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DLN: 93493318042334

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 private foundations)

► Do not enter Social Security numbers on this form as it may be made public By law, the IRS generally cannot redact the information on the form

► Information about Form 990 and its instructions is at <u>www.IRS.gov/form990</u>

OMB No 1545-0047

2013

Open to Public Inspection

### A Number of independent voting members of the governing body (Part VI, line 1b)	Name char Initial retur Terminated Amended r Application I Tax-exem J Website K Form of org Part I	Doing Business As Number and street (or P O box if mail is not delivered to street address) Room/suited 430 N Michigan Ave City or town, state or province, country, and ZIP or foreign postal code Chicago, IL 60611 F Name and address of principal officer DALE STINTON CEO 430 N Michigan Ave Chicago, IL 60611 April status 501(c)(3) 501(c)(6) (insert no) 4947(a)(1) or 527 WWW REALTOR ORG	G Gross H(a) Is this a group subordinates? H(b) Are all subordincluded? If "No," attack H(c) Group exemptions	one num) 329-8 receipts \$ o return inates n a list	ber 200 \$ 243,388,879 for
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Tax exempt status	J Website K Form of org Part I	## WWW REALTOR ORG ganization	If "No," attac		(see instructions)
Part Summary	K Form of org Part I 1 E	ganization Corporation Trust Association Other ►	1	tıon nur	,
Part Summary	Part I		Year of formation 1		mber ►
1 Birefly describe the organization's mission or most significant activities THE NATIONAL ASSOCIATION OF REALTORS (NAR) PROVIDES A FACILITY FOR PROFESSIONAL DEVELOPMENT & EXCHANGE OF INFORMATION AMONG ITS MEMBERS AND THE PUBLIC IN ORDERTO PRESERVE RIGHTS RELATED TO REAL PROPERTY	1 E	Summary	E rear or formation 1	908 M	State of legal domicile IL
### THE NATIONAL ASSOCIATION OF REALTORS (NAR) PROVIDES A FACILITY FOR PROFESSIONAL DEVELOPMENT & EXCHANGE OF INFORMATION AMONG ITS MEMBERS AND THE PUBLIC IN ORDER TO PRESERVE RIGHTS RELATED TO REAL PROPERTY **PROPERTY**	т				
3 Number of voting members of the governing body (Part VI, line 1a) 3 77 4 Number of independent voting members of the governing body (Part VI, line 1b) 4 76 5 Total number of individuals employed in calendar year 2013 (Part V, line 2a) 5 38 6 Total number of volunteers (estimate if necessary) 6 6 2,10 7a Total unrelated business revenue from Part VIII, column (C), line 12 7a 8,0606,32 8 Contributions and grants (Part VIII, line 1h) 9 Program service revenue (Part VIII, line 2g) 171,789,472 173,660,69 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 6,098,026 6,271,81 11 Other revenue (Part VIII, column (A), lines 3, 4, and 7d) 6,098,026 6,271,81 12 Total revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 12 12 12 12 12 13 13 13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) 688,500 160,00 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 1-3) 688,500 160,00 16 Professional fundraising fees (Part IX, column (A), lines 1-3) 54,076,041 48,384,43 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5 5-10 133,731,659 123,787,15 18 Total fundraising fees (Part IX, column (A), line 1e) 133,731,659 123,787,15 18 Total fundraising fees (Part IX, column (A), line 1e) 133,731,659 123,787,15 18 Total fundraising fees (Part IX, column (A), line 25) 188,496,200 172,331,58 18 Total fundraising fees (Part IX, column (A), line 25) 188,496,200 172,331,58 19 Revenue less expenses Subtract line 18 from line 12 3,072,010 17,842,31 18 Total sets (Part X, line 16) 24,438,84 24,43 24,438 24,43 24,438 24,43 24,438 24,43	l -	EXCHANGE OF INFORMATION AMONG ITS MEMBERS AND THE PUBLIC IN (REAL PROPERTY	ORDER TO PRESER	/E RIGI	HTS RELATED TO
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	[- 1	381
B Net unrelated business taxable income from Form 990-T, line 34 Tb 3,026,28				—	
8	l l			\vdash	
Program service revenue (Part VIII, line 2g)			1	 	
Program service revenue (Part VIII, line 2g)	8	Contributions and grants (Part VIII, line 1h)		0	0
11 Other revenue (Part VIII, Column (A), lines 5, 8d, 8c, 9c, 10c, and 11e) 12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)			171,789	472	173,660,691
11 Other revenue (Part VIII, Column (A), lines 5, 8d, 8c, 9c, 10c, and 11e) 12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	े 2 2 10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)			6,271,813
12)	iii 11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	13,680	712	10,241,398
13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) 688,500 160,00 14 Benefits paid to or for members (Part IX, column (A), line 4) 0 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 16a Professional fundraising fees (Part IX, column (A), line 11e) 0 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 133,731,659 123,787,15 18 Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25) 188,496,200 172,331,58 19 Revenue less expenses Subtract line 18 from line 12 3,072,010 17,842,31 20 Total assets (Part X, line 16)	12		191 568	210	190 173 902
14 Benefits paid to or for members (Part IX, column (A), line 4)	13				
15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 16a Professional fundraising fees (Part IX, column (A), line 11e)					0
16a Professional fundraising fees (Part IX, column (A), line 11e)				+	
17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 133,731,659 123,787,15 18	82 13		54,076	.041	48,384,433
17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 133,731,659 123,787,15 18	क्व विa विव	Professional fundraising fees (Part IX, column (A), line 11e)		0	0
18 Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25) 188,496,200 172,331,58 19 Revenue less expenses Subtract line 18 from line 12	ਨੂੰ ਾ	Total fundraising expenses (Part IX, column (D), line 25) ▶0			
19 Revenue less expenses Subtract line 18 from line 12	17				123,787,156
Beginning of Current Year 20 Total assets (Part X, line 16)	18				
Peginning of Current Year End of Year Pear	l	Revenue less expenses Subtract line 18 from line 12			17,842,313
20 Total assets (Part X, line 16)					End of Year
21 Total liabilities (Part X, line 26)					End of Tear
22 Net assets or fund balances Subtract line 21 from line 20			Year		294,738,867
		Total assets (Part X, line 16)	Year 284,680	727	
Part II Signature Block			Beginning of Curre		

May the IRS discuss this return with the preparer shown above? (see instructions) $\,$.

✓ Yes No

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		No
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^{\bullet}	3	Yes	
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i>	4		No
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? <i>If "Yes," complete Schedule C, Part III</i>	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? <i>If "Yes," complete Schedule D, Part II</i>	7		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>	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	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	Yes	
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			
а	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
С	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	Yes	
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 $X^{f G}$	11e	Yes	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? 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	Yes	
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15	Yes	
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? <i>If</i> "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 "Yes," complete Schedule G, Part II</i>	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		No
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 or other assistance to any domestic organization or government 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 or 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? <i>If "Yes," complete Schedule J.</i>	23	Yes	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a	24a		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	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	25a		
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25b		
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If so, complete Schedule L, Part II	26		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i>	27		No
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	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	Yes	
С	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		No
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? 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		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? <i>If "Yes," complete Schedule R, Part I</i>	33		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	Yes	
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>	36		
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? 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? Note. All Form 990 filers are required to complete Schedule O	38	Yes	

Part V Statements Regarding Other IRS Filings and Tax Compliance

- (-	Statements Regarding Other IRS Filings and Tax Compliance			_
	Check if Schedule O contains a response or note to any line in this Part V		· ·	.) No
a	Enter the number reported in Box 3 of Form 1096 Enter -0 - if not applicable 1a 338			-110
	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			
_	gaming (gambling) winnings to prize winners?	1c	Yes	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return			
L	by this return			
D	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	2b	Yes	
а	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	Yes	
)	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b	Yes	
la	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	Yes	
b	If "Yes," enter the name of the foreign country ▶BD			
	See instructions for filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts			
a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		No
c	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?			
		5c		
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6a		No
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
	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		
	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 file Form 8282?	7c		
d	If "Yes," indicate the number of Forms 8282 filed during the year 7d	 ~		
u	The rest, indicate the number of Forms 8282 med during the year			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7 g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
3	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
a	Did the organization make any taxable distributions under section 4966?	9a		
b	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		
_)	Section 501(c)(7) organizations. Enter			
	Initiation fees and capital contributions included on Part VIII, line 12 10a			
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
	Section 501(c)(12) organizations. Enter			
	Gross income from members or shareholders			
	Gross income from other sources (Do not net amounts due or paid to other sources			
	against amounts due or received from them)			
2a	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.			
	Is the organization licensed to issue qualified health plans in more than one state?			
a	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			
a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		No
	If "Yes " has it filed a Form 720 to report these payments? If "No " provide an explanation in Schedule O	14h		

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

56	ection A. Governing Body and Management			
			Yes	No
1 a	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	Yes	
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? .	3		No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		No
5	Did the organization become aware during the year of a significant diversion of the organization's assets? .	5		Νo
6	Did the organization have members or stockholders?	6		No
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a		No
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b		No
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following			
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	ection B. Policies (This Section B requests information about policies not required by the Internal R	event	ıe Cod	e.)
			Yes	No
	Did the organization have local chapters, branches, or affiliates?	10a	Yes Yes	No
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
b 11a	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? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	10b	Yes	No
b 11a	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? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing	10b	Yes	
b 11a 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? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	10b	Yes	
b 11a b 12a 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? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	10b	Yes	
b 11a b 12a 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? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	10b 11a 12a	Yes	No
b 11a b 12a 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? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	10b 11a 12a 12b	Yes	No
b 11a b 12a 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? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	10b 11a 12a 12b	Yes Yes Yes	No
b 11a b 12a b c	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? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? Describe in Schedule O the process, if any, used by the organization to review this Form 990 Did the organization have a written conflict of interest policy? If "No," go to line 13 Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done Did the organization have a written whistleblower policy?	10b 11a 12a 12b 12c 13	Yes Yes Yes	No
b 11a b 12a b c 13	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? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? Describe in Schedule O the process, if any, used by the organization to review this Form 990 Did the organization have a written conflict of interest policy? If "No," go to line 13 Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done Did the organization have a written whistleblower policy? Did the organization have a written document retention and destruction policy? Did the process for determining compensation of the following persons include a review and approval by	10b 11a 12a 12b 12c 13	Yes Yes Yes	No
b 11a b 12a c 13 14 15 a	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? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? Describe in Schedule O the process, if any, used by the organization to review this Form 990 Did the organization have a written conflict of interest policy? If "No," go to line 13 Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done Did the organization have a written whistleblower policy? Did the organization have a written document retention and destruction policy? 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?	10b 11a 12a 12b 12c 13 14	Yes Yes Yes Yes Yes	No
b 11a b 12a c 13 14 15 a	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? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? Describe in Schedule O the process, if any, used by the organization to review this Form 990 Did the organization have a written conflict of interest policy? If "No," go to line 13 Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done Did the organization have a written whistleblower policy? Did the organization have a written document retention and destruction policy? 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? The organization's CEO, Executive Director, or top management official	10b 11a 12a 12b 12c 13 14	Yes Yes Yes Yes Yes	No No
b 11a b 12a c 13 14 15 a 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? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? Describe in Schedule O the process, if any, used by the organization to review this Form 990 Did the organization have a written conflict of interest policy? If "No," go to line 13 Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done Did the organization have a written whistleblower policy? Did the organization have a written document retention and destruction policy? 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? The organization's CEO, Executive Director, or top management official Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions) Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	10b 11a 12a 12b 12c 13 14	Yes Yes Yes Yes Yes	No No
b 11a b 12a c 13 14 15 a 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? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? Describe in Schedule O the process, if any, used by the organization to review this Form 990 Did the organization have a written conflict of interest policy? If "No," go to line 13 Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done Did the organization have a written whistleblower policy? Did the organization have a written document retention and destruction policy? 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? The organization's CEO, Executive Director, or top management official Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions) Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? 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	10b 11a 12a 12b 12c 13 14 15a 15b	Yes Yes Yes Yes Yes	No No
b 11a b 12a c 13 14 15 a 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? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? Describe in Schedule O the process, if any, used by the organization to review this Form 990 Did the organization have a written conflict of interest policy? If "No," go to line 13 Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done Did the organization have a written whistleblower policy? Did the organization have a written document retention and destruction policy? 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? The organization's CEO, Executive Director, or top management official Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions) Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? Lif "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its	10b 11a 12a 12b 12c 13 14 15a 15b	Yes Yes Yes Yes Yes	No No
b 11a b 12a c 13 14 15 a b 16a 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? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? Describe in Schedule O the process, if any, used by the organization to review this Form 990 Did the organization have a written conflict of interest policy? If "No," go to line 13 Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done Did the organization have a written whistleblower policy? Did the organization have a written document retention and destruction policy? 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? The organization's CEO, Executive Director, or top management official Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions) Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? 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	10b 11a 12a 12b 12c 13 14 15a 15b	Yes Yes Yes Yes Yes Yes	No No

- 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

☐ 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 ▶JOHN PIERPOINT 430 N MICHIGAN AVE Chicago, IL 60611 (312) 329-8200

Form 990	(2013	
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Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated **Employees, and Independent Contractors**

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

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

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

List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation Enter - 0 - in columns (D), (E), and (F) if no compensation was paid

◆ List all of the organization's current key employees, if any See instructions for definition of "key employee"

List the organization's five current highest compensated employees (other than an officer, director, trustee or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations

List all of the organization's former officers, key employees, 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 organizations below dotted line)	more t	han o	one l both	box, an o	heck sofficer (stee) Highest compensated	Former	(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099- MISC)	(F) Estimated amount of other compensation from the organization and related organizations

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	more t	han o	one both	box, an	heck unles: officer stee)		Repo compe from organiza	D) rtable nsation n the ation (W-	(E) Reportable compensation from related organizations (W	- ((F) Estima mount o compens from t	ted f other ation the
		for related organizations below dotted line)	Individual trustiee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	2/1099	-MISC)	2/1099-MISC)		rganizati relati organiza	ed
												_		
								<u> </u>				_		
1b	Sub-Total			٠.				<u> </u>						
c	Total from continuation sheet	s to Part VII, S	ection /	Α.				 - -						
d	Total (add lines 1b and 1c) .						•	>		7,403,400		0		394,218
2	Total number of individuals (in \$100,000 of reportable compe						d abov	/e) w	ho receive	ed more th	nan			
														N-
3	Did the organization list any f o	ormer officer, dii	ector o	r trus	stee	key	emple	oyee	, or highes	st compen	sated employee		Yes	No
	on line 1a? If "Yes," complete S							•				3		No
4	For any individual listed on line organization and related organ													
	individual	_			•	•	•	• •				4	Yes	
5	Did any person listed on line 1							-						1
	services rendered to the organ	iizatioii ii ies	, compi	ere 3	CIICU	uic .	TOISE	icii p	erson .		[5		No
Se	ection B. Independent Co	ntractors												
1	Complete this table for your five compensation from the organization												tax vear	
		(A) lame and business									(B) scription of services	T	(C Comper)
THE N	MOST ORGANIZATION 25 ENTERPRISE									REALTOR M	MARKETING & BRANDI	-		,175,728
TARG	ET SMART COMMUNICATIONS LLC 845	PAT LN ARNOLD IL	21032							CONSULT 8	k DIRECT MAILINGS SE	ERV	10	,179,794
	CONSTRUCTION CO 2814 STANTON AV		5206							+	CONTRUCTION			,259,141
	TO 2000 DANIEL ISLAND DRIVE CHARLE		0611							DATA MANA EVENT PLAI	AGEMENT NNING AND	+		,171,596
	AMSGERARD PRODUCTIONS 420 N WA			t not	lum:4	· o d +	0 th = =	ماره	ad share	MANAGEME		+	1	,093,346
	Total number of independent co \$100,000 of compensation fron				HIIIII	.eu t	o tiiOS	e 1151	leu above	, who rece	iveu illore than			

			ule O contains a respor	nse or note to any li	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
ខ្	1a	Federated cam	paigns 1a					
tributions, Gifts, Grants Other Similar Amounts	b	Membership du	ies 1b					
الجِرِق	С	Fundraising ev	ents 1c					
Giffs, nilar A	d	Related organiz	zations 1d					
9.≣	е	Government grant	s (contributions) 1e					
Contributions, and Other Sim	f	All other contribute	ons, gifts, grants, and 1f					
토토	•	sımılar amounts no	ot included above					
<u></u>	g	Noncash contributi 1a-1f \$	ons included in lines					
Con	h	Total. Add line:	s 1 a - 1 f	🛌	0			
				Business Code				
anne	2a	MEMBER DUES		900099	156,939,241	156,939,241		
Program Serwce Revenue	ь	CONVENTIONS		900099	9,204,305	9,204,305		
Se F	С	ADVERTISING & SU	JBSCRIPTIONS	541800	4,432,513	669,996	3,762,517	
er v	d	GOVERNMENT AFF	AIRS	900099	2,129,776	2,129,776		
ج د	е	PUBLICATIONS & S	SERV MATERIALS	900099	568,501	568,501		
Grad	f	All other progra	am service revenue		386,355	386,355	0	(
<u>&</u>	g	Total. Add line	s 2a-2f		173,660,691			
	3		ome (including dividen					
			aramounts)	-	3,473,714		1,464,868	2,008,846
	4		stment of tax-exempt bond	proceeds	5,240,189			5,240,189
	5	Royalties .	(ı) Real	(II) Personal	3,210,103			3,210,10
	6a	Gross rents	8,323,501	(II) I CISOIIdi				
	ь	Less rental	6,016,275					
	С	expenses Rental income	2,307,226	0				
	d	or (loss) Net rental inco	me or (loss)		2,307,226		482,205	1,825,02
	_		(ı) Securities	(II) O ther				
	7a	Gross amount from sales of assets other than inventory	49,988,747	8,054				
	b	Less cost or	47,020,201	160 421				
		other basis and sales expenses	47,030,281	168,421				
	С	Gain or (loss)	2,958,466	-160,367	2 709 000			2 709 000
	d 8a		rom fundraising		2,798,099			2,798,099
Other Revenue	ou .	events (not inc	luding s reported on line 1c)					
<u>.</u>			а					
] -	b		penses b (loss) from fundraising	avents	0			
0	c 9a	Gross income f	from gaming activities ne 19	events p-				
	b c		a penses b (loss) from gaming acti	vities	0			
	10a	Gross sales of returns and allo	ınventory, less					
	b	Less cost of a	oods sold b					
	С		(loss) from sales of inv	entory 🛌	o			
		Mıscellaneou	s Revenue	Business Code				
	11a	ECOMMERCE	FEE INCOME	900003	2,000,000		2,000,000	
	b		M CONTROLLED	533110	322,182		322,182	
	С	ENTITIES			0			
	d	All other reven	ue		371,801	342,740	29,061	(
	e		s 11a-11d	🕨			·	
	12		See Instructions .		2,693,983			
	l			-	190,173,902	170,240,914	8,060,833	11,872,155

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Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation Check here ► T if following SOP 98-2 (ASC 958-720)

orm	990 (2013)				Page 10
	IX Statement of Functional Expenses				
ectio	on 501(c)(3) and 501(c)(4) organizations must complete all columns All	other organizati	ons must comp	lete column (A)	
	Check if Schedule O contains a response or note to any line in this	Part IX			
	ot include amounts reported on lines 6b, o, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and organizations in the United States See Part IV, line 21	60,000			
2	Grants and other assistance to individuals in the United States See Part IV, line 22				
3	Grants and other assistance to governments, organizations, and individuals outside the United States See Part IV, lines 15 and 16	100,000			
4	Benefits paid to or for members	0			
5	Compensation of current officers, directors, trustees, and key employees	4,373,710			
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	34,468,505			
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	2,700,253			
9	Other employee benefits	4,232,204			
LO	Payroll taxes	2,609,761			
l1	Fees for services (non-employees)				
а	Management				
b	Legal	751,337			
С	Accounting	269,502			
d	Lobbying				
e	Professional fundraising services See Part IV, line 17	0			
f	Investment management fees	167,737			
g	Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	21,327,261			
.2	Advertising and promotion	36,710,016			
 L3	Office expenses	8,837,069			
.4	Information technology	6,112,475			
.5	Royalties				
L6	Occupancy	320,668			
. 7	Travel	10,369,972			
18	Payments of travel or entertainment expenses for any federal, state, or local public officials	, ,			
.9	Conferences, conventions, and meetings	7,598,672			
20	Interest	273,799			
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	5,633,926			
23	Insurance	1,278,605			
24	Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24e If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O)				
а	PUBLIC POLICY EXPENSES	4,258,903			
b	TAXES	3,572,124			
c	MAINTENANCE AND REPAIRS	2,218,887			
d	RPR MEMBER SERVICES COSTS	11,997,258			
e	All other expenses	2,088,945			
25	Total functional expenses. Add lines 1 through 24e	172,331,589	0	0	(

Part X Balance Sheet

Par	τχ	Check if Schedule O contains a response or note to any line in this Pa	rt X			
				(A) eginning of year		(B) End of year
	1	Cash-non-interest-bearing			1	
	2	Savings and temporary cash investments	· • <u> </u>	45,401,973	2	50,818,221
	3	Pledges and grants receivable, net			3	
	4	Accounts receivable, net		2,341,956	4	1,642,007
ts	5	Loans and other receivables from current and former officers, director employees, and highest compensated employees Complete Part II o Schedule L	f i	0	5	0
	6	Loans and other receivables from other disqualified persons (as define $4958(f)(1)$), persons described in section $4958(c)(3)(B)$, and contribution and sponsoring organizations of section $501(c)(9)$ voluntary employed organizations (see instructions) Complete Part II of Schedule L	utıng employers	0	6	0
Assets	7	Notes and loans receivable, net	<u> </u>		7	<u>_</u>
₹	8	Inventories for sale or use			8	
	9	Prepaid expenses and deferred charges		4,418,631	9	2,287,834
	10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	150,371,152	4,410,001	-	2,207,004
	ь	Less accumulated depreciation 10b	87,052,689	73,878,447	10c	63,318,463
	11	Investments—publicly traded securities	' '	89,368,818	11	113,982,805
	12	Investments—other securities See Part IV, line 11		5,501,637	12	6,308,988
	13	Investments—program-related See Part IV, line 11		56,614,817	13	48,733,146
	14	Intangible assets		4,171,070	14	5,074,927
	15	Other assets See Part IV, line 11		2,983,378	15	2,572,476
	16	Total assets. Add lines 1 through 15 (must equal line 34)		284,680,727	16	294,738,867
	17	Accounts payable and accrued expenses		50,778,917	17	47,775,381
	18	Grants payable		30,770,317	18	47,773,301
	19	Deferred revenue		35,584,326	19	45,758,233
				15,000,000	20	45,756,235
	20	Tax-exempt bond liabilities		15,000,000		
S	21	Escrow or custodial account liability Complete Part IV of Schedule D			21	
Liabiliti	22	Loans and other payables to current and former officers, directors, trukey employees, highest compensated employees, and disqualified	·			_
<u> </u>		persons Complete Part II of Schedule L		0	22	0
	23	Secured mortgages and notes payable to unrelated third parties .			23	
	24	Unsecured notes and loans payable to unrelated third parties		0	24	15,750,000
	25	Other liabilities (including federal income tax, payables to related thin and other liabilities not included on lines 17-24) Complete Part X of	Schedule	1,906,194	25	2,078,204
	26	Total liabilities. Add lines 17 through 25		103,269,437	26	111,361,818
<u>پ</u>	20	Organizations that follow SFAS 117 (ASC 958), check here ► ✓ and lines 27 through 29, and lines 33 and 34.		100,200,407	20	111,001,010
ĕ	27	Unrestricted net assets		181,411,290	27	183,377,049
<u>ಣ</u>	28	Temporarily restricted net assets	· ·	101, 111,200	28	100,077,010
Fund Balance	29	Permanently restricted net assets	_		29	
Ĕ	29	•	_		29	
		Organizations that do not follow SFAS 117 (ASC 958), check here ► complete lines 30 through 34.	ı allu			
ō	30	Capital stock or trust principal, or current funds			30	
Assets	31	Paid-in or capital surplus, or land, building or equipment fund			31	
55	32	Retained earnings, endowment, accumulated income, or other funds	- · ·		32	
	33	Total net assets or fund balances	_ <u> </u>	181,411,290	33	183,377,049
Net	34	Total liabilities and net assets/fund balances		284,680,727	34	294,738,867
	J-4	rotal navnities and net assets/fully valances	• •	204,000,727	34	234,130,001

Par	Reconcilliation of Net Assets Check if Schedule O contains a response or note to any line in this Part XI				F			
1	Total revenue (must equal Part VIII, column (A), line 12)	1		190.:	173,902			
2	Total expenses (must equal Part IX, column (A), line 25)							
2	Revenue less expenses Subtract line 2 from line 1	2		1/2,	331,589			
3	Revenue less expenses subtract fine 2 non fine 1	3		17,8	342,313			
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		101 /	11,290			
5	Net unrealized gains (losses) on investments	-		101,	11,290			
		5		- [62,939			
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)	_						
10	Not accets or fund halances at and of year Combine lines 2 through 0 (must equal Dart V line 22	9		-15,	313,615			
10	10 Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B)) 10 In the same of the sa							
Par	t XII Financial Statements and Reporting							
	Check if Schedule O contains a response or note to any line in this Part XII				<u>. Г</u>			
				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	wed or	n					
	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 sepa basis, consolidated basis, or both	rate						
	☐ Separate basis ☐ Both consolidated and separate basis							
C	If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversigh audit, review, or compilation of its financial statements and selection of an independent accountant?	t of th	e 2c	Yes				
	If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O	1						
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?	e	3a		No			
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the		3b					

Software ID: 13000248 **Software Version:** 2013v3.1

EIN: 36-1520690

Name: NATIONAL ASSOCIATION OF REALTORS

Form 990, Part VII - Compensation Compensated Employees, and Inde	of Officers,	Direct	ors,	Tru	ste	es, k	(ey	Employees, Higl	hest		
(A) Name and Title	(B) Average hours per week (list any hours for related	Posit more th persol and a	ion (d nan o n is b	ne b oth ctor,	ox, ι an o /trus	inless fficer tee)		(D) Reportable compensation from the organization (W-	(E) Reportable compensation from related organizations (W-	(F) Estimated amount of other compensation from the	
	organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	2/1099-MISC)	2/1099-MISC)	organization and related organizations	
CHRIS POLYCHRON	15 00	х		х				210,741	0	0	
FIRST VICE PRESIDENT GARY THOMAS	20 00										
PRESIDENT		Х		Х				247,818	0	0	
MAURICE VEISSI IMMEDIATE PAST PRESIDENT	15 00	×		x				177,234	0	О	
STEVEN BROWN	20 00	×		x				276,160	0	0	
PRESIDENT - ELECT WILLIAM ARMSTRONG	15 00										
TREASURER		Х		Х				197,061	0	0	
A SCHWETHELM DIRECTOR	1 00	×						0	0	0	
ADORNA CARROLL	1 00	х						0	0	0	
DIRECTOR ADRIAN ARRIAGA	1 00	х						0	0	0	
DIRECTOR ADRIENNE KATHER	1 00										
DIRECTOR ADRIENNE WAGNER	1 00	X						0	0	0	
DIRECTOR	1 00	х						0	0	0	
AL RICCI DIRECTOR	1 00	×						0	0	0	
ALAN DESTEFANO DIRECTOR	1 00	х						0	0	0	
ALAN LOVITT	1 00	х						0	0	0	
DIRECTOR ALAN MEHRWEIN	1 00	х						0	0	0	
DIRECTOR ALAN YASSKY	1 00										
DIRECTOR ALEXANDER PERRIELLO	1 00	×						0	0	0	
DIRECTOR		х						0	0	0	
ALEXANDER STONE DIRECTOR	1 00	х						0	0	0	
ALFONSO GORDON	1 00	х						0	0	0	
DIRECTOR ALLAN DECHERT	1 00	×						0	0	0	
DIRECTOR ALLEN OKAMOTO	1 00	х						0	0	0	
DIRECTOR ALLYSON BERNARD	1 00										
DIRECTOR ALVIN COLLINS	1 00	X						0	0	0	
DIRECTOR		х						0	0	0	
AMY SEEKS DIRECTOR	1 00	х						0	0	0	
AMY SMYTHE-HARRIS DIRECTOR	1 00	х						0	0	0	
ANDREA BUSHNELL	1 00	X						0	0	0	
DIRECTOR]	^_						"	<u> </u>	<u> </u>	

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest **Compensated Employees, and Independent Contractors** (A) (D) (E) (F) Name and Title Average Position (do not check Reportable Reportable Estimated amount hours per more than one box, unless compensation compensation of other week (list person is both an officer from the from related compensation organization (Wany hours and a director/trustee) organizations (Wfrom the for related 2/1099-MISC) 2/1099-MISC) organization and Highest employe Individual trustee or director organizations related Institutional Trustee mer below organizations emplo)ee dotted line) t compensated ee ANDREW BARBAR 1 00 Χ 0 0 DIRECTOR ANGELIA LEVESQUE 1 00 Χ 0 0 DIRECTOR ANGIE KOPKA 1 00 Χ 0 0 DIRECTOR ANITA DAVIS 1 00 0 0 0 Х DIRECTOR ANN PETTIJOHN 1 00 Х 0 0 0 DIRECTOR ANN THROCKMORTON 1 00 Χ 0 0 DIRECTOR ANNE GAULT 1 00 Χ 0 0 0 DIRECTOR ANTHONY MACALUSO 1 00 Х 0 0 0 DIRECTOR ANTHONY MAURER 1 00 Χ 0 0 0 DIRECTOR ARLENE DAVIS 1 00 0 0 Χ DIRECTOR ART GODI 1 00 Х 0 0 0 DIRECTOR AVIS WUKASCH 1 00 Χ 0 0 0 DIRECTOR BARBARA KENNON 1 00 Χ 0 0 DIRECTOR BARBARA KOZLOW 1 00 0 0 Х 0 DIRECTOR BARBARA LACH 1 00 Χ 0 0 0 DIRECTOR BARBARA SCHMERZLER 1 00 Χ 0 0 DIRECTOR BARRY LEHANE 1 00 Χ 0 0 BARTLEY PATTERSON 1 00 Χ 0 0 0 DIRECTOR BARTON STEVENS 1 00 0 Χ 0 0 DIRECTOR BECKY MURPHY 1 00 0 0 Χ DIRECTOR BENJAMIN ANDERSON 1 00 Х 0 0 0 DIRECTOR BENJAMIN BLAIR 1 00 0 0 Х 0 DIRECTOR BETH FOLEY 1 00

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DIRECTOR BETH PEERCE

DIRECTOR
BETTE MCTAMNEY

DIRECTOR

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Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest **Compensated Employees, and Independent Contractors** (A) (D) (E) (F) Name and Title Average Position (do not check Reportable Reportable Estimated amount hours per more than one box, unless compensation compensation of other week (list person is both an officer from the from related compensation organization (Wany hours and a director/trustee) organizations (Wfrom the for related 2/1099-MISC) 2/1099-MISC) organization and Highest employe Individual trustee or director organizations related Institutional Trustee mer below organizations emplo)ee dotted line) t compensated ee BETTIE MEINEL 1 00 Χ 0 0 DIRECTOR BETTY KISSOCK 1 00 Χ 0 0 DIRECTOR BILL BROWN 1 00 Χ 0 0 DIRECTOR **BILL JONES** 1 00 0 0 0 Х DIRECTOR BILL MARTIN 1 00 Х 0 0 0 DIRECTOR BILL PLATTOS 1 00 Χ 0 0 0 DIRECTOR BJ HALL 1 00 Χ 0 0 0 DIRECTOR BOB FLETCHER 1 00 Χ 0 0 0 DIRECTOR **BOB HUDGENS** 1 00 Χ 0 0 0 DIRECTOR BOB SNOWDEN 1 00 0 0 Χ DIRECTOR BOB TURNER 1 00 Х 0 0 0 DIRECTOR BOBBI DECKER 1 00 Χ 0 0 0 DIRECTOR BONNIE CASPER 1 00 Χ 0 0 DIRECTOR BONNIE FITZGERALD 1 00 0 0 Х 0 DIRECTOR BONNIE LAZAR 1 00 Χ 0 0 0 DIRECTOR BONNIE SMITH 1 00 Χ 0 0 DIRECTOR BRANDI GABBARD 1 00 Χ 0 0 DIRECTOR BRENDA COLE 1 00 Χ 0 0 0 DIRECTOR BRENDA OLIVER 1 00 0 Χ 0 0 DIRECTOR BRENDA SMALL 1 00 0 0 Χ DIRECTOR BRENDAN GRADY 1 00 Х 0 0 0 DIRECTOR BRETT BROWN 1 00 0 0 Х 0

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DIRECTOR BRIAN COPELAND

DIRECTOR BRIAN JONES

DIRECTOR BROOKE HUNT

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest **Compensated Employees, and Independent Contractors** (A) (D) (E) (F) Name and Title Average Position (do not check Reportable Reportable Estimated amount hours per more than one box, unless compensation compensation of other week (list person is both an officer from the from related compensation organization (Wany hours and a director/trustee) organizations (Wfrom the for related 2/1099-MISC) 2/1099-MISC) organization and Highest employe Individual trustee or director organizations related Institutional Trustee mer below organizations emplo)ee dotted line) t compensated ee BRUCE AYDT 1 00 Χ 0 0 DIRECTOR BRUCE BRIGHT 1 00 Χ 0 0 DIRECTOR BRUCE KAMMER 1 00 Χ 0 0 DIRECTOR BRUCE ROBERTS 1 00 0 0 0 Х DIRECTOR BRUCE WILLIAMS 1 00 Х 0 0 0 DIRECTOR BUDD BATTERSON 1 00 Χ 0 0 DIRECTOR BUDGE HUSKEY 1 00 Χ 0 0 0 DIRECTOR CALVIN MUSSELMAN 1 00 Х 0 0 0 DIRECTOR CAMI ELLIOTT 1 00 Χ 0 0 0 DIRECTOR CARLTON BOUJAI 1 00 0 0 Χ DIRECTOR CARLTON MCCLELLAND 1 00 Х 0 0 0 DIRECTOR CAROL FACCIPONTI 1 00 Χ 0 0 0 DIRECTOR CAROL GRIFFITH 1 00 Χ 0 0 DIRECTOR CAROL MANGAN 1 00 0 0 Х 0 DIRECTOR CAROL ZINGONE 1 00 Χ 0 0 0 DIRECTOR CAROLE MACLURE 1 00 Χ 0 0 DIRECTOR CAROLYN DAGOSTA 1 00 Χ 0 0 **DIRECTOR** CAROLYN DOZOIS 1 00 Χ 0 0 0 DIRECTOR CATHERINE WHATLEY 1 00 0 Χ 0 0 DIRECTOR CATHY COLVIN 1 00 0 0 Χ DIRECTOR CHAILLE RALPH 1 00 Х 0 0 0 DIRECTOR CHARLES BONFIGLIO 1 00 0 0 Х 0 DIRECTOR CHARLES KITCHEN 1 00 Χ 0 0

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DIRECTOR
CHARLES MCMILLAN

DIRECTOR
CHARLES OPPLER

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors (A) (D) (E) (F) Name and Title Average Position (do not check Reportable Reportable Estimated amount hours per more than one box, unless compensation compensation of other week (list person is both an officer from the from related compensation organization (Wany hours and a director/trustee) organizations (Wfrom the for related 2/1099-MISC) 2/1099-MISC) organization and Highest employe Individual trustee or director organizations related Institutional Trustee mer below organizations employee dotted line) t compensated ee CHARLES SHOOK 1 00 Χ 0 0 DIRECTOR CHARLES WINGERT 1 00 Χ 0 0 DIRECTOR CHARLEY RAY 1 00 0 0 DIRECTOR CHARLIE MURPHY 1 00 0 0 0 Х DIRECTOR CHRIS NORTHWOOD 1 00 Х 0 0 0 DIRECTOR CHRIS READ 1 00 Χ 0 0 0 DIRECTOR CHRIS SLOAN 1 00 Χ 0 0 0 DIRECTOR CHRISTIE O'NEIL 1 00 Х 0 0 0 DIRECTOR CHRISTINA BANASIAK 1 00 Χ 0 0 0 DIRECTOR CHRISTINA CLEMANS 1 00 0 0 Χ DIRECTOR CHRISTINE CHASE 1 00 Х 0 0 0 DIRECTOR CHRISTINE HANSEN 1 00 Χ 0 0 0 DIRECTOR CHRISTINE KUTZKEY 1 00 Χ 0 0 DIRECTOR CHRISTINE TODD 1 00 0 0 Х 0 DIRECTOR CHRISTOPHER FELIX 1 00 Χ 0 0 0 DIRECTOR CHRISTOPHER HALL 1 00 Χ 0 0 DIRECTOR CHRISTOPHER HEAD 1 00 Χ 0 0 CHRISTOPHER MCELROY 1 00 Χ 0 0 0 DIRECTOR CHRISTOPHER PEDON 1 00 0 Χ 0 0 DIRECTOR CHRISTOPHER TENGGREN 1 00 0 0 Χ DIRECTOR CINDI BULLA 1 00 Х 0 0 0 DIRECTOR CINDY ARIOSA 1 00 0 0 Х 0 DIRECTOR CINDY CHANDLER 1 00 Χ 0 0

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DIRECTOR CINDY HAMANN

DIRECTOR

DIRECTOR

CINDY MARSH TICHY

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors (A) (D) (E) (F) Name and Title Average Position (do not check Reportable Reportable Estimated amount hours per more than one box, unless compensation compensation of other week (list person is both an officer from the from related compensation organization (Wany hours and a director/trustee) organizations (Wfrom the for related 2/1099-MISC) 2/1099-MISC) organization and Highest employe Individual trustee or director organizations related Institutional Trustee mer below organizations employee dotted line) t compensated ee CLAIRE WALLACE 1 00 Χ 0 0 DIRECTOR CLARE DELGADO 1 00 Χ 0 0 DIRECTOR CLARK E WALLACE 1 00 Χ 0 0 DIRECTOR CLAUDETTE REUTHER 1 00 0 0 0 Х **DIRECTOR CLAY SIGG** 1 00 Х 0 0 0 DIRECTOR COLIN MULLANE 1 00 Χ 0 0 0 DIRECTOR COLLEEN BADAGLIACCO 1 00 Χ 0 0 0 DIRECTOR CONNIE GLASS BIRNBOHM 1 00 Х 0 0 0 DIRECTOR CONNIE HETTINGA 1 00 Χ 0 0 0 DIRECTOR CONNIE KYLE 1 00 0 0 Χ DIRECTOR COURTNEY JOHNSON ROSE 1 00 Х 0 0 0 DIRECTOR CRAIG OWEN 1 00 Χ 0 0 0 DIRECTOR CYNTHIA CARLEY 1 00 Χ 0 0 DIRECTOR CYNTHIA SHELTON 1 00 0 0 Х 0 DIRECTOR D GARY ROGERS 1 00 Χ 0 0 0 DIRECTOR D PATRICK LEWIS 1 00 Χ 0 0 DIRECTOR DALE BORDNER 1 00 Χ 0 0 **DIRECTOR** DALE GROSS 1 00 Χ 0 0 0 DIRECTOR DALTON SMITH 1 00 0 Χ 0 0 DIRECTOR DANA BAUGUSS 1 00 0 0 Χ DIRECTOR DANE LESLIE 1 00 Х 0 0 0 DIRECTOR DANIEL ELSEA 1 00 0 0 Х 0 DIRECTOR

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DANIEL HATFIELD

DIRECTOR DANIEL SIGHT

DIRECTOR

DANIEL WAGNER

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest **Compensated Employees, and Independent Contractors** (A) (D) (E) (F) Name and Title Average Position (do not check Reportable Reportable Estimated amount hours per more than one box, unless compensation compensation of other week (list person is both an officer from the from related compensation organization (Wany hours and a director/trustee) organizations (Wfrom the for related 2/1099-MISC) 2/1099-MISC) organization and Highest employe Individual trustee or director organizations related Institutional Trustee mer below organizations emplo)ee dotted line) t compensated ee DANNY FRANK 1 00 Χ 0 0 DIRECTOR DAPHNA FIELDS 1 00 Χ 0 0 DIRECTOR DARLENE BREEN 1 00 Χ 0 0 DIRECTOR DARREN KITTLESON 1 00 0 0 0 Х DIRECTOR DARYL BRAHAM 1 00 Х 0 0 0 DIRECTOR DAVE DALZELL 1 00 Χ 0 0 DIRECTOR DAVE PATTON 1 00 Χ 0 0 0 DIRECTOR DAVID BARCA 1 00 Х 0 0 0 DIRECTOR DAVID BRADLEY 1 00 Χ 0 0 DIRECTOR DAVID BURNETT 1 00 0 0 Χ DIRECTOR DAVID CABOT 1 00 Х 0 0 0 DIRECTOR DAVID FIALK 1 00 Χ 0 0 0 DIRECTOR DAVID FREDERICKSON 1 00 Χ 0 0 DIRECTOR DAVID HEMENWAY 1 00 0 0 Х 0 DIRECTOR DAVID LEGAZ 1 00 Χ 0 0 0 DIRECTOR DAVID LOCKWOOD 1 00 Χ 0 0 DIRECTOR DAVID MCKEY 1 00 Χ 0 0 **DIRECTOR** DAVID MOMPER 1 00 Χ 0 0 0 DIRECTOR DAVID PERETTI 1 00 0 Χ 0 0 DIRECTOR DAVID PHILLIPS 1 00 0 0 Χ DIRECTOR DAVID SCHOEPF 1 00 Х 0 0 0 DIRECTOR DAVID SOMERS 1 00 0 0 Х 0 DIRECTOR

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DAVID TINA

DIRECTOR DAVID WALSH

DIRECTOR DAVID WLUKA

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest **Compensated Employees, and Independent Contractors** (A) (D) (E) (F) Name and Title Average Position (do not check Reportable Reportable Estimated amount hours per more than one box, unless compensation compensation of other week (list person is both an officer from the from related compensation organization (Wany hours and a director/trustee) organizations (Wfrom the for related 2/1099-MISC) 2/1099-MISC) organization and Highest employe Individual trustee or director organizations related Institutional Trustee mer below organizations emplo)ee dotted line) t compensated ee DEAN DAWSON 1 00 Χ 0 0 DIRECTOR DEAN ROUSO 1 00 Χ 0 0 **DIRECTOR** DEANNA MILLER 1 00 Χ 0 0 DIRECTOR DEBBIE RAWLS 1 00 0 0 0 Х DIRECTOR DEBORAH NAGEL 1 00 Х 0 0 0 DIRECTOR DEBRA CHAMBERLAIN 1 00 Χ 0 0 DIRECTOR DEBRA GREENE 1 00 Χ 0 0 0 DIRECTOR DEDA MYHRE 1 00 Х 0 0 0 DIRECTOR DEENA ZIMMERMAN 1 00 Χ 0 0 DIRECTOR DELILAH KENNEN 1 00 0 0 Χ DIRECTOR DENNIS CRONK 1 00 Х 0 0 0 DIRECTOR DIANA BULL 1 00 Χ 0 0 0 DIRECTOR DIANE CUMMINS 1 00 Χ 0 0 DIRECTOR DIANE DISBROW 1 00 0 0 Х 0 DIRECTOR DIANE MANNS 1 00 Χ 0 0 0 DIRECTOR DIANE SCHERER 1 00 Χ 0 0 DIRECTOR DIANNE SCALZA 1 00 Χ 0 0 **DIRECTOR** DJ SNAPP 1 00 Χ 0 0 0 DIRECTOR DOMINIC CARDONE 1 00 0 Χ 0 0 DIRECTOR DON FAUGHT 1 00 0 0 Χ DIRECTOR DON MASON 1 00 Х 0 0 0 DIRECTOR DON READINGER 1 00 0 0 Х 0 DIRECTOR

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DON RILEY

DIRECTOR DONALD ASHER

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Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest **Compensated Employees, and Independent Contractors** (A) (D) (E) (F) Name and Title Average Position (do not check Reportable Reportable Estimated amount hours per more than one box, unless compensation compensation of other week (list person is both an officer from the from related compensation organization (Wany hours and a director/trustee) organizations (Wfrom the for related 2/1099-MISC) 2/1099-MISC) organization and Highest employe Individual trustee or director organizations related Institutional Trustee mer below organizations emplo)ee dotted line) t compensated ee DONALD ROTH 1 00 Χ 0 0 DIRECTOR DONALD SCANLON 1 00 Χ 0 0 DIRECTOR DONALD TREADWELL 1 00 Χ 0 0 DIRECTOR DONNA KOSTELECKY 1 00 0 0 0 Х DIRECTOR DONNA POZZUOLI 1 00 Х 0 0 0 DIRECTOR DONNA SMITH 1 00 Χ 0 0 0 DIRECTOR DONNA ZEREGA 1 00 Χ 0 0 0 DIRECTOR DONNELL SPIVEY 1 00 Х 0 0 0 DIRECTOR DORCAS HELFANT-BROWNING 1 00 Χ 0 0 0 DIRECTOR DOREEN FALCONE 1 00 0 0 Χ DIRECTOR DOROTHY HERMAN 1 00 Х 0 0 0 DIRECTOR DOROTHY JACKSON 1 00 Χ 0 0 0 DIRECTOR DOUGLAS ANDREWS 1 00 Χ 0 0 DIRECTOR DOUGLAS AZARIAN 1 00 0 0 Х 0 DIRECTOR DOUGLAS CARPENTER 1 00 Χ 0 0 0 DIRECTOR DOYLE YATES 1 00 Χ 0 0 DIRECTOR DREW FISHMAN 1 00 Χ 0 0 **DIRECTOR** DUANE UHLIR 1 00 Χ 0 0 0 DIRECTOR DWIGHT HALE 1 00 0 Χ 0 0 DIRECTOR E LEONARD FERBER 1 00 0 0 Χ DIRECTOR EBBY HALLIDAY 1 00 Х 0 0 0 DIRECTOR ED ROBERTS 1 00 0 0 Х 0 DIRECTOR

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EDMUND WOODS

DIRECTOR EDWARD REDLICH

DIRECTOR EDWARD WARD

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest **Compensated Employees, and Independent Contractors** (A) (D) (E) (F) Name and Title Average Position (do not check Reportable Reportable Estimated amount hours per more than one box, unless compensation compensation of other week (list person is both an officer from the from related compensation organization (Wany hours and a director/trustee) organizations (Wfrom the for related 2/1099-MISC) 2/1099-MISC) organization and Highest employe Individual trustee or director organizations related Institutional Trustee mer below organizations emplo)ee dotted line) t compensated ee EILEEN O'DRISCOLL 1 00 Χ 0 0 DIRECTOR ELIZABETH BLAKE 1 00 Χ 0 0 DIRECTOR ELIZABETH BRAZNELL 1 00 0 0 DIRECTOR ELIZABETH MACHEN 1 00 0 0 0 Х DIRECTOR ELIZABETH MENDENHALL 1 00 Х 0 0 0 DIRECTOR ELIZABETH NUNAN 1 00 Χ 0 0 DIRECTOR ELLEN RENISH 1 00 Χ 0 0 0 DIRECTOR **EMIL MONGEON** 1 00 Х 0 0 0 DIRECTOR ERIC LOCHER 1 00 Χ 0 0 DIRECTOR ERIC SAIN 1 00 0 0 Χ DIRECTOR **ERIK WEICHELT** 1 00 Х 0 0 0 DIRECTOR ERIN BROWN 1 00 Χ 0 0 0 DIRECTOR EUGENE BLEFARI 1 00 Χ 0 0 DIRECTOR **EVA SANDERS** 1 00 0 0 Х 0 DIRECTOR **EVAN FUCHS** 1 00 Χ 0 0 0 DIRECTOR EVANGELINA YIA 1 00 Χ 0 0 DIRECTOR EVELYN WOLFORD 1 00 Χ 0 0 **DIRECTOR** EVERETT KNIGHT 1 00 Χ 0 0 0 DIRECTOR **EZEKIEL MORRIS** 1 00 0 Χ 0 0 DIRECTOR F TODD POLINCHOCK 1 00 0 0 Χ DIRECTOR FAY ROBINSON 1 00 Х 0 0 0 DIRECTOR FERNANDO MARTINEZ 1 00 0 0 Х 0 DIRECTOR

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FRAN BROUDE

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DIRECTOR

DIRECTOR

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest **Compensated Employees, and Independent Contractors** (A) (D) (E) (F) Name and Title Average Position (do not check Reportable Reportable Estimated amount hours per more than one box, unless compensation compensation of other week (list person is both an officer from the from related compensation organization (Wany hours and a director/trustee) organizations (Wfrom the for related 2/1099-MISC) 2/1099-MISC) organization and Highest employe Individual trustee or director organizations related Institutional Trustee mer below organizations emplo)ee dotted line) t compensated ee FRANK ANTHONY 1 00 Χ 0 0 DIRECTOR FRANK JACOVINI 1 00 Χ 0 0 DIRECTOR FRANK KOWALSKI 1 00 Χ 0 0 DIRECTOR FRED COLBY 1 00 0 0 0 Х DIRECTOR FRED PRASSAS 1 00 Х 0 0 0 DIRECTOR FURHAD WAQUAD 1 00 Χ 0 0 DIRECTOR GAIL FATTIZZI 1 00 Χ 0 0 0 DIRECTOR GAIL RENULFI 1 00 Х 0 0 0 DIRECTOR GARY KENLINE 1 00 Χ 0 0 DIRECTOR GARY LARGE 1 00 0 0 Χ DIRECTOR GARY MAJORS 1 00 Х 0 0 0 DIRECTOR GARY REGGISH 1 00 Χ 0 0 0 DIRECTOR GAY DILLASHAW 1 00 Χ 0 0 DIRECTOR GENE FERCODINI 1 00 0 0 Х 0 DIRECTOR GEOFF MCINTOSH 1 00 Χ 0 0 0 DIRECTOR GEORGE HARVEY 1 00 Χ 0 0 DIRECTOR GEORGE PEEK 1 00 Χ 0 0 GEORGIA MEACHAM 1 00 Χ 0 0 0 DIRECTOR GINGER DOWNS 1 00 0 Χ 0 DIRECTOR GLENN GARDNER 1 00 0 0 Χ DIRECTOR GLENN HELLYER 1 00 Х 0 0 0 DIRECTOR GLENN VATTEROTT 1 00 0 0 Х 0 DIRECTOR

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GLORIA SICILIANO

DIRECTOR
GORDON MCCANN

DIRECTOR
GREG MANSHIP

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest **Compensated Employees, and Independent Contractors** (A) (D) (E) (F) Name and Title Average Position (do not check Reportable Reportable Estimated amount hours per more than one box, unless compensation compensation of other week (list person is both an officer from the from related compensation organization (Wany hours and a director/trustee) organizations (Wfrom the for related 2/1099-MISC) 2/1099-MISC) organization and Highest employe Individual trustee or director organizations related Institutional Trustee mer below organizations emplo)ee dotted line) t compensated ee GREG ZADEL 1 00 Χ 0 0 DIRECTOR GREGORY FORD 1 00 Χ 0 0 **DIRECTOR GREGORY HERB** 1 00 Χ 0 0 DIRECTOR GREGORY HRABCAK 1 00 0 0 0 Х DIRECTOR GREGORY PAWLIK 1 00 Х 0 0 0 DIRECTOR GREGORY ROKEH 1 00 Χ 0 0 DIRECTOR GREGORY WRIGHT 1 00 Χ 0 0 0 DIRECTOR GRETCHEN ROSENBERG 1 00 Х 0 0 0 DIRECTOR **GUY MATTEO** 1 00 Χ 0 0 0 DIRECTOR HARLEY SNYDER 1 00 0 0 Χ DIRECTOR HAROLD MAXWELL 1 00 Х 0 0 0 DIRECTOR HEATHER OZUR 1 00 Χ 0 0 0 DIRECTOR HEIDI KASAMA 1 00 Χ 0 0 DIRECTOR HEIDI QUIGLEY-LARKE 1 00 0 0 Х 0 HENRY KAMMANDEL 1 00 Χ 0 0 0 DIRECTOR HENRY RAY 1 00 Χ 0 0 DIRECTOR HOLLY MABERY 1 00 Χ 0 0 HOWARD DELLSITE 1 00 Χ 0 0 0 DIRECTOR HOWARD MORLEY 1 00 0 Χ 0 0 DIRECTOR HUGH KELLY 1 00 0 0 Χ DIRECTOR IGNACIO OSORIO 1 00 Х 0 0 0 DIRECTOR ILENE KESSLER 1 00 0 0 Х 0

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DIRECTOR INGRID GLANCY

DIRECTOR IONA HARRISON

DIRECTOR

J DOUGLAS ADCOX

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest **Compensated Employees, and Independent Contractors** (A) (D) (E) (F) Name and Title Average Position (do not check Reportable Reportable Estimated amount hours per more than one box, unless compensation compensation of other week (list person is both an officer from the from related compensation organization (Wany hours and a director/trustee) organizations (Wfrom the for related 2/1099-MISC) 2/1099-MISC) organization and Highest employe Individual trustee or director organizations related Institutional Trustee mer below organizations emplo)ee dotted line) t compensated ee J LENNOX SCOTT 1 00 Χ 0 0 DIRECTOR J NICHOLAS D'AMBROSIA 1 00 Χ 0 0 **DIRECTOR** J NICHOLAS D'AMBROSIA 1 00 Χ 0 0 DIRECTOR JACK LEVINE 1 00 0 0 0 Х DIRECTOR JACK TORZA 1 00 Х 0 0 0 DIRECTOR JACK WOODCOCK 1 00 Χ 0 0 DIRECTOR JAMES CORMIER 1 00 Χ 0 0 0 DIRECTOR JAMES DYE 1 00 Х 0 0 0 DIRECTOR JAMES HELSEL 1 00 Χ 0 0 DIRECTOR JAMES KINNEY 1 00 0 0 Χ DIRECTOR JAMES LIPTAK 1 00 Х 0 0 0 DIRECTOR JAMES REESE 1 00 Χ 0 0 0 DIRECTOR JAMES SEXTON 1 00 Χ 0 0 DIRECTOR JAMES STOFKO 1 00 0 0 Х 0 DIRECTOR JAMES TSIGHIS 1 00 Χ 0 0 0 DIRECTOR JAMES WEICHERT 1 00 Χ 0 0 DIRECTOR JAMIE MOORE 1 00 Χ 0 0 DIRECTOR JAN BAKER 1 00 Χ 0 0 0 DIRECTOR JAN ELLINGSON 1 00 0 Χ 0 DIRECTOR JAN HOOKS 1 00 0 0 Χ DIRECTOR JANET JERNIGAN 1 00 Х 0 0 0 DIRECTOR JANET KANE 1 00 0 0 Х 0 DIRECTOR JANET SCAVO 1 00 Χ 0 0 DIRECTOR JANET SWILLEY 1 00 Χ 0 0 DIRECTOR

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JANICE SMARTO

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest **Compensated Employees, and Independent Contractors** (A) (D) (E) (F) Name and Title Average Position (do not check Reportable Reportable Estimated amount hours per more than one box, unless compensation compensation of other week (list person is both an officer from the from related compensation organization (Wany hours and a director/trustee) organizations (Wfrom the for related 2/1099-MISC) 2/1099-MISC) organization and Highest employe Individual trustee or director organizations related Institutional Trustee mer below organizations emplo)ee dotted line) t compensated ee JARED MARTIN 1 00 Χ 0 0 DIRECTOR JAY GOHIL 1 00 Χ 0 0 DIRECTOR JAYNE COX 1 00 Χ 0 0 DIRECTOR JEANNE RADSICK 1 00 0 0 0 Х DIRECTOR JEANNETTE WAY 1 00 Х 0 0 0 DIRECTOR JEFF BARNETT 1 00 Χ 0 0 DIRECTOR JEFF SPOSITO 1 00 Χ 0 0 0 DIRECTOR JENNIFER PIGLOWSKI-SAHRMANN 1 00 Х 0 0 0 DIRECTOR JENNY OLIVO 1 00 Χ 0 0 0 DIRECTOR JEREMY STARR 1 00 0 0 Χ DIRECTOR JERRY SPEER 1 00 Х 0 0 0 DIRECTOR JERRY TEESON 1 00 Χ 0 0 0 DIRECTOR JIM HAMILTON 1 00 Χ 0 0 **DIRECTOR** JIM PARK 1 00 0 0 Х 0 DIRECTOR JOAN BALLANTYNE 1 00 Χ 0 0 0 DIRECTOR JOAN DOCKTOR 1 00 Χ 0 0 DIRECTOR JOAN PROBALA 1 00 Χ 0 0 DIRECTOR JOAN WITTER 1 00 Χ 0 0 0 DIRECTOR JOANNE JUSTICE 1 00 0 Χ 0 0 DIRECTOR JO-ANNE MITCHELL 1 00 0 0 Χ DIRECTOR JOANNE POOLE 1 00 Х 0 0 0 DIRECTOR JOE HANAUER 1 00 0 0 Х 0 DIRECTOR JOE PAIKAI 1 00 Χ 0 0 DIRECTOR JOE PRYOR 1 00

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DIRECTOR JOE STEWART

DIRECTOR

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Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest **Compensated Employees, and Independent Contractors** (A) (D) (E) (F) Name and Title Average Position (do not check Reportable Reportable Estimated amount hours per more than one box, unless compensation compensation of other week (list person is both an officer from the from related compensation organization (Wany hours and a director/trustee) organizations (Wfrom the for related 2/1099-MISC) 2/1099-MISC) organization and Highest employe Individual trustee or director organizations related Institutional Trustee mer below organizations emplo)ee dotted line) t compensated ee JOHN ANDERSON 1 00 Χ 0 0 DIRECTOR JOHN ASDOURIAN 1 00 Χ 0 0 DIRECTOR JOHN DANYLIW 1 00 Χ 0 0 DIRECTOR JOHN DEAN 1 00 0 0 0 Х DIRECTOR JOHN DICKINSON 1 00 Х 0 0 0 DIRECTOR JOHN DOHM 1 00 Χ 0 0 DIRECTOR JOHN FLOR 1 00 Χ 0 0 0 DIRECTOR JOHN GATTERMEIR 1 00 Х 0 0 0 DIRECTOR JOHN HARRISON 1 00 Χ 0 0 0 DIRECTOR JOHN HORNING 1 00 0 0 Χ DIRECTOR JOHN HORTON 1 00 Х 0 0 0 DIRECTOR JOHN KMIECIK 1 00 Χ 0 0 0 DIRECTOR JOHN KODLICK 1 00 Χ 0 0 DIRECTOR JOHN LESNIEWSKI 1 00 0 0 Х 0 DIRECTOR JOHN LYNCH 1 00 Χ 0 0 0 DIRECTOR JOHN MAY 1 00 Χ 0 0 DIRECTOR JOHN MCARDLE 1 00 Χ 0 0 DIRECTOR JOHN NICHOLS 1 00 Χ 0 0 0 DIRECTOR JOHN POWELL 1 00 0 Χ 0 0 DIRECTOR JOHN POWELL 1 00 0 0 Χ DIRECTOR JOHN RICE 1 00 Х 0 0 0 DIRECTOR JOHN RURKOWSKI 1 00 0 0 Х 0 DIRECTOR JOHN STEFFEY 1 00 Χ 0 0 DIRECTOR JOHN TRIPP 1 00 Χ 0 0 DIRECTOR JOHN VRANAS 1 00 0 0

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DIRECTOR

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Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest **Compensated Employees, and Independent Contractors** (A) (D) (E) (F) Name and Title Average Position (do not check Reportable Reportable Estimated amount hours per more than one box, unless compensation compensation of other week (list person is both an officer from the from related compensation organization (Wany hours and a director/trustee) organizations (Wfrom the for related 2/1099-MISC) 2/1099-MISC) organization and Highest employe Individual trustee or director organizations related Institutional Trustee mer below organizations emplo)ee dotted line) t compensated ee JOHN WONG 1 00 Χ 0 0 DIRECTOR JOHN WOOD 1 00 Χ 0 0 DIRECTOR JON WOLFORD 1 00 Χ 0 0 DIRECTOR JON YOCUM 1 00 0 0 0 Х DIRECTOR JONATHAN M HALL 1 00 Х 0 0 0 DIRECTOR JOSEPH BROWN 1 00 Χ 0 0 DIRECTOR JOSEPH CANFORA 1 00 Χ 0 0 0 DIRECTOR JOSEPH D'AMATO 1 00 Х 0 0 0 DIRECTOR JOSEPH FUNKHOUSER 1 00 Χ 0 0 DIRECTOR JOSEPH REIS JR 1 00 0 0 Χ DIRECTOR JP ENDRES FEIN 1 00 Х 0 0 0 DIRECTOR JUAN MARTINEZ 1 00 Χ 0 0 0 DIRECTOR JUANI PAREJA DE CASTRO 1 00 Χ 0 0 DIRECTOR JUDITH BAKER 1 00 0 0 Х 0 DIRECTOR JUDITH LEWIS 1 00 Χ 0 0 0 DIRECTOR JUDY JONES 1 00 Χ 0 0 DIRECTOR JUDY MOORE 1 00 Χ 0 0 DIRECTOR JUDY ZEIGLER 1 00 Χ 0 0 0 DIRECTOR JULIE DELORENZO 1 00 0 Χ 0 DIRECTOR JULIE JOECKEL 1 00 0 0 Χ DIRECTOR JULIO LAGUARTA 1 00 Х 0 0 0 DIRECTOR KAKI LYBBERT 1 00 0 0 Х 0 DIRECTOR KAREN LOFTUS 1 00 Χ 0 0 DIRECTOR KAREN VALENTINE-POND 1 00 Χ 0 0

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DIRECTOR KARL LEE

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest **Compensated Employees, and Independent Contractors** (A) (D) (E) (F) Name and Title Average Position (do not check Reportable Reportable Estimated amount hours per more than one box, unless compensation compensation of other week (list person is both an officer from the from related compensation organization (Worganizations (Wany hours and a director/trustee) from the for related 2/1099-MISC) 2/1099-MISC) organization and Highest employe Individual trustee or director organizations related Institutional Trustee mer below organizations emplo)ee dotted line) t compensated ee KATHERYN DECLERCK 1 00 Χ 0 0 DIRECTOR KATHLEEN ENGEL 1 00 Χ 0 0 **DIRECTOR** KATHLEEN GALLAGHER MCIVER 1 00 Χ 0 0 DIRECTOR KATHLEEN KOLARZ 1 00 0 0 0 Х DIRECTOR KATHLEEN MCQUILKIN 1 00 Х 0 0 0 DIRECTOR KATHLEEN MILLER 1 00 Χ 0 0 0 DIRECTOR KATHLEEN MINDEN 1 00 Χ 0 0 0 DIRECTOR KATHRYN BOVARD 1 00 Х 0 0 0 DIRECTOR KATHRYN SANFORD 1 00 Χ 0 0 0 DIRECTOR KATHY MEHRINGER 1 00 0 0 Χ DIRECTOR KATHY TUCKER 1 00 Х 0 0 0 DIRECTOR KAY WATSON 1 00 Χ 0 0 0 DIRECTOR KAY WIRTH 1 00 Χ 0 0 DIRECTOR KC MAURER 1 00 0 0 Х 0 DIRECTOR KEITH KANEMOTO 1 00 Χ 0 0 0 DIRECTOR KEITH TAGGART 1 00 Χ 0 0 DIRECTOR KEN AUSTIN 1 00 Χ 0 0 **DIRECTOR** KEN STEURY 1 00 Χ 0 0 0 DIRECTOR KENNETH DELVECCHIO 1 00 0 Χ 0 0 DIRECTOR KENNETH WARDEN 1 00 0 0 Χ DIRECTOR KENNY PARCELL 1 00 Х 0 0 0 DIRECTOR KENT HANLEY 1 00 0 0 Х 0

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DIRECTOR KENT SIMPSON

DIRECTOR

DIRECTOR KEVIN BROWN

DIRECTOR

KERSTIN MCCONNELL

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest **Compensated Employees, and Independent Contractors** (A) (D) (E) (F) Name and Title Average Position (do not check Reportable Reportable Estimated amount hours per more than one box, unless compensation compensation of other week (list person is both an officer from the from related compensation organization (Wany hours and a director/trustee) organizations (Wfrom the for related 2/1099-MISC) 2/1099-MISC) organization and Highest employe Individual trustee or director organizations related Institutional Trustee mer below organizations emplo)ee dotted line) t compensated ee KEVIN EASTRIDGE 1 00 Χ 0 0 DIRECTOR KEVIN HENSLEY 1 00 Χ 0 0 DIRECTOR KEVIN KELLY 1 00 Χ 0 0 DIRECTOR KEVIN KIRKPATRICK 1 00 0 0 0 Х DIRECTOR KEVIN KUEHN 1 00 Х 0 0 0 DIRECTOR KEVIN MIYAMA 1 00 Χ 0 0 0 DIRECTOR KEVIN SEARS 1 00 Χ 0 0 0 DIRECTOR KIM FARBER 1 00 Х 0 0 0 DIRECTOR KIM KERBIS 1 00 Χ 0 0 0 DIRECTOR KIM SKUMANICK 1 00 0 0 Χ DIRECTOR KIM TUCKER 1 00 Х 0 0 0 DIRECTOR KIMBERLY ALLARD-MOCCIA 1 00 Χ 0 0 0 DIRECTOR KIMBERLY CLIFTON 1 00 Χ 0 0 DIRECTOR KIT COWPERTHWAITE 1 00 0 0 Х 0 DIRECTOR KIT HALE 1 00 Χ 0 0 0 DIRECTOR KOLLEEN KELLEY 1 00 Χ 0 0 DIRECTOR L ALMA MANSELL 1 00 Χ 0 0 DIRECTOR LANCE LACY 1 00 Χ 0 0 0 DIRECTOR LARRY KEATING 1 00 0 Χ 0 0 DIRECTOR LARRY PICKERING 1 00 0 0 Χ DIRECTOR LAURA COPERSINO 1 00 Х 0 0 0 DIRECTOR LEIGH RUTLEDGE 1 00 0 0 Х 0 DIRECTOR LEN HERMAN 1 00 Χ 0 0

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DIRECTOR LEO SAUNDERS

DIRECTOR
LESLEE MACKENZIE

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors (A) Name and Title (C)
Position (do not check (D) (E) (F) Reportable Average Reportable Estimated amount more than one box, unless compensation compensation of other hours per week (list person is both an officer from the from related compensation

	any hours	and a director/ti			tee)		organization (W-	organizations (W-	from the	
	for related organizations	옥콜	5	\	줐	9 E	<u>p</u>	2/1099-MISC)	2/1099-MISC)	organızatıon and related
	below	Individual trustee or director	Institutional Trustee	Office	Key employee	Highest compensated employee	Former			organizations
	dotted line)	용필	100		탉	e g	-			
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LESLIE MUNGER	1 00									
DIRECTOR		X						0	0	0
LESLIE SMITH	1 00	х						33,267	0	0
DIRECTOR								33,207	Ů	
LESTER SANDERS	1 00	х						0	0	0
DIRECTOR LEWIS STIRLING	1 00									
DIRECTOR		X						0	0	0
LINDA FERCODINI	1 00	х						0	0	0
DIRECTOR								Ŭ	Ŭ	
LINDA LEE	1 00	x						0	0	0
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LINDA PORTERFIELD	1 00	х						0	0	0
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LINDA ST PETER	1 00	х						0	0	0
DIRECTOR LINDA TERRY	1 00									
DIRECTOR		х						0	0	0
LINDA TREVOR	1 00									0
DIRECTOR		Х						0	0	0
LINDA VAUGHAN	1 00	x						0	0	0
DIRECTOR LISA HATHAWAY	1 00									
DIRECTOR		х						0	0	0
LISBETH ENGLISH	1 00									
DIRECTOR		Х						0	0	0
LIZA MENDEZ	1 00	x						0	0	0
DIRECTOR LORETTA ALONZO	1 00									
DIRECTOR	100	х						0	0	0
LORI CHAPMAN	1 00									
DIRECTOR		Х						0	0	0
LORINE WILLIAMS	1 00	×						0	0	0
DIRECTOR LORRAINE HARDING	1 00									
DIRECTOR		x						0	0	0
LOUIS BALDWIN	1 00	<u> </u>						_	_	_
DIRECTOR		Х						0	0	0
LOUIS VINCI	1 00	x						0	0	0
DIRECTOR LOUISA WESSLING	1 00									
DIRECTOR	1 00	x						0	0	0
LOYDA TORRES - FONTANEZ	1 00							_	_	
DIRECTOR		Х						0	0	0
LYNDA BUTLER	1 00	х						0	0	0
DIRECTOR LYNN HEINTZ	1.00									
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Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest **Compensated Employees, and Independent Contractors** (A) (D) (E) (F) Name and Title Average Position (do not check Reportable Reportable Estimated amount hours per more than one box, unless compensation compensation of other week (list person is both an officer from the from related compensation organization (Wany hours and a director/trustee) organizations (Wfrom the for related 2/1099-MISC) 2/1099-MISC) organization and Highest employe Individual trustee or director organizations related Institutional Trustee mer below organizations emplo)ee dotted line) t compensated ee M SUE LUSK-GLEICH 1 00 Χ 0 0 DIRECTOR MABEL GUZMAN 1 00 Χ 0 0 DIRECTOR MADELINE VEISSI 1 00 Χ 0 0 DIRECTOR MALCOLM BENNETT 1 00 0 0 0 Х DIRECTOR MARBURY LITTLE 1 00 Х 0 0 0 DIRECTOR MARC GUGGINO 1 00 Χ 0 0 DIRECTOR MARGARET ALLEN 1 00 Χ 0 0 0 DIRECTOR MARGARET HARTMAN 1 00 Х 0 0 0 DIRECTOR MARGRET ROBERTS 1 00 Χ 0 0 0 DIRECTOR MARIA ELENA BANKS 1 00 0 0 Χ DIRECTOR MARIA QUIROGA PEREZ 1 00 Х 0 0 0 DIRECTOR MARIA WELLS 1 00 Χ 0 0 0 DIRECTOR MARILOU BUTCHER-ROTH 1 00 Χ 0 0 DIRECTOR MARILYN DZEN 1 00 0 0 Х 0 DIRECTOR MARIO ARRIAGA 1 00 Χ 0 0 0 DIRECTOR MARIO RUBIO 1 00 Χ 0 0 DIRECTOR MARK ALLEN 1 00 Χ 0 0 DIRECTOR MARK CHENG 1 00 Χ 0 0 0 DIRECTOR MARK KITABAYASHI 1 00 0 Χ 0 0 DIRECTOR MARK MARQUEZ 1 00 0 0 Χ DIRECTOR MARK PETERSON 1 00 Х 0 0 0 DIRECTOR MARK SADEK 1 00 0 0 Х 0 DIRECTOR

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MARK WOODROOF

DIRECTOR MARTHA DENT

DIRECTOR
MARTHA POMARES

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest **Compensated Employees, and Independent Contractors** (A) (D) (E) (F) Name and Title Average Position (do not check Reportable Reportable Estimated amount hours per more than one box, unless compensation compensation of other week (list person is both an officer from the from related compensation organization (Wany hours and a director/trustee) organizations (Wfrom the for related 2/1099-MISC) 2/1099-MISC) organization and Highest employe Individual trustee or director organizations related Institutional Trustee mer below organizations emplo)ee dotted line) t compensated ee MARTIN EAKES 1 00 Χ 0 0 DIRECTOR MARTIN EDWARDS 1 00 Χ 0 0 DIRECTOR MARY ALICE RUPPERT 1 00 0 0 DIRECTOR MARY ANN HEBERT 1 00 0 0 0 Х DIRECTOR MARY ANN JEFFERS 1 00 Х 0 0 0 DIRECTOR MARY BAYAT 1 00 Χ 0 0 DIRECTOR MARY DYKSTRA 1 00 Χ 0 0 0 DIRECTOR MARY EDNA WILLIAMS 1 00 Х 0 0 0 DIRECTOR MARY FRANCES BURLESON 1 00 Χ 0 0 DIRECTOR MARY MCCALL 1 00 0 0 Χ DIRECTOR MAX GURVITCH 1 00 Х 0 0 0 DIRECTOR MAX HILL 1 00 Χ 0 0 0 DIRECTOR MEGAN ROTH-MARKHAM 1 00 Χ 0 0 DIRECTOR MEL HARRIS 1 00 0 0 Х 0 DIRECTOR MELANIE BARKER 1 00 Χ 0 0 0 DIRECTOR MELANIE THOMPSON 1 00 Χ 0 0 DIRECTOR MELROSE FORDE 1 00 Χ 0 0 DIRECTOR MELVIN WILSON 1 00 Χ 0 0 0 DIRECTOR MEREDITH HELD 1 00 0 Χ 0 0 DIRECTOR MERLE WHITEHEAD 1 00 0 0 Χ DIRECTOR MICHAEL DELEON 1 00 Х 0 0 0 DIRECTOR MICHAEL DROEGE 1 00 0 0 Х 0 DIRECTOR MICHAEL FLYNN 1 00

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DIRECTOR MICHAEL FLYNN

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Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors **(D)** Reportable (A) Name and Title **(B)** Average **(C)** Position (do not check **(E)** Reportable **(F)** Estimated amount

Name and Title	Average hours per week (list any hours	Posit more th perso and a	nan o n ıs b	ne booth a	ox, ι an o /trus	ınless fficer tee)		Reportable compensation from the organization (W-	Reportable compensation from related organizations (W-	Estimated amount of other compensation from the organization and related organizations	
	for related organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officei	Ke) emplojee	Highest compensated employee	Former	2/1099-MISC)	2/1099-MISC)		
MICHAEL MCGREEVY	1 00	х						0	0	0	
DIRECTOR MICHAEL MCGREW	1 00	×						0	0	0	
DIRECTOR MICHAEL OLDENETTEL	1 00										
DIRECTOR		Х						0	0	0	
MICHAEL ONORATO DIRECTOR	1 00	×						0	0	0	
MICHAEL OWEN	1 00	х						0	0	0	
DIRECTOR MICHAEL PAPPAS	1 00	x						0	0	0	
DIRECTOR MICHAEL RIEDMANN	1 00										
DIRECTOR		Х						0	0	0	
MICHAEL SCHMELZER DIRECTOR	1 00	x						0	0	0	
MICHAEL SCHOONOVER	1 00	х						0	0	0	
DIRECTOR MICHAEL SMITH	1 00	×						0	0	0	
DIRECTOR MICHAEL TEER	1 00										
DIRECTOR MICHELLE ROJAS	1 00	×						0	0	0	
DIRECTOR		х						0	0	0	
MIGUEL BERGER DIRECTOR	1 00	×						0	0	0	
MIKE BRODIE	1 00	х						0	0	0	
DIRECTOR MIKE CLANCY	1 00	X						0	0	0	
DIRECTOR MIKE CRADDOCK	1 00										
DIRECTOR		Х						0	0	0	
MIKE CRADDOCK DIRECTOR	1 00	×						0	0	0	
MIKE DREWS	1 00	х						0	0	0	
DIRECTOR MIKE GAUGHAN	1 00	X						0	0	0	
DIRECTOR MILAGROS KANYAR	1 00										
DIRECTOR MONTIE BOX	1.00	×						0	0	0	
DIRECTOR	1 00	х						0	0	0	
MOSES SEURAM DIRECTOR	1 00	х						0	0	0	
MYRA ZOLLINGER	1 00	Х						0	0	0	
DIRECTOR MYRNA KINGHAM	1 00										
DIRECTOR NANCI RANDS	1 00	X					_	0	0	0	
DIRECTOR		Х						0	0	0	

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest **Compensated Employees, and Independent Contractors** (A) (D) (E) (F) Name and Title Average Position (do not check Reportable Reportable Estimated amount hours per more than one box, unless compensation compensation of other week (list person is both an officer from the from related compensation organization (Wany hours and a director/trustee) organizations (Wfrom the for related 2/1099-MISC) 2/1099-MISC) organization and Highest employe Individual trustee or director organizations related Institutional Trustee mer below organizations emplo)ee dotted line) t compensated ee NANCY CARDONE 1 00 Χ 0 0 DIRECTOR NANCY FARKAS 1 00 Χ 0 0 DIRECTOR NANCY FURST 1 00 Χ 0 0 DIRECTOR NANCY LANE 1 00 0 0 0 Х DIRECTOR NANCY RILEY 1 00 Х 0 0 0 DIRECTOR NANCY SEE 1 00 Χ 0 0 DIRECTOR NATASCHA TELLO 1 00 Χ 0 0 0 DIRECTOR NATE JOHNSON 1 00 Х 0 0 0 DIRECTOR NATHAN BELL 1 00 Χ 0 0 0 DIRECTOR NATHAN LYDA 1 00 0 0 Χ DIRECTOR NELL POSTELL 1 00 Х 0 0 0 DIRECTOR NESTOR WEIGAND 1 00 Χ 0 0 0 DIRECTOR NIKKI YOUNG 1 00 Χ 0 0 DIRECTOR NOAH HERRERA 1 00 0 0 Х 0 DIRECTOR NORMAN FLYNN 1 00 Χ 0 0 0 DIRECTOR O RANDALL WOODBURY 1 00 Χ 0 0 DIRECTOR OBIORA MENKITI 1 00 Χ 0 0 **DIRECTOR** OTTO CATRINA 1 00 Χ 0 0 0 DIRECTOR OWEN HALL 1 00 0 Χ 0 0 DIRECTOR OWEN TYLER 1 00 0 0 Χ DIRECTOR PAM SEGARS MORRIS 1 00 Х 0 0 0 DIRECTOR PAM WOOD 1 00 0 0 Х 0 DIRECTOR PAMELA FRESTEDT 1 00 Χ 0 0 DIRECTOR

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PAMELA MONROE

DIRECTOR
PAMELA TESTROET

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest **Compensated Employees, and Independent Contractors** (A) (D) (E) (F) Name and Title Average Position (do not check Reportable Reportable Estimated amount hours per more than one box, unless compensation compensation of other week (list person is both an officer from the from related compensation organization (Worganizations (Wany hours and a director/trustee) from the for related 2/1099-MISC) 2/1099-MISC) organization and Highest employe Individual trustee or director organizations related Institutional Trustee mer below organizations emplo)ee dotted line) t compensated ee PAT CALLAN 1 00 Χ 0 0 DIRECTOR PAT COMBS 1 00 Χ 0 0 DIRECTOR PAT KAPLAN 1 00 Χ 0 0 DIRECTOR PAT ZIGGY ZICARELLI 1 00 0 0 0 Х DIRECTOR PATRICE WILLETTS 1 00 Χ 0 0 0 DIRECTOR PATRICIA COAN 1 00 Χ 0 0 DIRECTOR PATRICIA FITZGERALD 1 00 Χ 0 0 0 DIRECTOR PATRICIA JENSEN 1 00 Х 0 0 0 DIRECTOR PATRICIA KLINE 1 00 Χ 0 0 DIRECTOR PATRICIA MAYS 1 00 0 0 Χ DIRECTOR PATRICIA PETRALIA 1 00 Х 0 0 0 DIRECTOR PATRICIA PIPKIN 1 00 Χ 0 0 0 DIRECTOR PATRICIA STEELE 1 00 Χ 0 0 DIRECTOR PATRICIA SUDAL 1 00 0 0 Х 0 DIRECTOR PATRICIA SZOT 1 00 Χ 0 0 0 DIRECTOR PATRICK DALESSANDRO 1 00 Χ 0 0 DIRECTOR PATRICK JONES 1 00 Χ 0 0 DIRECTOR PATTY KELLEY 1 00 Χ 0 0 0 DIRECTOR PAUL BREUNICH 1 00 0 Χ 0 0 DIRECTOR PAUL EVERSON 1 00 0 0 Χ DIRECTOR PAUL SCOTT 1 00 Х 0 0 0 DIRECTOR PAULA SAVARD 1 00 0 0 Х 0 DIRECTOR

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PAULA SERVEN

PEGGYANN MCCONNOCHIE

DIRECTOR

DIRECTOR
PERCY MONTAGUE

DIRECTOR

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest **Compensated Employees, and Independent Contractors** (A) (D) (E) (F) Name and Title Average Position (do not check Reportable Reportable Estimated amount hours per more than one box, unless compensation compensation of other week (list person is both an officer from the from related compensation organization (Worganizations (Wany hours and a director/trustee) from the for related 2/1099-MISC) 2/1099-MISC) organization and Highest employe Individual trustee or director organizations related Institutional Trustee mer below organizations emplo)ee dotted line) t compensated ee PETE GALBRAITH 1 00 Χ 0 0 DIRECTOR PETER MERRITT 1 00 Χ 0 0 DIRECTOR PETER RUFFINI 1 00 Χ 0 0 DIRECTOR PETER TUCKER 1 00 0 0 0 Х DIRECTOR PEYTON NORVILLE 1 00 Х 0 0 0 DIRECTOR PHIL JONES 1 00 Χ 0 0 DIRECTOR PHILIP CHILES 1 00 Χ 0 0 0 DIRECTOR PHILLIP SCHAEFER 1 00 Х 0 0 0 DIRECTOR PHILLIP STARK 1 00 Χ 0 0 DIRECTOR PILI MEYER 1 00 0 0 Χ DIRECTOR PRICE LECHLEITER 1 00 Х 0 0 0 DIRECTOR R CHRIS OSTEEN 1 00 Χ 0 0 0 DIRECTOR R MORRILL 1 00 Χ 0 0 DIRECTOR R NEAL JACKSON 1 00 0 0 Х 0 DIRECTOR R SCOTT KESNER 1 00 Χ 0 0 0 DIRECTOR RANDALL HALL 1 00 Χ 0 0 DIRECTOR RANDALL THOMAS 1 00 Χ 0 0 RAYMOND BARKETT 1 00 Χ 0 0 0 DIRECTOR REBECCA CONNATSER 1 00 0 Χ 0 0 DIRECTOR REBECCA GROSSMAN 1 00 0 0 Χ DIRECTOR REGINA HUBBARD 1 00 Х 0 0 0 DIRECTOR REINALDO MESA 1 00 0 0 Х 0 DIRECTOR RENNY DIEDRICH 1 00

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DIRECTOR

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DIRECTOR

RICHARD BANDIMERE

RICHARD BERGDAHL

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Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest **Compensated Employees, and Independent Contractors** (A) (D) (E) (F) Name and Title Average Position (do not check Reportable Reportable Estimated amount hours per more than one box, unless compensation compensation of other week (list person is both an officer from the from related compensation organization (Wany hours and a director/trustee) organizations (Wfrom the for related 2/1099-MISC) 2/1099-MISC) organization and Highest employe Individual trustee or director organizations related Institutional Trustee mer below organizations emplo)ee dotted line) t compensated ee RICHARD CHITTAM 1 00 Χ 0 0 DIRECTOR RICHARD FRYER 1 00 Χ 0 0 DIRECTOR RICHARD GAYLORD 1 00 0 0 DIRECTOR RICHARD HOLLANDER 1 00 0 0 0 Х DIRECTOR RICHARD LUX 1 00 Х 0 0 0 DIRECTOR RICHARD MENDENHALL 1 00 Χ 0 0 DIRECTOR RICHARD RIELLY 1 00 Χ 0 0 0 DIRECTOR RICHARD ROSENTHAL 1 00 Х 0 0 0 DIRECTOR RICHARD SNYDER 1 00 Χ 0 0 DIRECTOR RICHARD VANVALKENBURGH 1 00 0 0 Χ DIRECTOR RICK HARRIS 1 00 Х 0 0 0 DIRECTOR RICK TURLEY 1 00 Χ 0 0 0 DIRECTOR RICK VIOLETT 1 00 Χ 0 0 DIRECTOR RITA GRIESS 1 00 0 0 Х 0 DIRECTOR ROBERT AUTHIER 1 00 Χ 0 0 0 DIRECTOR ROBERT BAILEY 1 00 Χ 0 0 DIRECTOR ROBERT CALDWELL 1 00 Χ 0 0 DIRECTOR ROBERT CLARK 1 00 Χ 0 0 0 DIRECTOR ROBERT COOK 1 00 0 Χ 0 0 DIRECTOR ROBERT DOHN 1 00 0 0 Χ DIRECTOR ROBERT ELROD 1 00 Х 0 0 0 DIRECTOR ROBERT HARMAN 1 00 0 0 Х 0 DIRECTOR ROBERT KEEFE 1 00 Χ 0 0 DIRECTOR

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ROBERT KIMBALL

DIRECTOR ROBERT KULICK

DIRECTOR

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest **Compensated Employees, and Independent Contractors** (A) (D) (E) (F) Name and Title Average Position (do not check Reportable Reportable Estimated amount hours per more than one box, unless compensation compensation of other week (list person is both an officer from the from related compensation organization (Wany hours and a director/trustee) organizations (Wfrom the for related 2/1099-MISC) 2/1099-MISC) organization and Highest employe Individual trustee or director organizations related Institutional Trustee mer below organizations emplo)ee dotted line) t compensated ee ROBERT LEWIS 1 00 Χ 0 0 DIRECTOR ROBERT MARTIN 1 00 Χ 0 0 DIRECTOR ROBERT MCCLUNG 1 00 Χ 0 0 DIRECTOR ROBERT MCMILLAN 1 00 0 0 0 Х DIRECTOR ROBERT MILLER 1 00 Х 0 0 0 DIRECTOR ROBERT PAHLKE 1 00 Χ 0 0 0 DIRECTOR ROBERT TAYLOR 1 00 Χ 0 0 0 DIRECTOR ROBERT WALKER 1 00 Х 0 0 0 DIRECTOR ROBERT WHITE 1 00 Χ 0 0 0 DIRECTOR ROBERT WRIGHT 1 00 0 0 Χ DIRECTOR ROBIN LANCE 1 00 Х 0 0 0 DIRECTOR ROBYN YATES 1 00 Χ 0 0 0 DIRECTOR ROGER PIRO 1 00 Χ 0 0 DIRECTOR RONALD CROUSHORE 1 00 0 0 Х 0 DIRECTOR RONALD MYLES 1 00 Χ 0 0 0 DIRECTOR RONALD PELTIER 1 00 Χ 0 0 DIRECTOR RONALD PHIPPS 1 00 Χ 0 0 RONALD THOMPSON 1 00 Χ 0 0 0 DIRECTOR ROSEMARY KOBERLEIN 1 00 0 Χ 0 0 DIRECTOR RUSSELL BOOTH 1 00 0 0 Χ DIRECTOR RUSSELL GROOMS 1 00 Х 0 0 0 DIRECTOR RUSSELL WOOLLEY 1 00 0 0 Х 0 DIRECTOR SALLY HEIMBROOK 1 00

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DIRECTOR
SALLY MCFOLLING

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SALLYE NORDLING

DIRECTOR

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Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest **Compensated Employees, and Independent Contractors** (A) (D) (E) (F) Name and Title Average Position (do not check Reportable Reportable Estimated amount hours per more than one box, unless compensation compensation of other week (list person is both an officer from the from related compensation organization (Wany hours and a director/trustee) organizations (Wfrom the for related 2/1099-MISC) 2/1099-MISC) organization and Highest employe Individual trustee or director organizations related Institutional Trustee mer below organizations employee dotted line) t compensated ee SANDI PFISTER 1 00 Χ 0 0 DIRECTOR SANDRA O'CONNOR 1 00 Χ 0 0 DIRECTOR SARAH TAYLOR 1 00 0 0 DIRECTOR SCOTT BRADY 1 00 0 0 0 Х DIRECTOR SCOTT BREIDENBACH 1 00 Х 0 0 0 DIRECTOR SCOTT GRIFFITH 1 00 Χ 0 0 0 DIRECTOR SCOTT HEYERDAHL 1 00 Χ 0 0 0 DIRECTOR SETH TASK 1 00 Х 0 0 0 DIRECTOR SHADRICK BOGANY 1 00 Χ 0 0 0 DIRECTOR SHANNON WILLIAMS-KING 1 00 0 0 Χ DIRECTOR SHARLA LAU 1 00 Х 0 0 0 DIRECTOR SHARON BOWLER 1 00 Χ 0 0 0 DIRECTOR SHARON KEATING 1 00 Χ 0 0 DIRECTOR SHARON MILLETT 1 00 0 0 Х 0 DIRECTOR SHEILA HOLLEY 1 00 Χ 0 0 0 DIRECTOR SHERRI MEADOWS 1 00 Χ 0 0 DIRECTOR SHERYL GRIDER WHITEHURST 1 00 Χ 0 0 DIRECTOR SHIRLEY HICKS 1 00 Χ 0 0 0 DIRECTOR SOCAR CHATMON-THOMAS 1 00 0 Χ 0 0 DIRECTOR STEFANIE TUGAW-MADSEN 1 00 0 0 Χ DIRECTOR STEPHANIE DOUGHTY 1 00 Х 0 0 0 DIRECTOR STEPHANIE SINGER 1 00 0 0 Х 0 DIRECTOR

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STEPHANIE WALKER

DIRECTOR
STEPHEN BABBITT

DIRECTOR STEPHEN CASPER

DIRECTOR

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest **Compensated Employees, and Independent Contractors** (A) (D) (E) (F) Name and Title Average Position (do not check Reportable Reportable Estimated amount hours per more than one box, unless compensation compensation of other week (list person is both an officer from the from related compensation organization (Wany hours and a director/trustee) organizations (Wfrom the for related 2/1099-MISC) 2/1099-MISC) organization and Highest employe Individual trustee or director organizations related Institutional Trustee mer below organizations emplo)ee dotted line) t compensated ee STEPHEN HOOVER 1 00 Χ 0 0 DIRECTOR STEPHEN MCCULLOUGH 1 00 Χ 0 0 DIRECTOR STEPHEN MCWILLIAM 1 00 0 0 DIRECTOR STEPHEN MESZAROS 1 00 0 0 0 Х DIRECTOR STEVE BROWN 1 00 Х 0 0 0 DIRECTOR STEVE GODDARD 1 00 Χ 0 0 DIRECTOR STEVE HABGOOD 1 00 Χ 0 0 0 DIRECTOR STEVE WHITE 1 00 Х 0 0 0 DIRECTOR STEVEN ASHER 1 00 Χ 0 0 DIRECTOR STEVEN BANKS 1 00 0 0 Χ DIRECTOR STEVEN FISCHER 1 00 Х 0 0 0 DIRECTOR STEVEN GRAGG 1 00 Χ 0 0 0 DIRECTOR STEVEN MOREIRA 1 00 Χ 0 0 DIRECTOR STUART ELSEA 1 00 0 0 Х 0 DIRECTOR SUE FLUCKE 1 00 Χ 0 0 0 DIRECTOR SUE STINSON-TURNER 1 00 Χ 0 0 DIRECTOR SUMMER GREENE 1 00 Χ 0 0 **DIRECTOR** SUSAN GOLDY 1 00 Χ 0 0 0 DIRECTOR SUSAN HELSINGER 1 00 0 Χ 0 0 DIRECTOR SUSAN MARSHALL 1 00 0 0 Χ DIRECTOR SUSAN MCDONOUGH 1 00 Х 0 0 0 DIRECTOR SUSAN MYSZKOWSKI 1 00 0 0 Х 0 DIRECTOR

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SUSAN PATT

DIRECTOR SUSAN RENFREW

DIRECTOR

DIRECTOR

SUZANNE DESMARAIS

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest **Compensated Employees, and Independent Contractors** (A) (D) (E) (F) Name and Title Average Position (do not check Reportable Reportable Estimated amount hours per more than one box, unless compensation compensation of other week (list person is both an officer from the from related compensation organization (Wany hours and a director/trustee) organizations (Wfrom the for related 2/1099-MISC) 2/1099-MISC) organization and Highest employe Individual trustee or director organizations related Institutional Trustee mer below organizations emplo)ee dotted line) t compensated ee SUZANNE SHERER 1 00 Χ 0 0 DIRECTOR TAMARA SUMINSKI 1 00 Χ 0 0 DIRECTOR TASHIA HINCHLIFFE 1 00 0 0 DIRECTOR TED LORING 1 00 0 0 0 Х DIRECTOR TERENCE SULLIVAN 1 00 Х 0 0 0 DIRECTOR TERESA MARTINEZ 1 00 Χ 0 0 DIRECTOR TERESITA BERSACH 1 00 Χ 0 0 0 DIRECTOR TERRY KIRKWOOD 1 00 Х 0 0 0 DIRECTOR TERRY MILLER 1 00 Χ 0 0 DIRECTOR TERRY SMITH 1 00 0 0 Χ DIRECTOR THEODORE BRYANT 1 00 Х 0 0 0 DIRECTOR THERESE WUNDERLICH 1 00 Χ 0 0 0 DIRECTOR THOMAS A RILEY 1 00 Χ 0 0 DIRECTOR THOMAS CARNAHAN 1 00 0 0 Х 0 THOMAS JEFFERSON 1 00 Χ 0 0 0 DIRECTOR THOMAS MURPHY 1 00 Χ 0 0 DIRECTOR THOMAS REMPSON 1 00 Χ 0 0 **DIRECTOR** THOMAS SALOMONE 1 00 Χ 0 0 0 DIRECTOR THOMAS STEVENS 1 00 0 Χ 0 0 DIRECTOR THOMAS WILLIAMS 1 00 0 0 Χ DIRECTOR THOMPSON LITCHFIELD 1 00 Х 0 0 0 DIRECTOR TIFFANY CURRTY 1 00 0 0 Х DIRECTOR TIM HARRIS 1 00 Χ 0 0 DIRECTOR TIMOTHY BRIGHAM 1 00 Χ 0 0

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DIRECTOR
TINA BALAKA

DIRECTOR

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest **Compensated Employees, and Independent Contractors** (A) (D) (E) (F) Name and Title Average Position (do not check Reportable Reportable Estimated amount hours per more than one box, unless compensation compensation of other week (list person is both an officer from the from related compensation organization (Wany hours and a director/trustee) organizations (Wfrom the for related 2/1099-MISC) 2/1099-MISC) organization and Highest employe Individual trustee or director organizations related Institutional Trustee mer below organizations emplo)ee dotted line) t compensated ee TINA HARRIS 1 00 Χ 0 0 DIRECTOR TINA LUCAS 1 00 Χ 0 0 **DIRECTOR** TODD EMERSON 1 00 Χ 0 0 DIRECTOR TODD SHIPMAN 1 00 0 0 0 Х DIRECTOR TOM BERGE JR 1 00 Х 0 0 0 DIRECTOR TOM HORMEL 1 00 Χ 0 0 DIRECTOR TOM RAU 1 00 Χ 0 0 0 DIRECTOR TRAVIS KESSLER 1 00 Х 0 0 0 DIRECTOR TRAY BATES 1 00 Χ 0 0 DIRECTOR TREASURE FAIRCLOTH 1 00 0 0 Χ DIRECTOR TRUDY MOORE 1 00 Х 0 0 0 DIRECTOR TRUDY NISHIHARA 1 00 Χ 0 0 0 DIRECTOR VICKI CARPENTER 1 00 Χ 0 0 DIRECTOR VICKI CLEMAN 1 00 0 0 Х 0 DIRECTOR VICKI COX GOLDER 1 00 Χ 0 0 0 DIRECTOR VICKI FULLERTON 1 00 Χ 0 0 DIRECTOR VICKI ROLLER 1 00 Χ 0 0 **DIRECTOR** VICTOR J RAYMOS 1 00 Χ 0 0 0 DIRECTOR VICTORIA DORAN 1 00 0 Χ 0 DIRECTOR VINCENT MALTA 1 00 0 0 Χ DIRECTOR VIRGINIA COOK 1 00 Х 0 0 0 DIRECTOR VIRGINIA WILLIS 1 00 0 0 Х 0 DIRECTOR W ALAN HUFFMAN 1 00 Χ 0 0 DIRECTOR WALTER MC DONALD 1 00 Χ 0 0

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DIRECTOR
WARREN HABIB

DIRECTOR

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors (A) (D) (E) (F) Name and Title Average Position (do not check Reportable Reportable Estimated amount hours per more than one box, unless compensation compensation of other week (list person is both an officer from the from related compensation organization (Wany hours and a director/trustee) organizations (Wfrom the for related 2/1099-MISC) 2/1099-MISC) organization and Highest employe Individual trustee or director organizations related Institutional Trustee mer below organizations employee dotted line) t compensated ee WAYNE CAPLAN 1 00 Χ 0 0 DIRECTOR WAYNE D'AMICO 1 00 Χ 0 0 O DIRECTOR WAYNE MOEN 1 00 Χ 0 0 DIRECTOR WAYNE STROMAN 1 00 0 0 0 Х DIRECTOR WENDELL DAVIS 1 00 Х 0 0 0 DIRECTOR WENDY FURTH 1 00 Χ 0 0 0 DIRECTOR WES GRAHAM 1 00 Χ 0 0 0 DIRECTOR WESLIE KUNKLE 1 00 Х 0 0 0 DIRECTOR WILLIAM BOATMAN 1 00 Χ 0 0 0 DIRECTOR WILLIAM CHEE 1 00 0 0 Χ DIRECTOR WILLIAM DERMODY 1 00 Х 0 0 0 DIRECTOR WILLIAM FURST 1 00 Χ 0 0 0 DIRECTOR WILLIAM HANLEY 1 00 Χ 0 0 DIRECTOR WILLIAM HAVILAND 1 00 0 0 Х 0 DIRECTOR WILLIAM MILLIKEN 1 00 Χ 0 0 0 DIRECTOR WILLIAM MOORE 1 00 Χ 0 0 DIRECTOR WILLIAM OLSON 1 00 Χ 0 0 WILLIAM OVERACRE 1 00 Χ 0 0 0 DIRECTOR WILLIAM WEIDACHER 1 00 Χ 0 0 0 DIRECTOR WINNIE DAVIS 1 00 0 0 Χ DIRECTOR **ZSOLT SZERENCSES** 1 00 Х 0 0 DIRECTOR DALE STINTON 38 00 Χ 1,499,285 0

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CEO

BOB GOLDBERG

DOUG HINDERER

SVP MARKETING AND BUS DEV

VP FINANCE AND COMPTROLLER

SVP HUMAN RESOURCES JOHN PIERPOINT

35,838

35,838

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

(A) Name and Title	(B) A verage hours per week (list any hours for related	Posit more th perso and a	ion (d nan o n is b	ne bo oth a ctor/	ox, u an of trus	nless ficer tee)		(D) Reportable compensation from the organization (W-	Reportable Reportable Est compensation from the from related coganizations (W-	
	organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	2/1099-M1SC)	2/1099-MISC)	organization and related organizations
LAURENE JANIK	38 00				х			611,336	0	35,838
SVP GENERAL COUNSEL										
WALT WITEK SVP COMMUNITY & POL AFFAIRS	38 00				x			498,455	0	35,838
JANET BRANTON	38 00					x		354,722	0	35,838
SVP GLOBAL BUSINESS						_ ^		334,722	O	33,030
JERRY GIOVANIELLO SVP GOVT AFFAIRS	38 00					х		543,146	0	35,838
LAWRENCE YUN	38 00									
SVP CHIEF ECONOMIST	38 00					х		451,834	0	35,838
MARK LESSWING	38 00					х		444,570	0	35,838
SVP CHIEF TECH OFFICER										
PAM KABATI	38 00					x		387,002	0	35,838
SVP COMMNUNICATIONS & CONV	J									

DLN: 93493318042334

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. ► Information about Schedule C (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

Open to Public Inspection

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

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

If the organization answered "Yes" to Form 990, Part IV, Line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

- ◆ Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)) Complete Part II-A Do not complete Part II-B
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)) Complete Part II-B Do not complete Part II-A

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

•	Section 501(c)(4), (5), or (6) orga	anızatıons Complete Part III					
	me of the organization TIONAL ASSOCIATION OF REALTORS			Employer id	ent if	ication numbe	er
				36-152069	0		
Par	t I-A Complete if the or	ganization is exempt und	er section 501(c)	or is a section 52	27 o	rganizatio	n.
1	Provide a description of the or	ganization's direct and indirect p	olitical campaign activ	ities in Part IV			
2	Political expenditures			.	\$		0
3	V olunteer hours						0
Par		ganization is exempt und		(3).			
1	Enter the amount of any excis	e tax incurred by the organizatior	under section 4955	•	\$		
2	Enter the amount of any excis	e tax incurred by organization ma	nagers under section 4	1 955 ►	\$		
3	If the organization incurred a s	section 4955 tax, did it file Form	4720 for this year?			☐ Yes	┌ No
4a	Was a correction made?					☐ Yes	┌ No
b	If "Yes," describe in Part IV						
Par	t I-C Complete if the or	ganization is exempt und	er section 501(c)	, except section 5	01(c)(3).	
1	Enter the amount directly expe	ended by the filing organization fo	r section 527 exempt	function activities 🕨	\$		0
2	Enter the amount of the filing of exempt function activities	\$		0			
3	Total exempt function expend	\$		0			
4	Did the filing organization file			√ No			
5	organization made payments amount of political contributio	nd employer identification numbe For each organization listed, ente ns received that were promptly a political action committee (PAC	r the amount paid from nd directly delivered to	the filing organization' a separate political or	's fun ganız	ds Also ente zation, such a	r the
	(a) Name	(b) Address	(c) EIN	(d) A mount paid from filing organization's funds If none, enter 0-	'' ' -	(e) A mount o contributions and prompt directly delive separate pe organization enter -(received tly and ered to a olitical If none,
(1)	NAR FUND	430 N MICHIGAN CHICAGO,IL 60611	26-1725187	5,579,33	36		0
(2)	NAR CONGRESSIONAL FUND	430 N MICHIGAN CHICAGO,IL 60611	27-3388377		0		0

Sch	nedule C (Form 990 or 990-EZ) 2013					Page 2
Pä	art II-A Complete if the organization	is exempt under	section 501(c)(3) and file	ed Form 5768	
_	under section 501(h)).		Link in Doub TV an	- h - 66:1: - h - d		a adduses FIN
٠.	Check ► If the filing organization belongs to a expenses, and share of excess lobb		iist in Part IV ea	ch amiliated gro	up members nam	e, address, EIN,
3	Check ► ☐ If the filing organization checked bo		l" provisions app	ly		
	Limits on Lobbying E (The term "expenditures" means ar	(a) Filing organization's totals	(b) Affiliated group totals			
La	Total lobbying expenditures to influence public o	pinion (grass roots lob	bying)			
ь	Total lobbying expenditures to influence a legisl	ative body (direct lobby	yıng)			
c	Total lobbying expenditures (add lines 1a and 1	o)		Γ		
d	O ther exempt purpose expenditures			Γ		
e	Total exempt purpose expenditures (add lines 1	c and 1d)		Γ		
f	Lobbying nontaxable amount Enter the amount is columns	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 lir	ne 1e			
	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the	e excess over \$500,0	00		
	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the	e excess over \$1,000	,000		
	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the	excess over \$1,500,0	000		
	Over \$17,000,000	\$1,000,000				
g	Grassroots nontaxable amount (enter 25% of lir	ue 1f)				
h	Subtract line 1g from line 1a If zero or less, ent	er-0-				
i	Subtract line 1f from line 1c If zero or less, ente	er - 0 -				
j	If there is an amount other than zero on either li section 4911 tax for this year?	ne 1h or line 1ı, did the	organization file	Form 4720 repo	orting	┌ Yes ┌ No
	(Some organizations that made a columns below. See t	he instructions fo	ection do not r lines 2a thro	havè to con ough 2f on p		ne five
	Lobbying Exp	enditures During	4-Year Avera ⊤	ging Period	1	1
	Calendar year (or fiscal year beginning in)	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) Total
2a	Lobbying nontaxable amount					
b	Lobbying ceiling amount (150% of line 2a, column(e))					
c	Total lobbying expenditures					
d	Grassroots nontaxable amount					

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

Grassroots lobbying expenditures

Pa	rt II-B Complete if the organization is exempt under section 501(c)(3) and has N filed Form 5768 (election under section 501(h)).	ОТ				
For e	ach "Yes" response to lines 1a through 1i below, provide in Part IV a detailed description of the lobbying	(ā	a)		(b)	
activ		Yes	No	⊿	moui	nt
1	During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of					
a	Volunteers?					
ь	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?					
С	Media advertisements?					
d	Mailings to members, legislators, or the public?					
е	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 b	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)? 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		ľ			
d	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?	I				
	t III-A Complete if the organization is exempt under section 501(c)(4), section 5	01(c)(5). c	or se	ectio	
	501(c)(6).	(-	,,,,,			
					Yes	No
1	Were substantially all (90% or more) dues received nondeductible by members?			1		Νo
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?			2		No
3	Did the organization agree to carry over lobbying and political expenditures from the prior year?			3		Νo
Pai	t III-B Complete if the organization is exempt under section 501(c)(4), section 55501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "Note that line 3, is answered "Yes."	No" C		Par	t III	-A,
1	Dues, assessments and similar amounts from members	1		1 !	6,93	9,241
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				9,893
b	Carryover from last year	2b				9,645
C	Total	2c			75,75	0,248
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	3		4	12,00	2,186
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				C
5	Taxable amount of lobbying and political expenditures (see instructions)	5			-6,25	1,938
P	Supplemental Information					
	ovide the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, Part II-A (affiliated group rt II-B, line 1 Also, complete this part for any additional information	list),	Part II	-A , lı	ne 2,	and
L	Return Reference Explanation					
Des	THE ORGANIZATION COLLECTS MEMBER DUES EARMARKED FOR A cription of political campaign vities THE ORGANIZATION COLLECTS MEMBER DUES EARMARKED FOR A FUND AND PROMPTLY AND DIRECTLY TRANSFERS THEM TO THAT FOR THE PROMPT OF DETAILED DESCRIPTION OF DIRECT AND INDIRECT POLITICAL CANNOT APPLICABLE	UND	AS SU	CH,	4	

Schedule e (Form 330 of 330 EZ)		r age -r			
Part IV Supplemental:	Information (continued)				
Return Reference	Explanation				
-					
	I .				

Schedule D (Form 990) 2013

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DLN: 93493318042334

OMB No 1545-0047

SCHEDULE D

(Form 990)

Department of the Treasury

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. ▶ Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.

Open to Public

Name	e of the organization		Emp	loyer ident if ica	tion number	- 111
IOITAI	NAL ASSOCIATION OF REALTORS		36-:	1520690		
Part	Organizations Maintaining Donor Advorganization answered "Yes" to Form 990,		-unds	or Accounts	. Complete	ıf the
		(a) Donor advised funds		(b) Funds and (other account	ts
Т	otal number at end of year					
Α	ggregate contributions to (during year)					
Α	ggregate grants from (during year)					
Α	ggregate value at end of year					
	Old the organization inform all donors and donor adviso unds are the organization's property, subject to the org	_	nor advı	sed	┌ Yes 「	┌ No
u	Old the organization inform all grantees, donors, and do ised only for charitable purposes and not for the benefi conferring impermissible private benefit?	<u> </u>			┌ Yes 「	┌ No
	II Conservation Easements. Complete if	the organization answered "Yes"	to Forn	n 990, Part IV	/, line 7.	
Г Г	Purpose(s) of conservation easements held by the orga 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)	certifie	d historic struc	ture	
	asement on the last day of the tax year	quannea conservation contribution in				
				Held at the	End of the Y	ear
Т	otal number of conservation easements		2a			
Т	otal acreage restricted by conservation easements		2b			
N	lumber of conservation easements on a certified histo	rıc structure ıncluded ın (a)	2c			
	lumber of conservation easements included in (c) acquistoric structure listed in the National Register	uired after 8/17/06, and not on a	2d			
	lumber of conservation easements modified, transferre he tax year ▶	ed, released, extinguished, or terminat	ted by th	ie organization	during	
Ν	lumber of states where property subject to conservation	on easement is located 🗠				
	ooes the organization have a written policy regarding the forcement of the conservation easements it holds?	he periodic monitoring, inspection, hai	ndling of	violations, and	┌ Yes 「	┌ No
S ▶	staff and volunteer hours devoted to monitoring, inspec	cting, and enforcing conservation ease	ements d	luring the year		
	mount of expenses incurred in monitoring, inspecting,	, and enforcing conservation easemen	ts durınç	g the year		
	Does each conservation easement reported on line 2(dind section 170(h)(4)(B)(ii)?) above satisfy the requirements of se	ection 17	70(h)(4)(B)(ı)	┌ Yes │	┌ No
b	n Part XIII, describe how the organization reports con valance sheet, and include, if applicable, the text of the he organization's accounting for conservation easeme	e footnote to the organization's financia				
rt I	Organizations Maintaining Collections Complete if the organization answered "Ye		, or Otl	her Similar	Assets.	
W	f the organization elected, as permitted under SFAS 1: works of art, historical treasures, or other similar asset ervice, provide, in Part XIII, the text of the footnote to	ts held for public exhibition, education	, or rese	arch in furthera		
W	f the organization elected, as permitted under SFAS 1: works of art, historical treasures, or other similar asset ervice, provide the following amounts relating to these	ts held for public exhibition, education				:
(i) Revenues included in Form 990, Part VIII, line 1			► \$		
(ii) Assets included in Form 990, Part X					
I	f the organization received or held works of art, historiollowing amounts required to be reported under SFAS					
R	Revenues included in Form 990, Part VIII, line 1			► \$		
۸	scots included in Form 990 Part V			b - ¢		

Part	Organizations Maintaining Co	llections of Art,	Histo	rica	l Treas	ures, or O	<u>the</u>	r Similar As	sets ((continued)
3	Using the organization's acquisition, access collection items (check all that apply)	on, and other records	s, chec	ckany	of the fo	llowing that a	re a	significant use	of its	
а	Public exhibition		d [_ L	oan or ex	change progra	ams			
b	Scholarly research		e 「	_ o	ther					
С	Preservation for future generations									
4	Provide a description of the organization's co	ollections and explair	n how t	hey fu	ırther the	organization	's ex	empt purpose i	n	
5	During the year, did the organization solicit								_	_
Do	assets to be sold to raise funds rather than t								Yes	l No
Par	Escrow and Custodial Arrang Part IV, line 9, or reported an an					ni answered	1 I	es to rottil s	90,	
1a	Is the organization an agent, trustee, custoc included on Form 990, Part X?					or other ass	ets i		Yes	┌ No
b	If "Yes," explain the arrangement in Part XII	I and complete the fo	ollowin	ıg tab	le	_				
						_		An	ount	
С	Beginning balance					_	1c			
d	Additions during the year					_	1d			
e	Distributions during the year					<u> </u>	1e			
f	Ending balance						1f			
2a	Did the organization include an amount on Fo	orm 990, Part X, line	21?						☐ Yes	Г No
ь	If "Yes," explain the arrangement in Part XII	I Check here if the e	explan	atıon	has been	provided in P	art :	XIII		<u>. Г</u>
Pai	rt V Endowment Funds. Complete									
1a	Beginning of year balance	(a)Current year 58,360,127	(b) Prid	or year 52,069		Two years back 48,455,324		Three years back 34,936,973	(e)Four	years back 34,936,973
b	Contributions	7,671,260		6,290	-	3,613,913		13,518,351		
c	Net investment earnings, gains, and losses	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			,	-,,-		,		
_										
d	Grants or scholarships									
е	Other expenditures for facilities and programs									
f	Administrative expenses									
g	End of year balance	66,031,387		58,360	,127	52,069,237		48,455,324		34,936,973
2	Provide the estimated percentage of the cur	ent year end balance	e (line :	1g, cd	olumn (a))) held as				
а	Board designated or quasi-endowment 🕨	100 000 %								
ь	Permanent endowment ► 0 %									
c	Temporarily restricted endowment ►) %								
	The percentages in lines 2a, 2b, and 2c sho	uld equal 100%								
За	Are there endowment funds not in the posse	ssion of the organizat	ion tha	at are	held and	administered	for	the	_	
	organization by							2-4	Ye	
	(i) unrelated organizations						•	3a(3a(No No
ь	(ii) related organizations			• nedule	 e R? .		٠.	<u> 54(</u>		110
4	Describe in Part XIII the intended uses of the	· · · · · · · · · · · · · · · · · · ·								
Par	t VI Land, Buildings, and Equipme		ne org	anıza	ition ans	wered 'Yes'	' to	Form 990, Pa	rt IV,	line
	11a. See Form 990, Part X, line Description of property	10.		(a) Co	st or other	(b)Cost or ot	hor	(c) Accumulated	1 (4)	Book value
	Description of property				nvestment)			depreciation	(a)	DOOK Value
1-	land		+			10.313	075		+	10 212 275
	Land		\vdash			19,212, 45,241,		14,201,63	3	19,212,875 31,040,167
	Leasehold improvements		<u>.</u>			45,241,		31,050,44	+	9,342,568
	Equipment		<u> </u>			45,415,		41,800,61	+	3,615,010
	Other		·			107,		71,000,01	+	107,843
	I. Add lines 1a through 1e <i>(Column (d) must e</i>	qual Form 990, Part X,	columi	n (B),	line 10(c)	· ·	•		+	63,318,463
	, , , , , , , , , , , , , , , , , , , ,	. , .,		//	. , ,	•		Schedule D	(Form	

(-) D - c	(1-) 5 1	(-) M -41 1 - 2 1 - 1
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market value
1)Fınancıal derivatives		
2)Closely-held equity interests		
ther		
otal. (Column (b) must equal Form 990, Part X, col (B) line 12)	F	
art VIII Investments—Program Related. Co	omplete if the organization	answered 'Yes' to Form 990, Part IV, line 1:
See Form 990, Part X, line 13. (a) Description of investment	(b) Book value	(c) Method of valuation
(a) Description of Investment	(b) Book value	Cost or end-of-year market value
1) INVST - SENTRILOCK, LLC	7,753,041	С
(2) INVST - SENTRILOCK FINANCE	807,927	С
3) INVST - REALTORS RELIEF FDN	2,194,629	С
4) INVST - SECOND CENTURY VENTURES	8,608,974	С
5) INVST - REALTORS INFO NETWORK	7,881,394	С
6) INVST - COUNCIL FOR SPECIALIZED REALTOR EDUCATION	16,871,983	С
7) INVST - REAL PROPERTY RESOURCE	4,615,198	С
Total. (Column (b) must equal Form 990, Part X, col (B) line 13)	48,733,146	
		Part IV, line 11d See Form 990, Part X, line 15
(a) Descri	ption	(b) Book value
Tatal (Column (h) must equal Form 990, Part V, col (R) line 1	5.)	
		Form 990 Part IV line 11e or 11f See
Fotal. (Column (b) must equal Form 990, Part X, col.(B) line 1. Part X Other Liabilities. Complete if the organishm 990, Part X, line 25.		
Part X Other Liabilities. Complete if the organization 990, Part X, line 25.		
Form 990, Part X, line 25.	nızatıon answered 'Yes' to	
Part X Other Liabilities. Complete if the organization of part X, line 25. (a) Description of liability dederal income taxes	(b) Book value	
Part X Other Liabilities. Complete if the organized Form 990, Part X, line 25. (a) Description of liability Federal income taxes	(b) Book value	
Part X Other Liabilities. Complete if the organized Form 990, Part X, line 25. (a) Description of liability Federal income taxes	(b) Book value	
Part X Other Liabilities. Complete if the organized Form 990, Part X, line 25. (a) Description of liability Federal income taxes	(b) Book value	
Part X Other Liabilities. Complete if the organization of part X, line 25. (a) Description of liability dederal income taxes	(b) Book value	
Part X Other Liabilities. Complete if the organized Form 990, Part X, line 25. (a) Description of liability dederal income taxes	(b) Book value	
Part X Other Liabilities. Complete if the organization of part X, line 25. (a) Description of liability dederal income taxes	(b) Book value	
Part X Other Liabilities. Complete if the organized Form 990, Part X, line 25. (a) Description of liability Federal income taxes	(b) Book value	
Part X Other Liabilities. Complete if the organized Form 990, Part X, line 25. (a) Description of liability Federal income taxes	(b) Book value	
Part X Other Liabilities. Complete if the organization of liability (a) Description of liability	(b) Book value	
Part X Other Liabilities. Complete if the organized Form 990, Part X, line 25. (a) Description of liability Federal income taxes	(b) Book value	
Part X Other Liabilities. Complete if the organized Form 990, Part X, line 25. (a) Description of liability Federal income taxes	(b) Book value	
Part X Other Liabilities. Complete if the organized Form 990, Part X, line 25. (a) Description of liability Federal income taxes	(b) Book value	
Part X Other Liabilities. Complete if the organized Form 990, Part X, line 25. (a) Description of liability Federal income taxes	(b) Book value	

Part	ΧI		e venue per Audited Financial Statements With Revenue p ered 'Yes' to Form 990, Part IV, line 12a.	er Re	eturn Complete if
1	Tota		support per audited financial statements	1	
2	A mo	unts included on line 1 bu	not on Form 990, Part VIII, line 12		
а	Net	unrealized gains on invest	ments		
b	Dona	ated services and use of fa	cilities		
С	Reco	veries of prior year grants			
d	Othe	r (Describe in Part XIII)	2d		
e	Add	lines 2a through 2d .		2e	
3	Subt	ract line 2e from line 1 .		3	
4	A mo	unts included on Form 99	, Part VIII, line 12, but not on line 1		
а	Inve	stment expenses not incl	ded on Form 990, Part VIII, line 7b . 4a		
b	Othe	r (Describe in Part XIII)	4b		
c	Add	lines 4a and 4b	 	4 c	
5	Tota	l revenue Add lines 3 and	4c. (This must equal Form 990, Part I, line 12)	5	
Part 2	XII		penses per Audited Financial Statements With Expenses	per	Return. Complete
	T - t -		wered 'Yes' to Form 990, Part IV, line 12a.		T
1			audited financial statements	1	
2			not on Form 990, Part IX, line 25 cilities		
a L			—	1	
b		rlosses		1	
c d		r (Describe in Part XIII)		1	
e e				2e	
3		-		3	
4			, Part IX, line 25, but not on line 1:	ب	
a			ded on Form 990, Part VIII, line 7b 4a		
b		·	4b	1	
c		•		4c	
5			d 4c . (This must equal Form 990, Part I, line 18)	5	
		Supplemental Inf	· · · · · · · · · · · · · · · · · · ·		<u> </u>
Provid	de the / , line	descriptions required for	Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b lines 2d and 4b, and Part XII, lines 2d and 4b. Also complete this part to		e any additional
	R	eturn Reference	Explanation		
	,	Part V , Line 4 , Intended wment funds	THE AMOUNTS IN THE QUASI-ENDOWMENT ARE UNRESTRICTED N FOR SPECIAL PURPOSES AND ACTIVITIES AS AUTHORIZED BY THE AS OF DECEMBER 31, 2013, THIS AMOUNT INCLUDES MONIES FOR RESERVES, REALTOR PARTY CARRYOVER FUNDS AND CONSUMER A FUNDS	BO A	RD OF DIRECTORS GETED CORE
Schedu (ASC 7		Part X, Line 2, FIN 48 potnote	THE ASSOCIATION AND ITS CONSOLIDATED AND COMBINED ENT ISSUED BY THE FASB WITH RESPECT TO ACCOUNTING FOR UNCER TAXES A TAX POSITION IS RECOGNIZED AS A BENEFIT ONLY IF IT NOT" THAT THE TAX POSITION WOULD BE SUSTAINED IN A TAX EXEMINATION BEING PRESUMED TO OCCUR THE AMOUNT RECOGNION AMOUNT OF TAX BENEFIT THAT IS GREATER THAN 50% LIKELY OF EXAMINATION FOR TAX POSITIONS NOT MEETING THE "MORE LIKE TAX BENEFIT IS RECORDED THE ASSOCIATION RECOGNIZES INTERLATED TO UNRECOGNIZED TAX BENEFITS IN INTEREST AND INCRESPECTIVELY THE ASSOCIATION HAS NO AMOUNTS ACCRUED FROM LIKES AS OF DECEMBER 31, 2013 AND 2012	TAINTIS "N (AMIN NIZEI BEIN (ELY T EREST	TY IN INCOME MORE LIKELY THAN NATION, WITH A TAX D IS THE LARGEST G REALIZED ON THAN NOT" TEST, NO TAND PENALTIES TAX EXPENSE,

	<u> </u>	
Part XIII	Supplemental Info	ormation (continued)
Ret	turn Reference	Explanation

Schedule D (Form 990) 2013

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As Filed Data -

DLN: 93493318042334

SCHEDULE F (Form 990)

Department of the Treasury

Internal Revenue Service

Statement of Activities Outside the United States

► Complete if the organization answered "Yes" to Form 990, Part IV, line 14b, 15, or 16.

▶ Attach to Form 990. ▶ See separate instructions.

▶ Information about Schedule F (Form 990) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2013

Open to Public Inspection

Name of the organization NATIONAL ASSOCIATION OF REAL	TORC			Employer ident	ification number
NATIONAL ASSOCIATION OF REAL	.1013			36-1520690	
Part I General Information "Yes" to Form 990, Par			ne United States. Co	omplete if the organiz	ation answered
For grantmakers. Does the o other assistance, the grantee to award the grants or assistance.	es' eligibility fo	r the grants or	assistance, and the s	selection criteria used	
2 For grantmakers. Describe in assistance outside the United		ganızatıon's pı	rocedures for monitorii	ng the use of its grant	s and other
3 Activites per Region (The follow	ing Part I, line 3	table can be du	iplicated if additional spa	ice is needed)	
(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in region	(d) Activities conducted in region (by type) (e g , fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for and investments in region
(1) See Add'l Data					
(2)					
(3)					
(4)					
(5)					
3a Sub-total b Total from continuation sheets to Part I					
c Totals (add lines 3a and 3b)	0	0	·[5,864,572

1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) A mount of cash grant	(f) Manner of cash disbursement	(g) A mount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, othe
(1)			TYPHOON RELIEF EFFORTS	50,000	WIRE TRANSFER	O	NA	NA
(2)		NORTH AMERICA (CANADA & MEXICO ONLY)	FLOODING RELIEF EFFORTS	50,000	WIRE TRANSFER	C	NA	NA
(3)								
(4)								
		ent organizations list or which the grantee						(

Schedule F (Form 990) 2013

Part III Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 16.

Part III can be	duplicated if addit	ional space is ne	eeded.				
(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) A mount of cash grant	(e) Manner of cash disbursement	(f) A mount of non-cash assistance	(g) Description of non-cash assistance	(h) Method of valuation (book, FMV, appraisal, other)
(1)							,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							
(10)							
(11)							
(12)							
(13)							
(14)							
(15)							
(16)							
(17)							
(18)							
	1			l .			

Part IV Foreign Forms

1	Was the organization a U S transferor of property to a foreign corporation during the tax year? If "Yes,"the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926)	Г	Yes	굣	Νo
2	Did the organization have an interest in a foreign trust during the tax year? If "Yes," the organization may be required to file Form 3520, Annual Return to Report Transactions with Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A)	Γ	Yes	ঘ	No
3	Did the organization have an ownership interest in a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons with Respect to Certain Foreign Corporations. (see Instructions for Form 5471)	<u> </u>	Yes	Г	Νo
4	Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund. (see Instructions for Form 8621)	Γ	Yes	ঘ	No
5	Did the organization have an ownership interest in a foreign partnership during the tax year? If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons with Respect to Certain Foreign Partnerships. (see Instructions for Form 8865)	▼	Yes	Г	Νo
6	Did the organization have any operations in or related to any boycotting countries during the tax year? If "Yes," the organization may be required to file Form 5713, International Boycott Report (see Instructions for Form 5713).	Г	Yes	굣	Νo

Schedule F (Form 990) 2013

Schedule F (Form 990) 2013 Page **5**

Part V Supplemental Information

Provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method; amounts of investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information (see instructions).

Return Reference	Explanation
Schedule F, Part I, Line 2, Procedures for monitoring use of grant funds	ONE TIME DONATION TO CANADA FOR RELEIF EFFORTS RELATED TO FLOODING IN THE REGION THE AFFI LIATED ASSOCIATION WAS CONTACTED TO DETERMINE THAT FUNDS ARE USED AS AGREED UPON FOR RELIE F EFFORTS ONE TIME DONATION TO THE PHILLIPPINE RELIEF PROJECT FOR RELEIF EFFORTS RELATED TO TY PHOON DISASTERS IN THE REGION THE PASAC WAS CONTACTED TO DETERMINE THAT FUNDS ARE US ED AS AGREED UPON FOR RELIEF EFFORTS

Return Reference	Explanation
Schedule F, Part I, Line 3, Method to account for expenditures on org 's financial statements	CENTRAL AMERICA AND THE CARIBBEAN CASH EAST ASIA AND THE PACIFIC CASH EUROPE (INCLUDING ICELAND AND GREENLAND) CASH NORTH AMERICA (CANADA & MEXICO ONLY) CASH SOUTH AMERICA CAS H SOUTH ASIA CASH

Return Reference	Explanation
Schedule F, Part II, Line 1, Method used to account for grants on org's financial statements	NORTH AMERICA (CANADA & MEXICO ONLY) CASH SOUTH ASIA CASH

Return Reference	Explanation
Schedule F, Part I, Line 3, Method to account for expenditures on org 's financial statements	CENTRAL AMERICA AND THE CARIBBEAN CASH EAST ASIA AND THE PACIFIC CASH EUROPE (INCLUDING ICELAND AND GREENLAND) CASH NORTH AMERICA (CANADA & MEXICO ONLY) CASH SOUTH AMERICA CAS H SOUTH ASIA CASH

Return Reference	Explanation
Schedule F, Part II, Line 1, Method used to account for grants on org's financial statements	NORTH AMERICA (CANADA & MEXICO ONLY) CASH SOUTH ASIA CASH

Additional Data

Software ID: 13000248

Software Version: 2013v3.1

EIN: 36-1520690

Name: NATIONAL ASSOCIATION OF REALTORS

Form 990 Schedule F Part I - Activities Outside The United States

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i e , fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for region
EUROPE (INCLUDING ICELAND AND GREENLAND)	0	0		REPRESENT NAR AT FIABCI EUROPEAN MEETINGS AND ATTEND INTERNATIONAL CONFERENCE OF FRANCE PARTNER	137,057
EUROPE (INCLUDING ICELAND AND GREENLAND)	0	0		NAR REPRESENTATION AT AND PARTICIPATION IN THE FIABCI WORLD CONGRESS MEETINGS	75,224
EAST ASIA AND THE PACIFIC	0	0	PROGRAM SERVICES	ATTENDANCE AT CHINESE REAL ESTATE SYMPOSIUM AND ASIA/PAC REAL ESTATE CONVENTION	73,383

Form 990 Schedule F I	<u> Part I - Activi</u>	<u>ties Outside T</u>	he United States		
(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i e , fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for region
EUROPE (INCLUDING ICELAND AND GREENLAND)	0	0	PROGRAM SERVICES	NAR REPRESENTATION AT THE LARGE COMMERCIAL PROPERTY EXPO IN FRANCE	39,113
SOUTH AMERICA	0	0	PROGRAM SERVICES	NAR REPRESENTATION AT COFECI REAL ESTATE MEETINGS IN BRAZIL SUPPORTING INTERNATIONAL MEMBERSHIP EFFORTS	25,917
CENTRAL AMERICA AND THE CARIBBEAN	0	0	INVESTMENTS	PASSIVE INVESTMENTS	4,722,893

Form 990 Schedule F	Form 990 Schedule F Part I - Activities Outside The United States								
(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i e , fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for region				
NORTH AMERICA (CANADA & MEXICO ONLY)	0	0	INVESTMENTS	PASSIVE INVESTMENTS	747,551				
NORTH AMERICA (CANADA & MEXICO ONLY)	0	0	PROGRAM SERVICES	NAR REPRESENTATION AT THE MEXICO REAL ESTATE MEETINGS SUPPORTING MEMBERSHIP EFFORTS	18,969				
SOUTH ASIA	0	0	PROGRAM SERVICES	PHIL /VIETNAM BILATERAL REAL ESTATE PARTNER MEETINGS SUPPORTING MEMBERSHIP EFFORTS	13,120				

Form 990 Schedule F	<u> Part I - Activi</u>	<u>ties Outside T</u>	he United States	_	
(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i e , fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for region
SOUTH ASIA	0	0	PROGRAM SERVICES	NAR REPRESENTATION AT THE INDIA REAL ESTATE BOARD MEETING	11,345

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Schedule I (Form 990)

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

OMB No 1545-0047

DLN: 93493318042334

Department of the Treasury Internal Revenue Service Name of the organization

Complete if the organization answered "Yes," to Form 990, Part IV, line 21 or 22. Attach to Form 990 ▶ Information about Schedule I (Form 990) and its instructions is at www.irs.gov/form990.

Inspection

Employer identification number

NATIONAL ASSOCIATION O	FREALTORS					36-1520690	
Part I General Inform	nation on Grants	and Assistance				I	
Does the organization ma the selection criteria usedDescribe in Part IV the or	d to award the grants	orassistance?					▽ Yes ▽
Part II Grants and Oth	ner Assistance to		Organizations in	the United States	. Complete if the clicated if additional	organization answered I space is needed.	d "Yes" to
(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount 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 grant or assistance
(1) REALTORS RELIEF FOUNDATION 430 N MICHIGAN CHICAGO,IL 60611	36-4468109	501(C)3	50,000	0	NA	NA	HOUSING RELIEF
(2) HABITAT FOR HUMANITY 645 HARRISON STREET SUITE 201 SAN FRANCISCO,CA 94107	94-3088881	501(C)3	10,000	0	NA	NA	HOUSING ASSISTANCE
2 Enter total number of sec	tion 501(c)(3) and go	vernment organizations	isted in the line 1 table	e		<u>.</u> ▶	2

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

Part IV Supplemental Information. Provide the information required in Part I, line 2, Part III, column (b), and any other additional information.

Return Reference Explanation

Schedule I, Part I, Line 2, Procedures for monitoring use of grant funds

GRANTS ARE MADE TO ORGANIZATIONS TO SUPPORT THEIR VARIOUS EXEMPT ACTIVITIES ANY FUNDS DONATED FOR SPECIFIC PROJECTS ARE MONITORED ON AN AS NEEDED BASIS TO ENSURE THAT FUNDS ARE USED FOR THEIR INTENDED PURPOSE grant funds

Schedule I (Form 990) 2013

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DLN: 93493318042334

OMB No 1545-0047

Schedule J (Form 990)

Department of the Treasury

Internal Revenue Service

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest **Compensated Employees** ► Complete if the organization answered "Yes" to Form 990, Part IV, line 23.

► Attach to Form 990. ► See separate instructions. ▶ Information about Schedule J (Form 990) and its instructions is at www.irs.gov/form990. Open to Public Inspection

Name of the organization NATIONAL ASSOCIATION OF REALTORS **Employer identification number**

			36-1520690			
Pa	Tt I Questions Regarding Compensation	on				
					Yes	No
1a	Check the appropriate box(es) if the organization possible 990, Part VII, Section A, line 1a Complete Part I		ny of the following to or for a person listed in Form ride any relevant information regarding these items			
	First-class or charter travel	Г	Housing allowance or residence for personal use			
	▼ Travel for companions	آت	Payments for business use of personal residence			
	Tax idemnification and gross-up payments	<u> </u>				
	Discretionary spending account	<u>~</u>	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					
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, officers, including the CEO/Executive Director, regarding the items checked in line 1a?					
3	Indicate which, if any, of the following the filing org organization's CEO/Executive Director Check all used by a related organization to establish comper	that apply				
	Compensation committee	Г	Written employment contract			
	✓ Independent compensation consultant	<u> - - - - - </u>	Compensation survey or study			
	Form 990 of other organizations	굣	Approval by the board or compensation committee			
4	During the year, did any person listed in Form 990 or a related organization	, Part VII	I, Section A, line 1a with respect to the filing organization			
а	Receive a severance payment or change-of-contro	ol paymen	it?	4a		Νo
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?					No
С	Participate in, or receive payment from, an equity-based compensation arrangement?					Νο
	If "Yes" to any of lines 4a-c, list the persons and p					
	Only 501(c)(3) and 501(c)(4) organizations only n	nust comp	plete lines 5-9.			
5	For persons listed in Form 990, Part VII, Section a 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 of compensation contingent on the net earnings of	A, line 1a	, did the organization pay or accrue any			
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 payments not described in lines 5 and 6? If "Yes,"			7		
8		Vere 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 t section 53 $4958-6(c)$?	he rebutta	able presumption procedure described in Regulations	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)(1)-(111) 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 W-2 and/or 1099-MISC compensation			(C) Retirement and	(D) Nontaxable	(E) Total of	(F) Compensation	
	(i) Base compensation	(ii) Bonus & ıncentıve compensatıon	(iii) Other reportable compensation	other deferred compensation	benefits	columns (B)(ı)-(D)	reported as deferred in prior Form 990	
See Additional Data Table								

Schedule J (Form 990) 2013

Part III Supplemental Information

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

Anso complete this part for any additional millionnation				
Return Reference	Explanation			
class or charter travel	INTERESTED PERSONS LISTED ON PART VII, SECTION A, LINE 1A HAVE RECEIVED OR HAVE THE OPTION TO RECEIVE THE BENEFITS IDENTIFIED ON SCHEDULE J, PART I, LINE 1A THESE BENEFITS INCLUDE COMPANION TRAVEL AND TAX INDEMNIFICATION AND GROSS UP PAYMENTS FOR SOME, BENEFITS ALSO INCLUDE FIRST-CLASS AIR TRAVEL, AS WELL AS PAYMENTS FOR HEALTH AND SOCIAL CLUB DUES AS A NATIONAL ASSOCIATION SERVING MORE THAN 1,000,000 MEMBERS, NAR REQUIRES EXTENSIVE TRAVEL FOR INDIVIDUALS HOLDING THE RESPONSIBILITY OF AN OFFICER OF THE BOARD OF DIRECTORS OR A SENIOR VICE PRESIDENT (SVP) THIS TRAVEL REQUIREMENT RANGES FROM 2 TO 6 TRIPS A MONTH AND, IN SOME CASES, IN EXCESS OF 200 DAYS A YEAR PER OFFICER OR SVP NAR REVIEWS ALL BENEFITS PROVIDED TO INTERESTED PERSONS, AND WHERE APPROPRIATE, ADDITIONAL TAXABLE COMPENSATION IS IMPUTED			
Schedule J, Part I, Line 1a, Travel for companions	SEE NARRATIVE ABOVE			
Schedule J, Part I, Line 1a, Tax indemnification and gross-up payments	SEE NARRATIVE ABOVE			
Schedule J, Part I, Line 1a, Payments for business use of personal residence	SEE NARRATIVE ABOVE			
Schedule J, Part I, Line 1a, Health or social club dues or initiation fees	SEE NARRATIVE ABOVE			
, , ,	DURING 2013, NAR PAID FOR TAX SERVICES RELATED TO THE PREPARATION OF THE CEO'S PERSONAL INCOME TAX RETURN NAR ALSO PAID FOR TAX OR LEGAL SERVICES FOR CERTAIN SENIOR VICE PRESIDENTS OF THE ORGANIZATION THE RELATED BENEFITS WERE TREATED AS TAXABLE COMPENSATION TO THE RECIPIENTS			

Schedule J (Form 990) 2013

Software ID: 13000248 **Software Version:** 2013v3.1

EIN: 36-1520690

Name: NATIONAL ASSOCIATION OF REALTORS

Form 990, Schedule J, Part II - Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

Form 990, Schedule J, Part	<u>: II</u>	<u>- Officers, Direct</u>	ors, Trustees, Key	<u>y Employees, and</u>	<u> Highest Compens</u>	<u>sated Employees</u>		
(A) Name		(B) Breakdown of	of W-2 and/or 1099-MIS	SC compensation	(C) Deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(ı)-(D)	(F) Compensation reported in prior Form
I		(i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other compensation	Compensación	Deficites	(5)(1) (5)	990 or Form 990-EZ
GARY THOMAS PRESIDENT	(ı) (ıı)	247,818 0	0 0	· -	0		247,818 0	0 0
STEVEN BROWN PRESIDENT - ELECT	(I)	0) o	1	0	_	276,160 0	0 0
CHRIS POLYCHRON FIRST VICE PRESIDENT	(I) (II)	210,741	0 0		0	-	,	0
WILLIAM ARMSTRONG TREASURER	(ı) (ıı)	0	o o		0		197,061 0	0 0
MAURICE VEISSI IMMEDIATE PAST PRESIDENT	(I) (II)	0	Ö		0	0	177,234 0	0
DALE STINTON CEO	(I)		3 0 0	8,664 0	25,500 0	10,338 0	1,535,123 0	0 0
BOB GOLDBERG SVP MARKETING AND BUS DEV	(I)	0	0	14,012	25,500 0	10,338 0	735,473 0	0 0
DOUG HINDERER SVP HUMAN RESOURCES	(I) (II)	0	0 0	14,012	25,500 0	10,338 0	466,621 0	0 0
LAURENE JANIK SVP GENERAL COUNSEL	(I) (II)	453,625 0	143,699	14,012	25,500 0	10,338 0	647,174 0	0 0
JOHN PIERPOINT VP FINANCE AND COMPTROLLER	(I) (II)	0	0	13,403	25,500 0	10,338	353,924 0	0
WALT WITEK SVP COMMUNITY & POL AFFAIRS	(I) (II)	0	0	14,012	25,500 0	10,338 0	534,293 0	0
JERRY GIOVANIELLO SVP GOVT AFFAIRS	(I) (II)	401,333 0	121,229	20,584	25,500 0	10,338 0	578,984 0	0
LAWRENCE YUN SVP CHIEF ECONOMIST	(I) (II)		79,666	13,235	25,500 0		487,672 0	0
MARK LESSWING SVP CHIEF TECH OFFICER	(I) (II)		75,553	14,012	25,500 0	10,338	480,408 0	0
JANET BRANTON SVP GLOBAL BUSINESS	(ı) (ıı)		57,054	14,012	25,500 0	10,338	390,560 0	0
PAM KABATI SVP COMMNUNICATIONS & CONV	(I) (II)		57,002 0	13,403	25,500 0	10,338 0	422,840 0	0

DLN: 93493318042334

Employer identification number

OMB No 1545-0047

Open to Public Inspection

Schedule L

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Name of the organization

Transactions with Interested Persons ► Complete if the organization answered

"Yes" on Form 990, Part IV, lines 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b.

► Attach to Form 990 or Form 990-EZ. ► See separate instructions. ▶Information about Schedule L (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

NATIONAL ASSOCIATION OF REALTORS 36-1520690 Part I Excess Benefit Transactions (section 501(c)(3) and section 501(c)(4) organizations only). Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b (a) Name of disqualified person (b) Relationship between disqualified (c) Description of transaction (d) Corrected? person and organization Yes 2 Enter the amount of tax incurred by organization managers or disqualified persons during the year under section 3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization Part III Loans to and/or From Interested Persons. Complete if the organization answered "Yes" on Form 990-EZ, Part V, line 38a, or Form 990, Part IV, line 26, or if the organization reported an amount on Form 990, Part X, line 5, 6, or 22 (a) Name of (b) (d) Loan to (e)Original (f)Balance (i)Written (c) (g) In (h) ınterested Relationship Purpose of or from the principal due default? Approved agreement? with organization? amount bν person loan organization board or committee? Τо Yes Yes No From No Yes Total Part III Grants or Assistance Benefitting Interested Persons. Complete if the organization answered "Yes" on Form 990, Part IV, line 27. (d) Type of assistance (b) Relationship between (c) A mount of assistance (a) Name of interested (e) Purpose of assistance person interested person and the organization

Part IV Business Transactions Involving Interested Persons. Complete if the organization answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c.						
(a) Name of interested person	(b) Relationship between interested person and the organization	(c) A mount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?		
				Yes	No	
(1) GREG STINTON	FAMILY MEMBER- D STINTON	69,656	NAR EMPLOYEE		No	

Part V Supplemental Information

Provide additional information for responses to questions on Schedule L (see instructions)

Return Reference	Explanation		

Schedule L (Form 990 or 990-EZ) 2013

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DLN: 93493318042334

OMB No 1545-0047

2013

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SCHEDULE 0 (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.

▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

Employer identification number Name of the organization NATIONAL ASSOCIATION OF REALTORS 36-1520690

Return Reference	Explanation
FORM 990, PART VI, LINE 6, MEMBERS OR STOCKHOLDERS	PER THE INSTRUCTIONS TO THE FORM 990, A MEMBER, AS REFERRED TO IN PART VI, LINE 6, IS DEFINED AS ANY PERSON WHO HAS THE RIGHT TO 1 ELECT THE MEMBERS OF THE GOVERNING BODY (BUT NOT IF THE MEMBERS OF THE GOVERNING BODY (ARE THE ORGANIZATION'S ONLY MEMBERS) OR THEIR DELEGATES, 2 APPROVE OR DENY SIGNIFICANT DECISIONS OF THE GOVERNING BODY, OR 3 RECEIVE A SHARE OF THE ORGANIZATION'S PROFITS OR EXCESS DUES OR A SHARE OF THE ORGANIZATIONS NET ASSETS UPON THE ORGANIZATION'S DISSOLUTION NAR'S MEMBERS DO NOT POSSESS THE KINDS OF RIGHTS OUTLINED ABOVE AS SUCH, THE ORGANIZATION HAS CHECKED "NO" TO THE RESPECTIVE QUESTIONS IN THE FORM 990, PART VI, LINES 6 THROUGH 7B

Return Reference	Explanation
FORM 990, PART VI, LINE 14, RETENTION AND DESTRUCTION POLICY	CURRENTLY, MANY DIVISIONS AND DEPARTMENTS OF NAR HAVE PROCEDURES IN PLACE FOR DOCUMENT RETENTION AND DESTRUCTION FURTHERMORE, THE LEGAL, FINANCE AND HUMAN RESOURCES DIVISIONS ALL HAVE SPECIFIC PROCEDURES AND POLICIES IN PLACE TO ENSURE THE PROPER RETENTION AND DESTRUCTION OF DOCUMENTS

Return Reference	Explanation
Form 990, Part VI, Sec A, Line 1a, Delegate broad authority to a committee	THE ORGANIZATIONS BOARD DELEGATES AUTHORITY TO ACT ON BEHALF OF THE GOVERNING BODY TO THE EXECUTIVE COMMITTEE. THE EXECUTIVE COMMITTEE SHALL CONSIST OF THE PRESIDENT, THE PRESIDENT-ELECT, THE FIRST VICE PRESIDENT, THE TREASURER, THE REGIONAL VICE PRESIDENTS, THE IMMEDIATE PAST PRESIDENT, THE PAST PRESIDENT TWICE-REMOVED, THE VICE PRESIDENT AND LIAISON TO COMMITTEES, THE VICE PRESIDENT AND LIAISON TO GOVERNMENT AFFAIRS, FOUR OTHER PAST PRESIDENT AND LIAISON TO COMMITTEES, THE VICE PRESIDENT AND LIAISON TO GOVERNMENT AFFAIRS, FOUR OTHER PAST PRESIDENT AND LIAISON TO COMMITTEES, THE VICE PRESIDENT AND LIAISON TO GOVERNMENT AFFAIRS, FOUR OTHER PAST PRESIDENT AND LIAISON TO GOVERNMENT AFFAIRS, FOUR OTHER PAST PRESIDENT AND LIAISON TO GOVERNMENT AFFAIRS, FOUR OTHER INSTITUTES, SOCIETIES AND COUNCILS OF THE NATIONAL ASSOCIATION THE POLITICAL FUNDRAISING CHAIRMAN AND THE MEMBER MOBILIZATION CHAIRMAN SHALL ALSO SERVE AS NON-VOTING MEMBERS OF THE EXECUTIVE COMMITTEE. THE PRESIDENT SHALL APPOINT, EACH YEAR, TWO PAST PRESIDENTS TO SERVE TWO YEAR TERMS, TO SUCCEED THOSE WHOSE TERMS EXPIRE AT THE MEETING OF THE BOARD OF DIRECTORS DURING THE NATIONAL CONVENTION, THE PRESIDENT-ELECT SHALL SUBMIT TO THE BOARD OF DIRECTORS SIX NOMINEES, AT LEAST FOUR OF WHOM ARE DIRECTORS, ONE OF WHOM MAY BE A MEMBER WHO HAS PREVIOUSLY SERVED AS A DIRECTOR, AND ONE OF WHOM MAY BE A MEMBER WHO HAS NOT PREVIOUSLY SERVED AS A DIRECTOR, TO SERVE AS MEMBERS OF THE EXECUTIVE COMMITTEE THE BOARD OF DIRECTORS SHALL ELECT MEMBERS OF THE EXECUTIVE COMMITTEE FROM SUCH NOMINATIONS THE EXECUTIVE COMMITTEE SHALL CONDUCT THE AFFAIRS OF THE NATIONAL ASSOCIATION IN ACCORDANCE WITH THE POLICIES AND INSTRUCTION OF THE BOARD OF DIRECTORS THE EXECUTIVE COMMITTEE SHALL MEET ON THE CALL OF THE PRESIDENT, THE BOARD OF DIRECTORS OR ANY ELEVEN OF ITS MEMBERS THE PRESIDENT SHALL ACT AS CHAIRMAN OF THE EXECUTIVE COMMITTEE SEVENTEEN MEMBERS SHALL CONSTITUTE A QUORUM A MEMBER WHO HAS SERVED AS A MEMBER OF THE EXECUTIVE COMMITTEE FOR TERMS AGGREGATING TWENTY (20) YEARS SHALL

Т

Return Reference	Explanation
Form 990, Part VI, Sec A, Line 2, Family/business relationships amongst interested persons	MAURICE VEISSI - FAMILY RELATIONSHIP, MADELINE VEISSI - FAMILY RELATIONSHIP, ROBERT GOLDBERG - BUSINESS RELATIONSHIP, MARTIN EDWARDS - BUSINESS RELATIONSHIP, DON ASHER - FAMILY RELATIONSHIP, STEVE ASHER - FAMILY RELATIONSHIP, KOLLEEN KELLEY - FAMILY RELATIONSHIP, PATTY KELLEY - FAMILY RELATIONSHIP, MARIO ARRIAGA - FAMILY RELATIONSHIP, ADRIAN ARRIAGA - FAMILY RELATIONSHIP, JOSEPH BROWN - FAMILY RELATIONSHIP, KEVIN BROWN - FAMILY RELATIONSHIP, VIRGINIA COOK - FAMILY RELATIONSHIP, ROBERT COOK - FAMILY RELATIONSHIP, LINDA FERCODINI - FAMILY RELATIONSHIP, GENE FERCODINI - FAMILY RELATIONSHIP, NORMAN FLYNN - FAMILY RELATIONSHIP, MICHAEL FLYNN - FAMILY RELATIONSHIP, GREGORY FORD - FAMILY RELATIONSHIP, MICHAEL FORD - FAMILY RELATIONSHIP, SCOTT GRIFFITH - FAMILY RELATIONSHIP, CAROL GRIFFITH - FAMILY RELATIONSHIP, OWEN HALL - FAMILY RELATIONSHIP, CHRISTOPHER HALL - FAMILY RELATIONSHIP, TIM HARRIS - FAMILY RELATIONSHIP, TINA HARRIS - FAMILY RELATIONSHIP, JUDY JONES - FAMILY RELATIONSHIP, BILL JONES - FAMILY RELATIONSHIP, LARRY KEATING - FAMILY RELATIONSHIP, SHARON KEATING - FAMILY RELATIONSHIP, STEPHEN MCCULLOUGH - FAMILY RELATIONSHIP, SUSAN MCDONOUGH - FAMILY RELATIONSHIP, CHARLES MCMILLAN - FAMILY RELATIONSHIP, ROBERT MCMILLAN - FAMILY RELATIONSHIP, TERRY SMITH - FAMILY RELATIONSHIP, DALTON SMITH - FAMILY RELATIONSHIP, TERRY SMITH - FAMILY RELATIONSHIP, DALTON SMITH - FAMILY RELATIONSHIP

Return Reference	Explanation
Line 11b, Review of form 990 by governing body	THE NATIONAL ASSOCIATION OF REALTORS' FORM 990 REVIEW PROCESS INCLUDED 1) A DETAILED REVIEW BY THE CEO, TREASURER AND COMPTROLLER OF THE ORGANIZATION, 2) A REVIEW BY THE ORGANIZATION'S FINANCE COMMITTEE, INCLUDING A PRESENTATION BY THE PAID TAX PREPARER, AND 3) A FINANCE COMMITTEE REPORT TO THE EXECUTIVE COMMITTEE AND BOARD OF DIRECTORS

Return Reference	Explanation
Form 990, Part VI, Sec B, Line 12c, Conflict of interest policy	ON AN ANNUAL BASIS, THE EXECUTIVE COMMITTEE OF THE BOARD OF DIRECTORS, OFFICERS, AND KEY EMPLOYEES OF NATIONAL ASSOCIATION OF REALTORS (NAR) RECEIVE A COPY OF THE CONFLICT OF INTEREST POLICY THIS POLICY REQUIRES THEM TO DISCLOSE ANNUALLY INTERESTS THAT COULD GIVE RISE TO POTENTIAL OR ACTUAL CONFLICTS ANY POTENTIAL OR ACTUAL CONFLICTS OF INTEREST ARE REVIEWED AND EVALUATED BY THE NAR LEGAL DEPARTMENT, FOLLOWED UP ON BY THE ASSOCIATION'S GENERAL COUNSEL, AND SHARED WITH NAR'S LEADERSHIP DETERMINES THE APPROPRIATE STEPS NECESSARY TO ALLEVIATE, MONITOR, AND DEAL WITH CONFLICTS, SUCH AS RESTRICTING THE ACTIONS OF PERSONS WITH A CONFLICT BY PROHIBITING THEM FROM PARTICIPATING IN THE GOVERNING BODY'S DELIBERATIONS AND DECISIONS FOR A PARTICULAR TRANSACTION

Return Reference	Explanation
Form 990, Part VI, Sec B, Line 15a, Process to establish compensation of top management official	NAR RELIES ON A COMPENSATION TEAM TO DETERMINE, REVIEW, AND APPROVE THE COMPENSATION OF THE CEO THE TEAM CONSISTS OF THE FOLLOWING NAR INDEPENDENT BOARD MEMBERS PRESIDENT AND TREASURER ADDITIONALLY, THE COMPENSATION TEAM IS SUPPORTED BY NAR'S SENIOR VICE PRESIDENT OF HUMAN RESOURCES COMPARABILITY DATA IS USED BY THE COMPENSATION TEAM TO HELP DETERMINE COMPENSATION ON AN ANNUAL BASIS, THE CEO HAS A PERFORMANCE EVALUATION WHICH IS USED IN PART TO DETERMINE ANY CHANGES IN PAY (EX. BONUSES AND MERIT INCREASES). THE DELIBERATIONS AND DECISION MAKING WITH RESPECT TO THE CEO'S COMPENSATION ARE DOCUMENTED ON A TIMELY BASIS BY THE COMPENSATION TEAM THE PROCESS FOR DETERMINING THE COMPENSATION OF THE ORGANIZATION'S CEO WAS LAST UNDERTAKEN IN OF OCTOBER, 2012 FOR THE 2013 CALENDAR YEAR COMPENSATION.

Return Reference	Explanation
FORM 990, PART VI, LINE 15B, PROCESS USED TO DETERMINE COMPENSATION	NAR USES AN OUTSIDE COMPENSATION CONSULTANT TO HELP DETERMINE THE COMPENSATION PACKAGES FOR THE ORGANIZATION'S OTHER OFFICERS AND KEY EMPLOYEES ONCE NAR'S INDEPENDENT COMPENSATION CONSULTANT DETERMINES THE FINAL COMPENSATION PACKAGES FOR THE ORGANIZATION'S OTHER OFFICERS AND KEY EMPLOYEES, THEY ARE REVIEWED AND APPROVED BY THE CEO IN SUBSEQUENT YEARS, THE ORGANIZATION WILL USE AN INDEPENDENT CONSULTANT ON AN AS NEEDED BASIS THIS PROCESS WAS LAST UNDERTAKEN IN THE FOURTH QUARTER OF 2011 FOR THE 2012 COMPENSATION PACKAGES FOR THE POSITIONS OF *VP FINANCE & COMPTROLLER, *SVP COMMUNICATIONS, *SVP & GENERAL COUNSEL, *SVP HUMAN RESOURCES & OFFICE SERVICES, *SVP MARKETING & BUSINESS DEVELOPMENT

Return Reference	Explanation
19, Required documents	THE GOVERNING DOCUMENTS ARE NOT DISCLOSED TO THE PUBLIC, THE CONFLICT OF INTEREST POLICY IS AVAILABLE UPON REQUEST, AND THE FINANCIAL STATEMENTS ARE PROVIDED AS DEEMED APPROPRIATE BY THE COMPTROLLER WITHIN THE GUIDELINES OF NAR'S FINANCIAL DISCLOSURE POLICY

Return Reference	Explanation
Form 990, Part IX, Line 11g, Other Expenses	CONSULTING - TOTAL EXPENSE. 21327261, PROGRAM SERVICE EXPENSE., MANAGEMENT AND GENERAL EXPENSES., FUNDRAISING EXPENSES.,

Return Reference	Explanation
Form 990 , Part XI, Line 9, Other changes in net assets or fund balances	LOSS FROM INVESTMENT IN SUBSIDIARIES22195459, UNREALIZED GAIN ON WARRANTS - 9002384, UNREALIZED GAIN ON SWAP AGREEMENTS - 266702, CHANGE IN RETIREMENT OBLIGATION1426000, NET ASSET ADJ FOR RPR (DISREGARDED ENTITY IN 2012)12958500, RPR MEMBER SERVICES COSTS - 11997258,

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SCHEDULE R (Form 990)

Name of the organization NATIONAL ASSOCIATION OF REALTORS

Department of the Treasury Internal Revenue Service

Related Organizations and Unrelated Partnerships

Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.
 ► Attach to Form 990.
 ► See separate instructions.

▶ Information about Schedule R (Form 990) and its instructions is at www.irs.gov/form990.

DLN: 93493318042334 OMB No 1545-0047

Open to Public Inspection

Employer identification number

				36-1520690			
Part I Identification of Disregarded Entities Co	omplete if the organization	answered "Yes" on	Form 990, Par	t IV, line 33.			
(a) Name, address, and EIN (If applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity		
Part II Identification of Related Tax-Exempt Or or more related tax-exempt organizations du	ganizations Complete if	the organization ar	nswered "Yes" o	on Form 990, Part I'	V, line 34 because it	t had on	e
(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code secti	(e) Public charity status (if section 501(c)(3)		Section (13) co ent	512 ntro ity?
(1) REALTORS RELIEF FOUNDATION	DISASTER RELIEF	IL	501(C)(3)	7	NAR	Yes Yes	N
430 N MICHIGAN AVE							
CHICAGO, IL 60611 36-4468109							
(2) LEONARD P REAUME MEMORIAL FOUNDATION	EDUCATION	IL	501(C)(3)	N/A	NAR	Yes	
430 N MICHIGAN AVE							
CHICAGO, IL 60611 36-3495865							
(3) CENTER FOR SPECIALIZED REALTOR EDUCATION	MEMBER SERVICES	IL	501(C)(6)	N/A	NAR	Yes	
430 N MICHIGAN AVE							
CHICAGO, IL 60611 36-4173556							
(4) REALTORS POLITICAL ACTION COMMITTEE	POLITICAL ACTIVITY	IL	527	N/A	NAR	Yes	Т
430 N MICHIGAN AVE							
CHICAGO, IL 60611 36-2795122							
(5) NAR FUND	NON-FED ELECTION SUPPORT	IL	527	N/A	NAR	Yes	
430 N MICHIGAN AVE	SUPPORT						
CHICAGO, IL 60611 26-1725187							
(6) NAR CONGRESSIONAL FUND	POLITICAL ACTIVITY	IL	527	N/A	NAR	Yes	H
430 N MICHIGAN AVE							
CHICAGO, IL 60611 27-3388377							
(7) REALTOR UNIVERSITY	EDUCATION	IL	501(C)(3)	2	CSRE		N
430 N MICHIGAN							
CHICAGO, IL 60611 45-2102449							

art III	Identification of Related Organizations Taxable a	as a Partne	ership	Complete	ıf the organız	ation ansv	wered "Ye	s" on Form	990, Part	IV, line 34	ŀ
	because it had one or more related organizations treate	ed as a part	nershi	p during the	tax year.						
								4		4	

(a) Name, address, and EIN of related organization		(c) Legal domicile (state or foreign country)	entity	(e) Predominant income(related, unrelated, excluded from tax under sections 512- 514)	(f) Share of total income	(g) Share of end-of-year assets	(h Disprop allocat) irtionate ions?	(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	mana parti	agıng	(k) Percentage ownership
				,			Yes	No		Yes	No	
											Γ'	
	1							_	•	_		

Part IV

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

(a) Name, address, and EIN of	(b) Primary activity	(c) Legal	(d) Direct controlling		(f) Share of total	(g) Share of end-of-	(h) Percentage	Sectir	(i) on 512
related organization		domicile (state or foreign country)	entity	(C corp, S corp, or trust)	income	year assets	ownership	(b)(contr	(13) trolled itity?
				<u> </u>	<u> </u>	<u> </u>		Yes	No
(1) REALTORS INFORMATION NETWORK INC	REAL ESTATE INFO	IL	NAR	C CORPORATION	1,809,560	8,091,251	100 000 %	Yes	
430 N MICHIGAN AVE CHICAGO, IL 60611 36-3981966						<u> </u>			
(2) SECOND CENTURY VENTURES LLC	REAL ESTATE INFO	IL	NAR	C CORPORATION	1,593,621	8,841,278	100 000 %	Yes	
430 N MICHIGAN AVE CHICAGO, IL 60611 26-2041343									
(3) SENTRILOCK FINANCE CORP	REAL ESTATE SERV	DE	NAR	C CORPORATION	524	813,318	100 000 %	Yes	
430 N MICHIGAN AVE CHICAGO, IL 60611 20-3467306									
(4) SENTRILOCK LLC	REAL ESTATE SERV	ОН	NAR	C CORPORATION	18,794,378	11,736,003	100 %	Yes	
2710 EAST KEMPER ROAD CINCINNATI, OH 45241 20-0070121						<u> </u>			
(5) REALTORS PROPERTY RESOURCE	REAL ESTATE INFO	IL	NAR	C CORPORATION	533,493	6,796,245	100 %	Yes	
430 N MICHIGAN CHICAGO, IL 60611				<u> </u>		<u> </u>			
			T	,					
						<u>'</u>			†

	Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule					Yes	No
1 D	ring the tax year, did the orgranization engage in any of the following transactions with one or more rel	ated organizations li	sted in Parts II-IV?				
а	Receipt of (i) interest (ii) annuities (iii) royalties or (iv) rent from a controlled entity				1a	Yes	
b	Gift, grant, or capital contribution to related organization(s)				1b	Yes	
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
е	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)				1g		No
h	Purchase of assets from related organization(s)				1h		No
i	Exchange of assets with related organization(s)				1 i		
j	Lease of facilities, equipment, or other assets to related organization(s)				1j	Yes	
k	Lease of facilities, equipment, or other assets from related organization(s)				1k		No
ı	Performance of services or membership or fundraising solicitations for related organization(s)				11	Yes	
m	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	O ther transfer of cash or property to related organization(s)				1r	Yes	
s	Other transfer of cash or property from related organization(s)				1s	Yes	
2	If the answer to any of the above is "Yes," see the instructions for information on who must complete t						
	(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amo	ount ir	nvolved	
ee A	ditional Data Table						

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

Part VI Unrelated Organizations Taxable as a Partnership Complete if the organization answered "Yes" on 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 regarding exclusion for certain investment partnerships

revenue) that was not a related organization. See instructions regarding exclusion for certain investment 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 sections 512- 514)		(e) all partners section 501(c)(3) anizations?	(f) Share of total Income	(g) Share of end-of-year assets	(h) Disproprtiona allocations ⁷	_	(i) Code V ² UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?	_	(k) Percentage ownership
			314)	Yes	No			Yes	No		Yes	No	
												1	
		·					<u> </u>						

Part VII Supplemental Information

Provide additional information for responses to questions on Schedule R (see instructions)

Return Reference	Explanation
TRANSFERS OF CASH	THE NATIONAL ASSOCIATION OF REALTORS (NAR) FUND HAS BEEN SET UP AS SEPARATE SEGREGATED FUNDS AS DEFINED IN REG 1527-2 (B) AND IRC 527(F)(3) THE FUND IS TREATED AS AN INDEPENDENT POLITICAL ORGANIZATION NAR PROMPTLY TRANSFERS MEMBERSHIP DUES DIRECTLY TO THE FUND, AND ACCORDINGLY, THESE TRANSFERS ARE NOT TREATED AS EXPENDITURES FOR EXEMPT FUNCTIONS ADDITIONALLY, POLITICAL CONTRIBUTIONS AND MEMBERSHIP DUES ARE NOT USED TO EARN INVESTMENT INCOME

Schedule R (Form 990) 2013

Software ID: 13000248

Software Version: 2013v3.1

EIN: 36-1520690

Name: NATIONAL ASSOCIATION OF REALTORS

Form 990, Schedule R, Part II - Identification of Rela	ted Tax-Exempt Org	anizations	_				
(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 (b)(:	g) on 512 (13) crolled tity?
						Yes	No
(1) REALTORS RELIEF FOUNDATION	DISASTER RELIEF	IL	501(C)(3)	7	NAR	Yes	7
430 N MICHIGAN AVE CHICAGO, IL 60611 36-4468109							
(1) LEONARD P REAUME MEMORIAL FOUNDATION	EDUCATION	IL	501(C)(3)	N/A	NAR	Yes	
430 N MICHIGAN AVE CHICAGO, IL 60611 36-3495865							
(2) CENTER FOR SPECIALIZED REALTOR EDUCATION	MEMBER SERVICES	IL	501(C)(6)	N/A	NAR	Yes	<u> </u>
430 N MICHIGAN AVE CHICAGO, IL 60611 36-4173556							
(3) REALTORS POLITICAL ACTION COMMITTEE	POLITICAL ACTIVITY	IL	527	N/A	NAR	Yes	, T
430 N MICHIGAN AVE CHICAGO, IL 60611 36-2795122							
(4) NAR FUND	NON-FED ELECTION	IL	527	N/A	NAR	Yes	
430 N MICHIGAN AVE CHICAGO, IL 60611 26-1725187	SUPPORT						
(5) NAR CONGRESSIONAL FUND	POLITICAL ACTIVITY	IL	527	N/A	NAR	Yes	<u> </u>
430 N MICHIGAN AVE CHICAGO, IL 60611 27-3388377							
(6) REALTOR UNIVERSITY	EDUCATION	IL	501(C)(3)	2	CSRE		No
430 N MICHIGAN CHICAGO, IL 60611 45-2102449							

rm 990, Schedule R, Part V - Transactions With Related Organizations		T	I
(a) Name of other organization	(b) Transaction type(a-s)	(c) A mount I nvolved	(d) Method of determining amount involved
NAR FUND	R	5,579,000	CASH
CENTER FOR SPECIALIZED REALTOR EDUCATION	A	141,000	CASH
CENTER FOR SPECIALIZED REALTOR EDUCATION	L	59,500	CASH
CENTER FOR SPECIALIZED REALTOR EDUCATION	S	2,373,000	CASH
REALTOR INFORMATION NETWORK	А	16,400	CASH
REALTOR INFORMATION NETWORK	L	169,700	CASH
REALTOR INFORMATION NETWORK	S	776,300	CASH
SECOND CENTURY VENTURES	A	18,000	CASH
SECOND CENTURY VENTURES	S	651,000	CASH
REALTORS PROPERTY RESOURCE	A	44,600	CASH
REALTORS PROPERTY RESOURCE	S	224,400	CASH
SENTRILOCK LLC	S	111,000	CASH
REALTOR UNIVERSITY	L	191,000	EST FAIR VALUE