

## See a Social Security Number? Say Something! Report Privacy Problems to https://public.resource.org/privacy Or call the IRS Identity Theft Hotline at 1-800-908-4490



# Short Form Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

OMB No 1545-1150

Open to Public Inspection

Department of the Treasury

▶ Do not enter social security numbers on this form as it may be made public.

Information about Form 990-EZ and its instructions is at www.lrs.gov/form990. Internal Revenue Service

	For the	2014 calendar year, or tax year beginning	and end	ing				
	Check if applicab				D Employer	identification number		
Г	_	ass change	-					
F	_	change REAL ESTATE RESEARCH INSTITUTE	2		13-3	415691		
F	_	Number and street (or P.O. box, if mail is not delivered to street address		Room/suite	E Telephone			
	Final	return/ 100 DEADY CODDERM 1201 BY COD			(860	) 692-6341		
	$\neg$	ded return City or town, state or province, country, and ZIP or foreign postal country	de		F Group Exe			
	$\neg$	otton pending HARTFORD, CT 06103			Number			
G		ting Method:			H Check ▶	If the organization is		
		e: ► WWW.RERI.ORG				ed to attach Schedule B		
J	Tax-ex	empt status (check only one) — X 501(c)(3) 501(c) ( ) ◀(inse	rt no.) 4947(a)(1)	or 527	(Form 990	), 990-EZ, or 990-PF).		
K	Form o	forganization: X Corporation Trust Association	Other					
L .	Add line	es 5b, 6c, and 7b to line 9 to determine gross receipts. If gross receipts are \$20	0,000 or more, or if total	assets (Part	II,			
		(B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ			▶ \$			
P	art I	Revenue, Expenses, and Changes in Net Assets or	Fund Balances	(see the instru	actions for Pa	·		
		Check if the organization used Schedule O to respond to any question in this	Part I			X		
	1	Contributions, gifts, grants, and similar amounts received			1	192,500.		
	2	Program service revenue including government fees and contracts			2	7,200.		
	3	Membership dues and assessments			3	1.0		
	4	Investment income	SEE SCHED	ULE O	4	18.		
	5a	Gross amount from sale of assets other than inventory	<u>5a</u>	····				
	b	Less: cost or other basis and sales expenses						
	C	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line	ne 5a)		<u>(5c</u>	RECEIVED		
	6	Gaming and fundraising events				(		
e	a	Gross income from gaming (attach Schedule G if greater than	1 0. 1		A045	SED 9 A 201E		
Revenue	1.	\$15,000)	6a ]		—  ¥	SEP <b>2 9</b> 2015		
Be Be	b	Gross income from fundraising events (not including \$	of contributions	S	'	00051: ::=		
		from fundraising events reported on line 1) (attach Schedule G if the sum of su				OGDEN, UT		
		gross income and contributions exceeds \$15,000)	6b 6c					
	Ι.	Less: direct expenses from gaming and fundraising events						
	d	Net income or (loss) from gaming and fundraising events (add lines 6a and 6b			00			
	7a	Gross sales of inventory, less returns and allowances	7a   7b					
	b	Less: cost of goods sold  Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	10		7c			
	8 8	Other revenue (describe in Schedule 0)			8			
	9	Total revenue Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8			▶ 9	199,718.		
_	10	Grants and similar amounts paid (list in Schedule 0)	SEE SCHED	ULE O	10	117,500.		
	11	Benefits paid to or for members	222 2022	0	11			
v	12	Salaries, other compensation, and employee benefits			12			
Expenses	13	Professional fees and other payments to independent contractors			13	5,700.		
per	14	Occupancy, rent, utilities, and maintenance			14			
ш	15	Printing, publications, postage, and shipping			15			
	16	Other expenses (describe in Schedule O)	SEE SCHED	ULE O	16	45,947.		
	17	Total expenses Add lines 10 through 16			<b>▶</b> 17	169,147.		
	18	Excess or (deficit) for the year (Subtract line 17 from line 9)			_18	30,571.		
sets	19	Net assets or fund balances at beginning of year (from line 27, column (A))						
Ass		(must agree with end-of-year figure reported on prior year's return)			19	161,129.		
Net Assets	20	Other changes in net assets or fund balances (explain in Schedule O)			20	0.		
_	21	Net assets or fund balances at end of year. Combine lines 18 through 20			▶ 21	191,700.		
	A Fa-	Dononwork Deduction Act Notice see the congrete instructions				Form <b>990-EZ</b> (2014)		

Form **990-EZ** (2014)

Form	990-EZ (2014) REAL ESTATE RESEARCH INSTITUTE 13-3415		F	Page 3
Pa	rt V Other Information (Note the Schedule A and personal benefit contract statement requirement			
	instructions for Part V) Check if the organization used Sch. O to respond to any question in the	s Par	t V	<u>X</u>
	•		Yes	No
33	Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each			1
	activity in Schedule O	33		X
34	Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended			
	documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O (see instructions)	34		X
35 a	Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported			
	on lines 2, 6a, and 7a, among others)?	35a	<b>BT</b> /	X
	If "Yes" to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O	35b	N/	<u> </u>
C	Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax	25.		v
00	requirements during the year? If "Yes," complete Schedule C, Part III	35c		X
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes,"	36		x
27.	complete applicable parts of Schedule N  Enter amount of political expenditures, direct or indirect, as described in the instructions    37a   37a   0.			A
	Did the organization file Form 1120-POL for this year?	37b		х
	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made	37.5		
oou	in a prior year and still outstanding at the end of the tax year covered by this return?	38a		х
ь	If "Yes," complete Schedule L, Part II and enter the total amount involved  38b N/A			
39	Section 501(c)(7) organizations. Enter:	1		
	Initiation fees and capital contributions included on line 9			
	Gross receipts, included on line 9, for public use of club facilities  39b N/A			ĺ
	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under:			
	section 4911 ▶ 0 . ; section 4912 ▶ ; section 4955 ▶			
b	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in any section 4958 excess benefit			
	transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any			
	of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	40b		X
C	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed on			ĺ
	organization managers or disqualified persons during the year under sections 4912, 4955, and 4958			ł
d	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed			
	by the organization $lacktriangle$			
е	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter	l		
	transaction? If "Yes," complete Form 8886-T	40e		<u> X</u>
41	List the states with which a copy of this return is filed ► CA, CT, NY  The organization's books are in care of ► GAIL HAYNES  Telephone no. ► (860)	692	63	11
42 a				<u>41</u>
	Located at ► 100 PEARL STREET, 13TH FLOOR, HARTFORD, CT  At any time during the calendar year, did the organization have an interest in or a signature or other authority	<u> </u>	<u> </u>	
D	over a financial account in a foreign country (such as a bank account, securities account, or other financial	Г	Yes	No
	account)?	42b		X
	If "Yes," enter the name of the foreign country:			
	See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			1
c	At any time during the calendar year, did the organization maintain an office outside of the U.S.?	42c		Х
•	If "Yes," enter the name of the foreign country:			
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 - Check here			
	and enter the amount of tax-exempt interest received or accrued during the tax year	N/A		
		-		
			Yes	No
44 a	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of			
	Form 990-EZ	44a		X
b	Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead			
	of Form 990-EZ	44b		X
	Did the organization receive any payments for indoor tanning services during the year?	44c		X
d	If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation	, , ,		
	in Schedule O	44d		<del></del>
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45a		X
D	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," Form 990 and Schedule R may need to be completed instead of Form 990-EZ (see instructions)	45b		
	312(D)(18)7 II 185, FUITH 330 AND SCHEDUNE IN MAY HEED TO BE COMPRETED INSTEAD OF FUTH 330-EZ (SEE INSTRUCTIONS)	Form 99	20-F7	(2014)

432 173 12-15-14

orm 990-EZ (2	2014) REAL ESTATE	RESEARCH INS	TITUTE	<del></del>		<u>13-3415</u>	<u>691</u>		age 4
40 D.J.V.						.bl.o.=#r==0		Yes	No
Part VI Section 501(c)(3) organizations only  All section 501(c)(3) organizations must answer questions 47-49b and 52, and complete the tables for lines 50 and 51.  Check if the organization used Schedule O to respond to any question in this Part VI  Did the organization engage in lobbying activities or have a section 501(h) election in effect during the tax year? If "Yes," complete Sch. C, Part II		46		х					
		tions only				public office?  A6  The set of and 51.  The set of the set of the set of the set of my knowledge and dige.  Date  The set of my knowledge and dige.  The set of my knowledge and dige.		- 21	
	_		47-49b and 52. an	d complet	te the tables for line	s 50 and 51.	till 47 48 49a 49b tho each receive amount competition  pensation from  (c) Compensa  N  0024110 1009205		
		·		-					
		<u> </u>						Yes	No
17 Did the o	rganization engage in lobbying activitie	s or have a section 501(h) e	lection in effect durir	ng the tax y	ear? If "Yes," complete	e Sch. C, Part II	47		X
48 Is the org	ganization a school as described in sec	tion 170(b)(1)(A)(ii)? If "Yes,	," complete Schedule	Ε			48		X
49a Did the o	rganization make any transfers to an e	kempt non-charitable related	organization?				49a		X
	vas the related organization a section 5								
	this table for the organization's five h		•	ers, directoi	rs, trustees and key er	nployees) who e	ach re	ceived i	nore
than \$10	than \$100,000 of compensation from the organization. If							\	
	(a) Name and title of each en	ipioyee	(b) Average per week dev		(C) Reportable compensation (Forms	contributions to	حشما ا		
		NONE	positio		W-2/1099-MISC)	plans, and deferre	•	mpens	
	<del></del>	NONE				Compensation			
		<del></del>	****		-				
	<u> </u>		7						
							$\top$		
	-								
							Щ		
	nber of other employees paid over \$10		•	<b>-</b>	<del></del> .				
	e this table for the organization's five h		dent contractors wh	o each rece	eived more than \$100,	,000 of compens	ation f	rom the	•
	tion. If there is none, enter "None."	NONE				<del> </del>			
(a) N	Name and business address of each in	dependent contractor		(b	) Type of service	(c)	Comp	ensatio	n
<u> </u>									
		.=-							
		· =- ····							
	-								
				-					
d Total nur	mber of other independent contractors	each receiving over \$100,00	00		<b>&gt;</b>			_	
52 Did the o	rganization complete Schedule A? Not	e All section 501(c)(3) orga	nızatıons must attac	h a		_			_
	ed Schedule A		.==						No
Under penaltie	s of perjury, I declar that I have exam	ned this return, including ac	companying schedu	les and sta	tements, and to the be	est of my knowle	dge ar	d belief	, ıt ıs
true, correct, a	ind complete Declaration of prepared	other than officer) is based o	on all information of v	which prep	arer has any knowledg	1e. G	4-	15	<del>-</del> 
		<u></u>				Date	1	ر '	
Sign	Signature of officer	14701	Presid	of		Date			
Here	J114/-L	7/100	1143101	(//					
	Type or orint name and title	15 1		I Data	Chaok	T of LOTIN			
	Print/Type preparer's name	Preparer's signatu	re •	Date	Check C	- 1			
Paid	L	Real	List COA	0.6	self- emplo	-	0.41	100	
Preparer	REED RISTEEN	There is	177 D. C		<del></del> ,   <sub></sub>				
Use Only		APIRO & COMPA			<del></del>				
-		AIN STREET, F		4/200	Phone no	<u>000 56</u>	<u>1 - 4</u>	000	
			5127-2000				<del>V</del> 7	-  -	
may the IRS di	iscuss this return with the preparer sho	TAMIL STOOKS & See INSTRUCTIONS	<u> </u>						No
							TOTAL	30-FZ	12014

100

\*\*\*

### **SCHEDULE A**

Department of the Treasury

Internal Revenue Service

(Form 990 or 990-EZ)

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

► Attach to Form 990 or Form 990-EZ.

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

OMB No 1545-0047

Open to Public Inspection

**Employer identification number** Name of the organization ESTATE RESEARCH INSTITUTE 13-3415691 Part I Reason for Public Charity Status (All organizations must complete this part ) See instructions The organization is not a private foundation because it is. (For lines 1 through 11, check only one box) 1 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state. 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).  $\mathbf{x}$ An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II) An organization that normally receives. (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See section 509(a)(2). (Complete Part III ) 10 An organization organized and operated exclusively to test for public safety. See section 509(a)(4). An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box in lines 11a through 11d that describes the type of supporting organization and complete lines 11e, 11f, and 11g. J Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s) You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization. f Enter the number of supported organizations g Provide the following information about the supported organization(s). (iv) is the organization (v) Amount of monetary (vi) Amount of (i) Name of supported (ii) EIN (iii) Type of organization listed in your (described on lines 1-9 support (see other support (see organization governing document? above or IRC section Instructions) Instructions) Yes No (see instructions))

LHA For Paperwork Reduction Act Notice, see the Instructions for

Form 990 or 990-EZ. 432021 09-17-14

Total

### Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Sec	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	123,000.	163,500.	180,800.	174,000.	192,500.	833,800.
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities				-		_
	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3	123,000.	163,500.	180,800.	174,000.	192,500.	833,800.
	The portion of total contributions	,				•	
-	by each person (other than a						
	governmental unit or publicly						
	supported organization) included						
	on line 1 that exceeds 2% of the						
	amount shown on line 11,						
	column (f)						337,672.
6	Public support. Subtract line 5 from line 4						496,128.
	ction B. Total Support		l <del>.,</del>		J		
	ndar year (or fiscal year beginning in)	(a) 2010	<b>(b)</b> 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
	Amounts from line 4	123,000.	163,500.	180,800.	174,000.	192,500.	833,800.
8	Gross income from interest,						
Ū	dividends, payments received on						
	securities loans, rents, royalties						
	and income from similar sources	43.	20.	16.	19.	18.	116.
9	Net income from unrelated business	13.					
9	activities, whether or not the						
	business is regularly carried on						
40	Other income Do not include gain						
10	or loss from the sale of capital						
	assets (Explain in Part VI )						
11	Total support. Add lines 7 through 10						833,916.
	Gross receipts from related activities,	etc (see instruction	nns)	<u>.                                    </u>	1	12	48,350.
	First five years. If the Form 990 is for			d fourth or fifth ta	ax vear as a sectio		
,0	organization, check this box and stor	=	, ot, oooo,	_,,	,		
Sec	ction C. Computation of Publ	ic Support Pe	rcentage				
	Public support percentage for 2014 (			column (f))		14	59.49 %
	Public support percentage from 2013			( //		15	63.60 %
	33 1/3% support test - 2014. If the			n line 13, and line	14 is 33 1/3% or n	nore, check this bo	
	stop here. The organization qualifies						$\triangleright \mathbf{X}$
ŀ	33 1/3% support test - 2013. If the				I line 15 is 33 1/3%	or more, check th	
•	and stop here. The organization qual					•	ightharpoons
17:	10% -facts-and-circumstances tes				e 13, 16a, or 16b.	and line 14 is 10%	or more,
	and if the organization meets the "fac						
	meets the "facts-and-circumstances"					3	▶
	10% -facts-and-circumstances tes					17a, and line 15 is	10% or
	more, and if the organization meets the						
	organization meets the "facts-and-circ						
1Ω	Private foundation. If the organization						s 🕨
10	rivate louiteation, it the organization	and not oncon a	20x 011 mio_10, 10	-, , , ,	2, 3		000 F7) 0011

432022 09-17-14

# Schedule A (Form 990 or 990-EZ) 2014 Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to

quality under the tests listed be	iow, piease comp	piete Part II )				
Section A. Public Support			1	T	1,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
Calendar year (or fiscal year beginning in)	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
1 Gifts, grants, contributions, and						
membership fees received. (Do not		ł		ł		
ınclude any "unusual grants.")			ļ <u>.</u> .		<del> </del>	
2 Gross receipts from admissions,						
merchandise sold or services per- formed, or facilities furnished in						
any activity that is related to the			1			
organization's tax-exempt purpose						
3 Gross receipts from activities that		1				
are not an unrelated trade or bus-						
iness under section 513						
4 Tax revenues levied for the organ-						
ization's benefit and either paid to						
or expended on its behalf		ļ		]	,	
'						
, , , , , , , , , , , , , , , , , , ,					-	
· '				1		
	<del></del>	<del></del>	<del>                                     </del>		<del>                                     </del>	
from other than disqualified persons that						
exceed the greater of \$5,000 or 1% of the						
			-	_	<del>                                     </del>	
		-	1.71		E 20 0	
			1			
		1	T	<del></del>	T	
Calendar year (or fiscal year beginning in) ► 📙	(a) 2010	<b>(b)</b> 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
9 Amounts from line 6					<u> </u>	
10a Gross income from interest,						
and income from similar sources						
<b>b</b> Unrelated business taxable income					1	
(less section 511 taxes) from businesses						
acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business			1			
activities not included in line 10b,		l		1	1	
				1		
12 Other income Do not include gain			1			
or loss from the sale of capital		1		1	1	
assets (Explain in Part VI)				<del> </del>		
	the organization's	e first second th	ird fourth or fifth to	ay year as a secti	on 501(c)(3) organia	ration
-	ma organization :	o mar, second, un	, rourer, or mer t	, oui as a scott	on do nono, organiz	
	c Support Pe	rcentage				
			column (f)		15	
			COIUITIIT (I))		<del></del>	
			<u> </u>	<del></del>	1 10 1	
					147	
·			irie 13, column (t))			
•	As revenues levied for the organitor's revenues levied for the organitor's benefit and either paid to expended on its behalf a value of services or facilities mished by a governmental unit to organization without charge tal. Add lines 1 through 5 occurred the paid of the process of the paid of the process of the paid					
						i / is not
						. ▶∟
						and . —
						<b>▶</b>
20 Private foundation, If the organization	i did not check a	box on line 14, 19	9a. or 19b. check ti	his box and see in	structions	. ▶∟

Schedule A (Form 990 or 990-EZ) 2014

### Supporting Organizations

(Complete only if you checked a box on line 11 of Part I, If you checked 11a of Part I, complete Sections A and B If you checked 11b of Part I, complete Sections A and C. If you checked 11c of Part I, complete Sections A, D, and E If you checked 11d of Part I, complete Sections A and D, and complete Part V)

Section A.	All	Supporting	<b>Organizations</b>
------------	-----	------------	----------------------

No Yes Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No" describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain. 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2) 3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below. За b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination 3b c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2) (B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use. Зс 4a Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you checked 11a or 11b in Part I, answer (b) and (c) below. 4a b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations. 4b c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes 4c 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable) Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document). 5a b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document? 5b c Substitutions only. Was the substitution the result of an event beyond the organization's control? 5с Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (a) its supported organizations, (b) individuals that are part of the charitable class benefited by one or more of its supported organizations; or (c) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI. 6 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in IRC 4958(c)(3)(C)), a family member of a substantial contributor, or a 35-percent controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990) 7 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990). 8 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI. 9a b Did one or more disqualified persons (as defined in line 9(a)) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI. 9b c Did a disqualified person (as defined in line 9(a)) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI. 9c 10a Was the organization subject to the excess business holdings rules of IRC 4943 because of IRC 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer (b) below 10a b Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to

10b

determine whether the organization had excess business holdings)

10550831 755449 8269

🔟 Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see

Schedule A (Form 990 or 990-EZ) 2014

instructions)

	dule A (Form 990 or 990 EZ) 2014 REAL ESTATE R			<u>.3-3415691</u>	Page 7
Pa	t V   Type III Non-Functionally Integrated 509	(a)(3) Supporting Orga	anizations (continued)		
Sect	on D - Distributions			Current Yea	ar
1_	Amounts paid to supported organizations to accomplish exe				
2	Amounts paid to perform activity that directly furthers exempt	pt purposes of supported			
	organizations, in excess of income from activity				
3	Administrative expenses paid to accomplish exempt purpos	es of supported organization	ns		
4	Amounts paid to acquire exempt-use assets			<del> </del>	
5_	Qualified set-aside amounts (pnor IRS approval required)	<del></del>			
6	Other distributions (describe in Part VI). See instructions.				
7_	Total annual distributions. Add lines 1 through 6.			<u> </u>	
8	Distributions to attentive supported organizations to which t	he organization is responsive	€		
	(provide details in Part VI) See instructions.		<del></del>		
9	Distributable amount for 2014 from Section C, line 6			_	
10	Line 8 amount divided by Line 9 amount	i			
		(i)	(ii)	(iii)	_
Sect	on E - Distribution Allocations (see instructions)	Excess Distributions	Underdistributions	Distributab	
	D. 1. 1. 1. 1. 1. 2. 1.		Pre-2014	Amount for 2	014
1_	Distributable amount for 2014 from Section C, line 6			_	
2	Underdistributions, if any, for years prior to 2014	-			
	(reasonable cause required-see instructions)		<u> </u>		
3_	Excess distributions carryover, if any, to 2014			<del> </del>	
_ <u>a</u>				<u> </u>	
<u>b</u>			···		
<u>c</u> d					
	From 2013			<del>-</del>	
				<del> </del>	
	Total of lines 3a through e  Applied to underdistributions of prior years		<u></u> .		
	Applied to 2014 distributable amount				
	Carryover from 2009 not applied (see instructions)				
<u>-i</u>	Remainder Subtract lines 3g, 3h, and 3i from 3f.				
4	Distributions for 2014 from Section D,			<del> </del>	
7	line 7 \$			ļ	
	Applied to underdistributions of prior years				
	Applied to 2014 distributable amount		<del></del> -		
	Remainder, Subtract lines 4a and 4b from 4				
5	Remaining underdistributions for years prior to 2014, if				
•	any Subtract lines 3g and 4a from line 2 (if amount				
	greater than zero, see instructions).				
6	Remaining underdistributions for 2014. Subtract lines 3h				
-	and 4b from line 1 (if amount greater than zero, see			}	
	Instructions)				
7	Excess distributions carryover to 2015. Add lines 3				
	and 4c				
8	Breakdown of line 7:				
а					
b					
С					<del>-</del>
d	Excess from 2013				

Schedule A (Form 990 or 990-EZ) 2014

e Excess from 2014

Schedule A	(Form 990 or 990-EZ) 2014 REAL	<u>ESTATE</u>	RESEARCH	INSTITUTE	13	<u>-3415691</u>	Page 8
Part VI	(Form 990 or 990-EZ) 2014 REAL Supplemental Information	Provide the ex	planations require	ed by Part II, line 10; F	Part II, line 17a or 17b,	and Part III, line 1	2
	Also complete this part for any add						
				<u> </u>			
	•						
<del> </del>			<del></del>				
•							
	· · · · · · · · · · · · · · · · · · ·					<del>-</del>	
			•				
				<del></del>			
		-					
					<del></del>		
		· · · · · · · · · · · · · · · · · · ·					
				-			
			~				
		-					
		<del></del>					
						_	
		-					
			<del></del>				

### **SCHEDULE 0**

Internal Revenue Service

(Form 990 or 990-EZ) Department of the Treasury

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on

Form 990 or 990-EZ or to provide any additional information.

Attach to Form 990 or 990-EZ.

OMB No 1545-0047 Open to Public

Inspection

Name of the organization

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

Employer identification number 13-3415691

Name of the organization  REAL ESTATE RESEARCH INSTITUTE		415691
FORM 990-EZ, PART I, LINE 4, OTHER INVESTMENT INCOME:		
DESCRIPTION OF PROPERTY:	<u> </u>	AMOUNT:
INTEREST INCOME		18.
FORM 990-EZ, PART I, LINE 10, GRANTS AND ALLOCATIONS:		
ACTIVITY CLASSIFICATION: EDUCATIONAL		_
AMOUNT GIVEN:		117,500.
TOTAL INCLUDED ON FORM 990-EZ, LINE 10		117,500.
FORM 990-EZ, PART I, LINE 16, OTHER EXPENSES:		
DESCRIPTION OF OTHER EXPENSES:		AMOUNT:
TRAVEL		18,480.
CONFERENCES CONVENTIONS AND MEETINGS	_	24,657.
WEBSITE EXPENSE		1,240.
BANKING FEES		862.
OFFICE EXPENSE		41.
OTHER EXPENSES		667.
TOTAL TO FORM 990-EZ, LINE 16		45,947.
FORM 990-EZ, PART II, LINE 24, OTHER ASSETS:		
DESCRIPTION BEG. OF	YEAR	END OF YEAR
PREPAID EXPENSE	36.	4,363.
ACCOUNTS RECEIVABLE	0	2,050.
TOTAL TO FORM 990-EZ, LINE 24	36.	6,413.

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

Schedule O (Form 990 or 990-EZ) (2014)

13

### **SCHEDULE 0**

(Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on

Form 990 or 990-EZ or to provide any additional information.

Attach to Form 990 or 990-EZ.

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

OMB No 1545-0047

Inspection

Department of the Treasury Internal Revenue Service Name of the organization

Employer identification number

REAL ESTATE RESEARCH INSTITUTE		13-3	41569		
FORM 990-EZ, PART II, LINE 26, OTHER LIABILITIES:					·
DESCRIPTION BEG.	OF	YEAR	END	OF	YEAF
GRANTS PAYABLE	51	,000.		55	750.
ACCOUNTS PAYABLE AND ACCRUED EXPENSES		0.			440.
DEFERRED REVENUE		0.		42	000.
TOTAL TO FORM 990-EZ, LINE 26	51	,000.		98	190.
FORM 990-EZ, PART III, PRIMARY EXEMPT PURPOSE - THE E ORGANIZATION IS TO: 1. ESTABLISH AN AGENDA OF ISSUES		·			THE
BETTER UNDERSTANDING OF REAL ESTATE MARKETS, INVESTME					3
AND PERFORMANCE. 2. RAISE FUNDING TO SUPPORT OBJECTIV				101	,
THESE KEY ISSUES. 3. SOLICIT, EVALUATE AND FUND SPECI				rOR	
RESEARCH FROM ACADEMICS, INDUSTRY AND THE BROADER INV					
4. COMMUNICATE THE RESULTS AS BROADLY AS POSSIBLE.					
FORM 990-EZ, PART III, LINE 28, PROGRAM SERVICE ACCOM		SHMENTS			
SUPPORTED RESEARCH OF ISSUES CRITICAL TO UNDERSTANDIN	G 01	<u> </u>			
REAL ESTATE MARKETS. SPONSORED AN ANNUAL SEMINAR TO					
COMMUNICATE RESULTS OF THE RESEARCH. PROVIDED WORKING					
PAPERS AND SUBMITTED ARTICLES TO PUBLICATIONS.			<u> </u>		
FORM 990-EZ, PART V, INFORMATION REGARDING PERSONAL B	ENE]	FIT CON	TRACT	rs:	
THE ORGANIZATION DID NOT, DURING THE YEAR, RECEIVE AN	Y FU	UNDS, D	IREC	rly,	
OR INDIRECTLY, TO PAY PREMIUMS ON A PERSONAL BENEFIT	CON'	TRACT.			
THE ORGANIZATION, DID NOT, DURING THE YEAR, PAY ANY P	REM:	IUMS, D	IREC	<u>r</u> LY	<u></u>
OR INDIRECTLY, ON A PERSONAL BENEFIT CONTRACT.	C-L-	dulo O /Face	n 000 1	000 F	7) (0044
LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.  432211 08-27-14  1 //	ocne	dule O (Forn	11 990 OF S	75U-E	L) (ZU 14