

** PUBLIC DISCLOSURE COPY **

Department of the Treasury

Internal Revenue Service

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

▶ Do not enter social security numbers on this form as it may be made public.

▶ Information about Form 990 and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047 Open to Public Inspection

Α	i or t	ne 2015 calendar year, or tax year beginning a	nd ending	1	
В	Check applica	C Name of organization		D Employer identif	fication number
	X Add		:		
L	Nam char	ge Doing business as		58-0	0836843
Ļ	lnitia lretui	n Number and street (or P.U. box if mail is not delivered to street address)	Room/s		
L	Fina	_{p/} 6065 BARFIELD ROAD	200	•	- <u>451-1831</u>
_	term ated	in the state of th		G Gross receipts \$	3,866,042.
Ļ	iretu			H(a) Is this a group i	
	Appl tion pend	F Name and address of principal officer: DEBRA S. JUNKIN		for subordinate	s? Yes X No
		SAME AS C ABOVE		H(b) Are all subordinates	
		xempt status: 501(c)(3) X 501(c)(6) (6) (1) (1) (1) 4947(a)(1)	1) or	527 If "No," attach a	a list. (see instructions)
		ite: ► HTTP://WWW.GAREALTOR.COM		H(c) Group exemption	
	Form o art I	of organization: X Corporation Trust Association Other ► Summary	LY	ear of formation: 1951	M State of legal domicile; G.A
-	1	Briefly describe the organization's mission or most significant activities: PRO	FESST	ONAL MEMBERGE	T D
Activities & Governance		ASSOCIATION FOR THE GEORGIA REAL ESTATE	TMDII	STRV	
rna	2	Check this box if the organization discontinued its operations or dis	nosed of n	ore than 25% of its not o	
ove.	3			3	350
رق حد	4	Number of independent voting members of the governing body (Part VI, line 1):	 วไ	4	350
es	5	Total number of individuals employed in calendar year 2015 (Part V, line 2a)	-,	5	23
Ϋ́	6	Total number of volunteers (estimate if necessary)	• • • • • • • • • • • • • • • • • • • •	6	350
Ç	7 a	Total unrelated business revenue from Part VIII, column (C), line 12		7a	
_	b	Net unrelated business taxable income from Form 990-T, line 34			-52,938.
				Prior Year	Current Year
9	8	Contributions and grants (Part VIII, line 1h)		50,000.	50,000.
Revenue	9	Program service revenue (Part VIII, line 2g)		3,185,989.	3,688,369.
şe.	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		12,460.	33,928.
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		58,008.	43,260.
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		3,306,457.	3,815,557.
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		58,340.	15,971.
	14	Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.
es	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10	D)	1,272,720.	1,513,665.
Expenses	16a	Professional fundraising fees (Part IX, column (A), line 11e)		0.	0.
X	b	Total fundraising expenses (Part IX, column (D), line 25)	0.		
	1/	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		1,579,428.	1,813,931.
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		2,910,488.	3,343,567.
- <u>s</u>	19	Revenue less expenses. Subtract line 18 from line 12		395,969.	471,990.
Assets or Balances		T. I	-	Beginning of Current Year	End of Year
Bal	20	Total assets (Part X, line 16)	·····	5,992,711.	<u> 10,002,950.</u>
aet Get	, — ·	Total liabilities (Part X, line 26)		615,266.	4,153,515.
Pa	ırt II	Net assets or fund balances. Subtract line 21 from line 20		5,377,445.	<u>5,849,435.</u>
		ities of perjury, I declare that I have examined this return, including accompanying schedu			
true.	correc	t, and complete. Declaration of preparer (other than officer) is based on all information of	iles and stat	ements, and to the best of my	y knowledge and belief, it is
00,	301100	and complete, benial another preparer (other than officer) is based on an information of	wnich prepa	rer nas any knowledge.	
Sigr	1	Signature of officer	A F	Date	
Here		DEBRA S. JUNKIN, CEO)) [-	少	
		Type or print name and title	\mathcal{S}_{U}		
		Print/Type preparer's name Preparer's signature		Date Check	PTIN
Paid		LIJING DAI LIJING DAI		10/13/16 self-employe	 !
	агег	Firm's name CARR, RIGGS & INGRAM, LLC			
Jse (40.00	£ 420	Firm's EIN	72-1396621
		ATLANTA, GA 30341	- -	Phone no 77	0-457-6606
Vlay	the IF	S discuss this return with the preparer shown above? (see instructions)		1 Findle IIU. 7 7 C	X Ves No

Form **8868** (Rev. January 2014)

Department of the Treasury Internal Revenue Service

Application for Extension of Time To File an Exempt Organization Return

File a separate application for each return.

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

OMB No. 1545-1709

						77
If you a	re filing for an Automatic 3-Month Extension, complet	e only Pa	rt I and check this box			► X
If you a	re filing for an Additional (Not Automatic) 3-Month Ext	ension, c	omplete only Part II (on page 2 of t	this form).		
Do not co	mplete Part II unless you have already been granted a	ın automa	tic 3-month extension on a previous	ly filed Fon	n 8868.	
Electroni	c filing (e-file). You can electronically file Form 8868 if yo	ou need a	3-month automatic extension of tin	ne to file (6	months fo	r a corporation
equired t	o file Form 990-T), or an additional (not automatic) 3-mon	th extens	ion of time. You can electronically fi	le Form 88	68 to requi	est an extension
of time to	file any of the forms listed in Part I or Part II with the exc	eption of	Form 8870, Information Return for T	Fransfers A	ssociated '	With Certain
Personal	Benefit Contracts, which must be sent to the IRS in pape	er format ((see instructions). For more details o	on the elect	ronic filing	of this form,
isit www	irs.gov/efile and click on e-file for Charities & Nonprofits.					
Part I	Automatic 3-Month Extension of Time					
A corpora Part I only	ntion required to file Form 990-T and requesting an autom			complete	***********	▶□
All other o	corporations (including 1120-C filers), partnerships, REMI	Cs, and tr	rusts must use Form 7004 to reques	at an extens	ion of time	,
	ome tax returns.					ring number
Type or	Name of exempt organization or other filer, see instruc	ctions.		Employer	identificati	on number (EIN) or
print	1					
	GEORGIA ASSOCIATION OF REAL					336843
File by the due date for filing your	Number, street, and room or suite no. If a P.O. box, set 3200 PRESIDENTIAL DRIVE, NO.			Social sec	curity numb	er (SSN)
return. See	City, town or post office, state, and ZIP code. For a fo					
instructions.	ATLANTA, GA 30340		resa, see instructions.			
						01
Enter the	Return code for the return that this application is for (file	a separa	te application for each return)			
Applicati	on	Return	Application			Return
ls For		Code	Is For			Code
Form 990	or Form 990-EZ	01	Form 990-T (corporation)	07		
Form 990)-BL	02	Form 1041-A			08
Form 472	0 (individual)	03	Form 4720 (other than individual)			09
Form 990		04	Form 5227			10
Form 990	7-T (sec. 401(a) or 408(a) trust)	05	Form 6069			11
Form 990)-T (trust other than above)	06	Form 8870			12
	JENNIFER LUNDY		_ ~	2024	Λ	
The be	poks are in the care of 3200 PRESIDENT	ות תאז		3034	<u> </u>	
Teleph	none No.▶ <u>770-451-1831</u>		Fax No. ▶			
If the	organization does not have an office or place of business	s in the Ur	nited States, check this box			
If this	is for a Group Return, enter the organization's four digit	Group Exe	emption Number (GEN)	If this is for	the whole	group, check this
box 📐	. If it is for part of the group, check this box	and atta	ach a list with the names and EINs o	f all memb	ers the ext	ansion is for.
1 ire	quest an automatic 3-month (6 months for a corporation AUGUST 15, 2016 , to file the exemp				The extens	ion
is f	or the organization's return for:					
>	X calendar year 2015 or	*				
>	tax year beginning	, an	nd ending			
2 If t	he tax year entered in line 1 is for less than 12 months, c Change in accounting period	heck reas	on: L_l Initial return L_l	Final retur	n	
00 16+	his application is for Forms 990-BL, 990-PF, 990-T, 4720	or 6069	enter the tentative tax, less any			
	nis application is for Forms 990-BL, 990-FF, 990-F, 4720, nrefundable credits. See instructions.	, 5, 5555,	and an expression of the second	3a	\$	0.
	nrefundable credits. See instructions. his application is for Forms 990-PF, 990-T, 4720, or 6069	enteran	v refundable credits and			
b ift	nis application is for Forms 990-FF, 990-1, 4720, or 600s timated tax payments made. Include any prior year over	navment s	Blowed as a credit	3b	\$	0.
esi	ilmated tax payments made. Include any phor year over lance due. Subtract line 3b from line 3a. Include your pa	ovment wi	th this form, if required.		·	
	using EFTPS (Electronic Federal Tax Payment System).			Зс	\$	0.
Dy	using EFTPS (Electronic Federal Tax Fayment System). If you are going to make an electronic funds withdrawal	(direct de	shit) with this Form 8868, see Form			379-EO for payment
Caution, instruction		, _l anoot at	,			

LHA For Privacy Act and Paperwork Reduction Act Notice, see instructions. 523841 04-01-15

Form 8868 (Rev. 1-2014)

Form 8868 (Rev. 1-2014)					Page 2
If you are filing for an Additional (Not Automatic) 3-Month	Extension, c	omplete only Part II and check this	box		> X
Note. Only complete Part II if you have already been granted a	n automatic (3-month extension on a previously fi	ed Form 8	868.	
 If you are filing for an Automatic 3-Month Extension, comb 	olete only Pa	rt I (on page 1).			
Part II Additional (Not Automatic) 3-Month	Extension	of Time. Only file the origin	al (no co	pies neede	ed).
		Enter filer's	identifying	<u>number, se</u>	e instructions
Type or Name of exempt organization or other filer, see ins	tructions.		Employer i	identification :	number (EIN) or
print					
File by the GEORGIA ASSOCIATION OF REA	LTORS,	INC.		58-083	
Number, street, and room or suite no. If a P.O. box			Social sec	urity number	(SSN)
filing your return. See 6065 BARFIELD ROAD, NO. 20					
instructions. City, town or post office, state, and ZIP code. For	a foreign add	ress, see instructions.			
ATLANTA, GA 30328					
Enter the Return code for the return that this application is for	(file a separa	te application for each return)			0 1
Application	Return	Application			Return
ls For	Code	Is For			Code
Form 990 or Form 990-EZ	01		<u> </u>		
Form 990-BL	02	Form 1041-A			08
Form 4720 (individual)	03	Form 4720 (other than individual)			09
Form 990-PF	04	Form 5227			10
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069			11
Form 990-T (trust other than above)	06	Form 8870			12
STOP! Do not complete Part II if you were not already gran	ited an autor	matic 3-month extension on a prev	iously file	<u>d Form 8868.</u>	
JENNIFER LUNI	Ϋ́				
• The books are in the care of ▶ 6065 BARFIELI	ROAD,	SUITE 200 - ATLAN	TA, G	<u> 30328</u>	
Telephone No. ► 770-451-1831		Fax No. 🕨			
If the organization does not have an office or place of busing	 ness in the Ui	nited States, check this box			. ▶ 🔲
If this is for a Group Return, enter the organization's four d	igit Group Ex	emption Number (GEN)	If this is for	the whole gr	oup, check this
box ▶ . If it is for part of the group, check this box ▶		ach a list with the names and EINs o	f all memb	ers the extens	sion is for.
4 I request an additional 3-month extension of time until		BER 15, 2016.			
5 For calendar year 2015, or other tax year beginning		, and endir	<u></u>		·
6 If the tax year entered in line 5 is for less than 12 month	is, check reas	son: Initial return	Final r	eturn	
Change in accounting period					
That is detail why you need the extension					
ADDITIONAL TIME IS NEEDED TO) GATHE	R INFORMATION NECE	SSARY	TO PRE	PARE A
COMPLETE AND ACCURATE RETURI	v -				
8a If this application is for Forms 990-BL, 990-PF, 990-T, 4	720, or 6069,	enter the tentative tax, less any			0
nonrefundable credits. See instructions.			8a	\$	0.
b If this application is for Forms 990-PF, 990-T, 4720, or 6	6069, enter ar	ny refundable credits and estimated			
tax payments made. Include any prior year overpayment	nt allowed as	a credit and any amount paid	ļ	ļ	•
previously with Form 8868.			8b	\$	0.
c Balance due. Subtract line 8b from line 8a. Include you	ır payment w	ith this form, if required, by using			0
EETPS (Electronic Federal Tax Payment System), See i	nstructions.		8c	\$	0.
Signature and Verifi	cation mu	ist be completed for Part II	only.		
Under penalties of perjury, I declare that I have examined this form, it is true, correct, and complete, and that I am authorized to prepare t	ncluding accom his form.	panying schedules and statements, and	to the best o	of my knowledg	e and belief,
	► CPA		Date		<u></u>
Olymmod V				Form 8	8 68 (Rev. 1-2014)

	990 (2015) GEORGIA ASSOCIATION OF REALTORS, INC. 58-0836843 Page 2
Par	a management of the second of
Par	Check if Schedule O contains a response or note to any line in this Part III
1	Briefly describe the organization's mission:
	THE GEORGIA ASSOCIATION OF REALTORS WORKS TO ADVANCE THE REAL ESTATE
	CONTINUING EDUCATION OF ITS MEMBERS, AND BY ACTING AS FACILITATORS OF
	THE AMERICAN DREAM OF HOMEOWNERSHIP.
2	Did the organization undertake any significant program services during the year which were not listed on
	the prior Form 990 or 990-EZ?
	If "Ves." describe these new services on Schedule O.
3	If "Yes," describe these new services on schedule of. Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes X No
3	If "Yes," describe these changes on Schedule O.
	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.
4	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and
	Section 501(c)(3) and 501(c)(4) organizations are required to report the difficulty of grants and section 501(c)(4) organizations are required to report the difficulty of grants and section 501(c)(4) organizations are required to report the difficulty organization of the difficulty organization organ
	revenue, if any, for each program service reported. 984 698 - including grapts of \$ (Revenue \$ 620,313.)
4a	
	THE ASSOCIATION'S ANNUAL MEETINGS AND EDUCATION STATEMENT OF THE PROPERTY OF T
	680 PEOPLE ATTENDED THE ANNUAL MEETING. THE ASSOCIATION'S EDUCATION
	PROCEAM - CRADUATE REALTORS INSTITUTE HAS LIVE AND ONLINE EDUCATIONAL
	PROGRAMS AND CONTINUING EDUCATION CLASSES PRESENTED THROUGHOUT THE
	STATE (137 IN CLASS AND 63 ONLINE ATTENDEES IN 2015).
	(
4b	
	PUBLICATIONS OF GEORGIA RELATION MAGAZINE - THE ASSOCIATION'S JOURNAL
	MADE AVAILABLE TO ALL MEMBERS WHICH PROVIDES EDUCATIONAL AND
	INFORMATIVE MATERIAL (61,128 MAILINGS IN 2015).
) (-
4c	(Code:) (Expenses \$
4d	
7.0	(Expenses \$ 2,296,903. including grants of \$ 15,971.) (Revenue \$ 3,065,084.)
40	3.343.567.
	Total program service expenses P 5 7 5 25 7 5 5 5 7 5 25 7 5 5 5 7 5 5 7 5 5 7 5 5 7 5 5 7 5 5 7 5 5 7 5 5 7 5 5 7 5 5 7 5 5 7 5 5 7 5 5 7

Part	t IV Checklist of Required Schedules	Т.	, 1	
			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			77
	If "Ves " complete Schedule A	1	-	<u>X</u>
2	le the organization required to complete Schedule B, Schedule of Contributors?	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Ves." complete Schedule C. Part I	3		<u>X</u>
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		
E	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
5	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5	X	
e	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
6	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		_X_
.,	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
7	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X_
c	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
8	Schedule D, Part III	8		X
_	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
9	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	amounts not listed in Part X; or provide credit courseling, debt management, credit repair, or destroyally a september of the	9		Χ_
•	If "Yes," complete Schedule D, Part IV Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent			_
10	endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		X
	endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X			
11				
	as applicable. Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,	""		
а	Did the organization report an amount for faird, buildings, and equipment in that X, and for X 100, 500, 500, 500, 500, 500, 500, 500,	11a	Х	
	Part VI Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total			
b	Did the organization report an amount for investments - other securities in Fart A, line 12 that is 575 57 his to	11b		Х
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII			
C	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total	11c		Х
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII			
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	11d	i	X
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11e	-	X
e	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X		·	T
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses	11f		X
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	1		† -
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete	12a	х	
	Schedule D, Parts XI and XII	120		
þ	Was the organization included in consolidated, independent audited financial statements for the tax year?	12b		X
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	13		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	14a	 	X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	144	-	
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000	111		X
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		1 23
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	15		x
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		1 22
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to	40	1	x
	or for foreign individuals? If "Yes." complete Schedule F, Parts III and IV	16	†	A
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,	بدر		x
	column (A) lines 6 and 11e2 if "Yes " complete Schedule G. Part I	17	+	+ ^-
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines	1.0		x
	1c and 8a2 If "Ves " 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,"	1.0		x
	complete Schedule G, Part III	19	. <u>00</u> 0	<u> .A</u> (2015
		rorr	いっつし	(ZU10

Parl	t IV Checklist of Required Schedules (continued)		Yes	Ν̈́ο
	No. of the Cabadyla II	20a	162	X
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20b		
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	2.00		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or	21		Х
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II			
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on	22		Х
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III			
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current	İ		
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete	23	X	
	Schedule J			
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	24a		х
	Schedule K. If "No", go to line 25a	24b		
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?			
C	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease	24c		:
	any tax-exempt bonds?	24d		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year.			
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit	25a		
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I			
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	that the transaction has not been reported on any of the organization's prior rolling 300 or 300 Ez 755,	25b		1
	Schedule L, Part I Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or			
26	Did the organization report any amount on Part X, line 3, 0, or 22 for receivables from or payable to any amount on Part X, line 3, 0, or 22 for receivables from or payable to any amount on Part X, line 3, 0, or 22 for receivables from or payable to any amount on Part X, line 3, 0, or 22 for receivables from or payable to any amount on Part X, line 3, 0, or 22 for receivables from or payable to any amount on Part X, line 3, 0, or 22 for receivables from or payable to any amount on Part X, line 3, 0, or 22 for receivables from or payable to any amount on Part X, line 3, 0, or 22 for receivables from or payable to any amount on Part X, line 3, 0, or 22 for receivables from or payable to any amount on Part X, line 3, 0, or 22 for receivables from or payable to any amount or payable to any		İ	
	complete Schedule L, Part II	26		X
	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial			
27	contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member			
	of any of these persons? If "Yes," complete Schedule L, Part III	27	<u> </u>	X
-00	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			
28	instructions for applicable filing thresholds, conditions, and exceptions):			
_	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a	<u> </u>	X
a	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		X
D -	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,			
C	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c	<u> </u>	X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	ļ	X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation	ļ		
30	contributions? If "Yes," complete Schedule M	30	ļ	X
31	Did the organization liquidate, terminate, or dissolve and cease operations?	ļ		
3,	If "Ves " complete Schedule N. Part I	31	<u> </u>	X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
<u> </u>	Schedule N. Part II	32	-	X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
00	sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33		<u> </u>
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and		37	
	Part V line 1	34	X	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	+	X
h	of "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(oV3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
- -	If "Yes " complete Schedule R. Part V. line 2	36	-	+
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			v
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?	1	x	
	Note. All Form 990 filers are required to complete Schedule 0	38		0 (201)

	990 (2015) GEORGIA ASSOCIATION OF REALTORS, INC. 58-0836	<u>343</u>	P	age 5
	990 (2015) GEORGIA ASSOCIATION OF REALITORS, INC. 99 999 1 To 1 To 1 To 1 To 1 To 1 To 1		·	
ш	Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No_
4.	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable			
h	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b V			
D	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming		1	
U	(gambling) winnings to prize winners?	1c	X	
22	Feter the number of employees reported on Form W-3. Transmittal of Wage and Tax Statements,		v fisi	
	filed for the calendar year ending with or within the year covered by this return 2a 25	2010		
h	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	<u>X</u>	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	X	
h	If "Yes " has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule O	3b	X	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a	ı		7.7
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		X
b	If "Yes " enter the name of the foreign country:			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			7.7
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	<u>5a</u>		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		<u> </u>
_	If "Yes " to line 5a or 5b, did the organization file Form 8886-T?	<u>5</u> c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit		~~	
	any contributions that were not tax deductible as charitable contributions?	6a	<u>X</u>	
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts	CI.	х	
	were not tax deductible?	6b	_^	
7	Organizations that may receive deductible contributions under section 170(c).	70	5 .	1
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a 7b		+
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7.5		1 -
¢	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required	7c		
	to file Form 8282?	10	7.1	+
d	If "Yes " indicate the number of Forms ozoz med during the your	7e		
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7f	<u> </u>	
f	hid the organization fillring the year, bay plethicitis, directly of indirectly, on a possession	7g		 -
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7h		1
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?			
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the	8		
	sponsoring organization have excess business holdings at any time during the year?			
9	Sponsoring organizations maintaining donor advised funds.	9a		
a	Did the sponsoring organization make any taxable distributions under section 4966? Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
k				
10	Section 501(c)(7) organizations. Enter: a Initiation fees and capital contributions included on Part VIII, line 12			
_	10b			
]		
11	11a			
	the setting of the set amounts due or paid to other sources against			
	amounts due or received from them.)		.	
40	a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
	120			
	and the very supplied and an arrest the old by incurrence incurrence			
13	to the appropriate line panel to issue qualified health plans in more than one state?	13a	<u> </u>	
i	Note. See the instructions for additional information the organization must report on Schedule O.	1		
	b Enter the amount of reserves the organization is required to maintain by the states in which the			
	organization is licensed to issue qualified health plans	_		
	Enter the amount of reserves on hand	-	-	 _
14		14a		<u> </u>
	The state of the s	1/16		1

Form **990** (2015)

b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O

X

to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

GEORGIA ASSOCIATION OF REALTORS, INC. Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response

Check if Schedule O contains a response or note to any line in this Part VI Section A. Governing Body and Management Yes Νo 350 1a Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O. 350 b Enter the number of voting members included in line 1a, above, who are independent Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other X 2 officer, director, trustee, or key employee? Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person? Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? 4 Did the organization become aware during the year of a significant diversion of the organization's assets? 6 X Did the organization have members or stockholders? 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or 7а X more members of the governing body? b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or Х 7b persons other than the governing body? Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: 8 8a X a The governing body? X ď8 Each committee with authority to act on behalf of the governing body? Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the X organization's mailing address? If "Yes," provide the names and addresses in Schedule O Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) Yes No Х 10a 10a Did the organization have local chapters, branches, or affiliates? b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, 10b and branches to ensure their operations are consistent with the organization's exempt purposes? 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? X 11a **b** Describe in Schedule O the process, if any, used by the organization to review this Form 990. Х 12a 12a Did the organization have a written conflict of interest policy? If "No," go to line 13 b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? X 12b c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe X in Schedule O how this was done 12c X 13 Did the organization have a written whistleblower policy? 13 X Did the organization have a written document retention and destruction policy? 14 14 Did the process for determining compensation of the following persons include a review and approval by independent 15 persons, comparability data, and contemporaneous substantiation of the deliberation and decision? X The organization's CEO, Executive Director, or top management official 15a X 15b Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions). 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a Х 16a taxable entity during the year? b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? Section C. Disclosure List the states with which a copy of this Form 990 is required to be filed ▶GA Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available 18 for public inspection. Indicate how you made these available. Check all that apply. Other (explain in Schedule O) X Upon request X Another's website X Own website Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year. State the name, address, and telephone number of the person who possesses the organization's books and records: JENNIFER LUNDY - 770-451-1831 6065 BARFIELD ROAD, SUITE 200, ATLANTA, GA Form **990** (2015)

Employees, and Independent Contractors

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

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

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

• List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.

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

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

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

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

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

Check this box if neither the organization (A)	(B)	. yu		(C	>)			(D)	(E)	(F)
Name and Title	Average hours per week	Position (do not check more than one box, unless person is both an officer and a director/trustee)				than c s both	an	Reportable compensation from	Reportable compensation from related	Estimated amount of other
	(list any hours for related organizations below line)	Individual trustee or director	institutional trustee	Institutional trustee Officer		Highest compensated employee Former		the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compensation from the organization and related organizations
1) LINDA C. PORTERFIELD	1.00	Х		Х				0.	0.	0
MMEDIATE PAST PRESIDENT 2) JAMES A. SMITH	1.00			Х				0.	0.	0
HAIRMAN - PRESIDENT 3) FARON KING	1.00	X		X				0.	0.	0
P - MEMBER & PUBLIC SERVICES 4) SHEILA J. BROWER	1.00		_		-			0.	0.	0
P - ADMIN & FINANCE 5) MICHAEL L. FAULKNER	0.00 1.00	X		X				0.	0.	
P - GOVERNMENTAL AFFAIRS 6) WILLIAM C. JILES	1.00		Ī	Х					0.	(
P - PROF, DEVELOPMENT 7) RYAN T. BRASHEAR	0.00 1.00	X	-	X	Γ	-		0.		
ICE CHAIRMAN - PRESIDENT-ELECT	0.00 40.00	X	-	X	-	-		0.		
8) JENNIFER LUNDY HIEF FINANCIAL OFFICER	0.00		-	X	-	-		77,741.	0.	9,32
9) DEBRAS. JUNKIN HIEF EXECUTIVE OFFICER	0.00		_	X		1	<u> </u>	148,885.	0.	11,51
(10) KEITH HATCHER CHIEF PUBLIC POLICY OFFICE	40.00			-	-	X		132,651	. 0	10,969
		-		-						
					+		+			
		+		-		\dagger	-			
		-								
		-								

532008 12-16-15

\$100,000 of compensation from the organization

Form 990 (2015)

Total number of independent contractors (including but not limited to those listed above) who received more than

Statement of Revenue Part VIII Check if Schedule O contains a response or note to any line in this Part VIII **(D)** Revenue excluded from tax under (C) (B) Unrelated Related or Total revenue exempt function business sections 512 - 514 revenue revenue , Gifts, Grants illar Amounts 1 a Federated campaigns 1a 1b b Membership dues 10 c Fundraising events 1d Related organizations Government grants (contributions) 1e f All other contributions, gifts, grants, and 50,000. similar amounts not included above 1f Noncash contributions included in lines 1a-1f: \$ 50,000 h Total. Add lines 1a-1f. **Business Code** 2,165,594.2,165,594. 900099 2 a MEMBERSHIP DUES 600,291. 600,291 511120 b FORMS LICENSES 411,638. 411,638. c MEETINGS & CONFERENCES 900099 213,873. 213,873. d REALTOR ISSUE ACTION C 900099 208,675. 208,675. 611600 e EDUCATION PROGRAMS 9,028 79,270. 900099 88,298. f All other program service revenue 688,369 Total, Add lines 2a-2f Investment income (including dividends, interest, and 21,613. <u>21,6</u>13. other similar amounts) Income from investment of tax-exempt bond proceeds 6,406. 6,406 5 (i) Real (ii) Personal 6 a Gross rents b Less: rental expenses c Rental income or (loss) d Net rental income or (loss) (i) Securities (ii) Other 7 a Gross amount from sales of 62,800. assets other than inventory b Less: cost or other basis 50,485 and sales expenses 12,315. c Gain or (loss) 12,315. 12,315 d Net gain or (loss) 8 a Gross income from fundraising events (not Other Revenue including \$ contributions reported on line 1c). See Part IV, line 18 _____a b Less: direct expenses c Net income or (loss) from fundraising events 9 a Gross income from gaming activities. See Part IV, line 19a b Less: direct expenses b c Net income or (loss) from gaming activities 10 a Gross sales of inventory, less returns and allowances _____a b Less; cost of goods sold c Net income or (loss) from sales of inventory **Business Code** Miscellaneous Revenue 36,854 36,854. 900099 11 a OTHER REVENUE d All other revenue 36,854 e Total. Add lines 11a-11d 40,334. 815,557.3,716,195. 9.028. Total revenue. See instructions. 12 Form 990 (2015) Form 990 (2015) GEORGIA ASSUC Part IX Statement of Functional Expenses

cotion	501(c)(3) and 501(c)(4) organizations must comp	lete all columns. All othe	r organizations must c	omplete column (A).	
есиоп	Check if Schedule O contains a respons	e or note to any line in th	11S Part IX <u></u>	T (0)	/D\
Do no: 7b, 8b	include amounts reported on lines 6b, , 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 G	rants and other assistance to domestic organizations				
a	nd domestic governments. See Part IV, line 21	15,971.			
	Grants and other assistance to domestic	-			
	ndividuals. See Part IV, line 22				
	Grants and other assistance to foreign				
c	organizations, foreign governments, and foreign				
	ndividuals. See Part IV, lines 15 and 16				
	Benefits paid to or for members				
5 (Compensation of current officers, directors,	0.45 460			
	rustees, and key employees	247,462.			
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)	1 024 005			
	Other salaries and wages	1,034,895.			
	Pension plan accruals and contributions (include	22 017			
;	section 401(k) and 403(b) employer contributions)	23,017.			
	Other employee benefits	108,461.			
	Payroli taxes	99,830.			
	Fees for services (non-employees):				
	Management				
	Legal				
	Accounting				
d	Lobbying				
	Professional fundraising services. See Part IV, line 17		·		
	Investment management fees				
	Other. (If line 11g amount exceeds 10% of line 25,	214,204.			
	column (A) amount, list line 11g expenses on Sch O.)	24,668.			
	Advertising and promotion	156,479.			
	Office expenses	100, ±10.			
	Information technology				
15	Royalties	139,895.			
16	Occupancy	133,033.			
17	Travel				••
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials	984,698.			
19	Conferences, conventions, and meetings	301,0300			
20	Interest Payments to affiliates				
21	Depreciation, depletion, and amortization	53,319.			
22	·	15,934.			
23	Other expenses. Itemize expenses not covered				뭐 그런 하고 모든 함께
24	above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A)				
	amount, list line 24e expenses on Schedule 0.) FUND EXPENSES	146,768.			
a	PUBLICATION EXPENSES	61,966.			
b	SPONSORSHIPS	16,000.			
C	SEOMSOMBILLES				
d	All other expenses				
e or	Total functional expenses. Add lines 1 through 24e	3,343,567.			
25	Joint costs. Complete this line only if the organization				
26	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here if following SOP 98-2 (ASC 958-720)				
	Check here In following SQF 90-2 [AGO 903-720]				Form 990 (2015)

art	V	015) GEORGIA ASSOCIATION OF REALITORE Balance Sheet			
		Check if Schedule O contains a response or note to any line in this Part X	(A) Beginning of year		(B) End of year
			667.	1	846.
		Cash - non-interest-bearing	5,564,093.	2	5,305,482.
		Savings and temporary cash investments		3	
Ì	3	Pledges and grants receivable, net	47,050.	4	13,020.
	4	Accounts receivable, net Loans and other receivables from current and former officers, directors,			
	5	Loans and other receivables from current and former officers, directors,			
		trustees, key employees, and highest compensated employees. Complete		5	
ĺ		Part II of Schedule L Loans and other receivables from other disqualified persons (as defined under			
	6	section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing			
		employers and sponsoring organizations of section 501(c)(9) voluntary			
1		employers and sponsoring organizations of section 55 (total as) employees' beneficiary organizations (see instr). Complete Part II of Sch L		6	
		Notes and loans receivable, net		7	
	7	Inventories for sale or use		8	
•	8	Prepaid expenses and deferred charges	9,668.	9	121,004.
	9	Land, buildings, and equipment: cost or other			
	10a	Land, buildings, and equipment, cost of other			
		basis. Complete Part VI of Schedule D Less: accumulated depreciation 10a 5,881,931. 10b 1,319,333.	321,093.	10c	4,562,598.
Ì		Less: accumulated depreciation 10b 1,319,333. Investments - publicly traded securities	50,140.	11	
	11	Investments - other securities. See Part IV, line 11		12	
İ	12	Investments - program-related. See Part IV, line 11		13	
	13	Intangible assets		14	
	14	Other assets. See Part IV, line 11		15	
	15	Total assets. Add lines 1 through 15 (must equal line 34)	5,992,711.	16	10,002,950.
_	16 17	Accounts payable and accrued expenses	110,058.	17	91,844.
İ	18	Grants payable		18	F00 F34
	19	Deferred revenue	505,208.	19	720,534.
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
'n	22	Loans and other payables to current and former officers, directors, trustees,			
ţ		key employees, highest compensated employees, and disqualified persons.	The second secon		The second secon
Liabilities		Complete Part II of Schedule L		22	3,341,137
Ξ.	23	Secured mortgages and notes payable to unrelated third parties		23	3,341,137
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities (including federal income tax, payables to related third			
		parties, and other liabilities not included on lines 17-24). Complete Part X of			
		Schedule D	615 266	25	4,153,515
	26	Total liabilities. Add lines 17 through 25	615,266	26	4,100,010
		Organizations that follow SFAS 117 (ASC 958), check here ► X and			
ģ		complete lines 27 through 29, and lines 33 and 34.	5,294,653	27	5,812,534
ž	27	Unrestricted net assets	00 700		36,901
a	28	Temporarily restricted net assets	04,194	29	307302
<u> </u>	29	Permanently restricted net assets		23	
뎚		Organizations that do not follow SFAS 117 (ASC 958), check here			
<u>.</u>		and complete lines 30 through 34.		30	
ets	30	Capital stock or trust principal, or current funds		31	
\ss(31	Paid-in or capital surplus, or land, building, or equipment fund		32	
Net Assets or Fund Balances	32	Retained earnings, endowment, accumulated income, or other funds	5,377,445		E 040 40E
ž	33	Total net assets or fund balances	E 000 F11	. 34	
	34	Total liabilities and net assets/fund balances			Form 990 (201

	990 (2015) GEORGIA ASSOCIATION OF REALTORS, INC.	<u> 58-0</u>	83684	<u>3 Pa</u>	ge 12
Par	t XI Reconciliation of Net Assets				r1
	Check if Schedule O contains a response or note to any line in this Part XI		<u></u>		
	OHOKAT GATELLE T				
1	Total revenue (must equal Part VIII, column (A), line 12)	_1		15,5	
2	Total expenses (must equal Part IX, column (A), line 25)	2		43,5	
2	Payenue less expenses. Subtract line 2 from line 1	3		<u>71,9</u>	
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	5,3	77,4	45.
5	Net unrealized gains (losses) on investments	5	<u> </u>		
6	Donated services and use of facilities	_6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain in Schedule O)	9			0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,				405
.0	column (B))	10	5,8	49,4	135.
Par	t XIII Financial Statements and Reporting				\mathbf{x}
	Check if Schedule O contains a response or note to any line in this Part XII			Yes	
			· 1. 5	163	140
1	Accounting method used to prepare the Form 990: Cash X Accrual Other		_		
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	. O.			X
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		<u>2</u>	a	+^-
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewe	d on a			**
	separate basis, consolidated basis, or both:				
•	Separate basis Consolidated basis Both consolidated and separate basis			ьХ	- -
b	Were the organization's financial statements audited by an independent accountant?		·····	b X	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separa	te dasis,	:		
	consolidated basis, or both:		1		
	X Separate basis Consolidated basis Both consolidated and separate basis	di+			
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the second	ie audit,		c X	
	review, or compilation of its financial statements and selection of an independent accountant?	andula O	······· _	<u> </u>	
	If the organization changed either its oversight process or selection process during the tax year, explain in Sci	iedule O. Ingla Aud	li#		
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the S	ii igie Aud	14 .	3a	X
	Act and OMB Circular A-133?	uirad aud		<u>,a</u>	
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits?	uireu auu	. ,	3b	
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits	-,, <u></u>	<u></u> Fi		0 (2015)
			, ,	,,,,, 	- ()

Schedule B

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

Internal Revenue Service

Schedule of Contributors

Attach to Form 990, Form 990-EZ, or Form 990-PF.
 Information about Schedule B (Form 990, 990-EZ, or 990-PF) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

Name of the organization

Employer identification number

(GEORGIA ASSOCIATION OF REALTORS, INC.	58-0836843
Organization type (chec		
Filers of:	Section:	
Form 990 or 990-EZ	X 501(c)(6) (enter number) organization	
	4947(a)(1) nonexempt charitable trust not treated as a private foundation	on
	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 Note. Only a section 50	on is covered by the General Rule or a Special Rule. 1(c)(7), (8), or (10) organization can check boxes for both the General Rule and a S	pecial Rule. See instructions.
General Rule		
X For an organiza	ation filing Form 990, 990-EZ, or 990-PF that received, during the year, contribution any one contributor. Complete Parts I and II. See instructions for determining a co	ns totaling \$5,000 or more (in money or ontributor's total contributions.
Special Rules		
sections 509(a any one contri	ation described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line butor, during the year, total contributions of the greater of (1) \$5,000 or (2) 2% of to D-EZ, line 1. Complete Parts I and II.	e 13, 16a, of 16b, and that received from
year, total con	ation described in section 501(c)(7), (8), or (10) filing Form 990 or 990 EZ that recentributions of more than \$1,000 exclusively for religious, charitable, scientific, literary of cruelty to children or animals. Complete Parts I, II, and III.	ived from any one contributor, during the y, or educational purposes, or for
year, contribut is checked, en	cation described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that recentions exclusively for religious, charitable, etc., purposes, but no such contributions there the total contributions that were received during the year for an exclusive not complete any of the parts unless the General Rule applies to this organization itable, etc., contributions totaling \$5,000 or more during the year	ly religious, charitable, etc., because it received nonexclusively
but it must answer "No	ion that is not covered by the General Rule and/or the Special Rules does not file S o" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).	Schedule B (Form 990, 990-EZ, or 990-PF), or on its Form 990-PF, Part 1, line 2, to

Name of organization

Employer identification number

GEORGIA ASSOCIATION O)F	REALTORS,	INC.
-----------------------	----	-----------	------

58-0836843

Part I Co	intributors (see instructions). Use duplicate copies of Part I if		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) 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
NO.		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
140.		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
No.	Humo, addition, the	\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
No		\$	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.)

Employer identification number

GEORGIA ASSOCIATION OF REALTORS, INC.

58-0836843

art II	Noncash Property (see instructions). Use duplicate copies of Pa	rt II it additional space is needed.	
(a) No. from	(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)		(c)	
(a) No. from Part I	(b) Description of noncash property given	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
Parti			
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	990, 990-EZ, or 990-PF)

SCHEDULE C

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Political Campaign and Lobbying Activities

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

Complete if the organization is described below. Attach to Form 990 or Form 990-EZ.

Information about Schedule C (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

2015

Open to Public Inspection

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

- Section 501(c)(3) organizations: Complete Parts I-A and B. Do not complete Part I-C.
- Section 501(c) (other than section 501(c)(3)) organizations: Complete Parts I-A and C below. Do not complete Part I-B.
- Section 527 organizations: Complete Part I-A only.

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

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

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

 Section 501(c)(4), (5), or (6) organiz 	ations: Complete Part III.		Emple	yer identification	number
Name of organization				-	
GEORGIA	A ASSOCIATION OF ganization is exempt und	REALTORS, 1	or is a section 527 or	ranization.	4 .7
Part I-A Complete if the or	ganization is exempt und	er section sor(c)	OI IS & SCOTION OF	9	
Provide a description of the organ Political expenditures Volunteer hours			······		
	·				
Part I-B Complete if the or	ganization is exempt und	er section 50 t(c)	<u>/(∪).</u>		
1 Enter the amount of any excise ta 2 Enter the amount of any excise ta	x incurred by the organization und	der section 4900	5 > \$		
2 Enter the amount of any excise ta	x incurred by organization manag	ers under section 495	J ,	Yes	No
3 If the organization incurred a sect	ion 4955 tax, did it file Form 4720	TOT this year		Yes	☐ No
4a Was a correction made?					
b If "Yes," describe in Part IV. Part I-C Complete if the o	rganization is exempt und	er section 501(c), except section 501(c)(3).	
1 Enter the amount directly expend	d but he filing organization for se	ection 527 exempt fun	ction activities > \$		
	ed by the filling organization for so	ther organizations for	section 527		
2 Enter the amount of the filing organization exempt function activities	anization's folios contributed to o	inor organizations	▶\$		
	on Add lines 1 and 2 Enter here.	and on Form 1120-PO	L,		
3 Total exempt function expenditur	es. Add lines 1 and 2. Enter Here		▶ \$		
and the contraction file for	- 4400 DOL for this year?				No
and the second second	lavor identification number (F	IN) of all section 527 t	political organizations to whic	n the ming organia	zation
	-ation listed, onter the amount na	ud from the filling ordat	IZALION S LUNUS, AISO GINGI U	is allount of pond	
contributions received that were	promptly and directly delivered to	a separate political of	ganization, such as a separe	ite segregated fun	d or a
political action committee (PAC).	If additional space is needed, pro	vide information in Pa	rt IV.		
(a) Name	(b) Address	(c) EIN	(d) Amount paid from	(e) Amount of contributions rec	
(4)			filing organization's funds. If none, enter -0		
			jurius, it florie, effici o .	delivered to a	separate
				political organ	
				II HOHE, CH	
	ì				
				-	
				-	

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

Schedule C (Form 990 or 990-EZ) 2015

Chedule C (Form 990 or 990-EZ) 2015 GEC Part II-A Complete if the organiz	RGIA ASSO ation is exem	<u>CIATION OF</u> pt under section	REALTORS, 1 501(c)(3) and file	NC 58-08 ed Form 5768 (el	336843 Page 2 ection under
section 501(h)). Check if the filing organization b	elongs to an affilia	ted group (and list in	Part IV each affiliated (group member's name	e, address, EIN,
expenses, and share of	excess lobbying ex	penditures).			
	hecked box A and	"limited control" prov	risions apply.		
				(a) Filing	(b) Affiliated group
Limits on	Lobbying Expend	litures to poid or incurred)		organization's totals	totals
(The term "expenditure	es" means amoun	ts paid or incurred.)		totais	
1a Total lobbying expenditures to influence	public opinion (gr	ass roots lobbying)			
b Total lobbying expenditures to influence	e a legislative body	(direct lobbying)			
Tuellebbiling avpanditures (add lines	la and 1b)		,		
e out	,				
e Total exempt purpose expenditures (ad	d lines 1c and 1d)				
f Lobbying nontaxable amount. Enter the	amount from the	following table in both	columns.		
f Lobbying nontaxable amount. Enter the	in: The lobb	ying nontaxable amo	ount is:		
If the amount on line 1e, column (a) or (b)		ne amount on line 1e.			
Not over \$500,000		plus 15% of the exc	ess over \$500,000.		
Over \$500,000 but not over \$1,000,000		plus 10% of the exc	ess over \$1,000,000		
Over \$1,000,000 but not over \$1,500,0		plus 5% of the exce	ss over \$1,500,000.		
Over \$1,500,000 but not over \$17,000			38 0 401 4 11 5 5 1 5 1		
Over \$17,000,000	\$1,000,0	00			
Subtract line 1f from line 1c. If zero or If there is an amount other than zero or reporting section 4911 tax for this year (Some organizations that	n either line 1h or l ? 4-Year Ave	ine 1i, did the organiz raging Period Under (1) election do not	section 501(h) have to complete all		Yes No
	See the separa	te instructions for linditures During 4-Ye	nes za un ougu zi.)		
	Lobbying Exper	Iditures During 4-16	a Averaging to the		
Calendar year (or fiscal year beginning in)	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) Total
2a Lobbying nontaxable amount					
b Lobbying ceiling amount (150% of line 2a, column(e))					
c Total lobbying expenditures					
d Grassroots nontaxable amount					
e Grassroots celling amount (150% of line 2d, column (e))					
f Grassroots lobbying expenditures				Schedule C (For	m 990 or 990-EZ) 20

Schedule C (Form 990 or 990 EZ) 2015 GEORGIA ASSOCIATION OF REALTORS, INC. 58-083684

Part II-B Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 58-0836843 Page 3 (election under section 501(h)).

or each "Yes," response on lines 1a through 1i below, provide in Part IV a detailed description f the lobbying activity. 1 During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter)		o)
During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter	Yes	No	Amo	ount
local legislation, including any attempt to influence public opinion on a legislative matter			Harry .	
local legislation, including any attempt to influence public opinion on a legislative matter				
a transport the tree of				
or referendum, through the use of:				
a Volunteers?				
 a Volunteers? b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)? 				
c Media advertisements?				
d Mailings to members, legislators, or the public?				
e Publications, or published or broadcast statements?				
f Grants to other organizations for lobbying purposes? g Direct contact with legislators, their staffs, government officials, or a legislative body?				
g Direct contact with legislators, their starts, government officials, or a legislator part of the grant of t				
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any same				
j Other activities?				
j Total. Add lines 1c through 1i				<u> </u>
2a Did the activities in line 1 cause the organization to be not described in 300000000000000000000000000000000000				
b If "Yes," enter the amount of any tax incurred under section 4912 c If "Yes," enter the amount of any tax incurred by organization managers under section 4912				
d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year? Part III-A Complete if the organization is exempt under section 501(c)(4), sec	tion 501(c)(5), or s	ection	
Part III-A Complete it the organization to exempt				
501(c)(6).			Yes	No
1 Were substantially all (90% or more) dues received nondeductible by members?				X
		2		X
				<u> </u>
Part III-B Complete if the organization is exempt under section 501(c)(4), second 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "Yes."				55,594
Dues, assessments and similar amounts from members		······ · ·		, <u>, , , , , , , , , , , , , , , , , , </u>
2 Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenditures).	iiticai	1 :-	*	
expenses for which the section 527(f) tax was paid).		2	22	20,481
a Current year				
- Cornovor from last year				20,481
				50,826
A secretary amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) deci-		······		
4 If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the	nd political		·	
does the organization agree to carryover to the reasonable estimate of nondeductible lobbying at	na pontioa	4		
expenditure next year?			-1	30,345
expenditure next year? 5 Taxable amount of lobbying and political expenditures (see instructions) Part IV Supplemental Information				

SCHEDULE D

(Form 990)

532051 11-02-15

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.

Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047 Open to Public Inspection

Name of the organization

Employer identification number

lame	of th	e organization	T OF REALTORS INC.		58-0836843
	· .	GEORGIA ASSOCIATION Organizations Maintaining Donor Advise	N OF REALTORS, INC.	r Accoun	ts. Complete if the
Part		Organizations Maintaining Donor Advise	06		
		organization answered "Yes" on Form 990, Part IV, lin	(a) Donor advised funds	(b) Fund	s and other accounts
1	Total	number at end of year			
2	Aggre	egate value of contributions to (during year)			
3	Aggre	egate value of grants from (during year)			
4	Aggre	egate value at end of year	writing that the assets held in donor advised	l funds	
5	Did th	egate value at end of yearne organization inform all donors and donor advisors in	willing triat the assets field in denter an		Yes No
	are th	ne organization inform all ubnots and dollar databases in ne organization's property, subject to the organization's	exclusive legal controls	ed only	
6	Did tl	ne organization's property, subject to the organization of the organization inform all grantees, donors, and donor a	ar depart advisor, or for any other nurbose CC	nterring	
	for cl	ne organization inform all grantees, donors, and donor or naritable purposes and not for the benefit of the donor o	of dottor advisor, or for any survey page 1		Yes No
		rmissible private benefit? Conservation Easements. Complete if the or	ganization answered "Yes" on Form 990, Pa	rt IV, line 7.	
Par	t II	Conservation Easements. Complete it the or	ion (check all that apply).		
1	Purp	ose(s) of conservation easements held by the organization	education) Preservation of a histor	ically import	ant land area
	<u></u>	Preservation of land for public use (e.g., recreation or	Preservation of a certification	ed historic s	tructure
	<u> </u>	Protection of natural habitat	-		
		Preservation of open space plete lines 2a through 2d if the organization held a qual	ified conservation contribution in the form of	a conserva	tion easement on the last
2	Com	plete lines 2a through 2d if the organization neid a quai	med conservation continuation		Held at the End of the Tax Year
	day	of the tax year.		2a	
а	Tota	I number of conservation easements		2b	
b	Tota	I acreage restricted by conservation easements	ructure included in (a)	2c_	
c	Num	a acreage restricted by conservation accertified historic states of conservation easements on a certified historic states of conservation easements included in (c) acquired	ofter 8/17/06 and not on a historic structure	e	
d		and the second s			
	liste	d in the National Register	oleased extinguished, or terminated by the	organizatior	during the tax
3	Nun	nber of conservation easements modified, transferred, i	eleased, extinguismes, or assume		
	year		assement is located		
4	Nun	nber of states where property subject to conservation e	eriodic monitoring, inspection, handling of		
5		is the organization have a written policy regarding the p			Yes No
	viol	ations, and enforcement of the conservation easements ff and volunteer hours devoted to monitoring, inspecting	handling of violations, and enforcing cons	ervation eas	sements during the year
6					
		ount of expenses incurred in monitoring, inspecting, ha	ndling of violations, and enforcing conservat	ion easeme	nts during the year
7	Am	ount of expenses incurred in monitoring, inspecting, ha	idang of tromactic, and		
	> 3	\$es each conservation easement reported on line 2(d) ab	ove satisfy the requirements of section 170(h)(4)(B)(i)	
8					Yes No
		I section 170(h)(4)(B)(ii)?	ation openments in its revenue and coponio	OLLICOTO TO	
9	In F	Part XIII, describe how the organization reports conserva- lude, if applicable, the text of the footnote to the organi:	zation's financial statements that describes	the organiza	ition's accounting for
		lude, if applicable, the text of the loothole to the organi			
-		nservation easements. Organizations Maintaining Collections	of Art, Historical Treasures, or O	ther Simi	lar Assets.
	ırt II	- Voc" on Fo	rm 990 Part IV. line 8.		
		/ LOFAC 116 /	ACC 059) not to report in its revenue stated	nent and ba	lance sheet works of art,
18	ı ft	he organization elected, as permitted under SFAS TTO (torical treasures, or other similar assets held for public	exhibition, education, or research in furthera	nce of publi	c service, provide, in Part XIII,
		·	(ACC OF B) to report in its revenue statemen	t and baland	ce sheet works of art, historical
Ì) if t	he organization elected, as permitted under SFAS 110 i asures, or other similar assets held for public exhibition	education, or research in furtherance of pu	blic service,	provide the following amounts
		· ·			
		ating to these items: Revenue included on Form 990, Part VIII, line 1			\$
	(i)				T
	(ii)	Assets included in Form 990, Part A the organization received or held works of art, historical	treasures, or other similar assets for financia	al gain, prov	ide
2	lf t	the organization received or neid works of ait, historical e following amounts required to be reported under SFA:	S 116 (ASC 958) relating to these items:		
	the	e following amounts required to be reported under Critical to be r	- · · · · -	>	\$
	a R∈	evenue included on Form 990, Part VIII, IIII F		<u></u>	\$
	<u>b As</u>	sets included in Form 990, Part X or Paperwork Reduction Act Notice, see the Instruction	ions for Form 990.		Schedule D (Form 990) 201
LH	A Fo	or Paperwork Reduction Act Notice, see the instituct			

	CEODCT A	<u>ASSOCIATIO</u>	N OF	REALT	ORS, IN	<u>C.</u>	5	<u>8-083</u>	6843	Page	<u>e 2</u>
chedu		11 Li - wa of Art	· Hictori	caute	asines. Vi v	JUICI V	Simila	r Asset:	3 (continue	d)	
Part	III Organizations Maintaining Co Jising the organization's acquisition, accession	and other records	check an	v of the fo	ollowing that are	e a signil	ficant u	se of its c	ollection it	.ems	
3 (Jsing the organization's acquisition, accession	n, and other rooting	, 0	,	_						
(check all that apply):	d	Loa	n or exch	ange programs	i					
а	Public exhibition	e e									
b	Scholarly research	e		·							
C	Preservation for future generations	u u u u u u u u u u u u u u u u u u u	how thou	further th	e organization's	s exemp	t purpo	se in Part	XIII.		
4	Preservation for future generations Provide a description of the organization's col	lections and explain	fow lifey	rioal trase	ures or other s	imilar as	sets				
		PARKING MANGRIANS ()	n arr. rusto	ilical licas	atoo, or ourse				Yes		No
								, Part IV, I	ine 9, or		
Parl	IV Factow and Custodial Arrang	jements. Comple	te if the or	ganizatioi	Tallsweled to	.5 5111 5	,	, ,			
	- Land Committee	t X IIDA Z I									
1a		an or other intermed	iary for cor	ntribution	s or other asser	15 1101 1110	Judou		Yes		No
	r 000 Part V2								. 100		
L.	on Form 990, Part X? If "Yes," explain the arrangement in Part XIII a	and complete the fol	llowing tab	le:					Amount		
							-		Amount		
	Beginning balance						1c				
_	a true - deving the year						1d_				
d	Additions during the year Distributions during the year						1e	<u> </u>			
								\	-		Γ
f	Ending balance Did the organization include an amount on F	orm DON Dart Y line	21, for est	crow or ci	ustodial accour	nt liability	?	L	Yes		No
2a	Did the organization include an amount on F If "Yes," explain the arrangement in Part XIII.	Onn 990, Fait X, mic	volanation	has been	provided on Pa	art XIII ,					
b	If "Yes," explain the arrangement in Part XIII. t V Endowment Funds. Complete in	Check nere if the ex	curered "Y	'es" on Fo	orm 990, Part IV	/, line 10					
Par	t V Endowment Funds. Complete	the organization at	(b) Price	vr voar	(c) Two years	back (d) Three	years back	(e) Four	years	ba <u>ck</u>
		(a) Current year		n year	(c) in o jums	1					
1a	Beginning of year balance		 								
b	Contributions		<u> </u>								
	Net investment earnings, gains, and losses								1		
c	Grants or scholarships				 						
ď	Other expenditures for facilities										
е	Other experiultures for facilities								+		
	and programs								ļ		
f	Administrative expenses										
g	End of year balance	L and balan	ce (line 1a	column	(a)) held as:						
2	Provide the estimated percentage of the cu	rrent year end balan	%	, 0014	1-77						
а	Board designated or quasi-endowment										
b	Permanent endowment	%									
С	Temporarily restricted endowment	%									
					deministrat	ad for th	e orgal	nization			
3a	The percentages on lines 2a, 2b, and 2c sn Are there endowment funds not in the poss	session of the organi	ization that	are neio	and administer	ea ioi a	10 0190			Yes	No
00									3a(i)		
						• • • • • • • • • • • • • • • • • • • •					† –
										 	
	(ii) related organizations If "Yes" on line 3a(ii), are the related organi	zations listed as requ	uired on So	chedule F	የ?		.,		3b	L	<u> </u>
k	Describe in Part XIII the intended uses of the	ne organization's en	dowment f	unds							
4		mant									
Pa	Complete if the organization answe	rad "Vee" on Form 9	90. Part IV	, line 11a	. See Form 990	, Part X,	line 10	·			
		(a) Cost or	rother	(h) Co	st or other	(c) A	ccumul	ated	(d) Boo	ok val	ue
	Description of property	basis (inves			is (other)	de	oreciati	on			
			21110210		42,805.		1.20				805
1	a Land				19,033.		725	026.	4,29		
•	b Buildings			<u> </u>				565.			801
	c Leasehold improvements			ļ_ _	70,366.						985
					149,141.	<u> </u>	J 4 7 ₁	144.			·
				l		l			1 5/	52	592
_	e Outer	t equal Form 990, P	art X, colur	nn (B), lin	e 10c.)		<u></u>	🖊 📗			
	c Leasehold improvements d Equipment e Other tal, Add lines 1a through 1e. (Column (d) mus		art X, colui		49,727.		549,	742.	4,56	52,	

F F M 241	Investments - Other Securities.	- con B. a B. ff	11h See Form 990 P	art X, line 12.	
	Complete if the organization answered "Yes" of	on Form 990, Part IV, line (b) Book value	(c) Method of val	uation: Cost or end-c	f-year market value
Descrip	tion of security or category (including name of security)	(b) BOOK Valdo	(0)		
inanci	al derivatives				
losely	held equity interests				
Other					
)					
3)					
<u> </u>					
)					
=)					
-)					
<u>a)</u>					
1)	(b) must equal Form 990, Part X, col. (B) line 12.)				
i, (UOI.					
4 C AL	III Investments - Program Related. Complete if the organization answered "Yes"	on Form 990, Part IV, lin	e 11c. See Form 990, I	Part X, line 13.	-of-year market value
	(a) Description of investment	(b) Book value	(c) Method of Va	aldation. Occide of one	
4)					
1)					
2) (3)					
<u>3) </u>					
(5)					
(6)					
(7)					
(8)					
		1			
(9)					
(9) tal. (Co	i. (h) must equal Form 990, Part X, col. (B) line 13.) ▶				
tal. (Co	i. (b) must equal Form 990, Part X, col. (B) line 13.) Other Assets.	5 COO Port IV	ne 11d. See Form 990		
al . (Co	Other Assets.	s" on Form 990, Part IV, I	ne 11d. See Form 990		(b) Book value
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(1) (2) (3) (4) (5) (6) (7)	Complete if the organization answered "Yes (a	s" on Form 990, Part IV, I		, Part X, line 15.	
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	dule D (Form 990) 2015 GEORGIA ASSOCIATION OF	REALTORS, INC.		368 <u>4</u> 3 Page 4
	to distance of the second of t	tements With Reven	ue per Return.	
Par	t XI Reconciliation of Revenue per Audited Financial State Complete if the organization answered "Yes" on Form 990, Part IV, lir	ne 12a.		
	Total revenue, gains, and other support per audited financial statements		1	<u>3,815,557.</u>
1	Total revenue, gains, and other support per addited interior support per addited interior support per addited interior support per addited interior support per additional statements.			
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12: Net unrealized gains (losses) on investments	2a		•
а	Net unrealized gains (losses) or investments Donated services and use of facilities	2b		
b				
С	Recoveries of prior year grants	·····	Att	
d	Other (Describe in Part XIII.)		2e	0 <u>.</u>
е	Add lines 2a through 2d		3	3,815,557.
3	Subtract line 2e from line 1		74-33	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:	4a		
а	Investment expenses not included on Form 990, Part VIII, line 7b	4b		
b	Other (Describe in Part XIII.)		1 _ 1	0 .
C	Add lines 4a and 4b		5	3,815,557.
_5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12 rt XII Reconciliation of Expenses per Audited Financial S	tatements With Expe	nses per Return	
Pa	rt XII Reconciliation of Expenses per Auditeu Financial S	ing 12a		
	Complete if the organization answered "Yes" on Form 990, Part IV, I	itie 12a.	1	3,343,567.
1	Total expenses and losses per audited financial statements			<u> </u>
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:	1 0 1		
а	Donated services and use of facilities	2a		
b	Prior year adjustments	2b		
c	Other losses	2c		
c	Other (Describe in Part XIII.)	2d		0.
	Add lines 2a through 2d	.,,		3,343,567.
3	Subtract line 2e from line 1		3	3,343,301.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:	1 1		
- T		4a		
k	The state of the s	4b		0.
	Addings 4- and 4h		4c	3,343,567.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line	18.)	5	3,343,307.
1 =	- remin - I I Information			r 0. D-4 VI
D	tide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a an	d 4; Part IV, lines 1b and 2b	; Part V, line 4; Part X,	line 2; Part Al,
line	s 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide	any additional information.		
11110			<u> </u>	
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_				
				<u></u>

SCHEDULE J (Form 990)

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.

▶ Information about Schedule J (Form 990) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

Open to Public Inspection

Internal Revenue Service Name of the organization

Department of the Treasury

GEORGIA ASSOCIATION OF REALTORS, INC.

Employer identification number 58-0<u>836843</u>

10 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	Par	t I Questions Regarding Compensation		V =	Ne
Part VII, Section A, Line 1a, Complete Part III to provide any relevant Housing allowance or residence for personal use First-classe or charter trace Payments Payments for business use of personal residence			1,1,11	Yes	No
Part VII, Section A, Line 1a, Complete Part III to provide any relevant Housing allowance or residence for personal use First-classe or charter trace Payments Payments for business use of personal residence		Observations appropriate boy(es) if the organization provided any of the following to or for a person listed on Form 990,			
First-class or charter travel	1a '	a district the Complete Dart III to provide any relevant injointation regarding tribos was a		11.74	177. = 1
Payments for business use of personal residence Payments Payments for business use of personal residence Payments Travel for companions Health or social club dues or hitation fee Payments Payme	ı	- Housing allowance of residence of			
Trax indemnification and gross-up payments		First-class of charter travel			75.15.1
Discretionary spending account		X Travel for companions			
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 X 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 in line 1a? 3 Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.		Tax indemnification and gross-up payments		ļ	
reimbursement or provision of all of the expenses described and provide 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 in line 1a? Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III. IX Compensation committee		Discretionary spending account			
reimbursement or provision of all of the expenses described and provide 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 in line 1a? Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III. IX Compensation committee		to the distance of the property of the propert			
2 X trustees, and officers, including the CEO/Executive Director, regarding the items checked in line 1a? Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III. X Compensation committee written employment contract written employment contract written employment contract compensation consultant Approval by the board or compensation committee Approval by the board or compensation committee Approval by the board or compensation committee Participate in, or receive payment from, a supplemental nonqualified retirement plan? 4b	b	If any of the boxes on line 1a are checked, did the organization follow a whiter point and the explain	1b_	X	
Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.		reimbursement or provision of all of the expenses described above: If the compenses incurred by all directors,			
Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III. X Compensation cormittee	2	Did the organization require substantiation prior to reimbursing or allowing expenses interior by	2	X	
CEO/Executive Director. Check all that apply. Do not check any boxes in interious establish compensation of the CEO/Executive Director, but explain in Part III. Compensation committee		trustees, and officers, including the CEO/Executive Director, regarding the Rents criccios and an area of the control of the central criccios and area of the central criccios.			
CEO/Executive Director. Check all that apply. Do not check any boxes in interious establish compensation of the CEO/Executive Director, but explain in Part III. Compensation committee		the appendition of the organization's			
CEO/Executive Director. Check all that apply. Do not check any boxes in interious establish compensation of the CEO/Executive Director, but explain in Part III. Compensation committee	3	Indicate which, if any, of the following the filing organization used to establish the compensation of the organization to			
establish compensation of the CEC/Executive Director, but explain in Part III. Compensation committee Written employment contract Written employment contract Written employment contract Written employment contract Written employment contract Written employment contract Written employment contract Written employment contract Written employment contract Written employment contract Written employment contract Written employment compensation committee Written employment compensation committee Written employment employment Written employment employm		CEO/Executive Director, Check all that apply. Do not check any boxes for Methods used by a rolate any			
Milled pendent compensation consultant		b componention of the CEO/Executive Director, but explain in Part III.			
Independent compensation committee Form 990 of other organizations X Approval by the board or compensation committee		Written employment contract			
During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filling organization or a related organization: a Receive a severance payment or change-of-control payment? b Participate in, or receive payment from, a supplemental nonqualified retirement plan? c Participate in, or receive payment from, an equity-based compensation arrangement? if "Yos" to any of lines 4a·c, list the persons and provide the applicable amounts for each item in Part III. Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9. 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: a The organization? b Any related organization? if "Yes" to 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 contingent on the net earnings of: a The organization? b Any related organization? if "Yes" to line 6a or 6b, describe in Part III. For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described on lines 5 and 6? If "Yes," describe in Part III. For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described on lines 5 and 6? If "Yes," describe in Part III. Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III. g If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Part III.		Independent compensation consultant Compensation survey or study			
A During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization: Receive a severance payment or change-of-control payment? Participate in, or receive payment from, a supplemental nonqualified retirement plan? Participate in, or receive payment from, an equity-based compensation arrangement? If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III. Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9. For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of: The organization? Any related organization? If "Yes" to 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 contingent on the net earnings of: The organization? Any related organization? Any related organization? Any related organization? Any related organization? For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of: Any related organization? For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described on lines 5 and 6? If "Yes," describe in Part III. Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III For persons listed on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the late of the organization also follow the			, e		
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organization or a related organization: a Receive a severance payment or change-of-control payment? b Participate in, or receive payment from, a supplemental nonqualified retirement plan? c Participate in, or receive payment from, an equity-based compensation arrangement? If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III. Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9. 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: a The organization? If "Yes" to 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 contingent on the net earnings of: a The organization? b Any related organization? If "Yes" on line 6a or 6b, describe in Part III. For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described on lines 5 and 6? If "Yes," describe in Part III. Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III. Pergulations section 53.4958-6(c)?		During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing			
a Receive a severance payment or change-of-control payment? b Participate in, or receive payment from, a supplemental nonqualified retirement plan? c Participate in, or receive payment from, an equity-based compensation arrangement? If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III. Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9. 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: a The organization? If "Yes" to 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 contingent on the net earnings of: a The organization? b Any related organization? If "Yes" on line 6a or 6b, describe in Part III. For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described on lines 5 and 6? If "Yes," describe in Part III. Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-6(c)?	4	- viettien er e related organization:	4-		x
b Participate in, or receive payment from, a supplemental nonqualined retirement plant Comparison of the payment from of the payment from, an equity-based compensation arrangement? c Participate in, or receive payment from, an equity-based compensation arrangement? lif "Yes" to any of lines 4a·c, list the persons and provide the applicable amounts for each item in Part III. Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9. 5 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of: a The organization? b Any related organization? f "Yes" to 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 contingent on the net earnings of: a The organization? b Any related organization? f "Yes" on line 6a or 6b, describe in Part III. For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described on lines 5 and 6? If "Yes," describe in Part III. Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III. 9 If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Part III.	_	to the end of control payment?			Y
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Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9. For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of: The organization? Any related organization? If "Yes" to 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 contingent on the net earnings of: The organization? Any related organization? If "Yes" on line 6a or 6b, describe in Part III. For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described on lines 5 and 6? If "Yes," describe in Part III. Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III. If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Part III. Person of line 8, did the organization also follow the rebuttable presumption procedure described in Part III.		an equity-based compensation arrangements	4c	+-	
Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9. For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of: The organization? Any related organization? If "Yes" to 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 contingent on the net earnings of: The organization? Any related organization? Any related organization? For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described on lines 5 and 6? If "Yes," describe in Part III. Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III. If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Part III.	С	Participate in, or receive payment in the persons and provide the applicable amounts for each item in Part III.			
For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation? The organization? Any related organization? If "Yes" to 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 contingent on the net earnings of: The organization? Any related organization? For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments To persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments To persons listed on lines 5 and 6? If "Yes," describe in Part III. Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III. If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Procedure Viscon 990, 201		IT THES TO ARRY OF IRITES HAZ OF ROLL WITE POPULATION TO THE POPULATION OF THE POPUL	1 74		
For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation? The organization? Any related organization? If "Yes" to 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 contingent on the net earnings of: The organization? Any related organization? For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments To persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments To persons listed on lines 5 and 6? If "Yes," describe in Part III. Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III. If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Procedure Viscon 990, 201		Sign For(a)(a), F01(a)(4), and 501(a)(29) organizations must complete lines 5-9.	1.5		
contingent on the revenues of: a The organization? b Any related organization? If "Yes" to line 5a or 5b, describe in Part III. 6 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of: a The organization? b Any related organization? If "Yes" on line 6a or 6b, describe in Part III. 7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described on lines 5 and 6? If "Yes," describe in Part III. 8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III. 9 If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Pegulations section 53.4958-6(c)?		Only section 50 ((c)(5), 50 ((c)(4)), and 55 ((c)(4)) and 55 (1.		
a The organization? b Any related organization? If "Yes" to line 5a or 5b, describe in Part III. 6 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of: a The organization? b Any related organization? If "Yes" on line 6a or 6b, describe in Part III. 7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described on lines 5 and 6? If "Yes," describe in Part III. 8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III. 9 If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Pegulations section 53.4958-6(c)?	5	For persons listed on Form 950, 1 art vii, 950stativi, 9			
b Any related organization? If "Yes" to line 5a or 5b, describe in Part III. 6 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of: a The organization? b Any related organization? If "Yes" on line 6a or 6b, describe in Part III. 7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described on lines 5 and 6? If "Yes," describe in Part III. 8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III. 9 If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Part III.		contingent on the revenues of.			
If "Yes" to 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 contingent on the net earnings of: The organization? B Any related organization? If "Yes" on line 6a or 6b, describe in Part III. For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described on lines 5 and 6? If "Yes," describe in Part III. Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III. If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Part III.	а	The organization?	5f	<u> </u>	
For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay of accrue any compensation contingent on the net earnings of: a The organization? b Any related organization? If "Yes" on line 6a or 6b, describe in Part III. 7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described on lines 5 and 6? If "Yes," describe in Part III 8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III 9 If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?	b	u u – en la cuita à Dort III			
contingent on the net earnings of: a The organization? b Any related organization? If "Yes" on line 6a or 6b, describe in Part III. 7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described on lines 5 and 6? If "Yes," describe in Part III 8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III 9 If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?		If "Yes" to line 5a or 5b, describe in Part III.			
a The organization? b Any related organization? If "Yes" on line 6a or 6b, describe in Part III. 7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described on lines 5 and 6? If "Yes," describe in Part III. 8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III. 9 If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?	6	For persons listed on Form 990, Part VII, Section A, line 14, did the organization			
b Any related organization? If "Yes" on line 6a or 6b, describe in Part III. 7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described on lines 5 and 6? If "Yes," describe in Part III. 8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III. 9 If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?			6	a L	
If "Yes" on line 6a or 6b, describe in Part III. 7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments 7 not described on lines 5 and 6? If "Yes," describe in Part III 8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the 9 If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in 9 If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in 9 Paguilations section 53,4958-6(c)?	2	The organization?	6	b	
7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any normal payments payments on the described on lines 5 and 6? If "Yes," describe in Part III were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the linitial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III linitial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," described in linitial contract exception described in Regulations section 53.4958-6(c)?	k	Any related organization?			
not described on lines 5 and 6? If "Yes," describe in Part III 8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III 9 If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in 8 Pagulations section 53.4958-6(c)?		If "Yes" on line 6a or 6b, describe in Part III.	1		
not described on lines 5 and 6? If "Yes," describe in Part III 8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III 9 If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in 8 Pagulations section 53.4958-6(c)?	7	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any non-mode any	7	7 _	
initial contract exception described in Regulations section 53.4958-4(a)(c)? If Test, described in 9 If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in 8 Regulations section 53.4958-6(c)?				_	
initial contract exception described in Regulations section 53.4958-4(a)(c)? If Test, described in 9 If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in 8 Regulations section 53.4958-6(c)?	8	E con Dort VII haid or accrised pursuant to a contract that was subject to the	1.	- 1	
9 If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described "		the sile of in Domistions Section 33.4300-4(d)(3): 11 165, door 120 11.			
Regulations section 53.4958-6(c)?	9	to the time of the proprietion also follow the rebuttable presumption procedure described in	l l	9	
	-	Regulations section 53.4958-6(c)?			90) 201

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

Page 2

58-0836843 INC.

GEORGIA ASSOCIATION OF REALTORS,

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (ii) and from related organizations, described in the instructions, on row (iii). Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed. Schedule J (Form 990) 2015

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. Do not list any individuals that are not listed on Form 990, Part VII.

	reported as defel on prior Form 9	0.00.0																	Schedule J (Form 990) 2015
(E) Total of columns (B)(i)-(D)		160,396.																	
(D) Nontaxable benefits		6,978.																	
(C) Retirement and	compensation	4,533.																	
	(iii) Other reportable compensation	00																	
(B) Breakdown of W-2 and/or 1099-MISC compensation	(ii) Bonus & incentive compensation	0.0													-				
(B) Breakdown of	(i) Base compensation	148,885.				0		(ı)	(0)	8	(ii)	6	(0)	(ii)	(C)	(11)	(i)	(ii)
	(A) Name and Title	(1) DEBRA S. JUNKIN (I) CHIEB EXECUTIVE OPFICER (II)	(1)	0	(9)		0	0	j) (i			y							

532112 10-14-15

532113 10-14-15

SCHEDULE O (Form 990 or 990-EZ)

Department of the Treasury

Supplemental Information to Form 990 or 990-EZ

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

➤ Attach to Form 990 or 990-EZ. ▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990. Open to Public

OMB No. 1545-0047

Internal Revenue Service Name of the organization

Inspection Employer identification number

58-0836843 GEORGIA ASSOCIATION OF REALTORS, INC. FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES: OTHER ACTIVITIES RELATED TO THE ADVANCEMENT OF THE REAL ESTATE PROFESSION IN GEORGIA. EXPENSES \$ 2,296,903. INCLUDING GRANTS OF \$ 15,971. REVENUE \$ 3,065,084 FORM 990, PART VI, SECTION A, LINE 2: IN 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 6: ENTITY IS A NON-PROFIT PROFESSIONAL TRADE ORGANIZATION WITH MEMBERS. FORM 990, PART VI, SECTION A, LINE 7A: MEMBERS HAVE THE POWER TO ELECT MEMBERS OF THE GOVERNING BODY. FORM 990, PART VI, SECTION B, LINE 11: THE FORM 990 IS REVIEWED BY THE EXECUTIVE COMMITTEE (HAVING THE AUTHORITY TO ACT BETWEEN BOARD MEETINGS) AND CEO BEFORE FILING. THE PREVIOUS 3 YEARS' FILINGS ARE POSTED TO THE WEBSITE FOR THE BOARD TO REVIEW. FORM 990, PART VI, SECTION B, LINE 12C:

BEFORE EACH COMMITTEE MEETING, COMMITTEE MEMBERS ARE ASKED IF THERE ARE ANY Schedule O (Form 990 or 990-EZ) (2015) LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. 532211 09-02-15

	Page 2
hedule O (Form 990 or 990-EZ) (2015)	Employer identification number
ne of the organization GEORGIA ASSOCIATION OF REALTORS, INC.	58-0836843
TENTIAL CONFLICTS OF INTEREST THAT SHOULD BE DISCUSSED.	
RM 990, PART VI, SECTION B, LINE 15:	
HE ADMINISTRATION AND OPERATIONS COMMITTEE, CONSISTING (OF THE SEVEN UNPAID
FICERS, DETERMINE AND APPROVE THE COMPENSATION PACKAGE	FOR THE CEO.
HE ADMINISTRATION AND OPERATIONS COMMITTEE, CONSISTING	OF THE SEVEN LINE
FFICERS, APPROVE RECOMMENDATIONS MADE BY THE CEO FOR CO	MPENSATION
EGARDING OTHER OFFICERS OR KEY EMPLOYEES.	
ORM 990, PART VI, SECTION C, LINE 19:	
HE ORGANIZATION DOES NOT MAKE ITS GOVERNING DOCUMENTS,	CONFLICT OF
HE ORGANIZATION DOES NOT FAME ITS STATEMENTS AVAILABLE TO THE	E PUBLIC.
NTEREST POLICY, OR FINANCIAL STATEMENTS AVAILABLE TO TH	
FORM 990, PART XII, LINE 2C:	
O CHANGE FROM PRIOR YEAR.	
	Schedule O (Form 990 or 990-EZ) (2

SCHEDULE R (Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

Part !

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

► Attach to Form 990.

2015

OMB No. 1545-0047

Open to Public Inspection

Information about Schedule R (Form 990) and its instructions is at www.irs.gov/form990.

INC

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

GEORGIA ASSOCIATION OF REALTORS

Employer identification number 58-0836843

Direct controlling entity

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. End-of-year assets Total income Legal domicile (state or foreign country) Primary activity Name, address, and EIN (if applicable) of disregarded entity

Part

(g) Section 512(b)(13) controlled entity?	No	×		>	47		×		
Sectio	Yes								
(f) Direct controlling entity		4/Z		,	N/A		4/N		
(e) Public charity status (if section	501(c)(3))	4/ 2/		TYPE II	SUPPORTING		(4)(1)(E)(4)	/B//+//#\^/+	
(d) Exempt Code section		г С			501(C)(3)		, e / () / c u	751/51700	
(c) Legal domicile (state or foreign country)		K + 1,000 pp	d London		GEORGIA			евокет а	
(b) Primary activity			THE AWARDING OF		OF REAL ESTATE SUBJECTS.	TO PROVIDE RELIEF TO	SUSTAIN		
(a) Name, address, and EIN	O Telatod organization	CAL ACTION COMMITTEE, BARFIELD ROAD, SUITE	200, ATLANTA, GA 30328 GEORGIA ASSOCIATION OF REALTORS SCHOLARSHIP	FOUNDATION, INC 58-1627007, 6065 BARFIELD SCHOLARSHIPS FOR THE STUDY	ROAD, SUITE 200, ATLANTA, GA 30328	GEORGIA ASSOCIATION OF REALTORS DISASTER	RELIEF FUND, INC 20-3255676, 6065	BARFIELD ROAD, SUITE 200, ATLANTA, GA 30328 DISASTER DAMAGE	

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532161 09-08-15 LHA

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Schedule R (Form 990) 2015

58-0836843

Page 2

GEORGIA ASSOCIATION OF REALTORS, INC.

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. Schedule R (Form 990) 2015 Part III

raitin organizations treated as a partnership during the tax year.	rtnership during the ta	x year.									
(8)	(q)	0	(p)	(e)		(£)	(B)	Ξ	€	9	₹
Name, address, and EIN of related organization	Primary activity	Legal domicile (state or foreign country)	trolling y	Predominant income (related, unrelated, excluded from tax under sections 512-514)	I	Share of total income	Share of end-of-year assets	Dispropo allocati Yes	ritionate Code V-UBI amount in box 20 of Schedule No K-1 (Form 1065)	Si General or Sox managing Iule partner? 165) Yes No	General or Percentage managing ownership partner?
	·									· ·	
							·				
Part IV identification of Related Organizations Taxable as a Corporation	rganizations Taxable	as a Corp	oration or Trust Co	omplete if the	organization	answered "Ye	s" on Form 9	90, Part IV, lin	or Trust Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related	ad one or mo	re related
	NI SI	Prim	vity	Legal domicile (state or foreign country)	(a) 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	Section 512(b)(13) controlled entity?
								·			
											·
532162 09-08-15				30					S	Schedule R (Form 990) 2015	rm 990) 201

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

				\perp	;
Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.				Yes	2
ansacti	s with one or more rel	ons with one or more related organizations listed in Parts II-IV?	Parts II-IV?	i i	>
a Beceint of (i) interest, (ii) annuities. (iii) rovalties, or (iv) rent from a controlled entity					4 :
				1b	×
b Giff, grant, or capital contribution to letated organization(3)				2	×
c Gift, grant, or capital contribution from related organization(s)				Ę	×
d Loans or loan guarantees to or for related organization(s)					×
e I pans or loan quarantees by related organization(s)				<u>p</u>	4
f Dividends from related organization(s)				*-	ا
	:			19	×
				1h	×
h Purchase of assets from related organization(s)					×
i Exchange of assets with related organization(s)				;	×
i Lease of facilities, equipment, or other assets to related organization(s)					4
				÷	×
k Lease of facilities, equipment, or other assets from related organization(s)				≥ ;	4
	nization(s)			+	Þ
m Performance of services or membership or fundraising solicitations by related organization(s)	ınization(s)			E	4 >
Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	ion(s)			=	4
				9	×
Beimbursement paid to related organization(s) for expenses				d)	∢ :
				19	×
q neilibuisemen bara by related organization(s) to organization					Þ
r Other transfer of cash or property to related organization(s)				+-	4
				1s A	
0	who must complete the	is line, including covered r	elationships and transaction thresholds.		
(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(ব) Method of determining amount involved	ıt involved	
	_	40,000.	. FMV		
GEORGIA ASSOCIATION OF REALTORS	—	,	FMT		
(2) SCHOLARSHIP FOUNDATION, INC.	7	•			
GEORGIA REALTONS FOLLITCAL ACTION (3) COMMITTEE INC.	Ø	213,873.	FMV		
(5)					
[b] EBOARS NO.NO.15	31		Sched	Schedule R (Form 990) 2015) 2015
2. 00 00 00 70 70					

58-0836843 Page 4

Schedule R (Form 990) 2015 GEORGIA ASSOCIATION OF REALTORS, INC.

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

DispuperBundations?

Code V-UBI General or Percentage
Bundations?

Of Schedule K-1

Peather?

Ves No

(Form 1065)

Yes No 3 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) 9 Ξ Yes No Ξ end-of-year Share of assets Ō Share of income total Te Predominant income partners sec. (related, unrelated, 510:03) excluded from tax under (100:03) esections 512-514) that was not a related organization. See instructions regarding exclusion for certain investment partnerships. state or foreign Legal domicile country) Primary activity 9 Name, address, and EIN of entity

Schedule R (Form 990) 2015				
				1977
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-				
		-		
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	 			-
	_			

S ₂	(Form 990) 2015 GEORGIA ASSOCIATION OF REALTORS,	INC.	58-0836843 Page 5
Schedule B	(Form 990) 2015 GEORGIA ASSOCIATION OF REPRESENTATION OF REPRESENT		
Part VII	Supplemental Information Provide additional information for responses to questions on Schedule R (see instructions).		
	Provide additional information for responses to questions on deficulting		
_			
		_	
			_
		<u> </u>	
			
			Schedule R (Form 990) 201
			Schedule H (Forth 990) 20 h