

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



DLN: 93493278010055

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

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

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

OMB No 1545-0047

Open to Public Inspection

A Fo	r the	2014 ca	endar year, or tax year beginning 01-01-2014 , and ending 12-31-2014				
		pplicable	C Name of organization MILLION DOLLAR ROUND TABLE		D Emplo	yer ider	ntification number
☐ Add	ress cl	nange			36-21	38427	7
Г№	me cha	inge	Doing business as				
┌ Ind	ıal retu	ım			5711		
Fin	al		Number and street (or P O box if mail is not delivered to street address) Room/suit	e	E Telepho	ne num	ber
ret	urn/ter	mınated	325 WEST TOUHY AVENUE		(847)	692-6	378
☐ Am	ended	return	City or town, state or province, country, and ZIP or foreign postal code				
Гар	olicatio	n pending	PARK RIDGE, IL 60068		G Gross re	eceipts \$	5 70,795,346
			F Name and address of principal officer	11/->			•
			STEPHEN P STAHR	H(a)	Is this a group subordinates?	return	T Yes V No
			325 WEST TOUHY AVENUE		Saboramaces		, 165) 110
			PARK RIDGE, IL 60068	H(b)	Are all subordi	nates	┌ Yes ┌ No
					included?		
I Ta	x-exen	npt status	501(c)(3) ✓ 501(c) (6) ◀ (Insert no)		If "No," attach	a list	(see instructions)
J W	ebsit	e: ► WV	VW MDRT ORG	H(c)	Group exempt	ion nun	nber ►
V For	n of or	an pization	Corporation Trust Association Other	`	ar of formation 19	60 M	State of legal domicile IL
	rt I		nmary	L rea	ai oi ioiiiiatioii 19	09 14	state of legal dofficile. IL
Fe			escribe the organization's mission or most significant activities				
Governance		THE MI NETWO CLIENT	SSION OF THE MILLION DOLLAR ROUND TABLE IS TO BE A VALUE RK OF LEADING INSURANCE AND INVESTMENT FINANCIAL SERVI S BY EXEMPLARY PERFORMANCE AND THE HIGHEST STANDARD O CTIVITY	CEPRO	DFESSIONALS	WHO S	SERVE THEIR
Ě							
§							
	2	Check t	his box 🔭 if the organization discontinued its operations or disposed of	f more t	than 25% of its	net as	sets
Activities &	_	NI l	of continuous and a second file and a second file of the second file o			ا ما	_
₽			of voting members of the governing body (Part VI, line 1a)			3	5
ξ			of independent voting members of the governing body (Part VI, line 1b)			4	0
ĕ			mber of individuals employed in calendar year 2014 (Part V, line 2a) .			5	93
			mber of volunteers (estimate if necessary)			6	1,394
			related business revenue from Part VIII, column (C), line 12			7a	0
	b	Net unre	elated business taxable income from Form 990-T, line 34	• •		7b	0
					Prior Year		Current Year
-	8	Contr	ibutions and grants (Part VIII, line 1h)			0	0
Revenue	9	Progr	am service revenue (Part VIII, line 2g)		31,081,4	120	35,218,807
e Ae	10	Inves	tment income (Part VIII, column (A), lines 3, 4, and 7d)		1,683,8	392	2,814,128
ά.	11	Other	revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		105,9	75	203,092
	12		revenue—add lines 8 through 11 (must equal Part VIII, column (A), line				
			 		32,871,2		38,236,027
	13		s and similar amounts paid (Part IX, column (A), lines 1–3)		757,3		1,280,059
	14		its paid to or for members (Part IX, column (A), line 4)			0	0
	15		es, other compensation, employee benefits (Part IX, column (A), lines		8,579,6	500	9,144,081
Expenses		5-10	•				
ই	16a		ssional fundraising fees (Part IX, column (A), line 11e)			0	0
ਲੀ	b	Total fo	ındraısıng expenses (Part IX, column (D), line 25) ▶0				
	17	Other	expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		18,887,2	250	20,180,548
	18		expenses Add lines 13–17 (must equal Part IX, column (A), line 25)		28,224,2		30,604,688
	19		nue less expenses Subtract line 18 from line 12	. —	4,647,0		7,631,339
₹ 60°			·	_	inning of Curre		
Not Assets or Fund Balances					Year		End of Year
38. 146.	20	Total	assets (Part X, line 16)		51,416,5	529	57,217,305
Ž	21	Total	liabilities (Part X, line 26)		8,313,6	505	10,428,627
žŽ	22	Net a	ssets or fund balances Subtract line 21 from line 20		43,102,9	24	46,788,678
Pa	t II		nature Block				· · · · · ·
Unde my k	r pena nowle	alties of dge and	perjury, I declare that I have examined this return, including accompany belief, it is true, correct, and complete Declaration of preparer (other the nowledge				
		***	***		2015 10 01		
Ci~-		IB	ature of officer		2015-10-01 Date		
Sigr Her		'					
	-		PHEN P STAHR CEO e or print name and title				
		11 -	Print/Type preparer's name Preparer's signature Da	ite	Charle F	PTIN	
D-:	4		GREGORY S ADAMS GREGORY S ADAMS GREGORY S ADAMS		Check If self-employed	P00095	5597
Paid			Firm's name		Firm's EIN ► 41	-074674	19
	pare		Firm's address ► 1301 W 22ND ST STE 1100		Phono no (630	\ 572 OC	500
Use	On	ly			Phone no (630	, 2/3-86	, , , , , , , , , , , , , , , , , , ,
			OAK BROOK, IL 60523				<u> </u>
May	the IR	S discu	ss this return with the preparer shown above? (see instructions)			• •	▼ Yes No

Forn	n 990 (2014)				Page 2
Pai		nt of Program Service Anedule O contains a response	Accomplishments or note to any line in this Part I	II	٠
1	Briefly describe th	e organization's mission			
LEA	DING INSURANCE	AND INVESTMENT FINANC		MBER-DRIVEN INTERNATION S WHO SERVE THEIR CLIENTS ICE, AND PRODUCTIVITY	
2	the prior Form 990	or 990-EZ?	rogram services during the year		┌ Yes ┌ No
	If "Yes," describe	these new services on Sched	ule O		
3	-	= :	significant changes in how it co	nducts, any program	┌ Yes ┌ No
	If "Yes," describe	these changes on Schedule C	1		
4	expenses Section		anizations are required to report	ree largest program services, as the amount of grants and alloca	
4a	(Code) (Expenses \$	including grants of \$) (Revenue \$)
		ND TABLE ANNUAL MEETING - MEM URANCE AND FINANCIAL SERVICE F		F EDUCATIONAL AND MOTIVATIONAL PR	OGRAMMING TO BENEFIT
4b	(Code) (Expenses \$	including grants of \$) (Revenue \$)
			ETING - MEMBERS AND NON-MEMBERS S OF INSURANCE AND FINANCIAL SERV	ATTENDED A THREE DAY MEETING OF VICE PROFESSIONALS	EDUCATIONAL AND
4c	(Code) (Expenses \$	ıncludıng grants of \$) (Revenue \$)
		ND TABLE TOP OF THE TABLE MEET S OF INSURANCE AND FINANCIAL S		MEETING OF EDUCATIONAL AND MOTIV	ATIONAL PROGRAMMING TO
4d	Other program se	rvices (Describe in Schedule	0)		
	(Expenses \$	ıncludıng	g grants of \$) (Revenue \$)

Total program service expenses ►

4e

Part IV Checklist of Required Schedule	art 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	3		No
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i>	4		
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5	Yes	
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		No
9	Did the organization report an amount in Part X, line 21 for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		No
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		No
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, 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	Yes	
С	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of	11c		No
d	Its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11d	Yes	
e	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X		V	
	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.	11e 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	Yes	
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 "D"	12b		No
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	Yes	
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		No
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? If "Yes," complete Schedule F, Parts III and IV	16		No
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17		No
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "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		Νo
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 domestic 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 or for domestic individuals 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		
C	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) 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 "Yes," 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			
		28a		No
	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		No
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? <i>If "Yes," complete Schedule L, Part IV</i>	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		No
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		
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?	38	Yes	

Part V Statements Regarding Other IRS Filings and Tax Compliance

	Check if Schedule O contains a response or note to any line in this Part V			厂_
1.	Enter the number reported in Box 3 of Form 1096 Enter -0 - if not applicable 1a 69		Yes	No
	Enter the number reported in Box 3 of Form 1096 Enter -0 - if not applicable 1a 69 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?	1 c		
Za	Tax Statements, filed for the calendar year ending with or within the year covered by this return			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	2b	Yes	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		Νo
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		No
b	If "Yes," enter the name of the foreign country See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		No
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		No
С	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 ——
	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	7a		
	services provided to the payor?	7a 7b		
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to	70		
	file Form 8282?	7c		
d	If "Yes," indicate the number of Forms 8282 filed 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?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	8		
9a	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter			
	Initiation fees and capital contributions included on Part VIII, line 12 10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
11	Section 501(c)(12) organizations. Enter			
	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)			
12a	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			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
a	Is the organization licensed to issue qualified health plans in more than one state? Note. 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			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		Νo
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b		

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

Check if Schedule O contains a response or note to any line in this Part VI	Check if Schedule () contains a response	or note to an	v line in this Part \	'I .												
---	---------------------	-----------------------	---------------	-----------------------	------	--	--	--	--	--	--	--	--	--	--	--	--

Se	ection A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year			
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O			
b	Enter the number of voting members included in line 1a, above, who are independent			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2		No
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?.	3		No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		No
5	5		No	
6	6	Yes		
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a	Yes	
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b	Yes	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following			
а	The governing body?	8a	Yes	
b	Each committee with authority to act on behalf of the governing body?	8b	Yes	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		No
Se	ection B. Policies (This Section B requests information about policies not required by the Internal R	evenu	ıe Cod	e.)
Se	ection B. Policies (This Section B requests information about policies not required by the Internal R	evenu	ıe Cod Yes	e.) No
	Did the organization have local chapters, branches, or affiliates?	evenu 10a		
10a				No
10a b	Did the organization have local chapters, branches, or affiliates?	10a		No
10a b 11a	Did the organization have local chapters, branches, or affiliates?	10a 10b	Yes	No
10a b 11a b	Did the organization have local chapters, branches, or affiliates?	10a 10b	Yes	No
10a b 11a b 12a	Did the organization have local chapters, branches, or affiliates?	10a 10b 11a	Yes	No
10a b 11a b 12a b	Did the organization have local chapters, branches, or affiliates?	10a 10b 11a	Yes Yes	No
10a b 11a b 12a b	Did the organization have local chapters, branches, or affiliates?	10a 10b 11a 12a 12b	Yes Yes Yes	No
10a b 11a b 12a b	Did the organization have local chapters, branches, or affiliates? 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.	10a 10b 11a 12a 12b	Yes Yes Yes Yes	No
10a b 11a b 12a b	Did the organization have local chapters, branches, or affiliates?	10a 10b 11a 12a 12b 12c 13	Yes Yes Yes Yes Yes Yes	No
10a b 11a b 12a b c 13 14	Did the organization have local chapters, branches, or affiliates?	10a 10b 11a 12a 12b 12c 13	Yes Yes Yes Yes Yes Yes	No
10a b 11a b 12a b c	Did the organization have local chapters, branches, or affiliates?	10a 10b 11a 12a 12b 12c 13 14	Yes Yes Yes Yes Yes Yes Yes	No
10a b 11a b 12a b c	Did the organization have local chapters, branches, or affiliates?	10a 10b 11a 12a 12b 12c 13 14	Yes Yes Yes Yes Yes Yes Yes Yes	No
10a b 11a b 12a b c 13 14 15	Did the organization have local chapters, branches, or affiliates? 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	10a 10b 11a 12a 12b 12c 13 14	Yes Yes Yes Yes Yes Yes Yes Yes	No
10a b 11a b 12a b c 13 14 15 a b	Did the organization have local chapters, branches, or affiliates?	10a 10b 11a 12a 12b 12c 13 14	Yes Yes Yes Yes Yes Yes Yes Yes	No No

- 17 List the States with which a copy of this Form 990 is required to be filed▶
- 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)
- 19 Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year
- 20 State the name, address, and telephone number of the person who possesses the organization's books and records ►LAURA MCGRADY

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

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

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

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

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

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

(A) Name and Title	(B) A verage hours per week (list any hours for related organizations below dotted line)	more pers	than on is	one bot ect	not box h ar	checker of the compensated compensated	ess er	(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
(1) D SCOTT BRENNAN	5 00	х		х				38,444	0	0
PAST PRESIDENT (2) MICHELLE L HOESLY PAST PRESIDENT	10 00	х		х				101,012	0	0
(3) CAROLINE A BANKS	10 00	х		х				68,317	0	0
PRESIDENT (4) BRIAN HECKERT	0 00 5 00									
VICE PRESIDENT	0 00	х		х				84,121	0	0
(5) MARK HANNA	5 00									
VICE PRESIDENT	0 00	х		Х				81,941	0	0
(6) JAMES PITTMAN	5 00	х		х				23,509	0	0
SECRETARY	0 00							,		
(7) STEPHEN P STAHRCEO	50 00			х				369,274	0	123,765
(8) LAURA MCGRADY	40 00			х				117,755	0	26,359
DIRECTOR OF FINANCE (9) RAYMOND J KOPCINSKI	10 00 50 00									
SENIOR DIRECTOR	0 00					Х		290,769	0	34,736
(10) PAMELA K BROWN	50 00									
DIRECTOR OF MARKETING AND	0 00					Х		175,572	0	23,712
(11) JAMES UNANDER	50 00					х		169,749	0	26,534
DIRECTOR OF INFORMATION TE	0 00							103,713		
(12) LAURA GOOD	40 00					х		151,713	0	20,886
DIRECTOR OF HR/ADMIN SERVI (13) JEANNE MALONE	10 00 50 00			\vdash	\vdash	\vdash				
DIRECTOR MEETING SERVICES	0 00					х		141,411	0	26,974
(14) JOHN PRAST	0 00									
FORMER CEO	0 00						Х	141,680	0	0

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

(A) Name and Title	(B) Average hours per week (list	more t perso	han d n is l	ne l both	box, an d	officer	<u> </u>	(D) Reportable compensation from the	(E) Reportable compensation from related	(F) Estimated amount of other compensation
	any hours for related organizations below dotted line)	a Individual trustee or director	institutional Trustee		Key employee	Highest compensated employee	Former	organization (W- 2/1099-MISC)	organizations (W- 2/1099-MISC)	from the organization and related organizations

d	Total (add lines 1b and 1c)	1,955,267	0	282,966
C	Total from continuation sheets to Part VII, Section A			
.D	Sub-lotal			

Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization►12

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

Section B. Independent Contractors

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

(A)	(B)	(C)
Name and business address	Description of services	Compensation
WILLIAMS GERARD PRODUCTIONS INC	MEETING PRODUCTION	1,409,549
420 NORTH WABASH		
CHICAGO, IL 60611		
MCI LLC	MEMBER SERVICES	1,338,092
20 BENDEMEER ROAD		
SINGAPORE		
SN		_
CONFERENCE SYSTEMS INC	INTERPRETATION SERVICES	691,290
12910 CLOVERLEAF CENTER DR STE 100		
GERMANTOWN, MD 20874		
HAY GROUP	STRATEGIC PLANNING SUPPORT	642,599
PO BOX 828352		
PHILADELPHIA, PA 19182		
FREEMAN	MEETING SET-UP AND DECORATING	446,383
PO BOX 650036		
DALLAS, TX 75265		
2 Total number of independent contractors (including but not limited to those listed above) who received more than	
\$100,000 of compensation from the organization ▶18	•	

Part V	***	Statement o	of Revenue ule O contains a respoi	nco or noto to any lir	o in this Bart VIII			Г
		CHECK II SCHEU	ule O Contains a respo	ise of flote to any in	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
0	1a	Federated cam	paigns 1a					
Contributions, Giffs, Grants and Other Similar Amounts	b	Membership du	ies 1b					
2 <u>2</u>	С	Fundraising eve	ents 1c					
_ ₹	_							
<u>.</u>	d	Related organiz	zations 1d					
<u>ا ق</u> ري	e	Government grant	s (contributions) 1e					
≣ 2	f	All other contribution	ons, gifts, grants, and 1f					
를 를		similar amounts no				ļ		
<u></u>	g	1a-1f \$	ons included in lines					
9 2	h	Total. Add lines	s 1 a - 1 f	📦				
				Business Code				
Program Serwce Revenue	2a	MEMBERSHIP INCO	OME	611430	25,653,732	25,653,732		
e Ke	b	MEETINGS INCOM	 E	611430	9,565,075	9,565,075		
а П	С	-		911.50	2,000,010	3,000,010		
ž.	d							
\$								
Ē	e	A II - +						
ا ق	f	All other progra	am service revenue					
Δ.	g	Total. Add lines	s 2a-2f		35,218,807			
	3		ome (including dividen		1,023,543			1,023,543
	4		ar amounts) stment of tax-exempt bond	1,023,3 13			1,023,3 1.	
	4 5			·				
	,	Royalties .	(ı) Real	(II) Personal				
	6a	Gross rents	(i) iccui	(II) I CISOIIII				
	ь	Less rental						
	c	expenses Rental income						
	C	or (loss)						
	d	Net rental inco	me or (loss)	,				
		Gross amount	(ı) Securities	(II) O ther				
	7a	from sales of assets other than inventory	34,349,904					
	b	Less cost or other basis and sales expenses	32,559,319					
	C	Gain or (loss)	1,790,585					
	d		ss)		1,790,585			1,790,585
Other Revenue	8a	Gross income f events (not inc \$ of contributions See Part IV, Iir	luding s reported on line 1c)					
r			a a					
₩	b	Less direct ex	penses b					
5	c	Net income or	(loss) from fundraising	events 🛌				
	9a		from gaming activities ne 19 a					
	ь	Less directlev	penses b					
	c		(loss) from gaming acti	vities▶				
	10a	Gross sales of returns and allo	owances .					
	b	loca cost-f-	a oods sold b					
			oods sold b (loss) from sales of Inv	entorv 🛌				
}		Miscellaneous		Business Code				
-	11a	OTHER REVEN		900099	103,092	o		103,09
	b	MANAGEMENT		561000	100,000	0		100,00
	c	TOWN SEPTEN			·			•
	d	All other reven	ue					
	e		s 11a-11d	🕨				
				-	203,092			
	12	iotal revenue.	See Instructions .	►	38,236,027	35,218,807	0	3,017,220

Part IX Statement of Functional Expenses

	Check if Schedule O contains a response or note to any line in this Part IX						
Do no 7b, 8l	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 domestic organizations and domestic governments See Part IV, line 21	1,277,559					
2	Grants and other assistance to domestic individuals See Part IV, line 22	2,500					
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals See Part IV, lines 15 and 16						
4	Benefits paid to or for members						
5	Compensation of current officers, directors, trustees, and key employees	1,215,888					
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	5,305,136					
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	698,676					
9	Other employee benefits	1,435,919			_		
10	Payroll taxes	488,462					
11	Fees for services (non-employees)						
а	Management						
b	Legal	101,040					
c	Accounting	36,946					
d	Lobbying						
е	Professional fundraising services See Part IV, line 17						
f	Investment management fees	295,871					
g	Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	79,151					
12	Advertising and promotion	561,275					
13	Office expenses	1,769,675					
14	Information technology	936,716					
15	Royalties	17,079					
16	Occupancy	480,556					
17	Travel	936,845					
18	Payments of travel or entertainment expenses for any federal, state, or local public officials						
19	Conferences, conventions, and meetings	12,450,110					
20	Interest						
21	Payments to affiliates						
22	Depreciation, depletion, and amortization	301,121					
23	Insurance	131,636					
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	STRATEGIC PLANNING EXPE	676,632					
b	PUBLICATION	545,948					
С	ALL OTHER EXPENSES	539,806					
d	PLAQUES AND INSIGNIAS	320,141					
е	All other expenses						
25	Total functional expenses. Add lines 1 through 24e	30,604,688					
26	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 ► ☐ if following SOP 98-2 (ASC 958-720)						

Part X Balance Sheet

Par	t X	Balance Sheet Check if Schedule O contains a response or note to any line in this Part X			
			(A) Beginning of year		(B) End of year
	1	Cash-non-interest-bearing	10,377,693	1	11,515,703
	2	Savings and temporary cash investments		2	
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net	24,231	4	154,683
	5	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L			· · · · · · · · · · · · · · · · · · ·
2	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Complete Part II of Schedule L		5	
Assets	_			6	
	7	Notes and loans receivable, net		7	
_	8	Inventories for sale or use		8	
	9	Prepaid expenses and deferred charges	1,808,596	9	820,695
	10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D 7,085,576			
	b	Less accumulated depreciation 10b 5,616,898	1,768,979	10c	1,468,678
	11	Investments—publicly traded securities	21,896,165	11	26,965,185
	12	Investments—other securities See Part IV, line 11	12,927,275	12	13,394,962
	13	Investments—program-related See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets See Part IV, line 11	2,613,590	15	2,897,399
	16	Total assets. Add lines 1 through 15 (must equal line 34)	51,416,529	16	57,217,305
	17	Accounts payable and accrued expenses	1,215,484	17	1,375,948
	18	Grants payable		18	500,000
	19	Deferred revenue	2,486,912	19	712,377
	20	Tax-exempt bond liabilities		20	
ø.	21	Escrow or custodial account liability Complete Part IV of Schedule D		21	_
Liabilitie	22	Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified			
ge		persons Complete Part II of Schedule L		22	
	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X of Schedule	4,611,209	25	7,840,302
	26	D	8,313,605	25 26	10,428,627
	26	Total liabilities. Add lines 17 through 25	8,313,003	26	10,420,027
φ		lines 27 through 29, and lines 33 and 34.			
ğ	27	Unrestricted net assets	43,102,924	27	46,788,678
<u> </u>	28	Temporarily restricted net assets		28	
<u>=</u>	29	Permanently restricted net assets		29	
r Fund Balance		Organizations that do not follow SFAS 117 (ASC 958), check here ▶ ☐ and complete lines 30 through 34.			
ō	30	Capital stock or trust principal, or current funds		30	
휲	31	Paid-in or capital surplus, or land, building or equipment fund		31	
Assets	32	Retained earnings, endowment, accumulated income, or other funds		32	
Net /	33	Total net assets or fund balances	43,102,924	33	46,788,678
Ž	34	Total liabilities and net assets/fund balances	51,416,529	34	57,217,305
	١٠,		31,410,020	J-T	37,217,000

Pai	Reconcilliation of Net Assets Check if Schedule O contains a response or note to any line in this Part XI			,	৮
1	Total revenue (must equal Part VIII, column (A), line 12)	1		38,7	236,027
2	Total expenses (must equal Part IX, column (A), line 25)	2		30 (604,688
3	Revenue less expenses Subtract line 2 from line 1				
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	3		7,6	531,339
•		4		43,	102,924
5	Net unrealized gains (losses) on investments	5		-7	721,578
6	Donated services and use of facilities	6			
7	Investment expenses				
•	Duran named advictoriants	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain in Schedule O)	9		-3.;	224,007
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33,	10			-
Par	t XII Financial Statements and Reporting	10		46,	788,678
	Check if Schedule O contains a response or note to any line in this Part XII				. দ
				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 revie a separate basis, consolidated basis, or both	wed on	1		
	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 separate basis, consolidated basis, or both	arate			
	▼ Separate basis				
c	If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversig audit, review, or compilation of its financial statements and selection of an independent accountant?	ht of th	e 2c	Yes	
	If the organization changed either its oversight process or selection process during the tax year, explain is Schedule O	n			
За	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?	е	3a		No
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits		3b		

DLN: 93493278010055

OMB No 1545-0047

Open to Public Inspection

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

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) (see separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (see separate instructions), then

◆ Section 501(c)(4), (5), or (6) organizations Complete Part III Name of the organization **Employer identification number** MILLION DOLLAR ROUND TABLE Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization. Provide a description of the organization's direct and indirect political campaign activities in Part IV Political expenditures Volunteer hours 0 Part I-B Complete if the organization is exempt under section 501(c)(3).

Par	t I-C Complete if the organization is exempt under section 501(c), except secti	<u>on 5</u>	<u>01(c</u>)(3).	
	If "Yes," describe in Part IV				
4a	Was a correction made?			☐ Yes	┌ No
3	If the organization incurred a section 4955 tax, did it file Form 4720 for this year?			☐ Yes	┌ No
2	Enter the amount of any excise tax incurred by organization managers under section 4955	•	\$		
1	Enter the amount of any excise tax incurred by the organization under section 4955	•	\$		

Enter the amount directly expended by the filing organization for section 527 exempt function activities Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities Total exempt function expenditures Add lines 1 and 2 Enter here and on Form 1120-POL, line 17b ┌ Yes Did the filing organization file Form 1120-POL for this year?

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

(e) A mount of political (a) Name (b) Address (c) EIN (d) A mount paid from contributions received filing organization's and promptly and funds If none, enter -0directly delivered to a separate political organization If none, enter-0-

5 c	hedule C (Form 990 or 990-EZ) 2014					Page 2
Ρ	art II-A Complete if the organization under section 501(h)).	is exempt under	section 501(c	:)(3) and file	d Form 5768	
	Check If the filing organization belongs to a expenses, and share of excess lobb	ying expenditures)		_	p member's nam	e, address, EIN,
	Limits on Lobbying E (The term "expenditures" means an	xpenditures			(a) Filing organization's totals	(b) Affiliated group totals
1a	Total lobbying expenditures to influence public o	pinion (grass roots lob	bying)			
b	Total lobbying expenditures to influence a legisla	ative body (direct lobby	ying)			
c	Total lobbying expenditures (add lines 1a and 1b					
d	Other exempt purpose expenditures					
е	Total exempt purpose expenditures (add lines 1	c and 1d)				
f	Lobbying nontaxable amount Enter the amount fo	rom the following table	ın both			
	If the amount on line 1e, column (a) or (b) is:	The lobbying nontax				
	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 \$500,00	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	00		
	Over \$17,000,000	\$1,000,000				
g	Grassroots nontaxable amount (enter 25% of lin	ne 1f)				
h	Subtract line 1g from line 1a If zero or less, ente	er-0-				
i	Subtract line 1f from line 1c If zero or less, ente	ır - 0 -				
j	If there is an amount other than zero on either lin section 4911 tax for this year?	ne 1h or line 1ı, did the	organızatıon file F	Form 4720 repo	rtıng	┌ Yes ┌ No
	4-Year Av (Some organizations that made a s columns below. See t		ection do not	have to com		ne five
	Lobbying Expe	enditures During	4-Year Avera	ging Period		
	Calendar year (or fiscal year beginning in)	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) Total
2a	Lobbying nontaxable amount					
ь	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

	rt II-B Complete if the organization filed Form 5768 (election un	is exempt under section 501(c)(3) and has lider section 501(h)).				
For e	each "Yes" response to lines 1a through 1i below, pr	ovide in Part IV a detailed description of the lobbying	(a	a)	(b)
activ		,	Yes	No	Amo	unt
1 a	legislation, including any attempt to influence pethrough the use of Volunteers?	mpt to influence foreign, national, state or local public opinion on a legislative matter or referendum,				
b c	Paid staff or management (include compensation Media advertisements?	on in expenses reported on lines 1c through 1i)?				
d	Mailings to members, legislators, or the public	7				
e	Publications, or published or broadcast statem	ents?				
f	Grants to other organizations for lobbying purp	oses?				
g	Direct contact with legislators, their staffs, gov	rernment officials, or a legislative body?				
h i	Rallies, demonstrations, seminars, conventions Other activities?	s, speeches, lectures, or any similar means?				
j	Total Add lines 1c through 1i					
2a	Did the activities in line 1 cause the organizati	on to be not described in section 501(c)(3)?				
b	If "Yes," enter the amount of any tax incurred t	under section 4912				
C	If "Yes," enter the amount of any tax incurred b					
	If the filing organization incurred a section 491					
Par	t III-A Complete if the organization 501(c)(6).	is exempt under section 501(c)(4), section !	501(c))(5), o	r sect	ion
	301(e)(0).				Ye	s No
1	Were substantially all (90% or more) dues rece	eived nondeductible by members?			1	No
2	Did the organization make only in-house lobbyi	•			2 Ye	s
3	Did the organization agree to carry over lobbyii	ng and political expenditures from the prior year?			3	No
Par		is exempt under section 501(c)(4), section ! OTH Part III-A, lines 1 and 2, are answered "				
1	Dues, assessments and similar amounts from i	members	1			
2	Section 162(e) nondeductible lobbying and polexpenses for which the section 527(f) tax was	itical expenditures (do not include amounts of political spaid).				
а	Current year		2a			
b	Carryover from last year		2b			
C	Total		2c			
3		(1)(A) notices of nondeductible section 162(e) dues	3			
4		exceeds the amount on line 3, what portion of the excess reasonable estimate of nondeductible lobbying and	4			
5	Taxable amount of lobbying and political expen	ditures (see instructions)	5			
	art IV Supplemental Information					
Pro		L , Part I-B , line 4 , Part I-C , line 5 , Part II-A (affiliated groundlete this part for any additional information	up list),	Part II-	-A, lines	1 and
	Return Reference	Explanation				
	l l					

Part IV Supplemental Info	ormation (continued)
Return Reference	Explanation

Schedule C (Form 990 or 990EZ) 2014

efile GRAPHIC print - DO NOT PROCESS | As Filed Data -

DLN: 93493278010055

OMB No 1545-0047

SCHEDULE D

(Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

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

Open to Public Inspection

ame of the organization		Emp	loyer identification number
ILLION DOLLAR ROUND TABLE		36-2	2138427
organizations Maintaining Donor Acordanization answered "Yes" to Form 99			
	(a) Donor advised funds		(b) Funds and other accounts
Total number at end of year			
Aggregate value of contributions to (during year)			
Aggregate value of grants from (during year)			
Aggregate value at end of year			
Did the organization inform all donors and donor advifunds are the organization's property, subject to the			rsed ┌ Yes ┌ No
Did the organization inform all grantees, donors, and used only for charitable purposes and not for the ben conferring impermissible private benefit?			
rt II Conservation Easements. Complete	ıf the organization answered "Yes	s" to Forn	n 990, Part IV, line 7.
Purpose(s) of conservation easements held by the of 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	on or education) Preservation o Preservation o	f a certifie	d historic structure
easement on the last day of the tax year			T
			Held at the End of the Year
Total number of conservation easements		2a	
Total acreage restricted by conservation easements		2b	
Number of conservation easements on a certified his	, ,	2c	
Number of conservation easements included in (c) a historic structure listed in the National Register		2d	
Number of conservation easements modified, transfe	erred, released, extinguished, or termin	nated by th	ne organization during
the tax year 🛌			
Number of states where property subject to conserva	ation easement is located ►		
Does the organization have a written policy regarding enforcement of the conservation easements it holds?		handling of	violations, and Yes No
Staff and volunteer hours devoted to monitoring, insp	pecting, and enforcing conservation ea	sements o	during the year
Amount of expenses incurred in monitoring, inspectines \$	ng, and enforcing conservation easem	ents durin	g the year
Does each conservation easement reported on line 2 and section 170(h)(4)(B)(II)?	(d) above satisfy the requirements of	section 17	70(h)(4)(B)(ı) Yes No
In Part XIII, describe how the organization reports c balance sheet, and include, if applicable, the text of t the organization's accounting for conservation easen	the footnote to the organization's finan		
rt III Organizations Maintaining Collectio Complete if the organization answered '			her Similar Assets.
If the organization elected, as permitted under SFAS works of art, historical treasures, or other similar assetvice, provide, in Part XIII, the text of the footnote	sets held for public exhibition, educati	on, or rese	arch in furtherance of public
If the organization elected, as permitted under SFAS works of art, historical treasures, or other similar asservice, provide the following amounts relating to the	sets held for public exhibition, educati		
works of art, historical treasures, or other similar ass	sets held for public exhibition, educati		
works of art, historical treasures, or other similar ass service, provide the following amounts relating to the	sets held for public exhibition, educati		earch in furtherance of public
works of art, historical treasures, or other similar ass service, provide the following amounts relating to the (i) Revenue included in Form 990, Part VIII, line 1	sets held for public exhibition, educations es items orical treasures, or other similar asset	on, or rese ts for finan	earch in furtherance of public
works of art, historical treasures, or other similar ass service, provide the following amounts relating to the (i) Revenue included in Form 990, Part VIII, line 1 (ii) Assets included in Form 990, Part X If the organization received or held works of art, history	sets held for public exhibition, educations es items orical treasures, or other similar asset	on, or rese ts for finan	earch in furtherance of public

Par	411 Organizations Maintaining Co	llections of Art	<u>, His</u>	tori	cal Ti	reasu	res, or Ot	<u>nei</u>	<u>r Similar As</u>	sets (continued)
3	Using the organization's acquisition, access collection items (check all that apply)	ion, and other recor	ds, ch	neck			_		sıgnıfıcant use	of its	
а	Public exhibition		d	Γ	Loan	or excl	hange progra	ms			
b	Scholarly research		e	Γ	Othe	r					
c	Preservation for future generations										
4	Provide a description of the organization's co	ollections and expla	ın hov	w the	y furthe	er the c	organızatıon's	s ex	empt purpose	ın	
5	During the year, did the organization solicit									_	_
	assets to be sold to raise funds rather than t		·							Yes	l No
Par	t IV Escrow and Custodial Arrang Part IV, line 9, or reported an an						n answered	·· Y 6	es" to Form s	990,	
1a	Is the organization an agent, trustee, custoc included on Form 990, Part X?	lian or other interme	diary	ford	ontribi	utions o	or other asse	ts n	ot	┌ Yes	┌ No
b	If "Yes," explain the arrangement in Part XII	II and complete the	follov	wing	table						
									An	nount	
С	Beginning balance							Lc			
d	Additions during the year						1	ld			
e	Distributions during the year						1	le			
f	Ending balance						_ 1	Lf			
2a	Did the organization include an amount on Fo	orm 990, Part X, line	e 21,	for e	scrow	orcusto	odial account	t lıa	bility?	┌ Yes	┌ No
b	If "Yes," explain the arrangement in Part XII	II Check here if the	expl	anatı	on has	been p	rovided in Pa	art >	KIII		Γ
Pa	rt V Endowment Funds. Complete										
	·	(a)Current year	(b) Prior	year	b (c) Tv	wo years back	(d) ⊺	hree years back	(e) Four	years back
1a	Beginning of year balance										
b	Contributions										
С	Net investment earnings, gains, and losses										
d	Grants or scholarships										
e	Other expenditures for facilities and programs										
f	Administrative expenses										
g	End of year balance										
2	Provide the estimated percentage of the cur	rent year end baland	e (lın	ne 1g	, colum	nn (a)) l	held as				
а	Board designated or quasi-endowment										
ь	Permanent endowment -										
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 organiza	ation	that	are hel	d and a	dmınıstered	for	the		
	organization by								200	Yes	No
	(i) unrelated organizations			•				•	3a(-	
ь	(ii) related organizations								3		+
4	Describe in Part XIII the intended uses of the							-		<u> </u>	
Par	t VI Land, Buildings, and Equipme	ent. Complete if t				n ansv	vered 'Yes'	to	Form 990, Pa	art IV,	line
	11a. See Form 990, Part X, line	10.		T .							
	Description of property) Cost or sis (inves		(b) Cost or oth basis (other		(c) Accumulated depreciation	1 (d) 1	Book value
1a	Land						265,0	000			265,000
b	Buildings						4,479,5	581	3,348,32	29	1,131,252
c	Leasehold improvements							\Box			
d I	Equipment						2,340,9	995	2,268,56	59	72,426
Tota	I. Add lines 1a through 1e <i>(Column (d) must e</i>	equal Form 990, Part)	K, colu	ımn (B), line	10(c).)		•	🛌		1,468,678

Part VII Investments—Other Securities. Comp	olete if the organization a	answered 'Yes' to Form 990, Part IV, line 11b.
See Form 990, Part X, line 12. (a) Description of security or category	(b) Book value	(c) Method of valuation
(Including name of security) (1)Financial derivatives		Cost or end-of-year market value
(2)Closely-held equity interests		
(3)Other	1 284 204	F
(A) HEDGE FUND	1,284,294	
(B) GOVERNMENT AND AGENCY BONDS	8,679,215	F
(C) CORPORATE BONDS	3,431,453	F
Total. (Column (b) must equal Form 990, Part X, col (B) line 12)	13,394,962	
Part VIII Investments—Program Related. Con		
See Form 990, Part X, line 13. (a) Description of investment	(b) Book value	(c) Method of valuation
	(2,230	Cost or end-of-year market value
Total. (Column (b) must equal Form 990, Part X, col (B) line 13)		
Part IX Other Assets. Complete if the organization a		, Part IV, line 11d See Form 990, Part X, line 15 (b) Book value
(1) CASH SURRENDER VALUE - LIFE INSURANCE		2,825,476
(2) ACCRUED INTEREST RECEIVABLE		71,923
Total. (Column (b) must equal Form 990, Part X, col.(B) line 15., Part X Other Liabilities. Complete if the organ		
Form 990, Part X, line 25.		
1 (a) Description of liability	(b) Book value	
Federal income taxes PENSION LIABILITY	6,716,547	
DEFERRED COMPENSATION	1,123,755	
	-,,	
Total. (Column (b) must equal Form 990, Part X, col (B) line 25)	7,840,302	

Par		evenue per Audited Financial Sta vered 'Yes' to Form 990, Part IV, line :		nts With Revenue	per R	Return Complete If
1		r support per audited financial statements			1	33,994,571
2	A mounts included on line 1 bu	t not on Form 990, Part VIII, line 12				
а	Net unrealized gains (losses)	on investments	2a	-721,578	3	
b	Donated services and use of fa	acılıtıes	2b			
C	Recoveries of prior year grants	5	2c			
d	Other (Describe in Part XIII)		2d	-3,224,007	7	
e	Add lines 2a through 2d .				2e	-3,945,585
3	Subtract line ${f 2e}$ from line ${f 1}$.				3	37,940,156
4	Amounts included on Form 99	0, Part VIII, line 12, but not on line 1				
а	Investment expenses not incl	uded on Form 990, Part VIII, line 7b .	4a	295,87	L	
b	Other (Describe in Part XIII)		4b			
C	Add lines 4a and 4b				4c	295,871
5		i 4c. (This must equal Form 990, Part I, line			5	38,236,027
Part		xpenses per Audited Financial Sta swered 'Yes' to Form 990, Part IV, lind			s per	Return. Complete
1	Total expenses and losses pe	r audited financial statements			1	30,308,817
2	A mounts included on line 1 bu	t not on Form 990, Part IX, line 25				
а	Donated services and use of fa	acılıtıes	2a			
b	Prior year adjustments		2b			
C	Otherlosses		2c			
d	Other (Describe in Part XIII)		2d			
e	Add lines 2a through 2d				2e	0
3	Subtract line ${f 2e}$ from line ${f 1}$.				3	30,308,817
4	Amounts included on Form 99	0, Part IX, line 25, but not on line 1:				
а	Investment expenses not incl	uded on Form 990, Part VIII, line 7b	4a	295,87	1	
b	Other (Describe in Part XIII)		4b			
C	Add lines 4a and 4b				4c	295,871
5	•	nd 4c. (This must equal Form 990, Part I, lir	ne 18)		5	30,604,688
P rov Part		ormation Part II, lines 3, 5, and 9, Part III, lines 1a, lines 2d and 4b, and Part XII, lines 2d and				de any additional
	Return Reference	Explanation				
	X, LINE 2	MDRT IS A TAX-EXEMPT ORGANIZATION INTERNAL REVENUE CODE MDRT FOLUNCERTAIN TAX POSITIONS MDRT HARECORD A LIABILITY RELATED TO UN MDRT FILES TAX RETURNS IN THE US RETURNS FOR MDRT FOR 2011, 2012 A INTERNAL REVENUE SERVICE, GENERAL	LOWS TAS DET CERTA FEDEF AND 20 ALLY F	THE REQUIREMENTS FERMINED THAT IT IS IN TAX POSITIONS A RAL JURISDICTION A 13 ARE SUBJECT TO OR THREE YEARS AF	FOR A S NOT AS OF I ND ON EXAM:	CCOUNTING FOR REQUIRED TO DECEMBER 31, 2014 NE STATE THE INATION BY THE
	XI, LINE 2D - OTHER STMENTS	CHANGE IN PENSION OBLIGATION -3	,224,00	07		

Jenedale 2 (1 31111 33 3) 23 13		i age 3		
Part XIII Supplemental Information	on (continued)			
Return Reference	Explanation			
l				
-				

Schedule D (Form 990) 2014

efile GRAPHIC print -	DO NOT PROCESS	As Filed Da	ta -	DLN:	93493278010055
SCHEDULE F (Form 990)	Statement of	Activities (Outside the Unit	ted States	OMB No 1545-0047
(1 01111 330)	► Complete	Part IV, line	n answered "Yes" to Form 14b, 15, or 16. o Form 990.	990,	2014
Department of the Treasury Internal Revenue Service	Information about Sched			ww.irs.gov/form990.	Open to Public Inspection
Name of the organization MILLION DOLLAR ROUND	TABLE				tification number
	ormation on Activit 990, Part IV, line 141		he United States. C	36-2138427 omplete if the organi	zation answered
1 For grantmakers. D and other assistance	oes the organization in the contract of the grantees' eligible rants or assistance? .	maintain record ility for the grar	nts or assistance, and	the selection criteria	┌ Yes ┌ No
assistance outside th					nts and other
3 Activites per Region (The following Part I, line (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 program service, describe specific type of	a (f) Total expenditures for and investments in region
(1) EUROPE (INCLUDING ICELAND & GREENLA ALBANIA, ANDORRA AUSTRIA, BELGIUM	ND)-		PROGRAM SERVICES	SEMINARS, NEWSLETTERS, MEMBERSHIP SUPPORT	4,843
(2) SOUTH ASIA	1	1	PROGRAM SERVICES	SEMINARS, NEWSLETTERS, MEMBERSHIP SUPPORT	137,226
(3) EAST ASIA AND THE PACIFIC	1	1	PROGRAM SERVICES	SEMINARS, NEWSLETTERS, MEMBERSHIP SUPPORT	872,173
(4) EAST ASIA AND THE PACIFIC	1	1	PROGRAM SERVICES	2014 EXPERIENCE MEETING	2,320,342
3a Sub-total b Total from continuation to Part I		4 4			3,334,584
c Totals (add lines 3a an		4 4 s for Form 990		No 50082W Sche	3,334,584 dule F (Form 990) 2014

Pā						ited States. Comp duplicated if additioi			to Form 990,
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, other)
(1)								
(2)								
(3)								
(4)								
2						les by the foreign co (c)(3) equivalency l			
3	Enter total num	nber of other or	ganızatıons or ent	ities					

Schedule F (Form 990) 2014

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	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)	Γ	Yes	<u> </u>	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; do not file with Form 990)	Г	Yes	<u>\</u>	Νo
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)	Г	Yes	<u> </u>	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)	Г	Yes	⊽	Νo
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)	Г	Yes	▼	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; do not file with Form 990)	Г	Yes	<u> </u>	Νo

Schedule F (Form 990) 2014

Additional Data

Software ID: Software Version:

EIN: 36-2138427

Name: MILLION DOLLAR ROUND TABLE

Schedule F (Form 990) 2014

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).

efile GRAPHIC print - DO NOT PROCESS | As Filed Data -

Schedule I (Form 990)

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

OMB No 1545-0047

DLN: 93493278010055

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

Open to Public **Inspection**

Name of the organization MILLION DOLLAR ROUND TABLE

Employer identification number 36-2138427

Pa	art I General Inform	nation on Grants	and Assistance						
1	L Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?								
2	Describe in Part IV the o	rganızatıon's proceduı	res for monitoring the us	se of grant funds in the	United States				
Pa			Domestic Organiz recipient that receive				ganization answered space is needed.	"Yes" to	
((a) Name and address of	(b) EIN	(c) IRC section	(d) A mount of cash	(e) A mount of non-	(f) Method of	(g) Description of	(h) Purpose of grant	

organization or government		ıf applıcable	grant	cash assistance	valuation (book, FMV, appraisal, other)	non-cash assistance	or assistance
(1) MDRT FOUNDATION 325 WEST TOUHY AVENUE PARK RIDGE,IL 60068	36-6080766	501(C)(3)	302,500		N/A	N/A	GRANTS TO OTHER CHARITABLE ORGANIZATIONS
(2) ASSOCIATION FOR ADVANCED LIFE UNDERWRITING 11921 FREEDOM DRIVE SUITE 1100 RESTON, VA 20190	52-2118793	501(C)(6)	100,000		N/A	N/A	SPO NSO RSHIP
(3) LIFE & HEALTH INSURANCE FOUNDATION 1655 NORTH FORT MYERS DRIVE ARLINGTON, VA 22209	52-1904610	501(C)(3)	750,000		N/A	N/A	GENERAL OPERATIONS
(4) NATIONAL ASSOCIATION OF INSURANCE AND FINANCIAL ADVISORS 2901 TELESTAR COURT FALLS CHURCH, VA 22042	53-0232489	501(C)(6)	115,000		N/A	N/A	SPO NSO RSHIP

2	Enter total number of section 501(c)(3) and government organizations listed in the line 1 table	2
3	Enter total number of other organizations listed in the line 1 table	2

Schedule I	(Form 990) 2014
Part III	Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" to Form 990, Part IV, line 22.
	Part III can be duplicated if additional space is needed.

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

Part IV Supplemental In	iformation. Provide the information required in Part I, line 2, Part III, column (b), and any other additional information.
Return Reference	Explanation
·	THE ORGANIZATION REQUIRES POTENTIAL GRANTEES TO PROVIDE FINANCIAL STATEMENTS AND BUDGETS UPON RECEIVING A GRANT, ORGANIZATIONS ARE REQUESTED TO PROVIDE A REPORT AS TO HOW GRANT FUNDS WERE USED RELATIVE TO THE PROJECT FOR WHICH FUNDING WAS AWARDED

Schedule I (Form 990) 2014

efile GRAPHIC print - DO NOT PROCESS | As Filed Data -

DLN: 93493278010055

OMB No 1545-0047

Schedule J (Form 990)

Department of the Treasury

Internal Revenue Service

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

Compensation Information

► Complete if the organization answered "Yes" to Form 990, Part IV, line 23. ► Attach to Form 990. ▶ Information about Schedule J (Form 990) and its instructions is at www.irs.gov/form990.

Open to Public Inspection

Name of the organization MILLION DOLLAR ROUND TABLE **Employer identification number**

36-2138427

Pa	Questions Regarding Compensation				
			Yes	No	
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a Complete Part III to provide any relevant information regarding these items				
	First-class or charter travel Housing allowance or residence for personal use				
	▼ Travel for companions				
	▼ Tax idemnification and gross-up payments				
	Discretionary spending account Personal services (e.g., maid, chauffeur, chef)				
b	If any of the boxes in line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	1b	Yes		
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?	2	Yes		
			165		
3	Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director Check all that apply Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III				
	Compensation committee				
	Form 990 of other organizations Approval by the board or compensation committee				
4	During the year, did any person listed in Form 990, Part VII, Section A, line 1a with respect to the filing organization or a related organization				
а	Receive a severance payment or change-of-control payment?	4a		No	
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b	Yes		
С	Participate in, or receive payment from, an equity-based compensation arrangement?	4c		Νo	
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III				
	Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.				
5	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of				
а	The organization?	5a			
b	Any related organization?	5b			
	If "Yes," to line 5a or 5b, describe in Part III				
6	For persons listed in Form 990, Part VII, Section A, line $1a$, did the organization pay or accrue any compensation contingent on the net earnings of				
а	The organization?	6a			
b	Any related organization?	6b			
	If "Yes," to line 6a or 6b, describe in Part III				
7	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III	7			
8	Were any amounts reported in Form 990, Part VII, paid or accured pursuant to a contract that was				
	subject to the initial contract exception described in Regulations section 53 4958-4(a)(3)? If "Yes," describe				
	ın Part III	8			
9	If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53 4958-6(c)?	9			

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

For each individual whose compensation must be reported in Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii) Do not list any individuals that are not listed on Form 990, Part VII

Note. The sum of columns (B)(I)-(III) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual

(A) Name and Title		(B) Breakdown of	f W-2 and/or 1099-MIS	C compensation	(C) Retirement and	(D) Nontaxable	(E) Total of columns	(F) Compensation in
		(i) Base compensation	(ii) Bonus & ıncentive compensation	(iii) Other reportable compensation	other deferred compensation	benefits	(B)(ı)-(D)	column(B) reported as deferred in prior Form 990
1 STEPHEN P STAHR, CEO	(i)	369,274	0	0	97,196	26,569	493,039	0
	(ii)	0	0	0	0	0	0	0
2 RAYMOND J KOPCINSKI, SENIOR DIRECTOR	(i)	290,769	0	0	18,716	16,020	325,505	0
SENIOR DIRECTOR	(ii)	0	0	0	0	0	0	0
3 PAMELA K BROWN,	(i)	175,572	0	0	9,635	14,077	199,284	0
DIRECTOR OF MARKETING AND	(ii)	0	0	0	0	0	0	0
4 JAMES UNANDER, DIRECTOR OF INFORMATION	(i)	169,749	0	0	5,406	21,128	196,283	0
TE	(ii)	0	0	0	0	0	0	0
5 LAURA GOOD, DIRECTOR OF HR/ADMIN SERVI	(i)	151,713	0	0	3,148	17,738	172,599	0
OF TIR/ADMIN SERVI	(ii)	0	0	0	0	0	0	0
6 JEANNE MALONE, DIRECTOR MEETING	(i)	141,411	0	0	5,050	21,924	168,385	0
SERVICES	(ii)	0	0	0	0	0	0	0
7 JOHN PRAST, FORMER CEO	(i)	0	0	141,680	0	0	141,680	141,680
CLO	(ii)	0	0	0	0	0	0	0

Schedule J (Form 990) 2014

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

Also complete this part for any dudition	ndi momation
Return Reference	Explanation
PART I, LINE 1A	EXECUTIVE COMMITTEE MEMBERS AND THE CEO CAN CHOOSE TO TRAVEL FIRST CLASS ON FLIGHTS WITH DURATIONS OF THREE HOURS OR LONGER (NONTAXABLE BENEFIT) SPOUSES CAN ACCOMPANY THE EXECUTIVE COMMITTEE MEMBERS ON THEIR TRAVELS EACH EXECUTIVE COMMITTEE MEMBER RECEIVES A GROSS UP PAYMENT RELATED TO THEIR SPOUSAL TRAVEL AND ADMINISTRATIVE EXPENSES, WHICH IS TAXABLE TO THE INDIVIDUAL EACH MEMBER OF THE EXECUTIVE COMMITTEE IS PROVIDED WITH A DISCRETIONARY SPENDING ACCOUNT (NONTAXABLE TO THE INDIVIDUAL) THE AMOUNTS BUDGETED FOR THESE ACCOUNTS ARE INCLUDED IN THE ORGANIZATION'S BUDGET THE BUDGET IS APPROVED BY THE FINANCE COMMITTEE ON AN ANNUAL BASIS
PART I, LINE 4B	THE FOLLOWING PERSONS RECEIVE BENEFITS FROM OR OTHERWISE PARTICIPATE IN SUPPLEMENTAL NONQUALIFIED RETIREMENT PLANS JOHN PRAST - PAYMENT OF \$141,680 (FULLY VESTED) STEPHEN STAHR - EARNED \$87,830 (DOES NOT VEST UNTIL RETIREMENT DATE IS REACHED)

Schedule J (Form 990) 2014

efile GRAPHIC print - DO NOT PROCESS | As Filed Data -

DLN: 93493278010055

OMB No 1545-0047

Open to Public Inspection

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 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.irs.gov/form990.

Name of the organization **Employer identification number** MILLION DOLLAR ROUND TABLE 36-2138427

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 6	
FORM 990, PART VI, SECTION A, LINE 7A	EACH YEAR A NOMINATING COMMITTEE OF CURRENT MEMBERS IS ASSEMBLED TO ELECT A NEW NOMINEE TO THE ORGANIZATION'S EXECUTIVE COMMITTEE
FORM 990, PART VI, SECTION A, LINE 7B	THE BY-LAWS MAY BE AMENDED BY THE MEMBERS THE PROCESS REQUIRES NOTIFICATION OF THE MEMBER S NOT LESS THAN 30 DAYS PRIOR TO THE ANNUAL MEETING AND APPROVAL BY TWO-THIRDS OF THOSE ME MBERS PRESENT AT THE ANNUAL MEETING AND CASTING VOTES AMENDMENTS MAY ALSO BE MADE BETWEEN ANNUAL MEETINGS BY SOLICITATION OF THE MEMBERS BY MAIL OR ELECTRONIC MEDIA THIS METHOD A LSO REQUIRES 30 DAY NOTIFICATION IN ADVANCE OF THE BALLOT DEADLINE AND APPROVAL BY TWO- THI RDS OF MEMBERS CASTING VOTES MEMBERS MAY PROPOSE AMENDMENTS BY WRITTEN PETITION CONTAININ G SIGNATURES OF NOT LESS THAN 20% OF ALL MEMBERS SUCH PETITION MUST BE SUBMITTED 90 DAYS PRIOR TO THE ANNUAL MEETING TO FACILITATE COMPLIANCE WITH THE 30 DAY NOTICE REQUIREMENT
FORM 990, PART VI, SECTION B, LINE 11	FORM 990 IS PREPARED BY THE ORGANIZATION'S INDEPENDENT ACCOUNTING FIRM AND DISTRIBUTED TO MANAGEMENT AND THE ORGANIZATION'S GOVERNING BODY PRIOR TO FILING
FORM 990, PART VI, SECTION B, LINE 12C	EACH EXECUTIVE COMMITTEE MEMBER IS REQUIRED TO AGREE TO THE CONFLICT OF INTEREST POLICY AN D ACKNOWLEDGES THIS BY SIGNING THE CONFLICT OF INTEREST POLICY STATEMENT ON AN ANNUAL BASI S COMPLIANCE IS MONITORED BY THE EXECUTIVE COMMITTEE ON AN ANNUAL BASIS THE POLICY REQUIRES FULL AND PROMPT DISCLOSURE TO THE COMMITTEE OF ALL RELEVANT FACTS REGARDING ANY POSSIB LE CONFLICTS OF INTEREST
FORM 990, PART VI, SECTION B, LINE 15	ASAE'S BLUE CHIP AND ASSOCIATION FORM SURVEY'S ARE PARTICIPATED IN AND EVALUATED EACH YEAR BY THE EXECUTIVE COMMITTEE AND CHIEF EXECUTIVE OFFICER, EACH OF WHO RECEIVE COMPENSATION F ROM THE ORGANIZATION DURING THE YEAR OCCUPATION SPECIFIC SURVEY'S SUCH AS SHRM, NFRE, AND NMA ARE REVIEWED FOR MOST RECENT COMPENSATION DOCUMENTATION COMPENSATION FOR ALL EXECUTIV E POSITIONS WAS REVIEWED AND DOCUMENTED FOR 2014 ADDITIONALLY THE ORGANIZATION'S JOB DESC RIPTION AND SALARIES ARE REVIEWED BY AN EXTERNAL THIRD PARTY TO ASSESS WHETHER THE ORGANIZ ATION'S COMPENSATION IS COMPARABLE TO LIKE POSITIONS IN SIMILAR ORGANIZATIONS
FORM 990, PART VI, SECTION C, LINE 19	MADE AVAILABLE UPON REQUEST
FORM 990, PART XI, LINE 9	CHANGE IN PENSION LIABILITY -3,224,007
FORM 990, PART XII, LINE 2C	THE ORGANIZATION'S EXECUTIVE COMMITTEE ASSUMES RESPONSIBILITY FOR OVERSIGHT OF THE AUDIT O F ITS FINANCIAL STATEMENTS AND SELECTION OF AN INDEPENDENT ACCOUNTANT THIS PROCESS HAS NO T CHANGED FROM THE PRIOR YEAR

efile GRAPHIC print - DO NOT PROCESS | As Filed Data -

DLN: 93493278010055

SCHEDULE R (Form 990)

Related Organizations and Unrelated Partnerships

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.

2014

OMB No 1545-0047

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

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

MILLION DOLLAR ROUND TABLE

Employer identification number 36-2138427

Part I Identification of Disregarded Entities Complete	ıf the organızatıon a	answered "Yes" on	Form 990, Pa	rt IV, line 33.	
(a) Name, address, and EIN (ıf applıcable) of dısregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity

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

(a) (b) Name, address, and EIN of related organization Primary act		(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))		Section (13) co ent	512(b) ntrolled
						Yes	No
	GRANT MAKING TO OTHER CHARITABLE ORGANIZATIONS	ΊL	501(C)(3)	LINE 7	N/A		No

Yes No

Yes

No

(a) Name, address, and EIN of related organization (b) Primary activity I Legal domicile (state or foreign country) (state or foreign countr	Part III	Identification of Related Organizations Taxable a because it had one or more related organizations treated.					atıon ansv	vered "Ye:	s" on Form	990, Part I	V, line 34	4
		Name, address, and EIN of	Primary activity	Legal domicile (state or foreign	Direct controlling entity	Predominant income(related, unrelated, excluded from tax under sections 512-		Share of end-of-year	Disproprtionate allocations?	Code V-UBI amount in box 20 of Schedule K-1	managing	(k) Percentage ownership

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

(a)	(b)	(c)	(d)	(e)	(f)	(g)	(h)	(i)	
Name, address, and EIN of	Primary activity	Legal	Direct controlling	Type of entity	Share of total	Share of end-	Percentage	Section 512	
related organization		domicile	entity	(C corp, S	ıncome	of-year	ownership	(b)(13)	
		(state or foreign		corp,		assets		controlled	
		country)		or trust)				entity?	
								Yes	No

Voc. No.

Part V	Transactions With Related Or	ganizations Complete i	f the organization answered	"Yes" on Form 990	, Part IV, line 34, 35b, or 36.

Note Complete line 1 (fam) antiture listed in Danie II III an IV affilia achadula
Note. Complete line 1 if any entity is listed in Parts II. III. or IV of this schedule

- 1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?
- a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity
- **b** Gift, grant, or capital contribution to related organization(s)
- **c** Gift, grant, or capital contribution from related organization(s)
- **d** Loans or loan guarantees to or for related organization(s)
- e Loans or loan guarantees by related organization(s)
- **f** Dividends from related organization(s)
- g Sale of assets to related organization(s)
- h Purchase of assets from related organization(s)
- i Exchange of assets with related organization(s)
- j Lease of facilities, equipment, or other assets to related organization(s)
- **k** Lease of facilities, equipment, or other assets from related organization(s)
- I Performance of services or membership or fundraising solicitations for related organization(s)
- m Performance of services or membership or fundraising solicitations by related organization(s)
- n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)
- Sharing of paid employees with related organization(s)
- **p** Reimbursement paid to related organization(s) for expenses
- **q** Reimbursement paid by related organization(s) for expenses
- r Other transfer of cash or property to related organization(s)
- **s** Other transfer of cash or property from related organization(s)
- If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1) MILLION DOLLAR ROUNDTABLE FOUNDATION	В	302,500	CASH PROVIDED
(2) MILLION DOLLAR ROUNDTABLE FOUNDATION	М	100,000	CASH RECEIVED
(3) MILLION DOLLAR ROUNDTABLE FOUNDATION	0	959,352	FAIR VALUE OF SERVICES PROVIDED

		Ď	2
	1a		No
	1b	Yes	
	1c		No
	1d		No
	1e		No
	1f		No
	1 g		No
	1h		No
	1i		No
	1j		No
	1k		No
	11		No
	1m 1n	Yes	
		Yes	
	10	Yes	
	1р		No
	1q		No
	1r		No
	1 s		No
,			

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

1 <u> </u>													
(a) Name, address, and EIN of entity	(b) Primary activity	domicile (state or foreign	(d) Predominant income (related, unrelated, excluded from tax under sections 512-	section 501(c)(3) organizations?		(f) Share of total income	(g) Share of end-of-year assets	(h) Disproprtionat allocations?	7	(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managıng partner?		(k) Percentage ownership
	<u> </u>	<u> </u>	514)	Yes	No	1	<u> </u>	Yes	No		Yes	No	
									\Box	1			

Schedule R (Form 990) 2014

Part VII Supplemental Information

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

Return Reference Explanation

Schedule R (Form 990) 2014

Page **5**