PUBLIC DISCLOSURE COPY

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations) Do not enter social security numbers on this form as it may be made public.

Open to Public

Department of the Treasury Internal Revenue Service

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

OMB No. 1545-0047

A I	For the	\pm 2022 calendar year, or tax year beginning $$ FEB $1,$ 2022 $$ and 6	ending J	AN 31, 2023			
В	Check if applicable	GEORGIA ASSOCIATION OF REALTORS		D Employer identifi	cation number		
	Addre: chang	SCHOLARSHIP FOUNDATION, INC.					
	Name chang	Doing business as		58-16270	07		
	Initial return Final return	Number and street (or P.O. box if mail is not delivered to street address) 6065 BARFIELD ROAD, SUITE 200	Room/suite	E Telephone number 770-451-1831			
	termin ated			G Gross receipts \$	605,924.		
	Ameno return	, , , , , , , , , , , , , , , , , , ,		H(a) Is this a group re			
	Applic	F Name and address of principal officer: DEBRA S. JUNKIN	for subordinates				
	pendir	g SAME AS C ABOVE		H(b) Are all subordinates in			
Ι.	Tax-exe	empt status: $X = 501(c)(3) = 501(c)(3)$ (insert no.) 4947(a)(1) o	or 527	If "No," attach a	list. See instructions		
J	Websit	e: WWW.GAREALTOR.COM		H(c) Group exemption	n number		
		organization; X Corporation Trust Association Other	L Year	of formation: 1984	M State of legal domicile: GA		
P	art I	Summary					
Activities & Governance	1	Briefly describe the organization's mission or most significant activities: $\ { t THE} \ { t F} \ $		NG OF SCHOL	ARSHIPS FOR		
na	2	Check this box if the organization discontinued its operations or dispose	ed of more	than 25% of its net ass	sets.		
Ş.	3	Number of voting members of the governing body (Part VI, line 1a)		3	15		
Ğ	4	Number of independent voting members of the governing body (Part VI, line 1b)		4	15		
8	5	Total number of individuals employed in calendar year 2022 (Part V, line 2a)		5	0		
Vitie	6	Total number of volunteers (estimate if necessary)		6	15		
Ċţ	7 a	Total unrelated business revenue from Part VIII, column (C), line 12		7a	0.		
_	b	Net unrelated business taxable income from Form 990-T, Part I, line 11			0.		
				Prior Year	Current Year		
Revenue	8	Contributions and grants (Part VIII, line 1h)		405,328.	66,201.		
	9	Program service revenue (Part VIII, line 2g)		0.	15 507		
že	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		184,680.	-15,527.		
_	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		0.	<u>0.</u>		
		Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		590,008. 58,165.	50,674. 65,671.		
		Grants and similar amounts paid (Part IX, column (A), lines 1-3)		0.	05,671.		
	45	Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.		
Expenses	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) . Professional fundraising fees (Part IX, column (A), line 11e)		0.	0.		
Sen	h	Total fundraising expenses (Part IX, column (D), line 25)	0.	•	<u>.</u>		
ă	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		38,204.	20,752.		
		Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		96,369.	86,423.		
		Revenue less expenses. Subtract line 18 from line 12		493,639.	-35,749.		
JO.	ű		Ве	ginning of Current Year	End of Year		
Assets or	20	Total assets (Part X, line 16)		2,222,432.	1,941,600.		
ASS	21	Total liabilities (Part X, line 26)		20,164.	75.		
<u></u>		Net assets or fund balances. Subtract line 21 from line 20		2,202,268.	1,941,525.		
	art II	Signature Block					
	•	lties of perjury, I declare that I have examined this return, including accompanying schedules		•	/ knowledge and belief, it is		
true	, correc	t, and complete. Declaration of preparer (other than officer) is based on all information of whi	ich preparer	has any knowledge.			
		Signature of officer		 Date			
Sig				Date			
Hei	re	DEBRA S. JUNKIN, CEO Type or print name and title					
			Ιſ	Date Check	PTIN		
Pai	d	Print/Type preparer's name STANLEY M SMITH II STANLEY M SMITH	l	.2/15/23 of self-employ			
	u parer	Firm's name CARR, RIGGS & INGRAM, LLC			2-1396621		
	Only	Firm's address 4004 SUMMIT BLVD NE, SUITE 800		THIII S EIN 7	_ 10,0001		
	- Carry	ATLANTA, GA 30319		Phone no 77	0.394.8000		
Ma	v the IF	RS discuss this return with the preparer shown above? See instructions		T Holic Ho. 7 7	X Yes No		
		3-22 LHA For Paperwork Reduction Act Notice. see the separate instruction			Form 990 (2022)		

GEORGIA ASSOCIATION OF REALTORS SCHOLARSHIP FOUNDATION, INC.

Form 990 (2022)

Pa	Check if Schedule O contains a response or not	-		
1	Briefly describe the organization's mission:	-		
	THE AWARDING OF SCHOLARSHIP	S FOR THE STUDY	Y OF REAL ESTATE RELA	ATED
	SUBJECTS.			
2	Did the organization undertake any significant prograr	m services during the year wh	nich were not listed on the	
	prior Form 990 or 990-EZ?			Yes X No
3	If "Yes," describe these new services on Schedule O. Did the organization cease conducting, or make signif		uete envergram conjecco	Yes X No
3	If "Yes," describe these changes on Schedule O.	icant changes in now it condi	ucts, any program services?	Yes A NO
4	Describe the organization's program service accompli			
	Section 501(c)(3) and 501(c)(4) organizations are requirevenue, if any, for each program service reported.	ired to report the amount of g	rants and allocations to others, the total	expenses, and
4a		B • including grants of \$	65,671.) (Revenue \$)
	SCHOLARSHIPS AWARDED TO IND	IVIDUALS FOR TH		TE
	RELATED SUBJECTS.			
4b	(Code:) (Expenses \$	including grants of \$) (Revenue \$	
710	(Code:) (Expenses \$	including grants of \$) (nevertue s	, /
4c	(Code:) (Expenses \$	including grants of \$) (Revenue \$)
	-			
	-			
4d	,			
4e	(Expenses \$ including grants Total program service expenses	84,618.) (Revenue \$)
-10	rotal program control expenses	,		Form 990 (2022)

Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	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		Х
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		Х
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		Х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to	<u> </u>		
_	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	Ť		
•	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If</i> "Yes," <i>complete</i>	-		
0	, ,	8		x
0	Schedule D, Part III	├°		
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?			x
40	If "Yes," complete Schedule D, Part IV	9		
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			₩.
	or in 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		<u> X</u>
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		<u> X</u>
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in			
	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	L	Х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Х
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		Х
b				
	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		Х
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,	. <u> </u>		_ _ _
.,	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17		х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines	''		
10		10		х
10	1c and 8a? If "Yes," complete Schedule G, Part II	18		
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			v
00-	complete Schedule G, Part III	19		X
	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		
_	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	_		v
	domestic government on Part IX, column (A), line 1? If "Yes." complete Schedule I, Parts I and II	21		X

GEORGIA ASSOCIATION OF REALTORS SCHOLARSHIP FOUNDATION, INC.

Form 990 (2022)

Part IV Checklist of Required Schedules (continued)

			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	X	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23	X	
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			7.7
	Schedule K. If "No," go to line 25a	24a		<u> </u>
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
لم	any tax-exempt bonds? Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24c 24d		
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit	24u		
ZJa	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		х
h	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and	200		
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes." complete			
	Schedule L, Part I	25b		Х
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		Х
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		<u>X</u>
28	Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV,			
	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
	"Yes," complete Schedule L, Part IV	28a		<u>X</u>
	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		
С	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? f	28c		Х
29	"Yes," complete Schedule L, Part IV	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation	25		
00	contributions? If "Yes," complete Schedule M	30		Х
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If</i> "Yes," <i>complete</i>			
	Schedule N, Part II	32		Х
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	X	
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		<u>X</u>
b	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?			v
27	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	37		х
38	and that is treated as a partnership for federal income tax purposes? <i>If</i> "Yes," <i>complete Schedule R, Part VI</i> Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?	31		
55	Note: All Form 990 filers are required to complete Schedule O	38	Х	
Pai	t V Statements Regarding Other IRS Filings and Tax Compliance	,		
	Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable 1			
b	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming		37	
	(gambling) winnings to prize winners?	1c	Х	1

Form **990** (2022)

		GEORGIA ASSOCIATION OF REALTORS					
Form	990 (2	O22) SCHOLARSHIP FOUNDATION, INC.		58-1627	007	Р	age 5
Par	t V	Statements Regarding Other IRS Filings and Tax Compliance (continued)					
						Yes	No
2a	Enter	the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,					
	filed f	or the calendar year ending with or within the year covered by this return	2a	0			
b	If at le	east one is reported on line 2a, did the organization file all required federal employment tax return	ns?		2b		
					За		Х
b	If "Ye	s," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule	O		3b		
		y time during the calendar year, did the organization have an interest in, or a signature or other a					
	financ	ial account in a foreign country (such as a bank account, securities account, or other financial a	account)?		4a		X
b	If "Ye	s," enter the name of the foreign country					
	See ir	nstructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Ad	ccounts (FE	BAR).			
5a	Was t	he organization a party to a prohibited tax shelter transaction at any time during the tax year?			5a		X
b	Did ar	ny taxable party notify the organization that it was or is a party to a prohibited tax shelter transac	ction?		5b		Х
С	If "Ye	s" to line 5a or 5b, did the organization file Form 8886-T?			5с		
6a	Does	the organization have annual gross receipts that are normally greater than \$100,000, and did the	e organizati	on solicit			
	any c	ontributions that were not tax deductible as charitable contributions?			6a		X
b	If "Ye	s," did the organization include with every solicitation an express statement that such contribution	ons or gifts				
	were	not tax deductible?			6b		
7	Orgai	nizations that may receive deductible contributions under section 170(c).					
а	Did the	e organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and ser	vices provide	ed to the payor?	7a		X
b	If "Ye	s," did the organization notify the donor of the value of the goods or services provided?			7b		
С	Did th	e organization sell, exchange, or otherwise dispose of tangible personal property for which it wa	as required				
	to file	Form 8282?	·······		7с		<u> </u>
d	If "Ye	s," indicate the number of Forms 8282 filed during the year	7d				
е	Did th	e organization receive any funds, directly or indirectly, to pay premiums on a personal benefit co	ontract? .		7e		<u> X</u>
f		e organization, during the year, pay premiums, directly or indirectly, on a personal benefit contra			7f		X
g	If the	organization received a contribution of qualified intellectual property, did the organization file Fo	rm 8899 as	required?	7g		
h	If the	organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization	tion file a Fo	orm 1098-C?	7h		
8	-	soring organizations maintaining donor advised funds. Did a donor advised fund maintained	l by the				
	-	oring organization have excess business holdings at any time during the year?			8		
	-	soring organizations maintaining donor advised funds.					
		e sponsoring organization make any taxable distributions under section 4966?			9a		
		e sponsoring organization make a distribution to a donor, donor advisor, or related person?			9b		
		on 501(c)(7) organizations. Enter:	1 1				
		on fees and capital contributions included on Part VIII, line 12	10a				
		receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b				
		on 501(c)(12) organizations. Enter:	المدا				
		income from members or shareholders	11a				
b		income from other sources. (Do not net amounts due or paid to other sources against					
40		nts due or received from them.)	11b		40		
		on 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form	1 1		12a		
		s," enter the amount of tax-exempt interest received or accrued during the year	12b				
		on 501(c)(29) qualified nonprofit health insurance issuers.			120		
а		organization licensed to issue qualified health plans in more than one state?			13a		
L		See the instructions for additional information the organization must report on Schedule O.					
b		the amount of reserves the organization is required to maintain by the states in which the	13b				
_		ization is licensed to issue qualified health plans	13b				
		the amount of reserves on hand			1/10		Х
					14a 14b		
		s," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedul organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuner			1+D		
		s parachute payment(s) during the year?			15		x
		s," see the instructions and file Form 4720, Schedule N.			.5		

If "Yes," complete Form 4720, Schedule O. Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953? 17

Is the organization an educational institution subject to the section 4968 excise tax on net investment income?

Form **990** (2022)

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If "Yes," complete Form 6069.

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Part VI Governance, Management, and Disclosure. For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions.

						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	1	5						
	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 on Schedule O.									
b	b Enter the number of voting members included on line 1a, above, who are independent15									
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship		anv other							
_	officer, director, trustee, or key employee?			2	Х					
3	Did the organization delegate control over management duties customarily performed by or under the				T					
3	of officers, directors, trustees, or key employees to a management company or other person?									
4	Did the organization make any significant changes to its governing documents since the prior Form 9				X	Х				
4					+	X				
5	Did the organization become aware during the year of a significant diversion of the organization's ass					X				
6	Did the organization have members or stockholders?			6	+	 ^				
7a	Did the organization have members, stockholders, or other persons who had the power to elect or ap	•				١,,				
	more members of the governing body?			<u>7a</u>	-	X				
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, st		·			l				
	persons other than the governing body?			7b		X				
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year	r by th	e following:							
а	The governing body?			8a	X					
b	Each committee with authority to act on behalf of the governing body?			8b	X					
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be read	ched a	t the							
	organization's mailing address? If "Yes." provide the names and addresses on Schedule O			9		X				
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Re									
					Yes	No				
10a	Did the organization have local chapters, branches, or affiliates?			10a		Х				
	If "Yes," did the organization have written policies and procedures governing the activities of such ch			1.00						
~			, armatos,	10b						
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body			11a						
	Describe on Schedule O the process, if any, used by the organization to review this Form 990.	Deloi	e ming the form:	110	1					
b 40-				40-	х					
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13			12a	X					
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise			12b	<u> </u>					
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? $H = Y$,		١.,	v					
	on Schedule O how this was done			12c		_				
13	Did the organization have a written whistleblower policy?			13	X					
14	Did the organization have a written document retention and destruction policy?			14	X					
15	Did the process for determining compensation of the following persons include a review and approva		dependent							
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?									
	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 on Schedule O. See instructions.									
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangen	nent w	ith a							
	taxable entity during the year?			16a		X				
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluat	e its p	articipation							
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organ	izatior	ı's							
	exempt status with respect to such arrangements?			16b						
Sec	tion C. Disclosure									
17	List the states with which a copy of this Form 990 is required to be filed									
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, ar	nd 990	-T (section 501(c)(:	3)s only	availa	ble				
	for public inspection. Indicate how you made these available. Check all that apply.		,	,···y						
	X Own website X Another's website X Upon request Other (explain		phodula (1)							
10	Describe on Schedule O whether (and if so, how) the organization made its governing documents, co			nd fina-	ncial					
19		i iiiiCt (л ппетезтропсу, а	iu iiiiar	icial					
00	statements available to the public during the tax year.		dde							
20	State the name, address, and telephone number of the person who possesses the organization's book CHARRICE PIMITER - 770 451 - 1831	ks an	a records							
	CHARRISSE BUTLER - 770-451-1831									
	6065 BARFIELD ROAD, SUITE 200, ATLANTA, GA 30328									

Form 990 (2022) SCHOLARSHIP FOUNDATION, Part VII Compensation of Officers, Directors, Trustees, Ke

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

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

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

 List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation.
- Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See the instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.

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

- 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. See the instructions for the order in which to list the persons above.

(A)	(B)	J. ya		(0	C)			(D)	(E)	(F)
Name and title	Average hours per	box	Position (do not check more than one box, unless person is both an		Reportable compensation	Reportable compensation	Estimated amount of			
	week (list any hours for related organizations below line)	stee or director				Highest compensated snaployee	tee)	from the organization (W-2/1099-MISC/ 1099-NEC)	from related organizations (W-2/1099-MISC/ 1099-NEC)	other compensation from the organization and related organizations
(1) DORRIE J. LOVE	1.00									
CHAIR		Х		Х				0.	0.	0.
(2) LISA M. SCULLY	1.00									
PRESIDENT		Х		Х				0.	0.	0.
(3) JIM BARNER	1.00									
PRESIDENT - ELECT		Х		X				0.	0.	0.
(4) JOEY TUCKER	1.00									
IMMEDIATE PAST PRESIDENT		Х		X				0.	0.	0.
(5) RUSSELL JACKSON BERRY	1.00									
TRUSTEE		Х						0.	0.	0.
(6) LISA V. BURGEE	1.00									
TRUSTEE		Х						0.	0.	0.
(7) JOY COOPER	1.00									
TRUSTEE		Х						0.	0.	0.
(8) DONNA HARMON	1.00									
TRUSTEE		Х						0.	0.	0.
(9) KIRBI SMITH	1.00									
TRUSTEE		Х						0.	0.	0.
(10) CYNTHIA D. LIPPERT	1.00									
TRUSTEE		Х						0.	0.	0.
(11) SHERRY TERRELL	1.00									
TRUSTEE		Х						0.	0.	0.
(12) CHANNON THURMOND	1.00									
TRUSTEE		Х						0.	0.	0.
(13) VIKKI TRAYWICK	1.00									
TRUSTEE		Х						0.	0.	0.
(14) STACI PARHAM	1.00									
TRUSTEE AT LARGE		Х						0.	0.	0.
(15) CARLTON E. PURVIS	1.00									
TRUSTEE AT LARGE		Х						0.	0.	0.
(16) DEBRA S. JUNKIN	1.00									
CEO/GA ASSOC. OF REALTORS	40.00			Х				0.	358,473.	27,803.
(17) CHARRISSE BUTLER	1.00									
FINANCIAL DIRECTOR	40.00			Х				0.	93,423.	
232007 12-13-22										Form 990 (2022)

232007 12-13-22

Form **990** (2022)

Form 990 (2022)

Par	t VII Section A. Officers, Directors, Trus	tees, Key Emp	oloy	ees,	and	d Hig	ghes	t C	ompensated Employee	s (continued)				<u> </u>
	(A) Name and title	(B) Average hours per	(do	not c	((Pos heck	C) sition more	ີ່) than d	one	(D) Reportable compensation	(E) Reportable compensation			(F) timate	
		week (list any hours for related organizations below line)					Highest compensated sport set on pensated employee	tee)	from the organization (W-2/1099-MISC/ 1099-NEC)	from related organization (W-2/1099-MIS 1099-NEC)	d is SC/	comp fro orga and	other pensate om the anization relate nization	tion e on ed
			u	ul	0	Ä	ΞĐ	я.						
	Subtotal								0.	451,89	96.	38	3,02	28.
С	Total from continuation sheets to Part VI	I, Section A							0.	-	0.			0.
<u>d</u> 2	Total (add lines 1b and 1c) Total number of individuals (including but no compensation from the organization								0 • eceived more than \$100,	451,89		30	3,02	0
3	Did the organization list any former officer,	director, truste	ee, k	кеу е	empl	loye	e, or	hig	hest compensated emp	loyee on			Yes	No
4	line 1a? If "Yes," complete Schedule J for si For any individual listed on line 1a, is the su	m of reportable	e co	mpe	ensa	tion	and	oth	•	he organization		3	Х	X
5	and related organizations greater than \$150 Did any person listed on line 1a receive or a	ccrue compen	sati	on fr	om	any	unre	elate	ed organization or individ	dual for services		4	A	
Sec	rendered to the organization? If "Yes." com tion B. Independent Contractors	plete Schedule	J f	or su	ıch <u>ı</u>	oers	on .					5		X
1	Complete this table for your five highest conthe organization. Report compensation for the co										oensa	tion fro	m	
	(A) Name and business	address	NC	ONE	3				(B) Description of s	services	С	(C comper		1
2	Total number of independent contractors (in \$100,000 of compensation from the organize	-	ot lin	nited	d to	thos		ted	above) who received mo	ore than				
												Form \$	990 (2	2022)

Form 990 (2022)

Part VIII Statement of Revenue

		Check if Schedule O contains a response of	or note to any lin	e in this Part VIII			
				(A)	(B)	(C)	(D)
				Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under
					iunction revenue	business revenue	sections 512 - 514
S S	1 :	Federated campaigns 1a					
Contributions, Gifts, Grants and Other Similar Amounts		Membership dues 1b					
جَ <u>وَ</u>		Fundraising events 1c					
fts,		Related organizations 1d					
ig ig		Government grants (contributions)					
ons,							
utic er	'	All other contributions, gifts, grants, and	66,201.				
章된		similar amounts not included above 1f	00,201.				
o t		Noncash contributions included in lines 1a-1f		66 201			
Og		Total. Add lines 1a-1f		66,201.			
			Business Code				
Ce	2 8	·					
ē Ķ	ŀ						
Se	(:					
ar	(I					
Program Service Revenue	•						
₫	1	All other program service revenue					
	9	Total. Add lines 2a-2f					
	3	Investment income (including dividends, interes	st, and				
		other similar amounts)		30,360.			30,360.
	4	Income from investment of tax-exempt bond pr					
	5	Royalties					
		(i) Real	(ii) Personal				
	6 a	Gross rents 6a					
		Less: rental expenses 6b					
		Rental income or (loss) 6c					
		Net rental income or (loss)					
		Gross amount from sales of (i) Securities	(ii) Other				
	, ,	assets other than inventory 7a 509, 363.	()				
		Less: cost or other basis					
ø.	'						
ğ		and sales expenses 76 55 5 , 250 • 76 55 5 , 250 • 77 76 77 78 78 78 78 78 78 78 78 78 78 78 78					
ther Revenue	•	Gain or (loss) 7c -45,887.		-45,887.			-45,887.
Ř		Net gain or (loss)		-45,00/.			-45,007.
the	8 8	Gross income from fundraising events (not					
0		including \$ of					
		contributions reported on line 1c). See					
		Part IV, line 188a					
	ŀ	Less: direct expenses 8b					
		Net income or (loss) from fundraising events					
	9 a	Gross income from gaming activities. See					
		Part IV, line 199a					
	ŀ	Less: direct expenses 9b					
	(Net income or (loss) from gaming activities					
	10 a	Gross sales of inventory, less returns					
		and allowances 10a					
	ŀ	Less: cost of goods sold 10b					
		Net income or (loss) from sales of inventory					
		,,	Business Code				
sno	11 a	I					
nec Tue							
Miscellaneous Revenue	,						
Sce	,	All other revenue					
Ξ	,	• Total. Add lines 11a-11d					
	12	Total revenue. See instructions		50,674.	0.	0 -	-15,527.
				,	,		, •

Part IX | Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).									
Check if Schedule O contains a response or note to any line in this Part IX									
	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	65,671.	65,671.						
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,				1				
	trustees, and key employees								
6	Compensation not included above to disqualified				1				
	persons (as defined under section 4958(f)(1)) and				1				
	persons described in section 4958(c)(3)(B)								
7	Other salaries and wages								
8	Pension plan accruals and contributions (include				1				
	section 401(k) and 403(b) employer contributions)								
9	Other employee benefits								
10	Payroll taxes								
11	Fees for services (nonemployees):				1				
а	Management	10,000.	9,000.	1,000.					
b	Legal								
С	Accounting	5,500.	4,950.	550.					
d	Lobbying								
е	Professional fundraising services. See Part IV, line 17	0.506	0 506						
f	Investment management fees	2,706.	2,706.						
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	2,546.	2,291.	255.					
14	Information technology								
15	Royalties								
16	Occupancy								
17	Travel				1				
18	Payments of travel or entertainment expenses				1				
	for any federal, state, or local public officials								
19	Conferences, conventions, and meetings								
20	Interest Payments to officiates								
21	Payments to affiliates								
22	Depreciation, depletion, and amortization								
23	Other expenses. Itemize expenses not covered								
24	above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule 0.)								
а									
b									
C									
d	All other evpenses								
	All other expenses Add lines 1 through 24e	86,423.	84,618.	1,805.	0.				
<u>25</u> 26	Total functional expenses. Add lines 1 through 24e Joint costs. Complete this line only if the organization	00,423.	07,010•	1,000.					
20	reported in column (B) joint costs from a combined				i				
	educational campaign and fundraising solicitation.				i				
	Check here if following SOP 98-2 (ASC 958-720)				1				

Part X Balance Sheet

				(A) Beginning of year		(B) End of year
Т	1	Cash - non-interest-bearing		377,352.	1	344,216
	2			11,670.	2	7,397
	3	Savings and temporary cash investments		11,070.	3	1,331
		Pledges and grants receivable, net			4	
	4 5	Accounts receivable, net Loans and other receivables from any current		4		
	3					
		trustee, key employee, creator or founder, su			5	
	6	controlled entity or family member of any of the Loans and other receivables from other disquares.			3	
	0	•			6	
	7	under section 4958(f)(1)), and persons describ			7	
Assets	7	Notes and loans receivable, net			8	
4ss	8	Inventories for sale or use			9	
`	9				9	
	iua	Land, buildings, and equipment: cost or othe				
		basis. Complete Part VI of Schedule D			10-	
		Less: accumulated depreciation			10c	
	11	Investments - publicly traded securities		1,833,410.	11	1,589,987
	12	Investments - other securities. See Part IV, lin		1,033,410.	12	1,309,901
	13	Investments - program-related. See Part IV, lin		13		
	14	Intangible assets		14 15		
	15 16	Other assets. See Part IV, line 11		2,222,432.	16	1,941,600
+	<u>16</u> 17			20,164.	17	75
		Accounts payable and accrued expenses		20,104.	18	, ,
	18 19	Grants payable			19	
	20	Deferred revenue			20	
	21	Tax-exempt bond liabilities Escrow or custodial account liability. Comple			21	
	22	Loans and other payables to any current or for			21	
Liabilities	22	trustee, key employee, creator or founder, su				
≣│		controlled entity or family member of any of t			22	
E	23	Secured mortgages and notes payable to uni			23	
	23 24	Unsecured notes and loans payable to unrela			24	
	25	Other liabilities (including federal income tax,			24	
	25	parties, and other liabilities not included on li				
		of Schodulo D	, .		25	
	26	Total liabilities. Add lines 17 through 25		20,164.	26	75.
\dashv	20	Organizations that follow FASB ASC 958, or	check here X	20,101.	20	, 3
Se		and complete lines 27, 28, 32, and 33.				
Ě	27			2,002,268.	27	1,741,525
39	28			200,000.	28	200,000
<u> </u>		Organizations that do not follow FASB ASC				
בֿ בֿ		and complete lines 29 through 33.				
ō	29	Capital stock or trust principal, or current fun	ds		29	
ets	30	Paid-in or capital surplus, or land, building, or			30	
Ass	31	Retained earnings, endowment, accumulated			31	
Net Assets or Fund Balances	32	Total net assets or fund balances		2,202,268.	32	1,941,525
z 1		Total liabilities and net assets/fund balances		2,222,432.	33	1,941,600

Pa	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				X
1	Total revenue (must equal Part VIII, column (A), line 12)	1		0,6	
2	Total expenses (must equal Part IX, column (A), line 25)	2		6,4	
3	Revenue less expenses. Subtract line 2 from line 1	3		5,7	
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	2,20		
5	Net unrealized gains (losses) on investments	5	12	3,5	60.
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 on Schedule O)	9	-34	8,5	54.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,				
	column (B))	10	1,94	1,5	25.
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				X
				Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule	Ο.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a	_X_	
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a			
	separate basis, consolidated basis, or both:				
	X Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b		X
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	basis,			
	consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	audit,			
	review, or compilation of its financial statements and selection of an independent accountant?		2c	X	
	If the organization changed either its oversight process or selection process during the tax year, explain on Sche	edule O.			
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the				
	Uniform Guidance, 2 C.F.R. Part 200, Subpart F?		3a		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required				
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b		
			Form	990	(2022)

SCHEDULE A

(Form 990)

Total

Department of the Treasury Internal Revenue Service

Public Charity Status and Public Support

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

Attach to Form 990 or Form 990-EZ.

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

2022

OMB No. 1545-0047

Open to Public Inspection

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

Employer identification number 58-1627007

Reason for Public Charity Status. (All organizations must complete this part.) See instructions. Part I The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990).) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) 6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or 10 An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. **X** Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization. Enter the number of supported organizations Provide the following information about the supported organization(s). (iv) Is the organization listed in your governing document? (i) Name of supported (ii) EIN (iii) Type of organization (v) Amount of monetary (vi) Amount of other (described on lines 1-10 organization support (see instructions) support (see instructions) Yes No above (see instructions)) GEORGIA ASSOCIATION 58-0836843 65,671 OF REALTORS, 10 X

0.

	edule A (Form 990) 2022 S ort II Support Schedule for		P FOUNDAT		h)(1)(Δ)(iy) and	58-162 1170(b)(1)(A)(vi	
ГС	(Complete only if you checke	_		-			-
	fails to qualify under the tests			-	ir ialied to quality	under Part III. II trie	organization
80	· · · · · · · · · · · · · · · · · · ·	nisted below, piea	se complete r art i				
	ction A. Public Support			T	T	T	T
	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(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					1	
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
	Total. Add lines 1 through 3						
5	The portion of total contributions						
	by each person (other than a						
	governmental unit or publicly						1
	supported organization) included						
	on line 1 that exceeds 2% of the						
	amount shown on line 11,						
	column (f)						
	Public support. Subtract line 5 from line 4.						
Se	ction B. Total Support	т	T	T	T	1	1
	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(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						
	or loss from the sale of capital						
	assets (Explain in Part VI.)						
11	Total support. Add lines 7 through 10						
12	Gross receipts from related activities,	etc. (see instruction	ons)			12	
13	First 5 years. If the Form 990 is for the	ne organization's fi	rst, second, third,	fourth, or fifth tax	year as a section (501(c)(3)	
	organization, check this box and stop						
Se	ction C. Computation of Publi	c Support Per	centage				
14	Public support percentage for 2022 (I		•	* * * * * * * * * * * * * * * * * * * *			%
15							9/
16a	33 1/3% support test - 2022. If the	organization did no	ot check the box o	n line 13, and line	14 is 33 1/3% or n	nore, check this bo	x and
	stop here. The organization qualifies		-				
k	33 1/3% support test - 2021. If the	organization did no	ot check a box on I	line 13 or 16a, and	line 15 is 33 1/3%	6 or more, check th	is box
	and stop here. The organization qual	ifies as a publicly	supported organiza	ation			
17a	10% -facts-and-circumstances test	- 2022. If the org	ganization did not d	check a box on line	e 13, 16a, or 16b,	and line 14 is 10%	or more,
	and if the organization meets the fact	s-and-circumstanc	es test, check this	box and stop he	re. Explain in Parl	t VI how the organiz	ation

Schedule A (Form 990) 2022

b 10% -facts-and-circumstances test - 2021. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the

meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization

organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization **18 Private foundation.** If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions

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	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(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						
	Add lines 7a and 7b						
8	Public support. (Subtract line 7c from line 6.)						
Sec	ction B. Total Support		1	T			
	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(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						
	Add lines 10a and 10b						
11	Net income from unrelated business activities not included on 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.)						
	Total support. (Add lines 9, 10c, 11, and 12.)						
14	First 5 years. If the Form 990 is for the	•		•	•		· —
0-	check this box and stop here						
	ction C. Computation of Publi					T T	
	Public support percentage for 2022 (I	, (,,	,	(//		15	<u>%</u>
	Public support percentage from 2021 ction D. Computation of Investigation					16	%
	•			no 13 column (f)		17	0/
	Investment income percentage for 20						<u>%</u>
	Investment income percentage from 3					18 3 1/3% and line 1	7 is not
198	33 1/3% support tests - 2022. If the						
L	more than 33 1/3%, check this box ar 33 1/3% support tests - 2021. If the						
i.	line 18 is not more than 33 1/3%, che						
20	Private foundation If the organization						

232023 12-09-22

Part IV | Supporting Organizations

(Complete only if you checked a box on line 12 of Part I. If you checked box 12a, Part I, complete Sections A and B. If you checked box 12b, Part I, complete Sections A and C. If you checked box 12c, Part I, complete Sections A, D, and E. If you checked box 12d, 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 lines 3b and 3c below.
- **b** Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in **Part VI** when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.
- **4a** Was any supported organization not organized in the United States ("foreign supported organization")? *If* "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c 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 lines 5b and 5c below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- **b Type I or Type II only.** Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as 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).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? If "Yes," complete Part I of Schedule L (Form 990).
- **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 on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in **Part VI.**
- c Did a disqualified person (as defined on 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 line 10b below.
 - **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

	Yes	No
	163	140
1	Х	
-		
2		X
	Х	
3a	Λ	
3b	х	
0.0		
3с	Х	
4a		X
4b		
4c		
5a		X
5b		
5c		
6		Х
7		Х
8		X
9a		X
Oh		Х
9b		-25
9с		Х
10a		X
10b		
le A (Forr	n 990)	2022

Pai	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 on lines 11b and			
	11c below, the governing body of a supported organization?	11a		Х
b	A family member of a person described on line 11a above?	11b		Х
С	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
	detail in Part VI.	11c		Х
Sec	tion B. Type I Supporting Organizations			
			Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or			
	more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers,			
	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 officers, 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 on line 2, above, 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 instructions).			
а	The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. Complete line 3 below.			
С	The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see inst	truction	· .	
2	Activities Test. Answer lines 2a and 2b 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 on line 2a, above, 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 lines 3a and 3b below.			
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
	trustees of each of the supported organizations? If "Yes" or "No" provide details in 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		

Pa	rt v Type III Non-Functionally Integrated 509(a)(3) Supporti	ng Organi	zations	
1	Check here if the organization satisfied the Integral Part Test as a qualify	ing trust on N	ov. 20, 1970 (explain in	Part VI). See instructions.
	All other Type III non-functionally integrated supporting organizations mu		·	
Sect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3.	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):			
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
С	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
	Discount claimed for blockage or other factors			
	(explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d.	3		
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,			
	see instructions).	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 0.035.	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1		
2	Enter 0.85 of line 1.	2		
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3		
4	Enter greater of line 2 or line 3.	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions).	6		
7	Check here if the current year is the organization's first as a non-function	ally integrated	Type III supporting orga	nization (see

Schedule A (Form 990) 2022

instructions).

Sch	edule A (Form 990) 2022 SCHOLARSHIP FOUNDATION, INC.	58	-1627007 Page 7
Pa	rt V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (co	ontinued)	
Sec	tion D - Distributions		Current Year
_1	Amounts paid to supported organizations to accomplish exempt purposes	1	
2	Amounts paid to perform activity that directly furthers exempt purposes of supported		
	organizations, in excess of income from activity	2	
_3	Administrative expenses paid to accomplish exempt purposes of supported organizations	3	
4	Amounts paid to acquire exempt-use assets	4	
5	Qualified set-aside amounts (prior IRS approval required - provide details in Part VI)	5	
_6	Other distributions (describe in Part VI). See instructions.	6	
7	Total annual distributions. Add lines 1 through 6.	7	
8	Distributions to attentive supported organizations to which the organization is responsive		
	(provide details in Part VI). See instructions.	8	
9	Distributable amount for 2022 from Section C, line 6	9	
10	Line 8 amount divided by line 9 amount	10	

Section E - Distribution Allocations	s (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2022	(iii) Distributable Amount for 2022
1 Distributable amount for 2022	from Section C, line 6			
2 Underdistributions, if any, for y	ears prior to 2022 (reason-			
able cause required - explain in	Part VI). See instructions.			
3 Excess distributions carryover,	if any, to 2022			
a From 2017				
b From 2018				
c From 2019				
d From 2020				
e From 2021				
f Total of lines 3a through 3e				
g Applied to underdistributions of	f prior years			
h Applied to 2022 distributable a	mount			
i Carryover from 2017 not applie	ed (see instructions)			
j Remainder. Subtract lines 3g,	3h, and 3i from line 3f.			
4 Distributions for 2022 from Sec	ction D,			
line 7:	\$			
a Applied to underdistributions of	f prior years			
b Applied to 2022 distributable a	mount			
c Remainder. Subtract lines 4a a	nd 4b from line 4.			
5 Remaining underdistributions f				
any. Subtract lines 3g and 4a f	rom line 2. For result greater			
than zero, explain in Part VI. S	ee instructions.			
6 Remaining underdistributions f	or 2022. Subtract lines 3h			
and 4b from line 1. For result g	reater than zero, explain in			
Part VI. See instructions.				
7 Excess distributions carryove	er to 2023. Add lines 3j			
and 4c.				
8 Breakdown of line 7:				
a Excess from 2018				
b Excess from 2019				
c Excess from 2020				
d Excess from 2021				
e Excess from 2022				

Schedule A (Form 990) 2022

Port VI Constant I Con
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:
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.
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

Schedule B

(Form 990)

Schedule of Contributors
Attach to Form 990 or Form 990-PF.

OMB No. 1545-0047

2022

Department of the Treasury Internal Revenue Service

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

Name of the organization

GEORGIA ASSOCIATION OF REALTORS

SCHOLARSHIP FOUNDATION, INC.

58-1627007

Employer identification number

Organization type (check one): Filers of: Section: X 501(c)(3) (enter number) organization Form 990 or 990-EZ 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), 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 (entering "N/A" in column (b) instead of the contributor name and address), 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 exclusively 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 exclusively 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 \$ Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), 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

LHA For Paperwork Reduction Act Notice, see the instructions for Form 990, 990-EZ, or 990-PF.

that it doesn't meet the filing requirements of Schedule B (Form 990).

Schedule B (Form 990) (2022)

Schedule B (Form 990) (2022)

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

Employer identification number

58-1627007

(a)	(b)	(c)	(d)
No.	(b) Name, address, and ZIP + 4	Total contributions	Type of contribution
1		\$\$	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		\$\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3		 \$5,663.	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.

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 Pa	rt II if additional space is needed.	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		 \$	
(2)			
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received

Page 4 Schedule B (Form 990) (2022)

Name of organization GEORGIA ASSOCIATION OF REALTORS **Employer identification number**

CHOL	ARSHIP FOUNDATION, INC.			58-1627007
art III	Exclusively religious, charitable, etc., contribution from any one contributor. Complete columns (a) to completing Part III, enter the total of exclusively religious, ch	hrough (e) and the following line en	try. For ord	I(c)(7), (8), or (10) that total more than \$1,000 for the year ganizations e year. (Enter this info. once.)
	Use duplicate copies of Part III if additional sp	pace is needed.		
a) No. from	·			
from Part I	(b) Purpose of gift	(c) Use of gift		(d) Description of how gift is held
		(e) Transfer of gi	ft	
L	Transferee's name, address, and	d ZIP + 4	Re	elationship of transferor to transferee
a) No.	1		I	
a) No. from	(b) Purpose of gift	(c) Use of gift		(d) Description of how gift is held
Part I				
		-		-
			_	
		(e) Transfer of gi	ft	
	Transferee's name, address, and	d ZIP + 4	Re	elationship of transferor to transferee
				
a) No.				
a) No. from Part I	(b) Purpose of gift	(c) Use of gift		(d) Description of how gift is held
arti				
_				
		(e) Transfer of gi	ft	
	Transferee's name, address, and	d ZIP + 4	Re	elationship of transferor to transferee
a) No.	T			
a) No. from Part I	(b) Purpose of gift	(c) Use of gift		(d) Description of how gift is held
uiti				
		(e) Transfer of gi	ft	
	Transferee's name, address, and	d ZIP + 4	Re	elationship of transferor to transferee
1				

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

Complete if the organization answered "Yes" on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. Attach to Form 990.

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

OMB No. 1545-0047

2022
Open to Public Inspection

Name of the organization

GEORGIA ASSOCIATION OF REALTORS SCHOLARSHIP FOUNDATION, INC.

Employer identification number 58-1627007

		(a) Donor advised	funds	(b) Funds and other accounts
1	Total number at end of year			
2	Aggregate value of contributions to (during year)			
3	Aggregate value of grants from (during year)			
4	Aggregate value at end of year			
5	Did the organization inform all donors and donor advisors in w	riting that the assets held	l in donor advised fu	nds
	are the organization's property, subject to the organization's e	-		
6	Did the organization inform all grantees, donors, and donor ac			
	for charitable purposes and not for the benefit of the donor or			
	impermissible private benefit?	•	•	
Pa	t II Conservation Easements. Complete if the org			
1	Purpose(s) of conservation easements held by the organization		·	
	Preservation of land for public use (for example, recreat		Preservation of a his	torically important land area
	Protection of natural habitat	· —		tified historic structure
	Preservation of open space			
2	Complete lines 2a through 2d if the organization held a qualification	ed conservation contribut	ion in the form of a c	onservation easement on the last
	day of the tax year.			Held at the End of the Tax Yea
а	Total number of conservation easements			2a
b				2b
С	Number of conservation easements on a certified historic stru			2c
d	Number of conservation easements included in (c) acquired at			
	historic structure listed in the National Register	•		2d
3	Number of conservation easements modified, transferred, rele			nization during the tax
	year	· ·		-
4	Number of states where property subject to conservation ease	ement is located		
5	Does the organization have a written policy regarding the peri	odic monitoring, inspectio	n, handling of	
	violations, and enforcement of the conservation easements it	holds?		Yes N
6	Staff and volunteer hours devoted to monitoring, inspecting, h			
7	Amount of expenses incurred in monitoring, inspecting, handl	ing of violations, and enfo	rcing conservation e	asements during the year
8	Does each conservation easement reported on line 2(d) above	satisfy the requirements	of section 170(h)(4)(E	3)(i)
	and section 170(h)(4)(B)(ii)?			Yes N
9	In Part XIII, describe how the organization reports conservation	n easements in its revenu	e and expense state	ment and
	balance sheet, and include, if applicable, the text of the footnote	ote to the organization's fi	nancial statements t	hat describes the
	organization's accounting for conservation easements.			
Pa	t III Organizations Maintaining Collections of		sures, or Other	Similar Assets.
	Complete if the organization answered "Yes" on Form	990, Part IV, line 8.		
1a	If the organization elected, as permitted under FASB ASC 958	3, not to report in its reven	ue statement and ba	alance sheet works
	of art, historical treasures, or other similar assets held for public	lic exhibition, education, c	or research in further	ance of public
	service, provide in Part XIII the text of the footnote to its finance	cial statements that descr	ibes these items.	
b	If the organization elected, as permitted under FASB ASC 958	3, to report in its revenue s	statement and baland	ce sheet works of
	art, historical treasures, or other similar assets held for public $% \left(1\right) =\left(1\right) \left(1\right) $	exhibition, education, or r	esearch in furtherand	ce of public service,
	provide the following amounts relating to these items:			
	(i) Revenue included on Form 990, Part VIII, line 1			
2	If the organization received or held works of art, historical trea	sures, or other similar ass	ets for financial gain	, provide
	the following amounts required to be reported under FASB AS	SC 958 relating to these it	ems:	
а	Revenue included on Form 990, Part VIII, line 1			\$

232051 09-01-22

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

Schedule D (Form 990) 2022

3 Using the organization's acquisition, accession, and other records, check any of the following that make significant use of its collection items (sheek all that apply): a Public exhibition d Loan or exchange program b Scholarly research e Other c Preservation for future generations 4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII. 5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No Part IV Escrow and Custodial Arrangements. Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21. 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X, line 21. 1b If "Yes," explain the arrangement in Part XIII and complete the following table: C Beginning balance 1	_		ollections of Ar				r Other			27007		age Z
collection items (check all that apply): a		•								(CONTIN	uea)	
a Public exhibition d Loan or exchange program b Scholarly research research e Other Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII. Puring the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21. Is its the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Is its the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Is its the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Is its the organization and an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X, line 21. Is its the organization during the year Is it is destinated by the year Is ending balance Is it is	3	. ,	n, and other record	s, cneck	any of the	rollowing that	make sig	Initicant L	ise of its			
b Scholarly research e Other Preservation for future generations 4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII. 5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No Part IV I Escrow and Custodial Arrangements. Complete if the organization an aspent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X, line 21. 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? 1b If "Yes," explain the arrangement in Part XIII and complete the following table: C Beginning balance 1 Amount 1 C Bustributions during the year 1 C Ending balance 1 D Bustributions during the year 1 D Bustributions during the year 2 D Id the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes No b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII 1 Beginning of year balance 2 D Contributions 1 Amount I Check here if the explanation has been provided on Part XIII on the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII on the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII on the part XIII. The Part XIII and Complete if the organization answered "Yes" on Form 990, Part X, line 10. 1 Beginning of year balance 2 Powlet the estimated percentage of the current year end balance (line 1g, column (a)) held as: a Board designated or quasi-endowment 5 Part Y Complete if the estimated percentage of the current year end balance (line 1g, column (a)) held as: a Board designated or quasi-endowment 5 Part Y L La				. —.		_						
c Preservation for future generations 4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII. 5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Ves No Part IV Escrow and Custodial Arrangements. Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21. 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X, line 21. 1a Is the organization and agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X, line 21. 1a Is the organization than a arrangement in Part XIII and complete the following table:												
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on Form 990, Part X? b If "Yes," explain the arrangement in Part XIII and complete the following table: Amount 1c												
b if "Yes," explain the arrangement in Part XIII and complete the following table: Amount Ic	1a									7		1
c Beginning balance									L	」Yes		No
c Beginning balance d Additions during the year e Distributions during the year f Ending balance 2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes No b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII Part V Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10. [a) Current year (b) Prior year (c) Two years back (d) Three years back (e) Four years back [a Beginning of year balance b Contributions c Net investment earnings, gains, and losses d Grants or scholarships e Other expenditures for facilities and programs f Administrative expenses g End of year balance 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: a Board designated or quasi-endowment year and year balance (line 1g, column (a)) held as: a Board designated or quasi-endowment year endowment year end balance (line 1g, column (a)) held as: a Board designated or quasi-endowment year endowment year end balance (line 1g, column (a)) held as: a Board designated or quasi-endowment year endowment year end balance (line 1g, column (a)) held as: a Board designated or quasi-endowment year endowment year end balance (line 1g, column (a)) held as: a Board designated or quasi-endowment year endowment year end balance (line 1g, column (a)) held as: a Board designated or quasi-endowment year end balance (line 1g, column (a)) held as: a Board designated or quasi-endowment year end balance (line 1g, column (a)) held as: a Board designated or quasi-endowment year end balance (line 1g, column (a)) held as: a Board designated or quasi-endowment year end balance (line 1g, column (a)) held as: a Board designated or quasi-endowment year end balance (line 1g, column (a)) held as: a Board designated or quasi-endowment year end balance (line 1g, column (a)) held as: a Board designated or quasi-endowment year end balance (line 1g, column (a) held as: a Board designa	b	If "Yes," explain the arrangement in Part XIII a	and complete the fol	llowing ta	able:							
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Part V Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10. (a) Current year (b) Prior year (c) Two years back (d) Three years back (e) Four years back	2 a	Did the organization include an amount on Fo	rm 990, Part X, line	21, for e	scrow or cu	ustodial acco	unt liabilit	y?	L	Yes		No
(a) Current year (b) Prior year (c) Two years back (d) Three years back (e) Four years back (e) Four years back (d) Three years back (e) Four years back (e) F												
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f Administrative expenses g End of year balance 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: a Board designated or quasi-endowment		and programs										
g End of year balance	f											
Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: a Board designated or quasi-endowment	g											
b Permanent endowment	2		ent year end balance	e (line 1g	, column (a)) held as:						
b Permanent endowment	а	Board designated or quasi-endowment	•	%								
c Term endowment	b	-		_								
Are there endowment funds not in the possession of the organization that are held and administered for the organization by: (i) Unrelated organizations (ii) Related organizations (iii) Related organizations (iii) Respective on line 3a(ii), are the related organizations listed as required on Schedule R? 4 Describe in Part XIII the intended uses of the organization's endowment funds. Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other (b) Cost or other (c) Accumulated (d) Book value	С											
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(i) Unrelated organizations (ii) Related organizations (iii) Related organizations (iii) Related organizations (iii) Related organizations (iv) In the interval of the related organizations listed as required on Schedule R? 4 Describe in Part XIII the intended uses of the organization's endowment funds. Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other (b) Cost or other (c) Accumulated (d) Book value	За	Are there endowment funds not in the posses	sion of the organiza	ation that	are held ar	nd administer	red for the	:				
(ii) Related organizations b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? 4 Describe in Part XIII the intended uses of the organization's endowment funds. Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other (b) Cost or other (c) Accumulated (d) Book value		organization by:								Γ	Yes	No
(ii) Related organizations b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? 4 Describe in Part XIII the intended uses of the organization's endowment funds. Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other (b) Cost or other (c) Accumulated (d) Book value		(i) Unrelated organizations								3a(i)		
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Describe in Part XIII the intended uses of the organization's endowment funds. Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other (b) Cost or other (c) Accumulated (d) Book value	b	If "Yes" on line 3a(ii), are the related organizat	ions listed as requir	ed on Sc	hedule R?							
Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other (b) Cost or other (c) Accumulated (d) Book value	4											
Description of property (a) Cost or other (b) Cost or other (c) Accumulated (d) Book value	Par	t VI Land, Buildings, and Equipme	ent.									
		Complete if the organization answered	"Yes" on Form 990), Part IV	, line 11a. S	See Form 990	, Part X, li	ne 10.				
		Description of property	1 ' '						ed	(d) Book	value)
1a Land	1a	Land										
b Buildings												
c Leasehold improvements												
d Equipment											_	
e Other												
				X. colum	n (B), line 1	0c.)						0.

Schedule D (Form 990) 2022

	FOUNDATION, I	INC. 58	-1627007 Page
Part VII Investments - Other Securities.	•		<u> </u>
Complete if the organization answered "Yes"			
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or en	d-of-year market value
(1) Financial derivatives			
(2) Closely held equity interests			
(3) Other			
(A) OTHER INVESTMENTS	1,589,987.	COST	
(B)			
(C)			
(D)			
(E)			
(F)			
(G)			
(H)	1 500 005		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)	1,589,987.		
Part VIII Investments - Program Related.	5 000 B 1 11/11 1	4 0 5 000 5 17 11 40	
Complete if the organization answered "Yes"			
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or en	d-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 1	1d See Form 990 Part X line 15	
	Description	1d. Gee 1 Gill 330, 1 art X, iiile 13.	(b) Book value
	Besonption		(b) Book value
<u>(1)</u>			
(2)			
<u>(3)</u> (4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col. (B) lin	e 15)		
Part X Other Liabilities.	0 10.,		
Complete if the organization answered "Yes"	on Form 990, Part IV, line 1	1e or 11f. See Form 990, Part X, line 25	i.
1. (a) Description of liability			(b) Book value
(1) Federal income taxes			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			

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

Schedule D (Form 990) 2022

X

(9)

organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII

SCHOLARSHIP FOUNDATION, INC.

Part 2	XI Reconciliation of Revenue per Audited Financial Stateme	ents With Revenue	per Return.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12	а.		
1 T	otal revenue, gains, and other support per audited financial statements		1	
2 A	mounts included on line 1 but not on Form 990, Part VIII, line 12:			
	let unrealized gains (losses) on investments			
	Oonated services and use of facilities			
	Recoveries of prior year grants			
	Other (Describe in Part XIII.)	2d		
	Add lines 2a through 2d			
	Subtract line 2e from line 1		3	
	Amounts included on Form 990, Part VIII, line 12, but not on line 1:	1.1		
	nvestment expenses not included on Form 990, Part VIII, line 7b			
	Other (Describe in Part XIII.)			
	Add lines 4a and 4b			
5 T	otal revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) XII Reconciliation of Expenses per Audited Financial Statem	ents With Expense		
I dit	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a		o per ricturii.	
			1	
	otal expenses and losses per audited financial statements			
		2a		
	Onated services and use of facilities			
	Prior year adjustments Other losses			
	ortner losses Other (Describe in Part XIII.)			
	Add lines 2a through 2d		2e	
	Subtract line 2e from line 1			
	mounts included on Form 990, Part IX, line 25, but not on line 1:			
	nvestment expenses not included on Form 990, Part VIII, line 7b	4a		
	Other (Describe in Part XIII.)			
	add lines 4a and 4b		4c	
5 T	otal expenses. Add lines 3 and 4c. (This must equal Form 990, Part I. line 18.)			
Part	XIII Supplemental Information.			
Provide	e the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Par	t IV, lines 1b and 2b; Par	t V, line 4; Part X, line 2; Part X	l,
lines 20	d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any add	ditional information.		
PART	X, LINE 2:			
UNDE	R SECTION 501(C)(3) OF THE INTERNAL REVE	NUE CODE, TH	E FOUNDATION IS	
EXEM	IPT FROM TAXES ON INCOME OTHER THAN UNREL	ATED BUSINES	S INCOME.	
m			0.1.3.550 titmii	
THE	FOUNDATION UTILIZES THE ACCOUNTING REQUI	REMENTS ASSO	CIATED WITH	
ma	DELINEY IN THOUSE ELVES HOLDS BUT DROUGS	TONG OF FINE		
UNCE	ERTAINTY IN INCOME TAXES USING THE PROVIS	IONS OF FINA	NCIAL ACCOUNTING	;
C	TRANSCE DOIND (FAGD) AGG TAG THEORE MANGE		CIIIDANCE #3.17	
STAN	IDARDS BOARD (FASB) ASC 740, INCOME TAXES	• USING THAT	GUIDANCE, TAX	
DOGT	THIONG THIMININ NO DE DEGONITADO IN			
POSI	TIONS INITIALLY NEED TO BE RECOGNIZED IN	THE FINANCIA	AL STATEMENTS WH	IEN
Tm =	C MODE-ITERIV-MUNN NOW MUR DOCUMTONG WIT	ד ספ מוומשאדאי	ED IIDOM	
11 1	S MORE-LIKELY-THAN-NOT THE POSITIONS WIL	п рг розтати	מסגו תים	
EAV.	אדאאחדראן פע חעב האץ אווחטרטדחדבים. דה או פר	ססמודחבים מיידי	DANCE EOD	
EVW.	MINATION BY THE TAX AUTHORITIES. IT ALSO	EVOATNED GOT	DUINCE LOK	
ם משת	ECOGNITION, CLASSIFICATION, INTEREST AND	DENATATES A	CCOIINTTNG TN	
THE	COORTITON, CHADDIFICATION, INTEREST AND	THATITIO, A	CCOOMITING IN	
INTE	ERIM PERIODS, DISCLOSURE AND TRANSITION.	AS OF JANUAR	Y 31, 2023, THE	

Schedule D (Form 990) 2022

232054 09-01-22

Part XIII Suppl	emental In	formation (contin	nued)	1 0 01(1)111 1 01(,	·		30 101/00/ Tage 0
FOUNDATION	HAS NO	UNCERTAIN	TAX	PROVISIONS	THAT	QUALIFY	FOR	RECOGNITION OR
DISCLOSURE	IN THE	FINANCIAL	STA	TEMENTS.				

SCHEDULE I (Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

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

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

Attach to Form 990.

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

2022

OMB No. 1545-0047

Open to Public Inspection

Employer identification number

Schedule I (Form 990) 2022

SCHOLA	RSHIP FOUNDA	TION, INC.					58-1627007		
Part I General Information on Gra	ants and Assistance					_			
1 Does the organization maintain rec	cords to substantiate the	amount of the grants	or assistance, the	grantees' eligibility	for the grants or assi	stance, and the selectio			
	criteria used to award the grants or assistance?								
2 Describe in Part IV the organization									
	Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.								
· ·	<u> </u>	<u> </u>	1		(f) Method of	1			
(ii) Full and address of organization (b) Ein (c) the section (d) Amount of (e) Amount of (valuation (book (g) bescription of (iii) Full				(h) Purpose of grant or assistance					
2 Enter total number of section 501(3 Enter total number of other organize	, , ,		e line 1 table		<u> </u>				

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

Page 2

Schedule I (Form 990) 2022 SCHOLARSHIP FOU	NDATION,	INC.			58-1627007	Page
Part III Grants and Other Assistance to Domestic Individuals Part III can be duplicated if additional space is needed.	. Complete if the	e organization answe	ered "Yes" on Form 9	990, Part IV, line 22.		
(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	240	65,671.	0.	FMV	N/A	
Part IV Supplemental Information. Provide the information rec	quired in Part I, lir	ne 2; Part III, column	(b); and any other ac	dditional information.		
PART I, LINE 2:						
THE SCHOLARSHIPS OFFERED BY THE FO	UNDATION	TAKE THE E	ORM OF TUI	TION		
REIMBURSEMENT FOR REAL ESTATE RELA	TED EDUC	ATIONAL CLA	ASSES. A P	ROSPECTIVE		
SCHOLARSHIP RECIPIENT PAYS FOR AND	ATTENDS	A PARTICUI	LAR CLASS A	ND		
AFTERWARDS SUBMITS AN APPLICATION	FOR REIME	BURSEMENT,	WHICH INCL	UDES		
VERIFICATION OF ATTENDANCE AND INF	ORMATION	REGARDING	THE CLASS.	THE		
SCHOLARSHIP FOUNDATION THEN CHOOSE	S WHETHER	R OR NOT TO	AWARD A R	EIMBURSEMENT		
BASED ON THE CRITERIA CONTAINED IN	THE BYL	AWS OF THE	FOUNDATION	Γ•		

SCHEDULE J (Form 990)

Department of the Treasury

Compensation Information

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

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

Attach to Form 990.

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

2022

OMB No. 1545-0047

Open to Public Inspection

Internal Revenue Service Name of the organization

GEORGIA ASSOCIATION OF REALTORS SCHOLARSHIP FOUNDATION, INC.

Employer identification number 58-1627007

Pa	art I Questions Regarding Compensation			
			Yes	No
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990,			
	Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.			
	First-class or charter travel Housing allowance or residence for personal use			
	Travel for companions Payments for business use of personal residence			
	Tax indemnification and gross-up payments Health or social club dues or initiation fees			
	Discretionary spending account Personal services (such as maid, chauffeur, chef)			l
				l
b	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or			
	reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	1b		
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors,			
	trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?	2		
3	Indicate which, if any, of the following the organization used to establish the compensation of the organization's			
	CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to			
	establish compensation of the CEO/Executive Director, but explain in Part III.			
	Compensation committee Written employment contract			
	Independent compensation consultant Compensation survey or study			
	Form 990 of other organizations X Approval by the board or compensation committee			
4	During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing			l
	organization or a related organization:			
а	Receive a severance payment or change-of-control payment?	4a		<u> </u>
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.			l
_	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:	_		v
	The organization?	5a		X
b	Any related organization?	5b		
6	If "Yes" on line 5a or 5b, describe in Part III. For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			l
6	contingent on the net earnings of:			l
•	· · · · · · · · · · · · · · · · · · ·	6a		х
	The organization? Any related organization?	6b		X
b	If "Yes" on line 6a or 6b, describe in Part III.	U		
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		х
8	Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the			
5	initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III	8		х
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 (Form 990) 2022

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-MIS/ compensation	C and/or 1099-NEC	(C) Retirement and other deferred	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	in column (B)	
(A) Name and Title		(i) Base compensation	(i) Base mpensation (ii) Bonus & incentive compensation		compensation			reported as deferred on prior Form 990	
(1) DEBRA S. JUNKIN	(i)	0.	0.	0.	0.	0.	0.	0.	
CEO/GA ASSOC. OF REALTORS	(ii)	315,555.	42,918.	0.	0.	27,803.	386,276.	0.	
	(i)								
	(ii)								
	(i)								
	(ii)								
	(i)								
	(ii)								
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	(ii)								
	(i)								
	(ii)								
	(i) (ii)								
	(II)						I		

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 O (Form 990)

Department of the Treasury

Internal Revenue Service

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 Form 990-EZ.

2022
Open to Public Inspection

OMB No. 1545-0047

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

Name of the organization

GEORGIA ASSOCIATION OF REALTORS SCHOLARSHIP FOUNDATION, INC.

Employer identification number 58-1627007

FORM 990, PART VI, SECTION A, LINE 2:
ON ANY BOARD OF DIRECTORS THIS SIZE, FAMILIAL RELATIONSHIPS MAY EXIST
BETWEEN MEMBERS. GIVEN THE NATURE OF THE REAL ESTATE INDUSTRY, BROKERS AND
AGENTS SERVING ON THE BOARD MAY HAVE BUSINESS RELATIONSHIPS, AS WELL;
HOWEVER, THE NUMBER OF SUCH RELATIONSHIPS IS SMALL, AND THE SIZE OF THE
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.
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.

Schedule O (Form 990) 2022

Schedule O (Form 990) 2022	Page 2
Name of the organization GEORGIA ASSOCIATION OF REALTORS SCHOLARSHIP FOUNDATION, INC.	Employer identification number 58-1627007
	30 1027007
FORM 990, PART VI, SECTION C, LINE 19:	
THE ORGANIZATION'S GOVERNING DOCUMENTS AND FINANCIAL STATE	EMENTS ARE NOT
AVAILABLE FOR PUBLIC INSPECTION.	
FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS:	
AUDIT DIFFERENCE - MARKET VALUE OF INVESTMENTS AND	
UNREALIZED GAIN/LOSS	-348,554.
	•
FORM 990, PART XII, LINE 2C:	
THE ORGANIZATION ASSUMES OVERSIGHT OF THE REVIEW OF ITS F	INANCIAL
STATEMENTS. NO CHANGE HAS OCCURRED IN THIS PROCESS FROM T	
	IIII INION
YEAR.	

SCHEDULE R (Form 990)

Related Organizations and Unrelated Partnerships

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

Attach to Form 990.

Attach to Form 990.

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

Department of the Treasury Internal Revenue Service

Name of the organization

GEORGIA ASSOCIATION OF REALTORS SCHOLARSHIP FOUNDATION, INC.

Employer identification number 58-1627007

OMB No. 1545-0047

Open to Public

Inspection

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

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section	(f) Direct controlling entity	1	g) 512(b)(13) rolled ity?
				501(c)(3))		Yes	No
GEORGIA ASSOCIATION OF REALTORS, INC	PROFESSIONAL MEMBERSHIP						1
58-0836843, 6065 BARFIELD ROAD, SUITE 200,	ASSOCIATION FOR THE						i
ATLANTA, GA 30328	GEORGIA REAL ESTATE	GEORGIA	501(C)(6)	N/A	N/A		X
GEORGIA REALTORS POLITICAL ACTION COMMITTEE,							
INC 58-1288715, 6065 BARFIELD ROAD, SUITE							
200, ATLANTA, GA 30328	POLITICAL ACTION COMMITTEE	GEORGIA	527	N/A	N/A		Х
GEORGIA ASSOCIATION OF REALTORS DISASTER	TO PROVIDE RELIEF TO						
RELIEF FUND, INC 20-3255676, 6065	INDIVIDUALS WHO SUSTAIN						i
BARFIELD ROAD, SUITE 200, ATLANTA, GA 30328	DISASTER DAMAGE.	GEORGIA	501(C)(3)	170(B)(1)(A)	N/A		X
							ĺ
							ĺ

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

Schedule R (Form 990) 2022

Schedule R (Form 990) 2022

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

(a)	(b)	(c)	(d)	(e)	(f)	(g)	(h)	(i)	(j)	(k)
Name, address, and EIN of related organization	Primary activity	Legal domicile (state or foreign	Direct controlling	Predominant income (related, unrelated, excluded from tax under sections 512-514)	Share of total	Share of end-of-year assets	Disproportionate allocations?		Code V-UBI amount in box	General of managing partner?	Percentage ownership
		country)		sections 512-514)			Yes	No	K-1 (Form 1065)	Yes No	
	1										
	1										
	1										
-											
-											
-	1										
-	1										
	1										
			_				<u> </u>	ļ			

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

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

Yes No

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

1	During the tax year, did the organization engage in any of the following transactions with	h one or more re	lated organizations listed in	Parts II-IV?			
а	Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity				1a		Х
					1b		Х
С	Gift, grant, or capital contribution from related organization(s)				1c	X	
d	Loans or loan guarantees to or for related organization(s)				1d		Х
					1e		Х
f	Dividends from related organization(s)				1f		Х
g	Sale of assets to related organization(s)				1g		X
h	Purchase of assets from related organization(s)				1h		X
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
1					11		Х
m	Performance of services or membership or fundraising solicitations by related organizati				1m	Х	
					1n		Х
					10	Х	
	•						
р	Reimbursement paid to related organization(s) for expenses				1p		Х
					1q		Х
	b Gift, grant, or capital contribution for related organization(s) c Gift, grant, or capital contribution from related organization(s) d Loans or loan guarantees to or for related organization(s) e Loans or loan guarantees to or for related organization(s) f Dividends from related organization(s) g Sale of assets to related organization(s) f Purchase of assets to related organization(s) g Sale of assets to related organization(s) f Purchase of assets from related organization(s) i Exchange of assets with related organization(s) i Exchange of assets with related organization(s) i Exchange of assets with related organization(s) i Performance of services or membership or fundraising solicitations for related organization(s) m Performance of services or membership or fundraising solicitations by related organization(s) m Performance of services or membership or fundraising solicitations by related organization(s) s Sharing of facilities, equipment, mailing lists, or other assets with related organization(s) s Sharing of paid employees with related organization(s) p Reimbursement paid to related organization(s) for expenses q Reimbursement paid by related organization(s) for expenses q Reimbursement paid by related organization(s) for expenses c Other transfer of cash or property from related organization(s) Name of related organization Name of Name of Name of N						
r	Other transfer of cash or property to related organization(s)				1r		Х
					1s		Х
	(a) Name of related organization	Transaction			olved		
1) (GEORGIA ASSOCIATION OF REALTORS, INC.	M	10,000.	FMV			
2)							
3)							
4)							
5)							
6)							
3216	3 09-14-22			Schedule I	R (For	n 990	2022

Schedule R (Form 990) 2022

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

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

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

Schedule R (Form 990) 2022