Form **990**

(Rev January 2020)
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.
 Go to www.irs.gov/Form990 for instructions and the latest information.

2019 Open to Public Inspection

<u>A</u>	For the	2019 calendar year, or tax year beginning , and ending			
В	Check if ap	plicable C Name of organization		D Employe	r identification number
	Address ch	TUCSON ASSOCIATION OF REALTORS, INC			
\equiv		Depart business as	71	86-0	108815
	Name chai	Number and street (or P O box if mail is not delivered to street address)	Room/suite	E Telephon	
	Initial retur	2445 NORTH TUCSON BOULEVARD	O.T	520-	327-4218
	Final returi				
	terminated	TUCSON AZ 85716-2440		G Gross reco	eipts\$ 3,408,508
	Amended a	return F Name and address of principal officer	 	G G1033 160	
	Application		H(a) Is this a gro	up return for si	ubordinates? Yes X No
ш		THE ROOLES	11/52 4		uded? Yes No
		2445 N TUCSON BLVD	H(b) Are all sub-		
		TUCSON AZ 85716-2440		attach a list	(see instructions)
1_	Tax-exem	pt status 501(c)(3) X 501(c) (6) ◄ (insert no) 4947(a)(1) or 527 \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	_		
J	Website	▶ WWW.TUCSONREALTORS.ORG	H(c) Group exer	mption numbe	er 🕨
к	Form of o	ganization X Corporation Trust Association Other ►	ear of formation 1	921	M State of legal domicile AZ
	art I	Summary			m clare or regar commence CCL
_ <u>.</u>		· · · · · · · · · · · · · · · · · · ·			
	' '	briefly describe the organization's mission or most significant activities			
S	i	TO UNITE THOSE ENGAGED IN THE REAL ESTATE PROFESSION;			
Гaп	İ	PROMOTE AND MAINTAIN HIGH STANDARDS OF CONDUCT; SAFEGUA	ARD		
er	i	OWNERS.			
Activities & Governance	2 (Check this box 🕨 🗌 if the organization discontinued its operations or disposed of more than 25	5% of its net ass	ets	
ان	3 1	lumber of voting members of the governing body (Part VI, line 1a)		3	19
ŝ		lumber of independent voting members of the governing body (Part VI, line 1b) otal number of individuals employed in calendar year 2019 (Part V, line 2a)		4	19
ij		interior of independent voting members of the governing body (Fart VI, Interior)	6		22
:≩		otal number of individuals employed in calendar year 2019 (Part V, line 2a)		5	
ě		otal number of volunteers (estimate if necessary) fotal unrelated business revenue from Part VIII, column (C), line 12 let unrelated business taxable income from Form 990-T, line 39	/. /	6	224
	7a ⊺	otal unrelated business revenue from Part VIII, column (C), line 12	\	7a	-6,299
	bΝ	let unrelated business taxable income from Form 990-T, line 39	<u> </u>	7b	0
		Contributions and grants (Part VIII, line 1h)	Prior Yea		Current Year
ø	8 0	Contributions and grants (Part VIII, line 1h)	1,55	5,891	1,690,158
5	9 F		23	3,124	25,349
Revenue		nvestment income (Part VIII, column (A), lines 3, 4, and 7d)		3,342	16,620
æ		Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		3,355	1,490,501
		\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \		5,712	3,222,628
		otal revenue – add lines 8 through 11 (must equal Part VIII, column (A), line 12)	2,04.	J, / 12	3,222,020
		Grants and similar amounts paid (Part IX, column (A), lines 1–3)			0
	ľ	Benefits paid to or for members (Part IX, column (A), line 4)			0
es	15 9	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	1,594	4,436	1,473,242
Expenses	16a F	Professional fundraising fees (Part IX, column (A), line 11e)			<u> </u>
ĝ	bT	otal fundraising expenses (Part IX, column (D), line 25) ▶ 0			
ũ	17 (Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	902	2,774	1,073,835
	18 T	otal expenses Add lines 13-17 (must equal Part IX, column (A), line 25)		7,210	2,547,077
		Revenue less expenses Subtract line 18 from line 12		3,502	675,551
2 8		overtee 1999 experiesce Substract line to from line 12	Beginning of Cur		End of Year
Net Assets or	20 T	otal assets (Part X, line 16)		3,485	5,787,380
Ass	21 T	otal liabilities (Part X, line 26)		5,522	1,941,328
e e	22 1	let assets or fund balances Subtract line 21 from line 20		1,963	3,846,052
			3,12.	1,903	3,040,032
"	art II	Signature Block			· · · · · · · · · · · · · · · · · · ·
		alties of perjury, I declare that I have examined this return, including accompanying schedules and statement			lowledge and belief, it is
> tr	ue, corre	ct, and complete Declaration of preparer (other than officer) is based on all information of which preparer t	nas any knowledg	e	
=		16/1/1/		2	27/20
įSię	an l	Signature of other		Date	,
He		RANDY ROGERS CEO			
		Type or print name and title			
_		Print/Type preparer's name Preparer's signature	Date	Check	T of PTIN
Pai	d	71	au .		□ "
	parer	STEVEN L. TAIT STEVEN L. TAIT		/20 self-em	
	•	Firm's name WALKER & ARMSTRONG, LLP	F	ırm's EIN	86-0257194 ¹
US	Only	3838 N CENTRAL AVE STE 1700			
		Firm's address PHOENIX, AZ 85012-1994	Р	hone no	602-230-1040
Ma	the IR	S discuss this return with the preparer shown above? (see instructions)			X Yes No
For	Paperw	ork Reduction Act Notice, see the separate instructions.			Form 990 (2019)
DAA					~ 21
					6-70
					•

If "Yes," describe these new services on Schedule O 3 Did the organization cease conducting, or make significant changes in how it conducts, any program			IATION OF REALTORS, INC	86-0108815	Page 2
1 Bently describe the organization's mission' TO UNITE THOSE ENGAGED IN THE REAL ESTATE PROFESSION; PROMOTE AND MAINTAIN HIGH STANDARDS OF CONDUCT; SAFEGUARD WINERS. Did the organization undertake any significant program services during the year which were not listed on the prior Form 980 or 980-EZ? If Yes, 5 describe these new services on Schedule O 3 Did the organization cease conducting, or make significant changes in how it conducts, any program services, as measured by expenses. Section 5010(5)4 organizations are required to report the amount of grants and allocations to others, the total expenses, and reverse, if any, for each program service reported 4a (Code) (Expenses S including grants of S) (Revenue S TAR IS A MEMBERSHIP ORGANIZATION SERVING THE REALTOR COMMUNITY. THE ACTIVITIES OF TAR CENTER AROUND PROVIDING THE REALTORS WITH EDUCATION, MEMBER ACTIVITIES, AND A COMMUNICATION FORUM. 4b (Code) (Expenses S including grants of \$) (Revenue \$ N/A) 4c (Code) (Expenses S including grants of \$) (Revenue S N/A)		•	<u>-</u>	un Alexa Dani III	X
TO UNITE THOSE ENGAGED IN THE REAL ESTATE PROFESSION; PROMOTE AND MAINTAIN HIGH STANDARDS OF CONDUCT; SAFEGUARD OWNERS. 2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-E2? 1 'Yes, 'exercise these near services on Schedule O 3 Did the organization clease conducting, or make significant changes in how it conducts, any 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. 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 reverse, it amy, for each program service required to report the amount of grants and allocations to others, the total expenses, and reverse, it amy, for each program service required to report the amount of grants and allocations to others, the total expenses, and reverse, it amy, for each program service required to report the amount of grants and allocations to others, the total expenses. A reverse, and reverse, as measured by expenses. A reverse, as measured by expenses. The program service required to report the amount of grants and allocations to others, the total expenses. A reverse required to report the amount of grants and allocations to others, the total expenses. A reverse required to report the amount of grants and allocations to others, the total expenses. A reverse required to report the amount of grants and allocations to others, the total expenses. A report of the amount of grants and allocations to others, the total expenses. A report of grants and allocations to others, the total expenses. A report of grants and allocations to others, the total expenses. A report of grants and allocations to others, the total expenses. A report of grants and allocations to others, the total expenses. A report of grants and allocations to others, the total expenses of grants and allocations to othe				In this Part III	
Market M	TO UNITE	THOSE ENGAG	ED IN THE REAL ESTATE I		
services? If "Yes," describe these changes on Schedule O 4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported 4a (Code) (Expenses \$ including grants of \$) (Revenue \$ TAR IS A MEMBERSHIP ORGANIZATION SERVING THE REALTOR COMMUNITY. THE ACTIVITIES OF TAR CENTER AROUND PROVIDING THE REALTORS WITH EDUCATION, MEMBER ACTIVITIES, AND A COMMUNICATION FORUM. 4b (Code) (Expenses \$ including grants of \$) (Revenue \$ N/A) (Expenses \$ including grants of \$) (Revenue \$ N/A) (Expenses \$ including grants of \$) (Revenue \$) (Expenses \$ including grants of \$) (Revenue \$) (Expenses \$ including grants of \$) (Revenue \$) (Expenses \$ including grants of \$) (Revenue \$) (Expenses \$ including grants of \$) (Revenue \$) (Expenses \$ including grants of \$) (Revenue \$) (Expenses \$ including grants of \$) (Revenue \$) (Expenses \$ including grants of \$) (Revenue \$) (Expenses \$ including grants of \$) (Revenue \$) (Expenses \$ including grants of \$) (Revenue \$) (Expenses \$ including grants of \$) (Revenue \$) (Expenses \$ including grants of \$) (Revenue \$) (Expenses \$ including grants of \$) (Revenue \$) (Expenses \$ including grants of \$) (Revenue \$) (Expenses \$ including grants of \$) (Revenue \$) (Expenses \$ including grants of \$) (Revenue \$) (Expenses \$ including grants of \$) (Revenue \$) (Expenses \$ including grants of \$) (Revenue \$) (prior Form 990	or 990-EZ?		h were not listed on the	Yes X No
4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501 (c)(3) and 501 (c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported 4a (Code	services?			ts, any program	Yes X No
TAR IS A MEMBERSHIP ORGANIZATION SERVING THE REALTOR COMMUNITY. THE ACTIVITIES OF TAR CENTER AROUND PROVIDING THE REALTORS WITH EDUCATION, MEMBER ACTIVITIES, AND A COMMUNICATION FORUM. 4b (Code) (Expenses \$ including grants of \$) (Revenue \$ N/A 4c (Code) (Expenses \$ including grants of \$) (Revenue \$ N/A 4d Other program services (Describe on Schedule O)	4 Describe the o	organization's program s ction 501(c)(3) and 501(ervice accomplishments for each of its three la c)(4) organizations are required to report the ar		
4c (Code) (Expenses \$ including grants of \$) (Revenue \$ N/A 4d Other program services (Describe on Schedule O)	TAR IS A COMMUNITY	MEMBERSHIP Y. THE ACTIV TORS WITH EI	ORGANIZATION SERVING THE CENTER ARCOUCATION, MEMBER ACTIVITIES.	HE REALTOR DUND PROVIDING)
N/A 4d Other program services (Describe on Schedule O)) (Expenses \$	including grants of \$) (Revenue \$)
) (Expenses \$	including grants of \$) (Revenue \$)
	4d Other program	services (Describe on	Schedule ())		
		i services (Describe on) (Revenue \$)
4e Total program service expenses ▶		service expenses >	more and gradition of the	7 11.010.100 \$	

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Form 990 (2019) TUCSON ASSOCIATION OF REALTORS, INC 86-0108815

CGJO Leage 3

PartIIV Checklist of Required Schedules

- 1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A
- 2 Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?
- 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
- 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
- 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 98-19? If "Yes," complete Schedule C, Part III
- 6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I
- 7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II
- 8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III
- 9 Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes." complete Schedule D, Part IV
- 10 Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi endowments? If "Yes," complete Schedule D, Part V
- 11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, IX, or X as applicable
 - a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI
 - **b** Did the organization report an amount for investments—other securities in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII
 - 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
 - **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*
 - e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X
 - f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X
- 12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII
- 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
- 13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E
- 14a Did the organization maintain an office, employees, or agents outside of the United States?
 - 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
- 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
- 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
- 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 (see instructions)
- 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
- 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
- 20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H
 - b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?
- 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

		Yes	No_
			v
F	1		X
ŀ	2		
	3_	х	
	4		
	5		x
-	6		<u>x</u>
	7		<u>x</u>
	8		x
	9		x
	10		х
100			
-	11a	х	
-	11b	х	
-	11c		x
Ĺ	<u>1</u> 1d		x
F	<u>11e</u>	Х	
-	11f		<u>x</u>
	12a		x
	401	v	
ŀ	12b 13	Х	$\overline{\mathbf{x}}$
ŀ	14a		X
-	14b		<u>x</u>
-	15		<u>x</u>
	16		x
-	17		x
	18	х	
⊢	19		_x_
	13		
	20a		_X_
-			<u>x</u>
-	20a 20b 21		X X) (2019)

	SILIV CHECKIST OF REQUIECUSCHEUDIES (COMMIDGEU)	<u> </u>	Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on		163	140
	Part IX, column (A), line 2º If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the			
	organization's current and former officers, directors, trustees, key employees, and highest compensated			ŀ
	employees? If "Yes," complete Schedule J	23	Х	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than			
	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b			
	through 24d and complete Schedule K If "No," go to line 25a	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		-
C	Did the organization maintain an escrow account other than a refunding escrow at any time during the year	04-		
d	to defease any tax-exempt bonds? Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24c 24d		-
25a				<u> </u>
254	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior	200	-	
	year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ?			
	If "Yes," complete Schedule L, Part I	25b		
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		Х
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key			
	employee, creator or founder, substantial contributor or employee thereof, a grant selection committee			
	member, or to a 35% controlled entity (including an employee thereof) or family member of any of these			l
	persons? If "Yes," complete Schedule L, Part III	_27		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part			
	IV instructions, for applicable filing thresholds, conditions, and exceptions):			ļ
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If	200		x
b	"Yes," complete Schedule L, Part IV A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28a 28b		X
C	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If	200		<u> </u>
Ū	"Yes," complete Schedule L, Part IV	28c		x
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	_	X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified			
	conservation contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes,"			
	complete Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III,			
	or IV, and Part V, line 1	34	X	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	Х	 -
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b	х	
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable	วอม		
30	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	00		
•	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		х
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and			
	19? Note: All Form 990 filers are required to complete Schedule O	38	Х	
P	art V Statements Regarding Other IRS Filings and Tax Compliance			
	Check if Schedule O contains a response or note to any line in this Part V			\sqcup
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable 1a 12			
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable 1b 0			
C	Did the organization comply with backup withholding rules for reportable payments to vendors and			
	reportable gaming (gambling) winnings to prize winners?	1c		X

MK.	int value Statements Regarding Other IRS Fillings and Tax Compliance (Continu	iea)				
0-	Tatas the number of ampleyees reported an Earm W. 2. Transmitted of Wags and Tay		ı	1887 2	Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax	2a	22	,,		
L	Statements, filed for the calendar year ending with or within the year covered by this return If at least one is reported on line 2a, did the organization file all required federal employment tax return			2b	X	<u> </u>
b	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> (see instructions			20		70.50 A 40.50
За	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 on Schedule	0		3b	X	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other a		ty over	_36_	- 21	—
70	a financial account in a foreign country (such as a bank account, securities account, or other financial			4a		x
b	If "Yes," enter the name of the foreign country	accor	21 tt) ·	30	N. S.	
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial A	ccour	nts (FRAR)	27.		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	ccour	its (i DAil)	ـــشند 5a	<u> </u>	X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction at any time during the tax year.	hon?		5b		X
C	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	uon.		5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the	۵		30		<u> </u>
va	organization solicit any contributions that were not tax deductible as charitable contributions?	5		6a		x
h	If "Yes," did the organization include with every solicitation an express statement that such contribution	ne or		- Va		<u> </u>
•	gifts were not tax deductible?	113 01		6b		
7	Organizations that may receive deductible contributions under section 170(c).			\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	-8000	~ .03
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for g	onds		\$2.10e		
_	and services provided to the payor?	0003		7a		
þ	If "Yes," did the organization notify the donor of the value of the goods or services provided?			7b		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it wa	9		7.5		
Ŭ	required to file Form 8282?			7c		
Ь	If "Yes," indicate the number of Forms 8282 filed during the year	7d)	inal X		
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit or		1 1 7	7e	******	
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contra		.	7f		—
g	If the organization received a contribution of qualified intellectual property, did the organization file Foi		99 as required?	7g		<u> </u>
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization		·	7h		T
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintainer			7.0	7.F.	
•	sponsoring organization have excess business holdings at any time during the year?	<i>,</i>		8	-	***
9	Sponsoring organizations maintaining donor advised funds.			82/4	2 -	350
а	Did the sponsoring organization make any taxable distributions under section 4966?			9a	23000323	
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?			9b		
10	Section 501(c)(7) organizations. Enter			*, 1	**************************************	A 37 889
а	Initiation fees and capital contributions included on Part VIII, line 12	10a]	Same die		
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b				144
11	Section 501(c)(12) organizations. Enter		· · · · · · · · · · · · · · · · · · ·			1 7
а	Gross income from members or shareholders	11a	1			
b	Gross income from other sources (Do not net amounts due or paid to other sources					
	against amounts due or received from them)	11b		2007 K		
l2a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form		?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b		St. D. C.		100 A
13	Section 501(c)(29) qualified nonprofit health insurance issuers.					
а	Is the organization licensed to issue qualified health plans in more than one state?			13a		
	Note: See the instructions for additional information the organization must report on Schedule O			ė,	* ***********************************	1
b	Enter the amount of reserves the organization is required to maintain by the states in which			₹ 2 5		
	the organization is licensed to issue qualified health plans	13b		17 /%		
С	Enter the amount of reserves on hand	13c				
l4a	Did the organization receive any payments for indoor tanning services during the tax year?			14a		X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedul	e O		14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remunei		or			
	excess parachute payment(s) during the year?			15		X
	If "Yes," see instructions and file Form 4720, Schedule N			\$\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\		
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment	ıncom	ne?	16		X
	If "Yes," complete Form 4720, Schedule O			建合理	100	430

Form 990 (2019) TUCSON ASSOCIATION OF REALTORS, INC 86-0108815 Page 6 Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions. Check if Schedule O contains a response or note to any line in this Part VI Section A. Governing Body and Management Yes No 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 on Schedule O 19 1b Enter the number of voting members included on 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 officer, director, trustee, or key employee? 2 Did the organization delegate control over management duties customarily performed by or under the direct 3 supervision of officers, directors, 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? 4 Did the organization become aware during the year of a significant diversion of the organization's assets? 5 5 6 Did the organization have members or stockholders? 6 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? 7a Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? 7b Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following a The governing body? 8a X 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 organization's mailing address? If "Yes," provide the names and addresses on Schedule O Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) No X 10a 10a Did the organization have local chapters, branches, or affiliates? If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? 10b 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 12a Did the organization have a written conflict of interest policy? If "No," go to line 13 12a X 12b 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," X describe in Schedule O how this was done 12c X 13 Did the organization have a written whistleblower policy? 13 X 14 Did the organization have a written document retention and destruction policy? 14 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 a The organization's CEO, Executive Director, or top management official 15a 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 taxable entity during the year? 16a 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 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. X Own website X Another's website X Upon request Other (explain on Schedule O) Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and 19 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

2445 N. TUCSON BOULEVARD

THE ORGANIZATION

TUCSON

DAA

Form 990 (2019)

AZ 85716-2440 520-327-4218

Form 990 (2019)	TUCSON	ASSOCIATION	OF	REALTORS,	INC	86-0108815	
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Pa	ne	

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

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

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation Enter -0- in columns (D), (E), and (F) if no compensation was paid
 - List all of the organization's current key employees, if any. See 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. See instructions for the order in which to list the persons above

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 week (list any	bo	(C) Position (do not check more than one box, unless person is both an officer and a director/frustee)					(D) Reportable compensation from the organization	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the	
	hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	(W-2/1099-MISC)	(W-21035-WI3C)	organization and related organizations	
(1) RANDY ROGERS											
	40.00							100 760	•		
CEO	0.00	-	<u> </u>	X		\vdash		199,768	0	0	
(2) JEFFREY KAUFMAN	40.00										
CFO	0.00			х				57,330	0	0	
(3) CANDY BOWEN	0.00			-		\Box		3,,330			
(0,000.000	0.50										
DIRECTOR	0.00	x						0	0	0	
(4) SUE CARTUN		1			Π	П					
	0.50		1								
DIRECTOR	0.00	X				\sqcup		0	0	0	
(5) STACIE JO DOMINO		ŀ									
	0.50					1		_		_	
DIRECTOR	0.00	X	<u> </u>	_	_	\sqcup		0	0	0	
(6) MARCO FLORES	0.50										
DIDECTOR	0.50	 						ا	•		
DIRECTOR (7) MARCELA FUENTES	0.00	X			\vdash	\vdash		0	0	0	
(/)MARCELA FUENTES	0.50										
VICE PRESIDENT	0.00	x		x				ol	0	o	
(8) GLENDA GROW	3.33	 		-		\Box					
(0, 0	0.50										
DIRECTOR	0.00	X						o	0	0	
(9) THOMAS HEATH											
•	0.50				ĺ						
DIRECTOR	0.00	X.						0	0	0	
(10) GINNY HUFFMAN											
	0.50										
IMM PAST PRESIDENT	0.00	X		X	<u> </u>	\sqcup		0	0	0	
(11) JEROME KING											
7.7.7.C	0.50								^	_	
DIRECTOR	0.00	X			<u> </u>			0	0	0	

(A) Name and title	(B) Average hours per week (list any	bo	x, unle	ss pe	ition more rson i	than o s both r/truste	an	(D) Reportable compensation from the organization	(E) Reportable compensation from related organizations	E	(F) Estimated ar of other compensa from the	r tion	
	hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	(W-2/1099-MISC)	(W-2/1099-MISC)		organizatior ated organi		
(12) JODI KOCH	0.50												
DIRECTOR (13) DIANE MARZON	0.00	X	Ш			Н		0	0	 			0
(13) DIANE MARZON	0.50												
DIRECTOR	0.00	x						0	o				0
(14) WILLIAM MORDI													
	0.50			v									_
PRESIDENT-ELECT (15) GABRIEL MORE	0.00	X		X				0	0	 			0
	0.50												
DIRECTOR	0.00	x						0	_ 0				0
(16) JOHN OLBERDIN													
DIRECTOR	0.50	x						0	0				0
(17) RALPH J. ROE		 ^								+			
	0.50												
DIRECTOR	0.00	X						0	0	ļ			0
(18) ROBIN WILLIS	0.50												
TREASURER	0.00	x		X				l 0	o				0
(19) BARBARA WILSO		† 											
	0.50									ľ			_
PRESIDENT	0.00	X	<u></u>	X	L <u>.</u>			257,098	0	 			0
1b Subtotal c Total from continuation she	ets to Part VII	Secti	ion A					257,098		┼			
d Total (add lines 1b and 1c)	0.0.00.00.00.00.00.00.00.00.00.00.00.00			•			<u> </u>	257,098		<u> </u>			
2 Total number of individuals (in reportable compensation from				thos	e lis	ted a	bov	e) who received more than	\$100,000 of				
3 Did the organization list any fo	ormer officer di	recto	r tru	etaa	kov	, emr	dove	ee or highest compensate	d			Yes	No
employee on line 1a? If "Yes,"	" complete Sche	dule	J for	suc	h inc	lividu	ıal				3		X
4 For any individual listed on line organization and related organ												İ	
ındıvıdual	J			-				•			4	Х	
5 Did any person listed on line 1 for services rendered to the or			•					, ,	rındıvıdual		5	-	X
Section B. Independent Contracto		, 65,	com	picie	, 00	ricua	10 0	tor sacri person			1 7 1		<u></u>
Complete this table for your five compensation from the organical compensation.	ve highest comp							dar year ending with or with	nin the organization's tax y	ear			
Name and	(A) business address							Descrip	(B) tion of services		Com	(C) pensatio	n
							<u> </u>		444		┼		
									· · · · · · · · · · · · · · · · · · ·			•	
											<u> </u>		
											+		
				_									
2 Total number of independent								se listed above) who					
received more than \$100,000	or compensatio	n tror	n the	org	anız	ation	<u> </u>		0		Form	990	2010

Statement of Revenue Check if Schedule O contains a response or note to any line in this Part VIII (C) Unrelated (D) Revenue excluded (B) Related or exempt from tax under sections 512-514 fts, Grants 1a Federated campaigns 1a 1,690,158 1b **b** Membership dues c Fundraising events 1c d Related organizations 1d e Government grants (contributions) 1e f All other contributions, gifts, grants, and similar amounts not included above 1f g Noncash contributions included in lines 1a-1f 1g |\$ 1,690,158 h Total. Add lines 1a-1f Iram Service Revenue 25,349 25,349 PROFESSIONAL DEVELOPMENT b d f All other program service revenue 25,349 g Total. Add lines 2a-2f 3 Investment income (including dividends, interest, and 11,113 other similar amounts) 11,113 Income from investment of tax-exempt bond proceeds Royalties (ı) Real (II) Personal 136,949 6a Gross rents 164,848 6b **b** Less rental expenses -27,899 c Rental inc or (loss) 6c -27,899 -27,899 d Net rental income or (loss) 7a Gross amount from (i) Securities (II) Other sales of assets 5,507 7a other than inventory **b** Less cost or other 7b basis and sales exps 5,507 c Gain or (loss) 7c 5,507 5,507 d Net gain or (loss) 8a Gross income from fundraising events (not including \$ of contributions reported on line 1c) 49,990 See Part IV, line 18 21,032 **b** Less direct expenses 8b 28,958 c Net income or (loss) from fundraising events 9a Gross income from gaming activities See Part IV, line 19 9b **b** Less direct expenses c Net income or (loss) from gaming activities 10a Gross sales of inventory, less returns and allowances 10a 10b b Less cost of goods sold c Net income or (loss) from sales of inventory **Business Code** 946 822,795 822,795 ADMINISTRATIVE SERVICES 559,208 559,208 EARNINGS OF SUBSIDIARY 84,327 84,327 SPONSOR INCOME 1,512 23,112 21,600 d All other revenue 1,489,442 Total. Add lines 11a-11d 3,222,628 1,498,698 -6,299 11,113 Total revenue. See instructions

C4 501/-1/01 501/-1/1	l avanauratione miliet complete ell columns	All other organizations must complete column (A)
Section Sufficient and Sufficien	i organizacions musi complete ali columns	All other organizations must complete column (A)

Do n	ot include amounts reported on lines 6b,	(A) Total expenses	(B) Program service	(C) Management and	(D)
7b, 8	b, 9b, and 10b of Part VIII.	i otal expenses	expenses	management and general expenses	Fundraising expenses
1	Grants and other assistance to domestic organizations				
•	and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic individuals. See Part IV, line 22				
3	Grants and other assistance to foreign				
3	organizations, foreign governments, and foreign				4.5
	individuals See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees	257,098			
6	Compensation not included above to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	967,066			
8	Pension plan accruals and contributions (include	20 050			
_	section 401(k) and 403(b) employer contributions)	38,252			···
9	Other employee benefits	105,669 105,157			
10	Payroll taxes	100,107			
11 a	Fees for services (nonemployees) Management				
b	Legal	44,905			
c	Accounting	67,139			
d	Lobbying	•			
е	Professional fundraising services See Part IV, line 17				
f	Investment management fees	4,406			
g	Other (If line 11g amount exceeds 10% of line 25, column				
	(A) amount, list line 11g expenses on Schedule O)	50,850			
12	Advertising and promotion				
13	Office expenses	54,623			
14	Information technology				
15	Royalties				
16 17	Occupancy Travel	106,862			
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	15,982			
20	Interest				
21	Payments to affiliates		_		
22	Depreciation, depletion, and amortization	38,644			
23	Insurance	12,616		3 25 345 27 27 30 30 30 77 30 30 40 30 77	SECURITY OF THE DESIGNATION OF THE PROPERTY SET A MET
24	Other expenses Itemize expenses not covered				4
	above (List miscellaneous expenses on line 24e If				
	line 24e amount exceeds 10% of line 25, column				
_	(A) amount, list line 24e expenses on Schedule O) COMMUNITY RELATIONS	185,013	185	ter i a a a a a a a a a a a a a a a a a a	
a b	PROFESSIONAL DEVELOPMENT	181,312			
C	BUILDING EXPENSES	81,206			-
d	BANK AND CREDIT CARD FEES	53,140			
e	All other expenses	177,137			
25	Total functional expenses. Add lines 1 through 24e	2,547,077	0	0	0
26	Joint costs. Complete this line only if the				
	organization reported in column (B) joint costs from a combined educational campaign and				
	fundraising solicitation Check here ▶ ☐ if				
DAA	following SOP 98-2 (ASC 958-720)				5 000 (22/2)

Form 990 (2019) LPart X∰ **Balance Sheet** Check if Schedule O contains a response or note to any line in this Part X (A) (B) End of year Beginning of year 1,163,792 553,655 Cash-non-interest-bearing 482,186 2 238,775 2 Savings and temporary cash investments Pledges and grants receivable, net 33,154 23,303 Accounts receivable, net Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) 6 7 Notes and loans receivable, net Inventories for sale or use 11,250 26,960 Prepaid expenses and deferred charges 10a Land, buildings, and equipment cost or other 3,698,781 basis Complete Part VI of Schedule D 10a 1,083,069 2,700,183 2,615,712 10b b Less accumulated depreciation 411,198 483,227 11 Investments—publicly traded securities 11 726,859 1,231,067 12 Investments-other securities See Part IV, line 11 12 13 Investments-program-related See Part IV, line 11 13 14 14 Intangible assets 4,544 15 Other assets See Part IV, line 11 15 5,787,380 4,918,485 16 16 Total assets. Add lines 1 through 15 (must equal line 33) 216,953 204,659 17 Accounts payable and accrued expenses 17 18 Grants payable 18 583,788 875,069 19 Deferred revenue 19 20 20 Tax-exempt bond liabilities 21 Escrow or custodial account liability Complete Part IV of Schedule D 21 22 Loans and other payables to any current or former officer, director, Liabilities trustee, key employee, creator or founder, substantial contributor, or 35% 22 controlled entity or family member of any of these persons 855,755 740,533 23 Secured mortgages and notes payable to unrelated third parties 23 10,249 2,801 24 Unsecured notes and loans payable to unrelated third parties Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X 142,071 105,972 of Schedule D 796,522 941,328 26 26 Total liabilities. Add lines 17 through 25 Organizations that follow FASB ASC 958, check here ▶ |X| **Net Assets or Fund Balances** and complete lines 27, 28, 32, and 33. 3,121,963 27 3,846,052 Net assets without donor restrictions 28 Net assets with donor restrictions 28 Organizations that do not follow FASB ASC 958, check here and complete lines 29 through 33. 29 29 Capital stock or trust principal, or current funds

5,787,380 Form 990 (2019)

3,846,052

31

3,121,963

4,918,485

30

31

32

Paid-in or capital surplus, or land, building, or equipment fund

Total net assets or fund balances

Total liabilities and net assets/fund balances

Retained earnings, endowment, accumulated income, or other funds

If the organization changed either its oversight process or selection process during the tax year, explain on

3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the

b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits

Form **990** (2019)

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Schedule O

Single Audit Act and OMB Circular A-133?

Part VII Se	ection A. Officers	, Directors, Tru	stee	s, K	ey E	mpl	oyee	s, a	nd Highest Compensated	Employees (continued)	
(<i>I</i> Name a		(B) Average hours per week (list any	bo	x, unle	Pos check ess pe	rson ı	than o	an 90)	(D) Reportable compensation from the organization	(E) Reportable compensation from related organizations	(F) Estimated amount of other compensation from the
		hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	(W-2/1099-MISC)	(W-2/1099-MISC)	organization and related organizations
(20) MEGA	N WINGFI	0.50									
DIRECTOR	<u> </u>	0.00	x						0	0	
(21) CATH	ERINE WO	FSON 0.50									
DIRECTOR		0.00	x						0	0	
	continuation she	ets to Part VII,	Sect	ion /	.			> >			
2 Total number				ed to	thos	e lıs	ted a	bov	I e) who received more than	\$100,000 of	1
3 Did the orga		ormer officer, dir	ecto						ee, or highest compensate	d	Yes N
4 For any indi organization		e 1a, is the sum	of re	port	able	com	pens	atıo	on and other compensation complete Schedule J for su		3
for services	rendered to the o	rganızatıon? <i>If "</i> '							y unrelated organization or for such person	ndıvıdual	5
	is table for your fi	ve highest comp							ractors that received more dar year ending with or with		
Compensation		(A) I business address	опр		IIIOI	101 1				(B) tion of services	(C) Compensation
								_			
				· -					····		
	er of independent ore than \$100,000								se listed above) who		
DAA											Form 990 (20

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

OMB No 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service ► Complete if the organization is described below.

Attach to Form 990 or Form 990-EZ.

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

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

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

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

<u>• s</u>	Section 50	1(c)(4), (5), or (6) organizations. Complete Part I	<u> </u>			
Name	e of organ	ization				ification number
		TUCSON ASSOCIATION			86-01088	
Par	t I-A	Complete if the organization is exer	mpt under section 501(c) or is a sectio	n 527 organizatio	on
1	Provide a	a description of the organization's direct and indi	rect political campaign activities	ın Part IV (see ıns	tructions for	
	definition	of "political campaign activities")				
2	Political	campaign activity expenditures (see instructions)	•		▶ \$	-1,000
3	Voluntee	r hours for political campaign activities (see instr				
Par	t I-B	Complete if the organization is exer	mpt under section 501(c)(3)		
1	Enter the	e amount of any excise tax incurred by the organi	zation under section 4955		▶ \$	
2	Enter the	e amount of any excise tax incurred by organizati	on managers under section 495	5	▶ \$	
3	If the org	anization incurred a section 4955 tax, did it file F	form 4720 for this year?			Yes No
4a	Was a co	orrection made?				Yes No
<u>b</u>	If "Yes,"	describe in Part IV				
Par	rt I-C	Complete if the organization is exe	mpt under section 501(c	<u>), except secti</u>	on 501(c)(3).	
1	Enter the	e amount directly expended by the filing organiza	tion for section 527 exempt fund	tion		
	activities				▶ \$	
2	Enter the	e amount of the filing organization's funds contrib	uted to other organizations for s	ection		
	527 exer	npt function activities			▶ \$	
3	Total exe	empt function expenditures Add lines 1 and 2 E	nter here and on Form 1120-PO	L,		
	line 17b				▶ \$	
4	Did the f	iling organization file Form 1120-POL for this year	ar?			Yes X No
5	Enter the	e names, addresses and employer identification i	number (EIN) of all section 527 (political organizatio	ns to which the filing	
	organıza	tion made payments For each organization liste	d, enter the amount paid from th	ie filing organization	n's funds Also enter	
		unt of political contributions received that were pi				
	as a sep	arate segregated fund or a political action comm	ittee (PAC) If additional space i	s needed, provide i	nformation in Part IV	
		(a) Name	(b) Address	(c) EIN	(d) Amount paid from	(e) Amount of political
					filing organization's	contributions received and promptly and directly
					funds If none, enter -0-	delivered to a separate
						political organization
						If none, enter -0-
(1)						
			<u> </u>			
(2)						
						_
(3)						
			+			
(4)						
		······································				
(5)						
(6)						/
			.l			/-

Sch	, ' nedule C (Form 990 or 990-EZ) 2019 TUCS	SON ASSOCIAT	TION OF REA	LTORS.	INC	86-010881	5	Page 2
_	artill-A Complete if the organ section 501(h)).							
A	Check ▶ ☐ if the filing organization	on belongs to an affi	liated group (and lis	t in Part IV e	each affi	liated group men	nber	s name,
	address, EIN, expens							
В	Check ▶ ☐ If the filing organization	on checked box A ai	nd "limited control" p	rovisions ap	ply.			
	Limits on Lo (The term "expenditures)	obbying Expendit " means amounts p			org	(a) Filing anization's totals		(b) Affiliated group totals
1:	a Total lobbying expenditures to influence							
1	b Total lobbying expenditures to influence							
	c Total lobbying expenditures (add lines 1	a and 1b)						
	d Other exempt purpose expenditures							<u> </u>
	e Total exempt purpose expenditures (add	l lines 1c and 1d)						
	f Lobbying nontaxable amount. Enter the	amount from the follow	ving table in both					
	columns							
	If the amount on line 1e, column (a) or (b)	is: The lobbying no	ntaxable amount is:				14	ere (H. High
æ.	Not over \$500,000	20% of the amour	nt on line 1e		Service Control			
	Over \$500,000 but not over \$1,000,000	\$100,000 plus 159	% of the excess over \$50	0,000				
	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10 ⁴	\$175,000 plus 10% of the excess over \$1,000,000					
	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5%	of the excess over \$1,50	00,000				
	Over \$17,000,000	\$1,000,000						
	g Grassroots nontaxable amount (enter 25	5% of line 1f)			1007			
- 1	h Subtract line 1g from line 1a If zero or le	ess, enter -0-						
	i Subtract line 1f from line 1c If zero or le	ss, enter -0-						
	j If there is an amount other than zero on	either line 1h or line 1i	, did the organization f	ile Form 4720)			_
	reporting section 4911 tax for this year?							Yes No
		4-Year Averag	ing Period Under S	ection 501(h)			
	(Some organizations that ma	_	_			of the five colu	mns	below.
	. •	,	nstructions for line					
		obbying Expendit	ures During 4-Year	Averaging	Period			
	Calendar year (or fiscal year beginning in)	(a) 2016	(b) 2017	(c) 20	18	, (d) 2019		(e) Total
2	Lobbying nontaxable amount							
	b Lobbying ceiling amount (150% of line 2a, column (e))						THE STATE OF	
	c Total lobbying expenditures							
	d Grassroots nontaxable amount							
	e Grassroots ceiling amount (150% of line 2d, column (e))							
	f Grassroots lobbying expenditures							

Schedule C (Form 990 or 990-EZ) 2019

Part II-B		s NOT filed					raye u
		(a)		(b))	
	Yes," response on lines 1a through 1ı below, provide in Part IV a detailed n of the lobbying activity.	Yes	No	,	Amo	unt	
legisla refere a Volun b Paid s	g the year, did the filing organization attempt to influence foreign, national, state, or local ation, including any attempt to influence public opinion on a legislative matter or indum, through the use of teers? Staff or management (include compensation in expenses reported on lines 1c through 1i)?						
d Mailin e Public	gs to members, legislators, or the public? cations, or published or broadcast statements? s to other organizations for lobbying purposes?			-			
g Direct h Rallie	contact with legislators, their staffs, government officials, or a legislative body? s, demonstrations, seminars, conventions, speeches, lectures, or any similar means? activities?						
2a Did th	Add lines 1c through 1i e activities in line 1 cause the organization to be not described in section 501(c)(3)? s," enter the amount of any tax incurred under section 4912						
		n 501(c)(5),	or se	ection			Klasi.
	501(c)(6).					Yes	No
1 Were	substantially all (90% or more) dues received nondeductible by members?			ſ	1	100	
	e organization make only in-house lobbying expenditures of \$2,000 or less?				2		
3 Did th	e organization agree to carry over lobbying and political campaign activity expenditures from the pr	ıor year?			3		İ
Part III-E	Complete if the organization is exempt under section 501(c)(4), sectio 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "Yes."				ine (3, is	
1 Dues,	assessments and similar amounts from members		1				
2 Section politics	on 162(e) nondeductible lobbying and political expenditures (do not include amounts of cal expenses for which the section 527(f) tax was paid). nt year		2a				
b Carry	over from last year		2b				
			ı _	1			

| Part | IV | Supplemental Information

and political expenditure next year?

Provide the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, Part II-A (affiliated group list), Part II-A, lines 1 and 2 (see instructions), and Part II-B, line 1. Also, complete this part for any additional information

TUCSON ASSOCIATION OF REALTORS HAD A DEDICATED PERSON FOR LOCAL

Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues. If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying

SCHEDULE C, PART I-A, LINE 1

Taxable amount of lobbying and political expenditures (see instructions)

GOVERNMENT-RELATED ACTIVITIES DURING 2019 AND WAS FUNDED THROUGH MEMBERSHIP DUES. THE EMPLOYEE MEETS WITH CITY COUNCIL AND THE MAYOR AND HELPED SETUP A CANDIDATE AND BALLOT MEASURES TASK FORCE TO ENDORSE CANDIDATES AND CAMPAIGN FOR PROPOSITIONS.

Part IV | Supplemental Information (continued)

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

▶ Attach to Form 990.

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

OMB No 1545-0047 Open to Public Inspection

Name of the organization

Employer identification number

T'	UCSON ASSOCIATION OF REALTORS, INC		86-0108815
	art I Organizations Maintaining Donor Advised Fu	nds or Other Similar Funds or	
	Complete if the organization answered "Yes" on	Form 990, Part IV, line 6.	
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate value of contributions to (during year)		·
3	Aggregate value of grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in writing that	at the assets held in donor advised	
•	funds are the organization's property, subject to the organization's exc		Yes No
6	Did the organization inform all grantees, donors, and donor advisors in	•	
•	only for charitable purposes and not for the benefit of the donor or don		
	conferring impermissible private benefit?	or davidor, or for any other purpose	Yes No
Pa	art II Conservation Easements.		
X	Complete if the organization answered "Yes" on	Form 990, Part IV, line 7.	
1	Purpose(s) of conservation easements held by the organization (check		
•	Preservation of land for public use (for example, recreation or educ	<u> </u>	important land area
	Protection of natural habitat	Preservation of a certified his	· ·
	Preservation of open space	Toos valies of a continua fine	siono orradiare
2	Complete lines 2a through 2d if the organization held a qualified conse	ervation contribution in the form of a conse	ervation
_	easement on the last day of the tax year		Held at the End of the Tax Year
а	Total number of conservation easements		2a
b	Total acreage restricted by conservation easements		2b
c	Number of conservation easements on a certified historic structure inc	eluded in (a)	2c
d		` '	
-	historic structure listed in the National Register		2d
3	Number of conservation easements modified, transferred, released, ex	xtinguished, or terminated by the organiza	
•	tax year ▶	ga.aa, ar tarrimiana ay irra argamaa	
4	Number of states where property subject to conservation easement is	located ▶	
5	Does the organization have a written policy regarding the periodic mor		
•	violations, and enforcement of the conservation easements it holds?	g,poolion,a.rea.rig or	☐ Yes ☐ No
6	Staff and volunteer hours devoted to monitoring, inspecting, handling of	of violations, and enforcing conservation e	asements during the year
	>	3	3
7	Amount of expenses incurred in monitoring, inspecting, handling of vio	plations, and enforcing conservation easer	nents during the year
	> \$	•	
8	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)?		Yes No
9	In Part XIII, describe how the organization reports conservation easem	nents in its revenue and expense statemer	
	balance sheet, and include, if applicable, the text of the footnote to the	organization's financial statements that d	lescribes the
	organization's accounting for conservation easements		
Pa	organizations Maintaining Collections of Art,		Similar Assets.
	Complete if the organization answered "Yes" on	Form 990, Part IV, line 8.	
1a	If the organization elected, as permitted under FASB ASC 958, not to	report in its revenue statement and baland	ce sheet works
	of art, historical treasures, or other similar assets held for public exhibit	tion, education, or research in furtherance	e of public
	service, provide in Part XIII the text of the footnote to its financial state	ments that describes these items	
b	If the organization elected, as permitted under FASB ASC 958, to repo		
	art, historical treasures, or other similar assets held for public exhibitio	n, education, or research in furtherance o	f 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	r other sımılar assets for fınancıal gaın, pro	ovide the .
	following amounts required to be reported under FASB ASC 958 relationships and the second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second sec	ng to these items	
а	Revenue included on Form 990, Part VIII, line 1		> \$
b	Assets included in Form 990, Part X		▶ \$

	ON ASSOCIATION						Page 2
Part III Organizations Main	taining Collections	of Art, Hi	istorical Tr	easures,	or Other Si	milar Ass	ets (continued)
3 Using the organization's acquisition collection items (check all that apply	, accession, and other reco v)	rds, check	any of the follo	owing that m	ake significant	use of its	
a Public exhibition	d [Loan or	exchange prog	gram			
b Scholarly research	е 🗌	Other					
c Preservation for future generation	ons	_					
4 Provide a description of the organization	ation's collections and expla	ain how the	ey further the c	rganization's	s exempt purpo	ose in Part	
XIII							
5 During the year, did the organization				-			
assets to be sold to raise funds rath	-	part of the	e organization'	s collection?		 	Yes No
Part IV Escrow and Custoo							_
	nizatıon answered "Ye	s" on Fo	rm 990, Pai	rt IV, line 9	, or reporte	d an amo	unt on Form
990, Part X, line 21.							
1a Is the organization an agent, trustee	, custodian or other interm	ediary for c	contributions of	r other asset	s not		— —
included on Form 990, Part X?							Yes No
b If "Yes," explain the arrangement in	Part XIII and complete the	following ta	able				
. December hatere							Amount
c Beginning balance						1c	
d Additions during the year						1d	
e Distributions during the year						1e 1f	
f Ending balance2a Did the organization include an amore	unt on Form 000 Part V lu	no 21 for a	secrow or ouet	odial accour	t hability?		Yes No
b If "Yes," explain the arrangement in					-		res No
Part V Endowment Funds		explanatio	in nas been pr	Ovided Oil 1	art XIII		
	nızatıon answered "Ye	s" on Fo	rm 990. Pai	rt IV. line 1	0.		
	(a) Current year		Prior year	(c) Two yea) Three years b	ack (e) Four years back
1a Beginning of year balance			,			•	
b Contributions							
c Net investment earnings, gains, and	1	<u> </u>			ĺ		
losses							
d Grants or scholarships							
e Other expenditures for facilities and							
programs							
f Administrative expenses							
g End of year balance							
2 Provide the estimated percentage of	f the current year end balar	nce (line 1g	g, column (a)) i	held as			
a Board designated or quasi-endowm	ent ► %						
b Permanent endowment ►	%						
c Term endowment ► %							
The percentages on lines 2a, 2b, ar							
3a Are there endowment funds not in the	ne possession of the organi	zation that	are held and	administered	I for the		[v] v.
organization by							Yes No
(i) Unrelated organizations							3a(i)
(ii) Related organizations	Lorganizations listed as roo	uurad on S	shodulo P2				3a(ii)
b If "Yes" on line 3a(ii), are the related4 Describe in Part XIII the intended us							30
Part VI Land, Buildings, an		downlent n	unus				
	nization answered "Ye	s" on Fo	rm 990 Pai	rt IV line 1	1a See Fo	rm 990 P	art X line 10
Description of property	(a) Cost or other	Т	(b) Cost or of		(c) Accumi		(d) Book value
,	(investme		(othe		deprecia		(-,
1a Land			1.18	30,000			1,180,000
b Buildings				38,581	76	3,641	1,324,940
c Leasehold improvements			_, _				
d Equipment			20	03,096	18	37,204	15,892
e Other				27,104		32,224	94,880
Total Add lines 1a through 1e (Column I	d) must equal Form 000 B	art Y colur	nn (R) line 10	<u> </u>			2 615 712

Schedule D (Form 990) 2019

Part VII	Investments – Other Securities.		0 00 0200013	i age
	Complete if the organization answered "Yes" on I			
	(a) Description of security or category	(b) Book value	(c) Method of v	
	(including name of security)		Cost or end-of-year	market value
(1) Financial o		1 221 067		
	ld equity interests	1,231,067		
(3) Other				
(A)				
(B)			<u> </u>	
(C)				
(D)				
(E)				
(F)				
(G)	•			
(H)	n (b) must equal Form 990, Part X, col (B) line 12)	1,231,067		
Part VIII	Investments – Program Related.	1,231,007	<u> </u>	A-1
Laitsviii	Complete if the organization answered "Yes" on I	Form 990 Part IV line	11c See Form 990 P	art X line 13
	(a) Description of investment	(b) Book value	(c) Method of	
	(a) Description of investment	(b) book value	Cost or end-of-year	
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				<u>.</u>
(7)				
(8)				
(9)				
	n (b) must equal Form 990, Part X, col (B) line 13)			- M.
Part IX	Other Assets.		\$5000,000,000,000,000,000,000,000,000,00	- ASSECT
Kodi a Karanda Chiart a kiri A	Complete if the organization answered "Yes" on I	Form 990. Part IV. line	e 11d. See Form 990. Pa	art X. line 15.
	(a) Description			(b) Book value
(1)				
(2)	·	•		
(3)	•		·	
(4)				
(5)				
(6)				
(7)	·····			
(8)				
(9)				
	n (b) must equal Form 990, Part X, col (B) line 15)	_	•	
Part X	Other Liabilities.			
	Complete if the organization answered "Yes" on I	Form 990, Part IV, line	e 11e or 11f. See Form	990, Part X,
	line 25.			
1.	(a) Description of liability			(b) Book value
(1) Federal	income taxes			-
(2) DUES	PAYABLE			63,41
(3) DUE 1	O MULTIPLE LISTING SERVICE			42,55
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
	n (b) must equal Form 990, Part X, col (B) line 25)			105,97
2. Liability for	uncertain tax positions. In Part XIII, provide the text of the footi	note to the organization's fi	nancial statements that repor	ts the
organization's	liability for uncertain tax positions under FASB ASC 740 Chec	k here if the text of the foot	tnote has been provided in Pa	art XIII

DAA

Part XI				
	Complete if the organization answered "Yes" on Form	m 990, Part IV, line 12	a.	
	revenue, gains, and other support per audited financial statements		1	3,468,239
	nts included on line 1 but not on Form 990, Part VIII, line 12	1 1	, jan 100	
	nrealized gains (losses) on investments	2a	60,153	
	ted services and use of facilities	2b		
	veries of prior year grants	2c	105 450	
	(Describe in Part XIII)	2d	185,458	245 (11
	nes 2a through 2d		2e	245,611 3,222,628
	act line 2e from line 1	1 1	3	3,222,020
	ints included on Form 990, Part VIII, line 12, but not on line 1	40	, <u></u>	
	tment expenses not included on Form 990, Part VIII, line 7b (Describe in Part XIII)	4a 4b		
	nes 4a and 4b	[40]	4c	
	revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line	12)	5	3,222,628
Part XII				
	Complete if the organization answered "Yes" on Fori		-	•
1 Total	expenses and losses per audited financial statements		1	2,744,150
2 Amou	ints included on line 1 but not on Form 990, Part IX, line 25			
a Dona	ted services and use of facilities	2a		
b Prior	year adjustments	2b		
c Other	losses	2c		
d Other	(Describe in Part XIII)	2d	180,915	
e Add I	nes 2a through 2d		2e	180,915
3 Subtr	act line 2e from line 1	()	3	2,563,235
4 Amou	ints included on Form 990, Part IX, line 25, but not on line 1			
	lment expenses not included on Form 990, Part VIII, line 7b	4a		
	(Describe in Part XIII)	4b	-16,158	1.6 1.50
	nes 4a and 4b	40.)	4c	-16,158
	expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line	9 18)	5	2,547,077
	Supplemental Information. descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and	d 4. Bort IV. Irong 1b and 0	b Dort V line 4 Dort V lin	
	nes 2d and 4b, and Part XII, lines 2d and 4b. Also complete this part			e
	XI, LINE 2D - REVENUE AMOUNTS INC			!R
RENTA	AL EXPENSE		\$	164,848
EVEN	EXPENSES		\$	21,032
DEFE	RRED INCOME TAX BENEFIT		\$	4,544
FORE	IGN INCOME TAX		\$	-510
INVE	STMENT EXPENSES		\$	-4,406
ARIZO	ONA INCOME TAXES		\$	-50
рарт	XII, LINE 2D - EXPENSE AMOUNTS IN	רו.ווספט דא פדא	ANCTALS - OTH	ידים
FARI	AII, DINE 2D - EXPENSE AMOUNTS IN	CHODED IN FIN.	ANCIALS - OIL	IEK
PENT	AL EXPENSES		\$	164,848
1/11/1/17			₩	101/010
EVENT	EXPENSES		\$	21,032
			4	
FORE	GN TAX		\$	-510
			т	- ,

Schedule D (Form 990) 2019 TUCSON ASSOCIATION OF REALTORS, INC 86-01	.08815	Page
Part XIII Supplemental Information (continued)		
INVESTMENT EXPENSES	\$	-4,406
AZ INCOME TAX	\$	-50
BOOK / TAX DEPRECIATION DIFFERENCE	\$	1
PART XII, LINE 4B - EXPENSE AMOUNTS INCLUDED ON RETURN -	ОТИБВ	
	OINER	
BOOK/TAX DEPRECIATION DIFFERENCES	\$	-16,158

SCHEDULE G (Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

Name of the organization

Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered "Yes" on Form 990, Part IV, line 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

▶ Attach to Form 990 or Form 990-EZ.

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

OMB No 1545-0047

Open to Public Inspection

Employer identification number

TUCSON ASSOCIATION OF REALTORS, INC 86-0108815 Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Part I Form 990-EZ filers are not required to complete this part. Indicate whether the organization raised funds through any of the following activities. Check all that apply Mail solicitations Solicitation of non-government grants Solicitation of government grants Internet and email solicitations Phone solicitations Special fundraising events In-person solicitations 2a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? b If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization (III) Did fund-(v) Amount paid to (vi) Amount paid to raiser have (i) Name and address of individual (IV) Gross receipts (or retained by) (or retained by) custody or (ii) Activity from activity or entity (fundraiser) fundraiser listed in organization control of contributions col (ı) Yes 1 2 10 Total

Schedule G (Form 990 or 990-EZ) 2019 TUCSON ASSOCIATION OF REALTORS, INC 86-0108815 Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000. (a) Event #1 (b) Event #2 (c) Other events (d) Total events TRADE SHOW NONE (add col (a) through (event type) col (c)) (event type) (total number) 49,990 49,990 1 Gross receipts 2 Less Contributions 3 Gross income (line 1 minus 49,990 49,990 4 Cash prizes 5 Noncash prizes 6 Rent/facility costs **Direct Expenses** 7 Food and beverages 8 Entertainment 21,032 21,032 9 Other direct expenses 21,032 10 Direct expense summary Add lines 4 through 9 in column (d) 28,958 11 Net income summary Subtract line 10 from line 3, column (d) Part III Gaming. Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a (b) Pull tabs/instant (d) Total gaming (add Revenue (a) Bingo (c) Other gaming bingo/progressive bingo col (a) through col (c)) 1 Gross revenue 2 Cash prizes Direct Expenses 3 Noncash prizes 4 Rent/facility costs 5 Other direct expenses Yes Yes % Yes No 6 Volunteer labor No 7 Direct expense summary Add lines 2 through 5 in column (d) 8 Net gaming income summary Subtract line 7 from line 1, column (d) Enter the state(s) in which the organization conducts gaming activities: Yes No a Is the organization licensed to conduct gaming activities in each of these states? b If "No," explain Yes 10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year? b If "Yes," explain

Sche	edule G (Form 990 or 990-EZ) 2019 TUCSON ASSOCIATION OF REALTORS, INC 86-010	8815	Page 3
11	Does the organization conduct gaming activities with nonmembers?		Yes No
12	Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity	_	_
	formed to administer charitable gaming?		Yes 🗌 No
13	Indicate the percentage of gaming activity conducted in		
а	The organization's facility	13a	%_
b	An outside facility	13b	%_
14	Enter the name and address of the person who prepares the organization's gaming/special events books and		
	records		
	Name ▶		
	Address ►		
15a	Does the organization have a contract with a third party from whom the organization receives gaming		
ısa	Does the organization have a contract with a third party from whom the organization receives gaming revenue?		Yes No
b	If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ and the		165 [] 110
	amount of gaming revenue retained by the third party ▶ \$		
С	If "Yes," enter name and address of the third party		
•	The state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the s		
	Name ▶		
	Address ▶		
16	Gaming manager information		
	Name ▶		
	Gaming manager compensation ► \$		
	December of course provided by		
	Description of services provided ▶		
	Director/officer Employee Independent contractor		
17	Mandatory distributions		
а	Is the organization required under state law to make charitable distributions from the gaming proceeds to		
	retain the state gaming license?		Yes 🗍 No
b	Enter the amount of distributions required under state law to be distributed to other exempt organizations or		
	spent in the organization's own exempt activities during the tax year ▶ \$		
Pa	Int IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) a		b
	Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional inform	nation.	
	See instructions.		
	···		
	•		
	•		
-	Schedule G (For	m 990 or 99	90-EZ) 2019
			——, — — • •

SCHEDULE J

(Form 990)

Compensation Information

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

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

OMB No 1545-0047 **2019**

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Schedule J (Form 990) 2019

Internal Revenue Service
Name of the organization

Department of the Treasury

TUCSON ASSOCIATION OF REALTORS, INC

Employer identification number 86-0108815

			Yes	No
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form	5	2017	18
	990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items	200	4	
	First-class or charter travel Housing allowance or residence for personal use		2 8	
	Travel for companions Payments for business use of personal residence			1
	Tax indemnification and gross-up payments Health or social club dues or initiation fees	5.4	73.7	
	Discretionary spending account Personal services (such as maid, chauffeur, chef)	- F.	8 3	
b	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment		din in	
_	or reimbursement or provision of all of the expenses described above? If "No," complete Part III to	337		
	explain	1b		l
				183
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all	355. (1		
_	directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line		l	l
	1a?	2	l	1
	ia [,]	<u>2</u>		173
3	Indicate which, if any, of the following the organization used to establish the compensation of the			
3				
	organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a	ž.**		
	related organization to establish compensation of the CEO/Executive Director, but explain in Part III.	2 4		
	X Compensation committee X Written employment contract	1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1		
	X Independent compensation consultant X Compensation survey or study	ig v		1
	Form 990 of other organizations X Approval by the board or compensation committee			
		#*^`;*		
4	During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing	\$. A		
	organization or a related organization	A COL		12
	Receive a severance payment or change-of-control payment?	4a	<u> </u>	X
	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	725902.2	X
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III	2		2, 1, 27°
		100		Ĭ
	Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5–9.	520	3	
5	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any	1		1.3
	compensation contingent on the revenues of.			
а	The organization?	5a	ļ	<u> </u>
b	Any related organization?	5b		
	If "Yes" on line 5a or 5b, describe in Part III			
	·		77	
6	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any	- X 3		
	compensation contingent on the net earnings of			
а	The organization?	6a	<u> </u>	
b	Any related organization?	6b	L	<u> </u>
	If "Yes" on line 6a or 6b, describe in Part III		5.4	1
			2.2	
7	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed			
	payments not described on lines 5 and 6? If "Yes," describe in Part III	7		
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			
	ın Part III	8		
		10 h		33
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

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

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Page 2

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INC 86-0108815 TUCSON ASSOCIATION OF REALTORS,

Schedule J (Form 990) 2019

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

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

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

(B) Breakdown of W-2 and/or 1099-MISC compensation (C) Retirement and (D) Nontaxable (E) Total of columns	(B) Breakdown	of W-2 and/or 1099-MISC compensation	SC compensation	(C) Retirement and	(D) Nontaxable	(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	(B)(ı)–(D)	in column (B) reported as deferred on prior . Form 990
Y ROGERS	199,7		0		0	199,76	0
1 CEO	(II)	0		0	0	0	
	Θ.	•					
2	€						
	Ξ	•					
3	(II)				!		
	€						
4	(II)						
	(0)						
)	(II)						
	(1)						
9	(II)						!
	(0)			_			
)	(II)						
	(i)						
8	(I)						
	<u> </u>			-			
6	(II)						
	€ €					-	•
	(i)						
	(11)						
12	(ii)			•			
	(i)						
14	(ii)						
15	€ 3						
	(i)			•			
16	(II)						

Schedule J (Form 990) 2019

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

SCHEDULE O (Form 990 or 990-EZ)

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.

Department of the Treasury Internal Revenue Service

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

2019
Open to Public Inspection

Name of the organization

Employer identification number

86-0108815

TUCSON ASSOCIATION OF REALTORS, INC

FORM 990, PART III, LINE 4D - ALL OTHER ACCOMPLISHMENTS UNITING REAL ESTATE PROFESSIONALS TO ENCOURAGE HIGHER INDUSTRY STANDARDS AND SUPPORT OWNERS.

FORM 990, PART VI, LINE 11B - ORGANIZATION'S PROCESS TO REVIEW FORM 990
THE TREASURER REVIEWS THE FORM 990 PRIOR TO SIGNING AND FILING THE FORM
990. ALL BOARD MEMBERS HAVE REVIEWED THE INDEPENDENTLY AUDITED
CONSOLIDATED FINANCIAL STATEMENTS PRIOR TO REVIEWING AND APPROVING THE FORM
990 FOR FILING.

FORM 990, PART VI, LINE 12C - ENFORCEMENT OF CONFLICTS POLICY

TAR REQUIRES ALL OFFICERS, DIRECTORS AND KEY EMPLOYEES TO SIGN A DISCLOSURE

FORM ANNUALLY AND MAINTAINED ON FILE.

FORM 990, PART VI, LINE 15A - COMPENSATION PROCESS FOR TOP OFFICIAL SALARIED POSITIONS ARE BENCHMARKED TO COMPARABLE REALTOR ASSOCIATIONS AROUND THE COUNTRY. TAR TRIES TO PAY AT MEDIAN SALARY PLUS CHANCE FOR REASONABLE BONUS OF AROUND 10%. EXECUTIVE COMMITTEE MUST APPROVE ANNUAL WAGE INCREASES OF MORE THAN 5%. EXECUTIVE COMMITTEE MUST ALSO APPROVE OF PROMOTIONS TO MANAGER AND ABOVE.

FORM 990, PART VI, LINE 15B - COMPENSATION PROCESS FOR OFFICERS
HOURLY COMPENSATION IS BASED ON SURVEYS OF COMPARABLE LOCAL JOBS. TAR TRIES
TO ACHIEVE THE MEDIAN LOCAL INCOME WITH A CHANCE FOR A BONUS AROUND 5-10%
DEPENDING ON THE JOB, EXPERIENCE, ETC. SALARIED POSITIONS ARE BENCHMARKED

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Name of the organization	Employer identification number
TUCSON ASSOCIATION OF REALTORS, INC	86-0108815

TO COMPARABLE REALTOR ASSOCIATIONS AROUND THE COUNTRY. TAR TRIES TO PAY AT MEDIAN SALARY PLUS CHANCE FOR REASONABLE BONUS OF AROUND 10%. EXECUTIVE COMMITTEE MUST APPROVE ANNUAL WAGE INCREASES OF MORE THAN 5%.

FORM 990, PART VI, LINE 19 - GOVERNING DOCUMENTS DISCLOSURE EXPLANATION UPON REQUEST.

FORM 990, PART XI, LINE 9 - OTHER CHANGES IN NET ASSETS	EXPLANATION	
RENTAL EXPENSE	\$ 164,848	
EVENT EXPENSES	\$ 21,032	
DEFERRED INCOME TAX BENEFIT	\$ 4,544	
FOREIGN INCOME TAX	\$ -510	
INVESTMENT EXPENSES	\$ -4,406	
ARIZONA INCOME TAXES	\$ -50	
RENTAL EXPENSES	\$ -164,848	
EVENT EXPENSES	\$ -21,032	
FOREIGN TAX	\$ 510	
INVESTMENT EXPENSES	\$ 4,406	
AZ INCOME TAX	\$ 50	
BOOK/TAX DEPRECIATION DIFFERENCES	\$ -16,158	
BOOK / TAX DEPRECIATION DIFFERENCE	\$ -1	
TOTAL	\$ -11,615	

SCHEDULE R (Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

Related Organizations and Unrelated Partnerships

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

▶ Attach to Form 990.

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

Open to Public 2019 Inspection

Employer identification number

OMB No 1545-0047

Schedule R (Form 990) 2019 (g) Section 512(b)(13) controlled entity? (f)
Direct controlling entity Š × Yes 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. 86-0108815 (f)
Direct controlling
entity (e) End-of-year assets N/A (e)
Public charity status
(if section 501(c)(3)) Identification of Disregarded Entities. Complete if the organization answered "Yes" on Form 990, Part IV, line 33. 10 (d) Total income (d) Exempt Code section 50103 Legal domicite (state or foreign country) (c)
Legal domicile (state or foreign country) ΑZ Primary activity Primary activity 9 TUCSON ASSOCIATION OF REALTORS, INC AZ 85716-2440 (a) Name, address, and EIN (if applicable) of disregarded entity (a)
Name, address, and EiN of related organization TUCSON REALTORS CHARITABLE FDN 2445 NORTH TUCSON BOULEVARD TUCSON Part Part II Ξ Ξ <u>S</u> ල <u></u> 9 ල 4 9 8

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

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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) 2019 TUCSON ASSOCIATION OF REALTORS, INC 86-0108815 Part III

Page 2

W,

Schedule R (Form 990) 2019 (k) Percentage ownership (i) Section 512(b)(13) controlled entity? Yes No × (J) General or managing partner? Yes 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. Percentage ownership Ê amount in box 20 of Schedule K-1 (Form 1065) Share of end-of-year assets (h)
Disproportionate
alloc ? Yes No (g) Share of end-of-year assets Share of total (f) Share of total income Type of entity (C corp, S corp, or trust) υ (d)
Direct controlling
entity (e)
Predominant
income (related,
unrelated,
excluded from
tax under
sections 512-514) N/A Direct controlling entity (c) Legal domicile foreign country) (state or (c) Legal domicile (state or foreign country) Primary activity (b) Primary activity AZ 85716-2440 (1) MULTIPLE LISTING SERVICES, INC (a)
Name, address, and EIN of related organization 2445 NORTH TUCSON BOULEVARD Name, address, and EIN of related organization 86-0108815 TUCSON Part IV DAA lΞ € 8 |€ 8 3 |ଡ

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Page 3

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

Note: Occupation 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1					"	5
Note: Complete line 1 if any entity is listed in Parts II, III, of IV of this schedule. 1. Diting the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II–IV?	pot organizations listed	n Parts II–IV?				2
a Becent of (i) Interest (ii) annumes (iii) rovalties or (iv) rent from a controlled entity				4		×
				╁	×	
				+	+	
c Girt, grant, or capital contribution from related organization(s)				ပ	†	۵
d Loans or loan guarantees to or for related organization(s)				19	7	×
e Loans or loan guarantees by related organization(s)				1e		×
f Dividends from related organization(s)				=	!	×
				Ę	t	×
W Guerra of control of the manufacture of the manufacture of the manufacture of the manufacture of the manufacture of the manufacture of the manufacture of the manufacture of the manufacture of the manufacture of the manufacture of the manufacture of the manufacture of the manufacture of the manufacture of the manufacture of the manufacture of the manufacture of the manufacture of the manufacture of the manufacture of the manufacture of the manufacture of the manufacture of the manufacture of the manufacture of the manufacture of the manufacture of the manufacture of the manufacture of the manufacture of the manufacture of the manufacture of the manufacture of the manufacture of the manufacture of the manufacture of the manufacture of the manufacture of the manufacture of the manufacture of the manufacture of the manufacture of the manufacture of the manufacture of the manufacture of the manufacture of the manufacture of the manufacture of the manufacture of the manufacture of the manufacture of the manufacture of the manufacture of the manufacture of the manufacture of the manufacture of the manufacture of the manufacture of the manufacture of the manufacture of the manufacture of the manufacture of the manufacture of the manufacture of the manufacture of the manufacture of the manufacture of the manufacture of the manufacture of the manufacture of the manufacture of the manufacture of the manufacture of the manufacture of the manufacture of the manufacture of the manufacture of the manufacture of the manufacture of the manufacture of the manufacture of the manufacture of the manufacture of the manufacture of the manufacture of the manufacture of the manufacture of the manufacture of the manufacture of the manufacture of the manufacture of the manufacture of the manufacture of the manufacture of the manufacture of the manufacture of the manufacture of the manufacture of the manufacture of the manufacture of the manufacture of the manufacture of the manufacture of the manufacture of the manufacture of the manuf				2 4	t	
				= ;	\dagger	ډ ,
i Exchange of assets with related organization(s)				+	1	×
j Lease of facilities, equipment, or other assets to related organization(s)				Ę	×	
					-	
k Lease of facilities, equipment, or other assets from related organization(s)				¥	7	×
I Performance of services or membership or fundraising solicitations for related organization(s)				=	×	
m Performance of services or membership or fundraising solicitations by related organization(s)				£		×
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)				1n		×
o Sharing of paid employees with related organization(s)				10		×
p Reimbursement paid to related organization(s) for expenses				5		×
				5		×
					 	
r Other transfer of cash or property to related organization(s)				11	-	×
s Other transfer of cash or property from related organization(s)				1s		×
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	ine, including covered r	elationships and transacti	on thresholds			
(B)	(q)	(c)	(p)			
Name of related organization	Transaction type (a-s)	Amount involved	Method of determining amount involved	unt involved		
(1) MULTIPLE LISTING SERVICE, INC.	្ន	822,795	EST AMT OF HOURS			
(2) MULTIPLE LISTING SERVICE, INC.	þ	110,449	EST AMT OF SQ FO	SQ FOOTAGE		
(3)						
(4)						
(5)						
(9)						
			Schedule R (Form 990) 2019	R (Form	(066	2019

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

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

Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Cont	(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal	(d) Predominant	(e) Are all partn	(f) ers Share of	(g) Share of	(h) Disproportionate		(i) Code V—UBI	(J) General	or Percentage
Section (1987) Section (1987) Section (1987) Section (1987) Section (1987) Section (1987) Section (1987) Section (1987) Section (1987) Section (1987) Section (1987) Section (1987) Section (1987) Section (1987) Section (1987) Section (1987) Section (1987) Section (1987) Section (1987) Section (1987) Section (1987) Section (1987) Section (1987) Section (1987) Section (1987) Section (1987) Section (1987) Section (1987) Section (1987) Section (1987) Section (1987) Section (1987) Section (1987) Section (1987) Section (1987) Section (1987) Section (1987) Section (1987) Section (1987) Section (1987) Section (1987) Section (1987) Section (1987) Section (1987) Section (1987) Section (1987) Section (1987) Section (1987) Section (1987) Section (1987) Section (1987) Section (1987) Section (1987) Section (1987) Section (1987) Section (1987) Section (1987) Section (1987) Section (1987) Section (1987) Section (1987) Section (1987) Section (1987) Section (1987) Section (1987) Section (1987) Section (1987) Section (1987) Section (1987) Section (1987) Section (1987) Section (1987) Section (1987) Section (1987) Section (1987) Section (1987) Section (1987) Section (1987) Section (1987) Section (1987) Section (1987) Section (1987) Section (1987) Section (1987) Section (1987) Section (1987) Section (1987) Section (1987) Section (1987) Section (1987) Section (1987) Section (1987) Section (1987) Section (1987) Section (1987) Section (1987) Section (1987) Section (1987) Section (1987) Section (1987) Section (1987) Section (1987) Section (1987) Section (1987) Section (1987) Section (1987) Section (1987) Section (1987) Section (1987) Section (1987) Section (1987) Section (1987) Section (1987) Section (1987) Section (1987) Section (1987) Section (1987) Section (1987) Section (1987) Section (1987) Sect				unrelated, excluded from tax under	section 501(c)(3) organizatior		assets			of Schedule K-1 (Form 1065)	partner	
			country)	_	Yes			Yes	Š			<u>o</u>
	(1)											
	(2)											
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Part VII

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Supplemental Information.

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