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Form **990**

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

OMB No 1545-0047 2010

Department of the Treasury Internal Revenue Service

► The organization may have to use a copy of this return to satisfy state reporting requirements

Open to Public Inspection

<u> </u>	For the 2010 cal	endar year, or tax year beginning , 2010, and ending		,
В	Check if applicable	C Name of organization KITSAP COUNTY ASSOCIATION OF REAL	TORS D Employer Ident	fication Number
	Address change	Doing Business As	91-0723	
	Name change	Number and street (or P O box if mail is not delivered to street addr)	ite E Telephone num	ber
	Initial return	3689 MUNSON STREET	(360) 6	92-8852
	Terminated	City, town or country State ZIP code + 4		
	Amended return	SILVERDALE WA 98383	G Gross receipts	\$ 217,399.
	Application pend	""g	(a) Is this a group return for aff	liates? Yes X No
		GARY ANDERSON KITSAP COMMERCIAL GROUP PORT ORCHARD WA 98366	I(b) Are all affiliates included? If 'No,' attach a list (see instead)	tructions) Yes No
	Tax-exempt status	501(c)(3) X 501(c) (6) ◀ (insert no) 4947(a)(1) or 527		
<u> </u>	Website: ►	WWW.KITSAPREALTOR.ORG	(c) Group exemption number	·
<u> </u>	Form of organizati	n X Corporation Trust Association Other► L Year of Formation	n 1949 M State of I	egal domicile WA
Pa	rt I Sumr			
	1 Briefly des	cribe the organization's mission or most significant activities REALTOR T	RADE ASSOCIATION	<u>м</u>
e l				
ĕ			- 	
Activities & Governance				
é	2 Check this			
Ø		voting members of the governing body (Part VI, line 1a) independent voting members of the governing body (Part VI, line 1b)		25 25
es		ber of individuals employed in calendar year 2010 (Part V, line 2a)	5	<u></u>
		ber of volunteers (estimate if necessary)		52
AC		lated business revenue from Part VIII, column (C), line 12	7a	0.
		ted business taxable income from Form 990-T, line 34	7 b	
			Prior Year	Current Year
	8 Contributi	ons and grants (Part VIII, line 1h)	241,516.	207,894.
100	9 Program s	ervice revenue (Part VIII, line 29) BECEIVED	2,980.	4,824.
Kevenue	10 Investmer	t income (Part VIII, column (A), lines 3, 4, and 70)	-63,821.	1,092.
Ĕ	11 Other reve	t income (Part VIII, column (A), lines 3, 4, and 70) enue (Part VIII, column (A), lines 3, 4, and 70) enue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) enue — add lines 8 through 11 (ms) equal Part VIII, column (A) line 12)		2,936.
	12 Total Teve	The day mies of thought in (may) equipped that the containing (may)	180,675.	216,746.
	13 Grants an	d similar amounts paid (Part IX, Column (A), lines 1-3)	5,750.	1,500.
	14 Benefits p	aid to or for members (Part IX, column (A) Line (A) Line (A)		
_	15 Salaries,	other compensation, employee benefits (Part-IX, column (A), lines 5-10)	151,461.	147,424.
Expenses	16a Professioi	nal fundraising fees (Part IX, column (A), line 11e)		
ber	b Total fund	raising expenses (Part IX, column (D), line 25) ▶	,	77. 17. 18. 18. 18. 18. 18. 18. 18. 18. 18. 18
ŭ	Į.	enses (Part IX, column (A), lines 11a-11d, 11f-24f)	90,443.	94,447.
		enses Add lines 13-17 (must equal Part IX, column (A), line 25)	247,654.	243,371.
		ess expenses Subtract line 18 from line 12	-66,979.	-26,625.
5 g	15 Prevende	333 Oxperiodo Cabridor inic 10 iloni inic 12	Beginning of Current Year	End of Year
	20 Total asse	ts (Part X, line 16)	372,295.	330,323.
Not Assets Fund Balan	l	ities (Part X, line 26)	32,580.	17,233.
ž 5		s or fund balances Subtract line 21 from line 20	339,715.	313,090.
		ture Block	33377123.	313,030.
_			he hest of my knowledge and he	elief it is true correct and
com	plete Declaration of	r, I declare that I have examined this return, including accompanying schedules and statements, and to t preparer (other than officer) is based on all information of which preparer has any knowledge	ne best of my knowledge and be	sier, it is true, correct, and
	> 1	Nichael C	05/16/11	
Sig	ın sı	nature of officer	Date	
He		Michael Eliason, CEQ/ Exacutive Diractor	•	
	Tŷ	e or print name and title		
	Print/T	pe preparer's name Preparer's suprature oate	Check	PTIN
Рa	id Rane	dy Biegenwald 05/16/		PO1245406
	eparer Firm's			
	o Only	address 3571 NW BYRON	Fırm's EIN ►	
_	7 1 1 1 1	SILVERDALE WA 98383	Phone no (36	0) 692-4424
Ma.	the IRS discus	s this return with the preparer shown above? (see instructions)	Trione III (20	X Yes No
ivia	y trie in 3 discus	this return with the preparer shown above. (see instructions)	_	140 140

		91-0	/23/(9		Page 2
Par	t¹III.≨ Statement of Program Service Accomplishments					
	Gheck if Schedule O contains a response to any question in this Part III					$\perp \perp \perp$
1	Briefly describe the organization's mission					
	REALTOR TRADE ASSOCIATION					
						. – – –
2	Did the organization undertake any significant program services during the year which were not listed on the	prior				
	Form 990 or 990-EZ?			Yes	x	No
	If 'Yes,' describe these new services on Schedule O		ш			
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services	c ?		Yes	x	No
•	If 'Yes,' describe these changes on Schedule O	3	ш	163	T.	110
4	Describe the exempt purpose achievements for each of the organization's three largest program services by	04000		ation E	:01(a)	(2)
•	and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and all expenses, and revenue, if any, for each program service reported.	ocatio	ns to ot	hers, t	he tot	al
4 a	(Code) (Expenses \$ 8,070. including grants of \$) (Rev	enue	\$		8	83.)
	PROVIDE CONTINUING EDUCATION TO ENABLE REALTORS TO		- —			 /
	MEET STATE LICENSING REQUIREMENTS				·	
					-	
			-			
			. _			
41	(Code) (Expenses \$ including grants of \$) (Rev	AD11A	ė			0.)
	PUBLISH A MONTHLY NEWSLETTER FOR REALTORS COVERING	CHUC	~			<u> </u>
	CHANGING LEGAL, REGULATORY AND MARKET ENVIRONMENT AS					
	WELL AS OTHER ASPECTS OF THE INDUSTRY.					 -
					. _	
					. _	
4.0	: (Code) (Expenses \$ including grants of \$) (Rev					
40		enue	\$			0.)
	ENHANCE THE INDUSTRY WITHIN THE COUNTY BY PROVIDING					
	ARBITRATION SERVICES AND ENFORCING A CODE OF ETHICS				. – –	
						- -
		- -	- - -		. _	 -
					. _ _	
A	Other program services (Describe in Schedule O)					
40						
	(Expenses \$ including grants of \$) (Revenue \$)	
	Total program service expenses ► 8,070.				665	<u> </u>
BAA	TEEA0102 10/06/10			Fori	n 990	(2010)

			Yes	No
1	ls the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If 'Yes,' complete Schedule A	1		x
2	Is the organization required to complete Schedule B, Schedule of Contributors? (see instructions)	2		<u>x</u>
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If 'Yes,' complete Schedule C, Part I	3	х	
4	Section 501(c)(3) organizations Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If 'Yes,' complete Schedule C, Part II	4		
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	5	х	
6	Did the organization maintain any donor advised funds or any similar funds or accounts where 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	6		<u>x</u>
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	7		х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If 'Yes,' complete Schedule D, Part III	8		x
9	Did the organization report an amount in Part X, line 21, 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	9		х_
10	Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? If $'Yes,'$ complete Schedule D, Part V	10		X
11	If the organization's answer to any of the following questions is 'Yes', then complete Schedule D, Parts VI, VIII, IX, or X as applicable.		E L	
á	Did the organization report an amount for land, buildings and equipment in Part X, line 10? If 'Yes,' complete Schedule D, Part VI	11 a	х	
t	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	11 ь		х
•	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	11 c		x
	I 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	11 d	$\overline{}$	x
	e Did the organization report an amount for other liabilities in Part X, line 25? If 'Yes,' complete Schedule D, Part X	11 e	Х	
	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If 'Yes,' complete Schedule D, Part X	11f		х
	a Did the organization obtain separate, independent audited financial statements for the tax year? If 'Yes,' complete Schedule D, Parts XI, XII, and XIII	12a		х
	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, XII, and XIII is optional	12b		x
	Is the organization a school described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E	13		X
	a Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
	b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the United States? If 'Yes,' complete Schedule F, Parts I and IV	14b		x
	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? If 'Yes,' complete Schedule F, Parts II and IV	15		x
	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? If 'Yes,' complete Schedule F, Parts III and IV	16	_	x
	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)	17		x
	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If 'Yes,' complete Schedule G, Part II	18		x
	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If 'Yes,' complete Schedule G, Part III	19		X
	a Did the organization operate one or more hospitals? If 'Yes,' complete Schedule H	20	-	X
	b If 'Yes' to line 20a, did the organization attach its audited financial statements to this return? Note. Some Form 990 filers that operate one or more hospitals must attach audited financial statements (see instructions)	20 b		

Checklist of Required Schedules (continued) Yes No Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? If 'Yes,' complete Schedule I, Parts I and II 21 х Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? If 'Yes,' complete Schedule I, Parts I and III 22 Did the organization answer 'Yes' to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If 'Yes,' complete Schedule J 23 X 24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, and that was issued after December 31, 2002? If 'Yes,' answer lines 24b through 24d and complete Schedule K. If 'No,'go to line 25 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 to defease any tax-exempt bonds? 24 c 24d d Did the organization act as an 'on behalf of' issuer for bonds outstanding at any time during the year? 25a Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If 'Yes,' complete Schedule L, Part I 25a b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If 'Yes,' complete 25b Schedule L, Part I 26 Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If 'Yes,' complete Schedule L, Part II 26 Х Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? 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) a A current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L, Part IV 28a X b A family member of a current or former officer, director, trustee, or key employee? If 'Yes,' complete 28b Schedule L, Part IV Х c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If 'Yes,' complete Schedule L, Part IV 28c Х 29 X Did the organization receive more than \$25,000 in non-cash contributions? If 'Yes,' complete Schedule M 29 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation 30 X contributions? If 'Yes,' complete Schedule M 31 31 Did the organization liquidate, terminate, or dissolve and cease operations? If 'Yes,' complete Schedule N, Part I х Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If 'Yes,' complete Schedule N, Part II 32 32 X 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 Х Was the organization related to any tax-exempt or taxable entity? If 'Yes,' complete Schedule R, Parts II, III, IV, and V, 34 X line 1 35 35 Is any related organization a controlled entity within the meaning of section 512(b)(13)? Х a 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 Yes X No Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If 'Yes,' complete Schedule R, Part V, line 2 36 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If 'Yes,' complete Schedule R, Part VI 37 Х

38 BAA

Form 990 (2010)

Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19?

Note. All Form 990 filers are required to complete Schedule O

KITSAP COUNTY ASSOCIATION OF REALTORS 91-0723769 Page 5 Part V | Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response to any question in this Part V Yes No 1a Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable 0 b Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable 0 c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? 1 c Х 2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? 2b X Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. (see instructions) 3a Did the organization have unrelated business gross income of \$1,000 or more during the year? 3 a b If 'Yes' has it filed a Form 990-T for this year? If 'No,' provide an explanation in Schedule O 3 b 4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? 4a Х **b** If 'Yes,' enter the name of the foreign country See instructions for filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts 5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? 5a b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? 5h X 5с c If 'Yes,' to line 5a or 5b, did the organization file Form 8886-T? 6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible? 6 a X b If 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 6b X 7 Organizations that may receive deductible contributions under section 170(c). a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and 7 a services provided to the payor? 7 b b If 'Yes,' did the organization notify the donor of the value of the goods or services provided? c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file 7с 7 d d If 'Yes.' indicate the number of Forms 8282 filed during the year 7 e e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? X f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? 7 f g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? 7 g h if the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? 7 h Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business 8 holdings at any time during the year? 9 Sponsoring organizations maintaining donor advised funds. a Did the organization make any taxable distributions under section 4966? 9a **b** Did the organization make a distribution to a donor, donor advisor, or related person? 9Ь 10 Section 501(c)(7) organizations. Enter a Initiation fees and capital contributions included on Part VIII, line 12 10 a b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b 11 Section 501(c)(12) organizations. Enter a Gross income from members or shareholders 11 a **b** Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them) 11_b 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? 12a 12 b b If 'Yes,' enter the amount of tax-exempt interest received or accrued during the year 13 Section 501(c)(29) qualified nonprofit health insurance issuers. a Is the organization licensed to issue qualified health plans in more than one state? 13a Note. See the instructions for additional information the organization must report on Schedule O **b** Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans 13b 13 c c Enter the amount of reserves on hand 14a Did the organization receive any payments for indoor tanning services during the tax year? 14 a X

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

14b

Form 990 (2010) KITSAP COUNTY ASSOCIATION OF REALTORS 91-0723769 Governance, Management and Disclosure For each 'Yes' response to lines 2 through 7b below, and for a 'No' response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions. x Check if Schedule O contains a response to any question in this Part VI Section A. Governing Body and Management No Yes 1a Enter the number of voting members of the governing body at the end of the tax year 1a|25 b Enter the number of voting members included in line 1a, above, who are independent 1b 25 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other 2 X officer, director, trustee or key employee? Did the organization delegate control over management duties customarily performed by or under the direct supervision 3 of officers, directors or trustees, or key employees to a management company or other person? Х Did the organization make any significant changes to its governing documents 4 Х since the prior Form 990 was filed? 5 х Did the organization become aware during the year of a significant diversion of the organization's assets? 6 X Does the organization have members or stockholders? 7a Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body? 7 a X 7b X b Are any decisions of the governing body subject to approval by members, stockholders, or other persons? Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: X a The governing body? 8a **b** Each committee with authority to act on behalf of the governing body? 8b X Is there any officer, director or trustee, or key employee listed in Part VII, Section A, who cannot be reached at the 9 organization's mailing address? If 'Yes,' provide the names and addresses in Schedule O X Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code. Yes No 10a Does the organization have local chapters, branches, or affiliates? 10 a X b If 'Yes,' does the organization have written policies and procedures governing the activities of such chapters, affiliates, 10b and branches to ensure their operations are consistent with those of the organization? 11 a X 11a Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form? b Describe in Schedule O the process, if any, used by the organization to review this Form 990 12a Does the organization have a written conflict of interest policy? If 'No,' go to line 13 12 a X b Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise 12b Х to conflicts? c Does the organization regularly and consistently monitor and enforce compliance with the policy? If 'Yes,' describe in Schedule O how this is done 120 13 Does the organization have a written whistleblower policy? 13 х 14 Does the organization have a written document retention and destruction policy? 14 X 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 15b **b** Other officers of key employees of the organization X If 'Yes' to line 15a or 15b, describe the process in Schedule O (See instructions) **16 a** Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? X 16 a b If 'Yes,' has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements? 16b Section C. Disclosure List the states with which a copy of this Form 990 is required to be filed ▶ Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you make these available. Check all that apply | Another's website X Upon request Describe in Schedule O whether (and if so, how) the organization makes its governing documents, conflict of interest policy, and financial statements available to the public 20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization

3689 MUNSON ST, __SILVERDALE, __WA __98383 ____ (360) 692-8852

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

Check if Schedule O contains a response to any question in this Part VII

v

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

- 1 a 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

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

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

Check this box if heither the organization	nor any r	eiated	org	anız	zatic	n com	pen	sated any current office	cer, airector, or trustee	}
(A)	(B)	(C)		(D)	(E)	(F)				
Name and title	Average hours per week (describe hours for related organiza- tions in Schedule O)	ndivid of trustee	tion anstitutional trustee	Off-	a Key employee	ap High est connected	y) ביליטהו	Reportable compensation from the organization (W-2/1099-MISC)	Reportable compensation from related organizations (W-2/1099-MISC)	Estimated amount of other compensation from the organization and related organizations
(1) THOR HOLM								_	_	
TREASURER	3.00			Х	├			0.	0.	0.
(2) LYNN WILLIAMS	10 00			_~						^
PAST PRESIDENT (3) SHAUN GUERRERO	10.00	 	-	X	\vdash		⊢	0.	0.	0.
DIRECTOR	1.00	x						٥.	o.	0.
(4) GARY ANDERSON	1.00	^	\vdash	-	+-		-	<u> </u>		<u> </u>
PRESIDENT	1.00	1		x				0.	0.	0.
(5) MICHAEL ELIASON	1 00			 	T					· · ·
EXECUTIVE DIRECTOR	40.00					x		110,562.	0.	0.
(6) RICHARD A BROWN	1				T					
DIRECTOR	1.00	x						0.	0.	0.
(7) BRITTNEY BELL										
DIRECTOR	1.00	х	L		L			0.	0.	0.
(8) KATHY BERNDTSON										
DIRECTOR	1.00	х			$oxed{oxed}$	<u> </u>	L_	0.	0.	0.
(9) JACKIE KILLORAN	.									_
PRESIDENT ELECT	1.00	<u> </u>		х	$ldsymbol{f eta}$			0.	0.	0.
(10) JENNIFER KILKENNY DIRECTOR	1.00	x						0.	0.	0.
(11) PABLO LOZANO	<u> </u>	†- -	t	t	1			<u> </u>		
DIRECTOR	1.00	x						٥.	0.	0.
(12) BRYAN PETRO							T -			
DIRECTOR	1.00	x	L				<u></u>	0.	0.	0.
(13) MARY CANTU					1					
DIRECTOR	1.00	х						0.	0.	0.
(14) JIM ROBERTS										
DIRECTOR	1.00	х	_	otacluster				0.	0.	0.
(15) BARBARA ANN STIER										
SECRETARY	3.00		<u> </u>	х	↓			0.	0.	0.
(16) DALE RUDE										
DIRECTOR	1.00	х	_	<u> </u>	ـــــ		<u> </u>	0.	0.	0.
(17) DANA SOYAT										
DIRECTOR	1.00		<u> </u>		<u> </u>	<u> </u>		0.	0.	0.
BAA		•	TEEA	0107	12	/21/10				Form 990 (2010)

Part VII Section A. Officers, Directors, Trus	tees, P	(ey	Em	plo	ye	es, a	ang	d Highest Con	pensated Emp	loyees (cont)
. (A)	(B)			(6	c)			(D)	(E)	(F)
Name and title	Average hours			_				Reportable compensation from	Reportable compensation from	Estimated amount of other
•	per week (describe hours for related organi- zations in Sch O)	or di	lnst	Officer	Key	Highest compeni	Forr	the organization (W-2/1099 MISC)	related organizations (W-2/1099-MISC)	compensation from the
	hours for related	rect	Institutional trust	ğ	employee	est d	ner	(11-2/1033 11:100)	(11-23 1033-111130)	organization and related
	organı- zations	19 =	<u>nal</u>		oloye	ecom				organizations
	In Sch (O)	stee	lrust		ď	pens				<u> </u>
	,		ee			atec				
	L			L.						
(18) ANDREW WELCH										
DIRECTOR	1.00	Х				Ш		0.	0.	0.
(19) ANDREA BEMROSE										
DIRECTOR	1.00	Х	<u> </u>					0.	0.	0.
(20) CRAIG CLARK	_									
DIRECTOR	1.00	X		_	<u> </u>	Ш		0.	0.	0.
(21) JAN JOHNSON	1									
DIRECTOR	1.00	X	<u> </u>			Ш		0.	0.	0.
(22) TIMOTHY ROCHE	1	1	1			\		1		
DIRECTOR	1.00	X			<u> </u>	Ш		0.	0.	0.
(23) JO SCHAEFER	1									
DIRECTOR	1.00	x						0.	0.	0.
(24) HEATHER HOLMEN]									
DIRECTOR	1.00	x						0.	0.	0.
(25) PENNY MCLAUGHLIN]		1							
DIRECTOR	1.00	X						0.	0.	0.
(26)]									
					L					
(27)]									
					<u> </u>					
(28)										
(29)										
	<u></u>									
1 b Sub-total							▶	110,562.	0.	0.
c Total from continuation sheets to Part VII, Section A	4						▶			
d Total (add lines 1b and 1c)							<u> </u>	110,562.	0.	0.
2 Total number of individuals (including but not limited	to thos	e lis	ted .	abov	ve) v	vho r	ece	eived more than \$	100,000 in reportab	le compensation
from the organization 🕨 1										
										Yes No
3 Did the organization list any former officer, director	or truste	e, k	еу е	mpi	oye	e, or	hig	hest compensated	l employee	· 上 · 水熱 水道
on line 1a? If 'Yes,' compléte Schedule J for such in	dıvıdual									3 X
4 For any individual listed on line 1a, is the sum of rep the organization and related organizations greater th	ortable	com	pen	sati	on a	nd o	the	r compensation fro	om	
the organization and related organizations greater th	an \$150	0,000)? <i>II</i>	f 'Ye	s' c	ompl	ete	Schedule J for		4 X
			f						ado o alorad	7 7 7
5 Did any person listed on line 1a receive or accrue co for services rendered to the organization? If 'Yes,' co	omplete	Sch	edu	m ai le J	for s	nreia such	nea per	i organization or ir rson	idividuai	5 X
Section B. Independent Contractors									.	
1 Complete this table for your five highest compensate	ed indep	ende	ent d	conti	racto	ors th	nat	received more tha	n \$100,000 of	
compensation from the organization										
(A) Name and business addres	c							(B Description	of conuces	(C)
								Description	of services	Compensation
										
									· · · · · · · · · · · · · · · · · · ·	
								l		St. J. M. P. St. C. Bank Street
2 Total number of independent contractors (including t	out not I	ımıte	ea to	the	se I	isted	ab	ove) who received	more than	
\$100,000 in compensation from the organization									· <u>6</u>	· · · · · · · · · · · · · · · · · · ·

		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
9,0	1a Federated campaigns 1a				0.12, 0.10, 0.10.1
F K	b Membership dues 1b 172,440.				1
유릴	c Fundraising events 1 c				,
FA	d Related organizations 1d				1
ا ا	e Government grants (contributions)				1
88	, , ,				
CONTRIBUTIONS, GIFTS, GRANTS AND OTHER SIMILAR AMOUNTS	f All other contributions, gifts, grants, and similar amounts not included above 1 f 35,454.				
S S	g Noncash contributions included in lns 1a-1f \$				
$\overline{}$	h Total. Add lines 1a-1f	207,894.			
Ž	Business Code			<u>-</u>	
Ĭ.	2a EDUCATION INCOME 611430	883.	883.	0.	0.
PROGRAM SERVICE REVENUE	b				
ž	c				
SEI	d				
× AM	e				
Ö	f All other program service revenue	3,941.	3,941.	0.	0.
<u></u>	g Total. Add lines 2a-2f ▶	4,824.			
	3 Investment income (including dividends, interest and		_	_	
	other similar amounts)	1,092.	0.	0.	1,092.
	4 Income from investment of tax-exempt bond proceeds				
	5 Royalties				
	(i) Real (ii) Personal				j
	6a Gross Rents				ļ
j	b Less rental expenses				
i	c Rental income or (loss)				i
	d Net rental income or (loss)				<u> </u>
	7a Gross amount from sales of (i) Securities (ii) Other				;
	assets other than inventory				
	b Less: cost or other basis				
	and sales expenses				;
	c Gain or (loss)				ŧ
	d Net gain or (loss)		<u> </u>		
N	8a Gross income from fundraising events (not including \$				1
OTHER REVE	of contributions reported on line 1c)				
8 8	See Part IV, line 18 a 3,589.				
ᆂᅵ	b Less direct expenses b 653.				
°۱	c Net income or (loss) from fundraising events ▶	2,936.		0.	2,936.
	9a Gross income from gaming activities See Part IV, line 19				
	b Less direct expenses b	_	_		
	c Net income or (loss) from gaming activities ▶				
	10a Gross sales of inventory, less returns and allowances				
	b Less. cost of goods sold b				
	c Net income or (loss) from sales of inventory				
l	Miscellaneous Revenue Business Code				
İ	11a				
	b				<u> </u>
	c				
	d All other revenue				
	e Total. Add lines 11a-11d				
	12 Total revenue. See instructions	216,746.	4,824.	0.	4,028.

BAA

Form **990** (2010)

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns

All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D)

(D) (A) Total expenses Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII. Program service Management and Fundraising expenses general expenses expenses Grants and other assistance to governments and organizations in the U.S. See Part IV, 500. line 21 Grants and other assistance to individuals in the U.S. See Part IV, line 22 1,000. Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16 Benefits paid to or for members Compensation of current officers, directors, trustees, and key employees 110,562 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) 7 17,910 Other salaries and wages Pension plan contributions (include section 401(k) and section 403(b) employer contributions) Other employee benefits 5,849 10 Payroll taxes 13,103 Fees for services (non-employees) a Management 845 **b** Legal 2,567 c Accounting d Lobbying e Professional fundraising services See Part IV, line 17 f Investment management fees 2,071 g Other 12 Advertising and promotion 3,661 13 Office expenses 10,218 Information technology 15 Royalties 16 Occupancy 16,227 22,317 17 Travel Payments of travel or entertainment expenses for any federal, state, or local public officials 19 Conferences, conventions, and meetings 10,833 20 Interest 21 Payments to affiliates 22 Depreciation, depletion, and amortization 3,194. 23 Insurance 1,433. Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24f If line 24f amount exceeds 10% of line 25, column (A) amount, list line 24f expenses on Schedule O) a EDUCATION EXPENSES 8,070. 10,500 b CAMPAIGN SUPPORT 2,511 c ISSUE ADVOCACY d f All other expenses 25 Total functional expenses Add lines 1 through 24f 243,371. Joint costs. Check here ► if following SOP 98-2 (ASC 958-720) Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation

<u> Pa</u>	<u>rt X</u>	Balance Sheet				
		•		(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing		263,261.	1	58,391.
	2	Savings and temporary cash investments	28,922.	2	195,014.	
	3	Pledges and grants receivable, net			3	
ļ	4	Accounts receivable, net			4	
	5	Receivables from current and former officers, directors and highest compensated employees. Complete Part I	s, trustees, key employees, I of Schedule L	-	5	
	6	Receivables from other disqualified persons (as define persons described in section 4958(c)(3)(B), and contrisponsoring organizations of section 501(c)(9) voluntar organizations (see instructions)	buting employers and		6	
A S S E T	7	Notes and loans receivable, net			7	
S E	8	Inventories for sale or use			8	
S	9	Prepaid expenses and deferred charges			9	
	10 a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	10a 156,848.			· :
	b	Less accumulated depreciation	10b 79,930.	80,112.	10 c	76,918.
	11	Investments – publicly traded securities		11		
	12	Investments – other securities See Part IV, line 11			12	
	13	Investments – program-related See Part IV, line 11			13	
	14	Intangible assets			14	
	15	Other assets See Part IV, line 11			15	,
	16	Total assets Add lines 1 through 15 (must equal line	34)	372,295.	16	330,323.
\neg	17	Accounts payable and accrued expenses		481.	17	401.
	18	Grants payable			18	<u> </u>
	19	Deferred revenue	31,994.	19	15,181.	
Ļ	20	Tax-exempt bond liabilities			20	
Å	21	Escrow or custodial account liability Complete Part I	V of Schedule D		21	
- 1		·				
L 	22	Payables to current and former officers, directors, trus highest compensated employees, and disqualified per of Schedule L	stees, key employees, sons Complete Part II	-	22	
E S	23	Secured mortgages and notes payable to unrelated th	ird parties		23	
	24	Unsecured notes and loans payable to unrelated third	•		24	
	25	Other liabilities Complete Part X of Schedule D	•	105.	25	1,651.
	26	Total liabilities. Add lines 17 through 25		32,580.	26	17,233.
N		Organizations that follow SFAS 117, check here ▶	and complete lines			
E		27 through 29 and lines 33 and 34.				1 1 1
A S	27	Unrestricted net assets			27	
4いいましい	28	Temporarily restricted net assets			28	
Š	29	Permanently restricted net assets			29	
O R		Organizations that do not follow SFAS 117, check he	re ► X and complete			
		lines 30 through 34.	_ `] _ [. !
OZCT	30	Capital stock or trust principal, or current funds			30	
	31	Paid-in or capital surplus, or land, building, or equipm	ent fund		31	
B女し女女ひ世の	32	Retained earnings, endowment, accumulated income,		339,715.	32	313,090.
Ň	33	Total net assets or fund balances		339,715.	33	313,090.
Ų.						

BAA

Form 990 (2010)

Form	990 (2010) KITSAP COUNTY ASSOCIATION OF REALTORS 91-0	/23/69		Pa	ige 12
Par	t XI Reconciliation of Net Assets				
	Check if Schedule O contains a response to any question in this Part XI				
		1			
1	Total revenue (must equal Part VIII, column (A), line 12)	1	2:	<u>16,7</u>	<u>46.</u>
2	Total expenses (must equal Part IX, column (A), line 25)	2	24	13,3	<u>71.</u>
3	Revenue less expenses Subtract line 2 from line 1	3	2	26,6	<u>25.</u>
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	33	<u> </u>	<u> 15.</u>
5	Other changes in net assets or fund balances (explain in Schedule O)	5			
6	Net assets or fund balances at end of year Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))	6	31	L3,0	90.
Par	t XII Financial Statements and Reporting				
	Check if Schedule O contains a response to any question in this Part XII				X
				Yes	No
1	Accounting method used to prepare the Form 990 Cash Accrual X Other				
	If the organization changed its method of accounting from a prior year or checked 'Other,' explain in Schedule O				
2 a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		x
ь	Were the organization's financial statements audited by an independent accountant?		2b		х
c	If 'Yes' to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the a review, or compilation of its financial statements and selection of an independent accountant?	audit,	2 c		
	If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O				
C	If 'Yes' to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued of separate basis, consolidated basis, or both	n a			
	Separate basis Consolidated basis Both consolidated and separate basis				İ
3 a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sing Audit Act and OMB Circular A-133?	gle	3 a		х
t	If 'Yes,' did the organization undergo the required audit or audits? If the organization did not undergo the required or audits, explain why in Schedule O and describe any steps taken to undergo such audits	i audit	3b		
BAA			Form	990 ((2010)

TEEA0112 12/21/10

SCHEDULE C (Form 990 or 990-EZ)

Political Campaign and Lobbying Activities

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

► Complete if the organization is described below.

► Attach to Form 990 or Form 990-EZ. ► See separate instructions.

OMB No 1545-0047

2010

Open to Public Inspection

Department of the Treasury Internal Revenue Service

If the organization answered 'Yes,' to 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,' to 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

	e organization answered 'Yes,' Section 501(c)(4), (5), or (6) or			Form 990-EZ, Part V,	line 35a (Proxy Tax), th	en	
	of organization	ganizations Complete La			Employer identifica	tion number	
	SAP COUNTY ASSOCIA	TTON OF PEALTOP			91-072376		
	t I-A Complete if the or			on 501(c) or is a s		***	
	Provide a description of the o						
	Political expenditures	9			► \$	17,449.	
	Volunteer hours				•	0	
	t I-B Complete if the or	rganization is exemp	t under section	on 501(c)(3).			
	Enter the amount of any exci				► \$		
	Enter the amount of any exce				► \$		
	If the organization incurred a	• •	_		•	Yes No	
4:	a Was a correction made?					Yes No	
ı	If 'Yes,' describe in Part IV						
Pa	rt I-C Complete if the or	rganization is exemp	t under secti	on 501(c), excep	t section 501(c)(3).		
1	Enter the amount directly exp	ended by the filing organi	zation for section	527 exempt function	activities > \$	14,949.	
2	Enter the amount of the filing	organization's funds cont	ributed to other o	raanizations for sectio	n 527 evernt		
_	function activities	organization's lands cont	ibatea to other o	rgamzations for seeme	► \$	2,500.	
3	Total exempt function expend	ditures Add lines 1 and 2	Enter here and o	n Form 1120-POL			
3 Total exempt function expenditures Add lines 1 and 2 Enter here and on Form 1120-POL, line 17b							
4	4 Did the filing organization file Form 1120-POL for this year?						
5	Enter the names, addresses organization made payments amount of political contributionsegregated fund or a political	For each organization lis	ted, enter the am	ount paid from the fili delivered to a separa	ng organızatıon's funds ate political organizatior	Also enter the	
	(a) Name	(b) Address		(c) EIN	(d) Amount paid from filing organization's funds if none, enter-0-	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization If none, enter -0-	
	RPAC	P.O. BOX 719					
(1)		OLYMPIA	WA 98507	91-1238340	2,500.	0.	
(2)							
(3)							
(4)							
(5)							
(6)							

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

Schedule C (Form 990 or 990-EZ) 2010

Schedule C (Form 990 or 990-EZ) 201				91-072	
Part II-A Complete if section 501(n is exempt under se	ction 501(c)(3) and	d filed Form 5768 (el	ection under
		ongs to an affiliated group			
B Check ► I if the filing	ng organization che	cked box A and 'limited con	trol' provisions apply		
(The term		ying Expenditures ans amounts paid or incurr	ed.)	(a) Filing organization's totals	(b) Affiliated group totals
1 a Total lobbying expenditu	ires to influence pu	blic opinion (grass roots lob	bying)		
b Total lobbying expenditu	ires to influence a l	egislative body (direct lobby	ring)		
c Total lobbying expenditu	ires (add lines 1a a	nd 1b)			
d Other exempt purpose e	•				
e Total exempt purpose ex	xpenditures (add lir	nes 1c and 1d)			
f Lobbying nontaxable am both columns	nount Enter the am	ount from the following table	e in		
If the amount on line 1e, col	umn (a) or (b) ıs	The lobbying nontaxable a	mount is		
Not over \$500,000		20% of the amount on line 1e			
Over \$500,000 but not over \$1	,000,000	\$100,000 plus 15% of the excess	over \$500,000		
Over \$1,000,000 but not over \$		\$175,000 plus 10% of the excess		,	* e=
Over \$1,500,000 but not over \$	17,000,000	\$225,000 plus 5% of the excess of	over \$1,500,000		
Over \$17,000,000		\$1,000,000			· .
g Grassroots nontaxable a					
h Subtract line 1g from lin					
i Subtract line 1f from line				L 1	
j If there is an amount of section 4911 tax for this		ther line 1h or line 1i, did the	e organization file Forn	n 4720 reporting	☐Yes ☐ No
	, , ,	4-Year Averaging Period l	Inder Section 501(h)		
(Son	ne organizations th colum	at made a section 501(h) el ins below. See the instructi	ection do not have to	complete all of the five gh 2f.)	
	Lob	bying Expenditures During	4-Year Averaging Per	iod	
Calendar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) Total
2a Lobbying non-taxable amount					
b Lobbying ceiling amount (150% of line 2a, column (e))					
c Total lobbying expenditures					
d Grassroots nontaxable amount					
e Grassroots ceiling amount (150% of line 2d, column (e))					
f Grassroots lobbying expenditures					
				Schadula C /Fori	m 990 or 990-F71 2010

	(a)	(b)
	Yes	No	Ame	ount
During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of				
a Volunteers?		ĺ		
b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)? c Media advertisements?			-	
d Mailings to members, legislators, or the public?	-			
e Publications, or published or broadcast statements?				
f Grants to other organizations for lobbying purposes?				
g Direct contact with legislators, their staffs, government officials, or a legislative body?				
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?				
i Other activities? If 'Yes,' describe in Part IV				
j Total Add lines 1c through 1i				
2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?				
b If 'Yes,' enter the amount of any tax incurred under section 4912				
c If 'Yes,' enter the amount of any tax incurred by organization managers under section 4912				
d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?				
Part III-A Complete if the organization is exempt under section 501(c)(4), section 5	01(c)(5)	, or		
section 501(c)(6).				
				Yes
1 Were substantially all (90% or more) dues received nondeductible by members?			1	
2 Did the organization make only in-house lobbying expenditures of \$2,000 or less?			2	
3 Did the organization agree to carryover lobbying and political expenditures from the prior year? Part III-B Complete if the organization is exempt under section 501(c)(4), section 5			3	

section 501(c)(6) if BOTH Part III-A, lines 1 and 2 are answered 'No' OR if Part III-A, line 3 is answered 'Yes.'

1	Dues, assessments and similar amounts from members	1	172,440.
2	Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).		
	a Current year	2 a	17,449.
	b Carryover from last year	2 b	
	c Total	2 c	17,449.
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	3	26,886.
4	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 and political expenditure next year?	4	
5	, , , , , , , , , , , , , , , , , , ,	5	0.
Pa	rt IV Supplemental Information		
	nplete this part to provide the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, and Part I o, complete this part for any additional information	I-B, line 1i	
			·

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service Name of the organization

Supplemental Financial Statements

► Complete if the organization answered 'Yes,' to Form 990, Part IV, lines 6, 7, 8, 9, 10, 11, or 12. ► Attach to Form 990. ► See separate instructions.

2010 Open to Rublic

OMB No 1545-0047

Employer identification number

KIT	SAP COUNTY ASSOCIATION OF RE	91-0723769							
Par	Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if								
	the organization answered 'Yes' to Form 990, Part IV, line 6.								
		(a) Donor advised funds	(b) Funds and other accounts						
1	Total number at end of year								
2	Aggregate contributions to (during year)								
3	Aggregate grants from (during year)								
4	Aggregate value at end of year								
5	Did the organization inform all donors and don funds are the organization's property, subject t	or advisors in writing that the assets held in dor o the organization's exclusive legal control?	nor advised Yes No						
6	6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? Yes No								
Par	t II Conservation Easements. Comp	ete if the organization answered 'Yes'	to Form 990, Part IV, line 7.						
1	Purpose(s) of conservation easements held by	the organization (check all that apply)							
	Preservation of land for public use (e.g., re	ecreation or education) Preservation of	of an historically important land area						
	Protection of natural habitat	Preservation of	of a certified historic structure						
	Preservation of open space	_							
2	Complete lines 2a through 2d if the organization last day of the tax year	on held a qualified conservation contribution in the	he form of a conservation easement on the						
			Held at the End of the Tax Year						
а	Total number of conservation easements		2a						
t	Total acreage restricted by conservation easer	2b							
c	Number of conservation easements on a certif	2c							
c	d Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register								
3	Number of conservation easements modified, tax year ►	transferred, released, extinguished, or terminate	ed by the organization during the						
4	Number of states where property subject to co	nservation easement is located	_						
5	Does the organization have a written policy requand enforcement of the conservation easement	garding the periodic monitoring, inspection, hand ts it holds?	dling of violations, Yes No						
6	Staff and volunteer hours devoted to monitorin	g, inspecting, and enforcing conservation easen	ments during the year						
7	Amount of expenses incurred in monitoring, in ►\$	specting, and enforcing conservation easements	s during the year						
8	Does each conservation easement reported or 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?	line 2(d) above satisfy the requirements of sec	tion Yes No						
9	In Part XIV, describe how the organization rep include, if applicable, the text of the footnote to conservation easements	orts conservation easements in its revenue and or the organization's financial statements that de	expense statement, and balance sheet, and scribes the organization's accounting for						
Par	t III Organizations Maintaining Colle Complete if the organization ans	ections of Art, Historical Treasures, or wered 'Yes' to Form 990, Part IV, line	r Other Similar Assets. 8.						
1 a		SFAS 116 (ASC 958), not to report in its reveni s held for public exhibition, education, or research cial statements that describes these items							
t	If the organization elected, as permitted under historical treasures, or other similar assets hel following amounts relating to these items	SFAS 116 (ASC 958), to report in its revenue s d for public exhibition, education, or research in	statement and balance sheet works of art, a furtherance of public service, provide the						
	(i) Revenues included in Form 990, Part VIII,	line 1	► \$						
	(ii) Assets included in Form 990, Part X		> \$						
2	If the organization received or held works of ar amounts required to be reported under SFAS 1	rt, historical treasures, or other similar assets fo 116 (ASC 958) relating to these items	or financial gain, provide the following						
ā	Revenues included in Form 990, Part VIII, line	1	> \$						
t	Assets included in Form 990, Part X		► \$						

	Schedule D (Form 990) 2010 KITSAP COUNTY ASSOCIATION OF REALTORS 91-0723769 Page								
Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued)									
 Using the organization's acquisition items (check all that apply) Public exhibition 	on, accession,		ck any of the following the	at are a significant use	of its colle	ection			
—		—	or exchange programs						
b Scholarly research e Other									
c Preservation for future generations 4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIV									
5 During the year, did the organizat assets to be sold to raise funds ra	tion solicit or re ather than to be	ceive donations of art, e maintained as part of	historical treasures, or of the organization's collection	other similar	Yes	No			
Part IV Escrow and Custodia 9, or reported an amo	! Arrangeme	ents. Complete if	organization answer		90, Part	IV, line			
1a Is the organization an agent, trus included on Form 990, Part X?				assets not	Yes	No			
b If 'Yes,' explain the arrangement	in Part XIV and	d complete the followin	g table		·				
				 	Amount				
c Beginning balance				1c					
d Additions during the year				1d					
e Distributions during the year				1e					
f Ending balance		000 D-4 V L 013		[1f]	П V	No			
2a Did the organization include an a		1 990, Part X, line 217			Yes	□ио			
b If 'Yes,' explain the arrangement Part V Endowment Funds. Co		o organization and	swared 'Ves' to Fore	m 990 Part IV line	10				
Part V Endowment Funds. Co	(a) Current v				T	ır years back			
1 a Beginning of year balance	(a) current	(b) Filor yea	(c) Two years back	(u) Thice years back	(0)100	ii years buck			
b Contributions									
b Contributions					 	 			
c Net investment earnings, gains, and losses									
d Grants or scholarships									
 Other expenditures for facilities and programs 					ļ				
f Administrative expenses									
g End of year balance			_ <u></u>						
Provide the estimated percentage	e of the year er	nd balance held as							
a Board designated or quasi-endow	vment 🟲	<u> </u>							
b Permanent endowment ►	%								
c Term endowment ►	 %								
3a Are there endowment funds not a organization by	n the possession	on of the organization t	hat are held and adminis	stered for the		res No			
(i) unrelated organizations					3a(i)				
(ii) related organizations					3a(ii)				
b If 'Yes' to 3a(II), are the related of		3b							
4 Describe in Part XIV the intended									
Part VI Land, Buildings, and	Equipment.	See Form 990, P	art X, line 10.						
Description of investment (a) Cost or other basis (investment) (b) Cost or other basis (c) Accumulated depreciation (d) Book value									
1 a Land									
b Buildings	b Buildings 100,000. 53,934.					46,066.			
c Leasehold improvements	ļ		15,074.	15,074.		0.			
d Equipment].		11,870.	10,922.		948.			
e Other			<u> </u>						
Total. Add lines 1a through 1e (Colum	n (d) must equ	al Form 990, Part X, co	olumn (B), line 10(c))	>		76,918.			
BAA				Sche	dule D (Fo	rm 990) 2010			

Schedule [O (Form 990) 2010 KITSAP COUNTY ASS	OCIATION OF REA	LTORS	91-072	3769 Page 3
Part VII	Investments-Other Securities. See	Form 990, Part X, Iır	ne 12.		
	(a).Description of security or category (including name of security)	(b) Book value		(c) Method of valuati Cost or end-of-year mark	
(1) Financ	ial derivatives				
(2) Closely	y-held equity interests				
(3) Other					
(A)					_
<u>(B)</u>			_		
(C)					
(D)					
(E)					
 _(F)					
(G)					
(H)					
(1)					
	mn (b) must equal Form 990 Part X, column (B) line 12)	•			•
	Investments-Program Related. (See	Form 990, Part X.	ine 13)		
	(a) Description of investment type	(b) Book value		(c) Method of valuati	on
		(4) 2001, (4.00		Cost or end-of-year mark	
(1)					
(2)			·		
(3)					
(4)					
(5)	• •				
(6)					
(7)					
(8)					
(9)					
(10)					
	mn (b) must equal Form 990, Part X, column (B) line 13)	>			
Part IX	Other Assets. (See Form 990, Part X				•
		escription			(b) Book value
(1)					
(2)					
(3)					
(4)		····			* \
(5)					
(6)				-	
(7)					· · · · · · · · · · · · · · · · · · ·
(8)					
(9)					
(10)					
	olumn (b) must equal Form 990, Part X, column(b	2) line 15)		>	
Part X	Other Liabilities. (See Form 990, Par			·	· · · · · ·
raitA	(a) Description of liability	(b) Amount	<u> </u>	<u>.</u>	
(1) Fodo	eral income taxes	(b) Amount			
		1 51	-		
	ATE AND NATIONAL DUES PAYABLE	1,51			
	AC FUNDS PAYABLE	14	0.		
(4)					
(5)		· · · · · · · · · · · · · · · · · · ·			
(6)			_		
(7)					
(8)			_		
(9)					
(10)	· · · · · · · · · · · · · · · · · · ·				
(11)					
Total. (Colum	mn (b) must equal Form 990, Part X, column (B) line 25)	▶ 1,65	1.		
2. FIN 48 organization	(ASC 740) Footnote. In Part XIV, provide the text on's liability for uncertain tax positions under FIN	of the footnote to the org 48 (ASC 740)	anızatıon's f	inancial statements that rep	ports the

_	edule D (Form 990) 2010 KITSAP COUNTY ASSOCIATION OF REAL		91-0723769	Page 4
Pai	t XI Reconciliation of Change in Net Assets from Form 990 to Audited Finan	ncial Statements		
1	Total revenue (Form 990, Part VIII,column (A), line 12)			
2	Total expenses (Form 990, Part IX, column (A), line 25)			
3	Excess or (deficit) for the year Subtract line 2 from line 1			
4	Net unrealized gains (losses) on investments			
5	Donated services and use of facilities			
6	Investment expenses		-	
7	Prior period adjustments			
8	Other (Describe in Part XIV)			
9	Total adjustments (net) Add lines 4 through 8			
10 Bä			o nor Boturn	
	rt XII Reconciliation of Revenue per Audited Financial Stateme	iils willi Kevellu	1	
1	Total revenue, gains, and other support per audited financial statements Amounts included on line 1 but not on Form 990, Part VIII, line 12		, -, ,	
	a Net unrealized gains on investments	2a	1 mg 2 mg 1 mg 1 mg 1 mg 1 mg 1 mg 1 mg	
	b Donated services and use of facilities	2 b		
	c Recoveries of prior year grants	2 c		
	d Other (Describe in Part XIV)	2d		
	e Add lines 2a through 2d		F44	
	Subtract line 2e from line 1		2e 3	
		1 1	3 25,4,	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1	4.0		
	a Investments expenses not included on Form 990, Part VIII, line 7b b Other (Describe in Part XIV)	4a 4b		
	c Add lines 4a and 4b	40		
	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)		4c 5	
	rt XIII Reconciliation of Expenses per Audited Financial Statem	ents With Eynen		
1	Total expenses and losses per audited financial statements	iones with Expen	1	
,	Amounts included on line 1 but not on Form 990, Part IX, line 25			
	a Donated services and use of facilities	2 a		
	b Prior year adjustments	2b		
	c Other losses	2c		
	d Other (Describe in Part XIV)	2 d		
	e Add lines 2a through 2d		2e	
	Subtract line 2e from line 1		3	
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		7,1	
	a Investments expenses not included on Form 990, Part VIII, line 7b	4a		
	b Other (Describe in Part XIV)	4b		
	c Add lines 4a and 4b		4c	
	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18))	5	
	rt XIV Supplemental Information			
Part	nplete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part V, line 4, Part X, line 2, Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, li additional information	nes 2d and 4b Also c	complete this part to provide	
				 .
- -				
BAA	TEEA3304 02/11/11		Schedule D (Forn	n 990) 2010

SCHEDULE I (Form 990)

(Form 990)
Department of the Treasury
Internal Revenue Service

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

Complete if the organization answered 'Yes,' to Form 990, Part IV, lines 21 or 22. ► Attatch to Form 990.

2010

OMB No 1545-0047

Open to Publicate Inspections

× **ջ** □ (h) Purpose of grant or assistance **Employer identification number** X Yes Form 990, Part IV, line 21 for any recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000 Part'II. Grants and Other Assistance to Governments and Organizations in the United States. Complete If the organization answered 'Yes' to 91-0723769 (g) Description of non-cash assistance 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? (f) Method of valuation (book, FMV, appraisal, other) (e) Amount of non-cash assistance Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States (d) Amount of cash grant (c) IRC section if applicable Part II can be duplicated if additional space is needed Enter total number of section 501(c)(3) and government organizations KITSAP COUNTY ASSOCIATION OF REALTORS

Part | General Information on Grants and Assistance (b) EIN 3 Enter total number of other organizations 1 (a) Name and address of organization or government Name of the organization ı 5 3 ଫ୍ର 6 ତ୍ର 8 ₹ 6

Schedule I (Form 990) 2010

10/29/10

TEEA3901

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

Page 2 Part III - Grants and Other Assistance to Individuals in the United States. Complete if the organization answered 'Yes' to Form 990, Part IV, line 22.

Part III can be duplicated if additional space is needed. (f) Description of non-cash assistance PartiVes Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information. (e) Method of valuation (book, FMV, appraisal, other) POLICY CRITERIA REQUIRES DOCUMENTATION REVIEW BY THE EXECUTIVE (d) Amount of non cash assistance 1,000 (c) Amount of cash grant DIRECTOR AND THE PRESIDENT (b) Number of recipients (a) Type of grant or assistance 1 RAIN CONTRIBUTION Pt_I Line 2 Pt_I_Line_2 Ŋ

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9

Schedule I (Form 990) 2010

BAA

SCHEDULE O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

2010

Open to Public Inspection

Employer identification number

Department of the Treasury Internal Revenue Service Name of the organization 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.

KITSAP COUNTY ASS	OCIATION OF REALTORS	91-0723769
Pt VI-A, Line 8a	MINUTES ARE RECORDED AT EACH MEETING & APPROVE	D_BY_THE_BOARD
Pt VI-A, Line 8b	MINUTES ARE RECORDED AT EACH MEETING & APPROVE	D_BY_THE_BOARD
Pt VI-B, Line 11a	A COPY OF THIS RETURN WAS AVAILABLE TO ALL OFF.	ICERS
	AND DIRECTORS FOR REVIEW PRIOR TO FILING	
Pt VI-C, Line 19	THE ORGANIZATION'S ARTICLES OF INCORPORATION A	RE ON
	FILE WITH AND AVAILABLE FROM THE WASHINGTON STA	ATE SECRETARY
	OF STATE. ALSO, ALL THE ORGANIZATIONAL DOCUME	NTS_ARE
	AVAILABLE FOR REVIEW BY APPOINTMENT AT 3689 MU	NSON STREET,
	SILVERDALE, WA 98383	
Pt_XII, Line 1	THE ORGANIZATION USES THE CASH BASIS MODIFIED	TO
	REFLECT PREPAID MEMBER DUES AND ACCRUED PAYROL	L_TAXES
Pt_VI-B, Line 15	COMPENSATION WAS REVIEWED BY AN INDEPENDENT	
	CONSULTANT USING COMPARABLE TRADE ASSOCIATIONS	INFORMATION
	AND APPROVED BY THE BOARD OF DIRECTORS AS RECO	RDED
	IN THE BOARD MINUTES	
		·

Form 4562

Department of the Treasury Internal Revenue Service

Depreciation and Amortization (Including Information on Listed Property)

OMB No 1545 0172

2010

Attachment Sequence No

Name(s) shown on return Identifying number KITSAP COUNTY ASSOCIATION OF REALTORS 91-0723769 Business or activity to which this form relates Form 990 / Form 990EZ Election To Expense Certain Property Under Section 179 Note: If you have any listed property, complete Part V before you complete Part I Part I 1 Maximum amount (see instructions) 2 Total cost of section 179 property placed in service (see instructions) 2 3 Threshold cost of section 179 property before reduction in limitation (see instructions) Reduction in limitation Subtract line 3 from line 2. If zero or less, enter -0-4 5 Dollar limitation for tax year Subtract line 4 from line 1 If zero or less, enter -0- If married filing separately, see instructions 6 (a) Description of property (b) Cost (business use only) (c) Elected cost Listed property Enter the amount from line 29 7 Total elected cost of section 179 property Add amounts in column (c), lines 6 and 7 8 9 Tentative deduction Enter the smaller of line 5 or line 8 10 10 Carryover of disallowed deduction from line 13 of your 2009 Form 4562 11 Business income limitation. Enter the smaller of business income (not less than zero) or line 5 (see instrs) 11 12 Section 179 expense deduction Add lines 9 and 10, but do not enter more than line 11 12 Carryover of disallowed deduction to 2011 Add lines 9 and 10, less line 12 Note: Do not use Part II or Part III below for listed property Instead, use Part V Special Depreciation Allowance and Other Depreciation (Do not include listed property) (See instructions) Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year (see instructions) 14 15 Property subject to section 168(f)(1) election Other depreciation (including ACRS) 16 MACRS Depreciation (Do not include listed property) (See instructions) Section A 17 MACRS deductions for assets placed in service in tax years beginning before 2010 3,194 18 If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here Section B -Assets Placed in Service During 2010 Tax Year Using the General Depreciation System (C) Basis for depreciation (a) Classification of property (b) Month and (e) (g) Depreciation Convention year placed in service (business/investment use Recovery period deduction only - see instructions) 19a 3-year property **b** 5-year property c 7-year property d 10-year property e 15-year property f 20-year property a 25-year property 25 yrs S/L h Residential rental 27.5 yrs MM S/L property 27.5 yrs MM S/L i Nonresidential real MM 39 yrs S/L property MM S/L Section C - Assets Placed in Service During 2010 Tax Year Using the Alternative Depreciation System 20 a Class life S/L b 12-year 12 yrs S/L **c** 40-year 40 yrs MM S/L Part IV | Summary (See instructions) 0. 21 Listed property Enter amount from line 28 21

the appropriate lines of your return Partnerships and S corporations — see instructions

For assets shown above and placed in service during the current year, enter

Total Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on

23

22

Part V Listed Property (Include automobiles, certain other vehicles, certain computers, and property used for entertainment, recreation, or amusement)

Note: For any vehicle for which you are using the standard mileage rate or deducting lease expense, complete only 24a, 24b, columns (a) through (c) of Section A, all of Section B, and Section C if applicable

		(a) till dagir (c)												 .		
24.0		n A – Deprecia				_	ee the ii		$\overline{}$		nits for es,' is the			mobiles)		X No
24 a	Do you have evidend					<u> </u>		Ш				I				
Туј	(a) pe of property (list vehicles first)	(b) Date placed in service	Business/ investment use percentage	(d) Cost other b	OI	(e) Basis for depreciation (business/investment use only)		tion ient	nt (f) Recovery period		(g) Method/ Convention		od/ Depreciation		(i) Elected section 179 cost	
25	Special depreciation allowance for qualified listed property placed in service during the tax year and used more than 50% in a qualified business use (see instructions) 25															
26	Property used r	more than 50%	in a qualified	business i	use				,							
FAX	<u> </u>	01/01/97	100.00	1	<u>,600.</u>		1,60	00.	7.	00	2001	DB-HY	-HY 0		ч—	
			-			ļ			ļ <u>-</u>						┧	
		<u></u>	I			ļ			L							
27	Property used 5	0% or less in a	qualified bus	iness use		1			1						T	
											-				-	
			ļ			<u> </u>									-	
28	Add amounts in	column (b) lin	les 25 through	27 Enter	here an	d on line	e 21 na	ne i	1 1		_1	28		0	┪	
	Add amounts in		_				c - 1, pc	age .	•					29	+	
	, ad diriodiks in	r column (ly, link	DEO EMONTO	Section			on Use	of \	/ehicle	s			-	1 = 0		
	plete this section our employees, fi															cles
				(a)	(t))		(c)		(0	l)	(6	∍)	(1	f)
30	Total business/ during the year commuting mile	(do not include		Vehi	icle 1	Vehi	cle 2	,	Vehicle	: 3	Vehicle 4		Vehi	cle 5	Vehicle 6	
31	Total commuting m	niles driven during t	he year													
32	? Total other personal (noncommuting) miles driven											_				
33		Total miles driven during the year Add lines 30 through 32							1							
				Yes	No	Yes	No	Y	es	No	Yes	No	Yes	No	Yes	No
34	Was the vehicle during off-duty	e available for p hours?	ersonal use		ļ											
35		or related pers	on?					ļ								
36 	Is another vehi personal use?	cle available for	·		<u> </u>											
			C - Questio	-	•						-					
Ansv 5% (wer these questions or related	ons to determine d persons (see	e if you meet instructions)	an except	ion to co	mpletin	g Sectio	n B	for ver	ncles	used by	employ	ees who	o are not		
37	Do you maintai by your employ		cy statement	that prohib	uts all pe	ersonal u	use of v	ehic	les, inc	luding	g commi	uting,			Yes	No
38		n a written police the instruction														<u> </u>
39	Do you treat all	l use of vehicles	s by employee	es as pers	onal use	7										
40	Do you provide more than five vehicles to your employees, obtain information from your employees about the use of the vehicles, and retain the information received?															
41	Do you meet the Note: If your ar	ne requirements Inswer to 37, 38,	concerning q , 39, 40, or 41	ualified au	itomobile do not co	e demon omplete	stration Section	use B fo	? (See or the d	instri overe	uctions) ed vehici	les				<u></u>
Pai		ization														
		(a)		T	(b)		(c)			(d)		(e)		(f)	
	Des	Description of costs Date amortization begins Date amortization Amortizable code section amount Code period or period or percentage														
42	Amortization of	f costs that beg	ıns during yol	ur 2010 tax	year (s	ee ınstrı	uctions)									
														<u> </u>		
43	Amortization of	of costs that beg	jan before yo	ur 2010 tax	x year								43			
44	Total. Add am	ounts in column	n (f) See the	instruction	s for wh	ere to re	eport						44			

1

Supporting Statement of:

Form 990 p 9/Other amt. not included

Description	Amount
RAIN CONTRIBUTIONS	3,554.
NWMLS SUPPORT	31,900.
Total	35,454.