECTOR 2 00	0	0	0
MARGARET SOPHIE	DIRECTOR	0	0	0
111 REALTORS WAY	2 00			

CARY, NC 27513				
MARGARET SOPHIE	DIRECTOR	0	0	0
111 REALTORS WAY CARY, NC 27513	2 00			

CARY, NC 2/513				
MARGARET SOPHIE	DIRECTOR	0	0	
111 REALTORS WAY CARY, NC 27513	1 2 00			

111 REALTORS WAY CARY, NC 27513	2 00			
TESSA HULTZ	EX OFFICIO	0	0	0

'				1
TESSA HULTZ	EX OFFICIO	0	0	0
111 REALTORS WAY CARY, NC 27513	2 00			

Recipient If recipient is an individual, Purpose of grant or Foundation Amount show any relationship to status of contribution any foundation manager recipient Name and address (home or business)

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

or substantial contributor

Total .

a Paid during the year GREEN CHAIR PROJECT 1853 CAPITAL BLVD RALEIGH, NC 27604 NONE 501C3 EXEMPT CHILDREN'S BED PROGRAM 5,000				
1853 CAPITAL BLVD EXEMPT	a Paid during the year			
	1853 CAPITAL BLVD		CHILDREN'S BED PROGRAM	5,000

RALEIGH, NC 27604				
HAVEN HOUSE 600 W CABARRUS STREET RALEIGH, NC 27603	NONE	501C3 EXEMPT	WRENN HOUSE RENOVATION	6,380
SHEPHERD'S TABLE SOUP KITCHEN	NONE	501C3	SOUP KITCHEN	500

600 W CABARRUS STREET RALEIGH, NC 27603		EXEMPT	THE THE THE THE THE THE	5,555
SHEPHERD'S TABLE SOUP KITCHEN 125 HILLSBOROUGH STREET RALEIGH, NC 27601	NONE	501C3 EXEMPT	SOUP KITCHEN	500

14,380

600 W CABARRUS STREET RALEIGH, NC 27603		EXEMPT		
SHEPHERD'S TABLE SOUP KITCHEN 125 HILLSBOROUGH STREET RALEIGH, NC 27601	NONE	501C3 EXEMPT	SOUP KITCHEN	5

Recipient If recipient is an individual, Foundation Purpose of grant or Amount show any relationship to contribution status of any foundation manager recipient Name and address (home or business) or substantial contributor

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

a Paid during the year				
INTER-FAITH FOOD SHUTTLE 1001 BLAIR DRIVE RALEIGH, NC 27603	NONE	501C3 EXEMPT	HUNGER RELIEF	500
			l	

,				
FAMILY PROMISE OF WAKE COUNTY 903 METHOD ROAD RALEIGH, NC 27606	NONE	501C3	TRANSITIONAL HOUSING	1,500

903 METHOD ROAD RALEIGH, NC 27606				
CASA624 W JONES STREET	NONE	501C3	AFFORDABLE HOUSING	500

RALEIGH, NC 27606				
CASA624 W JONES STREET RALEIGH, NC 27603	NONE	501C3	AFFORDABLE HOUSING	500

RALEIGH, NC 27603		
Total	 ▶ 3a	14,380

efile GRAPHIC print - DO NOT P	ROCESS As Filed	Data -		DLN: 93491039006099		
TY 2018 Accounting Fe	es Schedule					
J						
Name: REALTOR FOUNDATION OF WAKE COUNTY EIN: 26-1716740						
Category	Amount	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes		
ACCOUNTING	3,93	5		3,935		

efile GRAPHIC print - DO NOT PROCESS	As Filed Data -			DLN: 93491039006099
TY 2018 Investments Corpora	te Stock Sche	dule		
Name:	REALTOR FOUNDA	ATION OF	WAKE COUNTY	
EIN:	26-1716740			
Investments Corporation Stock Schedule				
Name of Stee			End of Voor Book	End of Voor Enir

Name of Stock End of Year Book End of Year Fair Value **Market Value** 205,769 MUTUAL FUNDS 205,769

TY 2018 Land, Etc. Schedule						
-----------------------------	--	--	--	--	--	--

DLN: 93491039006099

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

Name: REALTOR FOUNDATION OF WAKE COUNTY
EIN: 26-1716740

Category / Item	Cost / Other Basis	Accumulated Depreciation	Book Value	End of Year Fair Market Value
WEBSITE & ORGANIZATIONAL	6,881	6,881		

efile GRAPHIC print - DO NOT PROCESS	As Filed Data -		DLN	: 93491039006099		
TY 2018 Other Expenses Sche	dule					
Name:	REALTOR FOUN	IDATION OF WAK	E COUNTY			
EIN:	EIN: 26-1716740					
Other Expenses Schedule						
Description	Revenue and Expenses per Books	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes		

2,455

34,632

7,522

3,079

7,392

3,443

275

959

2,455

959

34,632

7,522

3,079

7,392

3,443

275

BOWLING EVENT
VENUE RENTAL

ANGEL TREE PROJECT EXPENSES

SOUTHLIGHT PROJECT EXPENSES

HAVEN HOUSE PROJECT EXPENSES

FOOD DRIVE NON-CASH DONATIONS

JOURNEY BAG PROJECT EXPENSES

CASA PROJECT EXPENSES

SUPPLIES

EXPENSES

Description **Adjusted Net** Charitable Expenses per Income Income Books **Purposes** COOLING WAKE PROJECT EXPENSES 3,200 3,200

Revenue and

Other Expenses Schedule

DONOR DEVELOPMENT OFFICE EXPENSE COMPUTER & WEBSITE

COMMITTEE AND BOARD EXP

BANK & INV FEES

TELEPHONE

WOMEN'S CENTER PROJECT EXPENS	1,771		1,771
OTHER PROGRAM EXPENSES	1,721		1,721
AFFORDABLE HOUSING SEMINARS	651		651

559

773

5,782

2,852

651		651
354		730
1 015		1 515

Net Investment

Disbursements for

559

2,852 773

5,782

Description

efile GRAPHIC print - DO NOT PROCESS

BOWLING EVENT

Name: REALTOR FOUNDATION OF WAKE COUNTY

EIN: 26-1716740

Other Income Schedule

DLN: 93491039006099

As Filed Data -

Net Investment

Adjusted Net Income

Revenue And **Expenses Per Books**

3,414

Income

3,414

efile GRAPHIC print - DO NOT PROCESS	As Filed Data -		DLN: 93491039006099
TY 2018 Other Increases School	edule		
Name:	REALTOR FOU	NDATION OF WAKE COUNTY	
EIN:	26-1716740		
Description			Amount

-25,473

UNREALIZED INVESTMENT GAINS/LOSSES

efile GRAPHIC print - DO NOT PROCESS	S As Filed Data	-	DL	N: 93491039006099			
TY 2018 Other Professional Fees Schedule							
Name: REALTOR FOUNDATION OF WAKE COUNTY							
EIN: 26-1716740							
Category	Amount	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes			

2,500

STRATEGIC PLANNING

efile GRAPHIC print - DO NO	T PROCESS AS	Filed Data -		DLN: 93491039006099	
TY 2018 Sales Of Inventory Schedule					
Name: REALTOR FOUNDATION OF WAKE COUNTY EIN: 26-1716740					
Category	Gross Sal	es Cos	st of Goods Sold	Net (Gross Sales Minus Cost of Goods Sold)	
MERCHANDISE SALES	1	.,180	376	804	

efile GRAPHIC print - DO NOT PROCE	SS As Filed Data	-	DL	N: 93491039006099	
TY 2018 Taxes Schedule					
Name: REALTOR FOUNDATION OF WAKE COUNTY					
EIN: 26-1716740					
Category	Amount	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes	
2017 990-PF	61			61	
SECRETARY OF STATE	137			137	

efile GRAPHIC print - DO	NOT PROCESS As Filed	l Data -		DLN: 93491039006099		
Schedule B	Sc	chedule of Contributo	ors	OMB No 1545-0047		
(Form 990, 990-EZ, or 990-PF) Department of the Treasury Internal Revenue Service	► Attach to Form 990, 990-EZ, or 990-PF ► Go to <u>www ırs gov/Form990</u> for the latest information					
Name of the organizatio REALTOR FOUNDATION OF			Employer	identification number		
Organization type (chec	(one)		26-171674	0		
	·					
Filers of:	Section:					
Form 990 or 990-EZ	☐ 501(c)() (enter nui	ımber) organızatıon				
	4947(a)(1) nonexem	npt charitable trust not treated a	as a private foundation			
	☐ 527 political organiz	zation				
Form 990-PF	☑ 501(c)(3) exempt pr	rivate foundation				
	4947(a)(1) nonexem	4947(a)(1) nonexempt charitable trust treated as a private foundation				
	501(c)(3) taxable pri	rivate foundation				
		or 990-PF that received, during butor Complete Parts I and II S				
Special Rules						
under sections 50 received from any	9(a)(1) and 170(b)(1)(A)(vi), t)(3) filing Form 990 or 990-EZ th that checked Schedule A (Form rear, total contributions of the gro 1 Complete Parts I and II	990 or 990-EZ), Part II, line 13	3, 16a, or 16b, and that		
during the year, to	tal contributions of more than)(7), (8), or (10) filing Form 990 on \$1,000 exclusively for religious lidren or animals. Complete Part	s, charitable, scientific, literary,			
during the year, co If this box is check purpose Don't co	ontributions exclusively for rel ked, enter here the total contri mplete any of the parts unless)(7), (8), or (10) filing Form 990 of eligious, charitable, etc., purpose ributions that were received duri is the General Rule applies to th \$5,000 or more during the year	es, but no such contributions to ing the year for an exclusively i his organization because it rec	taled more than \$1,000 religious, charitable, etc , eived <i>nonexclusively</i>		
990-EZ, or 990-PF), but i	must answer "No" on Part IV	neral Rule and/or the Special Ru V, line 2, of its Form 990, or che ertify that it doesn't meet the filing	ck the box on line H of its			
For Paperwork Reduction Action Form 990, 990-EZ, or 990-	t Notice, see the Instructions PF	Cat No 30613X	Schedule B (Form 99	90, 990-EZ, or 990-PF) (2018)		

Name of organization

REALTOR FOUNDATION OF WAKE COUNTY

Employer identification number

26-1716740

Part I Contributors (See instructions) Use duplicate copies of Part I if additional space is needed (a) (d) No. **Total contributions** Type of contribution Name, address, and ZIP + 4 Person RALEIGH REGIONAL ASSOC OF REALTORS 111 REALTORS WAY Payroll \$ 20,000 Noncash **CARY, NC 27513** (Complete Part II for noncash contributions) (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution Person **BBT BANK Payroll** 81 CORNERSTONE DRIVE \$6,175 Noncash **CARY, NC 27519** (Complete Part II for noncash contributions) (a) (b) (c) (d) **Total contributions** No. Name, address, and ZIP + 4 Type of contribution Person **Payroll** Noncash (Complete Part II for noncash contributions) (a) (b) (c) (d) **Total contributions** No. Type of contribution Name, address, and ZIP + 4 Person Payroll Noncash (Complete Part II for noncash contributions) (b) (a) (c) (d) No. Name, address, and ZIP + 4 Total contributions Type of contribution Person Payroll Noncash (Complete Part II for noncash contributions) (c) (a) (b) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution Person **Payroll** Noncash (Complete Part II for noncash contributions)

Schedule B (Form 99	0, 990-EZ, or 990-PF) (2018)		Page 3
Name of organization REALTOR FOUNDATION OF WAKE COUNTY		Employer ident	ification number
	TOT WARE COUNTY	26-17	16740
Part II	Noncash Property		
(a) No. from Part I	(See instructions) Use duplicate copies of Part II if additional space is needed (b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
		Schedule B (Form 9	990, 990-EZ, or 990-PF) (2018)

Schedule B (Form 990, 990-EZ, or 990-PF) (2018)