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Form 990

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 black lung benefit trust or private foundation)

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

OMB No 1545-0047

2011

Open to Public Inspection

A For the 2011 calendar year, or tax year beginning 01-01-2011 and ending 12-31-2011

B Check if applicable

☐ Address change

☐ Name change

☐ Initial return

☐ Terminated

☐ Amended return

☐ Application pending

C Name of organization

FLORIDA ASSOCIATION OF REALTORS INC

Doing Business As

FLORIDA REALTORS

Number and street (or P O box if mail is not delivered to street address)

PO BOX 725025

Room/suite

City or town, state or country, and ZIP + 4

ORLANDO, FL 328725025

F Name and address of principal officer

DAVID GARRISON

PO BOX 725025

ORLANDO, FL 328725025

H(a) Is this a group return for affiliates?

☐ Yes ☒ No

H(b) Are all affiliates included?

☐ Yes ☐ No

If "No," attach a list (see instructions)

H(c) Group exemption number

I Tax-exempt status

☐ 501(c)(3) ☒ 501(c) (6) ☐ (insert no) ☐ 4947(a)(1) or ☐ 527

J Website:

WWW.FLORIDAREALTORS.ORG

K Form of organization

☒ Corporation ☐ Trust ☐ Association ☐ Other

L Year of formation

1970

M State of legal domicile

FL

Part I

Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities SUPPORTING THE REAL ESTATE INDUSTRY IN FLORIDA		
Revenue	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets		
	3 Number of voting members of the governing body (Part VI, line 1a)	3	472
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	472
	5 Total number of individuals employed in calendar year 2011 (Part V, line 2a)	5	89
	6 Total number of volunteers (estimate if necessary)	6	0
	7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	1,310,164
	7b Net unrelated business taxable income from Form 990-T, line 34	7b	-3,128,916
Expenses			
	8 Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
	9 Program service revenue (Part VIII, line 2g)	0	0
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	15,943,627	15,765,470
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	384,789	1,013,256
	12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	618,695	941,074
		16,947,111	17,719,800
Net Assets or Fund Balances	13 Grants and similar amounts paid (Part IX, column (A), lines 1–3)		
	14 Benefits paid to or for members (Part IX, column (A), line 4)	170,308	140,931
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	0	0
	16a Professional fundraising fees (Part IX, column (A), line 11e)	7,171,543	7,682,306
	7b Total fundraising expenses (Part IX, column (D), line 25) <input type="checkbox"/> 0	0	0
	17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)		
	18 Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	14,063,543	9,156,620
	19 Revenue less expenses Subtract line 18 from line 12	21,405,394	16,979,857
		-4,458,283	739,943
	20 Total assets (Part X, line 16)	Beginning of Current Year	End of Year
	21 Total liabilities (Part X, line 26)	20,308,148	20,799,820
	22 Net assets or fund balances Subtract line 21 from line 20	3,023,572	4,181,757
		17,284,576	16,618,063

Part II

Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here

Signature of officer

2012-11-13

Date

DAVID GARRISON CFO

Type or print name and title

Paid Preparer's Use Only

Preparer's signature

THERESA A BURDINE

Date

Check if self-employed ☐

Preparer's taxpayer identification number (see instructions)

P00362629

Firm's name (or yours if self-employed), address, and ZIP + 4

MCGLADREY LLP

7351 OFFICE PARK PL

MELBOURNE, FL 32940

EIN ☐ 42-0714325

Phone no ☐ (321) 751-6200

May the IRS discuss this return with the preparer shown above? (see instructions)

☐ Yes ☐ No

For Paperwork Reduction Act Notice, see the separate instructions.

Cat No 11282Y

Form 990 (2011)

Part III

Statement of Program Service Accomplishments

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

1

Briefly describe the organization’s mission

SUPPORTING THE REAL ESTATE INDUSTRY IN FLORIDA

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

☒ No

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 services?

☐ Yes

☒ No

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 and section 4947(a)(1) trusts 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 \$)

FURTHERANCE OF THE REAL ESTATE INDUSTRY IN FLORIDA PUBLICATIONS INCLUDE THE "FLORIDA REALTOR" MAGAZINE

4b

(Code) (Expenses \$ including grants of \$) (Revenue \$)

4c

(Code) (Expenses \$ including grants of \$) (Revenue \$)

4d

Other program services (Describe in Schedule O)
















(Expenses \$ including grants of \$) (Revenue \$)

4e

Total program service expenses \$

Part IV

Checklist of Required Schedules

		Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A</i>		No
2	Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> (see instructions)?		No
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i> 	Yes	
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? <i>If "Yes," complete Schedule C, Part II</i>		
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? <i>If "Yes," complete Schedule C, Part III</i> 	Yes	
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? <i>If "Yes," complete Schedule D, Part I</i> 		No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? <i>If "Yes," complete Schedule D, Part II</i> 		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i> 		No
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? <i>If "Yes," complete Schedule D, Part IV</i> 		No
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i> 		No
11	If the organization's answer to any of the following questions is 'Yes,' then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable		
a	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI.</i> 	Yes	
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? <i>If "Yes," complete Schedule D, Part VII.</i> 		No
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? <i>If "Yes," complete Schedule D, Part VIII.</i> 		No
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? <i>If "Yes," complete Schedule D, Part IX.</i> 		No
e	Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X.</i> 	Yes	
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)? <i>If "Yes," complete Schedule D, Part X.</i> 	Yes	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI, XII, and XIII</i> 		No
b	Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered 'No' to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional</i> 	Yes	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>		No
14a	Did the organization maintain an office, employees, or agents outside of the United States?		No
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? <i>If "Yes," complete Schedule F, Part I</i>		No
15	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 U S ? <i>If "Yes," complete Schedule F, Part II and IV</i>		No
16	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 U S ? <i>If "Yes," complete Schedule F, Part III and IV</i>		No
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? <i>If "Yes," complete Schedule G, Part I</i>		No
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>		No
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>		No
20a	Did the organization operate one or more hospitals? <i>If "Yes," complete Schedule H</i>		No
b	If "Yes" to line 20a, did the organization attach its audited financial statement to this return? Note. All Form 990 filers that operated one or more hospitals must attach audited financial statements		

Part IV

Checklist of Required Schedules (continued)

21	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? <i>If "Yes," complete Schedule I, Parts I and II</i>	21	Yes	
22	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? <i>If "Yes," complete Schedule I, Parts I and III</i>	22	Yes	
23	Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>	23	Yes	
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? <i>If "Yes," answer questions 24b–24d and complete Schedule K. If "No," go to line 25</i>	24a		No
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?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
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? <i>If "Yes," complete Schedule L, Part I</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? <i>If "Yes," complete Schedule L, Part I</i>	25b		
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? <i>If "Yes," complete Schedule L, Part II</i>	26		No
27	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? <i>If "Yes," complete Schedule L, Part III</i>	27		No
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? <i>If "Yes," complete Schedule L, Part IV</i>	28a		No
b	A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>	28b		No
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 owner? <i>If "Yes," complete Schedule L, Part IV</i>	28c		No
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	29		No
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>	31		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>	32		No
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? <i>If "Yes," complete Schedule R, Part I</i>	33	Yes	
34	Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1</i>	34	Yes	
35a	Is any related organization a controlled entity of the filing organization within the meaning of section 512(b)(13)?	35a		No
b	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>	35b		No
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>	36		
37	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? <i>If "Yes," complete Schedule R, Part VI</i>	37		No
38	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	38	Yes	

Part V Statements Regarding Other IRS Filings and Tax Compliance		
Check if Schedule O contains a response to any question in this Part V <input type="checkbox"/>		
		YesNo
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable. .	1a78
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable.	1b0
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c
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. .	2a89
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions).	2bYes
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3aYes
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O.	3bYes
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 or securities account)? .	4aNo
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?	5aNo
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5bNo
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible?	6aNo
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b
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 services provided to the payor?	7a
b	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 was required to file Form 8282?	7c
d	If "Yes," indicate the number of Forms 8282 filed during the year.	7d0
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h
8 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 holdings at any time during the year?		
8		
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?	9b
10 Section 501(c)(7) organizations. Enter		
a	Initiation fees and capital contributions included on Part VIII, line 12.	10a
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.	11a
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them).	11b
12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year.	12b
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? Note. All 501(c)(29) organizations must list in Schedule O each state in which they are licensed to issue qualified health plans, the amount of reserves required by each state, and the amount of reserves the organization allocated to each state.	13a
b	Enter the aggregate amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans.	13b
c	Enter the aggregate amount of reserves on hand.	13c
14a Did the organization receive any payments for indoor tanning services during the tax year?		
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O.	14b

Part VI

Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to lines 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.
Check if Schedule O contains a response to any question in this Part VI ☒

Section A. Governing Body and Management

		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year		
1a	472		
b	Enter the number of voting members included in line 1a, above, who are independent	1b	472
2	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	Yes
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?	3	No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4	No
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5	No
6	Did the organization have members or stockholders?	6	No
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	No
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b	No
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following		
a	The governing body?	8a	Yes
b	Each committee with authority to act on behalf of the governing body?	8b	Yes
9	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 in Schedule O	9	No

Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)

		Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a	Yes
b	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	Yes
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	No
b	Describe in Schedule O the process, if any, used by the organization to review the Form 990		
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Yes
b	Were officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	12c	Yes
13	Did the organization have a written whistleblower policy?	13	Yes
14	Did the organization have a written document retention and destruction policy?	14	Yes
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?		
a	The organization's CEO, Executive Director, or top management official	15a	Yes
b	Other officers or key employees of the organization	15b	Yes
	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	No
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?	16b	

Section C. Disclosure

17	List the States with which a copy of this Form 990 is required to be filed <input checked="" type="checkbox"/> FL
18	Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply. <input checked="" type="checkbox"/> Own website <input type="checkbox"/> Another's website <input type="checkbox"/> Upon request
19	Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, and financial statements available to the public. See Additional Data Table.
20	State the name, physical address, and telephone number of the person who possesses the books and records of the organization. <input checked="" type="checkbox"/> DAVID B GARRISON 7025 AUGUSTA NATIONAL BLVD ORLANDO, FL 32822 (407) 438-1400

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

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

Form **990** (2011)

Part VII

1b	Sub-Total	▼			
c	Total from continuation sheets to Part VII, Section A	▼			
d	Total (add lines 1b and 1c)	▼	1,140,206	0	103,791

2 Total number of individuals (including but not limited to those listed in Item 1) who received more than \$100,000 of reportable compensation from the organization. 7

		Yes	No
3	Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>	3	No
4	For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual</i>	4	Yes
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i>	5	No

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	(B) Description of services	(C) Compensation

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization ►0

Part VIII

Statement of Revenue

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514	
Contributions, gifts, grants and other similar amounts	1a	Federated campaigns . . .	1a					
	b	Membership dues	1b					
	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 \$ _____						
	h	Total. Add lines 1a-1f						
Program Service Revenue			Business Code					
	2a	MEMBER DUES	900099	14,660,423	14,660,423			
	b	FLORIDA REALTOR MAGAZI	541800	440,479		440,479		
	c	CONVENTIONS, EXHIBIT	900099	391,858	391,858			
	d	TUITION	900099	162,100	162,100			
	e	OTHER ADVERTISING	541800	110,610		110,610		
	f	All other program service revenue						
	g	Total. Add lines 2a-2f		15,765,470				
Other Revenue	3	Investment income (including dividends, interest and other similar amounts)		326,898		3,205	323,693	
	4	Income from investment of tax-exempt bond proceeds . . .						
	5	Royalties		157,247		157,247		
	6a	(i) Real		(ii) Personal				
		Gross rents	11,081					
		b Less rental expenses	0					
		c Rental income or (loss)	11,081					
	d	Net rental income or (loss)		11,081			11,081	
	7a	(i) Securities		(ii) O ther				
		Gross amount from sales of assets other than inventory	10,213,068	2,570				
		b Less cost or other basis and sales expenses	9,529,280	0				
		c Gain or (loss)	683,788	2,570				
	d	Net gain or (loss)		686,358			686,358	
	8a	Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c) See Part IV, line 18	a					
	b	Less direct expenses	b					
	c	Net income or (loss) from fundraising events . . .						
	9a	Gross income from gaming activities See Part IV, line 19	a					
	b	Less direct expenses	b					
	c	Net income or (loss) from gaming activities . . .						
	10a	Gross sales of inventory, less returns and allowances	a					
	b	Less cost of goods sold	b					
c	Net income or (loss) from sales of inventory . . .							
Miscellaneous Revenue		Business Code						
11a	REIS - SERVICE FEES	561499	580,622		580,622			
b	OTHER REVENUE	900099	174,123	174,123				
c	REIS - OTHER INCOME	561499	18,001		18,001			
d	All other revenue							
e	Total. Add lines 11a-11d		772,746					
12	Total revenue. See Instructions		17,719,800	15,388,504	1,310,164	1,021,132		

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)

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.		(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and organizations in the United States See Part IV, line 21	112,931			
2	Grants and other assistance to individuals in the United States See Part IV, line 22	28,000			
3	Grants and other assistance to governments, organizations, and individuals outside the United States See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees	326,333			
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	6,837,562			
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	153,956			
9	Other employee benefits				
10	Payroll taxes	364,455			
11	Fees for services (non-employees)				
a	Management				
b	Legal	490,721			
c	Accounting	21,489			
d	Lobbying	111,043			
e	Professional fundraising See Part IV, line 17				
f	Investment management fees				
g	Other	567,142			
12	Advertising and promotion	176,102			
13	Office expenses	1,040,534			
14	Information technology	763,096			
15	Royalties				
16	Occupancy	621,565			
17	Travel	865,204			
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	950,757			
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	917,652			
23	Insurance	553,577			
24	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	MAGAZINE AND INTERNET	575,584			
b	SUPPLIES	246,689			
c	SPEAKER FEES	234,343			
d	BANK SERVICE CHARGES	233,072			
e					
f	All other expenses	788,050			
25	Total functional expenses. Add lines 1 through 24f	16,979,857			
26	Joint costs. Check here <input checked="" type="checkbox"/> 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				

Part X

Balance Sheet

					(A)		(B)
					Beginning of year		End of year
Assets	1	Cash—non-interest-bearing			5,660,946	1	6,679,718
	2	Savings and temporary cash investments				2	
	3	Pledges and grants receivable, net				3	
	4	Accounts receivable, net			86,261	4	160,023
	5	Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L				5	
	6	Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B). Complete Part II of Schedule L				6	
	7	Notes and loans receivable, net				7	
	8	Inventories for sale or use				8	
	9	Prepaid expenses and deferred charges			366,691	9	452,319
	10a	Land, buildings, and equipment, cost or other basis. Complete Part VI of Schedule D	10a	12,369,756	3,834,993	10c	3,553,429
	b	Less: accumulated depreciation	10b	8,816,327			
	11	Investments—publicly traded securities			9,336,420	11	9,120,870
	12	Investments—other securities. See Part IV, line 11			233,914	12	230,128
	13	Investments—program-related. See Part IV, line 11				13	
	14	Intangible assets				14	
	15	Other assets. See Part IV, line 11			788,923	15	603,333
16	Total assets. Add lines 1 through 15 (must equal line 34)			20,308,148	16	20,799,820	
Liabilities	17	Accounts payable and accrued expenses			749,795	17	856,208
	18	Grants payable				18	
	19	Deferred revenue			2,031,522	19	3,087,080
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D				21	
	22	Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L				22	
	23	Secured mortgages and notes payable to unrelated third parties				23	
	24	Unsecured notes and loans payable to unrelated third parties				24	
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D			242,255	25	238,469
	26	Total liabilities. Add lines 17 through 25			3,023,572	26	4,181,757
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.						
	27	Unrestricted net assets			17,284,576	27	16,618,063
	28	Temporarily restricted net assets				28	
	29	Permanently restricted net assets				29	
	Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 30 through 34.						
	30	Capital stock or trust principal, or current funds				30	
	31	Paid-in or capital surplus, or land, building or equipment fund				31	
	32	Retained earnings, endowment, accumulated income, or other funds				32	
	33	Total net assets or fund balances			17,284,576	33	16,618,063
34	Total liabilities and net assets/fund balances			20,308,148	34	20,799,820	

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	17,719,800
2	Total expenses (must equal Part IX, column (A), line 25)	2	16,979,857
3	Revenue less expenses Subtract line 2 from line 1	3	739,943
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	17,284,576
5	Other changes in net assets or fund balances (explain in Schedule O)	5	-1,406,456
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	16,618,063

Part XII Financial Statements and Reporting

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

		Yes	No
1	Accounting method used to prepare the Form 990 <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		No
b	Were the organization's financial statements audited by an independent accountant?		No
c	If "Yes," to 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O		
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a separate basis, consolidated basis, or both <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separated basis		
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?		No
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 in Schedule O and describe any steps taken to undergo such audits		

SCHEDULE C

(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Political Campaign and Lobbying Activities

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

▶ Complete if the organization is described below.

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

OMB No 1545-0047

2011

Open to Public Inspection

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

If the organization answered “Yes,” to Form 990, Part IV, Line 5 (Proxy Tax) or Form 990-EZ, line 35c (Proxy Tax), then

- Section 501(c)(4), (5), or (6) organizations Complete Part III

Name of the organization FLORIDA ASSOCIATION OF REALTORS INC	Employer identification number 59-0245475
---	--

Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization.

1

Provide a description of the organization's direct and indirect political campaign activities on behalf of or in opposition to candidates for public office in Part IV

2

Political expenditures

▶ \$ 4,528,000

3

Volunteer hours

Part I-B Complete if the organization is exempt under section 501(c)(3).

1

Enter the amount of any excise tax incurred by the organization under section 4955

▶ \$

2

Enter the amount of any excise tax incurred by organization managers under section 4955

▶ \$

3

If the organization incurred a section 4955 tax, did it file Form 4720 for this year?

☐ Yes ☐ No

4a

Was a correction made?

☐ Yes ☐ No

b

If "Yes," describe in Part IV

Part I-C Complete if the organization is exempt under section 501(c) except section 501(c)(3).

1

Enter the amount directly expended by the filing organization for section 527 exempt function activities

▶ \$

2

Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt funtion activities

▶ \$ 4,528,000

3

Total exempt function expenditures Add lines 1 and 2 Enter here and on Form 1120-POL, line 17b

▶ \$ 4,528,000

4

Did the filing organization file Form 1120-POL for this year?

☐ Yes ☒ No

5

Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments For each organization listed, enter the amount paid from the filing organization's funds Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC) If additional space is needed, provide information in Part IV

(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-
(1) CITIZENS FOR LOWER TAXES INC	610 S BOULEVARD TAMPA, FL 33606		4,250,000	
(2) PROTECT YOUR VOTE INC	610 S BOULEVARD TAMPA, FL 33606		278,000	

Part II-A

Complete if the organization is exempt under section 501(c)(3) and filed Form 5768 (election under section 501(h)).

- A

Check

☐

if the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, EIN, expenses, and share of excess lobbying expenditures)
- B

Check

☐

if the filing organization checked box A and "limited control" provisions apply

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)		(a) Filing Organization's Totals	(b) Affiliated Group Totals												
1a Total lobbying expenditures to influence public opinion (grass roots lobbying)															
b Total lobbying expenditures to influence a legislative body (direct lobbying)															
c Total lobbying expenditures (add lines 1a and 1b)															
d Other exempt purpose expenditures															
e Total exempt purpose expenditures (add lines 1c and 1d)															
f Lobbying nontaxable amount Enter the amount from the following table in both columns															
<table><tr><td>If the amount on line 1e, column (a) or (b) is:</td><td>The lobbying nontaxable amount is:</td></tr><tr><td>Not over \$500,000</td><td>20% of the amount on line 1e</td></tr><tr><td>Over \$500,000 but not over \$1,000,000</td><td>\$100,000 plus 15% of the excess over \$500,000</td></tr><tr><td>Over \$1,000,000 but not over \$1,500,000</td><td>\$175,000 plus 10% of the excess over \$1,000,000</td></tr><tr><td>Over \$1,500,000 but not over \$17,000,000</td><td>\$225,000 plus 5% of the excess over \$1,500,000</td></tr><tr><td>Over \$17,000,000</td><td>\$1,000,000</td></tr></table>		If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount 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 \$1,500,000	\$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 \$1,500,000	Over \$17,000,000	\$1,000,000		
If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount 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 \$1,500,000	\$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 \$1,500,000														
Over \$17,000,000	\$1,000,000														
g Grassroots nontaxable amount (enter 25% of line 1f)															
h Subtract line 1g from line 1a If zero or less, enter -0-															
i Subtract line 1f from line 1c If zero or less, enter -0-															
j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?		<input type="checkbox"/> Yes <input type="checkbox"/> No													

4-Year Averaging Period Under Section 501(h)
(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the instructions for lines 2a through 2f on page 4.)

Lobbying Expenditures During 4-Year Averaging Period					
Calendar year (or fiscal year beginning in)	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) Total
2a Lobbying non-taxable amount					
b Lobbying ceiling amount (150% of line 2a, column(e))					
c Total lobbying expenditures					
d Grassroots non-taxable amount					
e Grassroots ceiling amount (150% of line 2d, column (e))					
f Grassroots lobbying expenditures					

Part II-B

Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).

		(a)		(b)
		Yes	No	Amount
1	During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of			
	a Volunteers?			
	b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?			
	c Media advertisements?			
	d Mailings to members, legislators, or the public?			
	e Publications, or published or broadcast statements?			
	f Grants to other organizations for lobbying purposes?			
	g Direct contact with legislators, their staffs, government officials, or a legislative body?			
	h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?			
	i Other activities? If "Yes," describe in Part IV			
	j Total 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 501(c)(5), or section 501(c)(6).

			Yes	No
1	Were substantially all (90% or more) dues received nondeductible by members?	1		No
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?	2		No
3	Did the organization agree to carryover lobbying and political expenditures from the prior year?	3	Yes	

Part III-B

Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or 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	14,660,423
2	Section 162(e) non-deductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).		
a	Current year	2a	262,849
b	Carryover from last year	2b	-10,342,810
c	Total	2c	-10,079,961
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	3	2,345,668
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	Taxable amount of lobbying and political expenditures (see instructions)	5	-12,425,629

Part IV

Supplemental Information

Complete 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 II-B, line 1i. Also, complete this part for any additional information.

Identifier	Return Reference	Explanation
ORGANIZATIONS DIRECT AND INDIRECT POLITICAL CAMPAIGN ACTIVITIES	PART I-A, LINE 1	THE ORGANIZATION CONTRIBUTES TO 527 PACS TO PROMOTE AND STRIVE FOR THE IMPROVEMENT OF GOVERNMENT BY ENCOURAGING AND STIMULATING REALTORS AND OTHERS TO TAKE A MORE ACTIVE AND EFFECTIVE PART IN GOVERNMENT AFFAIRS, TO ENCOURAGE REALTORS AND OTHERS TO UNDERSTAND THE NATURE AND ACTION OF THEIR GOVERNMENT, AND TO SUPPORT CANDIDATES FOR ELECTION TO PUBLIC OFFICE OF THE LOCAL, STATE AND NATIONAL GOVERNMENTS

SCHEDULE D
(Form 990)

Supplemental Financial Statements

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

OMB No 1545-0047

2011

Open to Public Inspection

Name of the organization

FLORIDA ASSOCIATION OF REALTORS INC

Employer identification number

59-0245475

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 donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?	<input type="checkbox"/> Yes <input type="checkbox"/> No
6	Did the organization inform all grantees, donors, and donor advisors in writing that grant funds may 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	<input type="checkbox"/> Yes <input type="checkbox"/> No

Part II

Conservation Easements. Complete 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 , recreation or pleasure) ☐ Preservation of an historically importantly land area
☐ Protection of natural habitat ☐ Preservation of a certified historic structure
☐ Preservation of open space

2

Complete lines 2a–2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year

	Held at the End of the Year
a	Total number of conservation easements
b	Total acreage restricted by conservation easements
c	Number of conservation easements on a certified historic structure included in (a)
d	Number of conservation easements included in (c) acquired after 8/17/06

3

Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the taxable year ► _____

4

Number of states where property subject to conservation easement is located ► _____

5

Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?

☐ Yes ☐ No

6

Staff and volunteer hours devoted to monitoring, inspecting and enforcing conservation easements during the year ► _____

7

Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements 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 170(h)(4)(B)(ii)?

☐ Yes ☐ No

9

In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements

Part III

Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" to Form 990, Part IV, line 8.

1a

If the organization elected, as permitted under SFAS 116, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items

b

If the organization elected, as permitted under SFAS 116, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items

(i)

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 art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 relating to these items

a

Revenues included in Form 990, Part VIII, line 1

► \$ _____

b

Assets included in Form 990, Part X

► \$ _____

Part III

Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued)

3

Using the organization's accession and other records, check any of the following that are a significant use of its collection items (check all that apply)

a

☐ Public exhibition

b

☐ Scholarly research

c

☐ Preservation for future generations

d

☐ Loan or exchange programs

e

☐ Other

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 organization solicit or receive donations of art, historical treasures or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?

☐ Yes

☐ No

Part IV

Escrow and Custodial Arrangements. Complete if the organization answered "Yes" to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

1a

Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?

☐ Yes

☐ No

b

If "Yes," explain the arrangement in Part XIV and complete the following table

c

Beginning balance

d

Additions during the year

e

Distributions during the year

f

Ending balance

	Amount
1c	
1d	
1e	
1f	

2a

Did the organization include an amount on Form 990, Part X, line 21?

☐ Yes

☐ No

b

If "Yes," explain the arrangement in Part XIV

Part V

Endowment Funds. Complete if the organization answered "Yes" to Form 990, Part IV, line 10.

	(a)Current Year	(b)Prior Year	(c)Two Years Back	(d)Three Years Back	(e)Four Years Back
1a	Beginning of year balance				
b	Contributions				
c	Investment earnings or losses				
d	Grants or scholarships				
e	Other expenditures for facilities and programs				
f	Administrative expenses				
g	End of year balance				

2

Provide the estimated percentage of the year end balance held as

a

Board designated or quasi-endowment ▶

b

Permanent endowment ▶

c

Term endowment ▶

3a

Are there endowment funds not in the possession of the organization that are held and administered for the organization by

(i)

unrelated organizations

(ii)

related organizations

3a(i)

Yes

No

3a(ii)

b

If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?

3b

4

Describe in Part XIV the intended uses of the organization's endowment funds

Part VI

Land, Buildings, and Equipment. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a	Land	1,070,517		1,070,517
b	Buildings	7,599,099	5,674,652	1,924,447
c	Leasehold improvements			
d	Equipment	3,700,140	3,141,675	558,465
e	Other			
Total.	Add lines 1a-1e (Column (d) should equal Form 990, Part X, column (B), line 10(c).)			3,553,429

Schedule D (Form 990) 2011

Part XI Reconciliation of Change in Net Assets from Form 990 to Financial Statements		
1	Total revenue (Form 990, Part VIII, column (A), line 12)	117,719,800
2	Total expenses (Form 990, Part IX, column (A), line 25)	216,979,857
3	Excess or (deficit) for the year Subtract line 2 from line 1	3739,943
4	Net unrealized gains (losses) on investments	4-1,246,456
5	Donated services and use of facilities	5
6	Investment expenses	6
7	Prior period adjustments	7
8	Other (Describe in Part XIV)	8-160,000
9	Total adjustments (net) Add lines 4 - 8	9-1,406,456
10	Excess or (deficit) for the year per financial statements Combine lines 3 and 9	10-666,513

Part XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Return		
1	Total revenue, gains, and other support per audited financial statements	116,473,344
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12	
a	Net unrealized gains on investments2a-1,246,456	
b	Donated services and use of facilities2b	
c	Recoveries of prior year grants2c	
d	Other (Describe in Part XIV)2d	
e	Add lines 2a through 2d2e-1,246,456	
3	Subtract line 2e from line 1317,719,800	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1	
a	Investment expenses not included on Form 990, Part VIII, line 7b4a	
b	Other (Describe in Part XIV)4b	
c	Add lines 4a and 4b4c0	
5	Total Revenue Add lines 3 and 4c. (This should equal Form 990, Part I, line 12)517,719,800	

Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return		
1	Total expenses and losses per audited financial statements	116,979,857
2	Amounts included on line 1 but not on Form 990, Part IX, line 25	
a	Donated services and use of facilities2a	
b	Prior year adjustments2b	
c	Other losses2c	
d	Other (Describe in Part XIV)2d	
e	Add lines 2a through 2d2e0	
3	Subtract line 2e from line 1316,979,857	
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:	
a	Investment expenses not included on Form 990, Part VIII, line 7b4a	
b	Other (Describe in Part XIV)4b	
c	Add lines 4a and 4b4c0	
5	Total expenses Add lines 3 and 4c. (This should equal Form 990, Part I, line 18)516,979,857	

Part XIV Supplemental Information

Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b, Part V, line 4, Part X, Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b. Also complete this part to provide any additional information.

Identifier	Return Reference	Explanation
DESCRIPTION OF UNCERTAIN TAX POSITIONS UNDER FIN 48	PART X	FIN 48 STATEMENT THE ORGANIZATION ADOPTED ACCOUNTING STANDARDS RELATING TO ACCOUNTING FOR UNCERTAINTY IN INCOME AS A RESULT OF THIS ADOPTION, MANAGEMENT ASSESSED WHETHER THERE WERE ANY UNCERTAIN TAX POSITIONS WHICH MAY GIVE RISE TO INCOME TAX LIABILITIES AND DETERMINED THAT THERE WERE NO SUCH MATTERS REQUIRING RECOGNITION IN THE ACCOMPANYING CONSOLIDATED FINANCIAL STATEMENTS THE ORGANIZATION FILES INCOME TAX RETURNS IN THE U S FEDERAL JURISDICTION AND IN THE STATE OF FLORIDA THE ORGANIZATION IS NO LONGER SUBJECT TO U S FEDERAL OR STATE INCOME TAX EXAMINATIONS BY TAX AUTHORITIES FOR YEARS BEFORE DECEMBER 31, 2008
PART XI, LINE 8 - OTHER ADJUSTMENTS		OTHER CHANGE IN NET ASSETS DUE TO PRIOR YEAR ADJUSTMENT -160,000

Schedule I
(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, line 21 or 22.
▶ Attach to Form 990

OMB No 1545-0047

2011

Open to Public
Inspection

Name of the organization
FLORIDA ASSOCIATION OF REALTORS INC

Employer identification number
59-0245475

Part I General Information on Grants and 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?

☒ Yes ☐ No

2

Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States

Part II Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to 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. Use Part IV and Schedule I-1 (Form 990) if additional space is needed ☐

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV , appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1) FLORIDA REALTORS EDUCATION FOUNDATIONPO BOX 725025 ORLANDO,FL 328725025	27-1388782	501(C)3	112,931				GRANT SCHOLARSHIPS

2

Enter total number of section 501(c)(3) and government organizations listed in the line 1 table

3

Enter total number of other organizations listed in the line 1 table

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.
Use Schedule I-1 (Form 990) if additional space is needed.

(a)Type of grant or assistance	(b)Number of recipients	(c)Amount of cash grant	(d)Amount of non-cash assistance	(e)Method of valuation (book, FMV, appraisal, other)	(f)Description of non-cash assistance
(1) SCHOLARSHIP AWARDS	16	28,000			

Part IV

Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information.

Identifier	Return Reference	Explanation
PROCEDURE FOR MONITORING GRANTS IN THE U S	PART I, LINE 2	SCHEDULE I, PART I, LINE 2 THE PROGRAM AND DISBURSEMENTS ARE SUPERVISED AND MONITORED BY THE VICE PRESIDENT OF COMMUNICATIONS

Schedule J
(Form 990)

Compensation Information

OMB No 1545-0047

2011

Open to Public Inspection

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

▶ Complete if the organization answered "Yes" to Form 990, Part IV, question 23.

▶ Attach to Form 990. ▶ See separate instructions.

Name of the organization FLORIDA ASSOCIATION OF REALTORS INC	Employer identification number 59-0245475
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Part I

Questions Regarding Compensation

	Yes	No
1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a Complete Part III to provide any relevant information regarding these items		
<input type="checkbox"/> First-class or charter travel		
<input type="checkbox"/> Travel for companions		
<input type="checkbox"/> Tax idemnification and gross-up payments		
<input type="checkbox"/> Discretionary spending account		
<input type="checkbox"/> Housing allowance or residence for personal use		
<input type="checkbox"/> Payments for business use of personal residence		
<input type="checkbox"/> Health or social club dues or initiation fees		
<input type="checkbox"/> Personal services (e g , maid, chauffeur, chef)		
1b If any of the boxes in line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all the expenses described above? If "No," complete Part III to explain		
2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a?		
3 Indicate which, if any, of the following the organization uses to establish the compensation of the organization's CEO/Executive Director Check all that apply		
<input type="checkbox"/> Compensation committee		
<input checked="" type="checkbox"/> Independent compensation consultant		
<input type="checkbox"/> Form 990 of other organizations		
<input type="checkbox"/> Written employment contract		
<input type="checkbox"/> Compensation survey or study		
<input type="checkbox"/> Approval by the board or compensation committee		
4 During the year, did any person listed in Form 990, Part VII, Section A, line 1a with respect to the filing organization or a related organization		
a Receive a severance payment or change-of-control payment?		No
b Participate in, or receive payment from, a supplemental nonqualified retirement plan?		No
c Participate in, or receive payment from, an equity-based compensation arrangement?		No
If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III		
Only 501(c)(3) and 501(c)(4) organizations only must complete lines 5-9.		
5 For persons listed in form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of		
a The organization?		
b Any related organization?		
If "Yes," to line 5a or 5b, describe in Part III		
6 For persons listed in form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of		
a The organization?		
b Any related organization?		
If "Yes," to line 6a or 6b, describe in Part III		
7 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III		
8 Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regs section 53 4958-4(a)(3)? If "Yes," describe in Part III		
9 If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53 4958-6(c)?		

For each individual whose compensation must be reported in 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 are not 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, columns (D) and (E) for that individual.

[illegible]

Part III **Supplemental Information**

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

Identifier	Return Reference	Explanation
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SCHEDULE O
(Form 990 or 990-EZ)Department of the Treasury
Internal Revenue Service**Supplemental Information to Form 990 or 990-EZ****Complete to provide information for responses to specific questions on
Form 990 or to provide any additional information.
▶ Attach to Form 990 or 990-EZ.**

OMB No 1545-0047

2011**Open to Public
Inspection**Name of the organization
FLORIDA ASSOCIATION OF REALTORS INC**Employer identification number**

59-0245475

Identifier	Return Reference	Explanation
	FORM 990, PART VI, SECTION A, LINE 2	THE FOLLOWING BOARD MEMBERS ARE FAMILY MEMBERS ASHER, DONALD & STEVEN BARBAR, ANDREW & ANTHONY BATES, RANDOLPH & STEPHANIE BREWER, DAVID & SUSAN BULLMAN, MARTHA & RICHARD CONGDON, JENA & RICHARD MACALUSO, ANTHONY & NANCY MORIN, ALEJANDRO & HILDA VEISSI, MADELINE & MAURICE
	FORM 990, PART VI, SECTION B, LINE 11	THE ORGANIZATION'S VP OF FINANCE AND THE CONTROLLER REVIEW THE 990 BEFORE IT IS SENT TO THE IRS
	FORM 990, PART VI, SECTION B, LINE 12C	THE ORGANIZATION REQUIRES THE BOARD OF DIRECTORS TO PROVIDE ANY CONFLICTS OF INTEREST IN WRITING
	FORM 990, PART VI, SECTION B, LINE 15	DATA IS PROVIDED BY INDEPENDENT RESEARCH FIRMS TO THE HUMAN RESOURCES DEPARTMENT WHO THEN MAKES A DETERMINATION BASED ON THE COMPARABILITY DATA
	FORM 990, PART VI, SECTION C, LINE 19	ALL DOCUMENTS ARE POSTED ON THE ORGANIZATION'S WEBSITE
CHANGES IN NET ASSETS OR FUND BALANCES	FORM 990, PART XI, LINE 5	NET UNREALIZED LOSSES ON INVESTMENTS -1,246,456 OTHER CHANGE IN NET ASSETS DUE TO PRIOR YEAR ADJUSTMENT -160,000 TOTAL TO FORM 990, PART XI, LINE 5 -1,406,456

SCHEDULE R
(Form 990)

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships
▶ **Complete if the organization answered "Yes" to Form 990, Part IV, line 33, 34, 35, 36, or 37.**
▶ **Attach to Form 990.** ▶ **See separate instructions.**

OMB No 1545-0047

2011

Open to Public Inspection

Name of the organization
FLORIDA ASSOCIATION OF REALTORS INC

Employer identification number
59-0245475

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

(a) Name, address, and EIN of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
(1) REAL ESTATE INDUSTRY SOLUTIONS LLC PO BOX 725025 ORLANDO, FL 32872 84-1690773	SALE OF ADVERTISING IN THE ASSOCIATION'S TRADE PUBLICATION	FL	-617,757	1,312,172	N/A

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled organization	
						Yes	No
See Additional Data Table							

Part III

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512- 514)	(f) Share of total income	(g) Share of end-of- year assets	(h) Disproporionate allocations?		(i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	

Part IV

Identification of Related Organizations Taxable as a Corporation or Trust (Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year.)

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership

Part V

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

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

1

During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?

a

Receipt of (i) interest (ii) annuities (iii) royalties (iv) rent from a controlled entity

b

Gift, grant, or capital contribution to related organization(s)

c

Gift, grant, or capital contribution from related organization(s)

d

Loans or loan guarantees to or for related organization(s)

e

Loans or loan guarantees by related organization(s)

f

Sale of assets to related organization(s)

g

Purchase of assets from related organization(s)

h

Exchange of assets with related organization(s)

i

Lease of facilities, equipment, or other assets to related organization(s)

j

Lease of facilities, equipment, or other assets from related organization(s)

k

Performance of services or membership or fundraising solicitations for related organization(s)

l

Performance of services or membership or fundraising solicitations by related organization(s)

m

Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)

n

Sharing of paid employees with related organization(s)

o

Reimbursement paid to related organization(s) for expenses

p

Reimbursement paid by related organization(s) for expenses

q

Other transfer of cash or property to related organization(s)

r

Other transfer of cash or property from related organization(s)

Yes

No

1a

1b

1c

1d

1e

1f

1g

1h

1i

1j

1k

1l

1m

1n

1o

1p

1q

1r

Yes

Yes

No

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

(a) Name of other organization	(b) Transaction type(a-r)	(c) Amount involved	(d) Method of determining amount involved
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			

Schedule R (Form 990) 2011

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.

[illegible]

Part VII

Supplemental Information

Complete this part to provide additional information for responses to questions on Schedule R (see instructions)

Identifier	Return Reference	Explanation	
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Software ID:

Software Version:

EIN: 59-0245475

Name: FLORIDA ASSOCIATION OF REALTORS INC

Form 990, Schedule R, Part II - Identification of Related Tax-Exempt Organizations

(a) Name, address, and EIN of related organization	(b) Primary Activity	(c) Legal Domicile (State or Foreign Country)	(d) Exempt Code section	(e) Public charity status (if 501(c)(3))	(f) Direct Controlling Entity	(g) Section 512 (b)(13) controlled organization	
REALTORS POLITICAL ISSUES COMMITTEE 7025 AUGUSTA NATIONAL DRIVE ORLANDO, FL 32822 59-2999043	PAC	FL	501(C)(6)				No
REALTORS POLITICAL ACTIVITY COMMITTEE OF FLORIDA 7025 AUGUSTA NATIONAL DRIVE ORLANDO, FL 32822 59-2866918	PAC	FL	527				No
REALTORS POLITICAL ACTION COMMITTEE OF FLORIDA 7025 AUGUSTA NATIONAL DRIVE ORLANDO, FL 32822 59-6548765	PAC	FL	527				No
REALTORS ADVANCING GOOD GOVERNMENT 7025 AUGUSTA NATIONAL DRIVE ORLANDO, FL 32822 20-1470617	PAC	FL	527				No
REALTORS ADVOCATING HOUSING FOR ALL FLORIDIANS 7025 AUGUSTA NATIONAL DRIVE ORLANDO, FL 32822 20-1470687	PAC	FL	527				No
REALTORS CONNECTING COMMUNITIES 7025 AUGUSTA NATIONAL DRIVE ORLANDO, FL 32822 20-1470467	PAC	FL	527				No
REALTORS FOR A BETTER QUALITY OF LIFE 7025 AUGUSTA NATIONAL DRIVE ORLANDO, FL 32822 20-1470652	PAC	FL	527				No
REALTORS PROMOTING PRIVATE PROPERTY RIGHTS 7025 AUGUSTA NATIONAL DRIVE ORLANDO, FL 32822 20-1470588	PAC	FL	527				No
COUNCIL FOR STRONGER NEIGHBORHOODS INC 7025 AUGUSTA NATIONAL DRIVE ORLANDO, FL 32822 26-3184848	PAC	FL	527				No
CITIZENS FOR A BETTER FLORIDA INC 7025 AUGUSTA NATIONAL DRIVE ORLANDO, FL 32822 26-3184911	PAC	FL	527				No

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099- MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
PABLO ALVAREZ BOARD MEMBER	50	X						0	0	0
STEVE AMBURGEY BOARD MEMBER	50	X						0	0	0
ISRAEL AMEIJERAS BOARD MEMBER	50	X						0	0	0
BENJAMIN ANDERSON BOARD MEMBER	50	X						0	0	0
JUDITH ANDERSON BOARD MEMBER	50	X						0	0	0
VICK ANDERSON BOARD MEMBER	50	X						0	0	0
HOPE ANDREWS BOARD MEMBER	50	X						0	0	0
FRANCISCO ANGULO BOARD MEMBER	50	X						0	0	0
GIA ARVIN BOARD MEMBER	50	X						0	0	0
STEVEN ASHER BOARD MEMBER	50	X						0	0	0
MATTHEW AUDIER BOARD MEMBER	50	X						0	0	0
SHARON BACKE BOARD MEMBER	50	X						0	0	0
TIMOTHY BACKER BOARD MEMBER	50	X						0	0	0
STEPHEN BAKER BOARD MEMBER	50	X						0	0	0
THOMAS BAKER BOARD MEMBER	50	X						0	0	0
GARY BALANOFF BOARD MEMBER	50	X						0	0	0
PAMELA BANKS BOARD MEMBER	50	X						0	0	0
ANDREW BARBAR BOARD MEMBER	50	X						0	0	0
ANTHONY BARBAR BOARD MEMBER	50	X						0	0	0
RAYMOND BARKETT BOARD MEMBER	50	X						0	0	0
DOMINIQUE BARRERA BOARD MEMBER	50	X						0	0	0
RANDOLPH BATES BOARD MEMBER	50	X						0	0	0
STEPHANIE BATES BOARD MEMBER	50	X						0	0	0
SHARI BAUER BOARD MEMBER	50	X						0	0	0
LAURA BENSON BOARD MEMBER	50	X						0	0	0

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099- MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
RICHARD BULLMAN BOARD MEMBER	50	X						0	0	0
ELIZABETH BURR BOARD MEMBER	50	X						0	0	0
ROBERT BURR BOARD MEMBER	50	X						0	0	0
ROBERT BYRD BOARD MEMBER	50	X						0	0	0
ROBERT CALDWELL BOARD MEMBER	50	X						0	0	0
LINDA CALEBRO -KUDER BOARD MEMBER	50	X						0	0	0
ANTHONY CANIZARES BOARD MEMBER	50	X						0	0	0
MATTHEW CANNON BOARD MEMBER	50	X						0	0	0
JORGE CANTERO BOARD MEMBER	50	X						0	0	0
ROBERT CARDENAS BOARD MEMBER	50	X						0	0	0
MARTIN CARMODY BOARD MEMBER	50	X						0	0	0
RONALD CARPENTER BOARD MEMBER	50	X						0	0	0
MARIA CARRILLO BOARD MEMBER	50	X						0	0	0
LARRY CARROLL BOARD MEMBER	50	X						0	0	0
JOHN CASTELLI BOARD MEMBER	50	X						0	0	0
ANGELA CEGNAR BOARD MEMBER	50	X						0	0	0
BARBARA CERASINI BOARD MEMBER	50	X						0	0	0
CLIFF CHAPLIN BOARD MEMBER	50	X						0	0	0
JAMES CHINELLY BOARD MEMBER	50	X						0	0	0
PHYLLIS CHOY BOARD MEMBER	50	X						0	0	0
SALLY CINQUANTI BOARD MEMBER	50	X						0	0	0
DAVID CLAPP BOARD MEMBER	50	X						0	0	0
JENNIFER CLARK BOARD MEMBER	50	X						0	0	0
MICHELLE CLARK BOARD MEMBER	50	X						0	0	0
BARBARA CLEAVER BOARD MEMBER	50	X						0	0	0

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099- MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
TERESITA BERSACH BOARD MEMBER	50	X						0	0	0
CECELIA BESU BOARD MEMBER	50	X						0	0	0
AVA BIANCHINO BOARD MEMBER	50	X						0	0	0
MICHAEL BINDMAN BOARD MEMBER	50	X						0	0	0
ANDREW BIRCHALL BOARD MEMBER	50	X						0	0	0
GEORGINA BLANCO BOARD MEMBER	50	X						0	0	0
JILL BOLES BOARD MEMBER	50	X						0	0	0
CHARLES BONFIGLIO BOARD MEMBER	50	X						0	0	0
CARMEN BONGIOVANNI BOARD MEMBER	50	X						0	0	0
MANUEL BOUZA BOARD MEMBER	50	X						0	0	0
BOWERS-CHAPLIN BOARD MEMBER	50	X						0	0	0
MARIA BRACKETT BOARD MEMBER	50	X						0	0	0
DAVID BREWER BOARD MEMBER	50	X						0	0	0
SUSAN BREWER BOARD MEMBER	50	X						0	0	0
WILLIAM BRIGGLE BOARD MEMBER	50	X						0	0	0
MARION BRIGGS BOARD MEMBER	50	X						0	0	0
BRETT BROWN BOARD MEMBER	50	X						0	0	0
ERVIN BROWN BOARD MEMBER	50	X						0	0	0
NANCY BROWN BOARD MEMBER	50	X						0	0	0
CLAUDETTE BRUCK BOARD MEMBER	50	X						0	0	0
MICHAEL BRUNO BOARD MEMBER	50	X						0	0	0
JANETTE BRUZAS BOARD MEMBER	50	X						0	0	0
AMY BRYAN BOARD MEMBER	50	X						0	0	0
GARY BUDEK BOARD MEMBER	50	X						0	0	0
MARTHA BULLMAN BOARD MEMBER	50	X						0	0	0

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)							(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099- MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former				
JEFFREY CLONINGER BOARD MEMBER	50	X						0	0	0	
JERELYN COBB BOARD MEMBER	50	X						0	0	0	
NORMA COHEN BOARD MEMBER	50	X						0	0	0	
ANITA COLLETTI BOARD MEMBER	50	X						0	0	0	
RJ COLLINS BOARD MEMBER	50	X						0	0	0	
JENA CONGDON BOARD MEMBER	50	X						0	0	0	
RICHARD CONGDON BOARD MEMBER	50	X						0	0	0	
LAUREN CONNOLLY BOARD MEMBER	50	X						0	0	0	
HARLEY CONRAD BOARD MEMBER	50	X						0	0	0	
CHRISTINE COX BOARD MEMBER	50	X						0	0	0	
RAYMOND CRAIG BOARD MEMBER	50	X						0	0	0	
DIANA CRONKHITE BOARD MEMBER	50	X						0	0	0	
CARLOS CRUZ BOARD MEMBER	50	X						0	0	0	
DEBORAH CULLEN BOARD MEMBER	50	X						0	0	0	
KARA CUSCADEN BOARD MEMBER	50	X						0	0	0	
BETH DALY BOARD MEMBER	50	X						0	0	0	
JEFFREY DANIELS BOARD MEMBER	50	X						0	0	0	
R TODD DANTZLER BOARD MEMBER	50	X						0	0	0	
ELLEN DARDEN BOARD MEMBER	50	X						0	0	0	
STEVEN DAVID BOARD MEMBER	50	X						0	0	0	
SHARON DAVIDSON BOARD MEMBER	50	X						0	0	0	
WENDELL DAVIS BOARD MEMBER	50	X						0	0	0	
RALPH DE MARTINO BOARD MEMBER	50	X						0	0	0	
MICHELLE DEAL BOARD MEMBER	50	X						0	0	0	
ANN DEFRIES BOARD MEMBER	50	X						0	0	0	

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)							(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099- MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former				
GARY DELATORRE BOARD MEMBER	50	X						0	0	0	
OSCAR DELGADO BOARD MEMBER	50	X						0	0	0	
PATRICIA DELINOIS BOARD MEMBER	50	X						0	0	0	
JEANNE DENTON-SCHECK BOARD MEMBER	50	X						0	0	0	
MANNY DEREN BOARD MEMBER	50	X						0	0	0	
TRAVOUS DEVER BOARD MEMBER	50	X						0	0	0	
NORKA DIAZ BOARD MEMBER	50	X						0	0	0	
DIAZ DE VILLEGAS BOARD MEMBER	50	X						0	0	0	
ALFRED DINICOLA BOARD MEMBER	50	X						0	0	0	
JOHN DOHM BOARD MEMBER	50	X						0	0	0	
JENNIFER DOLLAR BOARD MEMBER	50	X						0	0	0	
DALE DONOVAN BOARD MEMBER	50	X						0	0	0	
MICHAEL DOOLEY BOARD MEMBER	50	X						0	0	0	
MARY DOW BOARD MEMBER	50	X						0	0	0	
JEFF DOXSEE BOARD MEMBER	50	X						0	0	0	
BILL DRYBURGH BOARD MEMBER	50	X						0	0	0	
RORY DUBIN BOARD MEMBER	50	X						0	0	0	
BOB DUNCAN BOARD MEMBER	50	X						0	0	0	
SERGIO DURAN BOARD MEMBER	50	X						0	0	0	
LISA DURGIN BOARD MEMBER	50	X						0	0	0	
HOWARD ELFMAN BOARD MEMBER	50	X						0	0	0	
PENNY ERICKSEN BOARD MEMBER	50	X						0	0	0	
BEVERLY EVANS BOARD MEMBER	50	X						0	0	0	
DOREEN FALCONE BOARD MEMBER	50	X						0	0	0	
SEAN FERGUSON BOARD MEMBER	50	X						0	0	0	

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099- MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
ARCHIBALD GRANT BOARD MEMBER	50	X						0	0	0
SUSAN GRAVES BOARD MEMBER	50	X						0	0	0
FRANCOIS GREGOIRE BOARD MEMBER	50	X						0	0	0
MARION GRIGSBY BOARD MEMBER	50	X						0	0	0
HEATHER GRIMES BOARD MEMBER	50	X						0	0	0
RUSSELL GROOMS BOARD MEMBER	50	X						0	0	0
BRYAN GUENTNER BOARD MEMBER	50	X						0	0	0
FRANK GULISANO BOARD MEMBER	50	X						0	0	0
FRANK GUNDLACH BOARD MEMBER	50	X						0	0	0
WILLIAM HALL BOARD MEMBER	50	X						0	0	0
MATTHEW HALPERIN BOARD MEMBER	50	X						0	0	0
THOMAS HANKINS BOARD MEMBER	50	X						0	0	0
CHRISTINE HANSEN BOARD MEMBER	50	X						0	0	0
TIMOTHY HARBER BOARD MEMBER	50	X						0	0	0
RICHARD HARGER BOARD MEMBER	50	X						0	0	0
JOHN HARRELL BOARD MEMBER	50	X						0	0	0
TIM HARRIS BOARD MEMBER	50	X						0	0	0
TINA HARRIS BOARD MEMBER	50	X						0	0	0
SPENCER HAYNES BOARD MEMBER	50	X						0	0	0
JAMES HEIDISCH BOARD MEMBER	50	X						0	0	0
ROBERT HEWES BOARD MEMBER	50	X						0	0	0
CAROL HILL BOARD MEMBER	50	X						0	0	0
SAUNDRA HINTON BOARD MEMBER	50	X						0	0	0
NANCY HOGAN BOARD MEMBER	50	X						0	0	0
JANET HOLBROOK BOARD MEMBER	50	X						0	0	0

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099- MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
SANDRA FERNANDEZ BOARD MEMBER	50	X						0	0	0
WILLIAM FILBIN BOARD MEMBER	50	X						0	0	0
BRENDA FIORETTI BOARD MEMBER	50	X						0	0	0
EVELYN FLAIG BOARD MEMBER	50	X						0	0	0
G JEAN FLOYD BOARD MEMBER	50	X						0	0	0
LINDA FORMELLA BOARD MEMBER	50	X						0	0	0
JEFF FRANKEL BOARD MEMBER	50	X						0	0	0
RICHARD FRYER BOARD MEMBER	50	X						0	0	0
BRANDI GABBARD BOARD MEMBER	50	X						0	0	0
ANTHONY GAMBARDELLA BOARD MEMBER	50	X						0	0	0
MICHAEL GARCIA BOARD MEMBER	50	X						0	0	0
JORGE GARCIA-SARRAFF BOARD MEMBER	50	X						0	0	0
BEVERLY GARVIN BOARD MEMBER	50	X						0	0	0
STEPHEN GAUNT BOARD MEMBER	50	X						0	0	0
APRIL GAYLE GAUSMAN BOARD MEMBER	50	X						0	0	0
THERESA GEYER BOARD MEMBER	50	X						0	0	0
BRENDA GHIBAUDI BOARD MEMBER	50	X						0	0	0
TROY GLAVES BOARD MEMBER	50	X						0	0	0
TRACEY GOLDENBERG BOARD MEMBER	50	X						0	0	0
ROBERT GOLDSTEIN BOARD MEMBER	50	X						0	0	0
FAYOLA GOLDSTONE BOARD MEMBER	50	X						0	0	0
MAUREEN GOLMONT BOARD MEMBER	50	X						0	0	0
BETTY GONZALEZ BOARD MEMBER	50	X						0	0	0
JUANA MARIA GONZALEZ BOARD MEMBER	50	X						0	0	0
KEVIN GRAIL BOARD MEMBER	50	X						0	0	0

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)							(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099- MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former				
ANTHONY HOMER BOARD MEMBER	50	X						0	0	0	
JAN HOOKS BOARD MEMBER	50	X						0	0	0	
CAROL HOUSEN BOARD MEMBER	50	X						0	0	0	
BOB HUDGENS BOARD MEMBER	50	X						0	0	0	
MICHAEL HUGHES BOARD MEMBER	50	X						0	0	0	
DARRELL HUNT BOARD MEMBER	50	X						0	0	0	
BUDGE HUSKEY BOARD MEMBER	50	X						0	0	0	
DARLENE HUTTON BOARD MEMBER	50	X						0	0	0	
PATRICIA IVERS BOARD MEMBER	50	X						0	0	0	
JASON JAKUS BOARD MEMBER	50	X						0	0	0	
STEPHEN JARA BOARD MEMBER	50	X						0	0	0	
CHRISTI J JENSEN BOARD MEMBER	50	X						0	0	0	
CONNIE JOHNSON BOARD MEMBER	50	X						0	0	0	
BARBARA JORDAN BOARD MEMBER	50	X						0	0	0	
DALE JUNDT BOARD MEMBER	50	X						0	0	0	
JEFFREY KAHN BOARD MEMBER	50	X						0	0	0	
SELBY KAISER BOARD MEMBER	50	X						0	0	0	
MILAGROS KANYAR BOARD MEMBER	50	X						0	0	0	
JEAN KARR BOARD MEMBER	50	X						0	0	0	
MARLENE KATKIN BOARD MEMBER	50	X						0	0	0	
EDWARD KEARNEY BOARD MEMBER	50	X						0	0	0	
JACLYN KELLEY BOARD MEMBER	50	X						0	0	0	
KEVIN KENT BOARD MEMBER	50	X						0	0	0	
HERMAN KENTOLALL BOARD MEMBER	50	X						0	0	0	
GERI KENYON BOARD MEMBER	50	X						0	0	0	

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099- MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
JOHN KERN BOARD MEMBER	50	X						0	0	0
PATTI KETCHAM BOARD MEMBER	50	X						0	0	0
PAT KETCHIE BOARD MEMBER	50	X						0	0	0
HELEN KINNEY BOARD MEMBER	50	X						0	0	0
JOHN KINNEY BOARD MEMBER	50	X						0	0	0
TIMOTHY KINZLER BOARD MEMBER	50	X						0	0	0
DEBBIE KIRKLAND BOARD MEMBER	50	X						0	0	0
SANDY KISHTON BOARD MEMBER	50	X						0	0	0
CAROLYN KLING BOARD MEMBER	50	X						0	0	0
CHRISTIE KNIGHT BOARD MEMBER	50	X						0	0	0
STEVEN KOENIG BOARD MEMBER	50	X						0	0	0
FRANK KOWALSKI BOARD MEMBER	50	X						0	0	0
KUNKLE WESLIE BOARD MEMBER	50	X						0	0	0
LABLOND CLARK BOARD MEMBER	50	X						0	0	0
LACKIE AUDREY BOARD MEMBER	50	X						0	0	0
LAMANNA JUSTIN BOARD MEMBER	50	X						0	0	0
LANCASTER DONNA BOARD MEMBER	50	X						0	0	0
LANDRIAN LUIS BOARD MEMBER	50	X						0	0	0
LANGHORNE RICHARD BOARD MEMBER	50	X						0	0	0
LARAIN ROXANNA BOARD MEMBER	50	X						0	0	0
LASTOWSKI STEVEN BOARD MEMBER	50	X						0	0	0
LAWRENCE DANIEL BOARD MEMBER	50	X						0	0	0
LAZAR BONNIE BOARD MEMBER	50	X						0	0	0
ALBERT LEE BOARD MEMBER	50	X						0	0	0
JOHN LEITSCHUH BOARD MEMBER	50	X						0	0	0

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099- MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
DANE LESLIE BOARD MEMBER	50	X						0	0	0
JACK LEVINE BOARD MEMBER	50	X						0	0	0
DONNA LINDEN BOARD MEMBER	50	X						0	0	0
KATHRYN LLAMAS BOARD MEMBER	50	X						0	0	0
CYNTHIA LOGAN BOARD MEMBER	50	X						0	0	0
SUSAN LOGAN BOARD MEMBER	50	X						0	0	0
DORINE LONGHINI BOARD MEMBER	50	X						0	0	0
GREGORY LORD BOARD MEMBER	50	X						0	0	0
GEORGE LUBECK BOARD MEMBER	50	X						0	0	0
LOUIS LUDWIG BOARD MEMBER	50	X						0	0	0
ANTHONY MACALUSO BOARD MEMBER	50	X						0	0	0
NANCY MACALUSO BOARD MEMBER	50	X						0	0	0
VIVIAN MACIAS BOARD MEMBER	50	X						0	0	0
SUSANNA MADDEN BOARD MEMBER	50	X						0	0	0
JAMES MAGINNESS BOARD MEMBER	50	X						0	0	0
KARI MAINO BOARD MEMBER	50	X						0	0	0
VERONICA MALOLOS BOARD MEMBER	50	X						0	0	0
ELIZABETH MANCINI BOARD MEMBER	50	X						0	0	0
MARY MARKOVICH BOARD MEMBER	50	X						0	0	0
FRAN MARKOWITZ BOARD MEMBER	50	X						0	0	0
FERNANDO MARTINEZ BOARD MEMBER	50	X						0	0	0
MARJORIE MATHERS BOARD MEMBER	50	X						0	0	0
JOANN MAZZEO BOARD MEMBER	50	X						0	0	0
FRANK MCCLEAN BOARD MEMBER	50	X						0	0	0
ANNE MCDONALD BOARD MEMBER	50	X						0	0	0

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099- MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
SALLY MCFOLLING BOARD MEMBER	50	X						0	0	0
DEBBIE MCGINNIS BOARD MEMBER	50	X						0	0	0
GEORGE MCGRAW BOARD MEMBER	50	X						0	0	0
PAULA MCGUIRE BOARD MEMBER	50	X						0	0	0
ROBIN MCKEEVER BOARD MEMBER	50	X						0	0	0
ANITA MCKERNAN BOARD MEMBER	50	X						0	0	0
DENIS MCKINNON BOARD MEMBER	50	X						0	0	0
LINDA MCMORROW BOARD MEMBER	50	X						0	0	0
HELEN MCMURRY BOARD MEMBER	50	X						0	0	0
EILEEN MCVEIGH BOARD MEMBER	50	X						0	0	0
STEPHEN MCWILLIAM BOARD MEMBER	50	X						0	0	0
SEBERT MEADOWS BOARD MEMBER	50	X						0	0	0
STEVEN MERCHANT BOARD MEMBER	50	X						0	0	0
KIM MEREDITH-HAMPTON BOARD MEMBER	50	X						0	0	0
SALLY MERRIFIELD BOARD MEMBER	50	X						0	0	0
AMANDA MERRITT BOARD MEMBER	50	X						0	0	0
REINALDO MESA BOARD MEMBER	50	X						0	0	0
BONNIE METVINER BOARD MEMBER	50	X						0	0	0
MARK MEYER BOARD MEMBER	50	X						0	0	0
JOHN MIKE BOARD MEMBER	50	X						0	0	0
BRADFORD MILLER BOARD MEMBER	50	X						0	0	0
KATHY MILTON BOARD MEMBER	50	X						0	0	0
ELLEN MITCHEL BOARD MEMBER	50	X						0	0	0
MARY MODROVSKY BOARD MEMBER	50	X						0	0	0
JANE MOONEY BOARD MEMBER	50	X						0	0	0

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)							(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099- MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former				
LYNN MOONEY BOARD MEMBER	50	X						0	0	0	
STEVEN MOREIRA BOARD MEMBER	50	X						0	0	0	
ALEJANDRO MORIN BOARD MEMBER	50	X						0	0	0	
HILDA MORIN BOARD MEMBER	50	X						0	0	0	
KANE MORRIS-WEBSTER BOARD MEMBER	50	X						0	0	0	
CHRISTINA MORRISON BOARD MEMBER	50	X						0	0	0	
THERESA MORROW BOARD MEMBER	50	X						0	0	0	
LINDA MURPHY BOARD MEMBER	50	X						0	0	0	
DEBORAH MURRAY BOARD MEMBER	50	X						0	0	0	
WENDY MURRAY BOARD MEMBER	50	X						0	0	0	
LAURIE NEIMAN BOARD MEMBER	50	X						0	0	0	
DENNIS NELSON BOARD MEMBER	50	X						0	0	0	
STANLEY NEWMARK BOARD MEMBER	50	X						0	0	0	
BOB NEWTON BOARD MEMBER	50	X						0	0	0	
SCOTT NIEMINEN BOARD MEMBER	50	X						0	0	0	
MELANIE NORRIS BOARD MEMBER	50	X						0	0	0	
JOSE AUGUSTO NUNES BOARD MEMBER	50	X						0	0	0	
PAMELA OLSEN BOARD MEMBER	50	X						0	0	0	
RAUL ORTA BOARD MEMBER	50	X						0	0	0	
FRANCES OWEN BOARD MEMBER	50	X						0	0	0	
JAMES OWEN BOARD MEMBER	50	X						0	0	0	
MICHAEL OWEN BOARD MEMBER	50	X						0	0	0	
CHARLES PACETTI BOARD MEMBER	50	X						0	0	0	
DOMINIC PALLINI BOARD MEMBER	50	X						0	0	0	
BENJAMIN PARHAM BOARD MEMBER	50	X						0	0	0	

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		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
MACARA PARKER BOARD MEMBER	50	X						0	0	0
ELIZABETH PAUL BOARD MEMBER	50	X						0	0	0
J JOSEP PELAYO BOARD MEMBER	50	X						0	0	0
JOE PEREZ BOARD MEMBER	50	X						0	0	0
DALE PETERSON BOARD MEMBER	50	X						0	0	0
DENNIS PILON BOARD MEMBER	50	X						0	0	0
JAMES PILON BOARD MEMBER	50	X						0	0	0
BEVERLY PINDLING BOARD MEMBER	50	X						0	0	0
ROGER PIRO BOARD MEMBER	50	X						0	0	0
LYDIA PISANO BOARD MEMBER	50	X						0	0	0
CHRISTINA PITCHFORD BOARD MEMBER	50	X						0	0	0
PATRICIA PITOCCHI BOARD MEMBER	50	X						0	0	0
MARTHA POMARES BOARD MEMBER	50	X						0	0	0
WILLIAM POTEET BOARD MEMBER	50	X						0	0	0
LINDA PRANGE BOARD MEMBER	50	X						0	0	0
ADAM PREUSS BOARD MEMBER	50	X						0	0	0
KAREN RADCLIFF BOARD MEMBER	50	X						0	0	0
GARY RALSTON BOARD MEMBER	50	X						0	0	0
JUDY MARY RAMELLA BOARD MEMBER	50	X						0	0	0
CARLA RAYMAN BOARD MEMBER	50	X						0	0	0
JAY REICHBAUM BOARD MEMBER	50	X						0	0	0
DENNIS REMESCH BOARD MEMBER	50	X						0	0	0
PATRICIA RENNA BOARD MEMBER	50	X						0	0	0
GRETA RICE BOARD MEMBER	50	X						0	0	0
SHERRY RICHARDSON BOARD MEMBER	50	X						0	0	0

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		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
WILLIAM RICHARDSON BOARD MEMBER	50	X						0	0	0
LARRY RICHEY BOARD MEMBER	50	X						0	0	0
ALAN RILEY BOARD MEMBER	50	X						0	0	0
NANCY RILEY BOARD MEMBER	50	X						0	0	0
MARY RINALDI BOARD MEMBER	50	X						0	0	0
JANET ROAN BOARD MEMBER	50	X						0	0	0
CHERL ROANE BOARD MEMBER	50	X						0	0	0
CAROL ROBERTSON BOARD MEMBER	50	X						0	0	0
JACK RODRIGUEZ BOARD MEMBER	50	X						0	0	0
MICHELLE ROJAS BOARD MEMBER	50	X						0	0	0
GREGORY ROKEH BOARD MEMBER	50	X						0	0	0
MELINDA ROVILLO BOARD MEMBER	50	X						0	0	0
LARRY ROWE BOARD MEMBER	50	X						0	0	0
OLIVER RUIZ BOARD MEMBER	50	X						0	0	0
JOHN RURKOWSKI BOARD MEMBER	50	X						0	0	0
BRIAN RUSSO BOARD MEMBER	50	X						0	0	0
JUDITH ANN RUTLAND BOARD MEMBER	50	X						0	0	0
KARUNA SABHARWAL BOARD MEMBER	50	X						0	0	0
ERIC SAIN BOARD MEMBER	50	X						0	0	0
THOMAS SALOMONE BOARD MEMBER	50	X						0	0	0
RYAN SAMPSON BOARD MEMBER	50	X						0	0	0
FREDERIC SAMSON BOARD MEMBER	50	X						0	0	0
LEON SARKISIAN BOARD MEMBER	50	X						0	0	0
TOM SCAGLIONE LLC BOARD MEMBER	50	X						0	0	0
LYDIA SCHERCK BOARD MEMBER	50	X						0	0	0

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		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
FRANK SCHIEBER BOARD MEMBER	50	X						0	0	0
JUDY SCHOMAKER BOARD MEMBER	50	X						0	0	0
THERESA SCHREIBER BOARD MEMBER	50	X						0	0	0
ROBIN SCHWARTZ BOARD MEMBER	50	X						0	0	0
MARK SEEBERG BOARD MEMBER	50	X						0	0	0
AMY SEEKS BOARD MEMBER	50	X						0	0	0
JAMES SELVEY BOARD MEMBER	50	X						0	0	0
JOSE SERRANO BOARD MEMBER	50	X						0	0	0
CYNTHIA SHAFER BOARD MEMBER	50	X						0	0	0
CYNTHIA SHELTON BOARD MEMBER	50	X						0	0	0
SUZANNE SHERER BOARD MEMBER	50	X						0	0	0
RANDY SHERMAN BOARD MEMBER	50	X						0	0	0
NATALIE SHOAF BOARD MEMBER	50	X						0	0	0
ERICK SHUMWAY BOARD MEMBER	50	X						0	0	0
BONNIE SIECKER BOARD MEMBER	50	X						0	0	0
ODALYS SIERRA BOARD MEMBER	50	X						0	0	0
MICHAEL SILVER BOARD MEMBER	50	X						0	0	0
GLEN SIMMONS BOARD MEMBER	50	X						0	0	0
JOHN SLIVON BOARD MEMBER	50	X						0	0	0
KATHY SLUSSER BOARD MEMBER	50	X						0	0	0
RICHARD SLUZESKI BOARD MEMBER	50	X						0	0	0
AUBY SMITH BOARD MEMBER	50	X						0	0	0
DANIEL SMITH BOARD MEMBER	50	X						0	0	0
HEATHER SMITH BOARD MEMBER	50	X						0	0	0
RENATE SMITH BOARD MEMBER	50	X						0	0	0

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099- MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
WINNIE SMITH BOARD MEMBER	50	X						0	0	0
DJ SNAPP BOARD MEMBER	50	X						0	0	0
DEBRA SPADAFORA BOARD MEMBER	50	X						0	0	0
SARAH SPENCER BOARD MEMBER	50	X						0	0	0
VIRGINIA SPENCER BOARD MEMBER	50	X						0	0	0
DOROTHY SPERBER BOARD MEMBER	50	X						0	0	0
JULIA STANDER BOARD MEMBER	50	X						0	0	0
JR STEINBAUER BOARD MEMBER	50	X						0	0	0
REESE STEWART BOARD MEMBER	50	X						0	0	0
ANTONETTE STOUT BOARD MEMBER	50	X						0	0	0
SANDRA STREIT BOARD MEMBER	50	X						0	0	0
STROSHEIN-ROUSSEAU BOARD MEMBER	50	X						0	0	0
ESTELLE SULLIVAN BOARD MEMBER	50	X						0	0	0
SALLY SUSLAK BOARD MEMBER	50	X						0	0	0
KAREN SWANBECK BOARD MEMBER	50	X						0	0	0
DAVID SWENSON BOARD MEMBER	50	X						0	0	0
JANET SWILLEY BOARD MEMBER	50	X						0	0	0
ZSOLT SZERENCSES BOARD MEMBER	50	X						0	0	0
KITTY TAYLOR BOARD MEMBER	50	X						0	0	0
THOMAS TAYLOR BOARD MEMBER	50	X						0	0	0
VERNON TAYLOR BOARD MEMBER	50	X						0	0	0
NATASCHA TELLO BOARD MEMBER	50	X						0	0	0
J DANIEL THORNBRUGH BOARD MEMBER	50	X						0	0	0
KENNETH THURSTON BOARD MEMBER	50	X						0	0	0
KATHLEEN TINNEY BOARD MEMBER	50	X						0	0	0

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		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
JOHN TONEY BOARD MEMBER	50	X						0	0	0
NATHAN TRACY II BOARD MEMBER	50	X						0	0	0
JOYCE TRIGG BOARD MEMBER	50	X						0	0	0
AIDA TURBOW BOARD MEMBER	50	X						0	0	0
HAZEL TWEEDALE BOARD MEMBER	50	X						0	0	0
KRISTI TYRRELL BOARD MEMBER	50	X						0	0	0
VICTOR ULLOA BOARD MEMBER	50	X						0	0	0
DONALD URSCHALITZ BOARD MEMBER	50	X						0	0	0
HOLLIS VAIL BOARD MEMBER	50	X						0	0	0
WILLIAM VALDEZ BOARD MEMBER	50	X						0	0	0
ROBERT VALLEDOR BOARD MEMBER	50	X						0	0	0
DEBORAH VAN STRY BOARD MEMBER	50	X						0	0	0
WILBUR VANWYCK BOARD MEMBER	50	X						0	0	0
ERNESTO VEGA BOARD MEMBER	50	X						0	0	0
MAURICE VEISSI BOARD MEMBER	50	X						0	0	0
CHARLES VERWILT BOARD MEMBER	50	X						0	0	0
PHILIP VIAS BOARD MEMBER	50	X						0	0	0
CARLOS VILLANUEVA BOARD MEMBER	50	X						0	0	0
GEORGE VOGT BOARD MEMBER	50	X						0	0	0
SHARON VOSS BOARD MEMBER	50	X						0	0	0
DOREEN WAGNER BOARD MEMBER	50	X						0	0	0
DON WALDEN BOARD MEMBER	50	X						0	0	0
RIVA WALLACE BOARD MEMBER	50	X						0	0	0
JOEL WARD BOARD MEMBER	50	X						0	0	0
DEBBIE WARD-TERRY BOARD MEMBER	50	X						0	0	0

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
WILLIAM WATSON BOARD MEMBER	50	X						0	0	0
TIM WEISHEYER BOARD MEMBER	50	X						0	0	0
BARBARA WELCH BOARD MEMBER	50	X						0	0	0
ANNALISA WELLER BOARD MEMBER	50	X						0	0	0
MARIA WELLS BOARD MEMBER	50	X						0	0	0
CATHERINE WHATLEY BOARD MEMBER	50	X						0	0	0
LYNN WHELPLEY BOARD MEMBER	50	X						0	0	0
STEPHANIE WHITE BOARD MEMBER	50	X						0	0	0
WIGGINS E WAYNE BOARD MEMBER	50	X						0	0	0
CRAIG WILBURN BOARD MEMBER	50	X						0	0	0
ANITA WILLIAMS BOARD MEMBER	50	X						0	0	0
DEBBIE WILLIAMS BOARD MEMBER	50	X						0	0	0
JAMES WILLIAMSON BOARD MEMBER	50	X						0	0	0
NANCY WINGATE BOARD MEMBER	50	X						0	0	0
JOHN WOOD BOARD MEMBER	50	X						0	0	0
RITA YOUNGMAN BOARD MEMBER	50	X						0	0	0
ANITA ZAHN BOARD MEMBER	50	X						0	0	0
CYNTHIA ZELLNER BOARD MEMBER	50	X						0	0	0
CHRISTIE ZIMMER BOARD MEMBER	50	X						0	0	0
JUDITH ZIMMER BOARD MEMBER	50	X						0	0	0
CAROL ZINGONE BOARD MEMBER	50	X						0	0	0
CHRISTOPHER ZOLLER BOARD MEMBER	50	X						0	0	0
JOHN FRIDLINGTON CEO	40 00			X				326,333	0	16,638
JEFF ZIPPER VP OF COMMUNICATIONS	40 00					X		187,466	0	22,454
MARGY GRANT GENERAL COUNSEL	40 00					X		144,625	0	17,413

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(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
JOHN SEBREE VP OF PUBLIC POLICY	40 00					X		201,925	0	13,576
DAVID GARRISON VP OF FINANCE	40 00					X		138,065	0	18,074
LOUIS GOLDMAN LEGAL COUNSEL	40 00					X		141,792	0	15,636

Additional Data

Software ID:

Software Version:

EIN: 59-0245475

Name: FLORIDA ASSOCIATION OF REALTORS INC

Form 990, Special Condition Description:

Special Condition Description

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
PATRICIA S FITZGERALD PRESIDENT	8 00	X		X				0	0	0
SUMMER J GREENE PRESIDENT-ELECT	8 00	X		X				0	0	0
DEAN ASHER VICE PRESIDENT	8 00	X		X				0	0	0
SHERRI MEADOWS TREASURER	8 00	X		X				0	0	0
BILL FURST SECRETARY	8 00	X		X				0	0	0
CRAIG MCCALL DISTRICT 1 VP	3 00	X						0	0	0
JOANN P DAVIS DISTRICT 2 VP	3 00	X						0	0	0
JOAN M ALIPO DISTRICT 3 VP	3 00	X						0	0	0
MATEY H VEISSI DISTRICT 4 VP	3 00	X						0	0	0
ARLENE B CAROZZA DISTRICT 5 VP	3 00	X						0	0	0
CARLOS A FUENTES DISTRICT 6 VP	3 00	X						0	0	0
HOLLY CURLEY DISTRICT 7 VP	3 00	X						0	0	0
MIKE FERRIE DISTRICT 8 VP	3 00	X						0	0	0
EM WEINER DISTRICT 9 VP	3 00	X						0	0	0
JANELLE M PRUITT DISTRICT 10 VP	3 00	X						0	0	0
JESSE ACEVEDO DISTRICT 11 VP	3 00	X						0	0	0
KATHLEEN GALLAGHER MCIVER DISTRICT 12 VP	3 00	X						0	0	0
BARRY M GROOMS DISTRICT 13 VP	3 00	X						0	0	0
KEVIN ACKER BOARD MEMBER	50	X						0	0	0
VICTOR ADAMO BOARD MEMBER	50	X						0	0	0
ANNA ADAMS BOARD MEMBER	50	X						0	0	0
MARY ADKINS BOARD MEMBER	50	X						0	0	0
SCOTT AGRAN BOARD MEMBER	50	X						0	0	0
MARGARET ALLEN BOARD MEMBER	50	X						0	0	0
JOSE ALVAREZ BOARD MEMBER	50	X						0	0	0