

Form 990

Department of the Treasury Internal Revenue Service

PUBLIC DISCLOSURE COPY

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 Open to Public . Inspection

AF	or the	e 2017 calendar year, or tax year beginning and	ending					
B C a	heck if pplicabl	e: C Name of organization		D Employer identified	cation number			
	Addre	SE GEORGIA ASSOCIATION OF REALTORS, INC.	GEORGIA ASSOCIATION OF REALTORS, INC.					
	Name chang			58-0	836843			
	Initial	Number and street (or P.O. box if mail is not delivered to street address)	Room/su	ite E Telephone number				
	Final return	6065 BARFIELD ROAD, SUITE 200		770-	451-1831			
	termir ated	City or town, state or province, country, and ZIP or foreign postal code		G Gross receipts \$	5,995,529.			
	Amen return	ATLANTA, GA 30328		H(a) Is this a group re	eturn			
	Applic tion	F Name and address of principal officer. DEDICK 5. 0001111		for subordinates	? Yes X No			
	pendi	SAME AS C ABOVE		H(b) Are all subordinates in	cluded? Yes No			
		empt status: 501(c)(3) X 501(c) (6)◀ (insert no.) 4947(a)(1) (or 🔄 5		list. (see instructions)			
		te: WWW.GAREALTOR.COM		H(c) Group exemption				
		organization: X Corporation	LY	ear of formation: 1951	State of legal domicile: GA			
Ра	rt I	Summary	_~~_					
ė	1	Briefly describe the organization's mission or most significant activities: PROF			LP			
anc		ASSOCIATION FOR THE GEORGIA REAL ESTATE I						
Governance		Check this box	sed of mo					
Š	3				407			
.∞ ∞		Number of independent voting members of the governing body (Part VI, line 1b)			<u>407</u> 20			
Activities &			otal number of individuals employed in calendar year 2017 (Part V, line 2a)					
tivit		Total number of volunteers (estimate if necessary)		<u>407</u> 34,495.				
Act		Total unrelated business revenue from Part VIII, column (C), line 12		-91,266.				
	b	Net unrelated business taxable income from Form 990-T, line 34	<u> </u>					
	_	Contributions and swarts (Dout)/III line th)	-	Prior Year 0.	Current Year			
ue	8	Contributions and grants (Part VIII, line 1h)		4,815,964.	5,573,009.			
Revenue	9 10	Program service revenue (Part VIII, line 2g)		541,504.	49,693.			
Be	11	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		-95,495.	65,900.			
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	F	5,261,973.	5,688,602.			
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		82,373.	12,756.			
	14	Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.			
	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		1,408,229.	1,607,819.			
ses		Professional fundraising fees (Part IX, column (A), line 11e)		0.	0.			
Expenses		Total fundraising expenses (Part IX, column (D), line 25)	0.					
ы		Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		2,242,889.	2,515,332.			
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		3,733,491.	4,135,907.			
	19	Revenue less expenses. Subtract line 18 from line 12	E C	1,528,482.	1,552,695.			
or				Beginning of Current Year	End of Year			
Assets (d Balanc	20	Total assets (Part X, line 16)	Г	11,003,257.	12,251,596.			
ASt	21	Total liabilities (Part X, line 26)		3,591,439.	3,138,882.			
Fund		Net assets or fund balances. Subtract line 21 from line 20		7,411,818.	9,112,714.			
Pa		Signature Block						
أمطا		sting of parium. I dealars that I have examined this return, including accompanying achedular	and atat	manta and to the best of my	knowledge and belief it is			

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge. T.

Sign Here	Signature of officer DEBRA S. JUNKIN, CEO	Date								
	Type or print name and title									
	Print/Type preparer's name Preparer's signature Dat	te Check PTIN								
Paid	STANLEY M SMITH II STANLEY M SMITH II 10	/08/18 self-employed P00319916								
Preparer	Firm's name CARR, RIGGS & INGRAM, LLC	Firm's EIN ► 72-1396621								
Use Only	Firm's address 4360 CHAMBLEE DUNWOODY RD., STE 420									
	ATLANTA, GA 30341	Phone no. 770 – 457 – 6606								
May the I	May the IRS discuss this return with the preparer shown above? (see instructions)									
700001 11 0	17 I HA For Paparwork Poduction Act Notice see the separate instructions	Earm 990 (2017)								

732001 11-28-17 LHA For Paperwork Reduction Act Notice, see the separate instructions. Form 990 (2017)

Form	990 (2017) GEORGIA ASSOCIATION OF REALTORS, INC. 58-0836843 Page 2
Pa	
	Check if Schedule O contains a response or note to any line in this Part III
1	Briefly describe the organization's mission: THE GEORGIA ASSOCIATION OF REALTORS WORKS TO ADVANCE THE REAL ESTATE
	INDUSTRY THROUGH THE PROTECTION OF PRIVATE PROPERTY RIGHTS, THE
	CONTINUING EDUCATION OF ITS MEMBERS, AND BY ACTING AS FACILITATORS OF
	THE AMERICAN DREAM OF HOMEOWNERSHIP.
2	Did the organization undertake any significant program services during the year which were not listed on the
	prior Form 990 or 990-EZ?
	If "Yes," describe these new services on Schedule O.
3	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.
4	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.
4a	(Code:) (Expenses \$ 1,330,490. including grants of \$) (Revenue \$ 798,691.)
	THE ASSOCIATION'S ANNUAL MEETINGS AND EDUCATIONAL PROGRAMS - THE
	ASSOCIATION HOSTS BUSINESS MEETINGS AND CONFERENCES ANNUALLY. IN 2017,
	730 PEOPLE ATTENDED THE ANNUAL MEETING. THE ASSOCIATION'S EDUCATION
	PROGRAM - GRADUATE REALTORS INSTITUTE HAS LIVE AND ONLINE EDUCATIONAL
	PROGRAMS AND CONTINUING EDUCATION CLASSES PRESENTED THROUGHOUT THE
	STATE (259 ATTENDEES IN 2017.)
4b	(Code:) (Expenses \$104,143. including grants of \$) (Revenue \$33,830.)
	PUBLICATIONS OF GEORGIA REALTOR MAGAZINE - THE ASSOCIATION'S JOURNAL
	MADE AVAILABLE TO ALL MEMBERS WHICH PROVIDES EDUCATIONAL AND INFORMATIVE MATERIAL (143,966 MAILINGS IN 2017).
	INFORMATIVE MATERIAL (145,900 MAILINGS IN 2017).
4c	(Code:) (Expenses \$ 2,701,274. including grants of \$ 12,756.) (Revenue \$ 4,753,938.)
40	OTHER ACTIVITIES RELATED TO THE ADVANCEMENT OF THE REAL ESTATE
	PROFESSION IN GEORGIA.
4d	Other program services (Describe in Schedule O.)
	(Expenses \$ including grants of \$) (Revenue \$)
4e	Total program service expenses ► 4,135,907.
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08141008 794202 60-01511.003

2017.04030 GEORGIA ASSOCIATION OF RE 60-01511

Form 990 (ASSOCIATION	OF	REALTORS,	INC
Part IV	Checklist of R	equired Sch	edules			

	· ·		Y.	
4	Is the graphization described in section $501(c)(2)$ or $4047(c)(1)$ (other than a private foundation)?		Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?	1		Х
2	If "Yes," complete Schedule A	2		X
2 3	Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> ? Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
3		3		х
4	public office? If "Yes," complete Schedule C, Part I Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect	3		- 23
4		4		
5	during the tax year? <i>If</i> "Yes," <i>complete Schedule C, Part II</i> Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
5		5	x	
6	similar amounts as defined in Revenue Procedure 98-19? <i>If "Yes," complete Schedule C, Part III</i>	5		
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to	6		х
7	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	_		х
•	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		Λ
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			Х
~	Schedule D, Part III	8		
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?			v
10	If "Yes," complete Schedule D, Part IV	9		<u>X</u>
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent	10		v
	endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		<u>X</u>
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,		v	
	Part VI	11a	X	
b	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total			v
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		<u>X</u>
с	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total			v
-	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		<u>X</u>
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in			v
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		<u>x</u> x
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses		v	
	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		.	
	Schedule D, Parts XI and XII	12a	X	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			v
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		<u>X</u>
13	Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			v
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		<u> </u>
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			17
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		<u> </u>
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			37
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		<u> </u>
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		<u> </u>
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		<u> </u>
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		Х

Form 990 (2017)

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GEORGIA	ASSOCIATION	OF	REALTORS,	INC.
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Form	990 (2017) GEORGIA ASSOCIATION OF REALTORS, INC. 58-0836	5843	Р	age 4
Pa	TIV Checklist of Required Schedules (continued)			
			Yes	No
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
	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		X
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			
	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		
	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease	- 10		
Ū	any tax-exempt bonds?	24c		
Ь	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	240		<u> </u>
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit	24u		<u> </u>
258		050		
	transaction with a disqualified person during the year? <i>If</i> "Yes," <i>complete Schedule L, Part I</i>	25a		<u> </u>
D	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L, Part I	25b		<u> </u>
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		X X
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			
	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations?			
	If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		x
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	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		x
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			<u> </u>
~	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		1
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			<u> </u>
00		36		1
37	<i>If</i> "Yes," <i>complete Schedule R, Part V, line 2</i> Did the organization conduct more than 5% of its activities through an entity that is not a related organization			<u> </u>
31		27		x
20	and that is treated as a partnership for federal income tax purposes? <i>If</i> "Yes," <i>complete Schedule R, Part VI</i>	37		
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?	00	х	1
-	Note. All Form 990 filers are required to complete Schedule O	38	11	L

Form 990 (2017)

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1a Enter the number reported in Box 3 of Form 1096. Enter -D- if not applicable 1a 36 1a 2b Enter the number of Forms W-2G included in line 1a. Enter -D- if not applicable 0 0 1a 36 0 2b Enter the number of Forms W-2G included in line 1a. Enter -D- if not applicable 0 0 1a 1a 36 0 2c Enter the number of Forms W-2G included in line 1a. Enter D- if not applicable 0 1a 1a <th>Pa</th> <th>t V Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response or note to any line in this Part V</th> <th></th> <th></th> <th></th> <th></th> <th></th>	Pa	t V Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response or note to any line in this Part V					
b Enter the number of forms W-20 included in line 1a. Enter- 0 ¹ not applicable 10 10 0 2a Enter the number of employees reported on Form W-3, Transmittel of Wage and Tax Statements, and reportable gaming 1a X 2a Enter the number of employees reported on Form W-3, Transmittel of Wage and Tax Statements, and the sum of lines 1a and 2 is great than 40 ware covered by this natur. 2a Z X b If a least one is reported on Im 2a, d the organization file and enguined to <i>efficie</i> enfrance/and 2000 (and 2000 cm mee during the year?) 2a X a Dot the organization have unstated business gross income of \$1.000 or mee during the year? 3a X b If "%s," instat life a S The S Note. If the authority ver, a signature or other authority vers, a signature and the organization file form 888817 5a X 6a Wash organization in ave avest as a party than a contrabutic andity and avers and appressing t						Yes	No
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming gambling) winnings to prize winners? It c X 2 Enter the number of employees reported on Form W.3, Transmittal of Wage and Tax Statements, Ited for the calendar year online 2, did the organization file all required federal employment tax returns? 20 b If at least one is reported on IDE 2, did the organization file all required federal employment tax returns? 20 b If "Yes," rules 1 and 2 is greater than 250, you may be required to e_file (see instructions) 3a X d At any time is a and 2 is greater than 250, you may be required to e_file (see instructions) 3b X d At any time the nume of the organization have an interest in, or a signature or other authority over, a financial account in a foreign ocurity (such as a bank account, securities account, or other financial account)? 4a X b If "Yes," to line 6a or 5b, old the organization have an interaction at any time during the tax year? 5a X 5a Did any taxable party noithy the organization have annual gross receipts to a prohibited tax sheler transaction? 5a X 5a Did any taxable party noithy the organization have an transaction at any time during the statement multipose regularization accounts (SD made party tax) to a prohibited tax sheler transaction? 5a X <	1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1a	36			
gambing winnings to prize winners? 1c X 2a Ender the calendar year ending with or within the year covered by this return 2a 20 2b X 3b Rt east one is reported on line 2a, did the organization file all required federal employment tax returns? 2b X 3c Did the organization have unrelated business gross income of \$1.000 or more during the year? 3a X 3b Did the organization have unrelated business gross income of \$1.000 or more during the year? 3a X 3c Did the organization have unrelated business gross income of \$1.000 or more during the year? 3a X 3c Did the organization have unrelated business gross income of \$1.000 or more during the year? 3a X 3c Yes, "net the name of the foreign Doubled tax shells transaction at any time during the tax year? 5a X 5a Was the organization include with were yesicitation at any time during the tax year? 5a X 5a Did any taxable party notify the organization file form 8880 for Yes, "to be as a barbable contributions? 5c 5c 6a X Yes, "to be as a barbable contributions? 5c 5c 6a X Yes, "to did the organization file form 8800 ar equices provided	b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b	0			
2a Enter the number of employees reported on Form W3. Transmittal of Wage and Tax Statements. 2a 20 b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? 2b X Note. If the sum of line 3a and 2a is greater than 250, you may be required to e-file (see instructions) 3a X a At any time time 1a and 2a is greater than 250, you may be required to e-file (see instructions) 3a X b If Yes, 'hast filed a form 90-T for this year? // Yino, 'to ine 2b, provide an explanation in Schedule 0 3b X a At any time the the name of the oreign country (such as a bank account, ecurities account, or other financial account)? 4a X b If Yes, 'to line 5a or 5b, did the organization have the schedule tax shelter transaction? 5a X b Did any taxable part notify the organization file Tom 88867? 5a X 5b X b If Yes, 'to line 5a or 5b, did the organization file Tom 88867? 5a X 5b X 5b X b If Yes, 'to line 5a or 5b, did the organization file Tom 88867? 5a X 5b X 5b X 5b X 5b X 5b C <td< th=""><th>с</th><th>Did the organization comply with backup withholding rules for reportable payments to vendors and re</th><th>eportab</th><th>le gaming</th><th></th><th></th><th></th></td<>	с	Did the organization comply with backup withholding rules for reportable payments to vendors and re	eportab	le gaming			
till og for the calendar year ending with or within the year covered by this return. 20 20 b If at least one is reported on line 2a, did the organization file all required to <i>a</i> -big (see instructions) 2a 2a X 3a Did the organization have unabled business gross income of \$1,000 or more during the year? 3a 3a X 3b X 3b If Yes, That filled A Form 90-16 Tott by eary? 1b is about the organization is Schedulo O 4a X 3b X 3b If Yes, That filled A Form 90-16 Tott by eary? 1b is about the organization for filling organization have an interest in, or a signature or other authority over, a financial account; a formation for filling organization fills the was or is a party to a prohibited tax shelte transaction at any time during the tax year? 5a X 3c If Yes, "to line 5a or 5b, did the organization file Form 886-17? 5a X 8b 5a X 3c If Yes, "to line 5a or 5b, did the organization file Form 886-17 So generalization solid Sa X 3b X 3c If Yes, "to line 6a or 5b, did the organization file Form 886-17 So generalization solid Sa X 3c If Yes, "to line 6a or 5b, did the organization file Form 886-17 So generalization solid Sa X 3c If Yes, "to line 6a or 5b, did the organization file Form 886-17		(gambling) winnings to prize winners?			1c	X	
b If at least one is reported on line 2a, did the organization file all required to <i>a-file</i> (see instructions) 2b X Nobe. If the sum of lines 1 and 2a is greater than 250, you may be required to <i>a-file</i> (see instructions) 3a X a X 1 1 "Yes," has it filed a Form 300.1 for this year? If <i>N</i> (0, <i>T</i> to <i>line 3b</i> , provide an explanation in Schedule O 3b X a At any time during the calendary year, did the organization have an interest (n, or signature or other authority over, a financial account) a to free financial account in a foreign country (such as a bank account, securities account, or other financial account)? 4a X b If "Yes," their the name of the foreign country (such as a bank account, securities account, or other financial accounts of files requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). 5b X 5a M was the organization have annual gross receives that are normally greater than \$100,000, and did the organization site annual gross receives that are normally greater than \$100,000, and did the organization site annual gross receives the account busines or gifts were not tax deductible? 5b X 7 Organization neale apprent in excess of 35 made parthy as onthibution and party for probad and services provided to the part? 7a 7a 7 Organization neale example, or otherwise dispose of thanipible personal property for which it was required to the form 8282? 7c	2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,					
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b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? 9b 10 Section 501(c)(7) organizations. Enter: 10a a Initiation fees and capital contributions included on Part VIII, line 12 10a b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b 11 Section 501(c)(12) organizations. Enter: 10a a Gross income from members or shareholders 11a b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) 11b 12a 11b 13 Section 501(c)(29) qualified nonprofit health insurance issuers. 12b a Is the organization licensed to issue qualified health plans in more than one state? 13a Note. See the instructions for additional information the organization must report on Schedule O. 13a 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 13b c Enter the amount of reserves on hand 13c 14a 14a Did the organization receive any payments for indoor tanning services during the tax year? 14a X	a				9a		
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a Initiation fees and capital contributions included on Part VIII, line 12 10a b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b 11 Section 501(c)(12) organizations. Enter: 10b a Gross income from members or shareholders 11a b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) 11b 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 12b 13 Section 501(c)(29) qualified nonprofit health insurance issuers. 13a a Is the organization licensed to issue qualified health plans in more than one state? 13a Note. See the instructions for additional information the organization must report on Schedule O. 13b 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 13b c Enter the amount of reserves on hand 13c 14a 14a Did the organization receive any payments for indoor tanning services during the tax year? 14a X					0.0		
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amounts due or received from them.) 11b 12a 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 12b 12a 13 Section 501(c)(29) qualified nonprofit health insurance issuers. 12b 13a a Is the organization licensed to issue qualified health plans in more than one state? 13a Note. See the instructions for additional information the organization must report on Schedule O. 13b 13a 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 13b 13b c Enter the amount of reserves on hand 13c 14a X 14a 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? <i>If "No," provide an explanation in Schedule O</i> 14b 14b	b						
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 12b 12b 13 Section 501(c)(29) qualified nonprofit health insurance issuers. 12a 13a a Is the organization licensed to issue qualified health plans in more than one state? 13a 13a Note. See the instructions for additional information the organization must report on Schedule O. 13b 13a 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 13b 13c c Enter the amount of reserves on hand 13c 14a X 14a 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? <i>If "No," provide an explanation in Schedule O</i> 14b			11b				
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a Is the organization licensed to issue qualified health plans in more than one state? 13a Note. See the instructions for additional information the organization must report on Schedule O. 13a 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 13b c Enter the amount of reserves on hand 13c 14a 14a 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 14b	b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b				
Note. See the instructions for additional information the organization must report on Schedule O. Image: Description of the serves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans Image:	13	Section 501(c)(29) qualified nonprofit health insurance issuers.					
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 13b 13b c Enter the amount of reserves on hand 13c 14a 14a X 14a 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? <i>If "No," provide an explanation in Schedule O</i> 14b	а	Is the organization licensed to issue qualified health plans in more than one state?			13a		
organization is licensed to issue qualified health plans 13b 13b c Enter the amount of reserves on hand 13c 13c 14a 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		Note. See the instructions for additional information the organization must report on Schedule O.					
c Enter the amount of reserves on hand 13c 13c 14a 14a 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 14b	b	Enter the amount of reserves the organization is required to maintain by the states in which the					
14a 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 14b		organization is licensed to issue qualified health plans	13b				
14a 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 14b			13c				
	14a	Did the organization receive any payments for indoor tanning services during the tax year?			14a	—	<u> X</u>
	b	If "Yes," has it filed a Form 720 to report these payments? If "No." provide an explanation in Schedul	eO		14b		<u> </u>

GEORGIA ASSOCIATION OF REALTORS, INC.

Form **990** (2017)

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Form 990 (2017)

2017.04030 GEORGIA ASSOCIATION OF RE 60-01511

Form 990	(2017)
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GEORGIA ASSOCIATION OF REALTORS, INC.

 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
 X

		1 1			Yes	No		
1a	Enter the number of voting members of the governing body at the end of the tax year	1 a	40	7				
	If there are material differences in voting rights among members of the governing body, or if the governing							
	body delegated broad authority to an executive committee or similar committee, explain in Schedule O.							
b	Enter the number of voting members included in line 1a, above, who are independent	1b	40	7				
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship	o with any	/ other		x			
	officer, director, trustee, or key employee?							
3	Did the organization delegate control over management duties customarily performed by or under the	e direct si	upervision					
	of officers, directors, or trustees, or key employees to a management company or other person?			3		X		
4	Did the organization make any significant changes to its governing documents since the prior Form 9	90 was fi	led?	4		X		
5	Did the organization become aware during the year of a significant diversion of the organization's ass	sets?		5		X		
6	Did the organization have members or stockholders?			6	Х			
7a	Did the organization have members, stockholders, or other persons who had the power to elect or ap	point one	e or					
	more members of the governing body?			7a	Х			
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, st							
	persons other than the governing body?			7b		x		
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the yea							
	The governing body?	-	-	8a	Х			
	Each committee with authority to act on behalf of the governing body?			8b	Х			
	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be read							
•	organization's mailing address? <i>If "Yes." provide the names and addresses in Schedule O</i>			9		x		
Sect	tion B. Policies (This Section B requests information about policies not required by the Internal Re							
		venue oc	<i>/ue./</i>		Yes	No		
102	Did the organization have local chapters, branches, or affiliates?			10a	X			
	If "Yes," did the organization have written policies and procedures governing the activities of such ch			104				
U	and branches to ensure their operations are consistent with the organization's exempt purposes?	•	•	10b	x			
110	Has the organization provided a complete copy of this Form 990 to all members of its governing body			11a	X			
		y belore i		11a	- 23			
	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			100	х			
	Did the organization have a written conflict of interest policy? If "No," go to line 13			12a	X			
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise			12b				
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Y	,			v			
	in Schedule O how this was done			12c	X X			
	Did the organization have a written whistleblower policy?			13				
14	Did the organization have a written document retention and destruction policy?			14	Х			
15	Did the process for determining compensation of the following persons include a review and approva	•	pendent					
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?							
	The organization's CEO, Executive Director, or top management official			15a	X	<u> </u>		
b	Other officers or key employees of the organization			15b	Х			
	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 arrangen	nent with	а					
	taxable entity during the year?			16a		X		
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluat	te its part	icipation					
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organ	nization's						
	exempt status with respect to such arrangements?			16b				
Sect	tion C. Disclosure							
17	List the states with which a copy of this Form 990 is required to be filed $\blacktriangleright GA$							
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T	(Section	501(c)(3)s only)	availabl	Э			
	for public inspection. Indicate how you made these available. Check all that apply.							
	X Own website X Another's website X Upon request Other (explain	n in Scher	dule ()					
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, cor		,	d financ	ial			
-	statements available to the public during the tax year.							
20	State the name, address, and telephone number of the person who possesses the organization's boo	oks and re	ecords:					
	JENNIFER LUNDY - 770-451-1831							
	6065 BARFIELD ROAD, SUITE 200, ATLANTA, GA 30328							
						(201		

Form 990 (2017)	GEORGIA	ASSOCIATION	OF REAL	JTORS,	INC.	58-0836843	Page /		
Part VII Compens	ation of Officers,	Directors, Trustee	es, Key Em	ployees,	Highest C	ompensated			
Employees, and Independent Contractors									
Check if Sch	nedule O contains a res	ponse or note to any line	e in this Part \	/II					
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 (Ď), (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 report-able 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.

Т

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.

(A)	(B)				C)			(D)	(E)	(F)
Name and Title	Average	(do			ition) than c	ne	Reportable	Reportable	Estimated
	hours per	box	, unle	ss pei	rson i	s both	n an	compensation	compensation	amount of
	week		cer ar I	id a d	irecto	r/trus [:]	tee)	from	from related	other
	(list any	rector						the	organizations	compensation
	hours for	or di	ee.			ated		organization	(W-2/1099-MISC)	from the
	related	ustee	truste		e	pens		(W-2/1099-MISC)		organization
	organizations below	ual tri	ional		ploye	t com				and related organizations
	line)	Individual trustee or director	In stit utio nal tru stee	Officer	Key employee	Highest compensated employee	Former			organizations
(1) MICHAEL L. FAULKNER	1.00		<u> </u>	0	×	<u> Ξ</u> Ξ	Ē			
PRESIDENT	0.00	х		x				0.	0.	0.
(2) CHRIS JILES	1.00								•••	
PRESIDENT - ELECT	0.00	x		x				0.	0.	0.
(3) SHEILA J. BROWER	1.00									
IMMEDIATE PAST PRESIDENT	0.00	х		x				0.	0.	0.
(4) FARON KING	1.00									
VP - ADMINISTRATION AND FINANCE	0.00	х		х				0.	0.	0.
(5) DORRIE LOVE	1.00									
VP - GOVERNMENTAL AFFAIRS	0.00	Х		х				0.	0.	0.
(6) LISA SCULLY	1.00									
VP - MEMBER & PUBLIC SERVICES	0.00	Х		X				0.	0.	0.
(7) JOEY TUCKER	1.00			77					0	
VP - PROFESSIONAL DEVELOPMENT (8) DEBRA S. JUNKIN	0.00	Х		Х				0.	0.	0.
(8) DEBRA S. JUNKIN CHIEF EXECUTIVE OFFICER	40.00			x				172,823.	0.	10 307
(9) JENNIFER LUNDY	40.00			<u> </u>				1/2,023.	0.	19,397.
CHIEF FINANCIAL OFFICER	1.00	1		x				96,693.	0.	10,631.
(10) JEFFREY LEDFORD	40.00									
DIRECTOR OF GOVERNMENTAL AFFAIRS	0.00					x		117,765.	0.	7,715.
						-				
					-	-				
732007 11-28-17										Form 990 (2017)

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		SSOCIAT	IC	N	OF	R	EA	LТ	TORS, INC.	58-0	8368	343	Pa	ige 8
Par	t VII Section A. Officers, Directors, Trus	tees, Key Emp	oloy	ees,			ghes	t C	ompensated Employee	s (continued)				
	(A) Name and title	(B) Average hours per week (list any	box offi	not c , unle:	Pos heck i ss per	more rson i	than c s both r/trust	an	(D) Reportable compensation from the	(E) Reportable compensatio from related organization	on d	am ((F) timate ount c other pensat	of
		hours for related organizations below line)	Individual trustee or director	In stitutional trustee	Officer	Key employee	Highest compensated employee	Former	(W-2/1099-MISC)	(W-2/1099-MI		fro orga and	om the anization I relate nization	e on ed
			-											
1b	Sub-total		I	L	L	L			387,281.		0.	37	7,74	13.
с	Total from continuation sheets to Part VII Total (add lines 1b and 1c)	, Section A	·····			· · · · · · ·			0. 387,281.		0.	37	7,74	0. 13.
2	Total number of individuals (including but no compensation from the organization	ot limited to th	ose	liste	d ab	ove) wh	o re	eceived more than \$100	000 of reportable	Э			2
											1		Yes	No
3	Did the organization list any former officer, line 1a? If "Yes," complete Schedule J for su	uch individual							• ·			3		Х
4	For any individual listed on line 1a, is the su and related organizations greater than \$150											4	x	
5	Did any person listed on line 1a receive or a rendered to the organization? <i>If</i> "Yes." <i>com</i>	ccrue comper	isati	, on fr	rom	any	unre	late	ed organization or indivi	dual for services		5		x
Sec	tion B. Independent Contractors													
1	Complete this table for your five highest con the organization. Report compensation for t										oensat	ion fro	m	
	(A) Name and business								(B) Description of s	services	С	(C ompen		ı
	TH HATCHER, LLC, 3553 KER ROAD, ATLANTA, GA		MB	LE	E				CONSULTING S	ERVICES		167	7,50	00.
2	Total number of independent contractors (ir \$100,000 of compensation from the organiz	•	ot lin	niteo	d to	thos 1		ted	above) who received m	ore than				
												Form S	990 (2	2017)

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	n 990 (IATION OF	REALTORS,	INC.	58-0836	843 Page 9
Pa	rt VII	Statement of Rever	nue					
		Check if Schedule O cont	tains a response	or note to any line				
					(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
t t	1 a	Federated campaigns	1a					
ran	b	Membership dues						
۵ ق ۵	с	Fundraising events	1c					
ar /	d	Related organizations						
s, Mil	е	Government grants (contribut	tions) 1e					
r Si	f	All other contributions, gifts, grar	nts, and					
the		similar amounts not included abo	ove 1f					
Contributions, Gifts, Grants and Other Similar Amounts	g	Noncash contributions included in lines	1a-1f: \$					
<u>0</u> 6	h	Total. Add lines 1a-1f						
				Business Code				
Ge	2 a	MEMBERSHIP DUES	5			3,404,918.		
le vi	b	FORMS LICENSES		511120	985,746.			
u Si	С	MEETINGS & CONF		900099	454,372.			
Jev	d	EDUCATION PROGR		611600	344,319.			
Program Service Revenue	е	REALTOR ISSUE A		900099	291,824.	291,824.	17 600	
Δ.	f	All other program service reve		900099	91,830.	74,150.	17,680.	
	g				5,573,009.			
	3	Investment income (including			57,372.			57,372.
	4	other similar amounts) Income from investment of ta			51,512.			57,572.
	4 5				6,557.			6,557.
	5	Royalties	(i) Real	(ii) Personal	0,007.			0,557.
	6 a	Gross rents	179.574.					
	b		151,361.					
			28,213.					
					28,213.		16,815.	11,398.
		Gross amount from sales of	(i) Securities	(ii) Other				
		assets other than inventory	147,887.					
	b	Less: cost or other basis						
		and sales expenses	155,566.					
	с	Gain or (loss)	-7,679.					
		Net gain or (loss)		<u> </u>	-7,679.			-7,679.
e	8 a	Gross income from fundraisin	ig events (not					
nue		including \$	of					
leve		contributions reported on line	-					
Other Revenue		Part IV, line 18						
f		Less: direct expenses						
•		Net income or (loss) from fund	-	····· ►				
	9 a	Gross income from gaming a						
		Part IV, line 19						
		Less: direct expenses						
		Net income or (loss) from gan Gross sales of inventory, less						
	10 a	and allowances						
	h	Less: cost of goods sold						
		Net income or (loss) from sale						
		Miscellaneous Revenu		Business Code				
	11 a	OTHER REVENUE		900099	31,130.	31,130.		
	b					· ·		
	c							
	d	All other revenue						
	е	Total. Add lines 11a-11d		▶	31,130.			
	12	Total revenue. See instructions.			5,688,602.	5,586,459.	34,495.	67,648.
73200	9 11-28-	-17						Form 990 (2017)
				9)			

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GEORGIA ASSOCIATION OF REALTORS, INC. Part IX Statement of Functional Expenses

Do not in	Check if Schedule O contains a respons	(A) Total expenses	(B) Program service	(C) Management and	(D) Fundraising
b, 8b, 9l	b, and 10b of Part VIII.		expenses	general expenses	expenses
	nts and other assistance to domestic organizations				
	domestic governments. See Part IV, line 21	12,756.			
	nts and other assistance to domestic				
	viduals. See Part IV, line 22				
	nts and other assistance to foreign				
	anizations, foreign governments, and foreign				
	viduals. See Part IV, lines 15 and 16				
	efits paid to or for members				
	npensation of current officers, directors,	200 544			
	tees, and key employees	299,544.			
	pensation not included above, to disqualified				
-	ons (as defined under section 4958(f)(1)) and				
-	ons described in section 4958(c)(3)(B)	1 0 4 1 0 5 6			
	er salaries and wages	1,041,256.			
	sion plan accruals and contributions (include				
	ion 401(k) and 403(b) employer contributions)	32,585.			
	er employee benefits	132,845.			
	roll taxes	101,589.			
	s for services (non-employees):				
	nagement	60, 600			
	al	69,638.			
	ounting	31,789.			
	bying				
	essional fundraising services. See Part IV, line 17				
	estment management fees				
-	er. (If line 11g amount exceeds 10% of line 25,	100 105			
	mn (A) amount, list line 11g expenses on Sch 0.)	173,105.			
	ertising and promotion	20,891.			
	ce expenses	314,022.			
	rmation technology	2,344.			
	alties	01 046			
		91,246.			
7 Trav	/el				
-	ments of travel or entertainment expenses				
	any federal, state, or local public officials	1 220 400			
9 Con	ferences, conventions, and meetings	1,330,490.			
) Inter					
	ments to affiliates				
	preciation, depletion, and amortization	177,519.			
		13,827.			
	er expenses. Itemize expenses not covered /e. (List miscellaneous expenses in line 24e. If line				
24e a	amount exceeds 10% of line 25, column (A)				
	unt, list line 24e expenses on Schedule O.)	100.004			
	ND EXPENSES	173,804.			
	BLICATION EXPENSES	104,143.			
	ONSORSHIPS	12,514.			
d					
	other expenses				
	I functional expenses. Add lines 1 through 24e	4,135,907.			
	t costs. Complete this line only if the organization				
repo	rted in column (B) joint costs from a combined				
educ	cational campaign and fundraising solicitation.				
Check	k here k if following SOP 98-2 (ASC 958-720)				Form 990 (2

10 2017.04030 GEORGIA ASSOCIATION OF RE 60-01511

08141008 794202 60-01511.003

34

Total liabilities and net assets/fund balances

11,003,257.

34

Form 990 (2017)

(A) Beginning of year End of year 1,141. 885. 1 1 Cash - non-interest-bearing 3,398,737. 4,527,399. 2 2 Savings and temporary cash investments Pledges and grants receivable, net 3 3 52,766. 49,201. 4 4 Accounts receivable, net Loans and other receivables from current and former officers, directors, 5 trustees, key employees, and highest compensated employees. Complete 5 Part II of Schedule L 6 Loans and other receivables from other disgualified 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 7 Notes and loans receivable, net 7 8 8 Inventories for sale or use 53,995. 65,164. 9 9 Prepaid expenses and deferred charges **10a** Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D _____ 10a 5,702,516. 771,999. 4,952,606. 4,930,517. b Less: accumulated depreciation 10b 10c 2,544,012. 2,678,430. 11 11 Investments - publicly traded securities Investments - other securities. See Part IV, line 11 12 12 Investments - program-related. See Part IV, line 11 13 13 14 Intangible assets 14 15 Other assets. See Part IV, line 11 15 12,251,596. 11,003,257. Total assets. Add lines 1 through 15 (must equal line 34) 16 16 208,455. 137,994. 17 17 Accounts payable and accrued expenses 18 18 Grants payable 874,694. 1,051,116. 19 Deferred revenue 19 20 Tax-exempt bond liabilities 20 21 21 Escrow or custodial account liability. Complete Part IV of Schedule D Loans and other payables to current and former officers, directors, trustees, 22 key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L 22 2,508,290. 1,949,772. Secured mortgages and notes payable to unrelated third parties 23 23 Unsecured notes and loans payable to unrelated third parties 24 24 25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D 25 3,138,882. 3,591,439. Total liabilities. Add lines 17 through 25 26 26 Organizations that follow SFAS 117 (ASC 958), check here 🕨 and complete lines 27 through 29, and lines 33 and 34. 7,374,917. 9,088,931. 27 27 Unrestricted net assets 36,901. 23,783. 28 28 Temporarily restricted net assets 29 Permanently restricted net assets 29 Organizations that do not follow SFAS 117 (ASC 958), check here 🕨 and complete lines 30 through 34. 30 30 Capital stock or trust principal, or current funds Paid-in or capital surplus, or land, building, or equipment fund 31 31 32 Retained earnings, endowment, accumulated income, or other funds 32 7,411,818. 9,112,714. Total net assets or fund balances 33 33 12,251,596.

GEORGIA ASSOCIATION OF REALTORS, INC.

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

58-0836843 Page 11

(B)

Form 990 (2017) Part X Balance Sheet

Assets

Liabilities

Net Assets or Fund Balances

Form	GEORGIA ASSOCIATION OF REALTORS, INC.	58-	0836843	Pag	e 12
Pa	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI	<u></u>		[
1	Total revenue (must equal Part VIII, column (A), line 12)	1	5,688		
2	Total expenses (must equal Part IX, column (A), line 25)	2	4,135		
3	Revenue less expenses. Subtract line 2 from line 1	3	1,552		
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	7,411		
5	Net unrealized gains (losses) on investments	5	148	3,20)1.
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain in Schedule O)	9			0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,				
	column (B))	10	9,112	2,71	.4.
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII	<u></u>			X
				Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other		_		
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	0.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		X
	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:				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b	X	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	e basis,			
	consolidated basis, or both:				
	X Separate basis Consolidated basis Both consolidated and separate basis				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the				
	review, or compilation of its financial statements and selection of an independent accountant?		<u>2</u> c	X	
	If the organization changed either its oversight process or selection process during the tax year, explain in Sche				
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sin	gle Audi			
	Act and OMB Circular A-133?		<u>3a</u>		<u>X</u>
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requi				
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits				

Form **990** (2017)

SCHEDULE C Political Campaign and Lobbying Activities

For Organizations Exempt From Income Tax Under section 501(c) and section 527

Complete if the organization is described below.
 Attach to Form 990 or Form 990-EZ.
 Go to www.irs.gov/Form990 for instructions and the latest information.

If the organization answered "Yes," on Form 990, Part IV, line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then

• Section 501(c)(3) organizations: Complete Parts I-A and B. Do not complete Part I-C.

• Section 501(c) (other than section 501(c)(3)) organizations: Complete Parts I-A and C below. Do not complete Part I-B.

• Section 527 organizations: Complete Part I-A only.

Department of the Treasury

Internal Revenue Service

If the organization answered "Yes," on Form 990, Part IV, line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)): Complete Part II-A. Do not complete Part II-B.
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)): Complete Part II-B. Do not complete Part II-A.

If the organization answered "Yes," on Form 990, Part IV, line 5 (Proxy Tax) (see separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (see separate instructions), then

Section 501(c)(4), (5), or (6) organizations: Complete Part III.
 Name of organization

Name of organization	Employer identification number
GEORGIA ASSOCIATION OF REALTORS, INC.	58-0836843
Part I-A Complete if the organization is exempt under section 501(c) or is a section 52	7 organization.
1 Provide a description of the organization's direct and indirect political campaign activities in Part IV.	
2 Political campaign activity expenditures	▶\$
3 Volunteer hours for political campaign activities	
Part I-B Complete if the organization is exempt under section 501(c)(3).	
1 Enter the amount of any excise tax incurred by the organization under section 4955	▶\$
2 Enter the amount of any excise tax incurred by organization managers under section 4955	. ▶ \$
3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year?	Yes 🗌 No
4a Was a correction made?	Yes No
b If "Yes." describe in Part IV.	
Part I-C Complete if the organization is exempt under section 501(c), except section 5	601(c)(3).
1 Enter the amount directly expended by the filing organization for section 527 exempt function activities	. ▶ \$
2 Enter the amount of the filing organization's funds contributed to other organizations for section 527	
exempt function activities	► \$
3 Total exempt function expenditures. Add lines 1 and 2. Enter here and on Form 1120-POL,	
line 17b	►\$
4 Did the filing organization file Form 1120-POL for this year?	Yes No
5 Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to	which the filing organization
made payments. For each organization listed, enter the amount paid from the filing organization's funds. Also en	ter the amount of political
contributions received that were promptly and directly delivered to a separate political organization, such as a se	eparate segregated fund or a

(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds. If none, enter -0	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization. If none, enter -0

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political action committee (PAC). If additional space is needed, provide information in Part IV.

Schedule C (Form 990 or 990-EZ) 2017

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OMB No. 1545-0047

2017 Open to Public Inspection

Schedule C (Form 990 or 990-EZ) 2017						0836843 Page 2
Part II-A Complete if the org section 501(h)).	anizatio	ı is exen	npt under section	1 501(c)(3) and file	d Form 5768 (el	ection under
	tion belong	s to an affi	iated group (and list in	Part IV each affiliated	group member's nam	ne. address. EIN.
expenses, and shar	Ũ		• • •		5it	,,,,
			nd "limited control" pro	ovisions apply.		
Limi	ts on Lobb	ying Expe			(a) Filing organization's totals	(b) Affiliated group totals
1a Total lobbying expenditures to influ	uence publi	c opinion (arass roots lobbving)			
b Total lobbying expenditures to influ	-					
c Total lobbying expenditures (add li						
d Other exempt purpose expenditure						
e Total exempt purpose expenditure						
f_Lobbying nontaxable amount. Ente						
If the amount on line 1e, column (a) o	r (b) is:	The lob	bying nontaxable am	ount is:		
Not over \$500,000		20% of 1	the amount on line 1e.			
Over \$500,000 but not over \$1,000	0,000	\$100,00	0 plus 15% of the exc	ess over \$500,000.		
Over \$1,000,000 but not over \$1,5	00,000	\$175,00	0 plus 10% of the exc	ess over \$1,000,000.		
Over \$1,500,000 but not over \$17,000,000 \$225,000 plus 5% of the excess over \$1,500,000.						
Over \$17,000,000		\$1,000,	000.			
g Grassroots nontaxable amount (en	ter 25% of	line 1f)				
h Subtract line 1g from line 1a. If zer	o or less, er	nter -0				
i Subtract line 1f from line 1c. If zero	o or less, en	ter -0				
j If there is an amount other than ze	ro on either	line 1h or	ine 1i, did the organiza	ation file Form 4720		
reporting section 4911 tax for this	year?					Yes No
(Some organizations the	nat made a	section 5	eraging Period Under D1(h) election do not l ate instructions for lir	have to complete all o	f the five columns b	elow.
		-	nditures During 4-Yea			
			-			
Calendar year (or fiscal year beginning in)	(a) 2	014	(b) 2015	(c) 2016	(d) 2017	(e) Total
2a Lobbying nontaxable amount						
b Lobbying ceiling amount						
(150% of line 2a, column(e))						
c Total lobbying expenditures						
d Grassroots nontaxable amount						
e Grassroots ceiling amount (150% of line 2d, column (e))						
f Grassroots lobbying expenditures						

Schedule C (Form 990 or 990-EZ) 2017

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Schedule C (Form 990 or 990-EZ) 2017 GEORGIA ASSOCIATION OF REALTORS, INC. 58-0836843 Page 3 Part II-B Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).

For e	ach "Yes," response on lines 1a through 1i below, provide in Part IV a detailed description	(a)		(k)
of the	e lobbying activity.	Yes	No	Amo	ount
1 a	During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of: Volunteers?				
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)? Media advertisements?				
	Mailings to members, legislators, or the public?				
	Publications, or published or broadcast statements?				
f	Grants to other organizations for lobbying purposes?				
g					
	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?				
j	Total. Add lines 1c through 1i				
	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?				
b	If "Yes," enter the amount of any tax incurred under section 4912				
с	If "Yes," enter the amount of any tax incurred by organization managers under section 4912				
d	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?				
Par	t III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(6).	n 501(c)(5)	, or sec	tion	
				Yes	No
1	Were substantially all (90% or more) dues received nondeductible by members?		. 1		Х
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?		. 2		Х
3	Did the organization agree to carry over lobbying and political campaign activity expenditures from th	e prior year?	3		Х
Par	t III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered ' answered "Yes."	'No," OR (b) Part	III-A, line	-
1	Dues, assessments and similar amounts from members		. 1	3,404	.,918.
2	Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of politic	cal			
	expenses for which the section 527(f) tax was paid).			400	600
	Current year			408	8,688.
b	Carryover from last year			100	600
С	Total				688.
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues		3	480	,093.
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the exce				
	does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and po				
	expenditure next year?				
5	Taxable amount of lobbying and political expenditures (see instructions)	<u></u>	5	-71	.,405.
Par	t IV Supplemental Information				
Provi	de the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated group	list); Part II-A	, lines 1 a	nd 2 (see	
instru	uctions); and Part II-B, line 1. Also, complete this part for any additional information.				

Schedule C (Form 990 or 990-EZ) 2017

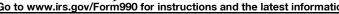
732043 11-09-17

SCHEDULE [)
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Department of the Treasury Internal Revenue Service

9 0)

Supplemental Financial Statements ► Complete if the organization answered "Yes" on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. ► Attach to Form 990. ► Go to www.irs.gov/Form990 for instructions and the latest information.





Name of the organization

GEORGIA ASSOCIATION OF REALTORS, INC.

Employer identification number 58-0836843

	rt I Organizations Maintaining Donor Advise		
	organization answered "Yes" on Form 990, Part IV, lir	ne 6. (a) Donor advised funds	(b) Funds and other accounts
4	Total number at and of year		
1 2	Total number at end of year Aggregate value of contributions to (during year)		
2	Aggregate value of grants from (during year)		
4	Aggregate value of grants norm (during year)		
- - 5	Did the organization inform all donors and donor advisors in		
5	are the organization's property, subject to the organization's	-	
6	Did the organization inform all grantees, donors, and donor a		
U	for charitable purposes and not for the benefit of the donor of		-
	impermissible private benefit?		
Pa	rt II Conservation Easements. Complete if the or	nanization answered "Yes" on Form 990	Part IV line 7
1	Purpose(s) of conservation easements held by the organizati		
	Preservation of land for public use (e.g., recreation or e		torically important land area
	Protection of natural habitat		tified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a quali	fied conservation contribution in the form	of a conservation ecoment on the last
2	day of the tax year.		Held at the End of the Tax Year
а			
_			
b		ucture included in (c)	
с С			
d			
3	listed in the National Register Number of conservation easements modified, transferred, re		
3	year	leased, extinguished, or terminated by the	organization during the tax
4	Number of states where property subject to conservation ea	soment is located	
- - 5	Does the organization have a written policy regarding the pe		
5			
6	violations, and enforcement of the conservation easements in		
6	Staff and volunteer hours devoted to monitoring, inspecting,	filanding of violations, and emorcing con	servation easements during the year
7	Amount of expanses incurred in monitoring increating home	dling of violations, and enforcing concerns	tion cocomente duving the year
7	Amount of expenses incurred in monitoring, inspecting, hand \$	and enorcing conserva	tion easements during the year
8	Does each conservation easement reported on line 2(d) above	a satisfy the requirements of section 170	
0	and section 170(h)(4)(B)(ii)?		
9	In Part XIII, describe how the organization reports conservati		
3	include, if applicable, the text of the footnote to the organization	•	
	conservation easements.		the organization's accounting for
Pa	rt III Organizations Maintaining Collections of	f Art. Historical Treasures. or O	ther Similar Assets.
	Complete if the organization answered "Yes" on Form		
1 a	If the organization elected, as permitted under SFAS 116 (AS		ment and balance sheet works of art.
	historical treasures, or other similar assets held for public exl		
	the text of the footnote to its financial statements that descri		
b			t and balance sheet works of art. historical
	treasures, or other similar assets held for public exhibition, e		
	relating to these items:	,	5
	(i) Revenue included on Form 990, Part VIII, line 1		• • •
2	If the organization received or held works of art, historical tre		al gain, provide
-	the following amounts required to be reported under SFAS 1		
а			▶ \$
			N A
	For Paperwork Reduction Act Notice, see the Instruction		
LHA	I OF I UPER WORK HEULUCION ACTIVILCE, SEE THE INSTITUCION	s for Form 990.	Schedule D (Form 990) 2017

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2017.04030 GEORGIA ASSOCIATION OF RE 60-01511

		ASSOCIATI							36843		age 2
Par	t III Organizations Maintaining C	ollections of Ar	t, Histo	orical Tre	easures, o	r Other	Similar	Assets	(continu	ued)	
3	Using the organization's acquisition, accessi	on, and other record	ls, check	any of the	following that	t are a sig	nificant us	e of its c	ollection i	tems	i
	(check all that apply):										
а	Public exhibition	c	1 🗌 t	Loan or exc	change progr	ams					
b	Scholarly research	e	•	Other							
с	Preservation for future generations										
4	Provide a description of the organization's co	ollections and explair	n how th	ey further t	he organizatio	on's exem	npt purpos	e in Part	XIII.		
5	During the year, did the organization solicit of			-	-						
	to be sold to raise funds rather than to be ma		-						Yes		No
Par	t IV Escrow and Custodial Arran										
	reported an amount on Form 990, Pa			5			,	,	,		
1a	Is the organization an agent, trustee, custod	ian or other intermed	liarv for o	contribution	s or other as	sets not i	ncluded				
	on Form 990, Part X?								Yes		No
h	If "Yes," explain the arrangement in Part XIII									L]
			nowing a	4010.					Amount		
с	Beginning balance						1c		7 inount		
	Additions during the year										
	Distributions during the year										
	Ending balance										
	Did the organization include an amount on F								Yes		No
	If "Yes," explain the arrangement in Part XIII.							L			1
Par							0				
		(a) Current year		Prior year	(c) Two yea			are hack	(e) Four	veare	hack
10	Beginning of year balance			noi yeai		13 Dack				yours	Dack
b	Contributions										
ט ה	Net investment earnings, gains, and losses										
	Grants or scholarships										
е	Other expenditures for facilities										
	and programs										
	Administrative expenses										
g	End of year balance	L		. ,							
2	Provide the estimated percentage of the curr	•	e (line 1g	g, column (a	a)) held as:						
а	Board designated or quasi-endowment		%								
b	Permanent endowment	%									
С	Temporarily restricted endowment	%									
	The percentages on lines 2a, 2b, and 2c sho										
3a	Are there endowment funds not in the posse	ession of the organiza	ation that	t are held a	nd administe	red for the	e organiza [.]	tion	Г		
	by:									Yes	No
	(i) unrelated organizations								3a(i)		
	(ii) related organizations								3a(ii)		
b	If "Yes" on line 3a(ii), are the related organization								3b		
4	Describe in Part XIII the intended uses of the		wment f	unds.							
Par	t VI Land, Buildings, and Equipm										
	Complete if the organization answere), Part X, I	line 10.				
	Description of property	(a) Cost or c basis (investr		• • •	t or other (other)		ccumulate preciation	b	(d) Book	value	e
1a	Land			1,41	8,400.				1,418	,40	00.
	Buildings				21,648.	1	.75,55		$\frac{1}{2}, 146$		
	Leasehold improvements				36,112.		89,25		1,196		
	Equipment				76,356.	5	507,19		169		
	Other			<u> </u>	-,			<u> </u>		,	
	. Add lines 1a through 1e. (Column (d) must e		V och	n (P) line 1	(00)	1			4,930	. 51	17.
TULA	. Aud intes la tribugit le. (Column (d) must e	<u>qual Form 990, Part</u>	∧, colum	<u>ווו (ש), ווne 1</u>	UC.)			Pahadula		-	

Schedule D (Form 990) 2017

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	Complete if the organization answered "Yes" of		-		
(a) Descrip	tion of security or category (including name of security)	(b) Book value	(c) Method of valu	uation: Cost or en	d-of-year market value
) Financia	al derivatives				
Closely-	held equity interests				
Other					
(A)					
(B)					
(C)					
(D)					
(E)					
(F)					
(G)					
(H)					
tal. (Col. (I	b) must equal Form 990, Part X, col. (B) line 12.) 🕨				
Part VIII	Investments - Program Related.				
	Complete if the organization answered "Yes" of	on Form 990, Part IV, line	11c. See Form 990, Pa	art X, line 13.	
	(a) Description of investment	(b) Book value	(c) Method of valu	uation: Cost or en	d-of-year market value
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					
(7)					
(8)					
(8) (9)	b) must equal Form 990, Part X, col. (B) line 13.) >				
(8) (9)	b) must equal Form 990, Part X, col. (B) line 13.) ► Other Assets.				
(8) (9) tal. (Col. (1	b) must equal Form 990, Part X, col. (B) line 13.) ► Other Assets. Complete if the organization answered "Yes" of	on Form 990, Part IV, line	11d. See Form 990, Pa	art X, line 15.	
(8) (9) tal. (Col. (1	Other Assets. Complete if the organization answered "Yes" of	on Form 990, Part IV, line Description	11d. See Form 990, Pa	art X, line 15.	(b) Book value
(8) (9) tal. (Col. (1	Other Assets. Complete if the organization answered "Yes" of		11d. See Form 990, Pa	art X, line 15.	(b) Book value
(8) (9) tal. (Col. (1) Part IX	Other Assets. Complete if the organization answered "Yes" of		11d. See Form 990, Pa	art X, line 15.	(b) Book value
(8) (9) tal. (Col. (I Part IX (1) (2)	Other Assets. Complete if the organization answered "Yes" of		11d. See Form 990, Pa	art X, line 15.	(b) Book value
(8) (9) tal. (Col. (1) Part IX (1) (2) (3)	Other Assets. Complete if the organization answered "Yes" of		11d. See Form 990, Pa	art X, line 15.	(b) Book value
(8) (9) tal. (Col. (1) Part IX (1) (2) (3) (4)	Other Assets. Complete if the organization answered "Yes" of		11d. See Form 990, Pa	art X, line 15.	(b) Book value
(8) (9) tal. (Col. (1) Part IX (1) (2) (3) (4) (5)	Other Assets. Complete if the organization answered "Yes" of		11d. See Form 990, Pa	art X, line 15.	(b) Book value
(8) (9) tal. (Col. (1) Part IX (1) (2) (3) (4) (5) (6)	Other Assets. Complete if the organization answered "Yes" of		11d. See Form 990, Pa	art X, line 15.	(b) Book value
(8) (9) tal. (Col. () Part IX (1) (2) (3) (4) (5) (6) (7)	Other Assets. Complete if the organization answered "Yes" of		11d. See Form 990, Pa	art X, line 15.	(b) Book value
(8) (9) bal. (Col. (1) part IX (1) (2) (3) (4) (5) (6)	Other Assets. Complete if the organization answered "Yes" of		11d. See Form 990, Pa	art X, line 15.	(b) Book value
(8) (9) al. (Col. (1) art IX (1) (2) (3) (4) (5) (6) (7) (8) (9) (9) tal. (Colu	Other Assets. Complete if the organization answered "Yes" of	Description	11d. See Form 990, Pa	art X, line 15.	(b) Book value
(8) (9) (art IX (1) (2) (3) (4) (5) (6) (7) (8) (9) tal. (Colu	Other Assets. Complete if the organization answered "Yes" ((a) (a) (b) must equal Form 990. Part X. col. (B) line	Description			
(8) (9) tal. (Col. (1) Part IX (1) (2) (3) (4) (5) (6) (7) (8) (9) otal. (Coly	Other Assets. Complete if the organization answered "Yes" ((a) (a) (b) must equal Form 990, Part X, col. (B) line Other Liabilities.	Description			
(8) (9) (al. (Col. () (art IX) (1) (2) (3) (4) (5) (6) (7) (8) (9) tal. (Colu art X	Other Assets. Complete if the organization answered "Yes" ((a) (a) (b) must equal Form 990, Part X, col. (B) line Other Liabilities. Complete if the organization answered "Yes" (Description	11e or 11f. See Form 9		
(8) (9) (al. (Col. () (art IX) (1) (2) (3) (4) (5) (6) (7) (8) (9) tal. (Colu art X	Other Assets. Complete if the organization answered "Yes" ((a) (a) (a) (b) must equal Form 990, Part X, col. (B) line Other Liabilities. Complete if the organization answered "Yes" ((a) Description of liability	Description	11e or 11f. See Form 9		
(8) (9) al. (Col. (1) art IX (1) (2) (3) (4) (5) (6) (7) (8) (9) tal. (Colu art X (1) Fed	Other Assets. Complete if the organization answered "Yes" ((a) (a) (a) (b) must equal Form 990, Part X, col. (B) line Other Liabilities. Complete if the organization answered "Yes" ((a) Description of liability	Description	11e or 11f. See Form 9		
(8) (9) (al. (Col. () art IX (1) (2) (3) (4) (5) (6) (7) (6) (7) (8) (9) tal. (Colu art X (1) Fed (2)	Other Assets. Complete if the organization answered "Yes" ((a) (a) (a) (b) must equal Form 990, Part X, col. (B) line Other Liabilities. Complete if the organization answered "Yes" ((a) Description of liability	Description	11e or 11f. See Form 9		
(8) (9) tal. (Col. (1) (2) (1) (2) (3) (4) (5) (6) (7) (8) (9) tal. (Colu (7) (8) (9) tal. (Colu (2) (1) Fed (2) (3) (4)	Other Assets. Complete if the organization answered "Yes" ((a) (a) (a) (b) must equal Form 990, Part X, col. (B) line Other Liabilities. Complete if the organization answered "Yes" ((a) Description of liability	Description	11e or 11f. See Form 9		
(8) (9) (al. (Col. () art IX (1) (2) (3) (4) (5) (6) (7) (8) (9) tal. (Colu art X (9) tal. (Colu (2) (3) (4) (2) (3) (4) (5)	Other Assets. Complete if the organization answered "Yes" ((a) (a) (a) (b) must equal Form 990, Part X, col. (B) line Other Liabilities. Complete if the organization answered "Yes" ((a) Description of liability	Description	11e or 11f. See Form 9		
(8) (9) (al. (Col. (f) (art IX) (1) (2) (3) (4) (5) (6) (7) (6) (7) (8) (9) (tal. (Colu) (a) (2) (3) (4) (2) (3) (4) (5) (6)	Other Assets. Complete if the organization answered "Yes" ((a) (a) (a) (b) must equal Form 990, Part X, col. (B) line Other Liabilities. Complete if the organization answered "Yes" ((a) Description of liability	Description	11e or 11f. See Form 9		
(8) (9) tal. (Col. (I) (art IX) (1) (2) (3) (4) (5) (6) (7) (8) (9) (7) (8) (9) (6) (1) Fed (2) (3) (4) (5) (6) (4) (5) (6) (7)	Other Assets. Complete if the organization answered "Yes" ((a) (a) (a) (b) must equal Form 990, Part X, col. (B) line Other Liabilities. Complete if the organization answered "Yes" ((a) Description of liability	Description	11e or 11f. See Form 9		
(8) (9) tal. (Col. (I) (art IX) (1) (2) (3) (4) (5) (6) (7) (8) (9) (7) (8) (9) (9) (9) (1) Fed (2) (3) (4) (2) (3) (4) (5) (6)	Other Assets. Complete if the organization answered "Yes" ((a) (a) (a) (b) must equal Form 990, Part X, col. (B) line Other Liabilities. Complete if the organization answered "Yes" ((a) Description of liability	Description	11e or 11f. See Form 9		

GEORGIA ASSOCIATION OF REALTORS, INC.

58-0836843 Page 3

Schedule D (Form 990) 2017

Schedule D (Form 990) 2017

Sche	dule D (Form 990) 2017 GEORGIA ASSOCIATION OF REAI	LTORS,	INC.	58-0	0836843 Page 4
Par	t XI Reconciliation of Revenue per Audited Financial Statemer	nts With I	Revenue per Re		
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.				
1	Total revenue, gains, and other support per audited financial statements			1	5,988,164.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
а	Net unrealized gains (losses) on investments	2a	148,201.		
b	Donated services and use of facilities	2b			
с	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIII.)	2d	151,361.		
е	Add lines 2a through 2d			2e	299,562.
3	Subtract line 2e from line 1			3	5,688,602.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII.)	4b			
с	Add lines 4a and 4b			4c	0.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)			5	5,688,602.
Par	t XII Reconciliation of Expenses per Audited Financial Stateme	ents With	Expenses per l	Returr	า.
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.				
1	Total expenses and losses per audited financial statements			1	4,287,268.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:				
а	Donated services and use of facilities	2a			
b	Prior year adjustments	2b			
с	Other losses	2c			
d	Other (Describe in Part XIII.)	2d	151,361.		
е	Add lines 2a through 2d			2e	151,361.
3	Subtract line 2e from line 1			3	4,135,907.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII.)	4b			
с	Add lines 4a and 4b			4c	0.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990. Part I. line 18.)			5	4,135,907.
Par	t XIII Supplemental Information.				
Provi	de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part	IV, lines 1b	and 2b; Part V, line 4	1; Part X	K, line 2; Part XI,
lines	2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any addi	tional inforn	nation.		
PAF	T X, LINE 2:				

THE	ASSOCIATION	IS	EXEMPT	FROM	FEDERAL	AND	STATE	INCOME	TAXES	UNDER	THE
-----	-------------	----	--------	------	---------	-----	-------	--------	-------	-------	-----

PROVISIONS OF 501(C)(6) OF THE INTERNAL REVENUE CODE, EXCEPT FOR ANY NET

INCOME DERIVED OR ANY NON-RELATED BUSINESS INCOME AND LOBBYING EFFORTS.

PART	XI,	LINE	2D	_	OTHER	ADJUSTMENTS:
------	-----	------	----	---	-------	--------------

EXPENSES INCLUDED IN RENTAL INCOME

PART XII, LINE 2D - OTHER ADJUSTMENTS:

EXPENSES RELATED TO RENTAL REVENUE

732054 10-09-17

Schedule D (Form 990) 2017

151,361.

151,361.

Schedule D (Form 990) 2017 Part XIII Supplemental Infor	GEORGIA	ASSOCIATION	OF	REALTORS,	INC.	58-0836843	Page 5
Part XIII Supplemental Infor	mation _{(contin}	ued)					
						Sobodulo D (Forme)	00) 2047
						Schedule D (Form 9	iouj 2017

732055 10-09-17

SC	HEDULE J Compensation Information	I	OMB No. 1	545-004	47
	rm 990) For certain Officers, Directors, Trustees, Key Employees, and Highest		00	47	,
1	Compensated Employees		20	1/	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 23.		Open to	Publ	ic
	tment of the Treasury Attach to Form 990. al Revenue Service Go to www.irs.gov/Form990 for instructions and the latest information.		Inspe		Ū
-		nployer ide	entificatio	on nur	nber
	GEORGIA ASSOCIATION OF REALTORS, INC.	58-08	3684	3	
Pa	rt 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 u	use			
	X Travel for companions Payments for business use of personal reside	ence			
	Tax indemnification and gross up payments Health or social club dues or initiation fees				
	Discretionary spending account Personal services (such as, maid, chauffeur, c	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	Х	
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	Х	
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	0			
	establish compensation of the CEO/Executive Director, but explain in Part III.				
	X Compensation committee Written employment contract				
	Independent compensation consultant Compensation survey or study				
	Form 990 of other organizations X Approval by the board or compensation comr	mittee			
4	During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing				
	organization or a related organization:				
а	Receive a severance payment or change-of-control payment?		. <u>4a</u>		X
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?		. 4b		X
С	Participate in, or receive payment from, an equity-based compensation arrangement?		. 4 c		X
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.				
-	Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.				
5	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation				
	contingent on the revenues of:		_		
	The organization?				
a	Any related organization?		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				
-	contingent on the net earnings of:		6-		
	The organization?				
u	Any related organization?		6b		
7	If "Yes" on line 6a or 6b, describe in Part III.				
'	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments		7		
o	not described on lines 5 and 6? If "Yes," describe in Part III		. 7		
8	initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III		8		
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in		. 0		
IJ	Regulations section 53.4958-6(c)?		9		
ТНА	For Paperwork Reduction Act Notice, see the Instructions for Form 990.		le J (Forn	n 990)	2017
		Joneuu		. 555)	2011

2017 GEORGIA ASSOCIATION OF REALTORS, INC. 58-0836843

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 other deferred	(D) Nontaxable benefits	(E) Total of columns	(F) Compensation in column (B)	
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation	benefits	(B)(i)-(D)	reported as deferred on prior Form 990	
(1) DEBRA S. JUNKIN	(i)	172,823.	0.	0.	5,229.	14,168.	192,220.	0.	
CHIEF EXECUTIVE OFFICER	(ii)	0.	0.	0.	0.	0.	0.	0.	
	(i)								
	(ii)								
	(i)								
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	(i)								
	(ii)								
	(i)								
	(ii)								

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.

PART I, LINE 1A:

THE CEO'S SPOUSE TRAVELS TO MEETINGS AND CONVENTIONS.

Schedule J (Form 990) 2017

SCHEDULE O	Supplemental Information to Form 990 or 990-	-EZ OMB No. 1545-0047
(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.	201/
Department of the Treasury Internal Revenue Service	 Attach to Form 990 or 990-EZ. Go to www.irs.gov/Form990 for the latest information. 	Open to Public Inspection
Name of the organization	GEORGIA ASSOCIATION OF REALTORS, INC.	Employer identification number 58-0836843
FORM 990, PAR	T VI, SECTION A, LINE 2:	
IN ANY BOARD	OF DIRECTORS THIS SIZE, FAMILIAL RELATIONSHIP:	S MAY EXIST
BETWEEN MEMBE	RS. GIVEN THE NATURE OF THE REAL ESTATE INDUS	IRY, BROKERS AND
AGENTS SERVIN	G ON THE BOARD MAY HAVE BUSINESS RELATIONSHIP:	S, AS WELL.
HOWEVER, THE	NUMBER OF SUCH RELATIONSHIPS IS SMALL, AND TH	E SIZE OF THE
BOARD PREVENT	S ANY GROUP FROM EXERTING UNDUE INFLUENCE OVE	R THE
ORGANIZATION'	S ACTIVITIES.	
FORM 990, PAR	T VI, SECTION A, LINE 6:	
ENTITY IS A M	EMBERSHIP DRIVEN ORGANIZATION, WHEREBY MEMBER	S PAY DUES
ANNUALLY.		
FORM 990, PAR	T VI, SECTION A, LINE 7A:	
THE BOARD OF	DIRECTORS IS MADE UP OF THE PRESIDENT AND ANY	ADDITIONAL
REPRESENTATIV	ES FROM EACH LOCAL BOARD. EACH LOCAL BOARD MAY	Y BE ALLOWED TO
ELECT THOSE P	OSITIONS, PER THEIR BYLAWS.	
FORM 990, PAR	T VI, SECTION B, LINE 11B:	
THE FORM 990	IS REVIEWED BY THE EXECUTIVE COMMITTEE (HAVING	3 THE AUTHORITY
TO ACT BETWEE	N BOARD MEETINGS) AND CEO BEFORE FILING.	

FORM 990, PART VI, SECTION B, LINE 12C:

EVERY YEAR, COMMITTEE MEMBERS ARE REQUIRED TO SIGN A CONFLICT OF INTEREST

DISCLOSURE CONSENT.

FORM 990, PART VI, SECTION B, LINE 15:

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. 732211 09-07-17 Schedule O (Form 990 or 990-EZ) (2017)

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Schedule O (Form 990 or 990-EZ) (2017) Page 2								
Name of the organization	GEOR	GIA A	SSOCIATION	OF REALTORS	, INC.	Employer identification number 58-0836843		
THE ADMINISTR	ATIONS	S AND	OPERATIONS	COMMITTEE,	CONSISTING C)F SEVEN ELECTED,		
UNPAID OFFICE	RS OF	THE	ASSOCIATION	, DETERMINE	AND APPROVE	THE COMPENSATION		

PACKAGE FOR THE CEO.

THE ADMINISTRATIONS AND OPERATIONS COMMITTEE, CONSISTING OF SEVEN ELECTED, UNPAID OFFICERS OF THE ASSOCIATION, APPROVE RECOMMENDATIONS MADE BY THE CEO FOR COMPENSATION REGARDING OTHER OFFICERS OR KEY EMPLOYEES.

THE PROCESSES REGARDING COMPENSATION ARE DOCUMENTED AND BASED UPON

INDEPENDENT COMPENSATION WEBSITES FOR COMPARABILITY.

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.

FORM 990, PART XII, LINE 2C:

THE ASSOCIATION HAS A COMMITTEE THAT ASSUMES RESPONSIBILITY FOR

OVERSIGHT OF THE AUDIT OF ITS FINANCIAL STATEMENTS AND SELECTION OF AN

INDEPENDENT ACCOUNTANT.

732212 09-07-17

SCHEDULE	R
(= 000)	

(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.

OMB No. 1545-0047

2017 Open to Public Inspection

Employer identification number

58-0836843

Department of the Treasury Internal Revenue Service

GEORGIA ASSOCIATION OF REALTORS, INC.

Part I Identification of Disregarded Entities. Complete if the organization answered "Yes" on Form 990, Part IV, line 33.

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c)(d)Legal domicile (state or foreign country)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 REALTORS POLITICAL ACTION COMMITTEE,							
INC 58-1288715, 6065 BARFIELD ROAD, SUITE							
200, ATLANTA, GA 30328	POLITICAL ACTION COMMITTEE	GEORGIA	527	N/A	N/A		х
GEORGIA ASSOCIATION OF REALTORS SCHOLARSHIP	THE AWARDING OF						
FOUNDATION, INC 58-1627007, 6065 BARFIELD	SCHOLARSHIPS FOR THE STUDY			TYPE II			
ROAD, SUITE 200, ATLANTA, GA 30328	OF REAL ESTATE SUBJECTS.	GEORGIA	501(C)(3)	SUPPORTING	N/A		Х
GEORGIA ASSOCIATION OF REALTORS DISASTER	TO PROVIDE RELIEF TO						
RELIEF FUND, INC 20-3255676, 6065	INDIVIDUALS WHO SUSTAIN			170(B)(1)(A)(
BARFIELD ROAD, SUITE 200, ATLANTA, GA 30328	DISASTER DAMAGE.	GEORGIA	501(C)(3)	VI)	N/A		Х

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

Schedule R (Form 990) 2017

Schedule R (Form 990) 2017 GEORGIA ASSOCIATION OF REALTORS, INC.

58-0836843 Page 2

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.

		, jour									
(a)	(b)	(c)	(d)	(e)	(f)	(g)	(1	h)	(i)	(j)	(k)
Name, address, and EIN of related organization	Primary activity	Legal domicile (state or foreign	Direct controlling entity	Predominant income (related, unrelated, excluded from tax under sections 512-514)	Share of total income	Share of end-of-year assets		ortionate itions?		Genera manag partne	or Percentage ownership
		country)		sections 512-514)		400010	Yes	No	K-1 (Form 1065)	Yes	10
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	-										
	-										
	-										
]										
]										
	1										
	1	1	1			1	L	L	1	<u> </u>	

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) Primary activity	(C) Legal domicile (state or foreign	domicile Direct controlling Type of entity C corp, S corp, income end-of-ye			(h) Percentage ownership	512(b contr	(i) ction b)(13) rolled tity?	
		country)				400010		Yes	No

Schedule R (Form 990) 2017 GEORGIA ASSOCIATION OF REALTORS, INC.

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

ote: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.		Ye	es I
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	V?		
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity	1a		
b Gift, grant, or capital contribution to related organization(s)			
c Gift, grant, or capital contribution from related organization(s)			
d Loans or loan guarantees to or for related organization(s)			
e Loans or loan guarantees by related organization(s)	<u>1e</u>		_
f Dividends from related organization(s)	1f		
g Sale of assets to related organization(s)	1g		_
h Purchase of assets from related organization(s)			
i Exchange of assets with related organization(s)	11		
j Lease of facilities, equipment, or other assets to related organization(s)			
k Lease of facilities, equipment, or other assets from related organization(s)	<u>1k</u>	_	
Performance of services or membership or fundraising solicitations for related organization(s)		X	:
m Performance of services or membership or fundraising solicitations by related organization(s)	1m		
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)			
o Sharing of paid employees with related organization(s)			_
p Reimbursement paid to related organization(s) for expenses	1p		
q Reimbursement paid by related organization(s) for expenses			
r Other transfer of cash or property to related organization(s)	<u>1r</u>		
s Other transfer of cash or property from related organization(s)	1s	X	2

2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
GEORGIA REALTORS POLITICAL ACTION			
(1) COMMITTEE, INC.	L	40,000.	FMV
GEORGIA ASSOCIATION OF REALTORS			
(2) SCHOLARSHIP FOUNDATION, INC.	L	18,000.	FMV
GEORGIA REALTORS POLITICAL ACTION			
(3) COMMITTEE INC.	S	291,824.	FMV
(4)			
(5)			
<u>(6)</u>			

Schedule R (Form 990) 2017 GEORGIA ASSOCIATION OF REALTORS, INC.

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)	(e) Are all partners se 501(c)(3 orgs.? Yes No	(g) Share of end-of-year assets	(ř Dispr tior alloca Yes	opor- nate tions?	(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General o managin partner? Yes No	(k) r Percentage ownership

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Part VII | Supplemental Information.

Provide additional information for responses to questions on Schedule R. See instructions.

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