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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)

2012

OMB No 1545-0047

ZUIZ

Open to Public Inspection

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

							<u> </u>			
		2012 cal pplicable	endar year, or tax year beginning 10-01-2012 , 2012, and ending 09-36 C Name of organization MINNESOTA ASSOCIATION OF REALTORS	0-2013	D Employer	iden	tification number			
_	ress ch	,	Doing Business As		41-6039154					
_	me cha	-								
_	ial retu minate		Number and street (or P O box if mail is not delivered to street address) Room/sui 5750 LINCOLN DRIVE	te	L Telephone number					
– Am	ended	return	City or town, state or country, and ZIP + 4		(612)91	12-26	064			
App	olication	n pending	EDINA, MN 55436		G Gross rece	ıpts \$	5,335,882			
			F Name and address of principal officer CHRISTOPHER GALLER		his a group re	turn f				
			5750 LINCOLN DRIVE	атпі	ıates?		Γ Yes Γ No			
			EDINA,MN 55436				ed?			
Ta	x-exem	npt status	「 501(c)(3)	_			see instructions)			
W	ebsite	e: ► WV	VW MNREALTOR COM	H(c) Gro	oup exemption	ı num	ber ►			
(Forr	n of org	ganızatıon	✓ Corporation Trust Association Other ►	L Year of t	formation 1947		State of legal domicile			
Pa	rt I	Sum	mary			MN				
			escribe the organization's mission or most significant activities							
			VE AS MEMBERS' FIRST RESOURCE FOR REAL ESTATE INFORMATI	ON AND PE	ROFESSIONA	LSE	RVICES			
<u>ر</u> <u>ک</u>	-									
aovemance	-									
<u>.</u>	2	Check tl	his box 🛏 if the organization discontinued its operations or disposed o	f more than	25% of its ne	tass	ets			
5					ı					
ő A	l		of voting members of the governing body (Part VI, line 1a)		_	3	61			
KANIMINA HACIIMINA	l		of independent voting members of the governing body (Part VI, line 1b)		_	4	60			
Ę	l		mber of individuals employed in calendar year 2012 (Part V, line 2a)			5	19			
ŧ	l		mber of volunteers (estimate if necessary)		· · ·	6	350			
			related business revenue from Part VIII, column (C), line 12			7a 7b	0			
	, B	ivec unite	stated business taxable income from Form 990-1, fine 34		or Year	/b	Current Year			
	8	Contri	butions and grants (Part VIII, line 1h)			-	0			
₽	9		am service revenue (Part VIII, line 2g)		2,763,814	+	2,840,777			
Revenue	10		tment income (Part VIII, column (A), lines 3, 4, and 7d)		73,00	$\overline{}$	39,875			
æ	11		revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		50,98		172,574			
	12		revenue—add lines 8 through 11 (must equal Part VIII, column (A), line		2,887,80:	1	3,053,226			
	13		s and similar amounts paid (Part IX, column (A), lines 1-3)		21,000	0	37,000			
	14	Benefi	ts paid to or for members (Part IX, column (A), line 4)		(0 0				
4	15		es, other compensation, employee benefits (Part IX, column (A), lines							
χ Σ		5-10			1,345,75					
Expenses	16a b		indraising expenses (Part IX, column (A), line 11e)		(0	0			
Δ	17		expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		1,408,430	0	1,747,104			
	18		expenses Add lines 13–17 (must equal Part IX, column (A), line 25)		2,775,18		3,219,169			
	19		nue less expenses Subtract line 18 from line 12		112,616	_	-165,943			
2 Q Z				Beginni	ng of Current Year		End of Year			
net Assets or Fand Balances	20	Total	assets (Part X, line 16)		5,116,036	6	4,970,555			
2 2 2 3 3 3 3 3	21		liabilities (Part X, line 26)		162,240		201,861			
ΞĒ	22		ssets or fund balances Subtract line 21 from line 20		4,953,796		4,768,694			
Pai	t II		ature Block				· · · · ·			
ny ki	nowled	dge and	perjury, I declare that I have examined this return, including accompandelief, it is true, correct, and complete Declaration of preparer (other the nowledge							
		****	*** ature of officer		2014-05-07 Date					
Sign Here		'		'	Dα(C					
ier(ن		ISTOPHER GALLER CHIEF EXECUTIVE OFFICER e or print name and title							
		F	Print/Type preparer's name Preparer's signature Di	ate Cr	ICCK I II I	ΓIN				
Paid	ď	J	OHN TAUER	se	lf-employed PC	002940				
	- pare		Firm's name CLIFTONLARSONALLEN LLP	Fii	m's EIN 🟲 41-0	746749	9			
	On		Firm's address ► 220 SOUTH SIXTH STREET SUITE 300	Ph	one no (612) 3	76-450	00			
	- 111	ا "	MINNEADOLIC MN EE402							

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

✓ Yes ☐ No

FUIII	990 (2012) Pa	ge ⊿
Par	Statement of Program Service Accomplishments Check if Schedule O contains a response to any question in this Part III	<u>.</u>
1	Briefly describe the organization's mission	
ASS MEM	UPPORT ALL SEGMENTS OF MEMBERSHIP BY DEVELOPING AND DELIVERING PROGRAMS, SERVICES AND PRODUCTS TO STITS MEMBERS IN SERVING THE PUBLIC WITH A HIGH DEGREE OF PROFESSIONALISM, BY PROTECTING THE RIGHTS OF BERS TO CONDUCT BUSINESS WITHOUT UNDUE REGULATORY CONSTRAINT AND TO PROMOTE THE PRESERVATION OF ATE RIGHTS TO REAL PROPERTY	F
2	Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?	
	If "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?	
4	If "Yes," describe these changes on Schedule O Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported	
4a	(Code) (Expenses \$ including grants of \$) (Revenue \$)	
	BROKER MANAGEMENT SEMINAR THE MINNESOTA ASSOCIATION OF REALTORS HAD 16,630 MEMBERS FOR THE YEAR ENDED SEPTEMBER 30, 2013 AMONG TI SERVICES PROVIDED TO MEMBERS, THE ASSOCIATION 1 CONDUCTED PEER REVIEWS OF COMPLAINTS AGAINST REALTORS, 2 PROVIDED REAL ESTATE TRANSACTION FORMS THAT GIVE CONSISTENCY FOR ALL OF THE DIFFERENT TRANSACTIONS CONDUCTED BY REALTORS, 3 PROVIDED BROKERS WITH THE LI HOTLINE, A FREE LEGAL SERVICE FOR BROKERS TO TALK TO ATTORNEYS REGARDING TRANSACTIONS, AND4 PROVIDED CONTINUING EDUCATION TO MEMBER	EGAL
	(Code) (Expenses \$ including grants of \$) (Revenue \$)	
	LEGISLATIVE IMPACT DAY THE ASSOCIATION RECEIVED UPDATES ON LEGISLATION CONCERNING REAL ESTATE AND VISITED WITH LEGISLATORS IN SUPPORT OF OUR MEMBERS	F
4 c	(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)? If "Yes," complete Schedule A	1		Νo
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2		No
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3		No
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</i> "Yes," complete Schedule C, Part II	4		
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5	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? If "Yes," complete Schedule D, Part I	6		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? If "Yes," complete Schedule D, Part II	7		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		No
9	Did the organization report an amount in Part X, line 21 for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV^{\bullet}	9		No
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		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? If "Yes," complete Schedule D, Part VI	11a	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? If "Yes," complete Schedule D, Part VII	11b		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? If "Yes," complete Schedule D, Part VIII	11c		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? If "Yes," complete Schedule D, Part IX	11d		No
e	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		No
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X.	11f	Yes	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a		No
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b	Yes	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		No
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		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? If "Yes," complete Schedule F, Parts I and IV	14b		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 United States? If "Yes," complete Schedule F, Parts II and IV	15		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 United States? If "Yes," complete Schedule F, Parts III and IV	16		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? If "Yes," complete Schedule G, Part I (see instructions)	17		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</i> "Yes," complete Schedule G, Part II	18		No
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		N o
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		No
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		

Par	t IV Checklist of Required Schedules (continued)			
21	Did the organization report more than \$5,000 of grants and other assistance to any government or organization in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	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? If "Yes," complete Schedule I, Parts I and III	22		No
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	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? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25	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? If "Yes," complete Schedule L, Part I			
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25b		
26	disqualified person outstanding as of the end of the organization's tax year? <i>If</i> "Yes," complete Schedule L, Part II			No
27	contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If</i> " <i>Yes,"</i> complete Schedule L, Part III			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)			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV			1
		28a		No
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		Νo
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		No
29	Did the organization receive more than $\$25,000$ in non-cash contributions? If "Yes," complete Schedule M	29		Νo
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		Νo
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33		No
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	34	Yes	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	Yes	
b	If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		No
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If</i> "Yes," complete Schedule R, Part V, line 2	36		
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?	38	Yes	

FGII	Statements Regarding Other IRS Filings and Tax Compliance			_
	Check if Schedule O contains a response to any question in this Part V	•	Yes	 No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0 - if not applicable 1a 24		1 65	140
	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable 1b 0	-		
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable	1		
	gaming (gambling) winnings to prize winners?	1c		
	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	2b		No
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?	За		Νo
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		No
ь	If "Yes," enter the name of the foreign country			
	See instructions for filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		No
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?			No
		5b		NO
С	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the	6a		Νo
b	organization solicit any contributions that were not tax deductible as charitable contributions? If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts			
7	were not tax deductible?	6b		
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to			
ч	file Form 8282?	7c		
u	74	1		
е	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.			
а	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		
0	Section 501(c)(7) organizations. Enter			
	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			
.1	Section 501(c)(12) organizations. Enter			
а	Gross income from members or shareholders]		
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)			
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
.3	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O	13a		
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans			
c	Enter the amount of reserves on hand	Į		
4a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		Νo
L	If "Yes " has it filed a Form 720 to report these payments? If "No " provide an explanation in Schedule O	14h		

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 See instructions. Check if Schedule O contains a response to any question in this Part VI	es in	Sched	ule O.
Se	ction 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			
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O			
b	Enter the number of voting members included in line 1a, above, who are independent			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2		No
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	Yes	
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	Yes	
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	Yes	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following			
а	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
Se	ction B. Policies (This Section B requests information about policies not required by the Internal R	even	ue Cod	e.)
			Yes	No
0a	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		No
1a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Yes	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990			
2a	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	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done $\dots \dots \dots$	12c	Yes	
3	Did the organization have a written whistleblower policy?	13	Yes	
4	Did the organization have a written document retention and destruction policy?	14	Yes	
5	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?			
а	15a	Yes		
b	Other officers or key employees of the organization	15b		No
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)			
6a	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

Section C. Disclosure

- 17 List the States with which a copy of this Form 990 is required to be filed▶
- 18 Section 6104 requires an organization to make its 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

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

- Own website Another's website Upon request Other (explain in Schedule O)
- Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year
- State the name, physical address, and telephone number of the person who possesses the books and records of the organization ►THOM FOX 5750 LINCOLN DRIVE EDINA, MN (612)912-2664

16b

Form	990	(2012)	
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Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

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

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

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation Enter -0 in columns (D), (E), and (F) if no compensation was paid
 - List all of the organization's current key employees, if any See instructions for definition of "key employee"
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations
- List all of the organization's **former** officers, key employees, or highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations

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

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

(A) Name and Title	(B) A verage hours per week (list any hours for related	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-	(F) Estimated amount of other compensation from the			
	organizations below dotted line)	Individual trustae or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	2/1099-M13C)	MISC)	organization and related organizations			
See Additional Data Table													
	•	•	•							Form 990 (2012)			

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

(A) Name and Title		(B) A verage hours per week (list any hours	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)		(E) Reportable compensation from related organizations (W-		(F) Estimated amount of other compensation from the	
		for related organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	2/1099	-MISC)	2/1099-MISC)	0	rganizati relate organiza	ed
												_		
												_		
												+		
												+		
												+		
												+		
												+		
												+		
1b	Sub-Total			<u> </u>	<u>. </u>	<u>. </u>		▶				$^{+}$		
c	Total from continuation sheet	s to Part VII, S	ection A	١.				•						
d	Total (add lines 1b and 1c) .							•		307,756		0		75,075
2	Total number of individuals (in \$100,000 of reportable compe						d abov	e) w	ho receive	d more th	an			
													Yes	No
3	Did the organization list any fo					key	emplo	yee,	, or highes	t compen	sated employee			
4	on line 1a? If "Yes," complete S					• mno:		•	d ather see	• • •	n from the	3		No
4	For any individual listed on line organization and related organ individual													ī.
5	Did any person listed on line 1	a receive or acc	rue cor	nnen	• satı	• on fr	om anv	• / unr	elated ord	anızatıon	or individual for	4	Yes	
	services rendered to the organ								-			5		No
Se	ction B. Independent Co	ntractors												
1	Complete this table for your five	e highest comp											tay yaa	
	compensation from the organiz	(A)	-	ation	IOF.	ine C	arenda	ıı ye	ar enuing		(B)	011 5	(C)
ACCES	N S 2711 CENTERVILLE RD 7567 WILMIN	ame and business a GTON DE 19808	address							Des HEALTH INS	Cription of services GURANCE	+	Comper	198,261
	SEN NYBECK PA 3600 AMERICAN BLVD		N MN 554	31							ON ATTORNEY			188,324
												\dashv		

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 -2

		Check if Schedule O contains a respo	nse to any question	in this Part VIII . (A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512,513,or 514
10	1a	Federated campaigns 1a					
Contributions, Gifts, Grants and Other Similar Amounts	b	Membership dues 1b					
rributions, Giffs, Grants Other Similar Amounts	С	Fundraising events 10	:				
ffs,	d	Related organizations 1d					
nila I	e	Government grants (contributions) 1e					
Sin's							
utic Jer	f	All other contributions, gifts, grants, and similar amounts not included above					
멸함	g	Noncash contributions included in lines 1a-1f \$			İ		
Cont and	h	Total. Add lines 1a-1f					
			Business Code				
Program Serwce Revenue	2a	MEMBERSHIP DUES	900099	2,477,098	2,477,098		
e ke	ь	EDUCATION/SERVICES	900099	170,012	170,012		
ъ Е	C	SPONSORSHIPS	900099	131,453	131,453		
7.	d	LEGISLATIVE	900099	36,127	36,127		
Σ,	е	MEETINGS	900099	26,087	26,087		
Iran	f	All other program service revenue		·	·		
Š		Tatal Add lines 2s 26		2.040.777			
	g 3	Total. Add lines 2a-2f		2,840,777			
		and other similar amounts)	▶	61,457			61,457
	4	Income from investment of tax-exempt bond	· · · · · ·	442 200			112 200
	5	Royalties	· · · · · · · · · · · · · · · · · · ·	112,288			112,288
	6a	(1) Real Gross rents	(II) Personal				
	ь	Less rental					
	c	expenses Rental income					
		or (loss) Net rental income or (loss)					
	d	(i) Securities	(II) Other				
	7a	Gross amount from sales of assets other 2,261,074	(ii) o sile.				
	b	than inventory Less cost or other basis and sales expenses					
	С	Gain or (loss) -21,582					
	d	Net gain or (loss)		-21,582	-21,582		
Other Revenue	8a	Gross income from fundraising events (not including \$ of contributions reported on line 1c) See Part IV, line 18					
<u>a</u>	Ь	Less direct expenses b					
₹	c	Less direct expenses b Net income or (loss) from fundraising					
		Gross income from gaming activities See Part IV, line 19					
	b	Less direct expenses b					
	С	Net income or (loss) from gaming act					
	10a	Gross sales of inventory, less returns and allowances .					
	b	Less cost of goods sold b					
		Net income or (loss) from sales of inv	entory 🛌				
		Miscellaneous Revenue	Business Code				
	11a	OTHER INCOME	900099	60,286			60,286
	b						
	С						
	d	All other revenue					
	е	Total. Add lines 11a-11d	🕨	60,286			
	12	Total revenue. See Instructions .	🛌	3,053,226	2,819,195		0 234,031
	ì			3,033,220	-,017,173		

		Statement of Functional Expenses						
Section	tion 501(c)(3) and 501(c)(4) organizations must complete all columns All other organizations must complete column (A)							
	(Check if Schedule O contains a response to any question in this Pai	tIX			<u></u>		
		ude amounts reported on lines 6b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses		
1		ts and other assistance to governments and organizations e United States See Part IV, line 21	37,000					
2		ts and other assistance to individuals in the ed States See Part IV, line 22						
3	orgar	ts and other assistance to governments, nizations, and individuals outside the United es See Part IV, lines 15 and 16						
4	Bene	fits paid to or for members						
5		pensation of current officers, directors, trustees, and employees	322,500					
6	(as d	pensation not included above, to disqualified persons efined under section 4958(f)(1)) and persons ribed in section 4958(c)(3)(B)						
7	Othe	r salaries and wages	744,946					
8		on plan accruals and contributions (include section 401(k) 403(b) employer contributions)	65,617					
9	Othe	r employee benefits	216,517					
10	Payro	oll taxes	85,485					
11	Fees	for services (non-employees)						
а	Mana	agement	15,925					
Ь	Legal	l	163,662					
c	Acco	ounting	29,815					
d	Lobb	yıng	191,963					
e		essional fundraising services See Part IV, line 17	•					
f		stment management fees	15,722					
g	O the colun	r (If line 11g amount exceeds 10% of line 25, nn (A) amount, list line 11g expenses on	,					
		dule O)	161,661					
12		ertising and promotion	35,478					
13	O ffic	e expenses	298,637					
14	Infor	mation technology	89,274					
15	Roya	Ities						
16	Occu	upancy	30,363					
17	Trave	el	124,895					
18		nents of travel or entertainment expenses for any federal, , or local public officials						
19	Confe	erences, conventions, and meetings	176,812					
20	Inter	est	2,503					
21	Paym	nents to affiliates						
22	Depr	ecıatıon, depletıon, and amortızatıon	100,764					
23	Insur	rance	12,009					
24	misc	r expenses Itemize expenses not covered above (List ellaneous expenses in line 24e If line 24e amount exceeds 10% e 25, column (A) amount, list line 24e expenses on Schedule O)						
а		MS SERVICE PROVIDER	109,848					
b		AL HELPLINE	84,727					
С	LOCA	AL GOVERNMENT AFFAIR	48,000					
d		ES MOBIL FUND	24,341					
e		ther expenses	30,705					
25		I functional expenses. Add lines 1 through 24e	3,219,169					
26	Joint repor educa	costs. Complete this line only if the organization ted in column (B) joint costs from a combined ational campaign and fundraising solicitation. Check	5,213,103					

Part X Balance Sheet

1 Cash—mon-interest-bearing Seginning of year Seginning o	Pai	't X	Balance Sheet Check if Schedule O contains a response to any question in this Part X			
1 Cash—non-interact-bearing 398.501 1 444.127				(A)		
3 Pledges and grants receivable, net		1	Cash—non-interest-bearing			444,127
4		2	Savings and temporary cash investments	1,883,614	2	0
4		3	Pledges and grants receivable, net		3	
### Schedule L	4		87,933	4	65,116	
1		5	employees, and highest compensated employees Complete Part II of		5	
9 Prepaid expenses and deferred charges 44,022 9 59,670	Assets	6	4958(f)(1)), persons described in section $4958(c)(3)(B)$, and contributing employers and sponsoring organizations of section $501(c)(9)$ voluntary employees' beneficiary		_	
9 Prepaid expenses and deferred charges 44,022 9 59,670						
9 Prepaid expenses and deferred charges 44,022 9 59,670						
10a					_	
Part VI of Schedule D 160a 1.522,191		-	T I	44,022	9	59,670
11 Investments—publicly traded securities 2,139,404 11 3,777.058 12 Investments—other securities See Part IV, line 11 12 13 Investments—program-related See Part IV, line 11 13 14 Intangible assets 14 15 Other assets See Part IV, line 11 15 16 Total assets Add lines 1 through 15 (must equal line 34) 5,116,036 16 4,970,555 18 Grants payable and accrued expenses 136,230 17 152,241 18 Grants payable 18 18 19 Deferred revenue 2,845 19 9,570 20 Tax—exempt bond liabilities 20 21 Escrow or custodial account liability Complete Part IV of Schedule D 22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part IV of Schedule 22 23 Secured mortgages and notes payable to unrelated third parties 23,165 23 40,050 24 Unsecured notes and loans payable to unrelated third parties 23,165 23 40,050 25 Total liabilities not included on lines 17-24) Complete Part X of Schedule 25 26 Total liabilities not included on lines 17-24) Complete Part X of Schedule 25 27 Unrestricted net assets 28 28 Temporanily restricted net assets 4,963,796 27 4,768,694 28 Temporanily restricted net assets 4,963,796 27 4,768,694 29 Permanently restricted net assets 29 29 Organizations that do not follow SFAS 117 (ASC 958), check here and complete lines 30 through 34. 20 Capital stock or trust principal, or current funds 30 21 Paid-in or capital surplus, or land, building or equipment fund 31 20 Paid-in or capital surplus, or land, building or equipment fund 4,963,796 33 4,768,694 30 Capital stock or trust principal, or current funds 32 31 Paid-in or capital surplus, or land, building or equipment fund 4,963,796 33 4,768,694 32 Retained earnings, endowment, accumulated income, or other fu		10a	Part VI of Schedule D 1,522,19	4		
12 Investments—other securities See Part IV, line 11 13 13 14 14 14 15 15 15 15 16 16 16 16		Ь	Less accumulated depreciation	· · · · · · · · · · · · · · · · · · ·		624,584
13		11	Investments—publicly traded securities	2,139,404	11	3,777,058
14		12	Investments—other securities See Part IV, line 11		12	
15		13	Investments—program-related See Part IV, line 11		13	
16 Total assets. Add lines 1 through 15 (must equal line 34) 5,116,036 16 4,970,555		14	Intangible assets		14	
17		15	Other assets See Part IV, line 11		15	
18 Grants payable 18 2,845 19 9,570		16	Total assets. Add lines 1 through 15 (must equal line 34)			4,970,555
19 Deferred revenue		17	Accounts payable and accrued expenses	136,230	17	152,241
Tax-exempt bond liabilities		18	Grants payable		18	
21 Escrow or custodial account liability Complete Part IV of Schedule D		19	Deferred revenue	2,845	19	9,570
Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L		20	Tax-exempt bond liabilities		20	
Unsecured notes and loans payable to unrelated third parties	S.	21	Escrow or custodial account liability Complete Part IV of Schedule D		21	
Unsecured notes and loans payable to unrelated third parties	iiite	22				
Unsecured notes and loans payable to unrelated third parties	дe		persons Complete Part II of Schedule L		22	
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		23	Secured mortgages and notes payable to unrelated third parties	23,165	23	40,050
and other liabilities not included on lines 17-24) Complete Part X of Schedule D		24	Unsecured notes and loans payable to unrelated third parties		24	
26 Total liabilities. Add lines 17 through 25		25	and other liabilities not included on lines 17-24) Complete Part X of Schedule			
Organizations that follow SFAS 117 (ASC 958), check here F and complete lines 27 through 29, and lines 33 and 34. 27 Unrestricted net assets				100.040		201 001
lines 27 through 29, and lines 33 and 34. 27 Unrestricted net assets		26		162,240	26	201,861
30 Capital stock or trust principal, or current funds	S)		• • • • • • • • • • • • • • • • • • • •			
30 Capital stock or trust principal, or current funds	ĕ	27	- · ·	4 953 796	27	4 768 694
30 Capital stock or trust principal, or current funds	<u>න</u>			1,000,100		1,700,001
30 Capital stock or trust principal, or current funds	<u> </u>					
30 Capital stock or trust principal, or current funds	ŭ	29	·		29	
30 Capital stock or trust principal, or current funds	<u> </u>		- · · · · · · · · · · · · · · · · · · ·			
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 1,768,694 34,953,796 33 4,768,694	9	30			30	
33 Total net assets or fund balances	Ř	31			31	
33 Total net assets or fund balances	ΑŠ	32			32	
34 Total liabilities and net assets/fund balances	ቑ	33		4,953,796	33	4,768,694
	Z	34	Total liabilities and net assets/fund balances	5,116,036	34	4,970,555

Par	Reconcilliation of Net Assets Check if Schedule O contains a response to any question in this Part XI				୮
1	Total revenue (must equal Part VIII, column (A), line 12)	1		3,0	53,226
2	Total expenses (must equal Part IX, column (A), line 25)	2		3,2	219,169
3	Revenue less expenses Subtract line 2 from line 1	3		-:	165,943
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		4,9	953,796
5	Net unrealized gains (losses) on investments	5			-19,159
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain in Schedule O)	9			0
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10		4,7	768,694
Par	t XII Financial Statements and Reporting				
	Check if Schedule O contains a response to any question in this Part XII				. $ abla$
				Yes	No
1	Accounting method used to prepare the Form 990				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		No
	If Yes,' check a box below to indicate whether the financial statements for the year were compiled or review a separate basis, consolidated basis, or both	∍d on			
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b	Yes	
	If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separa basis, consolidated basis, or both	ıte			
	Separate basis Consolidated basis Both consolidated and separate basis				
c	If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight audit, review, or compilation of its financial statements and selection of an independent accountant?	of the	2c	Yes	
	If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O				
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?		3a		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.	quired	3b		

Software ID: **Software Version:**

EIN: 41-6039154

Name: MINNESOTA ASSOCIATION OF REALTORS

Form 990, Part VII - Compensation of Compensated Employees, and Indepe	Officers, Dir	ectors	s,Tru	uste	ees,	, Key	/ En	nployees, Highe	st	
(A) Name and Title	(B) Average hours per week (list any	Positio more unless an dire	(C n (do than	onot one son is er an trust	box s bo d a tee)	th		(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
	hours for related organizations below dotted line)	Individual trustee or director	Institutional Trustee		Key employee	Highest compensated employee	Former			organizations
JAMES CORMIER PRESIDENT	1 00	х		х				0	0	0
RODNEY HELM TREASURER	1 00	х		х				0	0	0
JUNE WIENER PAST-PRESIDENT	1 00	х		х				0	0	0
JOHN ANDERSON DIRECTOR	1 00	х						0	0	0
DANIEL BOMAN DIRECTOR	1 00	х						0	0	0
CONNIE BOSSARD DIRECTOR	1 00	х						0	0	0
DARYL BRAHAM DIRECTOR	1 00	х						0	0	0
CHERYL BRELLENTHEN DIRECTOR	1 00	х						0	0	0
JEFFREY BYRD DIRECTOR	1 00	х						0	0	0
MARK CHRISTOPHERSON DIRECTOR	1 00	х						0	0	0
HOLLY CONNAKER DIRECTOR	1 00	х						0	0	0
SHERYL CRAVEN DIRECTOR	1 00	х						0	0	0
ROBERT DAY DIRECTOR	1 00	х						0	0	0
AARON DICKINSON DIRECTOR	1 00	х						0	0	0
CORY EHLERT DIRECTOR	1 00	х						0	0	0
PHETSAMONE EKHOLM DIRECTOR	1 00	х						0	0	0
NANCY FLICEK DIRECTOR	1 00	х						0	0	0
TRACIE FOGELSON DIRECTOR	1 00	х						0	0	0
LYNN FOULKE DIRECTOR	1 00	х						0	0	0
EMILY GREEN DIRECTOR	1 00	х						0	0	0
DEBRA GREENE DIRECTOR	1 00	х						0	0	0
RUTH ANN HALVORSON DIRECTOR	1 00	х						0	0	0
RYAN HANSON DIRECTOR	1 00	х						0	0	0
JAN HETTWER-DUMMER DIRECTOR	1 00	х						0	0	0
MICHAEL HOFFMAN DIRECTOR	1 00	х						0	0	0

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors (B) (C) (D) (E) (F) Name and Title Position (do not check Reportable Reportable Estimated amount Average hours more than one box, compensation compensation of other unless person is both from the from related per compensation organization (Worganizations (Wan officer and a week from the (list director/trustee) 2/1099-MISC) 2/1099-MISC) organization and related any Former Individual 1 or director Highest compensated employee Institutional hours organizations TICE! for employee related organızatıons trustae below Trustee dotted line) 1 00 SHEILA HOLLEY Χ 0 0 0 DIRECTOR 1 00 MICHAEL HUNSTAD 0 0 Х 0 **DIRECTOR** 1 00 JIMMY KAISER 0 0 0 Х **DIRECTOR** 1 00 KEVIN KNUDSEN Х 0 0 0 DIRECTOR 1 00 ERIC HODNER 0 0 0 Χ DIRECTOR 1 00 DAVID LANPHER 0 0 0 Х DIRECTOR 1 00 LYNN LEEGARD 0 0 0 Х DIRECTOR 1 00 MARY LINDGREN 0 0 0 DIRECTOR 1 00 GREG MASON Χ 0 0 DIRECTOR 1 00 MARK MASON 0 0 0 Х DIRECTOR 1 00 NENE MATEY KEKE Χ 0 0 0 DIRECTOR 1 00 ANTHONY MAURER 0 0 DIRECTOR 1 00 DAVID MAY 0 0 0 Х DIRECTOR 1 00 JANE O'LEARY 0 Х 0 0 DIRECTOR 1 00 MICHAEL PELLER Х 0 0 0 DIRECTOR 1 00 **ROBIN PETERSON** 0 0 0 Х DIRECTOR 1 00 ANGELO POALETTI 0 0 0 Х DIRECTOR 1 00 RUSSELL PORTELE Χ 0 0 0 **DIRECTOR** 1 00 THOMAS REHMAN Х 0 0 0 DIRECTOR 1 00 JOSEPH REIS JR 0 0 0 Х DIRECTOR 1 00 AUDREY RICHARDSON Х O 0 0 DIRECTOR 1 00 DEBRA RICHMOND-JOHNSON Х 0 0 0 DIRECTOR 1 00 DUANE SAUKE 0 0 0 Х DIRECTOR 1 00 BRIDGET SCHMIDT 0 0 Х 0 DIRECTOR 1 00 THOMAS SLUPSKE 0 0 DIRECTOR

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

60 00

60 00

CHRISTOPHER GALLER

LINDA MODLINSKI

CHIEF EXECUTIVE OFFICER

SENIOR VICE PRESIDENT

(A) Name and Title	(B) Average hours per week (list	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(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	
	any hours for related organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officei	Ke) employee	Highest compensated employee	Former			related organizations	
JOHN SMABY DIRECTOR	1 00	х						0	0	0	
JERRY TEESON DIRECTOR	1 00	х						0	0	0	
GERI THEIS DIRECTOR	1 00	х						0	0	0	
RICHARD TUCKER DIRECTOR	1 00	х						0	0	0	
TODD URBANSKI DIRECTOR	1 00	х						0	0	0	
KARLA VAN EMAN DIRECTOR	1 00	х						0	0	0	
THOMAS VANCE DIRECTOR	1 00	х						0	0	0	
CASSANDRA WESLEY DIRECTOR	1 00	х						0	0	0	
PATRICK WIEBUSCH DIRECTOR	1 00	х						0	0	0	
KANADA YAZBEK DIRECTOR	1 00	х						0	0	0	
					1						

Х

165,827

141,929

0

0

34,699

40,376

DLN: 93493139006154

OMB No 1545-0047

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.

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

1111	me of the organization INESOTA ASSOCIATION OF REALTORS			Employe	er ident	tification number
				41-603	9154	
Par	t I-A Complete if the or	ganization is exempt under	section 501(c) or is a sectio	n 527	organization.
1	Provide a description of the or	ganızatıon's dırect and ındırect polit	ıcal campaıgn act	ivities in Part IV		
2	Political expenditures) -	\$
3	Volunteer hours					
Dar	t In: Complete if the or	ganization is exempt under	coction EO1/	c)(3)		
1		e tax incurred by the organization u	_		b	ф
2	•	e tax incurred by organization mana				ት
3	•	section 4955 tax, did it file Form 47	_	11 4555	•	→ Yes □ No
4a	Was a correction made?	section 1999 tax, and te me Form 17	20 for this year.			「Yes □ No
b	If "Yes," describe in Part IV					1 165 1 110
		ganization is exempt under	section 501(c), except section	on 50:	1(c)(3).
1	Enter the amount directly expe	ended by the filing organization for s	ection 527 exem	pt function activities	 -	\$
2	Enter the amount of the filing of exempt function activities	organization's funds contributed to c	other organization:	s for section 527	.	\$
3	Total exempt function expendi	tures Add lines 1 and 2 Enter here	e and on Form 112	0-POL, line 17b	 -	¢
4	Did the filing organization file I	Form 1120-POL for this year?				→
5	Enter the names, addresses a organization made payments	nd employer identification number (l				to which the filing
	amount of political contribution	ror each organization listed, enter t ns received that were promptly and political action committee (PAC) I	directly delivered	to a separate politic	al orga	unds Also enter the nization, such as a
	amount of political contribution	ns received that were promptly and	directly delivered	to a separate politic	al organ nformat from on's	unds Also enter the nization, such as a
	amount of political contribution separate segregated fund or a	ns received that were promptly and political action committee (PAC) I	directly delivered fadditional space	to a separate politic is needed, provide in (d) A mount paid filing organization	al organ nformat from on's	unds Also enter the nization, such as a cion in Part IV (e) Amount of political contributions received and promptly and directly delivered to a separate political organization If none,
	amount of political contribution separate segregated fund or a	ns received that were promptly and political action committee (PAC) I	directly delivered fadditional space	to a separate politic is needed, provide in (d) A mount paid filing organization	al organ nformat from on's	unds Also enter the nization, such as a cion in Part IV (e) Amount of political contributions received and promptly and directly delivered to a separate political organization If none,
	amount of political contribution separate segregated fund or a	ns received that were promptly and political action committee (PAC) I	directly delivered fadditional space	to a separate politic is needed, provide in (d) A mount paid filing organization	al organ nformat from on's	unds Also enter the nization, such as a cion in Part IV (e) Amount of political contributions received and promptly and directly delivered to a separate political organization If none,
	amount of political contribution separate segregated fund or a	ns received that were promptly and political action committee (PAC) I	directly delivered fadditional space	to a separate politic is needed, provide in (d) A mount paid filing organization	al organ nformat from on's	unds Also enter the nization, such as a cion in Part IV (e) Amount of political contributions received and promptly and directly delivered to a separate political organization If none,
	amount of political contribution separate segregated fund or a	ns received that were promptly and political action committee (PAC) I	directly delivered fadditional space	to a separate politic is needed, provide in (d) A mount paid filing organization	al organ nformat from on's	unds Also enter the nization, such as a cion in Part IV (e) Amount of political contributions received and promptly and directly delivered to a separate political organization If none,
	amount of political contribution separate segregated fund or a	ns received that were promptly and political action committee (PAC) I	directly delivered fadditional space	to a separate politic is needed, provide in (d) A mount paid filing organization	al organ nformat from on's	unds Also enter the nization, such as a cion in Part IV (e) Amount of political contributions received and promptly and directly delivered to a separate political organization If none,
	amount of political contribution separate segregated fund or a	ns received that were promptly and political action committee (PAC) I	directly delivered fadditional space	to a separate politic is needed, provide in (d) A mount paid filing organization	al organ nformat from on's	unds Also enter the nization, such as a cion in Part IV (e) Amount of political contributions received and promptly and directly delivered to a separate political organization If none,

e Grassroots ceiling amount (150% of line 2d, column (e))

f Grassroots lobbying expenditures

Sch	nedule C (Form 990 or 990-EZ) 2012					Page 2
Pa	art II-A Complete if the organization	is exempt under	section 501(c)(3) and fil	ed Form 5768	(election
_	under section 501(h)). Check ► if the filing organization belongs to a	an affiliated group (and	lict in Part IV os	ach affiliated are	un mambar's nam	o addross EIN
	expenses, and share of excess lobb	ying expenditures)		_	up member s nam	e, address, LTN
<u>B</u>	Check Frifthe filing organization checked box	x A and "limited contro	ıl" provisions apı	oly		
	Limits on Lobbying E (The term "expenditures" means an		l .)		(a) Filing organization's totals	(b) Affiliated group totals
1a	Total lobbying expenditures to influence public o	pınıon (grass roots lob	bying)			
b	Total lobbying expenditures to influence a legisla	ative body (direct lobb	yıng)			
c	Total lobbying expenditures (add lines 1a and 1b	o)				
d	O ther exempt purpose expenditures					
e	Total exempt purpose expenditures (add lines 1c	c and 1d)				
f	Lobbying nontaxable amount Enter the amount fo	rom the following table	ın both			
	If the amount on line 1e, column (a) or (b) is:	The lobbying nontax	able amount is:			
	Not over \$500,000	20% of the amount on li	ne 1e			
	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the	e excess over \$500,0	000		
	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the	e excess over \$1,000	0,000		
	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				
	Grassroots nontaxable amount (enter 25% of lin	e 1f)				
_	Subtract line 1g from line 1a If zero or less, ente	•		-		
i	Subtract line 1f from line 1c If zero or less, ente			-		
_	If there is an amount other than zero on either lin		organization file	Form 4720 rep	ortina	1
-	section 4911 tax for this year?					┌ Yes ┌ No
_	4-Voor Av	veraging Period U	Inder Section	F01/b)		
	(Some organizations that made a scolumns below. See the	section 501(h) el	ection do not	have to cor		ne five
	Lobbying Expe	enditures During	4-Year Avera	ging Period		1
	Calendar year (or fiscal year beginning in)	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) Total
2a	Lobbying nontaxable amount					
b	Lobbying ceiling amount (150% of line 2a, column(e))					
c	Total lobbying expenditures					
d	Grassroots nontavable amount					

Pa	rt II-B Complete if the organization is exempt under section 501(c)(3) and has N	TOI			, u	ge s
	filed Form 5768 (election under section 501(h)).				(b)	
For e activ	ach "Yes" response to lines 1a through 1i below, provide in Part IV a detailed description of the lobbying	Yes	No		mount	<u> </u>
ucc, v		163	140		inouni	•
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					
а	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	O ther activities?					
j	Total Add lines 1c through 1i					
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?					
b	If "Yes," enter the amount of any tax incurred under section 4912					
C	If "Yes," enter the amount of any tax incurred by organization managers under section 4912					
d	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?					
Par	t III-A Complete if the organization is exempt under section $501(c)(4)$, section $501(c)(6)$.	01(c))(5), c	r se	ection	1
			_		Yes	No
1	Were substantially all (90% or more) dues received nondeductible by members?		L	1		Νo
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?		L	2		Νo
3	Did the organization agree to carry over lobbying and political expenditures from the prior year?			3	Yes	
	tIII-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "line 3, is answered "Yes."	No" C			t III-	Α,
1	Dues, assessments and similar amounts from members	1			2,619	,14
2	Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).					
а	Current year	2a				,53
b	Carryover from last year	2b				,01
	Total	2c			791	
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	3			598	,20
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			193	3,34
5	Tayable amount of lobbying and political expenditures (see instructions)	5				

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, Part II-A (affiliated group list), Part II-A, line 2, and Part II-B, line 1 Also, complete this part for any additional information

art II-A, line 2, and Part II-B, line 1 Also, complete this part for any additional information

Identifier Reference Explanation

DLN: 93493139006154

OMB No 1545-0047

SCHEDULE D

(Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

Open to Public

	ne of the organization NESOTA ASSOCIATION OF REALTORS		Emp	loyer identification number
_				6039154
Pa	rt I Organizations Maintaining Donor Adv organization answered "Yes" to Form 990		unds	or Accounts. Complete if the
		(a) Donor advised funds		(b) Funds and other accounts
	Total number at end of year			
	Aggregate contributions to (during year)			
	Aggregate grants from (during year)			
	Aggregate value at end of year			
	Did the organization inform all donors and donor advise funds are the organization's property, subject to the or		nor advi	Yes No
	Did the organization inform all grantees, donors, and d used only for charitable purposes and not for the beneficonferring impermissible private benefit?	_		
a r	t II Conservation Easements. Complete if	the organization answered "Yes" t	o Forn	n 990, Part IV, line 7.
	Purpose(s) of conservation easements held by the org Preservation of land for public use (e.g., recreation Protection of natural habitat Preservation of open space Complete lines 2a through 2d if the organization held a	or education) Preservation of ar Preservation of a	certifie	ically important land area d historic structure n of a conservation
	easement on the last day of the tax year			Held at the End of the Year
	Total number of conservation easements			neid at the End of the Year
	Total acreage restricted by conservation easements		2b	
	Number of conservation easements on a certified histo	oric structure included in (a)	2c	
	Number of conservation easements included in (c) accommodate structure listed in the National Register	• •	2d	
	Number of conservation easements modified, transferr	red released extinguished or terminate	d by th	ne organization during
	Number of states where property subject to conservat Does the organization have a written policy regarding tenforcement of the conservation easements it holds? Staff and volunteer hours devoted to monitoring, inspe	the periodic monitoring, inspection, han		☐ Yes ☐ No
	Amount of expenses incurred in monitoring, inspecting \$\blue\$	g, and enforcing conservation easement	s durin	g the year
	Does each conservation easement reported on line 2(a and section 170(h)(4)(B)(ii)?	d) above satisfy the requirements of sec	ction 17	70(h)(4)(B)(ı)
	In Part XIII, describe how the organization reports collibalance sheet, and include, if applicable, the text of the the organization's accounting for conservation easeme	e footnote to the organization's financia ents	l stater	ments that describes
7	Organizations Maintaining Collection Complete if the organization answered "Y		or Ot	her Similar Assets.
	If the organization elected, as permitted under SFAS 1 works of art, historical treasures, or other similar asseservice, provide, in Part XIII, the text of the footnote to	16 (ASC 958), not to report in its reve	or rese	arch in furtherance of public
	If the organization elected, as permitted under SFAS 1 works of art, historical treasures, or other similar asseservice, provide the following amounts relating to thes	.16 (ASC 958), to report in its revenue its held for public exhibition, education,	statem	ent and balance sheet
	(i) Revenues included in Form 990, Part VIII, line 1			► \$
	(ii) Assets included in Form 990, Part X			▶ \$
	If the organization received or held works of art, histor following amounts required to be reported under SFAS			'
	Revenues included in Form 990, Part VIII, line 1			▶ \$
	Assets included in Form 990, Part X			▶ \$
				T

Part	Organizations Maintaining Co	llections of Art	t, His	<u>stori</u>	<u>cal Tı</u>	reasu	res, or O	the	<u>r Similar A</u>	sse	ts (co	ntınued)
3	Using the organization's acquisition, access collection items (check all that apply)	ion, and other reco	rds, cl	heck	any of	the follo	owing that a	are a	sıgnıfıcant u	se of	ıts	
а	Public exhibition		d	Γ	Loan	or exch	ange progi	rams	i			
b	Scholarly research		e	Γ	Othe	r						
c	Preservation for future generations											
4	Provide a description of the organization's co	ollections and expla	aın hov	w the	y furthe	er the o	rganızatıor	ı's ex	cempt purpos	e in		
5	During the year, did the organization solicit								nılar	_		_
	assets to be sold to raise funds rather than t									<u> </u>		No
Par	t IV Escrow and Custodial Arrang Part IV, line 9, or reported an an						answere	a "Y	es" to Form	990	,	
1a	Is the organization an agent, trustee, custod included on Form 990, Part X?						r other ass	ets	not	Γ,	Yes	┌ No
b	If "Yes," explain the arrangement in Part XII	I and complete the	e follov	wing t	able		_					
							_		P.	mou	nt	
C	Beginning balance						_	1c				
d	Additions during the year							1d				
е	Distributions during the year							1e				
f	Ending balance							1f				
2a	Did the organization include an amount on Fo	orm 990, Part X, lin	ne 21?	>						Γ,	Yes	┌ No
b	If "Yes," explain the arrangement in Part XII	I Check here if the	e expla	anatıd	n has	been pr	ovided in F	art	XIII			\sqcap
Pa	rt V Endowment Funds. Complete											
	D	(a)Current year	(b)Prior	year	b (c) Tv	vo years back	((d)	Three years bacl	((e)	Four ye	ears back
1a L	Beginning of year balance							+		+		
b	Contributions							+		+		
С	Net investment earnings, gams, and losses							┺				
d	Grants or scholarships							1		_		
е	Other expenditures for facilities and programs											
f	Administrative expenses							\bot		_		
g	End of year balance											
2	Provide the estimated percentage of the cur	rent year end balan	ice (lir	ne 1g	colum	nn (a)) h	ield as					
а	Board designated or quasi-endowment 🕨											
b	Permanent endowment ►											
c	Temporarily restricted endowment ► The percentages in lines 2a, 2b, and 2c sho	uld equal 100%										
3a	Are there endowment funds not in the posses organization by	ssion of the organiz	zatıon	that	are hel	d and a	dministere	d for	the	ı	Vaa	No
	(i) unrelated organizations									a(i)	Yes	No
	(ii) related organizations									a(ii)		
b	If "Yes" to 3a(II), are the related organizatio									3b		
4	Describe in Part XIII the intended uses of th											
Par	t VI Land, Buildings, and Equipme	ent. See Form 99	90, Pa	_				- 41			(4) D-	-1
	Description of property) Cost o	or other stment)	(b) Cost or basis (oth		(c) Accumula depreciation		(d) Bo	ook value
1a	Land						10:	L,587				101,587
b	Buildings						822	2,596	431	,605		390,991
С	Leasehold improvements						34	1,907	34	,907		0
d	Equipment						189	9,277	109	,800		79,477
	Other							3,824		,295		52,529
Tota	I. Add lines 1a through 1e (Column (d) must e	qual Form 990, Part	X, colu	umn (i	B), line	10(c).)			🛌	1		624,584

Part VIII Investments—Other Securities. See	Form 990, Part X, line 1.	2.
(a) Description of security or category	(b)Book value	(c) Method of valuation
(including name of security)		Cost or end-of-year market value
(1)Financial derivatives		
(2)Closely-held equity interests		
Other		
Total. (Column (b) must equal Form 990, Part X, col (B) line 12)		
	Form COO Dart V line	12
Part VIII Investments—Program Related. See		
(a) Description of investment type	(b) Book value	(c) Method of valuation
		Cost or end-of-year market value
	<u> </u>	
	+	
the contract of the contract o		
Total. (Column (b) must equal Form 990, Part X, col (B) line 13)		
Total. (Column (b) must equal Form 990, Part X, col (B) line 13) Part IX Other Assets. See Form 990, Part X, line		
Part IX Other Assets. See Form 990, Part X, lin	ne 15.	(b) Book value
	ne 15.	(b) Book value
Part IX Other Assets. See Form 990, Part X, lin	ne 15.	(b) Book value
Part IX Other Assets. See Form 990, Part X, lin	ne 15.	(b) Book value
Part IX Other Assets. See Form 990, Part X, lin	ne 15.	(b) Book value
Part IX Other Assets. See Form 990, Part X, lin	ne 15.	(b) Book value
Part IX Other Assets. See Form 990, Part X, lin	ne 15.	(b) Book value
Part IX Other Assets. See Form 990, Part X, lin	ne 15.	(b) Book value
Part IX Other Assets. See Form 990, Part X, lin	ne 15.	(b) Book value
Part IX Other Assets. See Form 990, Part X, lin	ne 15.	(b) Book value
Part IX Other Assets. See Form 990, Part X, lin	ne 15.	(b) Book value
Part IX Other Assets. See Form 990, Part X, lin	ne 15.	(b) Book value
Part IX Other Assets. See Form 990, Part X, lin	ne 15.	(b) Book value
Part IX Other Assets. See Form 990, Part X, lin	ne 15.	(b) Book value
Part IX Other Assets. See Form 990, Part X, lin	ne 15.	(b) Book value
Part IX Other Assets. See Form 990, Part X, lin	ne 15.	(b) Book value
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Part IX Other Assets. See Form 990, Part X, lin	ne 15.	(b) Book value
Part IX Other Assets. See Form 990, Part X, lin	ne 15.	(b) Book value
Part IX Other Assets. See Form 990, Part X, lin (a) Descrip	ne 15. otion	(b) Book value
Part IX Other Assets. See Form 990, Part X, lin	ne 15. otion	(b) Book value
Part IX Other Assets. See Form 990, Part X, III (a) Description (b) must equal Form 990, Part X, col.(B) line 15	ne 15. ption	
Part IX Other Assets. See Form 990, Part X, lin (a) Description (b) must equal Form 990, Part X, col.(B) line 15 Part X Other Liabilities. See Form 990, Part X	ne 15. ption .) c, line 25.	
Part IX Other Assets. See Form 990, Part X, III (a) Description (b) must equal Form 990, Part X, col.(B) line 15	ne 15. ption	
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Part IX Other Assets. See Form 990, Part X, lin (a) Description (b) must equal Form 990, Part X, col.(B) line 15 Part X Other Liabilities. See Form 990, Part X	ne 15. ption .) c, line 25.	
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Part IX Other Assets. See Form 990, Part X, lin (a) Descrip Total. (Column (b) must equal Form 990, Part X, col.(B) line 15 Part X Other Liabilities. See Form 990, Part X 1 (a) Description of liability	ne 15. ption .) c, line 25.	
Part IX Other Assets. See Form 990, Part X, lin (a) Descrip Total. (Column (b) must equal Form 990, Part X, col.(B) line 15 Part X Other Liabilities. See Form 990, Part X 1 (a) Description of liability	ne 15. ption .) c, line 25.	
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Total. (Column (b) must equal Form 990, Part X, col.(B) line 15 Part X Other Liabilities. See Form 990, Part X (a) Description of liability	ne 15. ption .) c, line 25.	
Part IX Other Assets. See Form 990, Part X, lin (a) Descrip Total. (Column (b) must equal Form 990, Part X, col.(B) line 15 Part X Other Liabilities. See Form 990, Part X 1 (a) Description of liability	ne 15. ption .) c, line 25.	

Part	XI Reconciliation of Revenue per Audited Financial Statements With Revenue	per R	eturn
1	Total revenue, gains, and other support per audited financial statements	1	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
а	Net unrealized gains on investments		
b	Donated services and use of facilities 2b		
c	Recoveries of prior year grants		
d	Other (Describe in Part XIII)		
e	Add lines 2a through 2d	2e	
3	Subtract line 2e from line 1	3	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1		
а	Investment expenses not included on Form 990, Part VIII, line 7b . 4a		
b	Other (Describe in Part XIII)		
c	Add lines 4a and 4b	4c	
5	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)	5	
Part	XII Reconciliation of Expenses per Audited Financial Statements With Expense	es per	Return
_			
1	Total expenses and losses per audited financial statements	1	
1 2	Total expenses and losses per audited financial statements	1	
		1	
2	Amounts included on line 1 but not on Form 990, Part IX, line 25	1	
2 a	Amounts included on line 1 but not on Form 990, Part IX, line 25 Donated services and use of facilities	1	
2 a b	A mounts included on line 1 but not on Form 990, Part IX, line 25 Donated services and use of facilities	1	
2 a b c	Amounts included on line 1 but not on Form 990, Part IX, line 25 Donated services and use of facilities	2e	
2 a b c d	A mounts included on line 1 but not on Form 990, Part IX, line 25 Donated services and use of facilities		
a b c d	A mounts included on line 1 but not on Form 990, Part IX, line 25 Donated services and use of facilities		
2 a b c d e	A mounts included on line 1 but not on Form 990, Part IX, line 25 Donated services and use of facilities		
2 a b c d e 3	Amounts included on line 1 but not on Form 990, Part IX, line 25 Donated services and use of facilities		
2 a b c d e 3 4 a	A mounts included on line 1 but not on Form 990, Part IX, line 25 Donated services and use of facilities		
2 a b c d e 3 4 a b	Amounts included on line 1 but not on Form 990, Part IX, line 25 Donated services and use of facilities	2e 3	

Part XIII 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, line 2, Part XI, lines 2d and 4b, and Part XII, 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, LINE 2	THE ASSOCIATION IS EXEMPT FROM FEDERAL AND STATE INCOME TAXES UNDER SECTION 501(C)(6) OF THE INTERNAL REVENUE CODE IT HAS BEEN CLASSIFIED AS AN ORGANIZATION THAT IS NOT A PRIVATE FOUNDATION OF THE INTERNAL REVENUE CODE AND CONTRIBUTIONS TO THE ASSOCIATION QUALIFY AS A CHARITABLE CONTRIBUTION DEDUCTION FOR DONORS THE ASSOCIATION HAS ADOPTED THE INCOME TAX STANDARD REGARDING THE RECOGNITION AND MEASUREMENT OF UNCERTAIN TAX POSITIONS THIS STANDARD HAS NO IMPACT ON THE ASSOCIATION'S FINANCIAL STATEMENTS FOR THE YEARS ENDING SEPTEMBER 30, 2013 AND 2012 THE ASSOCIATION'S TAX RETURNS ARE SUBJECT TO REVIEW BY FEDERAL AND STATE AUTHORITIES THAT WOULD JEOPARDIZE ITS TAXEXEMPT STATUS THE TAX RETURNS FOR THE YEARS ENDING 2010 TO 2012 ARE OPEN TO EXAMINATION BY FEDERAL AND STATE AUTHORITIES
PART XI, LINE 2D - OTHER ADJUSTMENTS		PAC REVENUE REPORTED ON A SEPARATE RETURN
PART XII, LINE 2D - OTHER ADJUSTMENTS		PAC EXPENSES REPORTED ON A SEPARATE RETURN

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Schedule I

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

DLN: 93493139006154

Open to Public **Inspection**

Department of the Treasury Internal Revenue Service Name of the organization

(Form 990)

MINNESOTA ASSOCIATION OF REALTORS

Employer identification number

41-6039154

Does the organization mair the selection criteria used Describe in Part IV the org	to award the grants ganization's procedi	or assistance? ures for monitoring the us	e of grant funds in the	United States			
		o Governments and received					d "Yes" to
a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of gra or assistance
THE REALTORS(R) LIEF FOUNDATION 0 N MICHIGAN AVENUE ICAGO,IL 60611	36-4468109	501C3	15,000				HURRICANE SANE RELIEF
) GREATER MSP O ROBERT STREET N UTE 1520 PAUL,MN 55101	27-4026636	501C3	15,000				REGIONAL ECONOMIC DEVELOPMENT
Enter total number of secti	on 501(c)(3) and g	ı overnment organızatıons	listed in the line 1 tabl	e			

Ш	Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" to Form 990,	Part IV,	line 22
	Part III can be duplicated if additional space is needed.		

(a)Type of grant or assistance	(b) Number of recipients	(c) A mount of cash grant	(d) A mount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f)Description of non-cash assistance

Part IV Supplemental Information

Complete this part to provide the information required in Part I, line 2, Part III, column (b), and any other additional information

		$\chi = 1 + 1 + 1 + 1 + 1 + 1 + 1 + 1 + 1 + 1$
Identifier	Return Reference	Explanation
PROCEDURE FOR MONITORING GRANTS IN THE U S	,	SCHEDULE I, PART I, LINE 2 THE ASSOCIATION MAKES GRANTS TO VARIOUS CHARITABLE ORGANIZATIONS, ALL OF WHICH WERE APPROVED BY THE EXECUTIVE COMMITTEE THERE IS NO FORMAL MONITORING REQUIRED

Schedule I (Form 990) 2012

DLN: 93493139006154

OMB No 1545-0047

Schedule J (Form 990)

Department of the Treasury

Internal Revenue Service

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

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

Compensation Information

► Attach to Form 990. ► See separate instructions.

Open to Public Inspection

Name of the organization
MINNESOTA ASSOCIATION OF REALTORS

Employer identification number

41-6039154

Pa	Questions Regarding Compensation			
	Charlette annual to harder) (the annual to a new date of the control of the contr		Yes	No
1a	Check the appropiate 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			
	First-class or charter travel Housing allowance or residence for personal use			
	Travel for companions Payments for business use of personal residence			
	Tax idemnification and gross-up payments Health or social club dues or initiation fees			
	Discretionary spending account Personal services (e g , maid, chauffeur, chef)			
b	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 of the expenses described above? If "No," complete Part III to explain	1b		
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a?	2		
_				
3	Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director Check all that apply Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III			
	▼ Compensation committee			
	☐ Independent compensation consultant ☐ Compensation survey or study			
	Form 990 of other organizations 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			
а	Receive a severance payment or change-of-control payment?	4a		No
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b		Νo
c	Participate in, or receive payment from, an equity-based compensation arrangement?	4c		Νo
	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			
а	The organization?	5a		
b	Any related organization?	5b		
	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			
а	The organization?	6a		
b	Any related organization?	6b		
	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	7		
8	Were any amounts reported in Form 990, Part VII, paid or accured pursuant to a contract that was			
	subject to the initial contract exception described in Regulations section 53 4958-4(a)(3)? If "Yes," describe			
	ın Part III	8		
9	If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53 4958-6(c)?	9		

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

For each individual whose compensation must be reported 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, applicable column (D) and (E) amounts for that individual

(A) Name and Title		(B) Breakdown of	FW-2 and/or 1099-MIS		(C) Retirement and other deferred	(D) Nontaxable benefits	(E) Total of columns	(F) Compensation reported as deferred
		(i) Base compensation	(II) Bonus & Incentive compensation			penents	(B)(ı)-(D)	in prior Form 990
(1)CHRISTOPHER GALLER CHIEF EXECUTIVE OFFICER	(i) (ii)	155,827 0	10,000 0	0 0	0 0	34,699 0	200,526 0	0
(2)LINDA MODLINSKI SENIOR VICE PRESIDENT	(i) (ii)	131,929 0	10,000	0 0	0	40,376 0	182,305 0	0

Schedule J (Form 990) 2012

Part III Supplemental Information

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

Identifier Return Reference Explanation

Schedule J (Form 990) 2012

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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.

DLN: 93493139006154OMB No 1545-0047

2012

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Inspection

Name of the organization MINNESOTA ASSOCIATION OF REALTORS

Employer identification number

41-6039154

Identifier	Return Reference	Explanation
	FORM 990, PART VI, SECTION A, LINE 6	
	FORM 990, PART VI, SECTION A, LINE 7A	EACH MEMBER ASSOCIATION OR BOARD ELECTS UP TO FOUR DIRECTORS TO THE BOARD OF DIRECTORS, DE PENDING ON THE NUMBER OF REALTOR MEMBERS OF THE ASSOCIATION OR BOARD EACH REAL ESTATE COM PANY ELECTS UP TO THREE DIRECTORS TO THE BOARD OF DIRECTORS, DEPENDING ON THE NUMBER OF RE ALTOR MEMBERS IN THE COMPANY EACH REAL ESTATE BROKERAGE FRANCHISOR WITH 500 OR MORE REALT OR MEMBERS ELECT ONE DIRECTOR TO THE BOARD OF DIRECTORS
	FORM 990, PART VI, SECTION A, LINE 7B	AMENDMENTS TO THE ASSOCIATIONS BY LAWS AFFECTING THE ADMISSION OR QUALIFICATION OF REALTOR MEMBERS AND INSTITUTE AFFILIATE MEMBERS AND THE USE OF THE TERMS "REALTOR" OR "REALTORS" OR ANY ALTERATION IN THE TERRITORIAL JURISDICTION OF A BOARD ONLY BECOME EFFECTIVE UPON AP PROVAL OF THE BOARD OF DIRECTORS OF THE NATIONAL ASSOCIATION AMENDMENTS TO THE ASSOCIATIO N'S ARTICLES OF INCORPORATION REQUIRE A TWO-THIRDS MAJORITY VOTE BY THE MEMBERS
	FORM 990, PART VI, SECTION B, LINE 10B	THE ASSOCIATION'S LOCAL AFFILIATE IS A POLITICAL ACTION COMMITTEE ACTIVITIES OF POLITICAL ACTION COMMITTEES ARE STRICTLY GOVERNED BY STATE LAWS AND REGULATIONS THE ASSOCIATION'S POLITICAL ACTION COMMITTEE FOLLOWS ALL SUCH LAWS AND REGULATIONS
	FORM 990, PART VI, SECTION B, LINE 11	THE FORM 990 WAS REVIEWED BY THE ASSOCIATION'S DIRECTOR OF OFFICE MANAGEMENT AND CHIEF OPE RATING OFFICER IT WAS THEN PROVIDED ELECTRONICALLY TO ALL BOARD MEMBERS PRIOR TO FILING
	FORM 990, PART VI, SECTION B, LINE 12C	THE ASSOCIATION'S CONFLICT OF INTEREST POLICY APPLIES TO ALL DIRECTORS, OFFICERS AND EMPLO YESS EACH PERSON GOVERNED BY THIS POLICY IS REQUIRED TO COMPLETE AN ANNUAL DISCLOSURE FOR M IDENTIFY ING ANY RELATIONSHIPS, POSITIONS OR CIRCUMSTANCES IN WHICH THE PERSON IS INVOLVE D THAT THEY BELIEVE COULD CONTRIBUTE TO A CONFLICT OF INTEREST ARISING BEFORE BOARD OR CO MINITEE ACTION ON A CONTRACT OR TRANSACTION INVOLVING A CONFLICT OF INTEREST, A DIRECTOR O R COMMITTEE MEMBER HAVING A CONFLICT OF INTEREST IS REQUIRED TO DISCLOSE ALL MATERIAL FACT S A PERSON WHO HAS A CONFLICT OF INTEREST MAY NOT PARTICIPATE IN OR BE PERMITTED TO HEAR THE BOARD'S OR COMMITTEE'S DISCUSSION OF THE MATTER EXCEPT TO DISCLOSE MATERIAL FACTS AND TO RESPOND TO QUESTIONS SUCH PERSON MAY NOT ATTEMPT TO EXERT THEIR PERSONAL INFLUENCE WIT H RESPECT TO THE MATTER, EITHER AT OR OUTSIDE THE MEETING THE PERSON HAVING A CONFLICT OF INTEREST MAY NOT WAY NOT BE PRESENT IN THE MEETIN G ROOM WHEN THE VOTE IS TAKEN, UNLESS THE VOTE IS BY SECRET BALLOT IN THE EVENT IT IS NOT ENTIRELY CLEAR THAT A CONFLICT OF INTEREST EXISTS, THE CHAIR OR THE CHAIR'S DESIGNEE DETE RMINES WHETHER A CONFLICT OF INTEREST EXISTS ALL PROCEEDINGS RELATED TO CONFLICTS OF INTEREST ARE DOCUMENTED IN THE MEETING MINUTES
	FORM 990, PART VI, SECTION B, LINE 15A	THE COMPENSATION OF THE CEO IS DETERMINED BY THE EXECUTIVE COMMITTEE, WHICH SERVES AS THE PERSONNEL COMMITTEE. THE ASSOCIATION USES SALARY SURVEYS FOR COMPARABILITY DATA AND DOCUME NTS ALL STEPS IN THE PROCESS THE PROCESS LAST INCLUDED REVIEW AND APPROVAL BY INDEPENDENT PERSONS, COMPARABILITY DATA AND CONTEMPORANEOUS SUBSTANTIATION IN 2012 FOR THE CEO, C GA LLER ALL OTHER COMPENSATION IS DETERMINED BY THE CEO SALARY SURVEYS AND COMPARABILITY DA TA ARE USED TO DETERMINE COMPENSATION
	FORM 990, PART VI, SECTION C, LINE 19	THE ASSOCIATION'S GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, AND FINANCIAL STATEMEN TS ARE AVAILABLE UPON REQUEST THE FINANCIAL STATEMENTS ARE ALSO AVAILABLE ON THE ASSOCIAT ION'S WEBSITE

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

DLN: 93493139006154

SCHEDULE R (Form 990)

Name of the organization MINNESOTA ASSOCIATION OF REALTORS

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.

2012

Schedule R (Form 990) 2012

Employer identification number

Open to Public Inspection

Department of the Treasi
Internal Revenue Service

				41-6039154			
Part I Identification of Disregarded Entities (Comp	olete if the organization	n answered "Yes"	to Form 990, Par	t IV, line 33.)			
(a) Name, address, and EIN (ıf applıcable) of dısregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity		
Part II Identification of Related Tax-Exempt Organ or more related tax-exempt organizations during	izations (Complete if the tax year.)	the organization a	answered "Yes"	to Form 990, Part	IV, line 34 because it	had o	ne
(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	Section (13) co en	tity?
(1) MINNESOTA ASSOCIATION OF REALTORS POLITICAL ACTION COMMITTEE 5750 LINCOLN DRIVE EDINA, MN 55436 41-6141740	POLITICAL & LEGISLATIVE ACTIVITY	MN	527	N/A	MINNESOTA ASSOCIATION OF REALTORS	Yes	No No

Cat No 50135Y

(a) Name, address, and EIN of related organization		(b) Primary activit	(c) Legal domicile (state or foreign country)	entity	(e) Predominant Income(related, unrelated, excluded from tax under sections 512-	(f) Share of total income	(g) Share of end-of-yea assets	(h Disprop r allocat	ortionate	(i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	mana part	ral or	(k) Percenta ownersh
					514)			Yes	No		Yes	No	
V Identification of Related Or line 34 because it had one or r	ganizations Taxa nore related organi	ble as a Corpo	ration is a cor	or Trust (poration or	Complete if trust during	the organı the tax ye	zatıon ar ar.)	iswere	d "Ye	s" to Form	990,	Part	:IV,
(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)		(d) Direct controll entity	(e) Type of enti (C corp, S corp, or trust)		total Share e of	(g) e of end- year ssets		(h) ercentage wnership	Section (b) conti	(13)	
											Yes		No

	Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule				Yes	No		
1 D	During the tax year, did the orgranization engage in any of the following transactions with one or more related organizations li	sted in Parts II-IV?						
а	Receipt of (i) interest (ii) annuities (iii) royalties or (iv) rent from a controlled entity			1a		No		
b	Gift, grant, or capital contribution to related organization(s)			1b		No		
C	Gift, grant, or capital contribution from related organization(s)			1c		No		
d	Loans or loan guarantees to or for related organization(s)			1d		No		
e	Loans or loan guarantees by related organization(s)			1e		No		
f	Dividends from related organization(s)			1f		No		
g Sale of assets to related organization(s)								
h	Purchase of assets from related organization(s)			1h		No		
i	Exchange of assets with related organization(s)			1i		No		
j	Lease of facilities, equipment, or other assets to related organization(s)			1j		No		
k	Lease of facilities, equipment, or other assets from related organization(s)			1k		No		
- 1	Performance of services or membership or fundraising solicitations for related organization(s)			11	Yes			
m	$oldsymbol{n}$ Performance of services or membership or fundraising solicitations by related organization(s)			1m		No		
n	sharing of facilities, equipment, mailing lists, or other assets with related organization(s)			1n	Yes			
0	Sharing of paid employees with related organization(s)			10	Yes			
р	Reimbursement paid to related organization(s) for expenses			1р		No		
q	Reimbursement paid by related organization(s) for expenses			1q	Yes			
r	Other transfer of cash or property to related organization(s)			1r		No		
s	Other transfer of cash or property from related organization(s)			1s		No		
2	If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including co		(d)					
	Name of other organization Transaction type (a-s)	(c) Amount involved	Method of determining amo	unt I	nvolved			

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

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

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 re	garding exclu	sion for ce		nent	partnerships				`	,		_	
(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under section 512- 514)	org	(e) all partners section 501(c)(3) anizations?	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproprtiona allocations?		(i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
			514)	Yes	No			Yes	No		Yes	No	
												1	

Additional Data Return to Form

Software ID:

Software Version:

EIN: 41-6039154

Name: MINNESOTA ASSOCIATION OF REALTORS

Schedule R (Form 990) 2012

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Part VII Supplemental Information

_	Complete this part to provide additional information for responses to questions on Schedule R (see instructions)							
	Identifier Return Reference		Explanation					