Department of the Treasury Internal Revenue Service

## t- 86-0

EXTENDED TO NOVEMBER 15, 2019

### **Return of Organization Exempt From Income Tax**

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

2018

Do not enter social security numbers on this form as it may be made public.
 Go to www.irs.gov/Form990 for instructions and the latest information.

Open to Public Inspection

A	For the	2018 calendar year, or tax year beginning	and	ending						
В	Check if	C Name of organization			D Employer identification number					
	applicable	' KANSAS CITY REGIONAL AS	SOCIATION OF							
Г	Addres	S DEAL MODE								
Ē	Name				1 48-0	614685				
F	Initial	Number and street (or P.O. box if mail is not deli	vered to street address)	Room/suite	E Telephone numbe	r				
F	Final	11150 OVERBROOK ROAD	volue to substitutions,	100	(913					
_	Ireturn/ termin		ZIP or foreign postal code		G Gross receipts \$	6,214,118.				
	ated Ameno		zir or toreign postal code		· · · · · ·					
늗	lreturn Applic		D COOPER		H(a) Is this a group re					
pending										
_		SAME AS C ABOVE			H(b) Are all subordinates in					
	Tax-exempt status 501(c)(3) X 501(c) ( 6 ) ◀ (insert no.) 4947(a)(1) or 527 0 If "No," attach a list. (see instructions)									
		e: WWW.KCRAR.COM			H(c) Group exemptio					
		organization,	sociation Other	L Year	of formation. 2001	M State of legal domicile; KS				
,P	art I	Summary								
( .	1	Briefly describe the organization's mission or most	significant activities PROV	IDE EL	UCATION & I	NFORMATION				
Activities & Governance		TO MEMBER REALTORS.								
, 5	2	Check this box 🕨 🔲 if the organization discor	itinued its operations or dispo	sed of more	than 25% of its net as:	șets				
چ چ	3	Number of voting members of the governing body (	Part VI, line 1a)		3	24				
20	3 4	Number of independent voting members of the gov	eming body (Part VI, line 1b)		4	24				
- ot - ∠ v	5 5	Total number of individuals employed in calendar ye	ear 2018 (Part V, line 2a)		5	24				
<u>ج</u>	6	Total number of volunteers (estimate if necessary)	,		6	375				
- ( <u>-</u>	7.2	Total unrelated business revenue from Part VIII, col	umn (C) line 12		7a	24,602.				
, A	۱° ا	Net unrelated business taxable income from Form 9	• ••		7b	0.				
	+	ivet difference business taxable income from Forms	990-1, line 30	$\overline{\gamma}$	Prior Year	Current Year				
	١.	Contributions and synate (Doub VIII time 15)	111919	1 ⊢	1,775,059.	1,624,798.				
9	8	Contributions and grants (Part VIII, line 1h)	1116	′ ⊢		1,809,505.				
2	9	Program service revenue (Part VIII, line 2g)	V	~ ⊢	1,834,998.					
Revenue	10	Investment income (Part VIII, column (A), lines 3, 4,		$\vdash$	212,106.	575,989.				
•	111	Other revenue (Part VIII, column (A), lines 5, 6d, 8c,	· · · · · · · · · · · · · · · · · · ·	<u> </u>	126,918.	41,776.				
_	12	Total revenue - add lines 8 through 11 (must equal	Part VIII, column (A), line 12)		3,949,081.	4,052,068.				
	13	Grants and similar amounts paid (Part IX, column (A	A), lines 1-3)		46,820.	13,632.				
	14	Benefits paid to or for members (Part IX, column (A	0.	0.						
ď	15	Salaries, other compensation, employee benefits (F		1,157,884.	1,308,185.					
Fxnenses	16a	Professional fundraising fees (Part IX, column (A), li	ne 11e)		0.	0.				
٥	ь	Total fundraising expenses (Part IX, column (D), line	25) 🕨	<u>0.</u>						
ű	17	Other expenses (Part IX, column (A), lines 11a-11d,	11f-24e)		1,721,434.	2,142,791.				
	18	Total expenses Add lines 13-17 (must equal Part I)	(, column (A), line 25)		2,926,138.	3,464,608.				
		Revenue less expenses Subtract line 18 from line			1,022,943.	587,460.				
5				В	eginning of Current Year	End of Year				
Assets or	달 로 20	Total assets (Part X, line 16)			19,926,682.	19,835,567.				
SS	편 21	Total liabilities (Part X, line 26)		-	2,586,144.	2,609,326.				
Net /	g 2' 22	Net assets or fund balances Subtract line 21 from	lina 20		17,340,538.	17,226,241.				
	art II	Signature Block	line 20	I	17,310,3301	17,000,0121				
_		1 -9/	unalludung anna manusung anhadul	on and statem	onto and to the best of m	v knowledge and helief it is				
		Ities of perjury, I declare that I have examined this return,				y knowledge and belief, it is				
tru	e, correc	t, and eemplete. Declaration of preparer (other than office	r) is based on all information of v	vnich preparei	r nas any knowledge.					
<u>Z</u>										
Sign Date										
He	Here KIPP COOPER, CEO									
	Type or print name and title									
		Print	Preparer's signature		Date Check [	PTIN				
Pai	id	LISA BURKE			self-emplo	<del></del>				
Pre	eparer	Firm's name ► CBIZ MHM, LLC			Firm's EIN	34-1874260				
Us	e Only	Firm's address 700 WEST 47TH ST	REET, SUITE 110	0						
RANSAS CITY, MO 64112 Phone no.816-945-5500										
Ma	av the If	RS discuss this return with the preparer shown abo				X Yes No				
	001 12-3			ions.		Form 990 (2018)				
			-,per ato							

### 48-0614685 Page 2 Form 990 (2018) REALTORS Part III | Statement of Program Service Accomplishments Check if Schedule O contains a response or note to any line in this Part III Briefly describe the organization's mission PROVIDE EDUCATION & INFORMATION TO MEMBER REALTORS. Did the organization undertake any significant program services during the year which were not listed on the Yes X No prior Form 990 or 990-EZ? If "Yes," describe these new services on Schedule O Yes X No Did the organization cease conducting, or make significant changes in how it conducts, any program services? If "Yes," describe these changes on Schedule O Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported ) (Expenses \$ SEMINARS, PROGRAMS, MEETINGS, AND CONTINUING EDUCATION FOR MEMBERS OF THE BOARD OF REALTORS. ) (Revenue \$ including grants of \$ COSTS FOR THE ADMINISTRATION AND MAINTENANCE OF THE BOARD OF REALTORS INCLUDING MEETING COSTS, ETC. \_\_\_\_\_) (Expenses \$ \_ including grants of \$ Other program services (Describe in Schedule O) Total program service expenses

KANSAS CITY REGIONAL ASSOCIATION OF

Form 990 (2018)

48-0614685

Fiorm 990 (2018) REALTORS

Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1		<u>X</u>
2	Is 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 "Yes," complete Schedule C, Part I	3	<u>X</u>	<del></del>
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	dunng the tax year? If "Yes," complete Schedule C, Part II	4		
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or		,	
	similar amounts as defined in Revenue Procedure 98-197 If "Yes," complete Schedule C, Part III	5	Х	
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to		х	
_	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6	^	_
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	_		х
_	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			х
_	Schedule D, Part III	8		
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services?	9		х
10	If "Yes," complete Schedule D, Part IV  Did the experienced directly or through a related experience held assets in temperarily restricted endowments, permanent	9		
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent	10		х
11	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, VIII, VIII, IX, or X	10		
••	as applicable			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
a	Part VI	11a	х	
h	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total	,,,,,		
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b	x	
c	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total			
·	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		х
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in			
_	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		х
e	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Х	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	Х	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a		<u> </u>
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b	X_	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			[
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18	ļ	X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
	complete Schedule G, Part III	19	<u> </u>	X
	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a	L	X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		<del></del>
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or		,.	
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	X	<u> </u>
832003	1 12-31-18	Form	990	(2018)

Form		61468	<u> </u>	Page 4
Par	t IV Checklist of Required Schedules (continued)		1	Т
		_	Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2º If "Yes," complete Schedule I, Parts I and III	22	<u>-</u>	<u> </u>
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete		3 X	
	Schedule J	23	1 ^	+
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			1
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			x
	Schedule K If "No," go to line 25a	24		+^-
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24		╅──
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease	24		
	any tax-exempt bonds?	24		<del> </del>
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24	-	+
253	Section 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit	25		
h	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I  Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and	20	-	+
D	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
		25	<u>.</u>	
26	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	123	_	$\top$
20	former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes,"		İ	
	complete Schedule L, Part II	26	s	x
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial			+-
	contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member	İ		
	of any of these persons? If "Yes," complete Schedule L, Part III	2	,	x
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			
	instructions for applicable filing thresholds, conditions, and exceptions)			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28	a	X
	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28	ь	X
	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer	, [		T
	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28	ic	X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	9	X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30	o	X
31	Did the organization liquidate, terminate, or dissolve and cease operations?			
	If "Yes," complete Schedule N, Part I	3	1	X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	3:	2	X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			1
	sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	3:	3	<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		_	
	Part V, line 1	3		
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35	ia X	+
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			٠,,
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35	b	<u> </u>
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization			
	If "Yes," complete Schedule R, Part V, line 2	3	5	+
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization		_	<sub>v</sub>
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	3	<del>'   -</del>	X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?		8 X	
Dat	Note. All Form 990 filers are required to complete Schedule Ort V Statements Regarding Other IRS Filings and Tax Compliance		0   A	
Га	Check if Schedule O contains a response or note to any line in this Part V			
	Great in Constitute O Contains a response of note to any line in une i art v		\	
م.	Files the combination of Paris 2 of Farm 1000 Files 0 of a street trade	16	Ye	s No
	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable  Table the number of Forms W 30 method in line 1e. Enter 0, if not applicable	10		
	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable.  Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming.	$\dashv$		
С	(gambling) winnings to prize winners?	1	-	-
92000				0 (2018)
<b>00200</b>	4 12-31-18			,,,

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Rar	Statements Regarding Other IRS Filings and Tax Compliance (continued	)			
				Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,				
	filed for the calendar year ending with or within the year covered by this return	2a 24	333		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax retu	ms?	2b	X	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instruction	ıs)	ئىدىك ئىدىكىك		
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?		3a	X	<u> </u>
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule	0	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	]		
	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 A	Accounts (FBAR).	2 2 2 2 2 2 4 4 4 4 4 4 4 4 4 4 4 4 4 4		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		5a		_X_
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction	action?	5b		X
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?		5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did to	ne organization solicit			
	any contributions that were not tax deductible as charitable contributions?		6a	X	$ldsymbol{ld}}}}}}$
b	If "Yes," did the organization include with every solicitation an express statement that such contribution	tions or gifts	ŀ		
	were not tax deductible?		6b	X	
7	Organizations that may receive deductible contributions under section 170(c).		1 4 y 3 C		<b>数</b> 当
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and see	rvices provided to the payor?	7a		$ldsymbol{ld}}}}}}$
ь	If "Yes," did the organization notify the donor of the value of the goods or services provided?		7b		$ldsymbol{f eta}$
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it w	as required	ł		
	to file Form 8282?		7c		L
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d	<u>```</u>		
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit of	contract?	7e		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit cont	ract?	7f		<u> </u>
g	If the organization received a contribution of qualified intellectual property, did the organization file F	orm 8899 as required?	7g		<u> </u>
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization	ation file a Form 1098-C?	7h	anci es	verous A
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintaine	d by the	30° 50		
	sponsoring organization have excess business holdings at any time during the year?		8	L WIN	3-65
9	Sponsoring organizations maintaining donor advised funds.		~ 3 ×		<u>\$</u> **03
а	Did the sponsoring organization make any taxable distributions under section 4966?		9a		<b> </b>
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		9b	-1814-1816 -1814-1816	*5860 T 3
10	Section 501(c)(7) organizations. Enter	1 3			
а	Initiation fees and capital contributions included on Part VIII, line 12	10a	36.4		
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b			
11	Section 501(c)(12) organizations. Enter	1 1	1.14	で意味	
a	Gross income from members or shareholders	11a			
b	Gross income from other sources (Do not net amounts due or paid to other sources against			1. N. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1.	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
40	amounts due or received from them)	11b			
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form	5 1	12a	KKATE	587545593
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b	200		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	•	ا واورا کا ترخط	S. S. S. S. S. S. S. S. S. S. S. S. S. S	\$656 XX
а	Is the organization licensed to issue qualified health plans in more than one state?		13a	4 X 2000	250 X J. A
	Note. See the instructions for additional information the organization must report on Schedule O.		3	\$3.50 BX	
D	Enter the amount of reserves the organization is required to maintain by the states in which the	140.1	) (W.)		
_	organization is licensed to issue qualified health plans	13b			
	Enter the amount of reserves on hand	13c	44-	Yant Galler	X
14a	Did the organization receive any payments for indoor tanning services during the tax year?  If "Yes " has it filed a Form 720 to report these payments? (# "No." accorded as payments as a payment of the services and the services are services as a payment of the services are services as a payment of the services are services as a payment of the services are services as a payment of the services are services as a payment of the services are services as a payment of the services are services as a payment of the services are services as a payment of the services are services as a payment of the services are services as a service of the services are services	do 0	14a		<u> </u>
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedules the organization subject to the section 4960 tay on payment(s) of more than \$1,000,000 in remuje		14b		<del>                                     </del>
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remune	stauOff Of	4.5		х
	excess parachute payment(s) during the year?  If "Yes " see instructions and file Form 4720. Schodule N.	-	15	> <u>\$</u>	
16	If "Yes," see instructions and file Form 4720, Schedule N Is the organization an educational institution subject to the section 4968 excise tax on net investment	nt income?	16	2783.B.	X
.5	If "Yes," complete Form 4720, Schedule O	it moonie,	10 m	<b>海</b>	
	1. 100, Complete Form 7/20, Comedute O		Form	990	(2018)
			1 0111		

832005 12-31-18

KANSAS CITY REGIONAL ASSOCIATION OF 48-0614685 Form 990 (2018) REALTORS Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions Check if Schedule O contains a response or note to any line in this Part VI Section A. Governing Body and Management Yes 24 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. 24 b Enter the number of voting members included in line 1a, above, who are independent 2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other 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? 3 4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? Did the organization become aware during the year of a significant diversion of the organization's assets? 5 6 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 7a more members of the governing body? b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or X persons other than the governing body? Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: X 8a a The governing body? Х b Each committee with authority to act on behalf of the governing body? 8b 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.) Ye<u>s</u> No X 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? 11a b Describe in Schedule O the process, if any, used by the organization to review this Form 990 Х 12a 12a Did the organization have a written conflict of interest policy? If "No," go to line 13 Х 12b b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe X 12c in Schedule O how this was done X 13 Did the organization have a written whistleblower policy? 13 X 14 Did the organization have a written document retention and destruction policy? 15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? X 15a The organization's CEO, Executive Director, or top management official X Other officers or key employees of the organization 15b If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions) 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a 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 conviol this Form 990 is required to be filed KS

17	List the states with w	nich a copy or th	is roilli 990 is re	equired to be liled	1//
		· ·			

11150 OVERBROOK ROAD, SUITE 100, LEAWOOD,

18 Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply

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

19 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

20 State the name, address, and telephone number of the person who possesses the organization's books and records ► MIKE SHELL − 913-661-1600


Form 990 (2018)

### Form 990 (2018) Part VII | Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated **Employees, and Independent Contractors**

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

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

- 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 nor any related organization compensated any current officer, director, or trustee

(A) Name and Title	(B) Average hours per	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)		(D) Reportable compensation	(E) Reportable compensation	(F) Estimated amount of				
	week (list any hours for related organizations below line)	stee or director	Institutional trustee	Officer		Highest compensated employee		from the organization (W-2/1099-MISC)	from related organizations (W-2/1099-MISC)	other compensation from the organization and related organizations
(1) JEFF HILL	2.00			,,				0.	0.	0
PAST PRESIDENT		X	<u> </u>	Х	├			0.	<u>U.</u>	0.
(2) ANDREA SHERIDAN	2.00	,,		٠,				0.	0.	^
PRESIDENT	2 00	X	┝	X	_			0.	0.	0.
(3) ANDREW MALL DIRECTOR	2.00	x		x				0.	0.	0.
(4) LARRY APPLE	1.00	A	$\vdash$	^	-	$\vdash$	_			
DIRECTOR	1.00	x						٥.	0.	0.
(5) CINDY CUNNINGHAM	1.00	<u> </u>	$\vdash$		<u> </u>					
DIRECTOR	100	x						0.	0.	0.
(6) BOBBIE HOWE	1.00	<del> </del>	-							
TREASURER		x						0.	0.	0.
(7) GREG KOONS	1.00									
DIRECTOR	-	x						0.	0.	0.
(8) BONNIE MARET	1.00									
DIRECTOR	,	x						0.	0.	0.
(9) T DAVID ROGERS	1.00									
DIRECTOR		X				L		0.	0.	0.
(10) STEVE MOYER	2.00									
PRESIDENT ELECT		X	Ĺ					0.	0.	0.
(11) JODI CARPENTER	1.00									
DIRECTOR		X						0.	0.	0.
(12) FRAN CASHION	1.00	]				İ	ł			_
DIRECTOR		X		L	<u> </u>	<u> </u>		0.	0.	0.
(13) GREG DAVIDSON	1.00				l			_	_	
HMLS PRESIDENT		X	<u> </u>	$ldsymbol{ldsymbol{ldsymbol{eta}}}$	<u> </u>	<u> </u>		0.	0.	0.
(14) SCOTT DENEVE	1.00	_						<u>.</u>	_	
DIRECTOR		X	_			<u> </u>	<u> </u>	0.	0.	0.
(15) MAX GORDON	1.00	1		1				_		
DIRECTOR	1	X		₩	<u> </u>	$\vdash$	<u> </u>	0.	0.	0.
(16) JENNIFER LANGSTON JUSTUS	1.00	1	1						1	
DIRECTOR	1 2 2 2	X	$\vdash$	⊢	$\vdash$	ļ	_	0.	0.	0.
(17) JOE OLIARO	1.00	۱							_	
DIRECTOR		Х	<u> </u>	<u>i          </u>	<u> </u>	1		0.	0.	0 . Form <b>990</b> (2018)

Section A. Officers, Directors, Trus	tees, Key Emr	oloy:	ees,			ghes	it C	ompensated Employee	s (continued)				
(A)	(B)	(C)						(D)	(E)			(F)	
Name and title	(do not che				ition mare		оле	Reportable	Reportable		ı	tımate	
	hours per	box	, unle	ss per	son :	s both or/trus	an e	compensation	compensation		1	nount (	of
	week	$\vdash$	Cor an	10 2 0	l	T	100,	from	from related		l	other	
	(list any hours for	recto						the	organizations (W-2/1099-MIS			pensa om the	
	related	b oc d	lee tee			sated		organization (W-2/1099-MISC)	(44-2/1099-14113	<b>C</b> )		anızatı	_
	organizations	Individual trustee or director	l trus		8	ubeu .		(***27*1033*****1000)				d relate	
	below	dual t	Jtona	_	l gu	st co	, in				1	inizatio	
	line)	indir	institutional trustee	Officer	(ey er	Highest compensated employee	F.				Ĭ		
(18) KEN ROSEBERG	1.00												
DIRECTOR		х						0.		0.			0.
(19) ADAM STEIN	1.00			_		T							
DIRECTOR		x						0.		0.			0.
(20) LIN VAN METER	1.00	<u> </u>				1							
DIRECTOR		x						0.		0.			0.
(21) KIPP COOPER	40.00	=				1							
CHIEF EXECUTIVE OFFICER	10.00	1		х				242,029.		٥.	5	1,70	59.
(22) PERRY CRUME	40.00		$\vdash$	-		T	$\vdash$	212,023.	*.·*·				<u> </u>
SENIOR VP	40.00	1		x				135,932.		0.	5	9,82	27.
(23) CATHY HOLEFELDER	40.00		-	-			$\vdash$	133,332.	,	<u>.</u>	<del></del>	<u>, , , , , , , , , , , , , , , , , , , </u>	<u>. ,</u>
HMLS SENIOR VP	30.00	ł				x		0.	164,94	Ω			0.
(24) TONYA BROWN	40.00	-	$\vdash$			<u> </u>	┢	1	104,75				<u> </u>
HMLS SR VP OF FINANCE & HR	40.00	ł				x		0.	111,20	5			0.
HALS SK VP OF FINANCE & AR		┢	┢		_	^	┢		111,20	<u> </u>	$\vdash \vdash$		<u> </u>
	<u> </u>	ł			ŀ								
		$\vdash$	$\vdash$	$\vdash$		$\vdash$	-				├─		
		ł											
	1	<u> </u>	L		Щ		Ļ	377,961.	276,15		11	1,59	0.6
1b Sub-total									2/0,13		11	1,5	
c Total from continuation sheets to Part VI	I, Section A							0.	276 15	0.	11	1 5	0.
d Total (add lines 1b and 1c)								377,961.	276,15		111	1,59	90.
Total number of individuals (including but n	ot limited to th	ose	liste	d ab	oove	e) wh	o re	eceived more than \$100,	000 of reportable				2
compensation from the organization												. 1	<u>. 2</u>
												Yes	No
3 Did the organization list any former officer,	•	uste	e, ke	y en	nplo	yee,	or	highest compensated er	nployee on				<del></del> -
line 1a? If "Yes," complete Schedule J for s											3		X
4 For any individual listed on line 1a, is the su			•					•	he organization			<del>-,-</del> -	
and related organizations greater than \$150											4	Х	
5 Did any person listed on line 1a receive or a	•						elate	ed organization or individ	dual for services				
rendered to the organization? If "Yes." com	plete Schedul	e J f	or și	ıch ı	oers	ion					5		Х
Section B. Independent Contractors													
<ol> <li>Complete this table for your five highest co</li> </ol>	•	•							•	ensa	tion fro	om	
the organization Report compensation for	the calendar ye	ear e	endir	ng w	ith c	or wi	thin	the organization's tax y	ear				
(A)				_				(B)		_	((		
Name and business	address	N	INC	<u> </u>				Description of s	services ,		Compe	nsatio	.1
								-					
							ŀ		j				
							$\Box$						
							-						
2 Total number of independent contractors (in	ncluding but n	ot lır	nite	d to	thos	se lis	ted	above) who received me	ore than				
\$100,000 of compensation from the organiz	zation				(	0							
								<del></del>			Form	agn /	2019\

Form 990 (2018)

Page 9

Part VIII Statement of Revenue

Check if Schedule O contains a response or note to any line in this Part VIII (D) Revenue excluded from tax under (B) Related or (C) Unrelated (A) Total revenue business exempt function sections 512 - 514 revenue revenue Federated campaigns 1,624,798 Membership dues 1b 10 Fundraising events d Related organizations 1e Government grants (contributions) All other contributions, gifts, grants, and similar amounts not included above 1,624,798 Total. Add lines 1a-1f Business Code 2 a LOCKBOX REVENUE 561000 1,375,997 1,375,997 Program Service EDUCATIONAL PROGRAMS 611710 206,509. 206,509 611600 116,106. 116,106 EVENT REVENUE 541519 110,893. 110,893 HMLS INCOME f All other program service revenue g Total. Add lines 2a-2f Investment income (including dividends, interest, and 206,286. 206,286. other similar amounts) Income from investment of tax-exempt bond proceeds 5 Royalties (i) Real (ii) Personal 6 a Gross rents b Less rental expenses c Rental income or (loss) d Net rental income or (loss) (ii) Other 7 a Gross amount from sales of (i) Securities 2,414,949. assets other than inventory b Less cost or other basis 2,045,246 and sales expenses 369,703. c Gain or (loss) 369,703 369,703 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 b Less direct expenses c Net income or (loss) from fundraising events 9 a Gross income from gaming activities See Part IV, line 19 **b** Less direct expenses c Net income or (loss) from gaming activities 10 a Gross sales of inventory, less returns 91,406 and allowances 116,804 b Less cost of goods sold -25,398 c Net income or (loss) from sales of inventory Miscellaneous Revenue Business Code SERVICE FEE INCOME 50,000 541519 50,000 31,007. TRANSFER FEE 900099 31,007. 900099 -13,833. -13,833 MISCELLANEOUS REVENUE All other revenue 67,174. Total. Add lines 11a-11d 4,052,068 1,826,679 575,989. Total revenue. See instructions Form 990 (2018)

2018.05000 KANSAS CITY REGIONAL ASSO 71918Q\_1

Form 990' (2018) REALTORS
Rart IX Statement of Functional Expenses

48-0614685 Page 10

	Check if Schedule O contains a respon	ise or note to any line in	this Part IX		
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21	13,632.			
2	Grants and other assistance to domestic				
	individuals See Part IV, line 22				
3	Grants and other assistance to foreign			74-974334 (378-85) (738-8	
	organizations, foreign governments, and foreign				
	individuals See Part IV, lines 15 and 16				Part Name of the Control of the Cont
4	Benefits paid to or for members			THE STATE OF THE S	京第三次第2次第2次
5	Compensation of current officers, directors,				
	trustees, and key employees	342,658.			
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salanes and wages	719,604.			
8	Pension plan accruals and contributions (include				•
	section 401(k) and 403(b) employer contributions)	29,727. 138,815.			
9	Other employee benefits	138,815.			
10	Payroll taxes	77,381.			
11	Fees for services (non-employees)				
а	Management				
b	Legal	12,557.			
С	Accounting				
d	Lobbying				,
е	Professional fundraising services. See Part IV, line 17			學學學學學學學學	_
f	Investment management fees	133,453.			
g	Other (If line 11g amount exceeds 10% of line 25,				
Ī	column (A) amount, list line 11g expenses on Sch O.)	176,181.		l	
12	Advertising and promotion	400,485.			
13	Office expenses	157,600.			
14	Information technology	35,902.			
15	Royalties				
16	Occupancy	195,067.			
17	Travel	171,262.			,
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	27,488.			
20	Interest	332.			
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	216,293.			
23	Insurance	3,770.			
24	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line				
	24e amount exceeds 10% of line 25, column (A)				
_	amount, list line 24e expenses on Schedule 0.)  EDUCATIONAL PROGRAMS	280,379.		\$2.5 prevenue (5.00 p. 19.00 p	1200-0003 1 2.100-00-01-00-00-04-0
a	COMPANIE A DELATE O	80,481.	· · · · · · · · · · · · · · · · · · ·	<del>                                     </del>	
b	EVENT PROGRAM COSTS	74,540.		<del> </del>	
C	THE PROPERTY OF THE PROPERTY O	68,096.			<del>                                     </del>
d		108,905.			
	All other expenses Add lines 1 through 24s	3,464,608.	-		
<u>25</u>	Total functional expenses. Add lines 1 through 24e	3,404,000.			
26	Joint costs. Complete this line only if the organization				
	reported in column (B) joint costs from a combined	•			
	educational campaign and fundraising solicitation.				
	Check here following SOP 98-2 (ASC 958-720)	ļ	I	1	Form <b>990</b> (2018

Kar	τ. <u>Χ</u>	Balance Sheet			-
		Check if Schedule O contains a response or note to any line in this Part X		-	
			(A) Beginning of year		( <b>B)</b> End of year
	1	Cash - non-interest-bearing,	1,000.	1	1,050.
	2	Savings and temporary cash investments	1,924,092.	2	1,386,368.
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net	926,998.	4	973,317
	5	Loans and other receivables from current and former officers, directors,			
		trustees, key employees, and highest compensated employees. Complete			
		Part II of Schedule L		5	
	6	Loans and other receivables from other disqualified persons (as defined under		1300	
		section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing			
		employers and sponsoring organizations of section 501(c)(9) voluntary			
<sub>s</sub>		employees' beneficiary organizations (see instr) Complete Part II of Sch L	Ł	6	
Assets	7	Notes and loans receivable, net		7	
¥	8	Inventories for sale or use	42,747.	8	34,133
	9	Prepaid expenses and deferred charges	81,970.	9	53,705
	10a	Land, buildings, and equipment cost or other		200	
		basis Complete Part VI of Schedule D 10a 2,600,438.		34 PK	
	b	Less accumulated depreciation 10b 1,419,087.	1,171,625.	10c	1,181,351
	11	Investments - publicly traded securities	5,948,853.	11	6,145,841
	12	Investments - other securities See Part IV, line 11	9,639,036.	12	9,847,339
	13	Investments - program-related See Part IV, line 11		13	
	14	Intangible assets ·		14	
	15	Other assets See Part IV, line 11	190,361.	15	212,463
	16	Total assets. Add lines 1 through 15 (must equal line 34)	19,926,682.	16	19,835,567
	17	Accounts payable and accrued expenses	440,127.	17	502,481
	18	Grants payable		18	
	19	Deferred revenue	1,331,177.	19	1,342,464
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability Complete Part IV of Schedule D	(m) ~ 144 1/2 200 200 200 2 10 10 10 10 10 10 10 10 10 10 10 10 10	21	Law Lawyer West Freeze Lawyer
S	22	Loans and other payables to current and former officers, directors, trustees,		100	
į		key employees, highest compensated employees, and disqualified persons			
Liabilities		Complete Part II of Schedule L		22	
-	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities (including federal income tax, payables to related third			1
ı	1	parties, and other liabilities not included on lines 17-24) Complete Part X of	014 040		764 201
ı		Schedule D	814,840. 2,586,144.	25	764,381 2,609,326
_	26	Total liabilities. Add lines 17 through 25  Organizations that follow SFAS 117 (ASC 958), check here ► X and	2,300,144.	26	2,009,320
ł		· · · · · · · · · · · · · · · · · · ·			
Ses		complete lines 27 through 29, and lines 33 and 34.	17,340,538.	27	17,226,241
au	27	Unrestricted net assets	17,340,330.	28	17,220,241
Ba	28	Temporarily restricted net assets		29	
밀	29	Permanently restricted net assets  Organizations that do not follow SFAS 117 (ASC 958), check here		373 M	
Net Assets or Fund Balances		and complete lines 30 through 34.			
ō	30	Capital stock or trust principal, or current funds		30	
set	30	·		31	
As	31	Paid-in or capital surplus, or land, building, or equipment fund		32	,
Ne	32	Retained earnings, endowment, accumulated income, or other funds	17,340,538.	33	17,226,241
_	33	Total net assets or fund balances	19,926,682.	34	19,835,567
	34	Total liabilities and net assets/fund balances	13,340,002.	1 34	5 900 /004

Form 990 (2018)

### KANSAS CITY REGIONAL ASSOCIATION OF

<u>Form</u>	990 (2018) REALTORS	48-	0614	685	Pag	<sub>ge</sub> 12
	t XI Reconciliation of Net Assets				_	
	Check if Schedule O contains a response or note to any line in this Part XI					
1	Total revenue (must equal Part VIII, column (A), line 12)	1		,05		
2	Total expenses (must equal Part IX, column (A), line 25)	2	3	,46		
3	Revenue less expenses Subtract line 2 from line 1	3			7,4	
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		,34		
5	Net unrealized gains (losses) on investments	5		<del>-70</del>	<b>1,7</b>	<u>57.</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,					
	column (B))	10	<u> 17</u>	, 22	6,2	<u>41.</u>
Par	t XII Financial Statements and Reporting					_
	Check if Schedule O contains a response or note to any line in this Part XII					
1	Accounting method used to prepare the Form 990		ASH_		Yes	No
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?			2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed of separate basis, consolidated basis, or both  Separate basis  Both consolidated and separate basis	on a			,	
· b	Were the organization's financial statements audited by an independent accountant?			2b	X	<b></b>
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate by	oasis,		,		1
	consolidated basis, or both					
	Separate basis X Consolidated basis Both consolidated and separate basis			<u> </u>		<u> </u>
c	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the a	audıt,				
	review, or compilation of its financial statements and selection of an independent accountant?			2c	X	<u> </u>
	If the organization changed either its oversight process or selection process during the tax year, explain in Sched	ule O				لـــا
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single	le Auc	irt			
	Act and OMB Circular A-133?			3a		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required	d aud	ht			l
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits			3b		L
				Form	990	(2018)

### SCHEDULE C

(Form 990 or 990-EZ)

### **Political Campaign and Lobbying Activities**

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

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

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

2018

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

<ul> <li>Section 501(c)(4), (5), or (6) organization</li> </ul>	tions Complete Part III			
Name of organization KANSAS REALTOR	CITY REGIONAL ASSO	CIATION OF	Emp	loyer identification number 48-0614685
Part I-A   Complete if the org	janization is exempt under	section 501(c)	or is a section 527 or	
Provide a description of the organiz Political campaign activity expendit Volunteer hours for political campai	ation's direct and indirect political dures			55 860
Part I-B Complete if the org	janization is exempt under	section 501(c)(	3).	· ·
1 Enter the amount of any excise tax			<u>▶</u> \$	S
2 Enter the amount of any excise tax	incurred by organization managers	under section 4955	▶ \$	S
3 If the organization incurred a section	n 4955 tax, did it file Form 4720 for	this year?		Yes No
4a Was a correction made?				Yes No
b If "Yes," describe in Part IV				
Part I-C   Complete if the org	janization is exempt under	section 501(c),	except section 501(c	
1 Enter the amount directly expended				23,009.
2 Enter the amount of the filing organ	ization's funds contributed to other	r organizations for se	ection 527	<b>5</b> 000
exempt function activities			▶ \$	5,000.
3 Total exempt function expenditures	Add lines 1 and 2. Enter here and	on Form 1120-POL,		20 000
line 17b	_		▶ \$	28,009. Yes X No
Did the filing organization file Form     Enter the names, addresses and en made payments. For each organiza contributions received that were propolitical action committee (PAC) If	nployer identification number (EIN) tion listed, enter the amount paid fi	om the filing organiz eparate political orga	zation's funds Also enter than anization, such as a separate	h the filing organization e amount of political
(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds If none, enter -0-	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization If none, enter -0-
MISSOURI REALTORS	PO BOX 1327			
PAC	COLUMBIA, MO 6520		5,000	3,125.
	3644 SW			
KANSAS REALTORS PAC	BURLINGAME TOPEKA		0	87,641.
			· ·	
				<del>                                     </del>
	1			

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

Schedule C (Form 990 or 990-EZ) 2018

LHA

832041 11-08-18

### **SCHEDULE D**

(Form 990)

Department of the Treasury Internal Revenue Service

### **Supplemental Financial Statements**

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

Attach to Form 990.

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

2018 Open to Public Inspection

OMB No. 1545-0047

Name of the organization

KANSAS CITY REGIONAL ASSOCIATION OF REALTORS

Employer identification number 48-0614685

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" on Form 990, Part IV, line 6 (a) Donor advised funds (b) Funds and other accounts Total number at end of year 38,702. Aggregate value of contributions to (during year) 17,550. Aggregate value of grants from (during year) 111,131. Aggregate value at end of year Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds X Yes ☐ No are the organization's property, subject to the organization's exclusive legal control? Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for chantable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring X Yes impermissible private benefit? Part II Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7 Purpose(s) of conservation easements held by the organization (check all that apply) Preservation of a historically important land area Preservation of land for public use (e.g., recreation or education) Preservation of a certified historic structure Protection of natural habitat Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last Held at the End of the Tax Year day of the tax year Total number of conservation easements 2a b Total acreage restricted by conservation easements 2b 2c c Number of conservation easements on a certified historic structure included in (a) Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax Number of states where property subject to conservation easement is located Does the organization have a written policy regarding the periodic monitoring, inspection, handling of Yes No violations, and enforcement of the conservation easements it holds? Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year 6 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ \$ Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements. Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 8 1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art. historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items. b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items (i) Revenue included on Form 990, Part VIII, line 1 (ii) Assets included in Form 990, Part X 2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items

a Revenue included on Form 990, Part VIII, line 1b Assets included in Form 990, Part X

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

48-0614685 Page 3

Schedule R (Form 990) 2018 REALTOR

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

				` '
Note: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule				Yes No
1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?	with one or more rel	ated organizations listed i	n Parts II-IV?	
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity				1a X
<b>b</b> Gift, grant, or capital contribution to related organization(s)				1b X
_				1c X
				1d X
				1e X
f Dividends from related organization(s)				1f X
g Sale of assets to related organization(s)				1g X
h Purchase of assets from related organization(s)				1h X
i Exchange of assets with related organization(s)				1; X
J Lease of facilities, equipment, or other assets to related organization(s)				×
k Lease of facilities, equipment, or other assets from related organization(s)				¥
I Performance of services or membership or fundraising solicitations for related organization(s)	ıızatıon(s)			×
m Performance of services or membership or fundraising solicitations by related organization(s)	ization(s)			1m X
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	n(s)			T X
<ul> <li>Sharing of paid employees with related organization(s)</li> </ul>				٠ ۲
<ul> <li>P Reimbursement paid to related organization(s) for expenses</li> </ul>				+
q Reimbursement paid by related organization(s) for expenses				7g ×
				1
r Other transfer of cash or property to related organization(s)				1
				1s   A
2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction, thresholds.	no must complete the	s line, including covered r	elationships and transaction thresholds.	
(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved	volved
(1) HEARTLAND MULTIPLE LISTING SERVICE, INC.	0	209,085.	ACTUAL AMOUNT SPENT	
(2) HEARTLAND MULTIPLE LISTING SERVICE, INC.	P	434,354.	ACTUAL AMOUNT SPENT	
(5)				
(4)				
(5)				
(9)				
832163 10-02-18	30		Schedul	Schedule R (Form 990) 2018

### KANSAS CITY REGIONAL ASSOCIATION OF

	dule D (Form 990) 2018 REALTOR			<del></del>					<u>14685</u>	
Pai	t III   Organizations Maintaining C	ollections of Ar	<u>t, Hist</u>	orical Tre	asures, o	r Other	Simila	r Asset	S (continu	ıed)
3	Using the organization's acquisition, accessi	on, and other record	s, check	k any of the f	ollowing that	are a sig	nıficant u	ise of its o	collection if	tems
	(check all that apply)									
а	Public exhibition	d	. 🗀	Loan or exc	hange progra	ams				
b	Scholarly research	e	. 🗀	Other						
С	Preservation for future generations									
4	Provide a description of the organization's co	ollections and explain	n how th	ney further th	e organizatio	n's exem	pt purpo	se in Part	XIII	
5	During the year, did the organization solicit of	r receive donations of	of art, hi	storical treas	sures, or othe	er sımılar a	assets		_	
	to be sold to raise funds rather than to be ma								Yes	No_
Pai	t IV Escrow and Custodial Arrange reported an amount on Form 990, Par		ete if the	e organizatio	n answered '	'Yes" on I	Form 990	), Part IV,	line 9, or	
	Is the organization an agent, trustee, custodi	<del> </del>	iary for	contributions	s or other ass	sets not in	cluded			
	on Form 990, Part X?			001711100110111	5 07 0 11 10 1 do	3010 7101 11	.0.0000		Yes	No
h	If "Yes," explain the arrangement in Part XIII	and complete the fol	llowing t	table						
-	Too, explain the arrangement in rate xiii	and complete the for		ubic					Amount	
c	Beginning balance						1c		7 (110011)	
ď	Additions during the year						1d			
e	Distributions during the year						1e			
f	Ending balance						1f			
	Did the organization include an amount on Fe	orm 990, Part X, line	21, for	escrow or cu	stodial acco	unt liabilit			Yes	No
	If "Yes," explain the arrangement in Part XIII						•		_	一
	t V Endowment Funds. Complete						<u> </u>			
	•	(a) Current year		Prior year	(c) Two year	T		years back	(e) Four	years back
1a	Beginning of year balance					1				
b	Contributions									
С	Net investment earnings, gains, and losses									
ď	Grants or scholarships									
e	Other expenditures for facilities									
	and programs					1				
f	Administrative expenses									
g	End of year balance									
2	Provide the estimated percentage of the curr	rent year end balance	e (line 1	g, column (a)	) held as					
а	Board designated or quasi-endowment		_%							
b	Permanent endowment	%								
c	Temporarily restricted endowment	%								
	The percentages on lines 2a, 2b, and 2c sho	uld equal 100%								
За	Are there endowment funds not in the posse	ssion of the organiza	ation tha	it are held ar	nd administer	ed for the	organiza	ation		
	by								\	Yes No
	(i) unrelated organizations								3a(i)	
	(ii) related organizations								3a(ii)	-
b	If "Yes" on line 3a(ii), are the related organization	itions listed as requir	ed on S	ichedule R?					3b	
4	Describe in Part XIII the intended uses of the		wment 1	funds						
Pai	t VI Land, Buildings, and Equipm									
	Complete if the organization answere									
	Description of property	(a) Cost or o			or other		cumulate		(d) Book	value
		basis (investr	nent)		(other)	dep	reciation			
	Land			<del></del>	4,766.					<u>,766.</u>
b	Buildings				5,234.		4,1			,060.
С	Leasehold improvements				5,435.		39,6			,832.
d	Equipment				2,586.	1,3	65,7			,828.
	Other			•	2,417.		9,5	52.		<u>,865.</u>
Total	l. Add lines 1a through 1e (Column (d) must e	gual Form 990. Part	X. colur	nn (B), line 1	Oc.)				1,181	,351.

Schedule D (Form 990) 2018

	REGIONAL AS	SSOCIATION OF	48-0614685 Page 3
Schedule D (Form 990) 2018 REALTORS Part VII Investments - Other Securities.			40-0014005 Page 3
Complete if the organization answered "Yes" of	on Form 990 Port IV I	ing 11h Sag Form 990 Part Y line 11	2
(a) Description of Security or Category (including name of security)	(b) Book value		t or end-of-year market value
	(b) book value	(c) Meaned of Validation 300	to, and a year manor raise
(1) Financial derivatives	9,847,33	9. END-OF-YEAR MAR	WET VALUE
(2) Closely-held equity interests	9,041,33	3: BND-OF-IBAK MAI	KBI VALOE
(3) Other			
(A)			
(B)			
(C)			
(D)			<del></del>
(E)			
(F)		-	<del></del>
(G)			
(H)	0 947 33	9.	
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)	3,041,33	<b>3 •</b> ]	5.7.4.5.000 (175.4.000) (198.4.4.5.4.4.4.4.4.4.4.4.4.4.4.4.4.4.4.4.
	F 000 D-41/		2
Complete if the organization answered "Yes" (a) Description of investment	on Form 990, Part IV, I		st or end-of-year market value
	(b) Book value	(c) Wellou of Valuation Gos	tor end-or-year market value
(2)			
(3)			
(4)			
(5)			
(6)	<del></del>		
(7)			
(8)			
(9)			* Handar (* 'Para : 'Y ) bring " " 186
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ▶ Part X Other Assets.		Establish of Committee Com	
100 0 11.	5 000 D 1111		-
Complete if the organization answered "Yes"	on Form 990, Part IV, I	line 11d See Form 990, Part X, line 13	(b) Book value
	Description		(b) Book value
(1)	<u></u>	<del></del>	
(2)			
(3)			
(4)	, , ,	•	
(5)			<del>-  </del>
(8)			
(9)			
Total. (Column (b) must equal Form 990. Part X. col. (B) line Part X. col. (B) line	2 15.)		<u> </u>
Complete if the organization answered "Yes"	on Form 990, Part IV,	line 11e or 11f See Form 990, Part X	line 25
1. (a) Description of liability		(b) Book value	
(1) Federal income taxes			
(2) ASSOCIATION DUES PAYABLE		483,492.	
(3) KEY LEASES		68,426.	

1. (a) Description of liability	(b) Book value	
(1) Federal income taxes		
(2) ASSOCIATION DUES PAYABLE		
(3) KEY LEASES	68,426.	
(4) OTHER LIABILITIES	212,463.	
(5)		
(6)	, , , , , , , , , , , , , , , , , , , ,	
(7)		
(8)		
(9)		
Total. (Column (b) must equal Form 990, Part X. col. (B)	line 25.) <b>&gt;</b> 764,381.	

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

Schedule D (Form 990) 2018

### KANSAS CITY REGIONAL ASSOCIATION OF

Schedule D (Form 990) 2018 REALTORS		48-0614685 Page 4
Part XI Reconciliation of Revenue per Audited Financial Stateme	ents With Revenue per Re	turn.
Complete if the organization answered "Yes" on Form 990, Part IV, line 12a	<b>a</b>	
Total revenue, gains, and other support per audited financial statements		1 3,333,662.
2 Amounts included on line 1 but not on Form 990, Part VIII, line 12		
a Net unrealized gains (losses) on investments	2a   -701,757.	] -
b Donated services and use of facilities	2b	]
c Recoveries of prior year grants	2c	] .
d Other (Describe in Part XIII )	2d 116,804.	]
e Add lines 2a through 2d		<sub>2e</sub> -584,953.
3 Subtract line 2e from line 1		3 3,918,615.
4 Amounts included on Form 990, Part VIII, line 12, but not on line 1		
a Investment expenses not included on Form 990, Part VIII, line 7b	4a 133,453.	
b Other (Describe in Part XIII )	4b	] <u> </u>
c Add lines 4a and 4b		4c 133,453.
5 Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)		5 4,052,068.
Part XII   Reconciliation of Expenses per Audited Financial Statem	ents With Expenses per F	Return.
Complete if the organization answered "Yes" on Form 990, Part IV, line 12a	a	
Total expenses and losses per audited financial statements		1 3,447,959.
2 Amounts included on line 1 but not on Form 990, Part IX, line 25		<u> </u>
a Donated services and use of facilities	2a	]
<b>b</b> Prior year adjustments	2b	]
c Other losses	2c	
d Other (Describe in Part XIII )	2d 116,804.	]
e Add lines 2a through 2d	-	2e 116,804.
3 Subtract line 2e from line 1		3 3,331,155.
4 Amounts included on Form 990, Part IX, line 25, but not on line 1		
a Investment expenses not included on Form 990, Part VIII, line 7b	4a 133,453.	<u> </u>
b Other (Describe in Part XIII )	4b	] <u> </u>
c Add lines 4a and 4b		4c 133,453.
5 Total expenses Add lines 3 and 4c. (This must equal Form 990. Part I. line 18.)		5 3,464,608.
Part XIII Supplemental Information.		
Provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part	rt IV, lines 1b and 2b, Part V, line 4	I, Part X, line 2, Part XI,
lines 2d and 4b, and Part XII, lines 2d and 4b. Also complete this part to provide any ad-		
	-	
PART X, LINE 2:		
THE ORGANIZATION HAS ADOPTED THE INCOME TAXE	S TOPIC OF THE FE	DERAL
ACCOUNTING STANDARDS BOARD (FASB) ACCOUNTING	STANDARDS CODIFI	CATION (ASC)
740 RELATED TO UNCERTAIN TAX POSITIONS. THIS	TOPIC PRESCRIBES	5 A
PROGRAMMON MURROUNTS AND MELGURDUNDUM AMERICA	NIME EOD MILE EINAN	TOT AT
RECOGNITION THRESHOLD AND MEASUREMENT ATTRIB	UTE FOR THE FINAN	ICIAL
STATEMENT RECOGNITION AND MEASUREMENT OF A T	AN DOCTUTON WAKEN	ו אייישער פער ז
STATEMENT RECOGNITION AND MEASUREMENT OF A I	AX FOSTITON TAKEN	OK BAFECIED
TO BE TAKEN IN A TAX RETURN. THE ORGANIZATIO	NA SVAH TON OTO NO	TY MATERIAL
TO BE TAKEN IN A TAX KETOKKI THE OKORNIENTIO	A DID NOT MIVE IN	12 2212 2312 2312
UNCERTAIN TAX POSITIONS AT DECEMBER 31, 2018	OR 2017.	
	<u> </u>	
PART XI, LINE 2D - OTHER ADJUSTMENTS:		
COCH OF COORS SOLD		116,804.
COST OF GOODS SOLD		110,004.

### KANSAS CITY REGIONAL ASSOCIATION OF 48-0614685 Page 5 REALTORS Schedule D (Form 990) 2018 Part XIII | Supplemental Information (continued) PART XII, LINE 2D - OTHER ADJUSTMENTS: 116,804. COST OF GOODS SOLD

### KANSAS CITY REGIONAL ASSOCIATION OF

Schedule C (Form 990 or 990-EZ) 2018	REALTORS				614685 Page 2
* Y SAMMON MAKANAN	rganization is exer	npt under section	501(c)(3) and file	ed Form 5768 (ele	ction under
section 501(h)).					
A Check ▶ ☐ If the filing organi	zation belongs to an affi	liated group (and list in	Part IV each affiliated	group member's name	e, address, EIN,
expenses, and sh	nare of excess lobbying of	expenditures)			
B Check ▶ ☐ If the filing organi	zation checked box A ar	nd "limited control" pro	visions apply		
	mits on Lobbying Exper enditures" means amou			(a) Filing organization's	(b) Affiliated group totals
				totals	
1a Total lobbying expenditures to in	nfluence public opinion (	grass roots lobbying)			
b Total lobbying expenditures to in	offuence a legislative boo	ly (direct lobbying)			
c Total lobbying expenditures (add	d lines 1a and 1b)		,		ļ
d Other exempt purpose expenditure	ures '		•		
<ul> <li>Total exempt purpose expenditu</li> </ul>	ires (add lines 1c and 1d	)	•		
f Lobbying nontaxable amount Er	nter the amount from the	e following table in both	columns		
If the amount on line 1e, column (a	) or (b) is The lob	bying nontaxable am	ount is:		
Not over \$500,000	20% of	the amount on line 1e.			
Over \$500,000 but not over \$1,0	000,000 \$100,00	00 plus 15% of the exc	ess over \$500,000		
Over \$1,000,000 but not over \$1	,500,000 \$175,00	00 plus 10% of the exc	ess over \$1,000,000		
Over \$1,500,000 but not over \$1		00 plus 5% of the exces			
Over \$17,000,000	\$1,000,	000			
			,		
g Grassroots nontaxable amount (	enter 25% of line 1f)		,		
h Subtract line 1g from line 1a If z	•				
i Subtract line 1f from line 1c If ze	,	,			š.
j If there is an amount other than:		line 1i, did the organiza	ation file Form 4720		
reporting section 4911 tax for th	,			<i>•</i>	Yes No
		eraging Period Under	Section 501(h)		
(Some organizations	that made a section 5		have to complete all	of the five columns be	elow.
		nditures During 4-Yea			
	- Loppying Expe	litandres Barring 4 Tee	- Averaging Feriou	1	1
Calendar year (or fiscal year beginning in)	(a) 2015	<b>(b)</b> 2016	(c) 2017	(d) 2018	(e) Total
2a Lobbying nontaxable amount	1	-		•	
b Lobbying ceiling amount	ALL CAMPAGE AND AND AND AND AND AND AND AND AND AND				.,
(150% of line 2a, column(e))					
					,
c Total lobbying expenditures					
					,
d Grassroots nontaxable amount					
e Grassroots ceiling amount					
(150% of line 2d, column (e))					
f Grassroots lobbying expenditure	es				1

Schedule C (Form 990 or 990-EZ) 2018

48-0614685 Page 3

Schedule C (Form 990 or 990-EZ) 2018 REALTORS 48-06146

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

For each "Yes," response on lines 1a through 1i below, provide in Part IV a detailed description	T (a	<u> </u>	(b)	
of the lobbying activity	Yes	No	Amou	ınt
During the year, did the filing organization attempt to influence foreign, national, state, or	李 第 2 2 3			
local legislation, including any attempt to influence public opinion on a legislative matter				
or referendum, through the use of				
a Volunteers?	<u> </u>			
b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?				X.
c Media advertisements?	<u> </u>	_		
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?				
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?				
i Other activities?	30 11 124000 P	450F #51 . SV		
j Total Add lines 1c through 1i	REFIG	AND STATE OF	No. do income (Press of Local and	man a supersona
2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?	( 17, 174, 0	a = 000 445 v A b 3		SOLET PROPERTY.
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	1.35			
d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			建强震震。	が必然
Part III-A Complete if the organization is exempt under section 501(c)(4), secti	on 501(c)(	5), or sec	ction	
501(c)(6).			· .	
			Yes	No
1 Were substantially all (90% or more) dues received nondeductible by members?		1		X
2 Did the organization make only in-house lobbying expenditures of \$2,000 or less?		2		X
3 Did the organization agree to carry over lobbying and political campaign activity expenditures from	the prior year	2 3		<u> </u>
Complete if the organization is exempt under section 501(c)(4), section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered				3, is
answered "Yes."			1 205	0.4.0
1 Dues, assessments and similar amounts from members		1	1,285	,849.
2 Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenditures)	tical			
expenses for which the section 527(f) tax was paid).		2.00	100	210
a Current year		2a		<u>,219.</u>
b Carryover from last year		<u>2b</u>		<u>,606.</u>
c Total		2c		<u>,387.</u>
3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues		3	91	<u>,846.</u>
4 If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the ex	cess			
does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and	political	₩ , · · · ·		
expenditure next year?		4	1 - 4	
5 Taxable amount of lobbying and political expenditures (see instructions)		5	154	,233.
Part IV Supplemental Information				
Provide the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, Part II-A (affiliated ground the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, Part II-A (affiliated ground the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, Part II-A (affiliated ground the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, Part II-A (affiliated ground the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, Part II-A (affiliated ground the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, Part II-A (affiliated ground the description) and line 1, Part I-A (affiliated ground the description the des	ıp lıst), Part II	A, lines 1 a	ınd 2 (see	
instructions), and Part II-B, line 1 Also, complete this part for any additional information				
PART I-A, LINE 1:				
THE ORGANIZATION EXPENDS FUNDS TO POLITICAL CANDIDATE	S AND	POLITI	CAL	
ACTION COMMITTEES THAT SERVE TO PROMOTE AND BENEFIT T		MPT		
ACTION COMMITTEES THAT SERVE TO PROMOTE AND BENEFIT TACTIVITIES OF THE ORGANIZATION.		MРТ		
ACTION COMMITTEES THAT SERVE TO PROMOTE AND BENEFIT TACTIVITIES OF THE ORGANIZATION.		MPT		
		MPT		

SCHEDULE I (Form 990)

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

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

► Attach to Form 990.

e N **Employer identification number** 48-0614685 IISSOURI GROWTH DONATION Inspection (h) Purpose of grant or assistance e K KCR TERMINAL Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection (g) Description of noncash assistance (f) Method of valuation (book, FMV, appraisal, other) ■ Go to www.irs.gov/Form990 for the latest information. 。 (e) Amount of assistance non-cash Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States recipient that received more than \$5,000. Part II can be duplicated if additional space is needed (d) Amount of cash grant 12,500 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table KANSAS CITY REGIONAL ASSOCIATION OF (c) IRC section (if applicable) 43-1852671 501(C)(6) Enter total number of other organizations listed in the line 1 table General Information on Grants and Assistance (b) EIN criteria used to award the grants or assistance? 1 (a) Name and address of organization REALTORS KANSAS CITY AREA DEVELOPMENT COUNCIL - 30 W PERSHING RD or government KANSAS CITY, MO 64108 Name of the organization Department of the Treasury Internal Revenue Service Parti

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

Schedule I (Form 990) (2018)

KANSAS CITY REGIONAL ASSOCIATION OF REALTORS

Page 2 48-0614685 Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22 Part III can be duplicated if additional space is needed Schedule I (Form 990) (2018) Part III

(f) Description of noncash assistance (e) Method of valuation (book, FMV, appraisal, other) Part IV | Supplemental Information. Provide the information required in Part I, line 2, Part III, column (b), and any other additional information (d) Amount of non-cash assistance (c) Amount of cash grant (b) Number of recipients (a) Type of grant or assistance

Schedule I (Form 990) (2018)

### . SCHEDULE J (Form 990)

Department of the Treasury Internal Revenue Service

### **Compensation Information**

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

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

Attach to Form 990.

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

Name of the organization

Part Questions Regarding Compensation

KANSAS CITY REGIONAL ASSOCIATION OF REALTORS

Inspection

OMB No 1545-0047

**Employer identification number** 48-0614685

				Yes	No
	1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990,			
		Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.			
		First-class or charter travel Housing allowance or residence for personal use	(462-1) (482-1)		
		Travel for companions Payments for business use of personal residence			
		Tax indemnification and gross-up payments  Health or social club dues or initiation fees			207
		Discretionary spending account Personal services (such as maid, chauffeur, chef)			<b>100</b>
	b	if any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or			
		reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	1b		
	2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors,		S. 200	22
		trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?	2		
					<b>88</b> 5
	3	Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's	1	5. 4. 7°	
		CEO/Executive Director Check all that apply Do not check any boxes for methods used by a related organization to			
		establish compensation of the CEO/Executive Director, but explain in Part III.			
		Compensation committee X Written employment contract			
		Independent compensation consultant Compensation survey or study		237	
		Form 990 of other organizations  X Approval by the board or compensation committee	300	<b>(X%)</b>	
				37.5	
	4	During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing	જે. જે	13.4 (5.47)	
		organization or a related organization		No.	
	а	Receive a severance payment or change-of-control payment?	4a		Х
	b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b		X
	С	Participate in, or receive payment from, an equity-based compensation arrangement?	4c		X
		If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III		洗雞	2.53
		·		301 %	
		Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.		ار چې ځورون پ	
	5	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation	No.		
		contingent on the revenues of			
	а	The organization?	5a		
	b	Any related organization?	5b		
		If "Yes" on line 5a or 5b, describe in Part III	3		
•	6	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation	<b>100</b>		
		contingent on the net earnings of	200	1,75,50°	
	а	The organization?	6a		
	b	Any related organization?	6b		
		If "Yes" on line 6a or 6b, describe in Part III			
	7	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments		2.46	
		not described on lines 5 and 6 <sup>9</sup> If "Yes," describe in Part III	7	J 555	1.00.
	8	Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the		r'22	
		initial contract exception described in Regulations section 53 4958-4(a)(3)? If "Yes," describe in Part III	8	<u> </u>	
	9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in			
		Regulations section 53 4958-6(c)?	9	1	I

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Schedule J (Form 990) 2018

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

Page 2

48-0614685

REALTORS

Schedule J (Form 990) 2018

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

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

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

		(B) Breakdown of	(B) Breakdown of W-2 and/or 1099-MISC compensation	SC compensation	(C) Retirement and	ple	(E) Total of columns	(F) Compensation
(A) Name and Title		(I) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	other deferred compensation	benefits	(a)-(i)(a)	in column (B) reported as deferred on prior Form 990
(1) KIPP COOPER	Θ	223,529.	18,500.	0	21,122.	30,647.	293,798.	0.
CHIEF EXECUTIVE OFFICER	€	0	0	0	0	0	0	0
(2) PERRY CRUME	Ξ	126,869.	9,063.	0	32,277.	27,550.	195,759.	0.
SENIOR VP	(ii)	0	0	0		0.	0.	0
(3) CATHY HOLEFELDER	Ξ	0	0	0	• 0	0	0	0
HMLS SENIOR VP	(ii)	164,948.	0	0	0	0.	164,948.	0.
	(1)							
	₫							
	Ξ							
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	(III)							
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							Schedu	Schedule J (Form 990) 2018

# KANSAS CITY REGIONAL ASSOCIATION OF REALTORS

48-0614685 Schedule J (Form 990) 2018
Part III Supplemental Information

Page 3

Schedule J (Form 990) 2018 Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II Also complete this part for any additional information. HEARTLAND MULTIPLE LISTING SERVICE, INC. REIMBURSES KCRAR FOR 50% OF THE SALARY AND BENEFITS AS SHOWN ON SCH J. SCH J, PART II:

### SCHEDULE O

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

### Supplemental Information to Form 990 or 990-EZ

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

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

KANSAS CITY REGIONAL ASSOCIATION OF

OMB No 1545-0047 Open to Public Inspection

**Employer identification number** Name of the organization REALTORS 48-0614685 FORM 990, PART VI, SECTION A, LINE 6: THE ORGANIZATION IS COMPRISED OF MEMBERS, NOT STOCKHOLDERS. FORM 990, PART VI, SECTION A, LINE 7A: MEMBERS ARE RESPONSIBLE FOR ELECTING THE BOARD OF DIRECTORS. FORM 990, PART VI, SECTION A, LINE 7B: MEMBERS ARE RESPONSIBLE FOR VOTING ON CHANGES TO THE BY-LAWS. FORM 990, PART VI, SECTION B, LINE 11B: THE EXECUTIVE COMMITTEE WILL BE PRESENTED WITH THE FORM 990 AND 990-T IN A MEETING PRIOR TO THE FILING OF THE RETURNS WITH THE IRS. FORM 990, PART VI, SECTION B, LINE 12C: MEMBERS OF THE GOVERNING BODY ARE PROVIDED WITH A COPY OF THE CONFLICT OF INTEREST POLICY AT THE FIRST BOARD OF DIRECTORS MEETING HELD EACH YEAR. THEY ARE REQUIRED TO SIGN THE DOCUMENT. FORM 990, PART VI, SECTION B, LINE 15: THE EXECUTIVE COMMITTEE NEGOTIATES AN EMPLOYMENT CONTRACT WITH THE CEO. INFORMATION IS OBTAINED FROM VARIOUS SOURCES INCLUDING THE NATIONAL ASSOCIATION OF REALTORS AND LOCAL INFORMATION. THE CEO MAKES ALL DECISIONS REGARDING EMPLOYEES OF THE ASSOCIATION BASED ON A BUDGET WHICH HAS BEEN APPROVED BY THE GOVERNING BODY.

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

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

Schedule O (Form 990 or 990-EZ) (2018)

Schedule O (F		990-EZ) (2018)						<del></del>		·	-	Page 2
Name of the or	rganization	KANSAS REALTOR		REGION	NAL A	SSOCIA	ATION	OF		Employer identific 48-0614	eation 685	number ———
BYLAWS,	WHICH	INCLUDE	THE	CONFLI	CT OF	INTE	REST	POLICY,	ARE	AVAILABLE	ON	OUR
WEBSITE	FOR M	EMBERS I	O VIE	3W. FI	NANCI	AL ST	ATEME	NTS ARE	AVA	ILABLE TO	OUR	
MEMBERS	UPON I	REQUEST.										
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SCHEDULE R (Form 990)

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

OMB No 1545-0047

Open to Public Inspection 2018

► Attach to Form 990.

Employer identification number 48-0614685

► Go to www.irs.gov/Form990 for instructions and the latest information. KANSAS CITY REGIONAL ASSOCIATION OF REALTORS Name of the organization Department of the Treasury Internal Revenue Service

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

Part

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 Ξ End of year assets <u>e</u> Total Income € Legal domicile (state or foreign country) <u>છ</u> Primary activity 9 Name, address, and EIN (if applicable) of disregarded entity Part II

	) 2(hV13)	L(OX 13)	ا پ	No							
	(g)	contolled	entity	Yes							
		Direct controlling									
	(e)	Public charity	status (if section	501(c)(3))						-	
	(G)	_	section								
	(0)	Legal domicile (state or	foreign country)								
	(q)	Primary activity									
organizations defined the tax year	(e)	Name, address, and EIN	of related organization								

Schedule R (Form 990) 2018

KANSAS CITY REGIONAL ASSOCIATION OF REALTORS

Schedule R (Form 990) 2018

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

Page 2

48-0614685

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity		(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations? Yes No	(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) Ceneral or OX managing Jile partner? 65) Yes No	(i) (k) General or Percentage managing ownership
				:					,		
									:		
									•		
Identification of Related Organizations Taxable as a Corporation or Trust. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a corporation or trust during the tax year.	ganizations Taxable	as a Corpor	ration or Trust. Co	omplete if th	e organization	answered "Ye	s" on Form 990	, Part IV, line	34, because it ha	ad one or mo	ore related
(a) Name, address, and EIN of related organization	<u>Z</u> c	Prim	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp., S corp, or trust)		(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	Section 512(b)(13) controlled entity?
HEARTLAND MULTIPLE LISTING SERVICE 43-1644649, 11150 OVERBROOK RD. SU LEAWOOD, KS 66211	, INC ITE 125,	COMPUTER S	SERVICES	KS	N/A	C CORP	4,	4,593,794.	10,854,461.	1008	×

1,

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Schedule R (Form 990) 2018

KANSAS CITY REGIONAL ASSOCIATION OF Schedule R (Form 990) 2018 REALTORS

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

Page 4

48-0614685

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)

7

	(¥)	Percentage ownership																					Schedule R (Form 990) 2018
		Bing N																					ē
	8	Gene mane partr																				$\Box$	<del>بر</del> ۳
	Ξ	Ospropor-Code V-UBI General or Percentage tonation amount in box 20 managing ownership allocations? Of Schedule K-1 parines?																					Schedule
	£	opor- nate tions?												•									
		Dispi troi alloca <b>Yes</b>				$\perp$		 _	 		L		L			L				 		_	
	(6)	Share of end-of-year assets																					
		Share of total Income																					
that was not a related organization. See instructions regarding exclusion for certain investment partnerships	_	9 E~ 2						 -	 t		 	╁	 	_				┪					
	(e)	(e) Ans all Ans all Solicity of Yes No					 																
	(p)	Predominant income (related, unrelated, excluded from tax under-sections 512-514)																					
	(0)	Legal domicile (state or foreign country)																					
	(q)	Primary activity																					
that was not a related organization. See inst	(a)	Name, address, and EIN of entity																					