

			** PU	BLIC DISCLOSURE CO	OPY **		
		~~		ganization Exempt		ncome Tax	OMB No. 1545-0047
Forr	" 9	90		4947(a)(1) of the Internal Revenu			9017
				cial security numbers on this forn			
		of the Treasury nue Service		s.gov/Form990 for instructions ar	-	-	Open to Public Inspection
-			ar year, or tax year beginning			AN 31, 2018	mopeetien
_	heck if		f organization			D Employer identifie	cation number
	pplicable	a.	GIA ASSOCIATION	OF REALTORS			
	Addres		LARSHIP FOUNDATI				
	_chang Name			ion, inc.		58_1	627007
	_ chang ∣Initial		usiness as	ant delivered to streat address)	Deem/auite		
-]return]Final		and street (or P.0. box if mail is r BARFIELD ROAD,		Room/suite	E Telephone number	451-1831
	/return/ termin						<u>491-1051</u> 344,513.
_	ated Ameno	ded אחד א	own, state or province, country, NTA, GA 30328	and ZIP or foreign postal code		G Gross receipts \$	
	_lreturn ∖Applic					H(a) Is this a group re	
	_ltiòn pendir		nd address of principal officer: I AS C ABOVE	JEBRA 5. JUNKIN		for subordinates	
<u> </u>						H(b) Are all subordinates in	
		empt status:)◀ (insert no.) 4947(a)(1) or 🛄 527		list. (see instructions)
						H(c) Group exemptio	
	orm of Irt I		X Corporation Trust	Association Other ►	L Year	of formation: 1984 N	State of legal domicile: GA
Fa		Summary					
ė				most significant activities: THE		NG OF SCHOLA	ARSHIPS FOR
Governance				E RELATED SUBJECT			
erna			-	discontinued its operations or dispo	osed of more	1 1	
Ň			ting members of the governing t				16
				e governing body (Part VI, line 1b)			16
es	5	Total number	0				
viti			of volunteers (estimate if necess				16
Activities &	7 a	Total unrelate	d business revenue from Part VI	II, column (C), line 12			0.
_	b	Net unrelated	business taxable income from F	Form 990-T, line 34	<u></u>	7b	0.
						Prior Year	Current Year
e	8	Contributions	and grants (Part VIII, line 1h)			63,929.	64,261.
Revenue	9	Program servi	ce revenue (Part VIII, line 2g) _			0.	0.
lev.				3, 4, and 7d)		35,155.	110,045.
щ	11	Other revenue	e (Part VIII, column (A), lines 5, 6	d, 8c, 9c, 10c, and 11e)		0.	12,353.
	12	Total revenue	- add lines 8 through 11 (must e	equal Part VIII, column (A), line 12)		99,084.	186,659.
	13	Grants and sir	milar amounts paid (Part IX, colu	ımn (A), lines 1-3)		39,248.	62,028.
	14	Benefits paid	to or for members (Part IX, colu	mn (A), line 4)		0.	0.
s	15	Salaries, othe	r compensation, employee bene	fits (Part IX, column (A), lines 5-10)		0.	0.
nse	16a	Professional f	undraising fees (Part IX, column	(A), line 11e)		0.	0.
Expenses	b	Total fundrais	ing expenses (Part IX, column (E	D), line 25) 🕨	0.		
	17	Other expense	es (Part IX, column (A), lines 11a	e-11d, 11f-24e)		39,682.	32,549.
	18	Total expense	s. Add lines 13-17 (must equal F	Part IX, column (A), line 25)		78,930.	94,577.
	19	Revenue less	expenses. Subtract line 18 from	1 line 12		20,154.	92,082.
or					Be	ginning of Current Year	End of Year
sets	20	Total assets (F	Part X, line 16)			1,331,876.	1,508,763.
t Assets or d Balances	21	Total liabilities	(Part X, line 26)			215.	0.
Fund				from line 20		1,331,661.	1,508,763.
Pa	rt II	Signature	e Block				
Unde	er pena	lties of perjury,	I declare that I have examined this r	eturn, including accompanying schedul	es and statem	ents, and to the best of my	knowledge and belief, it is
true,	correc	t, and complete	. Declaration of preparer (other than	officer) is based on all information of v	vhich preparer	has any knowledge.	
Sigr	ı	Signatur	e of officer			Date	
Her	е	DEBR	A S. JUNKIN, CEC)			
			print name and title				
		Drint/Tune pro		Dreperer's signature		Date Check	PTIN PTIN

Print/Type preparer's name	Preparer's signature	Date	Check PTIN					
STANLEY M SMITH II	STANLEY M SMITH	II 10/08,	/18 self-employed P00319916					
Firm's name 🕒 CARR, RIGGS & IN	GRAM, LLC		Firm's EIN 72-1396621					
Firm's address 🖕 4360 CHAMBLEE DU	NWOODY RD., STE 4	420						
ATLANTA, GA 30341 Phone no.770-457-6606								
May the IRS discuss this return with the preparer shown above? (see instructions)								
	STANLEY M SMITH II Firm's name ► CARR, RIGGS & ING Firm's address ► 4360 CHAMBLEE DU ATLANTA, GA 3034	STANLEY M SMITH II STANLEY M SMITH Firm's name CARR, RIGGS & INGRAM, LLC Firm's address 4360 CHAMBLEE DUNWOODY RD., STE ATLANTA, GA 30341	STANLEY M SMITH II STANLEY M SMITH II 10/08, Firm's name CARR, RIGGS & INGRAM, LLC Firm's address 4360 CHAMBLEE DUNWOODY RD., STE 420 ATLANTA, GA 30341					

732001 11-28-17 LHA For Paperwork Reduction Act Notice, see the separate instructions.

Form **990** (2017)

	GEORGIA ASSOCIATION OF REALTORS
	990 (2017) SCHOLARSHIP FOUNDATION, INC. 58-1627007 Page 2
Pa	t III Statement of Program Service Accomplishments
	Check if Schedule O contains a response or note to any line in this Part III
1	Briefly describe the organization's mission: THE AWARDING OF SCHOLARSHIPS FOR THE STUDY OF REAL ESTATE RELATED
	SUBJECTS.
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?
	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
4-	revenue, if any, for each program service reported. (Code:) (Expenses \$ 86,772. including grants of \$ 62,028.) (Revenue \$)
4a	(Code:) (Expenses \$86,772. including grants of \$62,028.) (Revenue \$) SCHOLARSHIPS AWARDED TO INDIVIDUALS FOR THE STUDY OF REAL ESTATE
	RELATED SUBJECTS.
4b	(Code:) (Expenses \$ including grants of \$) (Revenue \$)
4.	
4c	(Code:) (Expenses \$ including grants of \$) (Revenue \$)
4d	Other program services (Describe in Schedule O.)
	(Expenses \$ including grants of \$) (Revenue \$)
4e	Total program service expenses ► 86,772.
_	Form 990 (2017)
732002	2 11-28-17
	2

08311008 794202 60-01511.001

2017.04030 GEORGIA ASSOCIATION OF RE 60-01511

GEORGIA A	ASSO	CIATION	OF	REALTORS
SCHOLARSH	HIP H	FOUNDATI	ON,	INC.

Form	990 (2017) SCHOLARSHIP FOUNDATION, INC. 58-1627	007	P	age 3
Pa	t IV Checklist of Required Schedules			
			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	Х	
2	Is the organization required to complete Schedule B. Schedule of Contributors?	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		x
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
•	during the tax year? If "Yes," complete Schedule C, Part II	4		x
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
Ŭ	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		x
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to	L		
U	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		x
7				- 23
'	Did the organization receive or hold a conservation easement, including easements to preserve open space,	7		x
•	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II			
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			x
•	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?			37
	If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent			
	endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	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			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
С	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
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			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		X
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	Х	
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?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		x
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	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			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		x
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			<u> </u>
15		15		x
16	foreign organization? <i>If</i> "Yes," <i>complete Schedule F, Parts II and IV</i> Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to	15		
16		40		x
47	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,	4-		v
•-	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			37
	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,"			<u>-</u> -
	complete Schedule G. Part III	19		X

Form 990 (2017)

58-1627007 i	Page 4
--------------	--------

Form	990 (2017) SCHOLARSHIP FOUNDATION, INC. 58-1627	7007	Р	age 4
Pa	t IV Checklist of Required Schedules (continued)		-	
			Yes	No
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		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	Х	
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	<u> </u>
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		<u> </u>
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		<u> </u>
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		<u> </u>
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		<u> </u>
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		<u> </u>
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L, Part I	25b		X X
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	0-		v
	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):	00-		x
	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		
C	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,	28c		x
29	director, trustee, or direct or indirect owner? <i>If</i> "Yes," <i>complete Schedule L, Part IV</i> Did the organization receive more than \$25,000 in non-cash contributions? <i>If</i> "Yes," <i>complete Schedule M</i>	200		X
	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation	23		
30	contributions? If "Yes," complete Schedule M	30		x
31	Did the organization liquidate, terminate, or dissolve and cease operations?	- 50		<u> </u>
01	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			<u> </u>
-	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			
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36		x
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?			
	Note. All Form 990 filers are required to complete Schedule O	38	Х	
		Form	990	(2017)

GEORGIA ASSOCIATION O	F REALTORS
-----------------------	------------

Part U Statements Regarding Other IRS Filings and Tax Compliance Check II Schedule Q contains a response or note to any line in this Part V Image: Check II Schedule Q contains a response or note to any line in this Part V Is Enter the number of Forms W-3G included in line 1a. Enter -0: if not applicable Image: Check II Schedule Q contains Q contai		GEORGIA ASSOCIATION OF REALIONS	~ ~ =		_
Check II Schedule Q contains a response or note to any line in this Part V Yes 1a Enter the number or ported in Box 3 of Form 1096. Enter O: if not applicable 1a 0 1b Enter the number of pontyces reported on Total applicable 1a 0 2 Enter the number of entyces reported on Form W3, Transmittal of Wage and Tax Statements. 2a 0 1b 1f 1f 0 0 2b 1f 0 0 2 Enter the number of entyces reported on Form W3, Transmittal of Wage and Tax Statements. 2a 0 0 1b 1f 1f 2a 0			007	Р	Page 5
1a Enter the number reported in Box 3 of Form 1086. Enter 0- if not applicable 1a 0 1a Enter the number of forms W3G included in line 1a. Enter 0- if not applicable 1a 0 2b Enter the number of forms W3G included in line 1a. Enter 0- if not applicable 1a 0 2a Enter the number of employees reported on Form W3, Timamital of Wage and Tax Statements. 2a 0 2a Enter the number of employees reported on Form W3, Timamital of Wage and Tax Statements. 2a 0 3b Enter the number of employees reported on Form W3, Timamital of Wage and Tax Statements. 2a 0 3c Did the organization frame unclass operating the year covered by this return 2a 0 3c Did the organization frame unclass operating the year? 3a 2 3c Did the organization frame unclass operating the year? 3a 2 3c Did the organization frame of the foreign Country. 4a 4a 2a 4a 3c TYes, Test the anome of the foreign Country. 5b 5c 5c <th>Par</th> <th></th> <th></th> <th></th> <th></th>	Par				
1a Enter the number exponent low 3 of Form 1066. Enter -0 ¹ in the applicable 1a 0 b Enter the number of form W200 included in the last. Enter -0 ¹ in the applicable 1a 0 2 Enter the number of employees reported on Form W3, Transmittal of Wage and Tax Statements. 1c X 2 Enter the number of employees reported on Form W3, Transmittal of Wage and Tax Statements. 0 1c X 3 Enter the number of employees reported on Form W3, Transmittal of Wage and Tax Statements. 0 2a 0 1 at a data on the second second second second at the second sec		Check it Schedule O contains a response or note to any line in this Part V	<u></u>		╷└──
b Enter the number of Forms W-23 included in line 1a. Enter 0 if not applicable 10 0 c Did the organization comply with backup withholding rules for reportable payments to venders and reportable gaming gandling) winnings to price winner? 10 X 2a Enter the number of employees reported on Form W3, Transmittal of Wage and Tax Statements, 2a 0 0 2b Enter the number of employees reported on Form W3, Transmittal of Wage and Tax Statements, 2a 0 0 3a Did the organization fine 2a, did the organization fiel all required to e/it (ein instruction) 3a 2 3b Did the organization have unrelated buinges gross income of \$1,000 or more during the year? 3a 2 3b Did the organization and the foreign country, 10% (bit 0s & growtick an ave glowtick an ave glowtick an ave glowtick and statements, 2 3a 2 3b Was the organization apert to prohibite tax shelts transaction of Schoduc O 3b 3a 2 3c Max the during requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAF). 5a 2 2 3c Max the organization apert to ave duritifies a contrable orbitel tax sheat? 5b 5c 5c 5c 5c 5c 5c 5c 5c 5c				Yes	No
c Delte ergenization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gamiling) witnings to pize winners? 1c X 2 Erker the number of engloyees reported on Form W3, Transmittal of Wage and Tax Statements, tied for the calendar year ending with or within the year covered by this return 2a 0 b if at least one is reported on Inte 2A, did the organization file all required forderal engloyment tax returns? 2b b if Ves, 'hast filed a form 980-T for this year? (if Ves, 'to line 3b, provide an explanation or the return or the value of the organization have engloyment tax returns? 2b b if Ves, 'that if field a form 980-T for this year? (if Ves, 'to line 3b, provide an explanation in Schedule 0 3b 4a d At any time the name of the organization have an interset 1, or a signature or ther authorty over, a financial account in a foreign country, b 5a 2b 5a Was the organization have annual gross receipts and the ava or in a party to a parhyloteal tax shafter tamaschion? 5a 2c c Did any taxable party neithy the organization have annual gross receipts and the avale of the organization have annual gross receipts and the schemator? 5a 2a d Did any taxable party neithy the organization have annual gross receipts and the schemator? 5a 2a d Did any tavable party neithy neuron	1a		-		
gambling winnings to prize winners? 1c X 2a Enter the number of enployees reported on form W3.1 Transmittal of Wage and Tax Statements. 2a 0 b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? 2b 1 3a Did the organization have unrelated business gross income of \$1,000 or more during the year? 3a 2 3b Dif "yes", has filed a form 990-10 run ity sel"? 3a 2 3b Dif "yes", has filed a form 990-10 run ity sel"? 3a 3b 3c If "yes", enter the name of the foreign country; low as a bank account, securities account, or other fancial account's 3a 2 3c If "yes", enter the name of the foreign country; low as a bank account, securities account, or other fancial account's 5a 2 3c If "yes, 'inter the name of the foreign country; low as a bank account, securities account, or other fancial account's 5a 2 3c If "yes, 'inter the animal great the ramization that it was or is a party to a prohibited tax sheller transaction at year? 5a 2 3c If "yes, 'id the organization include with every solicitation an express statement that such corthibutions or gifts were not tax deductible or form 8820 is charitable corhibutions? 5a 2					
2a Enter the number of exployees reported on Form W-3, Transmittal of Wage and Tax Statements, that for the calendar year onling with or within the year covered by this return 0 b If at least one is reported on ince 2, did the organization file al required federal employment tax returns? 2a Note. If the sum of time 1 and 2 al ig greater than 250, your may be required to e_file (see instructions) 3a 3a D Did the organization have undeletab business possis incore of 51, 000 or more during the year? 3a 3a D If "Yes," that it filed a Form 900.1 for this year? if "Wo," to line 8b, provide an explanation have an interest in, or a signature or other authority over, a financial account is a foreign country (such as a bank account, securities account, or other financial accounts (FBAR). 3a 2 See instructions for thing requirements for FinicEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). 5a 2 Da was the organization average manual gross receipts that are normally greater than \$100,000, and did the organization noise any arry to a prohibited tax sheler transaction? 6b 2 D is "Yes," to line 6a or 5b, did the organization have and party to a prohibited tax sheler transaction? 6a 2 D is "Yes," did the organization noise party as a cohibition and party for goods and services provided to the party? 7a 2 D is "Yes," did the organization noithy the donor of the value of the goods and s	С				
tild for the calendar year ending with or within the year covered by this return La 0 b If at least one is reported on line 2.4, of the organization line all required federal employment tars returns? 26 30 Did the organization have unrelated biasness gross income of \$1,000 or more during the yea? 3a 2 41 At any time during the calendar year, did the organization have an interest in, or a signature or other authonty over, a financial account in a foreign country (such as a bank account, socurities account, or other financial account's? 4a 2 b If "Yes," netter the name of the foreign country: > See instructions for filing requirements for Finica regularement to service. Form 114, Report of Foreign Bank and Financial Accounts (FBAR), See instructions for filing requirements to reflect. FOR m144, the sort is a party to a prohibited tax shelter transaction? 5a 2 b Did any taxable party nolity the organization file of m8866.71 5c 5c 5c 6a 2 2 5c 5c 5c 6b 2 2 5c 5c 5c 5c 5c 6a 2 3d 3d 3d 3d 3d 3d 3d 7 7 5a 3d 3d 3d 3d 3d 3d <t< th=""><th></th><th></th><th>1c</th><th>Х</th><th></th></t<>			1c	Х	
b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? 2b Note. If the sum (lines 1a and 2a is greater than 250, you may be required to <i>e</i> - <i>file</i> (see instructions) 3a 3a D If "Yes," has it filed a form 990-11 for this year? 1f 'Yes,' has it filed a form 990-11 for this year? 3a 3a D If "Yes,' has it filed a form 990-11 for this year? 1f 'Yes,' has it filed a form 990-11 for this year? 3a 2 D If 'Yes,' has it filed a form 990-11 for this year? 1f 'Yes,' that the mane of the foroign country (such as a bank account, securities account, or other financial accounts (FBAR). 5a 2 See instructions for filing requirements for FInCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). 5a 2 See both the organization has emplay to a prohibeted tax shelter transaction at twa series a party to a prohibeted tax shelter transaction at the son or is a party to a prohibeted tax shelter transaction at year 5a 2 D D day taxatibe party notify the organization has a manual gross receipts that are normally greater than \$100,000, and did the organization seide and year 7a 2 D If 'Yes,' did the organization notify the donor of the value of the goods and services provided to the party of the prohibition and express statement that such contributions or gifts were not tax deductible? 7a	2a				
Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-frie (see instructions) 3a 2 3a Did the organization have unvalued business gross income of \$1,000 or more during the year? 3a 2 3b If "Yes," has it filed a Form 990-T for this year? If "No, " to line 30, provide an explanation in Schedule 0 3a 2 4a At any time during the calendar year, (dit the organization have an interest in, or a signature or other authority over, a financial account is colling routing (such as bank account, socialities account, or other financial account)? 4a 2 b If "Yes," enter the name of the foreign country: ▶ 5a 5a 2 See instructions for illing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). 5a 2 c If "Yes," other shares on tax deductible as chartable contributions? 5a 2 Ge Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solid any contributions that way receive deductible contributions and renses provided to the parent 116 6a 2 b If "Yes," idid the organization include with every solicitation an express statement that such contributions or gifts wave no tax deductible? 6a 2 d If was, "indicate the number of Forms 8282 filed during thy yaz 7a 2 <t< th=""><td></td><td>filed for the calendar year ending with or within the year covered by this return 2a 0</td><td></td><td></td><td></td></t<>		filed for the calendar year ending with or within the year covered by this return 2a 0			
3a Did the organization have unrelated business gross income of \$1,000 mmore during the year? 3a 2 b If Yes, " has if field a Form 980-T for this year? If Yub, ' to line 3b, provide an explanation or hose net authority over, a financial account in a foreign country (such as a bank account, securities account, or other authority over, a financial accounts (FBAR). 4a 2 b If Yes, '' there the name of the foreign country (such as a bank account, securities account, or other authority over, a financial accounts (FBAR). 5a 2 5a Was the organization have unrel the foreign country (such as a bank account, securities account, or other authority over, a financial accounts (FBAR). 5a 2 5a Was the organization a party to a prohibited tax shelter transaction? 5a 2 c If Yes, '' to line 5a or 5b, did the organization file form 8885 T? 5c 5	b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b		
b If "Yes," has it field a Form 390-T for this year? If "No," to line 3b, provide an explanation in Schedule O 3b 4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority, over, a financial account is of soling country; Lew as bank account, securities account, or other financial accounts (FBAR). b If "Yes," enter the name of the foreign country; Lew as bank account, securities account, or other financial accounts (FBAR). 5a Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction at any time during the tax year? 5a 5b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? 5a 6c Does the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible as chartable contributions? 6a 7 Organizations that may receive deductible contributions under section 170c). 7a 2 1 If "Yes," did the organization indity dedoor of the value of the goods or services provided? 7a 2 0 If "Yes," did the organization indity dedoor of the value of the goods or services provided? 7a 2 1 If "Yes," indicate the number of Forms 8282 filed during the year 7d 7a 2 1 If "Yes," indicate the number o		Note. If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> (see instructions)			
4a At any time during the calendar year, did the organization have an interest in, or a signature or other submotily over, a financial account is outly (such as a bank account, securities account, or other financial account)? 4a b If 'Yes,'' enter the name of the foreign country (such as a bank account, securities account, or other financial account)? 4a c If 'Yes,'' enter the name of the foreign country (such as a bank account, securities account, or other financial accounts (FBAR). 5a 2 b Id any taxable party notify the organization that it was or is a party to a prohibited tax shelt renasciton at my time during the tax year? 5a 2 c If 'Yes,'' to line 5a or 5b, did the organization file Form 8886-T? 6a 2 d If 'Yes,'' to line 5a or 5b, did the organization file Form 8886-T? 6a 2 d If 'Yes,'' to line form statu we not tax deductible as chartable contributions? 6a 2 d If 'Yes,'' to line organization notide with every solicitation an express statement that such contributions or gifts were not tax deductible as chartable contributions and party for goods and services provided to the payor? 7a 2 d If 'Yes,'' did the organization notide with every solicitation and party for goods and services provided to the payor? 7a 7a d If 'Yes,'' did the organization notide withe every solicitation and party for goods and services	3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		X
4a At any time during the calendar year, did the organization have an interest in, or a signature or other submotily over, a financial account is outly (such as a bank account, securities account, or other financial account)? 4a b If 'Yes,'' enter the name of the foreign country (such as a bank account, securities account, or other financial account)? 4a c If 'Yes,'' enter the name of the foreign country (such as a bank account, securities account, or other financial accounts (FBAR). 5a 2 b Id any taxable party notify the organization that it was or is a party to a prohibited tax shelt renasciton at my time during the tax year? 5a 2 c If 'Yes,'' to line 5a or 5b, did the organization file Form 8886-T? 6a 2 d If 'Yes,'' to line 5a or 5b, did the organization file Form 8886-T? 6a 2 d If 'Yes,'' to line form statu we not tax deductible as chartable contributions? 6a 2 d If 'Yes,'' to line organization notide with every solicitation an express statement that such contributions or gifts were not tax deductible as chartable contributions and party for goods and services provided to the payor? 7a 2 d If 'Yes,'' did the organization notide with every solicitation and party for goods and services provided to the payor? 7a 7a d If 'Yes,'' did the organization notide withe every solicitation and party for goods and services	b	If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule O	3b		
b If 'Yes,' enter the name of the foreign country:					
See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). 5a 2 5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? 5a 2 5b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? 5b 2 6b Des the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions? 5c 2 7b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 6a 2 7 Organizations that may receive deductible contributions under section 170(c). 7a 2 7b If "Yes," idid the organization notity the donor of the value of the goods or services provided? 7c 2 7b If were, "indicate the number of Forms 8282 filed during the year 7d 7d 2 7f If the organization received a contribution of qualified intellectual property, did the organization file a Form 1089C? 7f 7f 2 7f If the organization received a contribution of cars, boats, aiplanes, or other vehicles, did the organization file a Form 1089C? 7f 7f 2 7f If the organization main taiming donor advised fund. 10d of organi		financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		X
5a Was the organization a party to a prohibited tax shelter transaction? 5a 2 b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? 5b 2 c1 'Yes, 'i did the organization file form 888617 5c 5c 5c c1 'Yes, 'i did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible contributions under section 170(c). 6a 2 b Did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible contributions under section 170(c). 6b 7a 2 b Did the organization receive deaturbile contributions under section 170(c). 7a 2 7a 2 b Did the organization netwise dispose of tangible personal property for which it was required to file Form 8282? 7d 7	b	If "Yes," enter the name of the foreign country: ►			
b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? 5b 2 c If "Yes," to line 5a or 5b, did the organization file Form 888617 5c 5c 6 Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit ary contributions that were not tax deductible as charitable contributions? 5c 5c b If 'Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 5c 5c 7 Organization sell, exchange, or otherwise dispose of targible personal property for which it was required to file form 8822? 7b 7c 2 7 If 'Yes," did the organization needees of \$57 made party as a contribution and party for goods and services provided to the payor? 7c 2 7 Organization sell, exchange, or otherwise dispose of targible personal property for which it was required to file form 8822 filed during the year 7d 7d 7 Did the organization neeved a contribution of qualified intellectual property, did the organization file a Form 8898 as required? 7r 7d 7 If the organization received a contribution of dar. bods, airplaner, or other vehicles, did the organization file a Form 8898 as required? 7d 7d 9 Sponsoring organization make any taxable distributions under section 4966? 9a 9a 9b		See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
c If "Yes," to line 5a or 5b, did the organization file Form 8886-17 5c Gb Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions? 5c b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 6d 7 Organizations that may receive deductible contributions under section 170(c). 7a 2 b If "Yes," did the organization notify the donor of the value of the goods or services provided? 7a 2 c Did the organization neceive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided? 7a 2 c Did the organization neceive approximation of the value of the goods or services provided? 7a 2 d If "Yes," indicate the number of Forms 8282 filed during the year 7d 7a 2 d If "Yes," indicates the number of Forms 8282 filed during the year, ap premiums, directly or indirectly, to pay premiums on a personal benefit contract? 7a 2 f Did the organization received a contribution of qualified intellectual property, did the organization file a Form 1098-C? 7b 7a 2 f He organ	5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
c If "Yes," to line 5a or 5b, did the organization file Form 8886-T? 5c Ge Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions? 5a b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible as contributions? 5a b If "Yes," did the organization notify the donor of the value of the goods or services provided to the payor? 7a c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? 7c d If "Yes," indicate the number of Forms 8282 filed during the year 7d f Did the organization neceive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 7c f Did the organization receive a contribution of qualified intellectual property, did the organization file Form 8282 regited as any time during the year? 7g f Did the organization neceive a contribution of qualified intellectual property, did the organization file Form 8282 regited as any time during the year? 7g d If the organization neceive any taxabe distributions under section 4966? 7h generalization receive any famabe distributions under section 4966? 9a	b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
Ga Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions? Ga 2 b If "Nes," did the organization include with very solicitation an express statement that such contributions or gifts were not tax deductible? Ga 2 7 Organizations that may receive deductible contributions under section 170(c). Ga Ga 2 9 Did the organization nective apyment in excess of \$75 mades and services provided? 7a 2 1 "Yes," did the organization nective apyment in excess of \$75 mades? 7a 2 2 If "Yes," indicate the number of Forms 8282 filed during the year [7d] 7b 7c 2 1 If "Yes," indicate the number of Forms 8282 filed during the year [7d] 7d 7d 7d 2 Did the organization neceive any trunds, directly or indirectly, to pay premiums on a personal benefit contract? 7e 2 1 H the organization receive any trunds, directly or indirectly, on a personal benefit contract? 7f 7g 7n 2 Sponsoring organization make a distribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098/C? 7h 7h 7h 7h <	с		5c		
any contributions that were not tax deductible as charitable contributions? b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 6b 2 7 Organizations that may receive deductible contributions under section 170(c). 70 70 70 9 If "Yes," did the organization notify the donor of the value of the goods or services provided? 70 72 72 2 Old the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? 76 72 2 Did the organization notify the donor of the value of the goods or services provided? 76 72 2 Did the organization neceive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 76 72 7 Did the organization received a contribution of qualified intellectual property, did the organization file Form 8299 as required? 71 72 7 If the organization received a contribution of qualified intellectual property, did the organization file Form 8299 as required? 71 72 8 Sponsoring organizations maintaining donor advised funds. 9 9 9 9 9 Sponsoring organization make a distributions under section 4966? 9a 9a 9a 9a 9a 9a 9a 10a 10a 10a					
b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 6b 7 Organizations that may receive deductible contributions under section 170(c). 6b a Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? 7c 7a 7c 7c <t< th=""><th></th><th></th><th>6a</th><th></th><th>X</th></t<>			6a		X
were not tax deductible? 6b 7 Organization setue a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? 7a 2 b If the organization setue a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? 7b 2 c Did the organization setue a payment in excess of \$75 made partly as a contribution and partly for which it was required to file Form 8282? 7c 2 d If "Yes," indicate the number of Forms 8282 filed during the year 7d 7e 2 f Did the organization receive a contribution of qualified intellectual property, for which it was required 7f 2 f Did the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file Form 8289 as required? 7f 7g f If the organization received a contribution of advised funds. 7d a donor advised fund maintained by the sponsoring organization make any taxable distributions under section 4966? 8 9 Sponsoring organization make any taxable distributions under section 4966? 9a 9a 10 Section 501(c)(7) organizations. Enter: 10a 11a a Initiation fees and capital contributions included on Part VIII, line 12 10a 11 Section 501(c)(21) organizations. Enter: 10b a Gross income from members or shareholders 11a 12 Section 501(c)(21) organizations. Enter: 10b </th <th>b</th> <th></th> <th></th> <th></th> <th></th>	b				
7 Organizations that may receive deductible contributions under section 170(c). a) bit the organization neceive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? 7a 2 b ff "Yes," did the organization notify the donor of the value of the goods or services provided? 7b 7c 2 c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? 7d 7c 2 d If "Yes," indicate the number of Forms 8282 filed during the year 7d 7e 2 f Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 7e 2 f H the organization receive any funds, directly or indirectly, on a personal benefit contract? 7f 2 g If the organization receive any funds, directly or advised funds. Did a chora advised fund maintained by the sponsoring organizations maintaining donor advised funds. 7h 2 g Sponsoring organizations maintaining donor advised funds. 9a 9a <th></th> <th></th> <th>6b</th> <th></th> <th></th>			6b		
a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? 7a 2 b If "Yes," did the organization notify the donor of the value of the goods or services provided? 7b 7c 7c c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? 7c	7				
b If "Yes," did the organization notify the donor of the value of the goods or services provided? 7b c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? 7c			7a		x
c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? 7c					
to file Form 8282? 7c 7			<u> </u>		
d If "Yes," indicate the number of Forms 8282 filed during the year Td Td e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? Te Z f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? Te Z g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? Td Z g If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? Th Th h If the organization make as ontributions of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? Th Th 8 Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization make any taxable distributions under section 4966? 9a 9a 9 Sponsoring organizations. Enter: 10a 10b 10b 10b 10b 11 Section 501(c)(7) organizations. Enter: 10b 10b 11a 10b 10b 11a 10b 11a 11b 12a 12 Section 501(c)(12) organizations. Enter: 11a 11b 12a 12a 12a 12b <td< th=""><th>Ū</th><th></th><th>70</th><th></th><th>x</th></td<>	Ū		70		x
e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 7e 2 f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? 7f 2 g If the organization received a contribution of qualified intellectual property, did the organization file a Form 8899 as required? 7g 1 h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? 7h 1 8 Sponsoring organizations maintaining donor advised funds. 8 9 9 1 9 Sponsoring organization make any taxable distributions under section 4966? 9a 9a 1 1 10 the sponsoring organizations. Enter: 10a 10b 1	Ь				
f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? 77 2 g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? 7g 7g h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? 7n 7 8 Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization make excess business holdings at any time during the year? 9a 9a 9 Sponsoring organization make any taxable distributions under section 4966? 9a 9b 10 Section 501(c)(7) organizations. Enter: 10a 10a 10a 11 Section 501(c)(12) organizations. Enter: 10a 10b 11a 12 Gross income from members or shareholders 11a 10b 11a 12 Gross income from other sources (Do not net amounts due or painization filing Form 990 in lieu of Form 1041? 12a 12a 13 Section 501(c)(29) qualified nonprofit health insurance issuers. 13a 13a 13 It "Yes," enter the amount of tax-exempt interest received or accrued during the year? 13a 13a			70		x
g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? 7g h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? 7h 8 Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization make excess business holdings at any time during the year? 8 9 Sponsoring organizations maintaining donor advised funds. 0 9a 9 Did the sponsoring organization make any taxable distributions under section 4966? 9a 9 Did the sponsoring organizations. Enter: 10a 10 Accoss income from members or shareholders 9b 11 Section 501(c)(12) organizations. Enter: 10a 12 Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? 12a 13 Section 501(c)(29) qualified nonprofit health insurance issuers. 12b 13 Section 501(c)(29) qualified nonprofit health plans in more than one state? 13a 14 organization licensed to issue qualified health plans in more than one state? 13a 14 Did the organization receives on panization is required to maintain by the states in which the organization is licensed to issue qualified health plans 13b 14 Did the organization receive any payments for indoor tanning services during	_				X
h if the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? 7h 8 Sponsoring organizations maintaining donor advised funds. 8 9 Sponsoring organization have excess business holdings at any time during the year? 8 9 Sponsoring organization make any taxable distributions under section 4966? 9a 0 Did the sponsoring organization make any taxable distributions under section 4966? 9a 10 Section 501(c)(7) organizations. Enter: 10a 9b 10 Section 501(c)(7) organizations. Enter: 10a 10b 11 Section 501(c)(12) organizations. Enter: 10a 10b 10b 11 Section 501(c)(12) organizations. Enter: 11a 10b 10b 10b 11 Section 501(c)(12) organizations. Enter: 11a 11b 12a 12a 12 Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? 12a 12a 13 Section 501(c)(29) qualified nonprofit health insurance issuers. 13a 13a 13 Section 501(c)(2) qualified nonprofit health plans in more than one state? 13a 13a <th></th> <th></th> <th></th> <th></th> <th></th>					
8 Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year? 8 9 Sponsoring organizations maintaining donor advised funds. 9 a Did the sponsoring organization make any taxable distributions under section 4966? 9a b Did the sponsoring organization make any taxable distributions under section 4966? 9a 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: 11a 11b a Gross income from members or shareholders 11a 11b 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 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. 13a 13a a Is the organization licensed to issue qualified health plans in more than o	-				
sponsoring organization have excess business holdings at any time during the year? 8 9 Sponsoring organizations maintaining donor advised funds. a Did the sponsoring organization make any taxable distributions under section 4966? b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? 10 Section 501(c)(7) organizations. Enter: a Initiation fees and capital contributions included on Part VIII, line 12 b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 11 Section 501(c)(12) organizations. Enter: a Gross income from members or shareholders b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) 12a Section 501(c)(29) qualified nonprofit health insurance issuers. a Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O. b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans organization is licensed to issue qualified health plans c Enter the amount of reserves on hand 13a b If "Yes," has it filed a Form 720 to report these payments? <i>It "No." provide an explanation in Schedule O</i> b If "Yes," has it filed a Form 720 to report these payments? <i>It "No." provide an explanation in Schedule O</i> <th>-</th> <th></th> <th></th> <th></th> <th></th>	-				
9 Sponsoring organizations maintaining donor advised funds. a Did the sponsoring organization make any taxable distributions under section 4966? b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? 10 Section 501(c)(7) organizations. Enter: a Initiation fees and capital contributions included on Part VIII, line 12 b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 11 Section 501(c)(12) organizations. Enter: a Gross income from members or shareholders b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) 12a Section 501(c)(29) qualified nonprofit health insurance issuers. 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. b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans c Enter the amount of reserves on hand 13a 13b 14a Did the organization receive any payments for indoor tanning services during the tax year? b If "Yes," has it filed a Form 720 to report these payments? <i>If "No." provide an explanation in Schedule O</i>	0		8		
a Did the sponsoring organization make any taxable distributions under section 4966? 9a 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 received from thers ources (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. 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	٩				
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 10a a Initiation fees and capital contributions included on Part VIII, line 12 10a 10b b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b 10b 11 Section 501(c)(12) organizations. Enter: 10a 10b 11a a Gross income from members or shareholders 11a 11b 12a 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 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? 12a 13 Section 501(c)(29) qualified nonprofit health insurance issuers. 12b 13a 13 Section 501(c)(29) qualified nonprofit health plans in more than one state? 13a 13a Note. See the instructions for additional information the organization must report on Schedule O. 13a 14a Did the organization receive any payments for indoor tanning services during the tax year? 14a 14a 144 Did the o			02		
10 Section 501(c)(7) organizations. Enter: 10a 10a a Initiation fees and capital contributions included on Part VIII, line 12 10a 10b b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b 10b 11 Section 501(c)(12) organizations. Enter: 10a 10b a Gross income from members or shareholders 11a 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 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? 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. 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 14a 14a	-				
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 14a			30		
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: 11a 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 12a 13 Section 501(c)(29) qualified nonprofit health insurance issuers. 13a 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 c 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 t Enter the amount of reserves on hand 13c 14a 14a 14a Did the organization receive any payments for indoor tanning services during the tax year? 14a 14a 14b					
11 Section 501(c)(12) organizations. Enter: a Gross income from members or shareholders b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? 13 Section 501(c)(29) qualified nonprofit health insurance issuers. a Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O. b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans c Enter the amount of reserves on hand 14a Did the organization receive any payments for indoor tanning services during the tax year? b If "Yes," has it filed a Form 720 to report these payments? <i>If "No," provide an explanation in Schedule O</i>	-		1		
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. 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 2 b If "Yes," has it filed a Form 720 to report these payments? <i>If "No." provide an explanation in Schedule O</i> 14b 2			1		
b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) 11b 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 12b 13 Section 501(c)(29) qualified nonprofit health insurance issuers. 13a 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 13b 13a c 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 14a 14a Did the organization receive any payments for indoor tanning services during the tax year? 14a 14a 14a 14a					
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 12b 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 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 13b c Enter the amount of reserves on hand 13c 14a 14a 14a Did the organization receive any payments for indoor tanning services during the tax year? 14a 14a 14b			-		
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. 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. 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 2 b If "Yes," has it filed a Form 720 to report these payments? <i>If "No," provide an explanation in Schedule O</i> 14b	a				
b If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b 13 13 Section 501(c)(29) qualified nonprofit health insurance issuers. 13a 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 14a 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 14a 14a Did the organization receive any payments for indoor tanning services during the tax year? 14a 14b			10		
13 Section 501(c)(29) qualified nonprofit health insurance issuers. a Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O. b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans c Enter the amount of reserves on hand 14a Did the organization receive any payments for indoor tanning services during the tax year? b If "Yes," has it filed a Form 720 to report these payments? <i>If "No," provide an explanation in Schedule O</i>			12a		
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. Image: Comparization is required to maintain by the states in which the organization is licensed to issue qualified health plans 13b b 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 14a b If "Yes," has it filed a Form 720 to report these payments? <i>If "No," provide an explanation in Schedule O</i> 14b			-		
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: Description of the serves of					
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 Did the organization receive any payments for indoor tanning services during the tax year? 14a 2 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	-	13a		
organization is licensed to issue qualified health plans 13b 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 2 b If "Yes," has it filed a Form 720 to report these payments? <i>If "No," provide an explanation in Schedule O</i> 14b					
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 2 b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O 14b 14b	b				
14a Did the organization receive any payments for indoor tanning services during the tax year? 14a 2 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," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O					
					X
	b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b	000	<u> </u>

Form **990** (2017)

GEORGIA ASSOCIATION OF REALTORS SCHOLARSHIP FOUNDATION, INC.

Form	990 (2017) SCHOLARSHIP FOUNDATION, INC. 58-1627		Pa	age 6
Pa	t VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a	No" re	spons	e
	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
Sec	tion A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 1a 16			
	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 16			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other			
	officer, director, trustee, or key employee?	2	Х	
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision			
	of officers, directors, or trustees, or key employees to a management company or other person?	3	Х	
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X
6	Did the organization have members or stockholders?	6		X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or			
	more members of the governing body?	7a		X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or			
	persons other than the governing body?	7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
а	The governing body?	8a	Х	
b	Each committee with authority to act on behalf of the governing body?	8b	Х	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the			
	organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		Х
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)			
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		X
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,			
	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Х	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Х	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	X	
с	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe			
	in Schedule O how this was done	12c	Х	
13	Did the organization have a written whistleblower policy?	13	Х	
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 approval by independent			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a		X
b	Other officers or key employees of the organization	15b		X
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a			
	taxable entity during the year?	16a		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation			
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's			
	exempt status with respect to such arrangements?	16b		l
Sec	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) as	ailable	;	
	for public inspection. Indicate how you made these available. Check all that apply.			
	Own website X Another's website X Upon request Other <i>(explain in Schedule O)</i>			
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and	financi	al	
	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 books and records:			
	JENNIFER LUNDY - $770-451-1831$			

6065 BARFIELD ROAD, SUITE 200, ATLANTA, GA 3032								
	6065	BARFIELD	ROAD,	SUITE	200,	ATLANTA,	GA	30328

732006 11-28-17

6 2017.04030 GEORGIA ASSOCIATION OF RE 60-01511

Form **990** (2017)

Form 990 (2017)	SCHOLARSHIP FOUNDATION, INC.	58-1627007	Page 7				
Part VII Compensa	ition of Officers, Directors, Trustees, Key Employees, Highest	Compensated					
Employees	s, and Independent Contractors						
Check if Sche	dule O contains a response or note to any line in this Part VII						
Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees							

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year. • List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation.

Enter -0- in columns (D), (E), and (F) if no compensation was paid.

• List all of the organization's current key employees, if any. See instructions for definition of "key employee."

GEORGIA ASSOCIATION OF REALTORS

• List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.

• List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.

• List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

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

(A)	(B)	Jiga	mza)	ipen	isan	(D)	(E)	(F)
Name and Title	Average	(10		Pos	ition			Reportable	Reportable	Estimated
	hours per	box	not c , unles	ss per	son is	s both	n an	compensation	compensation	amount of
	week		cer an	dad	irecto	r/trus I	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 organizations	ustee	trust		ee	suadu		(W-2/1099-MISC)		organization and related
	below	ual tr	tional		yold r	st con /ee	_			organizations
	line)	Individual trustee or director	In stitutional trustee	Officer	Key employee	Highest compensated employee	Former			organizations
(1) JAMES A. SMITH	1.00		_	-	_		_			
CHAIRMAN	0.00	Х		Х				0.	0.	0.
(2) SHEILA J. BROWER	1.00									
PRESIDENT	0.00	Х		Х				0.	0.	0.
(3) MICHAEL L. FAULKNER	1.00									
PRESIDENT - ELECT	0.00	Х		Х				0.	0.	0.
(4) RYAN T. BRASHEAR	1.00									
IMMEDIATE PAST PRESIDENT	0.00	Х		Х				0.	0.	0.
(5) CAROLYN ROAN	1.00									
TRUSTEE	0.00	Х						0.	0.	0.
(6) JOHN J. SLAPPEY	1.00									
TRUSTEE	0.00	Х						0.	0.	0.
(7) TODD J. EMERSON	1.00									
TRUSTEE	0.00	Х						0.	0.	0.
(8) ROBERT W. ESPY	1.00									
TRUSTEE	0.00	Х						0.	0.	0.
(9) LINDA HARDIN JACKSON	1.00									
TRUSTEE	0.00	Х						0.	0.	0.
(10) REGENIA ANDREWS	1.00								_	-
TRUSTEE	0.00	Х						0.	0.	0.
(11) VICKIE GILES-GRIFFIN	1.00								•	
TRUSTEE	0.00	Х						0.	0.	0.
(12) RHONDA NESMITH	1.00								•	0
TRUSTEE	0.00	Х						0.	0.	0.
(13) ELAINE CULLER-MARLATT	1.00	77							0	0
TRUSTEE	0.00	Х						0.	0.	0.
(14) ANNE D. GAULT TRUSTEE AT LARGE	1.00	х						0.	0.	0.
		Λ						0.	0.	0.
(15) CARLTON E. PURVIS TRUSTEE AT LARGE	1.00	x						0.	0.	0.
(16) KATHY J. SLADE	1.00	~						0.	0.	0.
TRUSTEE AT LARGE	0.00	x						0.	0.	0.
(17) GREGORY J. DUNN	1.00	~						0.	0.	0.
TRUSTEE EMERITUS	0.00	x						0.	0.	0.
	0.00	21							0.	Form 990 (2017)
732007 11-28-17				_	_					FOITH COV (2017)

08311008 794202 60-01511.001

7 2017.04030 GEORGIA ASSOCIATION OF RE 60-01511

58 - 1627007

58-1627007 8

Form 990 (2017) SCHOLARS	HIP FOUN	IDA	TI	ON	ſ,	IN	Ċ.		58-3	1627	007	Page 8
Part VII Section A. Officers, Directors, Trus	stees, Key Em	ploy	ees,	anc	d Hig	ghes	st C	ompensated Employee	s (continued)			
(A) Name and title	(B) Average hours per week	box	not ch , unles cer an	Pos heck ss per	rson i	than o is both	n an	(D) Reportable compensation from	(E) Reportable compensation from related		(F) Estimated amount of other	
	(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key em ployee	Highest com pensated employee	Former	the organization (W-2/1099-MISC)	organizatio (W-2/1099-N		fror organ and r	nsation n the ization elated zations
(18) DEBRA S. JUNKIN CEO/GA ASSOC. OF REALTORS	1.00 40.00			x				0.	172,8	323.	19	,396.
(19) JENNIFER C. LUNDY	1.00								_/_/			,
CFO/GA ASSOC. OF REALTORS	40.00			Х				0.	96,0	593.	10	,632 .
(20) JEFFREY L. LEDFORD DIRECTOR OF GOVERNMENTAL AFFAIRS	1.00 40.00					x		0.	117,	765.	7	,715.
		-										
		-										
1b Sub-total								0.	387,2	281.	37	,743.
c Total from continuation sheets to Part V	II, Section A							0.		0.		0.
d Total (add lines 1b and 1c)						·····		0.	387,2		37	,743.
2 Total number of individuals (including but r compensation from the organization	not limited to th	ose	listeo	d ab	ove	e) wh	o re	eceived more than \$100,	000 of reportal	ole		0
										ſ	Y	es No
3 Did the organization list any former officer					•			•			•	x
line 1a? If "Yes," complete Schedule J for sFor any individual listed on line 1a, is the s											3	
and related organizations greater than \$15											4	x
5 Did any person listed on line 1a receive or												
rendered to the organization? If "Yes." con	nplete Schedule	e J fe	or su	ich į	bers	on .					5	X
Section B. Independent Contractors 1 Complete this table for your five highest complete the table for your five highest compl	ompensated inc	lepe	nder	nt co	ontra	acto	rs th	nat received more than \$	100.000 of cor	npensat	ion from	
the organization. Report compensation for								the organization's tax y		1		
(A) Name and business	address	NC	ONE	2				(B) Description of s	ervices	с	(C) ompens	ation
2 Total number of independent contractors (\$100,000 of compensation from the organ	•	ot lin	nited	to t	thos (-	ted	above) who received mo	ore than			

Form **990** (2017)

SCHOLARSHIP FOUNDATION, INC.

Part VIII Statement of Revenue Image: Construct of Schedule Q contains a response or onle to ary line in this Part VIII (B) (C) (C)<	Form	990			OUNDATION	, INC.		58-1627	007 Page 9	
Image: second	Par	t VI	II Statement of Rever	nue						
Total revenue Related or exampt functions Optimize change of seminary functions Total revenue Description functions Construction functions Provide change of seminary functions Total revenue Description functions Construction functions Provide change of seminary functions Provide change of seminary functions Provide change of seminary functions Provide change of seminary functions Provide change of seminary functions Provide change of seminary functions Optimize change of seminary functions Provide change of seminary functions Optimize change of seminary functions Provide change of seminary functions Optimize change of seminary functionse of seminary functions <th colspa<="" td=""><td></td><td></td><td>Check if Schedule O cont</td><td>ains a response o</td><td>or note to any line i</td><td>in this Part VIII</td><td></td><td></td><td></td></th>	<td></td> <td></td> <td>Check if Schedule O cont</td> <td>ains a response o</td> <td>or note to any line i</td> <td>in this Part VIII</td> <td></td> <td></td> <td></td>			Check if Schedule O cont	ains a response o	or note to any line i	in this Part VIII			
are reducted campaigne 1a b Momeship dues 1b c Fundasing events 1c d Related campaigne 1d e Covernment grants (contributions) 1c e Obvernment grants (contributions) 1d e Obvernment income (ncluting dividents, interest, and b 63, 869. e Obvernment income (ncluting dividents, interest, and b 63, 869. e Obvernment income (ncluting dividents, interest, and b 63, 869. e Obvernment income (ncluting dividents, interest, and b 63, 869. e Obvernment income of (ncluting dividents, interest, and b 0d e Obvernment income of (ncluting dividents, interest, and b 0d e Obvernment income of (ncluting dividents, interest, and b 0d e Obvernment incomo of nogs inform fundasing events (not nindusing e						• • •	Related or exempt function	Unrelated business	Revenuè excluded from tax under	
Boold of the standard open is the standa	S S	1 a	Federated campaigns	1a						
groups 2 a	an'									
groups 2 a	ΩĘ									
groups 2 a	ľfts,									
groups 2 a	ia Gi									
groups 2 a	Sin									
groups 2 a	er úti				64 261					
groups 2 a	e E E									
groups 2 a	u pu	-				64 261				
group 2 a	0 0		Total. Add lines Ta-11			04,2010				
90 00 <t< td=""><td></td><td>0.0</td><td></td><td></td><td>Business Code</td><td></td><td></td><td></td><td></td></t<>		0.0			Business Code					
g Total. Add lines 2a:21 a Investment income (including dividends, interest, and other similar amounts). 4 income from investment of tax excempt bond proceeds 5 Reyattes 6 a Gross rents b Less: rental expenses c Rental income or (loss) d Net rental income or (loss) a Gross amount from sales of asses other than inventory b Less: cost or other basis and sales expenses and tegain or (loss) 157, 854. c Gain or (loss) b Less: cost or other basis and sales expenses b Less: cost or other basis and sales expenses b Less: cost or other basis and sales expenses b Less: cost or other basis and sales expenses b Less: cost or other basis and sales expenses b Less: cost or other basis and sales expenses b Less: cost or other basis and sales expenses b Less: cost or other basis and sales expenses c Att pain or (loss) b Less: cost or other basis and sales expenses c Other taxing events c 9 a roos income from gaming activities b Less: cost or ogens of mutariang events c Not income or (loss) from fundraising events c Not income or (loss) from gaming activities c Not income or (loss) from gaming activities c Not income or (loss) from gaming activities c Not income o	/ice									
g Total. Add lines 2a:21 a Investment income (including dividends, interest, and other similar amounts). 4 income from investment of tax excempt bond proceeds 5 Reyattes 6 a Gross rents b Less: rental expenses c Rental income or (loss) d Net rental income or (loss) a Gross amount from sales of asses other than inventory b Less: cost or other basis and sales expenses and tegain or (loss) 157, 854. c Gain or (loss) b Less: cost or other basis and sales expenses b Less: cost or other basis and sales expenses b Less: cost or other basis and sales expenses b Less: cost or other basis and sales expenses b Less: cost or other basis and sales expenses b Less: cost or other basis and sales expenses b Less: cost or other basis and sales expenses b Less: cost or other basis and sales expenses c Att pain or (loss) b Less: cost or other basis and sales expenses c Other taxing events c 9 a roos income from gaming activities b Less: cost or ogens of mutariang events c Not income or (loss) from fundraising events c Not income or (loss) from gaming activities c Not income or (loss) from gaming activities c Not income or (loss) from gaming activities c Not income o	ier.									
g Total. Add lines 2a:21 a Investment income (including dividends, interest, and other similar amounts). 4 income from investment of tax excempt bond proceeds 5 Reyattes 6 a Gross rents b Less: rental expenses c Rental income or (loss) d Net rental income or (loss) a Gross amount from sales of asses other than inventory b Less: cost or other basis and sales expenses and tegain or (loss) 157, 854. c Gain or (loss) b Less: cost or other basis and sales expenses b Less: cost or other basis and sales expenses b Less: cost or other basis and sales expenses b Less: cost or other basis and sales expenses b Less: cost or other basis and sales expenses b Less: cost or other basis and sales expenses b Less: cost or other basis and sales expenses b Less: cost or other basis and sales expenses c Att pain or (loss) b Less: cost or other basis and sales expenses c Other taxing events c 9 a roos income from gaming activities b Less: cost or ogens of mutariang events c Not income or (loss) from fundraising events c Not income or (loss) from gaming activities c Not income or (loss) from gaming activities c Not income or (loss) from gaming activities c Not income o	ren o									
g Total. Add lines 2a:21 a Investment income (including dividends, interest, and other similar amounts). 4 income from investment of tax excempt bond proceeds 5 Reyattes 6 a Gross rents b Less: rental expenses c Rental income or (loss) d Net rental income or (loss) a Gross amount from sales of asses other than inventory b Less: cost or other basis and sales expenses and tegain or (loss) 157, 854. c Gain or (loss) b Less: cost or other basis and sales expenses b Less: cost or other basis and sales expenses b Less: cost or other basis and sales expenses b Less: cost or other basis and sales expenses b Less: cost or other basis and sales expenses b Less: cost or other basis and sales expenses b Less: cost or other basis and sales expenses b Less: cost or other basis and sales expenses c Att pain or (loss) b Less: cost or other basis and sales expenses c Other taxing events c 9 a roos income from gaming activities b Less: cost or ogens of mutariang events c Not income or (loss) from fundraising events c Not income or (loss) from gaming activities c Not income or (loss) from gaming activities c Not income or (loss) from gaming activities c Not income o	Be									
g Total. Add lines 2a:21 a Investment income (including dividends, interest, and other similar amounts). 4 income from investment of tax excempt bond proceeds 5 Reyattes 6 a Gross rents b Less: rental expenses c Rental income or (loss) d Net rental income or (loss) a Gross amount from sales of asses other than inventory b Less: cost or other basis and sales expenses and tegain or (loss) 157, 854. c Gain or (loss) b Less: cost or other basis and sales expenses b Less: cost or other basis and sales expenses b Less: cost or other basis and sales expenses b Less: cost or other basis and sales expenses b Less: cost or other basis and sales expenses b Less: cost or other basis and sales expenses b Less: cost or other basis and sales expenses b Less: cost or other basis and sales expenses c Att pain or (loss) b Less: cost or other basis and sales expenses c Other taxing events c 9 a roos income from gaming activities b Less: cost or ogens of mutariang events c Not income or (loss) from fundraising events c Not income or (loss) from gaming activities c Not income or (loss) from gaming activities c Not income or (loss) from gaming activities c Not income o	j,									
3 Investment income (including dividends, interest, and other similar amounts) 63,869. 63,869. 4 Income from investment of tax-exempt bond proceeds 63,869. 63,869. 5 Royalties 0) Real 00 Personal 6 a Gross rents 0) Real 00 Personal 6 a Gross rents 0) Real 00 Personal 6 a Gross rents 0.0 Securities 00 Other 2 decost or other basis 157,854. 157,854. 157,854. 4 def,176. 46,176. 46,176. 9 a Gross income from fundralsing events (not including \$	-									
63,869. 63,869. 4 income from investment of tax-exempt bond proceeds 63,869. 63,869. 5 Royatties 0 9 6 a Gross rents 0 9 b Less: rental expenses 0 9 c Rental income or (loss) 0 9 7 a Gross anount from sales of assets other than inventory 00 9 9 Less: cost or other basis and sales expenses 157, 854. 46, 176. 8 a Gross income from fundraising events (not including 5 0 9, 265. 9 204, 030. 46, 176. 46, 176. 8 a Gross income from tundraising events (not including 5 0 0 10 Net income or (loss) from gaming activities. See Part V, line 18 9, 265. 9, 265. 9 a Gross income from gaming activities. See Part V, line 19 0 0 10 a Gross income from gaming activities. See Part V, line 19 0 0 10 a Gross income from gaming activities. See Part V, line 19 0 0 10 a Gross income from gaming activities. See Part V, line 19 0										
4 Income from investment of fax-exempt bond proceeds 5 Royatties 6 a Gross rents b Less: rental expenses 0) Real (0) Personal 0) Real 7 a Gross arents income or (loss) 7 a Gross anount from sales of (loss) 8 a Gross in or (loss) 9 b Less: cost or other basis and sales expenses 157, 854. 46, 176. 46, 176. 46, 176. 9 204, 030. 9 204, 030. 9 204, 030. 9 9, 265. 9 265. 9 265. 9 265. 9 265. 9 265. 9 265. 9 265. 9 265. 9 265. 9 265. 9 265. 9 265. 9 265. 9 265. 9 265. 9 265. 9 265. </td <td></td> <td>3</td> <td></td> <td></td> <td>· ·</td> <td>63 869</td> <td></td> <td></td> <td>63 869</td>		3			· ·	63 869			63 869	
5 Royalties (0) Real (0) Personal 6 a Gross rents (0) Real (0) Personal b Less: rental expenses (0) Real (0) Personal c Rental income or (loss) (0) Securities (0) Other assets other than inventory 204,030. (0) Other assets other than inventory (0) Other (0) Other assets other than inventory (0) Other (0) Other b Less: direct expenses (0) Other (0) Other a (0) Other (0) Other (0) Other a the income or (loso		л								
6 a Gross rents (i) Real (ii) Personal b Less: rental expenses (iii) Consolation (iiii) Personal c Rental income or (loss) (iii) Securities (iii) Other a Gross amount from sales of assets other than inventory (iii) Securities (iii) Other b Less: cost or other basis and sales expenses (i) Securities (ii) Other c Gain or (loss) (iii) Securities (iii) Other a Gross income from fundralsing events (not including \$ or contributions reported on line 1c). See 46, 176. 46, 176. 8 a Gross income from fundralsing events 9, 265. 9, 265. 9, 265. 9 a Gross lineot mudralsing events 9, 265. 9, 265. 9, 265. 9 a Gross income from gaming activities 0 0 0 0 c Net income or (loss) from fundralsing events 9, 265. 9, 265. 9, 265. 9 a Gross income from gaming activities 1 1 1 1 10 a Gross sales of inventory. 1 1 1 1 1 1 10 a Gross allow of inventory. 1 1 1 1 1 1 1 11 a OTHER INCOME<					· · -					
6 a Gross rents		5	noyanes							
b Less: rental expenses		6 -	Gross roots		(ii) i eisonai					
c Rental income or (loss) d Net rental income or (loss) d Net rental income or (loss) assets other than inventory 00 b 204,030. b 204,030. b 204,030. b Less: cost or other basis and sales expenses add sales expenses 157,854. d At (0,176. 8 Gross income from fundraising events (not including \$ or of or contributions reported on line 1c). See 9,265. Part IV, line 18 9,265. b Less: direct expenses c Net income or (loss) from gaming activities. See Part IV, line 19 a b Less: direct expenses c Net income or (loss) from gaming activities. See Part IV, line 19 a b Less: cost of goods sold c Net income or (loss) from sales of inventory c Net income or (loss) from sales of inventory d Net income or (loss) from sales of inventory d Net income or (loss) from sales of inventory d										
d Net rental income or (loss) 										
7 a Gross amount from sales of assets other than inventory (i) Securities (ii) Other 204,030. 204,030. b Less: cost or other basis and sales expenses 157,854. c Gain or (loss) 46,176. d Net gain or (loss) 46,176. a Gross income from fundraising events (not including § of contributions reported on line 1c). See Part IV, line 18 9,265. b Less: circet expenses 0. c Net income or (loss) from gaming activities. See Part IV, line 19 a b Less: circet expenses 0. c Net income or (loss) from gaming activities. See Part IV, line 19 a b Less: circet expenses b c Roos allowances a c Roos allowances a c Net income or (loss) from gaming activities > d allowances a d Less: circet depenses b d all allowances a d all other revenue 900099 d All other revenue 3,088. c a d All other revenue 3,088. e Total Add lines 11a-11d 3,088.				-						
assets other than inventory 204,030. b Less: cost or other basis and sales expenses 157,854. c Gain or (loss) 46,176. d Net gain or (loss) 46,176. a Gross income from fundraising events (not including \$										
b Less: cost or other basis and sales expenses 157,854. c Gain or (loss) 46,176. d Net gain or (loss) 46,176. s Gross income from fundraising events (not including \$		1 0		204 030						
and sales expenses 157,854. c Gain or (loss) 46,176. d Net gain or (loss) 46,176. d Net gain or (loss) 46,176. a Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18 46,176. b Less: direct expenses 0. c Net income or (loss) from fundraising events 9,265. a Gross income from gaming activities. See Part IV, line 19 a b Less: direct expenses b c Net income or (loss) from gaming activities. See Part IV, line 19 a b Less: direct expenses b c Net income or (loss) from gaming activities. See Part IV, line 19 a a Less: direct expenses b c Net income or (loss) from sales of inventory Image: Cost of goods sold d Less: cost of goods sold b Image: Cost of good sold c Miscellaneous Revenue 900099 3,088. 3,088. b C Cost of good sold Image: Cost of good sold Image: Cost of good sold Image: Cost of good sold <td< td=""><td></td><td>r</td><td>•</td><td></td><td></td><td></td><td></td><td></td><td></td></td<>		r	•							
c Gain or (loss) 46,176. 46,176. d Net gain or (loss) 46,176. 46,176. a Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18 9,265. 9,265. b Less: direct expenses b 0. 9,265. 9,265. 9 a Gross income from gaming activities. See Part IV, line 19 a 9,265. 9,265. 9 a Gross income from gaming activities. See Part IV, line 19 a 9,265. 9,265. 9,265. 9 a Gross income from gaming activities. See Part IV, line 19 a 9,265. 9,265. 9,265. 9,265. 9,265. </td <td></td> <td></td> <td></td> <td>157.854.</td> <td></td> <td></td> <td></td> <td></td> <td></td>				157.854.						
d Net gain or (loss) ▲ 6 , 176 . ▲ 6 , 176 . 8 a Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18 9 , 265 . 9 , 265 . b Less: direct expenses b 0 . 0 . c Net income or (loss) from fundraising events 9 , 265 . 9 , 265 . 9 a Gross income from gaming activities. See Part IV, line 19 a > b Less: direct expenses b . . c Net income or (loss) from gaming activities > . . 10 a Gross sales of inventory, less returns and allowances a . . . d Less: cost of goods sold b d Less: cost of goods sold b d Less: cost of goods sold b d Ita OTHER INCOME 900099 3, 088. 3, 088. . . . d All other revenue 										
8 a Gross income from fundraising events (not including \$ of contributions reported on line 1c). See 9, 265. Part IV, line 18 b 9, 265. b Less: direct expenses b 0. c Net income or (loss) from fundraising events 9, 265. 9 a Gross income from gaming activities. See 9, 265. Part IV, line 19 a 0. b Less: direct expenses b 0. c Net income or (loss) from gaming activities. See 9, 265. Part IV, line 19 a 0. b Less: direct expenses b 0. c Net income or (loss) from gaming activities and allowances a 0. a dallowances a 0. c Net income or (loss) from sales of inventory > Miscellaneous Revenue Business Code 11 a OTHER INCOME 900099 3, 088. c				-		46,176,			46,176,	
c Net income or (loss) from fundraising events 9,265. 9,265. 9 a Gross income from gaming activities. See Part IV, line 19 a a b Less: direct expenses b b c Net income or (loss) from gaming activities > 0 10 a Gross sales of inventory, less returns and allowances a > b Less: cost of goods sold b > c Net income or (loss) from sales of inventory > > Miscellaneous Revenue Business Code > > 0 OTHER INCOME 900099 3,088. 3,088. b	e									
c Net income or (loss) from fundraising events 9,265. 9,265. 9 a Gross income from gaming activities. See Part IV, line 19 a a b Less: direct expenses b b c Net income or (loss) from gaming activities > 0 10 a Gross sales of inventory, less returns and allowances a > b Less: cost of goods sold b > c Net income or (loss) from sales of inventory > > Miscellaneous Revenue Business Code > > 0 OTHER INCOME 900099 3,088. 3,088. b	nue		including \$	of						
c Net income or (loss) from fundraising events 9,265. 9,265. 9 a Gross income from gaming activities. See Part IV, line 19 a a b Less: direct expenses b b c Net income or (loss) from gaming activities > 0 10 a Gross sales of inventory, less returns and allowances a > b Less: cost of goods sold b > c Net income or (loss) from sales of inventory > > Miscellaneous Revenue Business Code > > 0 OTHER INCOME 900099 3,088. 3,088. b	eve		contributions reported on line	1c). See						
c Net income or (loss) from fundraising events 9,265. 9,265. 9 a Gross income from gaming activities. See Part IV, line 19 a a b Less: direct expenses b b c Net income or (loss) from gaming activities > 0 10 a Gross sales of inventory, less returns and allowances a > b Less: cost of goods sold b > c Net income or (loss) from sales of inventory > > Miscellaneous Revenue Business Code > > 0 OTHER INCOME 900099 3,088. 3,088. b	ř									
c Net income or (loss) from fundraising events 9,265. 9,265. 9 a Gross income from gaming activities. See Part IV, line 19 a a b Less: direct expenses b b c Net income or (loss) from gaming activities > 0 10 a Gross sales of inventory, less returns and allowances a > b Less: cost of goods sold b > c Net income or (loss) from sales of inventory > > Miscellaneous Revenue Business Code > > 0 OTHER INCOME 900099 3,088. 3,088. b	Ę	b	Less: direct expenses	b	0.					
Part IV, line 19 a b Less: direct expenses c Net income or (loss) from gaming activities 10 a Gross sales of inventory, less returns and allowances a b Less: cost of goods sold b b c Net income or (loss) from sales of inventory Miscellaneous Revenue Business Code 11 a OTHER INCOME b 900099 3,088. 3,088. c All other revenue e Total. Add lines 11a-11d 12 Total revenue. See instructions.	0	c	Net income or (loss) from func	draising events	>	9,265.			9,265.	
b Less: direct expenses b c Net income or (loss) from gaming activities 10 a Gross sales of inventory, less returns and allowancesa b Less: cost of goods soldb c Net income or (loss) from sales of inventory <u>Miscellaneous Revenue</u> Business Code 11 a OTHER INCOME 900099 3,088. 3,088 b cd All other revenue e Total. Add lines 11a-11d 3,088 12 Total revenue. See instructions 186,659. 3,088. 0. 119,310.		9 a								
c Net income or (loss) from gaming activities 10 a Gross sales of inventory, less returns and allowances a b Less: cost of goods sold c Net income or (loss) from sales of inventory Miscellaneous Revenue Business Code 11 a OTHER INCOME b 900099 3,088. 3,088. c					I					
10 a Gross sales of inventory, less returns and allowances and allowances and allowances b Less: cost of goods sold c Net income or (loss) from sales of inventory Miscellaneous Revenue Business Code 11 a OTHER INCOME 900099 3,088. c d All other revenue e Total. Add lines 11a-11d 12 Total revenue. See instructions. 10 a Gross sales of inventory, less returns and allowances		k	Less: direct expenses	b						
and allowances a b Less: cost of goods sold c Net income or (loss) from sales of inventory Miscellaneous Revenue Business Code 11 a OTHER INCOME 900099 3,088. 3,088		c	Net income or (loss) from gam	ning activities	<u></u>					
b Less: cost of goods sold b c Net income or (loss) from sales of inventory Miscellaneous Revenue Business Code 11 a OTHER INCOME 900099 3,088. 3,088. b		10 a	Gross sales of inventory, less	returns						
c Net income or (loss) from sales of inventory ▶ Miscellaneous Revenue Business Code 3 11 a OTHER INCOME 900099 3,088. 3,088. b			and allowances	а						
Miscellaneous Revenue Business Code Image: Code Image: Code Image: Code 11 a OTHER INCOME 900099 3,088. 3,088. Image: Code b Image: Code Image: Code Image: Code Image: Code Image: Code c Image: Code Image: Code Image: Code Image: Code Image: Code d All other revenue Image: Code Image: Code Image: Code Image: Code e Total. Add lines 11a-11d Image: Code Image:										
11 a OTHER INCOME 900099 3,088. 3,088. b	-	c								
b	-			e		2 2 2 2	2 2 2 2			
c					900099	3,088.	3,088.		<u> </u>	
d All other revenue										
e Total. Add lines 11a-11d ► 3,088. 12 Total revenue. See instructions. ► 186,659. 3,088. 0. 119,310.					<u>├</u> ──── <u></u>				<u> </u>	
12 Total revenue. See instructions. ▶ 186,659. 3,088. 0. 119,310.						3 000				
							3 088	0	119 310	
	730000					100,009.	5,000•	0.		

9

GEORGIA ASSOCIATION OF REALTORS Form 990 (2017) SCHOLARSHIP FOUNDATION, INC. Part IX Statement of Functional Expenses

Pa	Part IX Statement of Functional Expenses									
<u>Secti</u>	on 501(c)(3) and 501(c)(4) organizations must comp	olete all columns. All othe	er organizations must con	nplete column (A).						
	Check if Schedule O contains a respon	(1)		(a)						
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses					
1	Grants and other assistance to domestic organizations									
	and domestic governments. See Part IV, line 21									
2	Grants and other assistance to domestic									
	individuals. See Part IV, line 22	62,028.	62,028.							
3	Grants and other assistance to foreign									
	organizations, foreign governments, and foreign									
	individuals. See Part IV, lines 15 and 16									
4	Benefits paid to or for members									
5	Compensation of current officers, directors,									
	trustees, and key employees									
6	Compensation not included above, to disqualified									
	persons (as defined under section 4958(f)(1)) and									
	persons described in section 4958(c)(3)(B)									
7	Other salaries and wages									
8	Pension plan accruals and contributions (include									
	section 401(k) and 403(b) employer contributions)									
9	Other employee benefits									
10	Payroll taxes									
11	Fees for services (non-employees):									
а	Management	18,000.	18,000.							
b	Legal									
с	Accounting	7,430.		7,430.						
d	Lobbying									
е	Professional fundraising services. See Part IV, line 17									
f	Investment management fees	6,744.	6,744.							
g	Other. (If line 11g amount exceeds 10% of line 25,									
	column (A) amount, list line 11g expenses on Sch 0.)									
12	Advertising and promotion									
13	Office expenses	375.		375.						
14	Information technology									
15	Royalties									
16	Occupancy									
17	Travel									
18	Payments of travel or entertainment expenses									
	for any federal, state, or local public officials									
19	Conferences, conventions, and meetings									
20	Interest									
21	Payments to affiliates									
22	Depreciation, depletion, and amortization									
23	Insurance									
24	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule 0.)									
а	, <u></u> ,									
b										
c										
d										
	All other expenses									
25	Total functional expenses. Add lines 1 through 24e	94,577.	86,772.	7,805.	0.					
26	Joint costs. Complete this line only if the organization									
	reported in column (B) joint costs from a combined									
	educational campaign and fundraising solicitation.									
	Check here Figure if following SOP 98-2 (ASC 958-720)									
					Earm 990 (2017)					

732010 11-28-17

10 2017.04030 GEORGIA ASSOCIATION OF RE 60-01511

Form 990 (2017)

GEORGIA ASSOCIATION OF REALTORS SCHOLARSHIP FOUNDATION, INC.

Organizations that follow SFAS 117 (ASC 958), check here ▶ X and complete lines 27 through 29, and lines 33 and 34. I , 131, 661. 27 1, 303, 763. 27 Unrestricted net assets 1, 131, 661. 27 28 28 29 Permanently restricted net assets 28 29 Permanently restricted net assets 200, 000. 29 205, 000. 30 Capital stock or trust principal, or current funds 30 31 Paid-in or capital surplus, or land, building, or equipment fund 31		1 990 (58-	1627007 Page 11
Beginning of year (B) End of year 1 Cash - non-interest-bearing 233,086.1 150,067. 2 Savings and temporay cash investments 2 2 3 Pedges and grants receivable, net 3 4 4 Accounts receivable, net 4 4 5 Loans and other receivables from current and former officers, directors, strustes, key employees, and highest componsated employees. Complete Part II of Schedule L 5 6 Loans and other receivables from other disqualified persons (as defined under section 4958(r)(1)), persons described in section 4958(r)(3)(8), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employers and sponsoring organizations of section 501(c)(9) voluntary 6 7 Notes and loans receivable, net 7 8 8 9 Prepaid expenses and deferred charges 9 9 10a 10a 10a 10a 10a 10a 11 Investments - orbic securities 1, 098, 790.11 1, 358, 696.11 11, 358, 696.11 11 Investments - orbic securities 12 14 10b 10a 12 Investments - orbic	Pa	T X				
2 Savings and temporary cash investments 2 3 Piedges and grant receivable, net 3 4 Accounts receivable, net 4 5 Leans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete 5 6 Leans and other receivables from other disqualified persons (as defined under section 49580(10)), persons described in section 49580(2)3(8), and contributing employees ibeneficiary organizations of section 501(c)(9) voluntary employees ibeneficiary organizations (see instr). Complete Part II of Schelue 1 6 7 Notes and loans receivable, net 7 7 8 microsentories constructions of section 501(c)(9) voluntary employees ibeneficiary organizations (see instr). Complete Part II of Schelue 1 6 9 Prepaid expenses and deferred charges 9 10a 10a 10a b Less: accumulated depreciation 10a 11 Investments - ublicly traded securities. 1, 098, 790. 11 1, 358, 696. 12 Investments - ublicly traded securities. 1, 098, 790. 16 16 13 Investments - ublicly traded securities. 12 17. 0. 13 Investiments - ublicly (induit			Check if Schedule O contains a response or note to any line in this Part X	(A)		(B)
2 Savings and temporary cash investments 2 3 Piedges and grant receivable, net 3 4 Accounts receivable, net 4 5 Leans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete 5 6 Leans and other receivables from other disqualified persons (as defined under section 49580(10)), persons described in section 49580(2)3(8), and contributing employees ibeneficiary organizations of section 501(c)(9) voluntary employees ibeneficiary organizations (see instr). Complete Part II of Schelue 1 6 7 Notes and loans receivable, net 7 7 8 microsentories constructions of section 501(c)(9) voluntary employees ibeneficiary organizations (see instr). Complete Part II of Schelue 1 6 9 Prepaid expenses and deferred charges 9 10a 10a 10a b Less: accumulated depreciation 10a 11 Investments - ublicly traded securities. 1, 098, 790. 11 1, 358, 696. 12 Investments - ublicly traded securities. 1, 098, 790. 16 16 13 Investments - ublicly traded securities. 12 17. 0. 13 Investiments - ublicly (induit		1	Cash - non-interest-bearing	233,086.	1	150,067.
3 Pledges and grants receivable, net 3 4 Accounts receivable, net 4 5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L 5 6 Loans and other receivables from other disqualified persons (as defined under section 4958(c)(3(b), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employers and sponsoring organizations (see instr). Complete Part II of Sch L 6 7 Notes and loans receivable, net 8 9 Prepaid expenses and defered charges 9 19a Land, buildings, and equipment: cost or other basis. Complete Part IV of Schedule D 10a 1 Investments - publicly traded securities 1,098,790.11 1,358,696.1 1 Investments - publicly traded securities 1,098,790.11 1,358,696.1 1 Investments - publicly traded securities 1,331,876.16 1,508,763.1 17 Accounts payable and accound kability. Complete Part IV of Schedule D 21 22 18 Grants payable and accound kability. Complete Part IV of Schedule D 21 21 2 Loans and ther payables to current and former officers, directors, trustees, key employees, highest compensated employee				,		
4 Accounts receivable, net 4 5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L. 5 6 Loans and other receivables from other disgualified persons (as defined under section 4956(17)(1), persons described in section 4956(16)(3)(6), and contributing employers and sponsoring organizations of section 501(0)(9) voluntary employees beneficiary organizations (see instr). Complete Part II of Sch L 6 7 Notes and loans receivable, net 8 8 Inventories for sale or use 8 9 Prepaid expenses and deferred charges 9 10a Land, buildings, and equipment: cost or other basis. Complete Part II of Schedule D 10a 11 Investments - publicly traded securities 1,098,790.11 1,358,696.11 11 Investments - organarrelated. See Part IV, line 11 13 14 15 Other assets. See Part IV, line 11 13 14 16 Total assets. Add lines 1 through 15 (must equal line 34) 1,331,876.1e 1,508,763.2 19 Deferred revenue 19 20 21 22 21 Loans and other payable and accrued expenses. 21 22 22 <tr< td=""><th></th><td></td><td></td><td></td><td></td><td></td></tr<>						
5 Leans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L 5 6 Leans and other receivables from other disqualified persons (as defined under section 4958(0)(1)), persons described in section 501(c)(9) voluntary employees beneficiary 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 9 Prepaid expenses and deferred charges 9 10a Land, buildings, and equipment: cost or other basis. Complete Part V of Schedule D 10a 11 Investments - program-related. See Part IV, line 11 12 13 Investments - program-related. See Part IV, line 11 13 14 14 14 15 Other assets. See Part IV, line 11 14 16 Total assets. Add lines 1 through 15 (must equal line 34) 11, 331, 876. 16 17 Accounts payable and accrued expenses 215. 17 0. 21 Escrow or custodial account liability. Complete Part IV of Schedule D 21 22 <t< td=""><th></th><td>4</td><td></td><td></td><td>4</td><td></td></t<>		4			4	
get Part II of Schedule L 5 6 Larans and other receivables from other disqualified persons (as defined under section 4558()(306), and contributing employees and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see inst). Complete Part II of Sch L 6 7 Notes and lasm receivable, net 8 9 Prepaid expenses and deferred charges 9 10a 10a 10a b Less: accumulated depreciation 10a 10c 11 Investments - publicly traded sourcites 1, 098, 7900. 11 1, 358, 696. 12 Investments - other securities. See Part IV, line 11 13 14 15 Other assets. See Part IV, line 11 13 14 16 Total assets. Add lines 11 through 15 (must equal line 34) 1, 331, 876. 16 1, 508, 763. 17 Accounts payable and accrued expenses 20 215. 17 0. 18 Grants payable 20 22 22 22 2 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule D 221 22 2 Loans and other payables to unrelated third pa		5				
get Part II of Schedule L 5 6 Larans and other receivables from other disqualified persons (as defined under section 4558()(306), and contributing employees and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see inst). Complete Part II of Sch L 6 7 Notes and lasm receivable, net 8 9 Prepaid expenses and deferred charges 9 10a 10a 10a b Less: accumulated depreciation 10a 10c 11 Investments - publicly traded sourcites 1, 098, 7900. 11 1, 358, 696. 12 Investments - other securities. See Part IV, line 11 13 14 15 Other assets. See Part IV, line 11 13 14 16 Total assets. Add lines 11 through 15 (must equal line 34) 1, 331, 876. 16 1, 508, 763. 17 Accounts payable and accrued expenses 20 215. 17 0. 18 Grants payable 20 22 22 22 2 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule D 221 22 2 Loans and other payables to unrelated third pa			trustees, key employees, and highest compensated employees. Complete			
6 Loans and other receivables from other disqualified persons (as defined under section 4958(h(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 Inventories for sale or use 8 9 Prepaid expenses and deferred charges 9 10a Land, buildings, and equipment: cost or other basis. Complete Part IV of Schedule D 10a 11 Investments - publicly traded securities 1,098,790.111 1,358,696. 12 Investments - orgam-related. See Part IV, line 11 13 14 13 Investments - orgam-related. See Part IV, line 11 13 1 14 Intargible assets 1, 018, 790.11 1, 508, 763. 17 Accounts payable and accrued expenses 215.17 0 18 Organizations formed income traiting and their payable 18 20 21 Escrow or custodial account liability. Complete Part IV of Schedule D 21 21 22 Loans and other payable to urrelated third parties 22 23 24 Unsecured notes anol and spayable to urrelate					5	
gg 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 inventories for sale or use 8 9 Prepaid expenses and deferred charges 9 10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D 10a 11 Investments - publicly traded securities 1,098,790.11 1,358,696. 12 Investments - publicly traded securities 1,098,790.11 1,358,696. 12 Investments - publicly traded securities 1,098,790.11 1,358,696. 13 investments - program-related. See Part IV, line 11 13 14 Intagible assets 14 15 Other assets. Add lines 1 through 15 (must equal line 34) 1,331,876.16 1,508,763. 17 Accounts payable and accrued expenses 215.17 0 0 18 20 21 22 20 21 21 Excrem to dial assets. Add lines 1 through 5 (must equal line 34) 1,331,876.16 2,50,763. 19 Deferred revenue 19 20 <		6				
gege employees' beneficiary organizations (see instr). Complete Part II of Sch L 6 7 Notes and loans receivable, net 7 8 inventories for sale or use 8 9 Prepaid expenses and deferred charges 9 10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D 10a b Less: accumulated depreciation 10b 11 Investments - publicly traded securities 1,098,790.11 1,358,696.12 11 Investments - publicly traded securities 1,098,790.11 1,358,696.12 11 Investments - publicly traded securities 14 13 13 Investments - publicly traded securities 1,331,876.16 1,508,763.13 14 Intagible assets. Add lines 1 through 15 (must equal line 34) 1,331,876.16 1,508,763.13 17 Accounts payable and accrued expenses 215.17 0.11 20 Leans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule D 221 21 Leans and other payable to unrelated third parties 223 23 24 Unsecured notes and			section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing			
9 7 Notes and loans receivable, net 7 8 Inventories for sale or use 8 9 Prepaid expenses and deferred charges 9 10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D 10a 10c 11 Investments - other securities. See Part IV, line 11 10 10c 10c 12 Investments - other securities. See Part IV, line 11 13 14 15 15 Other assets. See Part IV, line 11 13 14 15 16 Total assets. See Part IV, line 11 13 14 15 16 Total assets. See Part IV, line 11 13 14 15 17 Accounts payable and accrued expenses 215. 17 0. 18 Grants payable 18 19 19 12 20 Tax-exempt bond liabilities 20 20 22 20 22 21 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L 22 22 23 24 22 <td< td=""><th></th><td></td><td>employers and sponsoring organizations of section 501(c)(9) voluntary</td><td></td><td></td><td></td></td<>			employers and sponsoring organizations of section 501(c)(9) voluntary			
9 Prepaid expresses and deferred charges 9 10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D 10a b Less: accumulated depreciation 10b 11 Investments - publicly traded securities 1,098,790.11 1,358,696. 12 Investments - other securities. See Part IV, line 11 12 12 13 Investments - other securities. See Part IV, line 11 13 14 14 Intragenties and adepreciation 14 15 15 Intragenties - other securities. See Part IV, line 11 13 14 16 Total assets. Add lines 1 through 15 (must equal line 34) 1, 331, 876.16 1, 508, 763. 17 Accounts payable and accrued expenses 215.17 0. 18 Grants payable 18 19 21 Escrow or custodial account liability. Complete Part IV of Schedule D 21 21 22 Loans and other payable to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L 22 23 23 Secured mortages and notes payable to unrelated third parties 23 24 24	ß		employees' beneficiary organizations (see instr). Complete Part II of Sch L		6	
9 Prepaid expresses and deferred charges 9 10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D 10a b Less: accumulated depreciation 10b 11 Investments - publicly traded securities 1,098,790.11 1,358,696. 12 Investments - other securities. See Part IV, line 11 12 12 13 Investments - other securities. See Part IV, line 11 13 14 14 Intragenties and adepreciation 14 15 15 Intragenties - other securities. See Part IV, line 11 13 14 16 Total assets. Add lines 1 through 15 (must equal line 34) 1, 331, 876.16 1, 508, 763. 17 Accounts payable and accrued expenses 215.17 0. 18 Grants payable 18 19 21 Escrow or custodial account liability. Complete Part IV of Schedule D 21 21 22 Loans and other payable to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L 22 23 23 Secured mortages and notes payable to unrelated third parties 23 24 24	sse	7	Notes and loans receivable, net		7	
9 Prepaid expenses and deferred charges 9 10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D 10a b Less: accumulated depreciation 10b 10c 11 Investments - publicly traded securities 1,098,790.11 1,358,696. 12 Investments - program-related. See Part IV, line 11 13 14 14 Intargible assets 14 15 15 Total assets. Add lines 1 through 15 (must equal line 34) 1,331,876.16 1,508,763. 17 Accounts payable and accrued expenses 215.17 0. 18 19 Deferred revenue 19 20 Tax-exempt bord liabilities 20 21 21 Lands and ther payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L 22 23 Secured mortagaes and notes payable to unrelated third parties 23 24 Unsecured notes and loans payable to unrelated third parties 24 25 Other liabilities. Add lines 17 through 25 215.26 0. 26 Total asset and loans payable to unclated third parties </td <th>Ä</th> <td>8</td> <td>Inventories for sale or use</td> <td></td> <td>8</td> <td></td>	Ä	8	Inventories for sale or use		8	
basis. Complete Part VI of Schedule D 10a 10b 10c b Less: accumulated depreciation 10b 10c 10c 11 Investments - publicly traded securities 1,098,790. 11 1,358,696. 12 Investments - other securities. See Part IV, line 11 11 13 11 13 Investments - program-related. See Part IV, line 11 13 13 14 Intangible assets 14 14 15 Other assets. See Part IV, line 11 15 1 16 Total assets. Add lines 1 through 15 (must equal line 34) 1,331,876. 16 1,508,763. 17 Accounts payable and accrued expenses 215. 17 0. 18 Grants payable 18 9 9 109 Deferred revenue 20 21 20 21 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. 22 22 22 Secured nortsgage and notes payable to unrelated third parties 23 24 23 Secured nortsgage and notes payable to unrelated third parties 24 <td< td=""><th></th><td>9</td><td></td><td></td><td>9</td><td></td></td<>		9			9	
b Less: accumulated depreciation 10b 10c 10c 11 Investments - publicly traded securities 1, 098, 790. 11 1, 358, 696. 12 Investments - other securities. See Part IV, line 11 12 13 Investments - program-related. See Part IV, line 11 13 14 Intangible assets		10a	Land, buildings, and equipment: cost or other			
11 Investments - publicly traded securities 1,098,790.11 1,358,696. 12 Investments - other securities. See Part IV, line 11 12 13 Investments - program-related. See Part IV, line 11 13 14 Intangible assets 14 15 Other assets. See Part IV, line 11 14 16 Total assets. Add lines 1 through 15 (must equal line 34) 1,331,876.16 1,508,763. 17 Accounts payable and accrued expenses 215.17 0. 18 9 Deferred revenue 19 20 21 Escrow or custodial account liability. Complete Part IV of Schedule D 21 21 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L 22 23 Secured mortgages and notes payable to unrelated third parties 23 24 Unsecured notes and loans payable to unrelated third parties 24 25 Other liabilities not included on lines 17-24). Complete Part X of Schedule D 25 26 Total liabilities. Add lines 17 through 25 215.26 0. 26 Total liabilities 07 through 25 215.26 <th></th> <td></td> <td></td> <td></td> <td></td> <td></td>						
12 Investments - other securities. See Part IV, line 11 12 13 Investments - program-related. See Part IV, line 11 13 14 Intangible assets 14 15 Other assets. See Part IV, line 11 15 16 Total assets. Add lines 1 through 15 (must equal line 34) 1, 331, 876. 16 1, 508, 763. 17 Accounts payable and accrued expenses 215. 17 0. 18 Grants payable 18 19 19 Deferred revenue 19 20 21 Escrow or custodial account liability. Complete Part IV of Schedule D 21 21 22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L 22 23 23 Secured notes and loans payable to unrelated third parties 23 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 25 26 Total liabilities. Add lines 17 through 25 215. 26 0. 27 Other liabilities. Add		b	Less: accumulated depreciation 10b		10c	
13 Investments - program-related. See Part IV, line 11 13 14 Intangible assets 14 15 Other assets. See Part IV, line 11 15 16 Total assets. Add lines 1 through 15 (must equal line 34) 1, 331, 876. 16 1, 508, 763. 17 Accounts payable and accrued expenses 215. 17 0. 18 Grants payable 18 19 20 20 Tax-exempt bond liabilities 20 21 21 Escrow or custodial account liability. Complete Part IV of Schedule D 21 21 22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L 22 23 Secured mortgages and notes payable to unrelated third parties 23 24 Unsecured notes and loans payable to unrelated third parties 24 25 Other liabilities (including federal income tax, payables to related third parties 25 26 Total liabilities. Add lines 17 through 25. 215. 26 26 Total liabilities 0 and 104. 25 25 26 Total liabilities 0 and 104.		11		1,098,790.	11	1,358,696.
14 Intangible assets 14 15 Other assets. See Part IV, line 11 15 16 Total assets. Add lines 1 through 15 (must equal line 34) 1, 331, 876. 16 1, 508, 763. 17 Accounts payable and accrued expenses 215. 17 0. 18 Grants payable 18 19 20 20 Tax-exempt bond liabilities 20 21 20 21 Escrow or custodial account liability. Complete Part IV of Schedule D 21 21 22 22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L 22 23 23 Secured mortgages and notes payable to unrelated third parties 23 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 25 26 Total liabilities. Add lines 17 through 25 215. 26 0. 26 Total liabilities. Add lines 17 through 25 215. 26 0. 27 Organizations that follow SFAS 117 (ASC 958), ch		12			12	
15 Other assets. See Part IV, line 11 15 16 Total assets. Add lines 1 through 15 (must equal line 34) 1, 331, 876. 16 1, 508, 763. 17 Accounts payable and accrued expenses 215. 17 0. 18 Grants payable 19 19 0. 20 Tax-exempt bond liabilities 20 21 21 Escrow or custodial account liability. Complete Part IV of Schedule D 21 21 22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L 22 23 Secured mortgages and notes payable to unrelated third parties 23 24 Unsecured notes and loans payable to unrelated third parties 24 25 Other liabilities not included on lines 17:24). Complete Part X of Schedule D 25 26 Total liabilities. Add lines 17 through 25 215. 26 0. 26 Total liabilities. Add lines 17 through 20 end line 20 end line 215. 26 0. 27 Sthewark 00 end line 20 end line 215. 26 0.		13			13	
16 Total assets. Add lines 1 through 15 (must equal line 34) 1,331,876. 16 1,508,763. 17 Accounts payable and accrued expenses 215. 17 0. 18 Grants payable 18 19 19 0. 20 Tax-exempt bond liabilities 20 21 20 21 21 Escrow or custodial account liability. Complete Part IV of Schedule D 21 21 21 22 22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L 22 23 23 24 24 24 24 24 25 Other liabilities (including federal income tax, payables to related third parties 24 25 25 0. 25 0. 26 Total liabilities. Add lines 17 through 25 21.5. 26 0. 0. 0. 215. 26 0. 27 Stream of the liabilities 0. 21.5. 26 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. <th></th> <td>14</td> <td></td> <td></td> <td>14</td> <td></td>		14			14	
17 Accounts payable and accrued expenses 215. 17 0. 18 Grants payable 18 19 19 Deferred revenue 19 20 20 Tax-exempt bond liabilities 20 21 21 Escrow or custodial account liability. Complete Part IV of Schedule D 21 21 22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L 22 23 Secured mortgages and notes payable to unrelated third parties 23 24 Unsecured notes and loans payable to unrelated third parties 24 25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17.24). Complete Part X of Schedule D 21 26 Total liabilities. Add lines 17 through 25 215. 26 0. Organizations that follow SFAS 117 (ASC 958), check here IV X and 4				1 221 076		
18 Grants payable 18 19 Deferred revenue 19 20 Tax-exempt bond liabilities 20 21 Escrow or custodial account liability. Complete Part IV of Schedule D 21 22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L 22 23 Secured mortgages and notes payable to unrelated third parties 23 24 Unsecured notes and loans payable to unrelated third parties 24 25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D 215. 26 Total liabilities. Add lines 17 through 25 215. 26 Other Viabilities 00 employee 21.		1				
19 Deferred revenue 19 20 Tax-exempt bond liabilities 20 21 Escrow or custodial account liability. Complete Part IV of Schedule D 21 22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L 22 23 Secured mortgages and notes payable to unrelated third parties 23 24 Unsecured notes and loans payable to unrelated third parties 24 25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D 25 26 Total liabilities. Add lines 17 through 25 215. 26 Organizations that follow SFAS 117 (ASC 958), check here L X 25 organizations that follow SFAS 117 (ASC 958), check here L X 26 Offer this offer the part offer this offer the part offer this offer the part offer the parties offer the part offer the parties offer the part				215.		0.
20 Tax-exempt bond liabilities 20 21 Escrow or custodial account liability. Complete Part IV of Schedule D 21 22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L 22 23 Secured mortgages and notes payable to unrelated third parties 23 24 Unsecured notes and loans payable to unrelated third parties 24 25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D 25 26 Total liabilities. Add lines 17 through 25 215. 26 Organizations that follow SFAS 117 (ASC 958), check here ▶ and complete Name Part 20						
21 Escrow or custodial account liability. Complete Part IV of Schedule D 21 22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L 22 23 Secured mortgages and notes payable to unrelated third parties 23 24 Unsecured notes and loans payable to unrelated third parties 24 25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D 25 26 Total liabilities. Add lines 17 through 25 215. 26 0. Organizations that follow SFAS 117 (ASC 958), check here X and 3						
22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L 22 23 Secured mortgages and notes payable to unrelated third parties 23 24 Unsecured notes and loans payable to unrelated third parties 24 25 Other liabilities (including federal income tax, payables to related third part X of Schedule D 25 26 Total liabilities. Add lines 17 through 25 215. 26 0. Organizations that follow SFAS 117 (ASC 958), check here ▶ X and complete bilities of three \$20 and 24 1 1						
image: secured mortgages and notes payable to unrelated third parties 22 23 Secured mortgages and notes payable to unrelated third parties 23 24 Unsecured notes and loans payable to unrelated third parties 24 25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17·24). Complete Part X of Schedule D 25 26 Total liabilities. Add lines 17 through 25 215 · 26 0 · Organizations that follow SFAS 117 (ASC 958), check here ▶ X and complete 124 X and complete 124 X and complete 124			-		21	
23 Secured mortgages and notes payable to unrelated third parties 23 24 Unsecured notes and loans payable to unrelated third parties 24 25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17·24). Complete Part X of Schedule D 25 26 Total liabilities. Add lines 17 through 25 215 · 26 0 · Organizations that follow SFAS 117 (ASC 958), check here ▶ X and complete [24] X and complete [25] X and complete [26]	ties	22				
23 Secured mortgages and notes payable to unrelated third parties 23 24 Unsecured notes and loans payable to unrelated third parties 24 25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17·24). Complete Part X of Schedule D 25 26 Total liabilities. Add lines 17 through 25 215 · 26 0 · Organizations that follow SFAS 117 (ASC 958), check here ▶ X and complete [24] X and complete [25] X and complete [26]	bilit				22	
24 Unsecured notes and loans payable to unrelated third parties 24 25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D 25 26 Total liabilities. Add lines 17 through 25 215. 26 0. Organizations that follow SFAS 117 (ASC 958), check here ▶ X and complete lines 07 through 20 and lines 22 and 24 X and complete lines 07 through 20 and lines 12	Lia	23				
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 26 Total liabilities. Add lines 17 through 25 215. 26 0. Organizations that follow SFAS 117 (ASC 958), check here ▶ X and complete Jines 07 through 20 and Jines 22 and 24						
parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D 25 26 Total liabilities. Add lines 17 through 25 215 · 26 Organizations that follow SFAS 117 (ASC 958), check here ► X and						
Schedule D 25 26 Total liabilities. Add lines 17 through 25 215.26 Organizations that follow SFAS 117 (ASC 958), check here ► X and						
26 Total liabilities. Add lines 17 through 25 215. 26 0. Organizations that follow SFAS 117 (ASC 958), check here ► X and X and Organizations that follow SFAS 117 (ASC 958), check here ► X and					25	
Organizations that follow SFAS 117 (ASC 958), check here ► X and		26		215.	26	0.
secomplete lines 27 through 29, and lines 33 and 34. 1,131,661. 27 1,303,763. 27 Unrestricted net assets 28 28 Permanently restricted net assets 28 29 Permanently restricted net assets 200,000. 29 205,000. 30 Capital stock or trust principal, or current funds 30 31 Paid-in or capital surplus, or land, building, or equipment fund 31 32 Petrained earnings endowment accumulated income or other funds 32			Organizations that follow SFAS 117 (ASC 958), check here \blacktriangleright X and			
27 Unrestricted net assets 1,131,661. 27 1,303,763. 28 Temporarily restricted net assets 28 29 Permanently restricted net assets 200,000. 29 205,000. 29 and complete lines 30 through 34. 30 30 30 Capital stock or trust principal, or current funds 30 31 Paid-in or capital surplus, or land, building, or equipment fund 31 32 Petained earnings, endowment accumulated income, or other funds 32	S		complete lines 27 through 29, and lines 33 and 34.			
28 Temporarily restricted net assets 28 29 Permanently restricted net assets 200,000.29 0 organizations that do not follow SFAS 117 (ASC 958), check here ▶□ 200,000.29 and complete lines 30 through 34. 30 30 Capital stock or trust principal, or current funds 30 31 Paid-in or capital surplus, or land, building, or equipment fund 31 32 Retained earnings, endowment accumulated income, or other funds 32	nce	27	Unrestricted net assets	1,131,661.	27	1,303,763.
29 Permanently restricted net assets 200,000.29 205,000. 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 30 31 Paid-in or capital surplus, or land, building, or equipment fund 31 32 Retained earnings, endowment accumulated income, or other funds 32	ala	28	Temporarily restricted net assets		28	
Organizations that do not follow SFAS 117 (ASC 958), check here ▶ and complete lines 30 through 34. 30 Capital stock or trust principal, or current funds 31 Paid-in or capital surplus, or land, building, or equipment fund 32 Betained earnings, endowment accumulated income, or other funds	ЦВ	29	Permanently restricted net assets	200,000.	29	205,000.
b and complete lines 30 through 34. 30 Capital stock or trust principal, or current funds 31 Paid-in or capital surplus, or land, building, or equipment fund 32 Retained earnings, endowment accumulated income, or other funds	Fur		Organizations that do not follow SFAS 117 (ASC 958), check here			
30 Capital stock or trust principal, or current funds 30 31 Paid-in or capital surplus, or land, building, or equipment fund 31 32 Retained earnings, endowment accumulated income, or other funds 32	ŗ					
31 Paid-in or capital surplus, or land, building, or equipment fund 31 32 Retained earnings, endowment accumulated income, or other funds 32	ets					
. 1 32 Retained earnings, endowment, accumulated income, or other funds	Ass					
	let ,	32	Retained earnings, endowment, accumulated income, or other funds	1 221 661	32	
	~					<u>1,508,763.</u> 1,508,763.
		34		I,JJI,0/0.	34	Form 990 (2017)

	GEORGIA ASSOCIATION OF REALTORS				
	990 (2017) SCHOLARSHIP FOUNDATION, INC.	58-3	1627007	Pa	age 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			59.
2	Total expenses (must equal Part IX, column (A), line 25)	2			577.
3	Revenue less expenses. Subtract line 2 from line 1	3			82.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	1,33		
5	Net unrealized gains (losses) on investments	5	8	5,0	20.
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,		1 50	~ -	
De	column (B))	10	1,50	8,7	63.
Pa	rt XII Financial Statements and Reporting				37
	Check if Schedule O contains a response or note to any line in this Part XII			 	X No
				Yes	
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			x	-
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		<u>2</u> a		-
	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:				
	X Separate basis Consolidated basis Both consolidated and separate basis		2b		x
a	Were the organization's financial statements audited by an independent accountant?				
	consolidated basis, or both:	basis,			
	Separate basis Consolidated basis Both consolidated and separate basis				
~	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	audit			
U	review, or compilation of its financial statements and selection of an independent accountant?		2c	x	
	If the organization changed either its oversight process or selection process during the tax year, explain in Sche				
32	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sin				
Ja	Act and OMB Circular A-133?	0	3a		x
h	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requi		······		+
b	or audits, explain why in Schedule O and describe any steps taken to undergo such audits				
				990	(2017

Form **990** (2017)

SCHEDULE A	Dublic Cha	rity Status an	d Dubli	~ 9.,	nnort		OMB No. 1545-0047				
(Form 990 or 990-EZ)		nization is a section 50					2017				
		47(a)(1) nonexempt cha			a ocotion		2017				
Department of the Treasury Internal Revenue Service		Attach to Form 990 or I			.		Open to Public Inspection				
		V/Form990 for instructi		atest in	formation.	Employer	identification number				
Name of the organization	GEORGIA ASSOCI. SCHOLARSHIP FO						8-1627007				
Part I Reason for	Public Charity Status			art) Se	e instructions		0-1027007				
	ate foundation because it is: (·					
, i i i i i i i i i i i i i i i i i i i	tion of churches, or association	c ,	2	,)(A)(i).						
	d in section 170(b)(1)(A)(ii).										
	operative hospital service orga).						
4 A medical researc	h organization operated in co	njunction with a hospital	described in	section	n 170(b)(1)(A)	(iii). Enter	the hospital's name,				
city, and state:											
5 An organization o	perated for the benefit of a co	llege or university owned	d or operated b	by a gov	vernmental u	nit describe	ed in				
	(A)(iv). (Complete Part II.)										
-	hat normally receives a substa	ntial part of its support f	rom a governn	nental u	unit or from th	e general p	oublic described in				
	(A)(vi). (Complete Part II.) t described in section 170(b)	(1)(A)(vi) (Complete Par	+ 11 \								
	search organization described		•	n coniu	nction with a	land-grant	college				
	non-land-grant college of agric			-		-	-				
university:	for faile grant conogo of agric			io, oity,		and demoge					
	nat normally receives: (1) more	than 33 1/3% of its sup	port from cont	tributior	ns, membersh	ip fees, an	d gross receipts from				
income and unrel	activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975.										
·	a)(2). (Complete Part III.)										
11 An organization organized and operated exclusively to test for public safety. See section 509(a)(4).											
-	rganized and operated exclus	-	-			-					
	ported organizations describe						Check the box in				
	12d that describes the type o		-			-					
	orting organization operated, s	-	•	-							
	rganization(s) the power to re ou must complete Part IV, Se	• • • •	t majority of th	le ulleci			ipporting				
	orting organization supervised		tion with its su	ipporte	d organizatio	n(s), by hav	ina				
	gement of the supporting orga				-		-				
	You must complete Part IV,		•			,					
c 🗌 Type III functio	nally integrated. A supportin	g organization operated	in connection	with, a	nd functional	y integrate	d with,				
its supported or	ganization(s) (see instructions). You must complete	Part IV, Sectio	ons A, I	D, and E.						
d 📃 Type III non-fu	nctionally integrated. A supp	porting organization oper	rated in conne	ction w	ith its suppor	ted organiz	ation(s)				
	ionally integrated. The organiz	0,	,			an attentiv	reness				
	e instructions). You must cor										
	if the organization received a				Type I, Type I	I, Type III					
	grated, or Type III non-functio						1				
f Enter the number of su	formation about the supported	ad organization(s)					_				
(i) Name of supported	(ii) EIN	(iii) Type of organization	(iv) Is the organizati in your governing do	ion listed	(v) Amount of	monetary	(vi) Amount of other				
organization		(described on lines 1-10 above (see instructions))		No	support (see in	structions)	support (see instructions)				
GEORGIA ASSOCIA	ATION										
OF REALTORS, IN	VC. 58-0836843	10		Х	62	,028.					
Total					62	,028.	0.				
	ion Act Notice, see the Instr	uctions for Form 990 o	r 990-EZ. 732	2021 10-0		-	m 990 or 990-EZ) 2017				

Schedule A	(Form 990 or 990-EZ) 2017	SCHOLARSHIP	FOUNDATION,	INC.	58-1627007
Part II	Support Schedule for	or Organizations D	escribed in Sectio	ns 170(b)	(1)(A)(iv) and 170(b)(1)(A)(vi)

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

Se	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3						
5	The portion of total contributions						
	by each person (other than a						
	governmental unit or publicly						
	supported organization) included						
	on line 1 that exceeds 2% of the						
	amount shown on line 11,						
	column (f)						
6	Public support. Subtract line 5 from line 4.						
	ction B. Total Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
7	Amounts from line 4						
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources						
9	Net income from unrelated business						
·	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain						
10	or loss from the sale of capital						
	assets (Explain in Part VI.)						
44	Total support. Add lines 7 through 10						
		ata (aga ipatruati	(opp)			12	
13	Gross receipts from related activities, First five years. If the Form 990 is for			rd fourth or fifth t			
13	organization, check this box and stop	-			•		
Se	ction C. Computation of Public				<u></u>	<u></u>	
	Public support percentage for 2017 (li		-	column (f))		14	%
15						15	%
	33 1/3% support test - 2017. If the c					· · · · ·	
	stop here. The organization qualifies						. —
ł	33 1/3% support test - 2016. If the c		-				
	and stop here. The organization quali						
17:	10% -facts-and-circumstances test						
	and if the organization meets the "fact		•				
	meets the "facts-and-circumstances"			-	-	-	
٢	10% -facts-and-circumstances test						
L	more, and if the organization meets th		-				
	organization meets the "facts-and-circ						
18	Private foundation. If the organizatio						
	- mate realization in the organizatio	and not oncor a		a, 100, 17a, 01 17			0 or 990-EZ) 2017

Schedule A (Form 990 or 990-EZ) 2017

Page 2

Schedule A (Form 990 or 990-EZ) 2017 SCHOLARSHIP FOUNDATION, INC. Part III Support Schedule for Organizations Described in Section 509(a)(2)

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

Sec	tion A. Public Support						-				
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total				
1	Gifts, grants, contributions, and										
	membership fees received. (Do not										
	include any "unusual grants.")										
2	Gross receipts from admissions, merchandise sold or services per- formed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose										
3	Gross receipts from activities that										
	are not an unrelated trade or bus-										
	iness under section 513										
4	Tax revenues levied for the organ-										
	ization's benefit and either paid to										
	or expended on its behalf										
5	The value of services or facilities										
	furnished by a governmental unit to										
	the organization without charge										
6	Total. Add lines 1 through 5										
7a	Amounts included on lines 1, 2, and										
	3 received from disqualified persons										
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year										
с	Add lines 7a and 7b										
	Public support. (Subtract line 7c from line 6.)										
Sec	tion B. Total Support			1	-	1					
	ndar year (or fiscal year beginning in) 🕨	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total				
	Amounts from line 6										
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources										
b	Unrelated business taxable income										
	(less section 511 taxes) from businesses										
	acquired after June 30, 1975										
с	Add lines 10a and 10b										
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on										
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)										
13	Total support. (Add lines 9, 10c, 11, and 12.)										
14	First five years. If the Form 990 is for	r the organization'	s first, second, thi	d, fourth, or fifth t	ax year as a sectio	n 501(c)(3) orgar	nization,				
	check this box and stop here	-				-					
Sec	tion C. Computation of Publi										
15	Public support percentage for 2017 (I	ine 8, column (f) d	ivided by line 13, d	olumn (f))		15	%				
16	Public support percentage from 2016	Schedule A, Part	III, line 15			16	%				
Sec	tion D. Computation of Inves	stment Income	e Percentage								
17	Investment income percentage for 20)17 (line 10c, colu	mn (f) divided by li	ne 13, column (f))		17	%				
18	Investment income percentage from	2016 Schedule A,	Part III, line 17			18	%				
19a	33 1/3% support tests - 2017. If the	organization did r	not check the box	on line 14, and line	e 15 is more than 3	33 1/3%, and line	e 17 is not				
	more than 33 1/3%, check this box ar	nd stop here. The	e organization qua	lifies as a publicly	supported organiz	ation					
b	33 1/3% support tests - 2016. If the	-	•		•••		, and				
	line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization										
20											
73202	3 10-06-17				Sch	edule A (Form 9	990 or 990-EZ) 2017				
			1 5								

2017.04030 GEORGIA ASSOCIATION OF RE 60-01511

Schedule A (Form 990 or 990 EZ) 2017 SCHOLARSHIP FOUNDATION, INC.

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

Section A. All Supporting Organizations

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

16

732024 10-06-17

Schedule A (Form 990 or 990-EZ) 2017

Yes No

Х

х

х

Х

Х

Х

Х

х

Х

Х

х

Х

х

Х

1

2

3a

3b

3c

4a

4b

4c

5a

5b <u>5c</u>

6

7

8

9a

9b

9c

10a

Sche	dule A (Form 990 or 990-EZ) 2017 SCHOLARSHIP FOUNDATION, INC.	58-162700'	7 Ра	age 5
Par	t IV Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)			
	below, the governing body of a supported organization?	11a		X
b	A family member of a person described in (a) above?	11b		X
	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c		X
Sec	tion B. Type I Supporting Organizations			
			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to			
	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the			
	tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or			
	controlled the organization's activities. If the organization had more than one supported organization,			
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported			
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes." explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		
Sec	tion C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1	Х	
Sec	tion D. All Type III Supporting Organizations			
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No." explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	3		
Sec	tion E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see inst	ructions).		
а	The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. Complete line 3 below.			
с	The organization supported a governmental entity. Describe in Part VI how you supported a government entity	[,] (see instructions)		
2	Activities Test. Answer (a) and (b) below.		Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	2a		
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more			
	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the			
	reasons for the organization's position that its supported organization(s) would have engaged in these			
	activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. Answer (a) and (b) below.			
a	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
-	trustees of each of the supported organizations? <i>Provide details in</i> Part VI.	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each			
-	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b		
732025		(Form 990 or 99	0-EZ)	2017

17

2017.04030 GEORGIA ASSOCIATION OF RE 60-01511

Schedule A (Form 990 or 990 EZ) 2017 SCHOLARSHIP FOUNDATION , INC. 58-1627007 Page 6 Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI.) See instructions. All 1 other Type III non-functionally integrated supporting organizations must complete Sections A through E. (B) Current Year Section A - Adjusted Net Income (A) Prior Year (optional) Net short-term capital gain 1 1 2 Recoveries of prior-year distributions 2 3 Other gross income (see instructions) 3 4 4 Add lines 1 through 3 5 5 Depreciation and depletion 6 Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions) 6 7 7 Other expenses (see instructions) 8 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4) 8 (B) Current Year Section B - Minimum Asset Amount (A) Prior Year (optional) Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year): a Average monthly value of securities 1a b Average monthly cash balances 1b c Fair market value of other non-exempt-use assets 1c d Total (add lines 1a, 1b, and 1c) 1d e Discount claimed for blockage or other factors (explain in detail in Part VI): 2 Acquisition indebtedness applicable to non-exempt-use assets 2 3 **3** Subtract line 2 from line 1d Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, 4 4 see instructions) 5 Net value of non-exempt-use assets (subtract line 4 from line 3) 5 6 6 Multiply line 5 by .035 7 Recoveries of prior-year distributions 7 8 Minimum Asset Amount (add line 7 to line 6) 8 Section C - Distributable Amount Current Year 1 1 Adjusted net income for prior year (from Section A, line 8, Column A) 2 Enter 85% of line 1 2

Minimum asset amount for prior year (from Section B, line 8, Column A) 3 3 Enter greater of line 2 or line 3 4 4 5 5 Income tax imposed in prior year 6 Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions) 6

Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see 7 instructions)

Schedule A (Form 990 or 990-EZ) 2017

_	t V Type III Non-Functionally Integrated 509	a)(3) Supporting Orga	nizations (continued)	
Secti	on D - Distributions		(continuou)	Current Year
1	Amounts paid to supported organizations to accomplish exer	mpt purposes		
2	Amounts paid to perform activity that directly furthers exemp	t purposes of supported		
	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purpose	es of supported organizations	3	
4	Amounts paid to acquire exempt-use assets			
5	Qualified set-aside amounts (prior IRS approval required)			
6	Other distributions (describe in Part VI). See instructions.			
7	Total annual distributions. Add lines 1 through 6.			
8	Distributions to attentive supported organizations to which the	ne organization is responsive		
	(provide details in Part VI). See instructions.			
9	Distributable amount for 2017 from Section C, line 6			
10	Line 8 amount divided by line 9 amount			
		(i)	(ii)	(iii) Distribute bits
Secti	on E - Distribution Allocations (see instructions)	Excess Distributions	Underdistributions Pre-2017	Distributable Amount for 2017
1	Distributable amount for 2017 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2017 (reason-			
	able cause required- explain in Part VI). See instructions.			
3	Excess distributions carryover, if any, to 2017			
а				
b	From 2013			
с	From 2014			
d	From 2015			
e	From 2016			
f	Total of lines 3a through e			
g	Applied to underdistributions of prior years			
h	Applied to 2017 distributable amount			
i	Carryover from 2012 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2017 from Section D,			
	line 7: \$			
	Applied to underdistributions of prior years			
	Applied to 2017 distributable amount			
	Remainder. Subtract lines 4a and 4b from 4.			
5	Remaining underdistributions for years prior to 2017, if			
	any. Subtract lines 3g and 4a from line 2. For result greater			
	than zero, explain in Part VI. See instructions.			
6	Remaining underdistributions for 2017. Subtract lines 3h			
	and 4b from line 1. For result greater than zero, explain in			
7	Part VI. See instructions. Excess distributions carryover to 2018. Add lines 3j			
'	and 4c.			
8	Breakdown of line 7:			
	Excess from 2013			
	Excess from 2014			
	Excess from 2015			
	Excess from 2016			
	Excess from 2017			

Schedule A (Form 990 or 990-EZ) 2017

GEORGIA ASSOCIATION OF REALTORS Schedule A (Form 990 or 990-EZ) 2017 SCHOLARSHIP FOUNDATION, INC.

Part VI Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)

PART IV, SECTION A, LINE 3B:

THE MAJORITY OF THE ORGANIZATION'S BOARD MEMBERS AND OFFICERS ARE ALSO

BOARD MEMBERS OR OFFICERS OF THE SUPPORTED ORGANIZATION. BOARD MEMBERS

MEET REGULARLY TO ENSURE THAT THE SUPPORTED ORGANIZATION RECEIVES MORE

THAN 33 1/3% OF ITS SUPPORT FROM ACTIVITIES RELATED TO ITS EXEMPT

FUNCTION

PART IV, SECTION A, LINE 3C:

THE SCHOLARSHIPS OFFERED BY THE FOUNDATION TAKE THE FORM OF TUITION

REIMBURSEMENT FOR REAL ESTATE RELATED EDUCATIONAL CLASSES. A

PROSPECTIVE SCHOLARSHIP RECIPIENT PAYS FOR AND ATTENDS A PARTICULAR

CLASS AND AFTERWARDS SUBMITS AN APPLICATION FOR REIMBURSEMENT, WHICH

INCLUDES VERIFICATION OF ATTENDANCE AND INFORMATION REGARDING THE

CLASS. THE SCHOLARSHIP FOUNDATION THEN CHOOSES WHETHER OR NOT TO AWARD

A REIMBURSEMENT BASED ON THE CRITERIA CONTAINED IN THE BYLAWS OF THE

FOUNDATION. THE OFFICERS OF THE FOUNDATION AND ITS SUPPORTED

ORGANIZATION REVIEW ALL THE REIMBURSEMENTS TO MAKE SURE THE SUPPORT IS

SOLELY USED TO HELP QUALIFIED INDIVIDUALS FOR THE STUDY OF REAL ESTATE

RELATED SUBJECTS.

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

Department of the Treasury Internal Revenue Service

** PUBLIC DISCLOSURE COPY *

Schedule of Contributors

Attach to Form 990, Form 990-EZ, or Form 990-PF.
 Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2017

Employer identification number

Name	of	the	organ	izati	on	
						-

Organization type (check one):

GEORGIA ASSOCIATION OF REALTORS SCHOLARSHIP FOUNDATION, INC.

58-1627007

Filers of:	Section:
Form 990 or 990-EZ	X 501(c)(3) (enter number) organization
	4947(a)(1) nonexempt charitable trust not treated as a private foundation
	527 political organization
Form 990-PF	501(c)(3) exempt private foundation
	4947(a)(1) nonexempt charitable trust treated as a private foundation
	501(c)(3) taxable private foundation

Check if your organization is covered by the General Rule or a Special Rule.

Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

General Rule

X For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

Special Rules

For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions $e_{xclusively}$ for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an $e_{xclusively}$ religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year $e_{xclusively} = 1000 \text{ more} \text{ more}$

Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), but it **must** answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

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

Name of organization GEORGIA ASSOCIATION OF REALTORS SCHOLARSHIP FOUNDATION, INC. Page 2

58-1627007

Part I	Contributors (see instructions). Use duplicate copies of Part I if addition	al space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1		\$30,596.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2		\$7,111.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

Schedule B	(Form 990,	990-EZ,	or 990-PF)	(2017))
------------	------------	---------	------------	--------	---

Name of organization GEORGIA ASSOCIATION OF REALTORS SCHOLARSHIP FOUNDATION, INC.

Employer identification number

58-1627007

Part II Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed. (a) (c) No. (b) (d) FMV (or estimate) from Description of noncash property given **Date received** (See instructions.) Part I \$ (a) (c) No. (d) (b) FMV (or estimate) from Description of noncash property given **Date received** (See instructions.) Part I \$ (a) (c) No. (b) (d) FMV (or estimate) from Description of noncash property given **Date received** (See instructions.) Part I \$ (a) (c) No. (d) (b) FMV (or estimate) from Description of noncash property given **Date received** (See instructions.) Part I \$ (a) (c) No. (b) (d) FMV (or estimate) from Description of noncash property given Date received (See instructions.) Part I \$ (a) (c) No. (b) (d) FMV (or estimate) from Description of noncash property given **Date received** (See instructions.) Part I \$ Schedule B (Form 990, 990-EZ, or 990-PF) (2017) 723453 11-01-17

23

Schedule B (Form 990, 990-EZ, or 990-PF) (2017)

2017.04030 GEORGIA ASSOCIATION OF RE 60-01511

	3 (Form 990, 990-EZ, or 990-PF) (2017)		Page 4
Name of org			Employer identification number
	IA ASSOCIATION OF REALT	ORS	
	ARSHIP FOUNDATION, INC.		58-1627007
Part III	the year from any one contributor Complete	columns (a) through (e) and the follo	in section 501(c)(7), (8), or (10) that total more than \$1,000 for owing line entry. For organizations
	completing Part III, enter the total of exclusively religiou	us, charitable, etc., contributions of \$1,000 or	r less for the year. (Enter this info. once.) 🕨 \$
(a) No.	Use duplicate copies of Part III if addition	nal space is needed.	
from	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
Part I			
		(e) Transfer of git	ft
Ļ	Transferee's name, address, a	and ZIP + 4	Relationship of transferor to transferee
(a) No.			
from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
ŀ			
		(e) Transfer of git	ft
	Transferee's name, address, a	and $\mathbf{7ID} \pm 4$	Relationship of transferor to transferee
F			
(a) No. from	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
Part I			
		(e) Transfer of gif	ft
ŀ	Transferee's name, address, a	and ZIP + 4	Relationship of transferor to transferee
		[
		[
(a) No.			
from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
ŀ		(a) Transfer of with	
		(e) Transfer of git	
	Transferee's name, address, a	and ZIP + 4	Relationship of transferor to transferee
F			
723454 11-01-	-17		Schedule B (Form 990, 990-EZ, or 990-PF) (2017)

08311008 794202 60-01511.001

24 2017.04030 GEORGIA ASSOCIATION OF RE 60-01511

SC			Sup	plementa	al Finan	cial Stateme	nts		OMB No. 15	45-0047
	n 990)		► Con	nplete if the org	anization and	wered "Yes" on Form	990,		20 [·]	17
Depart	ment of the Treasury		Part IV, I		, 11a, 11b, 1 [°] Attach to Fo	1c, 11d, 11e, 11f, 12a, o rm 990.	or 12b.		Open to	
Interna	Revenue Service					tions and the latest in	formation.		Inspect	
Nam	e of the organization	on	GEORGIA AS SCHOLARSHI						identificatio	
Par	t I Organiza	ntior				r Other Similar Fur	nds or Ac			
I ui	-		swered "Yes" on Forn					oounto.		
	organization	T diric		11000, 1 di t 10, ili		onor advised funds	(b) Funds an	d other accou	ints
1	Total number at er	nd of	year					-		
2			tributions to (during y							
3	Aggregate value of	f grai	nts from (during year)							
4	Aggregate value at	t end	l of year							
5	-				-	e assets held in donor a				
						al control?			Yes	No No
6						ting that grant funds car				
						or, or for any other purp		°		
Par	impermissible priva					swered "Yes" on Form 9			Yes	No No
							90, Part IV,	line 7.		
1			tion easements held I and for public use (e.c	, .		Preservation of a	historically	important la	and area	
	Protection or		1 (6	g., recreation of e	oucation	Preservation of a	,	•		
	Preservation									
2				tion held a qualif	ied conserva	tion contribution in the f	orm of a cor	nservation e	asement on th	ne last
-	day of the tax year								at the End of th	
а			vation easements					2a		
b			d by conservation eas					2b		
с	Number of conserv	/atio	n easements on a cer			ed in (a)		2c		
d	Number of conserv	/atio	n easements included	d in (c) acquired a	after 7/25/06,	and not on a historic sti	ructure			
	listed in the Nation	al Re	egister					2d		
3						uished, or terminated by		zation during	g the tax	
	year 🕨									
4			e property subject to			·				
5	0		1 3	0 0 1		ing, inspection, handling	g of			<u> </u>
-			ment of the conservat						Ves	No
6	Staff and volunteer	r hou	irs devoted to monito	ring, inspecting,	handling of v	olations, and enforcing	conservatio	n easements	s during the ye	ear
7			ourred in monitoring	increating band	lling of violeti	and onforcing conc	an ation and	omonto dur	ing the year	
7	Amount of expense ► \$	es in	currea in monitoring,	inspecting, nand	lling of violation	ons, and enforcing cons	ervation eas	sements dur	ing the year	
8		vatio	n essement reported	on line 2(d) abov	e satisfy the r	equirements of section	170(h)(4)(B)	(i)		
0	and section 170(h)								Yes	No
9						in its revenue and expe				
•			-	-		I statements that descri				
	conservation ease	ment	ts.							
Par	t III Organiza	ntior	ns Maintaining C	collections of	Art, Histo	rical Treasures, or	r Other S	imilar Ass	sets.	
	Complete if	the	organization answere	d "Yes" on Form	990, Part IV,	line 8.				
1a	If the organization	elect	ted, as permitted und	er SFAS 116 (AS	SC 958), not to	o report in its revenue st	atement and	d balance sh	eet works of	art,
	historical treasures	s, or o	other similar assets h	eld for public ext	nibition, educa	ation, or research in furt	herance of p	oublic servic	e, provide, in	Part XIII,
	the text of the foot	note	to its financial staten	nents that descri	bes these iter	ns.				
b	-					port in its revenue stater				
			-	blic exhibition, ea	ducation, or re	esearch in furtherance o	f public serv	/ice, provide	the following	amounts
	relating to these ite							•		
0	(ii) Assets include					or similar assots for fina				
2						er similar assets for fina relating to these items:	nciai gain, p	JOVIDE		
а						relating to these items.		▶ \$		
-			tion Act Notice, see						dule D (Form	990) 2017
	10-09-17							20.10		,
	. == ./				25					

^{08311008 794202 60-01511.001}

^{2017.04030} GEORGIA ASSOCIATION OF RE 60-01511

		ASSOCIATIO						-0.10	0000		•
		SHIP FOUND							27007		age Z
Par	t III Organizations Maintaining C									,	
3	Using the organization's acquisition, accession (check all that apply):	on, and other record	s, check a	ny of the f	ollowing that are	e a signif	icant u	se of its c	ollection i	tems	i
а	Public exhibition	d	I 🗌 Lo	an or excl	hange programs						
b	Scholarly research	е	e 🗌 Ot	ther							
с	Preservation for future generations										
4	Provide a description of the organization's co	pllections and explair	n how they	further th	e organization's	exempt	purpos	e in Part	XIII.		
5	During the year, did the organization solicit o										
	to be sold to raise funds rather than to be ma	aintained as part of t	he organiz	ation's col	lection?				Yes		No
Par	t IV Escrow and Custodial Arran	gements. Comple	ete if the o	rganizatio	n answered "Yes	s" on Fo	rm 990.	Part IV,	ine 9, or		
	reported an amount on Form 990, Pa			0				,	,		
1a	Is the organization an agent, trustee, custodi		-						7		
	on Form 990, Part X?							L	Yes		No
b	If "Yes," explain the arrangement in Part XIII	and complete the fol	llowing tab	ole:							
							\vdash		Amount		
С	Beginning balance						1c				
d	Additions during the year						1d				
е	Distributions during the year						1e				
f	Ending balance						1f				
2a	Did the organization include an amount on Fe	orm 990, Part X, line	21, for esc	crow or cu	istodial account	liability?			Yes		No
b	If "Yes," explain the arrangement in Part XIII.	Check here if the ex	planation	has been j	provided on Part	t XIII					
Par	t V Endowment Funds. Complete i	f the organization an	swered "Y	'es" on Fo	rm 990, Part IV,	line 10.					
		(a) Current year	(b) Pric	or year	(c) Two years ba	ack (d)	Three y	ears back	(e) Four y	/ears	back
1a	Beginning of year balance										
	Contributions										
	Net investment earnings, gains, and losses										
	Grants or scholarships										
	Other expenditures for facilities										
Ū	and programs										
÷	Administrative expenses										
	-										
-	End of year balance	ant year and belene	. (line 1 a .								
2	Provide the estimated percentage of the curr	•		column (a)) heid as.						
a	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	ssion of the organiza	ation that a	are held an	d administered	for the o	rganiza	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	tions listed as requir	red on Sch	edule R?					3b		
4	Describe in Part XIII the intended uses of the		wment fun	ids.							
Par	t VI Land, Buildings, and Equipm	ent.									
	Complete if the organization answere	d "Yes" on Form 990), Part IV, I	ine 11a. S	ee Form 990, Pa	art X, line	e 10.				
	Description of property	(a) Cost or o basis (investr		(b) Cost basis		(c) Accu depre	imulate ciation	d	(d) Book	valu	е
1a	Land				. ,						
	Buildings										
	Leasehold improvements										
	Equipment										
	Other			(5)							0
Iota	. Add lines 1a through 1e. (Column (d) must e	<u>qual Form 990. Part</u>	<u>X, column</u>	(<u>B), line 1</u> (<u>)c.)</u>				D (7	000	0.
							9	scnedule	D (Form	990)	2017

GEORGIA ASSOCIATION OF REALTORS SCHOLARSHIP FOUNDATION, INC.

Schedule D (Form 990) 2017 SCHOLARSH Part VII Investments - Other Securities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)		

Part VIII Investments - Program Related.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)		

Part IX Other Assets.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990. Part X. col. (B) line 15.)	

Part X Other Liabilities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

1.	(a) Description of liability	(b) Book value
(1)	Federal income taxes	
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total.	(Column (b) must equal Form 990, Part X, col. (B) line 25.)	

Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII

732053 10-09-17

	GEORGIA ASSOCIATION OF	REALTORS	
Sche	dule D (Form 990) 2017 SCHOLARSHIP FOUNDATION,	INC.	58-1627007 Page 4
Par	t XI Reconciliation of Revenue per Audited Financial Sta	tements With Reven	
	Complete if the organization answered "Yes" on Form 990, Part IV, li	ne 12a.	
1	Total revenue, gains, and other support per audited financial statements		
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
а	Net unrealized gains (losses) on investments	2a	
b	Donated services and use of facilities	2b	
с	Recoveries of prior year grants		
d	Other (Describe in Part XIII.)		
е	Add lines 2a through 2d		2e
3	Subtract line 2e from line 1		
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
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990. Part I. line 12	.)	
Pa	t XII Reconciliation of Expenses per Audited Financial St	atements With Exper	nses per Return.
	Complete if the organization answered "Yes" on Form 990, Part IV, li	ne 12a.	
1	Total expenses and losses per audited financial statements		
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
а	Donated services and use of facilities	2a	
b	Prior year adjustments		
с	Other losses		
d	Other (Describe in Part XIII.)		
е	Add lines 2a through 2d		2e
3	Subtract line 2e from line 1		3
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

Provide 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; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

5 Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)

PART X, LINE 2:

THE FOUNDATION IS EXEMPT FROM FEDERAL INCOME TAXES UNDER THE PROVISIONS OF

501(C)(3) OF THE INTERNAL REVENUE CODE. THE INTERNAL REVENUE SERVICE HAS

DETERMINED THAT THE FOUNDATION IS NOT A PRIVATE FOUNDATION AS DEFINED BY

509(A)(1) OF THE CODE.

Part XIII Supplemental Information.

732054 10-09-17

5

SCHEDULE I		G	rants and Oth	er Assistan	ce to Organ	izations.		OMB	lo. 1545-0047
(Form 990)		Gov	vernments, an	d Individua	ls in the Ŭni	ted States		2	017
5 · · · ///		Comple	ete if the organization	n answered "Yes" Attach to For		rt IV, line 21 or 22.			to Public
Department of the Treasury Internal Revenue Service			► Go to www.ir	s.gov/Form990 fo		nation.			spection
Name of the organizat			N OF REALTON FION, INC.	RS				Employer identific	ation number .627007
Part I General II	nformation on Grants a		11011, 11101						
1 Does the organiz	zation maintain records t	to substantiate the	amount of the grants	or assistance, the	grantees' eligibility	for the grants or assis	stance, and the selecti		
criteria used to a	award the grants or assis	stance?						X Ye	s 🗌 No
	IV the organization's pro		<u>u</u> <u>u</u>						
	d Other Assistance to I hat received more than \$	-				anization answered "Y	es" on Form 990, Parl	t IV, line 21, for any	
1 (a) Name and ad	ddress of organization vernment	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose or assista	
2 Entor total numb	$rac{1}{2}$		anizations listed in the	lino 1 tablo	1	1		<u> </u>	
	per of section 501(c)(3) and the section solution of other organizations of the section se	•						······ F	
	Reduction Act Notice							Schedule I (Fo	rm 990) (2017)

Schedule I (Form 990) (2017)

SCHOLARSHIP FOUNDATION, INC.

58-1627007

Page 2

Part III Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non- cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance		
SCHOLARSHIPS	339	62,028.	0.	FMV	N/A		
Part IV Supplemental Information Provide the information red	art IV Supplemental Information Provide the information required in Part L line 2: Part III, column (b): and any other additional information						

PART I, LINE 2:

THE SCHOLARSHIPS OFFERED BY THE FOUNDATION TAKE THE FORM OF TUITION

REIMBURSEMENT FOR REAL ESTATE RELATED EDUCATIONAL CLASSES. A PROSPECTIVE

SCHOLARSHIP RECIPIENT PAYS FOR AND ATTENDS A PARTICULAR CLASS AND

AFTERWARDS SUBMITS AN APPLICATION FOR REIMBURSEMENT, WHICH INCLUDES

VERIFICATION OF ATTENDANCE AND INFORMATION REGARDING THE CLASS. THE

SCHOLARSHIP FOUNDATION THEN CHOOSES WHETHER OR NOT TO AWARD A REIMBURSEMENT

BASED ON THE CRITERIA CONTAINED IN THE BYLAWS OF THE FOUNDATION.

SC	HEDULE J	с	MB No. 1	545-004	47		
	rm 990) For certain Officers, Directors, Trustees, Key Employees, and Highest		00	4 7	,		
(. 0	Compensated Employees		20	٦/			
	Complete if the organization answered "Yes" on Form 990, Part IV, line 23.	C) Dpen to	 Publi	ic		
	tment of the Treasury al Revenue Service ► Go to www.irs.gov/Form990 for instructions and the latest information.		Inspe		C		
-		mployer iden	tificatio	n nur	nber		
	SCHOLARSHIP FOUNDATION, INC.	58-162					
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	0.					
	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	luse					
	Travel for companions Payments for business use of personal resid						
	Tax indemnification and gross up payments Health or social club dues or initiation fees						
	Discretionary spending account						
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							
2	2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors,						
	trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?		2				
3	Indicate which, if any, of the following the filing organization used to establish the compensation of the organization	n's					
	CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization	to					
	establish compensation of the CEO/Executive Director, but explain in Part III.						
	Compensation committee Written employment contract						
	Independent compensation consultant						
	Form 990 of other organizations Approval by the board or compensation com	ımittee					
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?		4a		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?		4c		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:						
а	The organization?		5a		X		
b	Any related organization?		5b		X		
	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:						
	The organization?		<u>6a</u>		X		
b	Any related organization?		6b		X		
	If "Yes" on line 6a or 6b, describe in Part III.						
7	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments						
	not described on lines 5 and 6? If "Yes," describe in Part III		7		X		
8	Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the						
			8		X		
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in						
	Regulations section 53.4958-6(c)?		9				
LHA	For Paperwork Reduction Act Notice, see the Instructions for Form 990.	Schedule .	J (Forn	1 990)	2017		

732111 10-17-17

GEORGIA ASSOCIATION OF REALTORS SCHOLARSHIP FOUNDATION, INC.

Schedule J (Form 990) 2017

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

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

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

	(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	
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation	Denems	(B)(i)-(D)	in column (B) reported as deferred on prior Form 990
(1) DEBRA S. JUNKIN	(i)	0.	0.	0.	0.	0.		0.
CEO/GA ASSOC. OF REALTORS	(ii)	172,823.	0.	0.	5,229.	14,167.	192,219.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i) (ii)							
	(i)							
	(i) (ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i) (ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

Schedule J (Form 990) 2017

Page 2

58-1627007

Schedule J (Form 990) 2017

SCHOLARSHIP FOUNDATION, INC.

Part III Supplemental Information

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

SCHEDULE J. PART I, LINE 3:

THE ORGANIZATION'S CEO IS COMPENSATED BY ITS RELATED ORGANIZATION. THE

RELATED ORGANIZATION'S BOARD OR COMPENSATION COMMITTEE DETERMINES AND

APPROVES THE COMPENSATION PACKAGE FOR THE CEO.

Schedule J (Form 990) 2017

SCHEDULE O

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service Name of the organization Supplemental Information to Form 990 or 990-EZ Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.

Attach to Form 990 or 990-EZ. Go to www.irs.gov/Form990 for the latest information.

GEORGIA ASSOCIATION OF REALTORS SCHOLARSHIP FOUNDATION, TNC.



OMB No. 1545-0047

FORM 990, PART VI, SECTION A, LINE 2:

ON ANY BOARD OF DIRECTORS THIS SIZE, FAMILIAL RELATIONSHIPS MAY EXIST

GIVEN THE NATURE OF THE REAL ESTATE INDUSTRY, BROKERS AND BETWEEN MEMBERS.

AGENTS SERVING ON THE BOARD MAY HAVE BUSINESS RELATIONSHIPS, AS WELL;

THE NUMBER OF SUCH RELATIONSHIPS IS SMALL, AND THE SIZE OF THE HOWEVER .

BOARD PREVENTS ANY GROUP FROM EXERTING UNDUE INFLUENCE OVER THE

ORGANIZATION'S ACTIVITIES.

FORM 990, PART VI, SECTION A, LINE 3:

SOME OF THE ADMINISTRATIVE TASKS ARE MANAGED BY THE GEORGIA ASSOCIATION OF REALTORS, INC.

FORM 990, PART VI, SECTION B, LINE 11B:

THE GEORGIA ASSOCIATION OF REALTORS CHIEF EXECUTIVE OFFICER AND CHIEF

FINANCIAL OFFICER REVIEW THE FORM 990 BEFORE IT IS FILED AND ARE

RESPONSIBLE FOR ITS PRESENTATION AND ITS CONTENTS. THE FORM 990 IS ALSO

PROVIDED TO THE TRUSTEES ON THE EXECUTIVE COMMITTEE FOR REVIEW BEFORE IT IS FILED.

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

ALL TRUSTEES ARE REQUIRED TO REVIEW AND SIGN CONFLICT OF INTEREST STATEMENT YEARLY.

34

FORM 990, PART VI, SECTION C, LINE 18:

THE ORGANIZATION'S FORM 990 IS AVAILABLE UPON REQUEST.

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)

08311008 794202 60-01511.001

2017.04030 GEORGIA ASSOCIATION OF RE 60-01511

Schedule O (Form 990 or 990-EZ) (2017)

Name of the organization GEORGIA ASSOCIATION OF REALTORS SCHOLARSHIP FOUNDATION, INC.

FORM 990, PART VI, SECTION C, LINE 19:

THE ORGANIZATION'S GOVERNING DOCUMENTS AND FINANCIAL STATEMENTS ARE NOT

AVAILABLE FOR PUBLIC INSPECTION.

FORM 990, PART XII, LINE 2C:

THE ORGANIZATION ASSUMES OVERSIGHT OF THE REVIEW OF ITS FINANCIAL

STATEMENTS. NO CHANGE HAS OCCURRED IN THIS PROCESS FROM THE PRIOR

YEAR.

Page 2

Schedule O (Form 990 or 990-EZ) (2017)

732212 09-07-17

SCHEDULE R (Form 990) Related Organizations and Unrelated Partnerships Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37. Department of the Treasury Internal Revenue Service Attach to Form 990. Name of the organization GEORGIA ASSOCIATION OF REALTORS								
Name of the organizat	ion GEORGIA ASSOCI SCHOLARSHIP FO						dentification r 627007	umber
Part I Identificati	ion of Disregarded Entities. Complet	e if the organization answered "Yes"	on Form 990, Part IV, line 33	3.				
(a) Name, address, and EIN (if applicable) of disregarded entity		(b) (c) Primary activity Legal domicile foreign cour		or (d) Total inco	(e) me End-of-yea		(f) Direct controllir entity	ıg
		-						
		-						
		-						
	ion of Related Tax-Exempt Organiza ns during the tax year.	tions. Complete if the organization a	answered "Yes" on Form 990), Part IV, line 34, b	ecause it had one	or more related t	ax-exempt	
	(a) ne, address, and EIN related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section	(f) Direct contro entity	lling _{cor}	(g) 512(b)(13) htrolled htity?
					501(c)(3))		Yes	No
58-0836843, 6065	ON OF REALTORS, INC BARFIELD ROAD, SUITE 200,	PROFESSIONAL MEMBERSHIP ASSOCIATION FOR THE						
ATLANTA, GA 30328 GEORGIA REALTORS POLITICAL ACTION COMMITTEE		GEORGIA REAL ESTATE	GEORGIA	501(C)(6)	N/A	N/A		X
	/	-						
INC 58-1288715, 6065 BARFIELD ROAD, SUITE 200, ATLANTA, GA 30328 POLITICAL A		POLITICAL ACTION COMMITTEE	GEORGIA	527	N/A	N/A		x
/	ION OF REALTORS DISASTER	TO PROVIDE RELIEF TO						
	. – 20–3255676, 6065	INDIVIDUALS WHO SUSTAIN						
/	JITE 200, ATLANTA, GA 30328	DISASTER DAMAGE.	GEORGIA	501(C)(3)	170(B)(1)(A)	N/A		х

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

Schedule R (Form 990) 2017

OMB No. 1545-0047

Schedule R (Form 990) 2017 SCHOLARSHIP FOUNDATION, INC.

58-1627007 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.

	······j· ·····j· ····											
(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?		Gene mana part	eral or aging tner?	Percentage ownership
		country)		sections 512-514)		455615	Yes	No	K-1 (Form 1065)	Yes	No	
	1											
	1											
										+		
	1											
	4											
	4											

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	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	Sec 512(t contr ent	i) :tion b)(13) rolled tity?
		country)						Yes	No

GEORGIA ASSOCIATION OF REALTORS SCHOLARSHIP FOUNDATION, INC.

Schedule R (Form 990) 2017

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

Not	e: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.		Yes	No
1	During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?			
а	Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity	1a		Х
	Gift, grant, or capital contribution to related organization(s)	1b		Х
	Gift, grant, or capital contribution from related organization(s)	1c	X	
	Loans or loan guarantees to or for related organization(s)	1d		Х
	Loans or loan guarantees by related organization(s)	1e		Х
f	Dividends from related organization(s)	1f		X
g		1g		Х
h	Purchase of assets from related organization(s)	1h		Х
i	Exchange of assets with related organization(s)	1i		Х
j	Lease of facilities, equipment, or other assets to related organization(s)	1j		Х
k	Lease of facilities, equipment, or other assets from related organization(s)	1k		Х
	Performance of services or membership or fundraising solicitations for related organization(s)	11		Х
	Performance of services or membership or fundraising solicitations by related organization(s)	1m	X	
n	Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n		Х
	Sharing of paid employees with related organization(s)	10	X	
р	Reimbursement paid to related organization(s) for expenses	1p		Х
q	Reimbursement paid by related organization(s) for expenses	1q		Х
r	Other transfer of cash or property to related organization(s)	1r		X
S	Other transfer of cash or property from related organization(s)	1s		X
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
(1) GEORGIA ASSOCIATION OF REALTORS, INC.	м	18,000.	FMV
(2) GEORGIA ASSOCIATION OF REALTORS, INC.	с	30,596.	FMV
(3)			
<u>(4)</u>			
<u>(5)</u>			
<u>(6)</u>			

GEORGIA ASSOCIATION OF REALTORS SCHOLARSHIP FOUNDATION, INC.

Schedule R (Form 990) 2017

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

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

(a) Name, address, and EIN of entity	(b) Primary activity	(c)	(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(e) Are all partners se 501(c)(3 orgs.? Yes No	(g) Share of end-of-year assets	n) opor- nate tions? No	(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General o managin partner? Yes No	(k) Percentage ownership

Schedule R (Form 990) 2017

GEORGIA ASSOCIATION OF REALTORS SCHOLARSHIP FOUNDATION, INC.

Part VII Supplemental Information.

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

Schedule R (Form 990) 2017

732165 09-11-17

Form	8868
------	------

(Rev. January 2017)

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

Department of the Treasury Internal Revenue Service File a separate application for each return.

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

Electronic filing (*e-file*). You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the forms listed below with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, for which an extension request must be sent to the IRS in paper format (see instructions). For more details on the electronic

filing of this form, visit www.irs.gov/efile, click on Charities & Non-Profits, and click on e-file for Charities and Non-Profits.

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

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

				Enter filer's identifying number		
Type or print	 Name of exempt organization or other filer, see instructions. GEORGIA ASSOCIATION OF REALTORS SCHOLARSHIP FOUNDATION, INC. 			Employer identification number (EIN) or $58 - 1627007$		
File by the due date f filing your return. See	Number, street, and room or suite no. If a P.O. box, see instructions.			Social se	Social security number (SSN)	
instruction	ATLANTA, GA 30328					
Enter th	e Return Code for the return that this application is for (fi	le a separa	te application for each return)			
Application		Return	Application			Return
Is For		Code	Is For			Code
Form 990 or Form 990-EZ		01	Form 990-T (corporation)			07
Form 990-BL		02	Form 1041-A			08
Form 4720 (individual)		03	Form 4720 (other than individual)			09
Form 990-PF		04	Form 5227			10
Form 990-T (sec. 401(a) or 408(a) trust)		05	Form 6069			11
Form 990-T (trust other than above)		06	Form 8870			12
box 1 1 fc	request an automatic 6-month extension of time until or the organization named above. The extension is for the ↓	and atta	And the names and EINs of MBER 15, 2018 , to file on's return for:	all memb	ers the exten npt organizat 	sion is for.
2 If	If the tax year entered in line 1 is for less than 12 months, check reason: Initial return Final return Final return Change in accounting period					
3a lf	this application is for Forms 990-BL, 990-PF, 990-T, 4720), or 6069, e	enter the tentative tax, less any			
<u>n</u>	onrefundable credits. See instructions.			3a	\$	0.
b lf	b If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and					
e	estimated tax payments made. Include any prior year overpayment allowed as a credit.			3b	\$	0.
сB	Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required,					
b	y using EFTPS (Electronic Federal Tax Payment System).	Payment System). See instructions.			\$	0.
Caution instruct	 If you are going to make an electronic funds withdrawa ions. 	l (direct det	bit) with this Form 8868, see Form 84	153-EO an	d Form 8879	-EO for payment
LHA	For Privacy Act and Paperwork Reduction Act Notice	, see instru	ictions.		Form 8	868 (Rev. 1-2017)

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