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Department of the Treasury Internal Revenue Service

# 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.

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

OMB No. 1545-0047

A F	or the	e 2017 calendar year, or tax year beginning and e	ending										
B	heck if	C Name of organization		D Employer identif	ication number								
_	¬Addre	GEORGIA ASSOCIATION OF REALTORS											
Ļ	chang Name	e DISASTER RELIEF FUND			0055656								
	chang Initial	e Doing business as		<b>†</b>	3255676								
	return Final return	6065 BARFIELD ROAD, SUITE 200	Room/suite	770-451-1831									
	termir ated	City or town, state or province, country, and ZIP or foreign postal code		G Gross receipts \$ 232,907									
	Amen	AILANIA, GA 30326		H(a) Is this a group									
	Application pendi	F Name and address of principal officer: DEBKA 5. UUNKIN		for subordinate									
		SAME AS C ABOVE		H(b) Are all subordinates									
		empt status: $X = 501(c)(3) = 501(c) ( ) $ (insert no.) $4947(a)(1)$ or	527	1 '	a list. (see instructions)								
		te: WWW.GAREALTOR.COM	T	H(c) Group exempti									
	orm of	forganization: X Corporation Trust Association Other Summary	L Year	of formation: 2005	M State of legal domicile: GA								
ГС	_		CHEDII	T P O									
ė	1	Briefly describe the organization's mission or most significant activities: $\underline{SEE}$ $\underline{S}$	Сперо	TE O									
Jan	,	Check this box. If the examination discontinued its energians or dispose	d of more	than 25% of its not as	unata .								
Governance	2	heck this box   ightharpoonup lifthe organization discontinued its operations or disposed of more than 25% of its net assets.  umber of voting members of the governing body (Part VI, line 1a)   ightharpoonup lift the organization discontinued its operations or disposed of more than 25% of its net assets.											
Ĝ	4	Number of independent voting members of the governing body (Part VI, line 1a)											
∞ ′0	l	Total number of individuals employed in calendar year 2017 (Part V, line 2a)											
ij	6	Total number of volunteers (estimate if necessary)											
Activities &		Total unrelated business revenue from Part VIII, column (C), line 12											
ď		Net unrelated business taxable income from Form 990-T, line 34			-								
				Prior Year	Current Year								
ø	8	Contributions and grants (Part VIII, line 1h)			232,670.								
ž	9	Program service revenue (Part VIII, line 2g)			0.								
Revenue	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)			237.								
<b>E</b>	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)			0.								
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)			232,907.								
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)			90,851.								
	14	Benefits paid to or for members (Part IX, column (A), line 4)			0.								
es	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)			0.								
Expenses	16a	Professional fundraising fees (Part IX, column (A), line 11e)			0.								
ă	_b		0.		0								
	''	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)			90,851.								
	l	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)			142,056.								
v	19	Revenue less expenses. Subtract line 18 from line 12	 Do	ginning of Current Year	End of Year								
ts o	20	Total assets (Part X, line 16)		1,984.	144,040.								
Net Assets or	21	Total liabilities (Part X, line 16)  Total liabilities (Part X, line 26)		1,501	0.								
Net	22	Net assets or fund balances. Subtract line 21 from line 20		1,984.	144,040.								
Pa	rt II	Signature Block		•	,								
Und	er pena	alties of perjury, I declare that I have examined this return, including accompanying schedules a	and stateme	ents, and to the best of m	y knowledge and belief, it is								
true,	corre	ct, and complete. Declaration of preparer (other than officer) is based on all information of whic	ch preparer	has any knowledge.									
Sig	n	Signature of officer		Date									
Her	е	DEBRA S. JUNKIN, CEO											
		Type or print name and title	1 -	Data I	DTIN								
_		Print/Type preparer's name Preparer's signature		Date Check	PTIN								
Paid		STANLEY M SMITH II STANLEY M SMITH I	TT 0	9/19/18 self-empl									
	arer	Firm's name CARR, RIGGS & INGRAM, LLC	420	Firm's EIN ▶	72-1396621								
use	Only	Firm's address 4360 CHAMBLEE DUNWOODY RD, SUITE	4 Z U	D. 75	10 157 6606								
	. 41	ATLANTA, GA 30341		Phone no. 7	70.457.6606								
May	≀tne II	RS discuss this return with the preparer shown above? (see instructions)			X Yes No								

# DISASTER RELIEF FUND 20-3255676 Page 2 Part III Statement of Program Service Accomplishments Check if Schedule O contains a response or note to any line in this Part III Briefly describe the organization's mission: THE GEORGIA ASSOCIATION OF REALTORS DISASTER RELIEF FUND WAS ESTABLISHED TO ASSIST GEORGIA REALTORS WHO HAVE LOST THEIR HOME, THEIR ABILITY TO PAY FOR THEIR HOME AND/OR THEIR LIVELIHOOD OFFICE, THROUGH A NATURAL DISASTER. Did the organization undertake any significant program services during the year which were not listed on the Yes X No prior Form 990 or 990-EZ? If "Yes," describe these new services on Schedule O. Did the organization cease conducting, or make significant changes in how it conducts, any program services? \_\_\_\_\_\_\_ Yes X No If "Yes," describe these changes on Schedule O. Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported. 90,851 including grants of \$ 90,851.) (Revenue \$ 0.) (Code: \_\_\_\_\_ ) (Expenses \$ \_\_ THE ORGANIZATION ASSISTS REALTORS WHO HAVE LOST THEIR HOME, ABILITY TO PAY FOR THEIR HOME, OR LIVELIHOOD DUE TO A NATURAL DISASTER. (Code: ) (Expenses \$ (Code: ) (Expenses \$ including grants of \$ ) (Revenue \$

90,851.

including grants of \$

Total program service expenses ▶

Other program services (Describe in Schedule O.)

Form **990** (2017)

) (Revenue \$

### Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4		X
5	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? If "Yes," complete Schedule C, Part III	5		<u> </u>
6	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? If "Yes," complete Schedule D, Part I	6		<u> </u>
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		<u> </u>
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D, Part III	8		<u> </u>
9	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 services?			
	If "Yes," complete Schedule D, Part IV	9		<u> </u>
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent			
	endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,	١		, .
	Part VI	11a		X
D	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total	441		x
_	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		
C	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total	44.		x
a	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		<u> </u>
u		11d		x
_	Part X, line 16? If "Yes," complete Schedule D, Part IX  Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		X
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses	116		<del></del>
	the organization's separate of consolidated infancial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		x
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete	<b></b>		
124	Schedule D, Parts XI and XII	12a		X
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
_	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Х
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		Х
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18		X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
	complete Schedule G, Part III	19	200	X
			uun	(2017)

Part IV Checklist of Required Schedules (continued)

			Yes	No
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	Х	
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	X	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23	Х	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete	<b> </b>		. v
	Schedule K. If "No", go to line 25a	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease	24c		
ч	any tax-exempt bonds?  Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit	240		
200	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and	200		
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If</i> "Yes," <i>complete</i>			
	Schedule L, Part I	25b		х
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or			
	former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes."			
	complete Schedule L, Part II	26		Х
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial			
	contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member			
	of any of these persons? If "Yes," complete Schedule L, Part III	27		X
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		X
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		X
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,			
	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			7.7
•	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations?			Х
32	If "Yes," complete Schedule N, Part I  Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete	31		
32	Schedule N, Part II	32		x
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	32		
55	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		х
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
-	Part V, line 1	34	Х	
35a		35a		Х
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			l .
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?			
	Note. All Form 990 filers are required to complete Schedule O	38	X	

# Part V Statements Regarding Other IRS Filings and Tax Compliance

a Initiation fees and capital contributions included on Part VIII, line 12		Check if Schedule O contains a response or note to any line in this Part V				<del></del>	
be Enter the number of Forms W2G included in line 1a. Enter 0-11 not applicable C Did the organization comply with backup withholding rules for reportable payments to vendors and reportable garning (gambling) winnings to prize winners?  2a. Enter the number of employees reported on Form W3, Transmittal of Wage and Tax Statements, little for the calendar year ending with or within the year covered by this return  b If at least one is reported on line 2a, did the organization file all required federal employment tax verturns?  2b. If we calendar year ending with or within the year covered by this return  Note. If the sun of lines 1 and 76 as is greater than 250, you may be required to ## Gee instructions}  3b. Did the organization have unrelated business gross income of \$1,000 or more during the year?  3c. Did the organization have unrelated business gross income of \$1,000 or more during the year?  3c. Did the organization have unrelated business gross income of \$1,000 or more during the year?  3c. Did any taxability of the six year? "Any time during the catheria submitty over, a financial account in a foreign country (such as a bank account, securities account, or their financial Accounts (FBAR).  3c. But the organization aparty to a prohibited tax shelter transaction at any time during the tax year?  3c. Did any taxabile party notify the organization that was or is a party to a prohibited tax shelter transaction?  3c. Did be six the organization are party to a prohibited tax shelter transaction?  3c. Did be six the organization and pross excepts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?  3c. Did the organization have except and the end organization and party for goods and services provided to the payor?  3c. Did the organization have except and the end organization and party for goods and services provided to the payor?  3c. Did the organization service apprent in excess of \$5'n acids party as a contribut				•		Yes	No
to the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?  2. Enfort the number of employees reported on Form W.3, Transmittal of Wage and Tax Statements, itself or the calendar year ending with or within the year covered by this return  3. Index for the calendar year ending with or within the year covered by this return  3. In a second to the calendar year ending with or within the year covered by this return  3. In the comparization have unrealization file all required federal employment tax returns?  3. Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)  3. In the comparization have unrealization based in the second of e-file (see instructions)  3. In the comparization have unrealizated business gross income of \$1,000 or more during the year?  3. A X at my time during the calendary war, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country. In the year of the year of the comparization in the region country.  4. A tary time the name of the foreign country.  5. Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?  5. Was the organization approach or organization that it was or is a party to a prohibited as shelter transaction?  5. B Was the organization and pross recipits that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?  6. C If Yes, 1 to line 6 are 5b, did the organization file form 8886. To experiment that such contributions or girls were not tax deductible?  7. Organization shart may receive deductible contributions under section 170c).  8. If Yes, 1 did the organization in clude with every solicitation an expense statement that such contributions or girls were not tax deductible?  9. If Yes, 2 did the organization shart proceive a payment in ex	1a		1a		_		
Gambling winnings to prize winners?  2 Enter the number of employees reported on Form W.3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return  5 b if at least one is reported on line 2a, did the organization file all required federal employment tax returns?  5 b Note. If the sum of lines 1 and 2a is greater than 250, you may be required to e-file (see instructions)  5 a Did the organization have unrelated business gross income of \$1,000 or more during the year?  5 a Value of the organization have unrelated business gross income of \$1,000 or more during the year?  5 a Value or the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bark account, are other financial account?  5 a Value organization apenty to a prohibited tax shelter transaction?  5 a Value organization apenty to a prohibited tax shelter transaction?  5 a Value organization have amount gross receipts that are normally greater than \$100,000, and did the organization slot any contributions that were not tax deductibles of firm 88617  6 a Dest the organization have amount gross receipts that are normally greater than \$100,000, and did the organization slot any contributions that the ward tax deductibles and sharfable contributions?  6 b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductibles and sharfable contributions?  6 b If "Yes," indicates the number of Forms 8828 filed during the year  7 b Unit the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payer?  5 b If "Yes," indicate the number of Forms 8828 filed during the year  7 c Did the organization receive and partly in during the year  9 c Did the organization receive and contribution or qualificatint election payority, did the organization file a Form 1098-C?  8 Sp				<del>`</del>	4		
28 Enter the number of employees reported on Form W.3, Transmittal of Wage and Tax Statements, led to the calendar year ending with or within the year covered by this return  18 If at least one is reported on line 2a, did the organization file all required federal employment tax returns?  29 As No. If the sum of lines 1a and 2a is greater than 250, you may be required to 6-rife (see instructions)  30 Did the organization have unrelated business gross income of \$1,000 or more during the year?  30 Did the organization have unrelated business gross income of \$1,000 or more during the year?  31 A tary time during the calendary avar, did the organization have an explanation in Schedule O  32 A tary time during the calendary avar, did the organization have an explanation in Schedule O  33 D  44 A tary time during the calendary avar, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country.  45 Eve in the first of filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).  55 Was the organization a party to a prohibitot as shelter transaction at any time during the tax year?  58 Did any taxable party nority the organization file Form 8886 ft?  59 Did any taxable party nority the organization file Form 8886 ft?  50 Des the organization have manual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions under section 170(c).  50 Uf the organization selleve applient in excess of \$75 made party as a contribution and party for goods and services provided to the payor?  50 Did the organization selleve applient in excess of \$75 made party as a contribution and party for goods and services provided to the payor?  50 Did the organization selleve applient in excess of \$75 made party as a contribution and party for goods and services provided to the payor?  51 Did the organization selleve abusing an organization file organ	С						
filed for the calendar year ending with or within the year covered by this return			 I	 I	1c		
b If at least one is reported on line 2a, did the organization file all required federal employment tax returns?  30 Did the organization have united to business gross income of \$1.000 or more during the year?  31 Did the organization have united business gross income of \$1.000 or more during the year?  32 At any time during the calendary year, did the organization have united site. At any time during the calendary year, did the organization have united site. Or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial accounts (FBAF).  33 Event the organization aparty to a prohibited tax shelfer transaction at any time during the tax year?  34 Event the organization aparty to a prohibited tax shelfer transaction?  35 Event the organization aparty to a prohibited tax shelfer transaction?  36 Did any taxable party notify the organization that it was or is a party to a prohibited tax shelfer transaction?  36 Did she tax before the shelf of the organization file form 8986-17?  37 Event if the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible as charitable contributions?  38 Event if the organization notify the donor of the value of the goods or services provided?  39 Did the organization notify the donor of the value of the goods or services provided?  30 Did the organization receive a payment in excess of \$75 made party as a contribution and party for goods and services provided to the payor?  30 Did the organization receive a payment in excess of \$75 made party as a contribution on the payor?  31 Did the organization receive a payment in excess of \$75 made party as a contribution of party for goods and services provided to the payor?  31 Did the organization receive a payment in excess of \$75 made party as a contribution of payment of the payor and payor and party for goods and services provided to the payor?  32 Did the organization sell, except payments a	2a			,			
Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-rife (see instructions) 3					_		
3a Dit the organization have unrelated business gross income of \$1,000 or more during the year?  4b If Yes,* has it filled a Form 990-T for this year? If *No,* to like 3b, provide an explanation in Schedule O  4c All any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, or a signature or other authority over, a financial account in a foreign country (such as a bank account, or other financial account?  5c Was the organization aparty to a prohibited tax shelter transaction of the financial Accounts (FBAR).  5c Was the organization have you of the organization file Form 8886 T?  5c If Yes,* to line 5a or 5b, did the organization file Form 8886 T?  6c Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?  6c Was the organization have warnual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that may receive deductible as charitable contributions?  6c Was the organization she was annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions under section 170(c).  8d If Yes,* did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?  9d Organizations that may receive deductible contributions under section 170(c).  9d If Yes,* did the organization notify the donor of the value of the goods or services provided?  10 If Yes,* did the organization solicit, exchange, or otherwise dispose of tangible personal property for which it was required?  7d If Yes,* did the organization solicit, exchange, or otherwise dispose of tangible personal property for which it was required?  7d If the organization solicit and the summary of the services provided?  9d If the organization for	b				2b		
b If "Ves," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule O 4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account or, or other financial account)? 4a X b If "Ves," enter the name of the foreign country. 5b If "Yes," enter the name of the foreign country. 5c See instructions for filing requirements for Fince FOFT 114, Report of Foreign Bank and Financial Accounts (FBAR). 5b Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? 5a X b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? 5c If "Yes," to line Sa or Sb, did the organization file Form 8886-1? 6c Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductibles as charitable contributions? 6c X 6c If "Yes," idd the organization include with every solicitation an express statement that such contributions or gifts were not tax deductibles as charitable contributions. 6c A X 6c If "Yes," idd the organization include with every solicitation an express statement that such contributions or gifts were not tax deductibles. 6c If "Yes," idd the organization include with every solicitation an express statement that such contributions or gifts were not tax deductibles. 6c Organizations that may receive apyment in excess of \$75 made party is a contribution of organization and party if or goods and services provided to the payor? 7b If "Yes," indicate the number of Forms 8882 filed during the year. 7c If Yes, "Indicate the number of Forms 8882 filed during the year. 7c If Yes, "Indicate the number of Forms 8882 filed during the year. 7d If the organization received an contribution of care should be presented benefit contract? 7c X 7d If the organization	_						v
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9 Sponsoring organizations maintaining donor advised funds. a Did the sponsoring organization make any taxable distributions under section 4966? b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? 9b	8		by the	9			
a Did the sponsoring organization make any taxable distributions under section 4966?  b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?  9b Initiation fees and capital contributions included on Part VIII, line 12	•				8		
b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?  Section 501(c)(7) organizations. Enter:  a Initiation fees and capital contributions included on Part VIII, line 12  b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities  10b  Section 501(c)(12) organizations. Enter:  a Gross income from members or shareholders  b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)  12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?  b If "Yes," enter the amount of tax-exempt interest received or accrued during the year  13 Section 501(c)(29) qualified nonprofit health insurance issuers.  a Is the organization licensed to issue qualified health plans in more than one state?  Note. See the instructions for additional information the organization must report on Schedule O.  b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans  c Enter the amount of reserves on hand  13a  Did the organization receive any payments for indoor tanning services during the tax year?  14a X  b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O.  14b		Did the second section and section and second section to the distribution of the distr			92		
Section 501(c)(7) organizations. Enter:  a Initiation fees and capital contributions included on Part VIII, line 12							
a Initiation fees and capital contributions included on Part VIII, line 12					35		
b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities  10b  Section 501(c)(12) organizations. Enter:  a Gross income from members or shareholders  b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)  12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?  b If "Yes," enter the amount of tax-exempt interest received or accrued during the year  13 Section 501(c)(29) qualified nonprofit health insurance issuers.  a Is the organization licensed to issue qualified health plans in more than one state?  Note. See the instructions for additional information the organization must report on Schedule O.  b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans  c Enter the amount of reserves on hand  13b  13c  14a X  b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O.  14b			10a				
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b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)  12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?  12a b If "Yes," enter the amount of tax-exempt interest received or accrued during the year  13 Section 501(c)(29) qualified nonprofit health insurance issuers.  13a Note. See the instructions for additional information the organization must report on Schedule O.  13b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans  13b c Enter the amount of reserves on hand  13c 14a Did the organization receive any payments for indoor tanning services during the tax year?  14a X  15b If "Yes," has it filed a Form 720 to report these payments? If "No." provide an explanation in Schedule O.  16b If "Yes," has it filed a Form 720 to report these payments? If "No." provide an explanation in Schedule O.  16c Inter the amount of reserves on hand Interest received or accrued during the year interest payments? If "No." provide an explanation in Schedule O.  17b Interest payments in the organization in Schedule O.  18c Interest payments in the organization in Schedule O.  18c Interest payments in the organization in Schedule O.  18c Interest payments in the organization in Schedule O.  18c Interest payments in the organization in Schedule O.  18c Interest payments in the organization in Schedule O.  18c Interest payments in the organization in Schedule O.  18c Interest payments in the organization in Schedule O.  18c Interest payments in the organization in the o			<u>11</u> a				
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c Enter the amount of reserves on hand	b		ı	İ			
14aDid the organization receive any payments for indoor tanning services during the tax year?14aXbIf "Yes," has it filed a Form 720 to report these payments? If "No." provide an explanation in Schedule O14b					-		
b If "Yes," has it filed a Form 720 to report these payments? If "No." provide an explanation in Schedule O			13c				v
, i to provide an explanation in conseque c						$\vdash \vdash \vdash$	
	b	ıт "Yes," nas ıt тыед a Form /20 to report these payments? If "No," provide an explanation in Schedule	<u> </u>				(2017)

DISASTER RELIEF FUND 20-3255676 Page 6 Form 990 (2017) Part VI | Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions. Check if Schedule O contains a response or note to any line in this Part VI Section A. Governing Body and Management Yes No **1a** Enter the number of voting members of the governing body at the end of the tax year 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 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other X officer, director, trustee, or key employee? 2 Did the organization delegate control over management duties customarily performed by or under the direct supervision 3 Х of officers, directors, or trustees, or key employees to a management company or other person? 3 X Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? 4 Did the organization become aware during the year of a significant diversion of the organization's assets? 5 Did the organization have members or stockholders? 6 Х 6 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or Х more members of the governing body? 7a **b** Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? X 7b Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: Х a The governing body? 8a **b** Each committee with authority to act on behalf of the governing body? Х 8b Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes." provide the names and addresses in Schedule O Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) Yes Nο 10a Did the organization have local chapters, branches, or affiliates? b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? Х 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? 11a b Describe in Schedule O the process, if any, used by the organization to review this Form 990. Х 12a **12a** Did the organization have a written conflict of interest policy? If "No," go to line 13 Х b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? 12b c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes." describe Х 12c in Schedule O how this was done Did the organization have a written whistleblower policy? Х 13 13 Did the organization have a written document retention and destruction policy? Х 14 14 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? The organization's CEO, Executive Director, or top management official Х 15a Х Other officers or key employees of the organization 15b If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions). 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a Х taxable entity during the year? 16a 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 status with respect to such arrangements? 16h Section C. Disclosure List the states with which a copy of this Form 990 is required to be filed ▶GA Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available

for public inspection. Indicate how you made these available. Check all that apply.

X Another's website X Own website X Upon request \_\_ Other (explain in Schedule O)

Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.

State the name, address, and telephone number of the person who possesses the organization's books and records: JENNIFER LUNDY - 770-451-1831

Form **990** (2017)

ATLANTA.

GA

30328

6065 BARFIELD ROAD, SUITE 200,

#### Form 990 (2017) Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated **Employees, and Independent Contractors**

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

#### Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
  - List all of the organization's current key employees, if any. See instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

(A)	(B)				C)			(D)	(E)	(F)	
Name and Title	Average	(do		Pos heck		<b>ነ</b> than c	one	Reportable	Reportable	Estimated	
	hours per					s both or/trus		compensation	compensation	amount of	
	week (list any							from the	from related organizations	other compensation	
	hours for	direc.				ъ В		organization	(W-2/1099-MISC)	from the	
	related	tee or	ustee			ensat		(W-2/1099-MISC)		organization	
	organizations	altrus	onal tr		oloyee	comp				and related	
	below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			organizations	
(1) MICHAEL L. FAULKNER	0.25	드	드	9	32	포늄	Fc				
CHAIRMAN	1.00	x		х				0.	0.	0	
(2) SHEILA J. BROWNER	0.25										
BOARD MEMBER	1.00	х						0.	0.	0	
(3) WILLIAM C. JILES	0.25										
BOARD MEMBER	1.00	Х			L			0.	0.	0	
(4) FARON WINSLOW KING	0.25										
BOARD MEMBER	1.00	Х						0.	0.	0	
(5) DORRIE J. LOVE	0.25										
BOARD MEMBER	1.00	Х						0.	0.	0	
(6) LISA M. SCULLY	0.25	<b>↓</b>									
BOARD MEMBER	0.00	Х						0.	0.	0	
(7) JOEY B. TUCKER	0.25	٠,							_		
BOARD MEMBER (8) DEBRA JUNKIN	1.00	X						0.	0.	0	
CEO	$\begin{array}{ c c }\hline 1.00\\\hline 40.00\\\hline \end{array}$	1		х				0.	172,823.	19,396	
(9) JENNIFER LUNDY	1.00			^				0.	1/2,025.	19,390	
CFO	40.00			х				0.	96,693.	10,631	
	1000								30,0331	10,031	
		4									
		-									
		$\frac{1}{2}$									
		1									
		4	1	l	1	1					

Form **990** (2017)

Form 990 (2017)
Part VII Section

DISASTER RELIEF FUND

Section A. Officers, Director		loyeر	es,	and	Hiç	ghes	t C	ompensated Employee	s (continued)				
(A)	(B) Average		F	<b>(C</b> Posi		1		(D)	(E)			(F)	لم ا
Name and title	hours per	(do r	not ch	neck r	nore '	than c s both	ne an	Reportable compensation	Reportable compensation	,		imate ount d	
	week					r/trust		from	from related			ther	
	(list any hours for	irector						the	organizations			ensat	
	related	e or di	stee			sated		organization (W-2/1099-MISC)	(W-2/1099-MIS	´		m the nizati	
	organizations	truste	nal tru		oyee	om per		(** 2. *********************************			•	relate	
	below line)	ındividual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			(	orgar	nizatio	วทร
	ilite)	Ĕ	Ë	₩	Ke	Hiç	임			+	—		
		1											
										$\neg$			
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		$\vdash$	_							-			
		1											
		$\Box$								+			
		1											
									260 51	_		0.0	<u> </u>
1b Sub-total								0.	269,51	0.	30	, 0 2	27. 0.
c Total from continuation sheets to d Total (add lines 1b and 1c)								0.	269,51		30	, 02	
2 Total number of individuals (including							o re	eceived more than \$100,	•				
compensation from the organization	n <b>&gt;</b>												0
												Yes	No
3 Did the organization list any former						•		•			3		Х
line 1a? If "Yes," complete Schedule 4 For any individual listed on line 1a, i										···	3		
and related organizations greater th	•		•					•	•	[-	4	Х	
5 Did any person listed on line 1a rece	eive or accrue comper	ısatio	n fro	om a	any	unre	elate	ed organization or individ	lual for services				
rendered to the organization? If "Ye	es." complete Schedule	∋ J fo	or su	ch p	ers	on .				!	5		X
Section B. Independent Contractors	haat aamaanaatad ina			+				nat recailed more than t	100,000 of comp				
1 Complete this table for your five hig the organization. Report compensation.	•	-							· · · · · · · · · · · · · · · · · · ·	HISALIOI	1 1101	"	
	(A)			<u>J</u>				(B)			(C)		
Name and b	usiness address	NO	NE	<u> </u>				Description of s	ervices	Com	npen	satior	1
							+						
							$\dashv$				—		
2 Total number of independent contra	actors (including but no	ot lim	nited	to t	hos	e lis	ted	above) who received mo	ore than				
\$100,000 of compensation from the					0								
										Fo	rm 9	90 (2	2017)

Part VIII Statement of Revenue

		Check if Schedule O contain	ns a response	or note to any line	e in this Part VIII			
			·		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	( <b>D</b> ) Revenue excluded from tax under sections 512 - 514
ts ts	1 a	Federated campaigns	1a					
ran								
ē,		Fundraising events						
ar A		Related organizations		75,000.				
s, G mils		Government grants (contribution						
Sign		All other contributions, gifts, grants,						
but		similar amounts not included above		157,670.				
ÖĒ	g	Noncash contributions included in lines 1a-	-1f: \$					
Contributions, Gifts, Grants and Other Similar Amounts	h	Total. Add lines 1a-1f			232,670.			
				Business Code				
e	2 a							
ē Š	b							
Scon	С							
ran Sev	d							<u> </u>
Program Service Revenue	е							
4	f	All other program service revenue						
	g							
	3	Investment income (including di			237.			237.
		other similar amounts)			437.			237.
	4	Income from investment of tax-e		· 1				+
	5	Royalties						
	_	<del> </del>	(i) Real	(ii) Personal				
	6 a							
	b	· · · · · · · · · · · · · · · · · · ·						
	C	· /						
		Net rental income or (loss) Gross amount from sales of	(i) Securities					
	/ a	assets other than inventory	(I) Securities	(ii) Other				
	h	Less: cost or other basis						
	b	and sales expenses						
	c	Gain or (loss)						
		Net gain or (loss)						
		Gross income from fundraising						
ne	-	including \$	•					
Other Reven		contributions reported on line 1						
, a		Part IV, line 18	•					
the	b	Less: direct expenses						
0		Net income or (loss) from fundra						
		Gross income from gaming activ						
		Part IV, line 19						
	b	Less: direct expenses						
	С	Net income or (loss) from gamin	g activities					
	10 a	Gross sales of inventory, less re	turns					
		and allowances	a					
	b	Less: cost of goods sold	b					
	С	Net income or (loss) from sales	of inventory	<b>&gt;</b>				
		Miscellaneous Revenue		Business Code				
	11 a							
	b							
	С							
		All other revenue						
		Total. Add lines 11a-11d			222 227		^	025
	12	<b>Total revenue.</b> See instructions		🕨 🛭	232,907.	0.	0.	237.

### Part IX Statement of Functional Expenses

<u>Secti</u>	on 501(c)(3) and 501(c)(4) organizations must comp	lete all columns. All othe	er organizations must con	mplete column (A).	
	Check if Schedule O contains a respon				
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	<b>(B)</b> Program service expenses	(C) Management and general expenses	<b>(D)</b> Fundraising expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21	80,351.	80,351.		
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22	10,500.	10,500.		
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees				
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages				
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits				
10	Payroll taxes				
11	Fees for services (non-employees):				
а	Management				
b	Legal				
С	Accounting				
d	Lobbying				
е	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 Sch O.)				
12	Advertising and promotion				
13	Office expenses				
14	Information technology				
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				
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization				
23	Insurance Other pyranes Itemize synapses not sourced				
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 0.)				
а					
b					
С					
d					
	All other expenses	00 051	00 051		•
<u>25</u>	Total functional expenses. Add lines 1 through 24e	90,851.	90,851.	0.	0.
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)				

Form 990 (2017)

Part X | Balance Sheet

Part X	Balance Sheet			
	Check if Schedule O contains a response or note to any line in this Part X			
		<b>(A)</b> Beginning of year		<b>(B)</b> End of year
1	Cash - non-interest-bearing	1,984.	1	144,040
2	Savings and temporary cash investments		2	
3	Pledges and grants receivable, net		3	
4	Accounts receivable, net		4	
5	Loans and other receivables from current and former officers, directors.			
	trustees, key employees, and highest compensated employees. Complete			
	Part II of Schedule L		5	
6	Loans and other receivables from other disqualified persons (as defined under			
	section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing			
	employers and sponsoring organizations of section 501(c)(9) voluntary			
,	employees' beneficiary organizations (see instr). Complete Part II of Sch L		6	
Assets 7	Notes and loans receivable, net		7	
8   Ass	Inventories for sale or use		8	
9	Description of the second defended about a		9	
	Land, buildings, and equipment: cost or other			
104	basis. Complete Part VI of Schedule D 10a			
b			10c	
11	Less: accumulated depreciation [10b]  Investments - publicly traded securities		11	
12	Investments - other securities. See Part IV, line 11		12	
13	Investments - order securities, see Part IV, line 11		13	
14			14	
15	Intangible assets		15	
16	Other assets. See Part IV, line 11  Total assets. Add lines 1 through 15 (must equal line 34)	1,984.	16	144,040
17		1,504.	17	144,040
	Accounts payable and accrued expenses		18	
18 19	Grants payable		19	
20	Deferred revenue		20	
21	Tax-exempt bond liabilities		21	
	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
<u>ဖ</u> 22	Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons.			
Liabilities			00	
<u></u>	Complete Part II of Schedule L		22	
23	Secured mortgages and notes payable to unrelated third parties		23	
24	Unsecured notes and loans payable to unrelated third parties		24	
25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of			
			25	
06	Schedule D  Total liabilities. Add lines 17 through 25	0.	26	0
26	Organizations that follow SFAS 117 (ASC 958), check here   X  and	0.	20	
	complete lines 27 through 29, and lines 33 and 34.			
S 27		1,984.	27	144,040
<u>e</u> 28	Unrestricted net assets Temporarily restricted net assets	1,501.	28	111,010
g 29			29	
[   29	Permanently restricted net assets  Organizations that do not follow SFAS 117 (ASC 958), check here		29	
준				
ω   20 Θ	and complete lines 30 through 34.		20	
set 30	Capital stock or trust principal, or current funds		30	
ທິ   31 <b>Y</b>   32	Paid-in or capital surplus, or land, building, or equipment fund			
Net Assets or Fund Balances	Retained earnings, endowment, accumulated income, or other funds	1,984.	32	144,040
00	Total liebilities and not specifying helphage	1,984.	33	144,040
34	Total liabilities and net assets/fund balances	1,304.	34	Form <b>990</b> (20:

Form **990** (2017)

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

Consolidated basis

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

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

c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit,

If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O. 3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit

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

review, or compilation of its financial statements and selection of an independent accountant?

Act and OMB Circular A-133?

DISASTER RELIEF FUND Page 12 Part XI Reconciliation of Net Assets Check if Schedule O contains a response or note to any line in this Part XI 232,907. Total revenue (must equal Part VIII, column (A), line 12) 90,851. Total expenses (must equal Part IX, column (A), line 25) 2 2 142,056. Revenue less expenses. Subtract line 2 from line 1 3 3 1,984. Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) 4 4 5 5 Net unrealized gains (losses) on investments 6 6 Donated services and use of facilities 7 7 Investment expenses 8 8 Prior period adjustments Other changes in net assets or fund balances (explain in Schedule O) 0. 9 9 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, 10 144,040. column (B)) Part XII Financial Statements and Reporting Check if Schedule O contains a response or note to any line in this Part XII Yes No X Accrual Accounting method used to prepare the Form 990: Cash Other If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O. Х 2a Were the organization's financial statements compiled or reviewed by an independent accountant? 2a If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: Both consolidated and separate basis Separate basis Consolidated basis

Both consolidated and separate basis

Form 990 (2017)

Х

Х

2b

**2**c

За

consolidated basis, or both: Separate basis

#### SCHEDULE A

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

# **Public Charity Status and Public Support**

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

► Attach to Form 990 or Form 990-EZ.

► Go to www.irs.gov/Form990 for instructions and the latest information. GEORGIA ASSOCIATION OF REALTORS

nation.

Open to Public Inspection

OMB No. 1545-0047

**Employer identification number** Name of the organization DISASTER RELIEF FUND 20-3255676 Reason for Public Charity Status (All organizations must complete this part.) See instructions Part I The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) 6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). X An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or 10 An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 11 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization. Enter the number of supported organizations Provide the following information about the supported organization(s). (i) Name of supported (ii) EIN (iii) Type of organization (v) Amount of monetary (vi) Amount of other n your governing document? (described on lines 1-10 organization support (see instructions) support (see instructions) No above (see instructions))

# Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Sec	tion A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2013	<b>(b)</b> 2014	(c) 2015	(d) 2016	<b>(e)</b> 2017	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")					232,670.	232,670.
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3					232,670.	232,670.
5	The portion of total contributions						
	by each person (other than a						
	governmental unit or publicly						
	supported organization) included						
	on line 1 that exceeds 2% of the						
	amount shown on line 11,						
	column (f)						115,078.
	Public support. Subtract line 5 from line 4.						117,592.
Sec	ction B. Total Support				_		
Cale	ndar year (or fiscal year beginning in) 🕨	<b>(a)</b> 2013	<b>(b)</b> 2014	(c) 2015	(d) 2016	<b>(e)</b> 2017	(f) Total
7	Amounts from line 4					232,670.	232,670.
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources					237.	237.
9	Net income from unrelated business						
	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part VI.)						
11	<b>Total support.</b> Add lines 7 through 10						232,907.
12	Gross receipts from related activities,	etc. (see instruction	ons)			12	
13	First five years. If the Form 990 is for	-			•		
804	organization, check this box and stor	here Por	oontago				<b>&gt;</b>
	ction C. Computation of Publi			. (6)		T T	50.49 %
	Public support percentage for 2017 (li		•	* * * * * * * * * * * * * * * * * * * *		14	
15	Public support percentage from 2016					15	<u>%</u>
10a	33 1/3% support test - 2017. If the content have The experience qualifies						. 57
<b>L</b>	<b>stop here.</b> The organization qualifies <b>33 1/3% support test - 2016.</b> If the o		•			or more shock thi	
U							
170	and <b>stop here.</b> The organization qual <b>10%</b> -facts-and-circumstances test	•	• •			and line 14 is 10% (	
17 a	and if the organization meets the "fac	-					
	meets the "facts-and-circumstances"			=		_	
h	10% -facts-and-circumstances test	•	•	. ,	•		
,	more, and if the organization meets the	_					
	organization meets the "facts-and-circ		•				<b>.</b> .
18	<b>Private foundation.</b> If the organization		· ·	•	,		
	ato roundationi ii ale organizatio	ala not officer a	20/ 01/ III 0 10, 10	a, 100, 17a, 01 17k	o, or look trilo box a	ina occimionactionis	

Schedule A (Form 990 or 990-EZ) 2017

#### Part III | Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Se	ction A. Public Support	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,					
Cale	ndar year (or fiscal year beginning in)	(a) 2013	<b>(b)</b> 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not						
	include any "unusual grants.")						
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that are not an unrelated trade or business under section 513						
4	Tax revenues levied for the organ- ization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
6	Total. Add lines 1 through 5						
7	Amounts included on lines 1, 2, and 3 received from disqualified persons						
ŀ	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
(	Add lines 7a and 7b						
	Public support. (Subtract line 7c from line 6.)						
Cale	ndar year (or fiscal year beginning in)	(a) 2013	<b>(b)</b> 2014	(c) 2015	(d) 2016	<b>(e)</b> 2017	(f) Total
	Amounts from line 6  Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
ı	Unrelated business taxable income (less section 511 taxes) from businesses						
	acquired after June 30, 1975  Add lines 10a and 10b  Net income from unrelated business activities not included in line 10b, whether or not the business is						
12	other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11, and 12.)						
14	First five years. If the Form 990 is for	the organization's	s first, second, thir	d, fourth, or fifth ta	ax year as a sectio	n 501(c)(3) organiz	ation,
_	check this box and stop here						<b>)</b>
_	ction C. Computation of Publi						
15	Public support percentage for 2017 (I			olumn (f))		15	%
<u>16</u>	Public support percentage from 2016					16	%
_	ction D. Computation of Inves						
	Investment income percentage for 20					17	%
	Investment income percentage from					18	%
19	a 33 1/3% support tests - 2017. If the						7 is not
ı	more than 33 1/3%, check this box ar 33 1/3% support tests - 2016. If the						
	line 18 is not more than 33 1/3%, che	ck this box and st	op here. The orga	nization qualifies	as a publicly suppo	orted organization	
20	Private foundation If the organization	n did not chock a	hay on line 14 10	or 10h chock th	nic hay and can inc	structions	

## Part IV | Supporting Organizations

(Complete only if you checked a box in line 12 on Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete Part V.)

#### Section A. All Supporting Organizations

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- **3a** Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.
- **b** Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in **Part VI** when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.
- **4a** Was any supported organization not organized in the United States ("foreign supported organization")? *If* "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in **Part VI** how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- **b Type I or Type II only.** Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.
- **b** Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? *If* "Yes," provide detail in **Part VI.**
- c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer 10b below.
  - **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

		.,	
		Yes	No
	1		
	0		
	2		
	3a		
	3b		
	JD.		
	3с		
	4a		
	4b		
	4c		
	5a		
	5b		
	5c		
	6		
	7		
	8		
	9a		
	9b		
	9с		
	55		
	10-		
	10a		
	10b		
1 Q		n-F7)	2017

Par	T IV   Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)			
	below, the governing body of a supported organization?	11a		
b	A family member of a person described in (a) above?	11b		
c	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c		
Sec	tion B. Type I Supporting Organizations			
			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to			
	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the			
	tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or			
	controlled the organization's activities. If the organization had more than one supported organization,			
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported			
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		
Sec	tion C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed	_		
800	the supported organization(s). tion D. All Type III Supporting Organizations	1	ш	<u> </u>
360	uon B. Ali Type ili Supporting Organizations		V	N <sub>2</sub>
4	Did the expenientian provide to each of its supported expenientians, but he lost day of the fifth month of the		Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported	•		
_	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in <b>Part VI</b> how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a			
Ū	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in <b>Part VI</b> the role the organization's			
	supported organizations played in this regard.	3		
Sec	tion E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).			
а	The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. Complete line 3 below.			
С	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instr	uctions	)	
2	Activities Test. Answer (a) and (b) below.		Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	2a	$oxed{oxed}$	
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more			
	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the			
	reasons for the organization's position that its supported organization(s) would have engaged in these			
	activities but for the organization's involvement.	2b	ш	
3	Parent of Supported Organizations. Answer (a) and (b) below.			
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
	trustees of each of the supported organizations? Provide details in Part VI.	3a		
b	7,1,0			
	of its supported organizations? If "Ves." describe in <b>Part VI</b> the role played by the organization in this regard	3b	1 /	1

Pa	Type III Non-Functionally Integrated 509(a)(3) Supporting	g Organ		10 3233070 Page 6
1	Check here if the organization satisfied the Integral Part Test as a qualifying	g trust on N	Nov. 20, 1970 (explain in F	Part VI.) See instructions. A
	other Type III non-functionally integrated supporting organizations must co	mplete Sec	ctions A through E.	
Sect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3	4		
_5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):			
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
С	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other			
	factors (explain in detail in <b>Part VI</b> ):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d	3		
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount,			
	see instructions)	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by .035	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2	Enter 85% of line 1	2		
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4	Enter greater of line 2 or line 3	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions)	6		
7	Check here if the current year is the organization's first as a non-functional	ly integrate	d Type III supporting orga	inization (see

Schedule A (Form 990 or 990-EZ) 2017

instructions).

Par	t V	Type III Non-Functionally Integrated 509(	a)(3) Supporting Orga	nizations (continued)	
Secti	on D -	Distributions			Current Year
1	Amou	ints paid to supported organizations to accomplish exer	mpt purposes		
2	Amou	ints paid to perform activity that directly furthers exemp	t purposes of supported		
	organ	izations, in excess of income from activity			
3	Admir	nistrative expenses paid to accomplish exempt purpose	s of supported organizations	3	
4	Amou	ints paid to acquire exempt-use assets			
5		ried set-aside amounts (prior IRS approval required)			
6		distributions (describe in <b>Part VI</b> ). See instructions.			
7		annual distributions. Add lines 1 through 6.			
8		outions to attentive supported organizations to which th	e organization is responsive		
		de details in <b>Part VI</b> ). See instructions.			
9		outable amount for 2017 from Section C, line 6			
10		B amount divided by line 9 amount			
	Line	amount arrada by into a amount	(i)	(ii)	(iii)
Secti	on E -	Distribution Allocations (see instructions)	Excess Distributions	Underdistributions Pre-2017	Distributable Amount for 2017
1	Distrib	outable amount for 2017 from Section C, line 6			
2	Under	rdistributions, if any, for years prior to 2017 (reason-			
	able c	cause required- explain in Part VI). See instructions.			
3	Exces	ss distributions carryover, if any, to 2017			
а					
b	From	2013			
С	From	2014			
d	From	2015			
е	From	2016			
f	Total	of lines 3a through e			
g	Applie	ed to underdistributions of prior years			
		ed to 2017 distributable amount			
i		over from 2012 not applied (see instructions)			
i		inder. Subtract lines 3g, 3h, and 3i from 3f.			
4		outions for 2017 from Section D,			
-	line 7:				
а		ed to underdistributions of prior years			
		ed to 2017 distributable amount			
		inder. Subtract lines 4a and 4b from 4.			
		ining underdistributions for years prior to 2017, if			
-		Subtract lines 3g and 4a from line 2. For result greater			
		zero, explain in <b>Part VI.</b> See instructions.			
6		ining underdistributions for 2017. Subtract lines 3h			
•		b from line 1. For result greater than zero, explain in			
		/I. See instructions.			
7		ss distributions carryover to 2018. Add lines 3j			
'		-			
•	and 4				
8_		down of line 7:			
		ss from 2013			
		ss from 2014			
		ss from 2015			
		ss from 2016			
е	Exces	ss from 2017			

Schedule A (Form 990 or 990-EZ) 2017

### GEORGIA ASSOCIATION OF REALTORS

Schedule A	(Form 990 or 990-EZ) 20 <sup>-</sup>	17 DISASTER	RELIEF	FUND		20-3255676 Page 8
Part VI	Supplemental Info Part IV, Section A, lines line 1; Part IV, Section D	<b>ormation.</b> Provide 1, 2, 3b, 3c, 4b, 4c, D, lines 2 and 3; Part	e the explanati 5a, 6, 9a, 9b, IV, Section E	ions required 9c, 11a, 11b , lines 1c, 2a	by Part II, line 10; Part II, line 17a o, and 11c; Part IV, Section B, line o, 2b, 3a, and 3b; Part V, line 1; Pa	a or 17b; Part III, line 12; es 1 and 2; Part IV, Section C, ert V, Section B, line 1e; Part V,
	Section D, lines 5, 6, an (See instructions.)	d 8; and Part V, Sec	tion E, lines 2	, 5, and 6. Al	so complete this part for any addi	itional information.
_						

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

Department of the Treasury Internal Revenue Service

Organization type (check one):

### **Schedule of Contributors**

► Attach to Form 990, Form 990-EZ, or Form 990-PF.

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

OMB No. 1545-0047

2017

Name of the organization

GEORGIA ASSOCIATION OF REALTORS

DISASTER RELIEF FUND

Employer identification number

20-3255676

Filers of:	Section:
Form 990 or 990-EZ	$\boxed{\textbf{X}}$ 501(c)( $3$ ) (enter number) organization
	4947(a)(1) nonexempt charitable trust <b>not</b> treated as a private foundation
	527 political organization
Form 990-PF	501(c)(3) exempt private foundation
	4947(a)(1) nonexempt charitable trust treated as a private foundation
	501(c)(3) taxable private foundation
	covered by the <b>General Rule</b> or a <b>Special Rule</b> .  7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.
Note: Only a section 50 1(c)(	r), (o), of (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.
General Rule	
•	filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.
Special Rules	
sections 509(a)(1) a any one contributor	described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from r, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; line 1. Complete Parts I and II.
year, total contribut	described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the tions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for ruelty to children or animals. Complete Parts I, II, and III.
year, contributions is checked, enter h purpose. Don't con	described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box ere the total contributions that were received during the year for an exclusively religious, charitable, etc., applete any of the parts unless the <b>General Rule</b> applies to this organization because it received nonexclusively e, etc., contributions totaling \$5,000 or more during the year
but it <b>must</b> answer "No" on	at isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to ne filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

LHA For Paperwork Reduction Act Notice, see the instructions for Form 990, 990-EZ, or 990-PF. Schedule B (Form 990, 990-EZ, or 990-PF) (2017)

Name of organization
GEORGIA ASSOCIATION OF REALTORS
DISASTER RELIEF FUND

Employer identification number

20-3255676

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1		\$ 75,000.	Person X Payroll
(a)	(b)	(c)	(d)
No2	Name, address, and ZIP + 4	\$ 27,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3		\$10,000.	Person X Payroll Noncash  (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No. 4	Name, address, and ZIP + 4	\$ 10,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
5	ranic, audi 655, and Zir + 4	\$ 10,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c) Total contributions	(d) Type of contribution
6_	Name, address, and ZIP + 4	\$ 10,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)

Name of organization
GEORGIA ASSOCIATION OF REALTORS
DISASTER RELIEF FUND

Employer identification number

20-3255676

Part I	Contributors (see instructions). Use duplicate copies of Part I if additi	ional space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7		\$5,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
8			Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
9		\$5,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
NU.	Name, address, and ZIF + 4	*	Person Payroll Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
			Person Payroll Noncash (Complete Part II for noncash contributions.)

Name of organization
GEORGIA ASSOCIATION OF REALTORS
DISASTER RELIEF FUND

Employer identification number

20-3255676

Noncash Property (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					
	_						
	\$						
(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received					
	\$						
(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received					
	_						
(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received					
	_						
	<u> </u>						
(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received					
	_						
	\$						
(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received					
	_						
		I					
	(b) Description of noncash property given   (c) FMV (or estimate) (See instructions.)  (b) Description of noncash property given  (c) FMV (or estimate) (See instructions.)  (d) FMV (or estimate) (See instructions.)  (e) FMV (or estimate) (See instructions.)  (f) FMV (or estimate) (See instructions.)  (g) FMV (or estimate) (See instructions.)  (h) Description of noncash property given  (c) FMV (or estimate) (See instructions.)						

Schedule B (Form 990, 990-EZ, or 990-PF) (2017) Name of organization GEORGIA ASSOCIATION OF REALTORS R RELIEF FUND

20-3255676

Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (a) and the following line onto: DISASTER RELIEF FUND Part III

Employer identification number

No. m	Use duplicate copies of Part III if additionate (b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held						
t I	(b) i dipose di giit	(5) 335 31 9.11	(a) Description of now girt to need						
_   _									
		(e) Transfer of gift	t T						
	Transferee's name, address, a	nd 7IP + 4	Relationship of transferor to transferee						
	Transfer of France, address, a		Tioladonomp of dunistici to dunistici co						
o. n	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held						
$-\mid -\mid$			<u> </u>						
		/.\ <del>-</del>							
	(e) Transfer of gift								
	Transferee's name, address, a	nd ZIP + 4	Relationship of transferor to transferee						
-									
No.	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held						
tl	(b) i di pose oi giit	(c) OSC OI gift	(a) Description of now gift is field						
_   _									
-	<u> </u>	_							
	(e) Transfer of gift								
	Transferee's name, address, a	nd ZIP + 4	Relationship of transferor to transferee						
	· · ·		•						
-									
No.									
No. m t I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held						
_   _									
		(e) Transfer of gift							
	Transferee's name, address, a	nd ZIP + 4	Relationship of transferor to transferee						

#### SCHEDULE I (Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

# **Grants and Other Assistance to Organizations, Governments, and Individuals in the United States**

Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

► Attach to Form 990.

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

GEORGIA ASSOCIATION OF REALTORS

DISASTER RELIEF FUND

OMB No. 1545-0047

2017
Open to Public Inspection

Employer identification number 20 – 3255676

Schedule I (Form 990) (2017)

DIORDIEN .	<u> </u>						20 3233010
Part I General Information on Grants a	nd Assistance						
1 Does the organization maintain records t	o substantiate the	amount of the grants	or assistance, the	grantees' eligibility	for the grants or assi	stance, and the selection	
criteria used to award the grants or assis	tance?						No
2 Describe in Part IV the organization's pro	cedures for monit	oring the use of grant	funds in the United	States.			
Part II Grants and Other Assistance to I	Domestic Organia	zations and Domestic	Governments. C	omplete if the org	anization answered "\	es" on Form 990, Part	IV, line 21, for any
recipient that received more than \$	5,000. Part II can	be duplicated if addition	onal space is need	ed.		_	
1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
TEXAS ASSOCIATION OF REALTORS							
DISASTER RELIEF FUND - PO BOX 2246							TO PROVIDE ASSISTANCE FOR
- AUSTIN, TX 78768	16-1737159	501(C)(3)	40,351.	0.			HURRICAN HARVEY
VIRGIN ISLANDS TERRITORIAL ASSOCIATION OF REALTORS - 6511 HAUGHTON LANE - ORLANDO, FL 32835	22-3309650	501(C)(6)	15,000.	0.			TO PROVIDE ASSISTANCE FOR HURRICANE HARVEY
FLORIDA ASSN OF REALTORS DISASTER RELIEF FUND - 7025 AUGUSTA NATIONAL DRIVE - ORLANDO, FL 32822	59-3138956	501(C)(3)	10,000.	0.			TO PROVIDE ASSISTANCE FOR HURRICANE HARVEY
REALTORS RELIEF FOUNDATION 430 N. MICHIGAN AVENUE CHICAGO, IL 60611	36-4468109	501(C)(3)	10,000.	0.			TO PROVIDE ASSISTANCE FOR HURRICANE HARVEY
SAVANNAH AREA REALTORS DISASTER RELIEF FUND INC 7015 HODGSON MEMORIAL DRIVE - SAVANNAH, GA 31406	83-0956799	501(C)(3)	5,000.	0.			TO PROVIDE ASSITANCE FOR HURRICANE IRMA
2 Enter total number of section 501(c)(3) ar				•			
3 Enter total number of other organizations	listed in the line	1 table					<b>1.</b>

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

Schedule I (Form 990) (2017)

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non- cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
ATURAL DISASTER RELIEF ASSISTANCE	6	10,500.	0.		
		, .			
Part IV Supplemental Information. Provide the information red	quired in Part I, lin	e 2; Part III, column	(b); and any other ac	dditional information.	
PART I, LINE 2:					
MINUTES ARE KEPT BASED ON EVERY DE	CISION TO	SUBSTANTI	ATE THE AM	OUNTS OF	
ASSISTANCE.					

#### SCHEDULE J (Form 990)

Department of the Treasury

**Compensation Information** 

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

➤ Complete if the organization answered "Yes" on Form 990, Part IV, line 23.

➤ Attach to Form 990.

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

201/

OMB No. 1545-0047

Open to Public Inspection

Internal Revenue Service Name of the organization

GEORGIA ASSOCIATION OF REALTORS DISASTER RELIEF FUND

Employer identification number 20-3255676

Pa	art I Questions Regarding Compensation			
			Yes	No
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990,			
	Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.			
	First-class or charter travel Housing allowance or residence for personal use			
	Travel for companions Payments for business use of personal residence			
	Tax indemnification and gross-up payments  Health or social club dues or initiation fees			l
	Discretionary spending account  Personal services (such as, maid, chauffeur, chef)			
b	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or			
	reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	1b		
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors,			
	trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?	2		
3	Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's			
	CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to			l
	establish compensation of the CEO/Executive Director, but explain in Part III.			
	Compensation committee Written employment contract			
	Independent compensation consultant Compensation survey or study			
	Form 990 of other organizations  Approval by the board or compensation committee			l
				l
4	During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing			l
	organization or a related organization:			
а		4a		X
b		4b		Х
С	Participate in, or receive payment from, an equity-based compensation arrangement?	4c		X
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.			l
	Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.			l
5	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			l
	contingent on the revenues of:			37
		5a		X
b	, , ,	5b		
_	If "Yes" on line 5a or 5b, describe in Part III.			
6	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			l
	contingent on the net earnings of:	0-		v
		6a		X
b	, , , ,	6b		<u> </u>
_	If "Yes" on line 6a or 6b, describe in Part III.			
7	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments			v
_	not described on lines 5 and 6? If "Yes," describe in Part III	7		X
8	Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the			v
_	initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III	8		X
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in			
	Regulations section 53.4958-6(c)?	9		i

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

Schedule J (Form 990) 2017

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that aren't listed on Form 990, Part VII.

Note: The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

(A) Name and Title		(B) Breakdown of	W-2 and/or 1099-MI	SC compensation	(C) Retirement and	(D) Nontaxable	(E) Total of columns	(F) Compensation
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	other deferred compensation	benefits	(B)(i)-(D)	in column (B) reported as deferred on prior Form 990
(1) DEBRA JUNKIN	(i)	0.	0.	0.	0.	0.	0.	0.
	ii)	172,823.	0.	0.	5,229.	14,167.	192,219.	0.
	(i)							
	ii)							
	(i) _							
	ii)							
	(i) _ ii) _							
	i) (i)							
	''  - ii)  -							
	(i)							
	ii)							
	(i) _							
	ii)							
	(i) _							
	ii)							
	(i) _ ii) _							
	i) _							
	ii)							
	(i)							
(i	ii)							
	(i) _							
	ii)							
	(i) 							
	ii) (i) _							
	'')  - ii)							
	i) _							
	ii)							
	(i)							
	ii)							1 1/5 200) 2047

Part III Supplemental Information								
Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.								

#### **SCHEDULE 0**

Internal Revenue Service

(Form 990 or 990-EZ) Department of the Treasury

Supplemental Information to Form 990 or 990-EZ

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

► Attach to Form 990 or 990-EZ.

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

Inspection

OMB No. 1545-0047

Name of the organization

GEORGIA ASSOCIATION OF REALTORS DISASTER RELIEF FUND

**Employer identification number** 20-3255676

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:
THE GEORGIA ASSOCIATION OF REALTORS DISASTER RELIEF FUND WAS
ESTABLISHED TO ASSIST GEORGIA REALTORS WHO HAVE LOST THEIR HOME, THEIR
OFFICE, THEIR ABILITY TO PAY FOR THEIR HOME AND/OR THEIR LIVELIHOOD
THROUGH A NATURAL DISASTER.
FORM 990, PART VI, SECTION B, LINE 11B:
THE FORM 990 IS REVIEWED BY THE EXECUTIVE COMMITTEE (HAVING THE AUTHORITY
TO ACT BETWEEN BOARD MEETINGS) AND CEO BEFORE FILING.
FORM 990, PART VI, SECTION B, LINE 12C:
CONFLICT OF INTEREST POLICIES ARE REVIEWED AND SIGNED TO ACKNOWLEDGE
RECEIPT ANNUALLY.
FORM 990, PART VI, SECTION C, LINE 19:
THE ORGANIZATION DOES NOT MAKE ITS GOVERNING DOCUMENTS, CONFLICT OF
INTEREST POLICY, OR FINANCIAL STATEMENTS AVAILABLE TO THE PUBLIC.

#### SCHEDULE R (Form 990)

### **Related Organizations and Unrelated Partnerships**

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

Attach to Form 990.

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

Open to Public Inspection

OMB No. 1545-0047

Name of the organization

Department of the Treasury Internal Revenue Service

GEORGIA ASSOCIATION OF REALTORS DISASTER RELIEF FUND

Employer identification number 20-3255676

Part I Identification of Disregarded Entities. Complete if the organization answered "Yes" on Form 990, Part IV, line 33. (d) (f) (a) (b) (c) (e) Name, address, and EIN (if applicable) Primary activity Legal domicile (state or Total income End-of-year assets Direct controlling of disregarded entity entity foreign country)

Part II Identification of Related Tax-Exempt Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related tax-exempt organizations during the tax year.

(a)  Name, address, and EIN  of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section	(f) Direct controlling entity		g) 512(b)(13) rolled ity?
				501(c)(3))		Yes	No
GEORGIA ASSOCIATION OF REALTORS, INC	PROFESSIONAL MEMBERSHIP						
58-0836843, 6065 BARFIELD ROAD, SUITE 200,	ORGANIZATION FOR GEORGIA						İ
ATLANTA, GA 30328	REAL ESTATE	GEORGIA	501(C)(6)	N/A	N/A		Х
GEORGIA ASSOCIATION OF REALTORS SCHOLARSHIP	AWARD SCHOLARSHIPS FOR THE						
FOUNDATION, INC 58-1627007, 6065	STUDY OF REAL ESTATE						
BARFIELD ROAD, SUITE 200, ATLANTA, GA 30328	SUBJECTS	GEORGIA	501(C)(3)	LINE 12B, II	N/A		Х
GEORGIA REALTORS POLITICAL ACTION COMMITTEE	POLITICAL LOBBYING						
- 58-1288715, 6065 BARFIELD ROAD, SUITE 200,	ACTIVITIES FOR THE BENEFIT						
ATLANTA, GA 30328	OF THE REAL ESTATE	GEORGIA	527	N/A	N/A		Х
	1						ĺ

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

SEE PART VII FOR CONTINUATIONS

Schedule R (Form 990) 2017

Part III Identification of Related Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a partnership during the tax year.

(a) Name, address, and EIN of related organization  (b) Primary activity Primary activity Of related organization  (c) Legal domicile (state or foreign country)  Primary activity Of related organization  (d) Predominant income (related, unrelated, excluded from tax under sections 512-514)  Share of total income Of related, unrelated, excluded from tax under sections 512-514)  (g) Share of total income Of rend-of-year assets  (h) Disproportionate allocations? Ocade V-UBI amount in box 20 of Schedule K-1 (Form 1065)  Of seneral or managing partner?  Yes No
Name, address, and EIN of related organization  Primary activity  Primary activity  Primary activity  Primary activity  Primary activity  Predominant income (related, unrelated, excluded from tax under sections 512-514)  Primary activity  Predominant income (related, unrelated, excluded from tax under sections 512-514)  Primary activity  Predominant income (related, unrelated, excluded from tax under sections 512-514)  Primary activity  Predominant income (related, unrelated, excluded from tax under sections 512-514)  Primary activity  Predominant income (related, unrelated, excluded from tax under sections 512-514)  Primary activity  Predominant income (related, unrelated, excluded from tax under sections 512-514)  Primary activity  Predominant income (related, unrelated, excluded from tax under sections 512-514)  Primary activity  Predominant income (related, unrelated, excluded from tax under sections 512-514)  Primary activity  Predominant income (related, unrelated, excluded from tax under sections 512-514)  Primary activity  Predominant income (related, unrelated, excluded from tax under sections 512-514)  Primary activity  Primary activity  Predominant income (related, unrelated, excluded from tax under sections 512-514)  Primary activity  Predominant income (related, unrelated, excluded from tax under sections 512-514)  Primary activity  Predominant income (related, unrelated, excluded from tax under sections 512-514)  Primary activity  Primary activity  Predominant income (related, unrelated, excluded from tax under sections 512-514)  Primary activity  Primary
toreign country)    State of foreign country   excluded from tax under sections 512-514)   assets   20 of Schedule   Factor   Yes   No   Yes   No     Yes   No     Yes   No     Yes   No     Yes   No     Yes   No     Yes   No     Yes   No     Yes   No     Yes   No     Yes   No     Yes   No   Yes   No   Yes   No   Yes
Country   Sections 512-514)   Yes   No   K-1 (Form 1065)   Yes   No

Part IV Identification of Related Organizations Taxable as a Corporation or Trust. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a corporation or trust during the tax year.

(a)  Name, address, and EIN  of related organization	<b>(b)</b> Primary activity	(c) Legal domicile (state or foreign	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership		tion b)(13) rolled tity?								
		country)		,				Yes	No								
	-																
-																	
-	-																
-																	
	-																

Note: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.

Yes No

Part V Transactions With Related Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.

1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?

a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity

<b>b</b> Gift, grant, or capital contribution to related organization(s)				1b		<u>X</u>
c Gift, grant, or capital contribution from related organization(s)				1c	Х	
d Loans or loan guarantees to or for related organization(s)				1d		<u>X</u>
e Loans or loan guarantees by related organization(s)				1e		<u>X</u>
Dividends from related erganization(s)				1f		X
f Dividends from related organization(s)						X
g Sale of assets to related organization(s)  h Purchase of assets from related organization(s)				1g 1h		X
				1i		X
i Exchange of assets with related organization(s)				1i		X
j Lease of facilities, equipment, or other assets to related organization(s)				1)		Λ
k Lease of facilities, equipment, or other assets from related organization(s)				1k		Х
I Performance of services or membership or fundraising solicitations for related orga				11		X
m Performance of services or membership or fundraising solicitations by related orga				1m		X
n Sharing of facilities, equipment, mailing lists, or other assets with related organizat				1n		X
Sharing of paid employees with related organization(s)				10		X
p Reimbursement paid to related organization(s) for expenses				1p		X
q Reimbursement paid by related organization(s) for expenses				1q		<u>X</u>
r Other transfer of cash or property to related organization(s)				1r		<u>X</u>
s Other transfer of cash or property from related organization(s)				1s		<u>X</u>
2 If the answer to any of the above is "Yes," see the instructions for information on v	vho must complete th	is line, including covered relati	onships and transaction thresholds.			
(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount in	volved		
(1) GEORGIA ASSOCIATION OF REALTORS, INC.	С	75,000.AC	TUAL AMOUNT			
(2)						
(0)						
(3)						
(4)						
<u>(5)</u>						
(6)						
732163 09-11-17			Schedule	R (Forr	n 990)	2017

Part VI Unrelated Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 37.

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

(a) Name, address, and EIN of entity	(b) Primary activity	(c)	(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)	Are all partners sec. 501(c)(3) orgs.?  Yes No	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproptionate allocation	Code V-UBI amount in box 2 of Schedule K-	General of managing partner?  Yes No	(k) r Percentage ownership
	-									

Part VII Supplemental Information.  Provide additional information for responses to questions on Schedule R. See instructions.
PART II, IDENTIFICATION OF RELATED TAX-EXEMPT ORGANIZATIONS:
NAME OF RELATED ORGANIZATION:
GEORGIA REALTORS POLITICAL ACTION COMMITTEE
PRIMARY ACTIVITY: POLITICAL LOBBYING ACTIVITIES FOR THE BENEFIT OF THE
REAL ESTATE INDUSTRY

#### Form **8868**

(Rev. January 2017)

Department of the Treasury Internal Revenue Service

# Application for Automatic Extension of Time To File an Exempt Organization Return

File a separate application for each return.

▶ Information about Form 8868 and its instructions is at www.irs.gov/form8868 .

OMB No. 1545-1709

**Electronic filing** (e-file). You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the forms listed below with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, for which an extension request must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit <a href="https://www.irs.gov/efile">www.irs.gov/efile</a>, click on Charities & Non-Profits, and click on e-file for Charities and Non-Profits.

### Automatic 6-Month Extension of Time. Only submit original (no copies needed).

All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

				Enter file	r's identifyir	ng number	
Type or print	Name of exempt organization or other filer, see instruction of REAL	Employer	identification	n number (EIN) or			
print	DISASTER RELIEF FUND	20-3255676					
File by the due date for filing your	Number, street, and room or suite no. If a P.O. box, so 6065 BARFIELD ROAD, SUITE 2	Social se	curity numbe				
return. See instructions.	City, town or post office, state, and ZIP code. For a for ATLANTA, GA 30328		ress, see instructions.				
Enter the	Return Code for the return that this application is for (file	a separat	e application for each return)			0 1	
Application	on	Return	Application			Return	
Is For		Code	Is For			Code	
Form 990	or Form 990-EZ	01	Form 990-T (corporation)			07	
Form 990	-BL	02	Form 1041-A			08	
Form 472	0 (individual)	03	Form 4720 (other than individual)			09	
Form 990	-PF	04	Form 5227	10			
Form 990	-T (sec. 401(a) or 408(a) trust)	05	Form 6069	11			
Form 990	-T (trust other than above)	06	Form 8870			12	
Teleph  If the c  If this i	boks are in the care of $\blacktriangleright$ 6065 BARFIELD From No. $\blacktriangleright$ 770-451-1831 organization does not have an office or place of business as for a Group Return, enter the organization's four digit of the first state of the group, check this box $\blacktriangleright$	in the Uni Group Exe	Fax No.   ted States, check this box mption Number (GEN) I	f this is for	the whole g	roup, check this	
<b>1</b>     red	quest an automatic 6-month extension of time until	NOVE	MBER 15, 2018 , to file				
<b>▶</b> [ <b>▶</b> [	X calendar year 2017 or tax year beginning to the tax year entered in line 1 is for less than 12 months, cl. Change in accounting period	, an	d ending	Final returi	 n		
3a If th	is application is for Forms 990-BL, 990-PF, 990-T, 4720,	or 6069, 6	enter the tentative tax, less any				
non	refundable credits. See instructions.			3a	\$	0.	
<b>b</b> If th	is application is for Forms 990-PF, 990-T, 4720, or 6069	, enter any	refundable credits and				
esti	estimated tax payments made. Include any prior year overpayment allowed as a credit.  3b \$						
c Bal	ance due. Subtract line 3b from line 3a. Include your pa	yment with	n this form, if required,				
by ι	using EFTPS (Electronic Federal Tax Payment System).	See instruc	ctions.	3с	\$	0.	
Caution:	If you are going to make an electronic funds withdrawal	(direct det	oit) with this Form 8868, see Form 84	153-EO an	d Form 8879	-EO for payment	

instructions.

LHA For Privacy Act and Paperwork Reduction Act Notice, see instructions.

Form 8868 (Rev. 1-2017)

MAIL TO: DEPARTMENT OF THE TREASURY
INTERNAL REVENUE SERVICE CENTER
OGDEN, UT 84201-0045

#### Form **8868**

(Rev. January 2017)

Department of the Treasury Internal Revenue Service

# Application for Automatic Extension of Time To File an Exempt Organization Return

File a separate application for each return.

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OMB No. 1545-1709

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must u	se Form 7004 to request an extension of time to life income	tax return	13.	Enter file	er's identifying	number		
Type o	Name of exempt organization or other filer, see instruction GEORGIA ASSOCIATION OF REAL	Employer identification number (E						
	DISASTER RELIEF FUND	20-325567						
File by th due date filing you return. Se	for Number, street, and room or suite no. If a P.O. box, set 6065 BARFTELD ROAD SIITTE 2.	Social se	curity number (	SSN)				
instructio		reign addı	ress, see instructions.					
Enter t	he Return Code for the return that this application is for (file	a separat	te application for each return)			0 1		
Applic	ation	Return	Application			Return		
ls For		Code	Is For			Code		
Form 9	990 or Form 990-EZ	01	Form 990-T (corporation)			07		
Form 9	990-BL	02	Form 1041-A			08		
Form 4	720 (individual)	03	Form 4720 (other than individual)			09		
Form 9	990-PF	04	Form 5227					
Form 9	990-T (sec. 401(a) or 408(a) trust)	05	Form 6069		11			
Form 9	990-T (trust other than above)			12				
Tele	books are in the care of $\blacktriangleright$ 6065 BARFIELD Rephone No. $\blacktriangleright$ 770-451-1831  The organization does not have an office or place of business is is for a Group Return, enter the organization's four digit of the control of the group, check this box $\blacktriangleright$	in the Uni Group Exe	Fax No.  ted States, check this box mption Number (GEN)	If this is fo	r the whole grou			
1	request an automatic 6-month extension of time until	NOVE	MBER 15, 2018 , to file	e the exem	pt organization	return		
)	or the organization named above. The extension is for the organization named above. The extension is for the organization page 2017 or tax year beginning fithe tax year entered in line 1 is for less than 12 months, check the change in accounting period	organizatio	n's return for:	Final retur				
3a	f this application is for Forms 990-BL, 990-PF, 990-T, 4720,	or 6069, e	enter the tentative tax, less any					
<u>r</u>	nonrefundable credits. See instructions.	3a	\$	0.				
b I	f this application is for Forms 990-PF, 990-T, 4720, or 6069,							
9	estimated tax payments made. Include any prior year overpa	ayment all	owed as a credit.	3b	\$	0.		
c E	Balance due. Subtract line 3b from line 3a. Include your pay	yment witl	n this form, if required,					
k	oy using EFTPS (Electronic Federal Tax Payment System). S	3с	\$	0.				

Caution: If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.

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Form 8868 (Rev. 1-2017)

MAIL TO: DEPARTMENT OF THE TREASURY INTERNAL REVENUE SERVICE CENTER OGDEN, UT 84201-0045