DLN: 93493275015539 OMB No 1545-0047 Return of Organization Exempt From Income Tax Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations) ▶ Do not enter social security numbers on this form as it may be made public Open to Public Department of the ▶ Go to www.irs.gov/Form990 for instructions and the latest information. Inspection Internal Revenue Service For the 2019 calendar year, or tax year beginning 01-01-2018 , and ending 12-31-2018 D Employer identification number B Check if applicable WOMEN'S COUNCIL OF REALTORS OF OHIO INC ☐ Address change 26-2488736 ☐ Name change Doing business as ☐ Initial return ☐ Final return/terminate E Telephone number ☐ Amended return Number and street (or P O box if mail is not delivered to street address) Room/suite 7635 WASTLER RD □ Application pending (513) 561-3805 City or town, state or province, country, and ZIP or foreign postal code $\ensuremath{\mathsf{BROOKVILLE}}, \ensuremath{\mathsf{OH}}\xspace 45309$ G Gross receipts \$ 266,642 Name and address of principal officer H(a) Is this a group return for ANNE GOSS □Yes ☑No subordinates? 7635 WASTLER RD H(b) Are all subordinates BROOKVILLE, OH 45309 ☐ 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 WCROHIO ORG L Year of formation 1946 M State of legal domicile Summary 1 Briefly describe the organization's mission or most significant activities WOMEN'S COUNCIL OF REALTORS OF OHIO IS A NETWORK OF SUCCESSFUL REALTORS ADVANCING WOMEN AS PROFESSIONALS AND LEADERS IN BUSINESS, THE INDUSTRY, AND THE COMMUNITIES WE SERVE 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) . . . Number of independent voting members of the governing body (Part VI, line 1b) 4 5 0 Total number of individuals employed in calendar year 2018 (Part V, line 2a) 265 Total number of volunteers (estimate if necessary) . . . 7a Total unrelated business revenue from Part VIII, column (C), line 12 7a 0 b Net unrelated business taxable income from Form 990-T, line 34 7b **Prior Year Current Year** 41.947 55,166 8 Contributions and grants (Part VIII, line 1h) . . 9 Program service revenue (Part VIII, line 2g) . . 36,122 37,132 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) . . 10 1,456 80,711 75,327 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 158,790 169.081 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12) Grants and similar amounts paid (Part IX, column (A), lines 1–3). 5,390 7,010 0 14 Benefits paid to or for members (Part IX, column (A), line 4) . 0 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 0 0 Expenses 0 0 16a Professional fundraising fees (Part IX, column (A), line 11e) . **b** Total fundraising expenses (Part IX, column (D), line 25) ▶0 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) . 136,253 144,064 141,643 151,074 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 . 17,147 18,007 Net Assets or Fund Balances **Beginning of Current Year End of Year** 20 Total assets (Part X, line 16) . 115,817 133,824 21 Total liabilities (Part X, line 26) . 22 Net assets or fund balances Subtract line 21 from line 20 133.824 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 2019-09-21 Signature of officer Sign Here ANNE GOSS PRESIDENT Type or print name and title Print/Type preparer's name Preparer's signature Date Check | If 2019-09-21 P00039882 Paid self-employed Firm's name ► CLARK SCHAEFER HACKETT & CO Firm's EIN > 31-0800053 Preparer Use Only Firm's address ► 10100 INNOVATION DRIVE Phone no (937) 226-0070 DAYTON, OH 45342 ☑ Yes ☐ No May the IRS discuss this return with the preparer shown above? (see instructions) . For Paperwork Reduction Act Notice, see the separate instructions. Form 990 (2018) Cat No 11282Y

| Form | 990 (2018) | | | | Page 2 |
|------|-----------------------------------|---|---|---|----------------|
| Pa | rt III Staten | nent of Program Service Acc | omplishments | | |
| | Check If | f Schedule O contains a response or | note to any line in this Part III | | 🗆 |
| 1 | Briefly describe | the organization's mission | · | | |
| | | OF REALTORS OF OHIO IS A NETWO HE COMMUNITIES WE SERVE | RK OF SUCCESSFUL REALTORS, ADV | ANCING WOMEN AS BUSINESS | LEADERS IN THE |
| 2 | Did the organiz | zation undertake any significant prog | gram services during the year which | were not listed on | |
| | the prior Form | 990 or 990-EZ? | | | ☐ Yes ☑ No |
| | If "Yes," descri | be these new services on Schedule (| 0 | | |
| 3 | Did the organiz | ation cease conducting, or make sig | inificant changes in how it conducts, | any program | |
| | | be these changes on Schedule O | | | ☐ Yes ☑ No |
| 4 | Describe the or Section 501(c) | rganization's program service accom | plishments for each of its three large required to report the amount of gra ervice reported | | |
| 4a | (Code |) (Expenses \$ | including grants of \$ |) (Revenue \$ |) |
| | See Additional Da | | | , (+ | , |
| | | | | | |
| 4b | (Code |) (Expenses \$ | including grants of \$ |) (Revenue \$ |) |
| | | | | | |
| 4c | (Code |) (Expenses \$ | including grants of \$ |) (Revenue \$ |) |
| | | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | , |
| | | | | | |
| | | | | | |
| 4d | | services (Describe in Schedule O) | | | |
| | (Expenses \$ | ıncluding g | rants of \$ | (Revenue \$ |) |
| 4e | Total program | n service expenses ▶ | | | |

Form 990 (2018) Page 3 **Checklist of Required Schedules** Yes No Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Νo 1 2 Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? . . . 2 Νo Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates Νo 3 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? 4 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? 5 Yes Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? Nο 6 Did the organization receive or hold a conservation easement, including easements to preserve open space, Nο 7 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? Nο If "Yes," complete Schedule D, Part III R 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 No 9 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, 10 Nο permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, VIII, IX, or X as applicable Did the organization report an amount for land, buildings, and equipment in Part X, line 10? No 11a Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total

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

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

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

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

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

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)

20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H . . .

government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II

b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?

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

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

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

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

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'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,"

Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic

Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX,

Nο

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Form 990 (2018)

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Yes

Yes

Form 990 (2018)

| | | | Yes | 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 | | No |
| 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? | 24d | | |
| 25a | Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I | 25a | | |
| b | Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I | 25b | | |
| 26 | Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes," complete Schedule L, Part II | 26 | | No |
| 27 | Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III | 27 | | No |
| 28 | Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions) | | | |
| а | A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV | 28a | | No |
| b | A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV | 28b | | No |
| C | An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i> | 28c | | No |
| 29 | Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M | 29 | | No |
| 30 | Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i> | 30 | | No |
| 31 | Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I . | 31 | | No |
| 32 | Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? | | | N |

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

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

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

Statements Regarding Other IRS Filings and Tax Compliance

1a Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable .

Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable

All Form 990 filers are required to complete Schedule O

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

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.

Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess 15 parachute payment(s) during the year? If "Yes," see instructions and file Form 4720, Schedule N Nο Is the organization an educational institution subject to the section 4968 excise tax on net investment income?

Form 990 (2018) Page 6 Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to lines 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O See instructions Check if Schedule O contains a response or note to any line in this Part VI Section A. Governing Body and Management No 1a Enter the number of voting members of the governing body at the end of the tax year

| | If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O | | | | | | | |
|-----|--|-------------|------------|-------------|--------------|------------|-----|----|
| b | Enter the number of voting members included in line 1a, above, who are independent | 1b | | | 17 | | | |
| 2 | Did any officer, director, trustee, or key employee have a family relationship or a busine officer, director, trustee, or key employee? | ss rela | tions | nip with ar | ny other | 2 | | No |
| 3 | Did the organization delegate control over management duties customarily performed by of officers, directors or trustees, or key employees to a management company or other | | | ne direct s | upervision | 3 | | No |
| 4 | Did the organization make any significant changes to its governing documents since the | prior F | orm | 990 was fi | led? . | 4 | | No |
| 5 | Did the organization become aware during the year of a significant diversion of the orga | nızatıo | n's as | sets? . | | 5 | | No |
| 6 | Did the organization have members or stockholders? | | | | | 6 | | No |
| 7a | Did the organization have members, stockholders, or other persons who had the power members of the governing body? | | | | | 7a | Yes | |
| b | Are any governance decisions of the organization reserved to (or subject to approval by persons other than the governing body? | mem | bers, • | stockhold | ers, or • | 7 b | | No |
| 8 | Did the organization contemporaneously document the meetings held or written actions the following | undert | taken | during the | e year by | | | |
| а | The governing body? | | | | . [| 8 a | Yes | |
| b | Each committee with authority to act on behalf of the governing body? | | | | [| 8 b | Yes | |
| 9 | Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who organization's mailing address? <i>If "Yes," provide the names and addresses in Schedule Communication and addresses and addresses in Schedule Communication and addresses addresses and address</i> | | | | | 9 | | No |
| Se | ction B. Policies (This Section B requests information about policies not requ | ired b | y the | e Interna | i Revenue | Code | e.) | |
| | | | | | | | Yes | No |
| 10a | Did the organization have local chapters, branches, or affiliates? | | | | . | 10a | Yes | |
| b | If "Yes," did the organization have written policies and procedures governing the activities and branches to ensure their operations are consistent with the organization's exempt ${\bf p}$ | | | napters, a | ffiliates, | 10b | Yes | |
| 11a | Has the organization provided a complete copy of this Form 990 to all members of its go form? | | | | iling the | 11a | | No |
| 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 | | No |
| b | Were officers, directors, or trustees, and key employees required to disclose annually introducts? | erests | that | could give | rise to | 12b | | |
| c | Did the organization regularly and consistently monitor and enforce compliance with the Schedule O how this was done | policy • | ? If " | es," desc. | rıbe ın | 12c | | |
| 13 | Did the organization have a written whistleblower policy? | | | | | 13 | | No |
| 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 persons, comparability data, and contemporaneous substantiation of the deliberation an | | | al by indep | pendent | | | |
| а | The organization's CEO, Executive Director, or top management official | | | | | 15a | | No |

If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)

List the States with which a copy of this Form 990 is required to be filed▶

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

SANDRA RUNYON 7635 WASTLER RD BROOKVILLE, OH 45309 (513) 561-3805

only) available for public inspection. Indicate how you made these available. Check all that apply Own website Another's website 🗹 Upon request 🔲 Other (explain in Schedule O)

16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a

b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt

Section 6104 requires an organization to make its Form 1023 (or 1024-A if applicable), 990, and 990-T (501(c)(3)s

Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest

b Other officers or key employees of the organization . . .

status with respect to such arrangements? . . .

Section C. Disclosure

17

15b Νo

Nο

16a

16h

State the name, address, and telephone number of the person who possesses the organization's books and records Form 990 (2018) organization and any related organizations

TOLEDO CHAPTER PRESIDENT & WAYS & MEANS STATE

(17) ROBYN CLARK

STARK COUNTY CHAPTER PRESIDENT

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
- 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 truscompensated employees, and former such perso Check this box if neither the organization no | stees or directo ns | rs, ınstı | tutioi | nal t | rust | ees, o | offic | ers, key employees | s, highest | | |
|--|---|-----------------------------------|--------------------------|-------------------------------|-----------------------|------------------------------|-----------|---|--|--|--|
| (A) Name and Title | (B) Average hours per week (list any hours | Position that pers | on (do an on on is | (C) o not e bot botl | t che x, u n an | | ore er | (D) Reportable compensation from the organization | (E) Reportable compensation from related organizations | (F) Estimated amount of other compensation from the organization and | |
| | for related organizations below dotted line) | Individual trustee or director | Institutional Trustee | Officer | Key employee | Highest compensated employee | Former | (W- 2/1099- MISC) | (W- 2/1099- MISC) | related organizations | |
| (1) ANNE GOSS PRESIDENT | 5 00 | x | | × | | | | 0 | 0 | 0 | |
| (2) DONNA ALLEN PRESIDENT ELECT | 5 00 | х | | х | | | | 0 | 0 | 0 | |
| (3) SANDY RUNYON TREASURER | 5 00 | х | | х | | | | 0 | 0 | 0 | |
| (4) DEBBIE STOHL SECRETARY | 5 00 | x | | × | | | | 0 | 0 | 0 | |
| (5) SHARON GEIER GOVERNOR | 5 00 | х | | × | | | | 0 | 0 | 0 | |
| (6) PAT ZIRKELBACH IMMEDIATE PAST PRESIDENT | 5 00 | х | | х | | | | 0 | 0 | 0 | |
| (7) KIM YOUNG BYLAWS STATE STANDING CMTE | 5 00 | х | | х | | | | 0 | 0 | 0 | |
| (8) CHRISTINE PAPPAS ED STATE STANDING CMTE CH | 5 00 | х | | × | | | | 0 | 0 | 0 | |
| (9) CHARLIE FOSTER FIN & BUDGET STATE STANDIN | 5 00 | х | | × | | | | 0 | 0 | 0 | |
| (10) JAN JEDLINSKY AUDIT | 5 00 | х | | × | | | | 0 | 0 | 0 | |
| (11) MARY FORAKER STRAT PLANNING STATE STAN | 5 00 | х | | х | | | | 0 | 0 | 0 | |
| (12) MICHELLE BILLINGS CINCINNATI CHAPTER PRESIDE | 5 00 | × | | × | | | | 0 | 0 | 0 | |
| (13) ANGIE TRAVIS COLUMBUS CHAPTER PRESIDENT & MARKETING STATE STND | 5 00 | x | | x | | | | 0 | 0 | 0 | |
| (14) PAULA BUEHRER DAYTON CHAPTER PRESIDENT | 5 00 | х | | × | | | | 0 | 0 | 0 | |
| (15) RUTHIE LOWREY NORTHEAST OHIO CHAPTER PRE | 5 00 | х | | × | | | | 0 | 0 | 0 | |
| (16) IVAN SMITH | 5 00 | | | Ţ | | | | 0 | 0 | 0 | |

5 00

| Form 990 (2018) | | | | | | | | | | Page 8 |
|-------------------------------------|---|-----------------------------------|-----------------------|---------------|-------------------------|------------------------------|--------|---|---|---|
| Part VII Section A. Officers, Direc | tors, Trustees | , Key l | Emp | loye | es, | and I | High | nest Compensate | d Employees (col | ntinued) |
| (A) Name and Title | (B) Average hours per week (list any hours | | ne b | ox, u n of | t che inles ficer | s pers and a | on | (D) Reportable compensation from the organization (W- | (E) Reportable compensation from related organizations (W- 2/1099-MISC) | (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 | 2/1099-MISC) | | organization and related organizations |
| | | | | | | | | | | |
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| 1b Sub-Total | | | | | | |
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| 1b Sub-Total | | | | | | > | | | | |
| c Total from continuation sheets to Pa | art VII , Section | Α | | | | ▶ [| | | | |
| d Total (add lines 1b and 1c) | <u> </u> | | > | | 0 | 0 | 0 | | | |

| 1b Sub-Total | | | | > | | <u>'</u> | |
|--|--------------------------|---|------|-------------|---|----------|---|
| c Total from continuation sheets to Pa | art VII , Section | Α | | ▶ [| | | |
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| c Total from continuation sheets to Pa | c Total from continuation sheets to Part VII, Section A | | | | | | | | | | | | | |
| d Total (add lines 1b and 1c) | | <u> </u> | <u></u> | | | • | | 0 | | 0 | | 5 | | |
| 2 Total number of individuals (including | but not limited | to thos | a listi | ad al | 201/6 | a) who | rece | aived more than | ¢10 | 0.000 | | _ | | |

| 1b Sub-Total | | | | | | | | | | | | |
|--|--|--|--|--|--|---|--|---|---|---|--|--|
| c Total from continuation sheets to Part VII, Section A | | | | | | | | | | | | |
| d Total (add lines 1b and 1c) | | | | | | • | | 0 | 0 | 0 | | |
| Total number of individuals (including but not limited to those listed above) who received more than \$100,000 | | | | | | | | | | | | |

| 1b | Sub-Total | | | | | 1 | • | | | | | |
|----|--|--------------------------|---|--------|------|------|-------|--------|-----------------|--------|-------|---|
| С | Total from continuation sheets to Pa | art VII , Section | Α | | | | ▶ | | | | | |
| d | Total (add lines 1b and 1c) | | | | | | ▶ | | 0 | | 0 | 0 |
| 2 | Total number of individuals (including | | | e list | ed a | bove | e) wh | o rece | eived more than | າ \$10 | 0,000 | |

Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on

For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such

services rendered to the organization? If "Yes," complete Schedule J for such person .

(A)

Name and business address

Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for

from the organization Report compensation for the calendar year ending with or within the organization's tax year

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

Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation

line 1a? If "Yes," complete Schedule J for such individual .

Section B. Independent Contractors

compensation from the organization ▶ 0

3

4

5

| 1b | Sub-Total | ▶ | | | |
|----|---|---|---|---|---|
| С | Total from continuation sheets to Part VII, Section A | ▶ | | | |
| d | Total (add lines 1b and 1c) | ▶ | 0 | 0 | 0 |
| 2 | Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization ▶ 0 | | | | |

Yes

3

4

5

(B)

Description of services

No

No

Νo

Νo

(C)

Compensation

Form 990 (2018)

| Total revenue Total revenu | Part | VIII Statement of Revenue | | | | | | | Page 9 |
|--|----------------|---------------------------------------|-------------|---------------------|---------------------|------------------------------------|------------------|------------------------------|--|
| Total Inventor Part | ran | | | onse or note to any | line in this Part \ | /III | | | 🗆 |
| The program provided by the | | | | | (A) | (B) Related exem function | i or pt on | (C) Unrelated business | (D) Revenue excluded from tax under sections |
| Manufacture | | 1a Federated campaigns | 1a | | | reven | ue | | 512 - 514 |
| Business Code Second Seco | nts nts | h Membershin dues | | L 44 638 | | | | | |
| Business Code Second Seco | isai 10 m | c Fundraising events | | I 11,030 | | | | | |
| Business Code Second Seco | s, c An | d Related organizations | | <u> </u> | | | | | |
| Business Code Second Seco | Sift Iar | Government grants (contributions) | | <u> </u> | | | | | |
| Business Code Second Seco | .s. iii. | All other contributions gifts grants | ļ <u></u> | <u> </u> | | | | | |
| Business Code Second Seco | tior or S | and similar amounts not included | | 10,528 | | | | | |
| Business Code Second Seco | ib e | g Noncash contributions include | d | | | | | | |
| Business Code Second Seco | 1 T | ın lınes 1a - 1f \$ | | | | | | | |
| 2a PROGRAM RIVENUE | <u>ة ت</u> | h Total. Add lines 1a-1f | | · · · > | 55,166 | · | | | |
| ### All other program service revenue ### \$7,132 Tinvestment income (including dividends, interest, and other similar amounts) 1,456 | 1 | | | Business | Code | 27.122 | 27.12 | 2 | |
| ### All other program service revenue ### \$7,132 Tinvestment income (including dividends, interest, and other similar amounts) 1,456 | ٧٤n | 2a PROGRAM REVENUE | | | 531390 | 37,132 | 37,13 | | |
| ### All other program service revenue ### \$7,132 Tinvestment income (including dividends, interest, and other similar amounts) 1,456 | a ž | b ———— | | | | | | | |
| ### All other program service revenue ### \$7,132 Tinvestment income (including dividends, interest, and other similar amounts) 1,456 | Š | с — | | | | | | | |
| 3 Investment income (notuding dividends, interest, and other similar amounts) | 3 | u | | | | | | | |
| 3 Investment income (notuding dividends, interest, and other similar amounts) | ranı | _ | | | | | | | |
| 3 Investment income (notuding dividends, interest, and other similar amounts) | ¥ og | | | | 37,132 | | | | |
| 1,435 | | | | <u> </u> | 1 | -1 | | | |
| S Royalities | | | | | 1 | 456 | | | 1,456 |
| (i) Real (ii) Personal (iii) Persona | | 4 Income from investment of tax- | exempt b | ond proceeds | • | | | | |
| 6a Gross rents by Less rental expenses c Retail income or (loss) d Net rental income or (loss) from sales of assets other other basis and sales expenses c C Gan or (loss) b Less cost or other basis and sales expenses c C Gan or (loss) d Net gain or (loss) b Less droct expenses c C San or (loss) d Net gain or (loss) for thin inventory so Fart IV, line 18 a 169,917 b Less direct expenses b 94 Gross income from gaining activities c Net income or (loss) from fundrating events so Part IV, line 19 a b Less direct expenses b c Net mome or (loss) from fundrating events c Net income or (loss) from fundrating events c Net income or (loss) from sales of inventory All across sales of inventory, less returns and allowances a b Less cost of goods sold c Net income or (loss) from sales of inventory Miscellaneous Sales of inventory b Miscellaneous Revenue Business Code 11aMISCELLANEOUS INCOME 900099 2,971 2,971 12 Total revenue. See Instructions 169,012 40,103 0 73,612 12 Total revenue. See Instructions 169,012 12 Total revenue. See Instructions 169,012 172,356 169,012 172,356 169,012 172,356 172,35 | | | | T . | • | | | | |
| b Less rental expenses c Rental income or (loss) d Net rental income or (loss) (i) Securities (ii) Other Ta Gross amount from sales of assets other than investory b Less cost or other than investory b Less cost or other than investory d Net gain or (loss) d Net gain or (loss) 8a Gross succes from fludriaising events (not including 5 or contributions reported on line 10) See Part IV, line 18 . a journal of the second or see that the second of the second or line 10 or contributions reported on line 10 or contributions from fundriaising events . p journal or contributions from gaming activities See Part IV, line 19 . a journal or contributions from gaming activities Less direct expenses . b journal or contributions from gaming activities . p journal or contributions in the contribution of the the cont | | | Real | (II) Personal | 4 | | | | |
| Rental income or (loss) d Net rental income or (loss) (i) Securities (ii) Other fa Gross amount fine sales of assets other than inventory b Lass cost or other bass and sales expenses (onte including \$\frac{1}{2}\$ of contributions reported on line 1c) See Part IV, line 18 | | oa Gross rents | | | | | | | |
| d Net rental income or (loss) | | b Less rental expenses | | | | | | | |
| Ta Cross amount from sales of assets other than inventory | | c Rental income or | | | - | | | | |
| Ta Gross amount from sales of than inventory Description Descriptio | | | | | | | | | |
| To firms amount from sales of assets other than inventory b Less cost or other basis and seles organises | | | | | | | | | |
| ## Total revenue See Instructions ## Total revenue See Instruct | | | urities | (II) Other | - | | | | |
| b Less cost or other bass and sales expenses c Gam or (loss) d Net gan or (loss) d Net gan or (loss) sale Gross income from fundraising events (not including \$ of contributions reported on line 1c) See Part IV, line 18 | | from sales of | | | | | | | |
| other basis and sales expenses c Gain or (loss) d Net gain or (loss) 3a Gross income from fundraising events (not including \$ of contributions reported on line 1c) See Part IV, line 18 a bless direct expenses . b 97,561 c Net income or (loss) from fundraising events . > 72,356 72,35 | | than inventory | | | | | | | |
| C Gain or (loss) | | | | | | | | | |
| d Net gain or (loss) | | · · · · · · · · · · · · · · · · · · · | | | 4 | | | | |
| Ba Gross income from fundraising events (not including \$ of contributions reported on line 1c) See Part IV, line 18 | | ' ' <u> </u> | | | | | | | |
| Contributions reported on line 1c) See Part IV, line 18 | | 8a Gross income from fundraising | events | | | | | | |
| a b Less direct expenses b c Net income or (loss) from gaming activities 10aGross sales of inventory, less returns and allowances a b Less cost of goods sold b c Net income or (loss) from sales of inventory Miscellaneous Revenue Business Code 11aMiscellaneous Income 900099 2,971 2,971 b c d All other revenue | ne | | | | | | | | |
| a b Less direct expenses b c Net income or (loss) from gaming activities 10aGross sales of inventory, less returns and allowances a b Less cost of goods sold b c Net income or (loss) from sales of inventory Miscellaneous Revenue Business Code 11aMiscellaneous Income 900099 2,971 2,971 b c d All other revenue | - Fe | | | 169,917 | , | | | | |
| a b Less direct expenses b c Net income or (loss) from gaming activities 10aGross sales of inventory, less returns and allowances a b Less cost of goods sold b c Net income or (loss) from sales of inventory Miscellaneous Revenue Business Code 11aMiscellaneous Income 900099 2,971 2,971 b c d All other revenue | Re | · · | | | | | | | |
| a b Less direct expenses b c Net income or (loss) from gaming activities 10aGross sales of inventory, less returns and allowances a b Less cost of goods sold b c Net income or (loss) from sales of inventory Miscellaneous Revenue Business Code 11aMiscellaneous Income 900099 2,971 2,971 b c d All other revenue | her | | _ | rents • | 72, | 356 | | | 72,356 |
| b Less direct expenses b | Ö | See Part IV, line 19 | vities | | | | | | |
| c Net income or (loss) from gaming activities | | | а | | | | | | |
| 10aGross sales of inventory, less returns and allowances a b Less cost of goods sold b C Net income or (loss) from sales of inventory Miscellaneous Revenue Business Code 11aMISCELLANEOUS INCOME 900099 2,971 2,971 b C C d All other revenue | | | | | | | | | |
| returns and allowances a b b less cost of goods sold b c Net income or (loss) from sales of inventory | | | ing activit | les | 1 | | | | |
| b Less cost of goods sold b C Net income or (loss) from sales of inventory . ▶ Miscellaneous Revenue Business Code 11aMISCELLANEOUS INCOME 900099 2,971 2,971 b c d All other revenue | | | | ļ | | | | | |
| C Net income or (loss) from sales of inventory | | bless sost of goods sold | | | 4 | | | | |
| Miscellaneous Revenue Business Code 11aMISCELLANEOUS INCOME 900099 2,971 2,971 c d All other revenue | | | | | | | | | |
| b c d All other revenue e Total. Add lines 11a–11d 12 Total revenue. See Instructions 169,081 40,103 0 73,812 | | | | | | | | | |
| d All other revenue | | 11aMISCELLANEOUS INCOME | | 90009 | 9 2, | 971 | 2,971 | | |
| d All other revenue | | | | | | | | | |
| d All other revenue e Total. Add lines 11a–11d | | | | | | | | | |
| d All other revenue e Total. Add lines 11a–11d | | | | | 1 | | | | |
| e Total. Add lines 11a–11d | | c c | | | | | | | |
| e Total. Add lines 11a–11d | | 4 All ash | | | 1 | | | | |
| 2,971 2.70 169,081 40,103 0 73,812 | | | | | | | | | + |
| 169,081 40,103 0 73,812 | | | | | 2, | 971 | | | |
| | | rotar revenue. See Instruction | | • • • • | 169, | 081 | 40,103 | | |

| | • | | |
|---------------------------------|-------------------------------|--------------------------------------|--------------------------|
| Section 501(c)(3) and 501(c)(4) | organizations must complete a | II columns All other organizations r | nust complete column (A) |

| For | Form 990 (2018) Page 10 | | | | | | |
|-----|---|-----------------------|------------------------------|---|-----------------------------------|--|--|
| | Part IX Statement of Functional Expenses tion 501(c)(3) and 501(c)(4) organizations must complete all co | olumns All other orga | anızatıons must com | plete column (A) | _ | | |
| | Check if Schedule O contains a response or note to any | line in this Part IX | | | <u> </u> | | |
| | 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 | 7,010 | | | | | |
| 2 | 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 | | | | | | |
| e | 6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) | | | | | | |
| 7 | Other salaries and wages | | | | | | |
| 8 | Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions) | | | | | | |
| 9 | Other employee benefits | | | | | | |
| 10 | Payroll taxes | | | | | | |
| 11 | Fees for services (non-employees) | | | | | | |
| | a Management | | | | | | |
| | b Legal | | | | | | |
| | c Accounting | 2,150 | | | | | |
| | d Lobbying | | | | | | |
| | e Professional fundraising services See Part IV, line 17 | | | | - | | |
| | f Investment management fees | | | | | | |
| | g Other (If line 11g amount exceeds 10% of line 25, column | | | | | | |
| | (A) amount, list line 11g expenses on Schedule O) | 49.069 | | | | | |
| | Advertising and promotion | 48,968 | | | | | |
| | Office expenses | 7,682 | | | | | |
| 14 | Information technology | 2,415 | | | | | |
| 15 | Royalties | | | | | | |
| 16 | Occupancy | | | | | | |
| 17 | ' Travel | | | | | | |
| 18 | Payments of travel or entertainment expenses for any federal, state, or local public officials | | | | | | |
| 19 | Conferences, conventions, and meetings | 80,560 | | | | | |
| 20 | Interest | | | | | | |
| 21 | Payments to affiliates | | | | | | |
| 22 | Depreciation, depletion, and amortization | | | | | | |
| 23 | Insurance | 1,136 | | | | | |
| 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) | | | | | | |
| | a REFUNDS | 435 | | | | | |
| | b BANK FEES | 267 | | | | | |
| | c REIMBURSEMENT TO SIDNEY | 215 | | | | | |
| | d GIFTS OF APPRECIATION | 140 | | | | | |
| | e All other expenses | 96 | | | | | |
| 25 | Total functional expenses. Add lines 1 through 24e | 151,074 | | | | | |
| 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) | | | | | | |
| | Check here ► □ ii following 50F 96-2 (A5C 958-720) | | | | <u> </u> | | |

2

3

16

17

26

27

28

29

31

32

33

34

Fund Balances

Assets or 30

Net

115.817

0 26

27

28

29

30

31 32

33

34

115.817

115.817

115,817

16

17

Page **11**

133.824

0

133.824

133,824

133,824

Form **990** (2018)

115,817 1 133,824 Cash-non-interest-bearing . Savings and temporary cash investments . . . 2 3 Pledges and grants receivable, net . . 4 Accounts receivable, net .

Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete 5 Part II of Schedule L 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) 6 voluntary employees' beneficiary organizations (see instructions) Complete Part II of Schedule L Notes and loans receivable, net . 8

Assets Inventories for sale or use . Prepaid expenses and deferred charges 9 10a Land, buildings, and equipment cost or other 10a basis Complete Part VI of Schedule D Less accumulated depreciation 10b 10c 11 11 Investments—publicly traded securities . 12 12 Investments—other securities See Part IV, line 11 .

13 13 Investments—program-related See Part IV, line 11 14 14 Intangible assets 15 15 Other assets See Part IV, line 11 . .

18 18 Grants payable . . 19 Deferred revenue . . . 19 20 Tax-exempt bond liabilities . . . 20 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 persons Complete Part II of Schedule L . 22 23 23 Secured mortgages and notes payable to unrelated third parties 24 24 Unsecured notes and loans payable to unrelated third parties 25

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

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

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

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

Retained earnings, endowment, accumulated income, or other funds

Accounts payable and accrued expenses

and other liabilities not included on lines 17 - 24)

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

Organizations that do not follow SFAS 117 (ASC 958), check here > \quad \text{and complete lines 30 through 34.}

Capital stock or trust principal, or current funds

Total liabilities and net assets/fund balances

Total liabilities. Add lines 17 through 25 .

Complete Part X of Schedule D

Temporarily restricted net assets

Permanently restricted net assets

Total net assets or fund balances

Unrestricted net assets

| Form | 990 (2018) | | | | Page 12 |
|------|---|--------|----|-----|----------------|
| Pa | Reconcilliation of Net Assets | | | | |
| | Check if Schedule O contains a response or note to any line in this Part XI | | | | |
| 1 | Total revenue (must equal Part VIII, column (A), line 12) | 1 | | | 169,081 |
| 2 | Total expenses (must equal Part IX, column (A), line 25) | 2 | | | 151,074 |
| 3 | Revenue less expenses Subtract line 2 from line 1 | 3 | | | 18,007 |
| 4 | Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) | 4 | | | 115,817 |
| 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 | | | 133,824 |
| Pa | TXII 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 | | | | |
| 2a | Were the organization's financial statements compiled or reviewed by an independent accountant? | | 2a | | No |
| | If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed separate basis, consolidated basis, or both | on a | | | |
| | ☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis | | | | |
| b | Were the organization's financial statements audited by an independent accountant? | | 2b | | No |
| | If `Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate consolidated basis, or both | basıs, | | | |
| | ☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis | | | | |
| С | If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? | | 2c | | |
| | If the organization changed either its oversight process or selection process during the tax year, explain in Sche | dule C |) | | |
| За | As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sil Audit Act and OMB Circular A-133? | ngle | 3a | | No |
| b | If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requadit or audits, explain why in Schedule O and describe any steps taken to undergo such audits | red | 3b | | |

Additional Data

Software ID:

Software Version:

EIN: 26-2488736

Form 990 (2018)

INDUSTRY, AND THE COMMUNITIES WE SERVE

Form 990, Part III, Line 4a:

Name: WOMEN'S COUNCIL OF REALTORS OF OHIO INC.

WOMEN'S COUNCIL OF REALTORS OF OHIO IS A NETWORK OF SUCCESSFUL REALTORS ADVANCING WOMEN AS PROFESSIONALS AND LEADERS IN BUSINESS. THE

SCHEDULE C

(Form 990 or 990-

Department of the Treasury

Internal Revenue Service

EZ)

Political Campaign and Lobbying Activities

DLN: 93493275015539

OMB No 1545-0047

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

For Organizations Exempt From Income Tax Under section 501(c) and section 527 ▶Complete if the organization is described below. ▶Attach to Form 990 or Form 990-EZ.

Open to Public Inspection

If the organization answered "Yes" on Form 990, Part IV, Line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then • Section 501(c)(3) organizations Complete Parts I-A and B Do not complete Part I-C • Section 501(c) (other than section 501(c)(3)) organizations Complete Parts I-A and C below Do not complete Part I-B Section 527 organizations Complete Part I-A only If the organization answered "Yes" on Form 990, Part IV, Line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then • Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)) Complete Part II-A Do not complete Part II-B Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)). Complete Part II-B. Do not complete Part II-A. If the organization answered "Yes" on Form 990, Part IV, Line 5 (Proxy Tax) (see separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (see separate instructions), then • Section 501(c)(4), (5), or (6) organizations Complete Part III Name of the organization **Employer identification number** WOMEN'S COUNCIL OF REALTORS OF OHIO INC 26-2488736 Complete if the organization is exempt under section 501(c) or is a section 527 organization. Part I-A Provide a description of the organization's direct and indirect political campaign activities in Part IV (see instructions for definition of "political campaign activities") 2 Political campaign activity expenditures (see instructions) 3 Volunteer hours for political campaign activities (see instructions) Complete if the organization is exempt under section 501(c)(3). Enter the amount of any excise tax incurred by the organization under section 4955 1 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? Was a correction made? ☐ Yes □ No If "Yes," describe in Part IV Complete if the organization is exempt under section 501(c), except section 501(c)(3). Enter the amount directly expended by the filing organization for section 527 exempt function activities 2 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt 3 Total exempt function expenditures Add lines 1 and 2 Enter here and on Form 1120-POL, line 17b Did the filing organization file Form 1120-POL for this year? 5 Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments For each organization listed, enter the amount paid from the filing organization's funds. Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC) If additional space is needed, provide information in Part IV (a) Name (b) Address (c) EIN (d) Amount paid from (e) Amount of political filing organization's contributions received funds If none, enter and promptly and -0directly delivered to a separate political organization If none, enter -0-2 5

| e | Total exempt purpose expenditures (add lines 1c and | | | | | |
|------------------|---|--|----------------------|---------------|----------|------------|
| f | Lobbying nontaxable amount Enter the amount from columns | | | | | |
| | If the amount on line 1e, column (a) or (b) is: | | | | | |
| | Not over \$500,000 | 20% of the amount on line | 1e | | | |
| | Over \$500,000 but not over \$1,000,000 | \$100,000 plus 15% of the | excess over \$500,00 | 0 | | |
| | 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 e | xcess over \$1,500,0 | 00 | | |
| | Over \$17,000,000 | \$1,000,000 | | | | |
| g h i j | Grassroots nontaxable amount (enter 25% of line 1f Subtract line 1g from line 1a If zero or less, enter -0 Subtract line 1f from line 1c If zero or less, enter -0 If there is an amount other than zero on either line 1 section 4911 tax for this year? | , - - - h or line 11, did the org | | | |] Yes □ No |
| | (Some organizations that made a columns below. See t | | ction do not h | ave to comple | | ive |
| | Lobbying Expe | enditures During 4 | -Year Averagi | ng Period | | |
| | Calendar year (or fiscal year beginning in) | (a) 2015 | (b) 2016 | (c) 2017 | (d) 2018 | (e) Total |
| 2 a | Lobbying nontaxable amount | | | | | |
| b | Lobbying ceiling amount (150% of line 2a, column(e)) | | | | | |
| _с | Total lobbying expenditures | | | | | |

Schedule C (Form 990 or 990-EZ) 2018

Grassroots nontaxable amount

Grassroots lobbying expenditures

Grassroots ceiling amount (150% of line 2d, column (e)) activity

Volunteers?

Media advertisements?

Return Reference

1

b

(b)

Amount

(a)

No

Yes

Mailings to members, legislators, or the public? Publications, or published or broadcast statements? Grants to other organizations for lobbying purposes? Direct contact with legislators, their staffs, government officials, or a legislative body? Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means? Other activities? 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)? If "Yes," enter the amount of any tax incurred under section 4912 If "Yes," enter the amount of any tax incurred by organization managers under section 4912 If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year? Part III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6). Yes No Were substantially all (90% or more) dues received nondeductible by members? 1 Nο 1 2 2 Did the organization make only in-house lobbying expenditures of \$2,000 or less? Yes Did the organization agree to carry over lobbying and political expenditures from the prior year? No Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6)Part III-B and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No" OR (b) Part III-A, line 3, is answered "Yes." Dues, assessments and similar amounts from members 1 1 2 Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid). 2a Current year 2b Carryover from last year С Total 2c 3 3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year? 4 5 Taxable amount of lobbying and political expenditures (see instructions) Part IV Supplemental Information

Provide the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, Part II-A (affiliated group list), Part II-A, lines 1 and 2 (see

Explanation

instructions), and Part II-B, line 1 Also, complete this part for any additional information

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)?

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

SCHEDULE G (Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

► Attach to Form 990 or Form 990-EZ.

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

2018

DLN: 93493275015539 OMB No 1545-0047

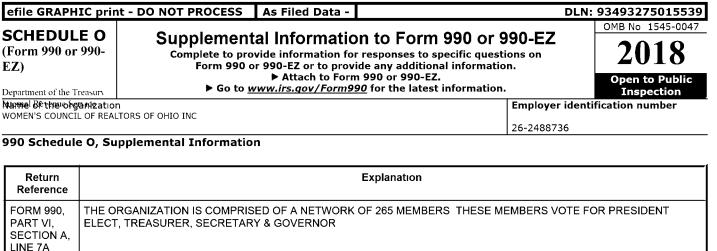
> Open to Public Inspection

Go to www irs gov/Form990 for instructions and the latest information Employer identification number

| Name of the organization WOMEN'S COUNCIL OF REALTORS OF OHIO INC | | | | | | Employer identification number | | | |
|---|--|-----------------------|-----------------------|--|--------------------------------------|--------------------------------|---|---|--|
| WO | MEN 5 COUNCIL OF REALTORS | OF ORIO INC | | | | | 26-2488736 | | |
| Pa | Fundraising Activi | • | _ | | answered "Yes" on Fo | orm 990, | Part IV, line | 17. | |
| 1 | Indicate whether the organiza | tion raised funds t | hrough ar | ny of the fo | ollowing activities Check | all that a | pply | | |
| а | Mail solicitations | | | e | Solicitation of nor | n-governm | ent grants | | |
| b | Internet and email solicitations f Solicitation of government grants | | | | | | | | |
| c | g Special fundraising events | | | | | | | | |
| d | ☐ In-person solicitations | | | | | | | | |
| 2a | Did the organization have a wor key employees listed in Fo | | | | | | · - | es 🗆 No | |
| b | If "Yes," list the ten highest p to be compensated at least \$! | | | indraisers) | pursuant to agreement | s under wl | | | |
| 1 (i) | Name and address of individual or entity (fundraiser) | (ii) Activity | fundra cust con | i) Did iser have ody or trol of butions? | (iv) Gross receipts from activity | (or re fundra | nount paid to etained by) isser listed in col (i) | (vi) Amount paid to (or retained by) organization | |
| | | | Yes | No | | | | | |
| 1 | | | | | | | | | |
| 2 | | | | | | | | | |
| 3 | | | | | | | | | |
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| 4 | | | | | | | | | |
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| 6 | | | | | | | | | |
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| 8 | | | | | | | | | |
| 9 | | | | | | | | | |
| 10 | | | | | | | | | |
| Tota | al | | | • | | | | | |
| | List all states in which the organ licensing | nization is registere | d or licen | sed to sol | icit contributions or has | been notifi | ed it is exempt | from registration or | |

| Sche | dule G (Form 990 or 990-EZ) 2018 | | | | | Page 3 | | |
|------|---|---------------------------|--|-------|------------|---------------|--|--|
| 11 | Does the organization conduct gaming | activities with nonmemb | pers? | | ☐ Yes ☐ No | | | |
| 12 | Is the organization a grantor, beneficia formed to administer charitable gaming | | or a member of a partnership or other entity | | □Yes □No | | | |
| 13 | Indicate the percentage of gaming activ | vity conducted in | | | | | | |
| а | The organization's facility | | | 13a | | % | | |
| b | An outside facility | | | 13b | | % | | |
| 14 | Enter the name and address of the pers | son who prepares the or | ganization's gaming/special events books and re | cords | | | | |
| | Name ► | | | | | | | |
| | Address ► | | | | | | | |
| 15a | Does the organization have a contract version revenue? | with a third party from v | vhom the organization receives gaming | | ☐ Yes ☐ No | | | |
| b | If "Yes," enter the amount of gaming re amount of gaming revenue retained by | | organization 🕨 \$ and th | e | | | | |
| С | If "Yes," enter name and address of the | e third party | | | | | | |
| | Name ▶ | | | | | | | |
| | Address ► | | | | | | | |
| 16 | Gaming manager information | | | | | | | |
| | Name ▶ | | | | | | | |
| | Gaming manager compensation ► \$ | | | | | | | |
| | Description of services provided ▶ | | | | | | | |
| | ☐ Director/officer | ☐ Employee | ☐ Independent contractor | | | | | |
| 17 | Mandatory distributions | | | | | | | |
| а | Is the organization required under state retain the state gaming license? | e law to make charitable | e distributions from the gaming proceeds to | | ☐ Yes ☐ No | | | |
| b | Enter the amount of distributions required in the organization's own exempt activities. | | ributed to other exempt organizations or spent \$ \$ | | | | | |
| Pai | | | nations required by Part I, line 2b, columns pplicable. Also provide any additional infor | | | | | |
| | Return Reference | | Explanation | | | | | |

Schedule G (Form 990 or 990-EZ) 2018



Return Explanation
Reference

990 Schedule O, Supplemental Information

| FORM 990, | EACH LOCAL NETWORK COMPLETES A 990 FORM AND SUBMITS IT TO THE STATE TREASURER, WHO FORWARDS |
|------------|---|
| PART VI, | THEM TO THE ACCOUNTANT FOR COMPLETION |
| SECTION B, | |
| LINE 11B | |

Return Explanation

990 Schedule O, Supplemental Information

LINE 19

FORM 990, GOVERNING DOCUMENTS ARE AVAILABLE ON THE WEBSITE MINUTES ARE DISTRIBUTED AT MEETINGS & AR
PART VI, E ON WEBSITE FINANCIAL DOCUMENTS ARE AVAILABLE UPON REQUEST WE ARE IN THE PROCESS OF ADD
SECTION C, ING THE WRITTEN POLICIES TO OUR STANDING RULES