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Return of Organization Exempt From Income Tax
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

Do not enter social security numbers on this form as it may be made public.
Information about Form 990 and its instructions is at www.irs.gov/form990.

OMB No 1545-0047 2014

Open to Public Inspection

Dep	artment of the mail Revenue	ne Treasury e Service		▶ Do not e ▶ Information	nter social secu on about Form 9	rrity numbers 90 and its ins	on this forn tructions is	n as it may at www.i	y be ma irs.gov	de public. //form990.	ı			to Pub pection		
Α	For the	2014 calenda	r year, or ta	x year begi	inning		, 2	014, and	endir	ıg					,	
В	Check if ap	plicable C	Name of organ	nization KI	TSAP COU	NTY ASS	OCIATI	ON OF	REA	LTORS	D Emplo	yer Identi	fication n	umber		
	Addre	ess change	Doing busines	s as							91-	0723	769			
	Name	change	Number and s	treet (or PO be	ox if mail is not del	ivered to street	address)		Room/	suite	E Telephone number					
	Initial	return 3	689 MUNS	SON STR	EET				1		(360) 692-8852					
	Final re	eturrvterminated			e, country, and ZIP	or foreign posta	l code									
	Amen	ded return S	ILVERDAI	Æ			7	WA 98	3383		G Gross r	receipts \$ 260,595.				
	├ ─┤	ت ا	Name and add		al officer				2000	H(a) Is this a	·			Yes	XNo	
	L_] ***				UNSON STREE	T STLVE	RDALE	WA 98	2222	H(b) Are all If 'No,'	subordinates	ınduded?	ı	Yes	No	
ī	Tay-eye	empt status		X 501(c) (nsert no)	4947(a)(527	If 'No,'	attach a list (see instru	ctions)	—		
<u>;</u>	Websi		KITSAPR			113011110)	1777(0)(1701	1027	H(c) Group	overntion n	ımbar Þ				
K			Corporation	Trust	Association	Other ►		L Year o	· · · · · ·				gal domicil	- III		
			Corporation	Trust	Association	Other		Tear o	or ionnau	on 194	9 IM 3	state of le	gai domicii	e WA		
		Summary iefly describe to	he organizat	ion'e missis	n or most side	nificant activ	ution:	DEAL	mon.	מת ג מוח	N C C O C T	3 III T ()				
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Governance	2 Cr	neck this box	if the	organizatio	n discontinue	d its operation	ons or disc	osed of	more t	han 25% o	fits net as					
	ı	umber of voting										3			37	
Activities &		umber of indep										4			37	
<u>ië</u>	5 To	tal number of	individuals e	mployed in	calendar year	2014 (Part	V, line 2a)					5			3	
:≧	6 To	otal number of	volunteers (e	estimate if n	ecessary)							6			4.8	
¥		otal unrelated b										7a			99.	
	b Ne	et unrelated bu	siness taxab	le income fi	rom Form 990	-T, line 34 •	<u> </u>	• • • •	• • • •		<u> </u>	7b			0.	
										1	rior Year		Cur	rent Y		
ō	8 Contributions and grants (Part VIII, line 1h)										185,4				,212.	
enc											13,1				840.	
Revenue		vestment incon				•						64.			-776.	
		her revenue (F										95.			134.	
		tal revenue -									199,5				410.	
		ants and simila	=	· ·	• •					<u> </u>	10,6	50.		2,	500.	
		enefits paid to o		•		-										
S		laries, other co	•		•	· ·	(A), lines :	5-10)			171,3	30.		214,	879.	
Expenses	16a Pro	ofessional fund	iraising fees	(Part IX, co	humn (A), line	(29) /产产	· · · · · · · · ·									
xbe	b To	tal fundraising	expenses (F	Part IX, col	mn (D), line 2:	5)FJV = L	<u></u>									
ш	17 Ot	her expenses	(Part IX, colu	ımn (A), line	s 11a-11d, 11	lf-24e)			 .		65,4	26.		63,	429.	
	18 To	tal expenses.	Add lines 13-	-17 (must e	Qual Part IXPo	olumin (A) [ne 25?				247,4				808.	
		venue less ex			~ J		(0)				-47,8				398.	
Net Assets or Fund Balances			 			\t_\1_\1				Beginnin	g of Curren		Enc	of Ye		
la t	20 To	tal assets (Par	t X, line 16)		<u>OGL</u>	<u>)EN, U</u>					231,4			215,	312.	
Ş a	21 To	tal liabilities (P	art X, line 26	s) ⁻							93,0				613.	
돌	22 Ne	t assets or fun	d balances.	Subtract line	e 21 from line	20					138,4	20.		117,	699.	
	rt II	Signature I	Block		 											
		of perjury, I declare ation of preparer (o		ined this return	, including accomp	anying schedul	es and statem	ents, and to	o the bes	t of my knowle	edge and beli	ef, it is tru	e, correct,	and		
comp	lete Declara	ation of preparer (o	ther than officer)	is based on all	information of which	ch preparer has	any knowledo	je								
5		N	Ma.	1							091	08	15			
-Sig	n	Signature of	officer			,				Dat	e ' '		•			
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لله الم		 	t name and title.													
,		Print/Type prepa	rer's name		Preparer's store	ature	_	Date		ľ	Check	Jif P	TIN			
Pai	d	RANDY F	BIEGENWA	LD	10			09	/04/	15	self-employe	d E	01245	5406		
Pre	parer	Firm's name	RANDY	BIEGEN	WALD CPA	, PS										
Uş	Only	Firm's address	3571 1	NW BYRO	N						Firm's EIN	91-	14940	73		
ن	·	L	SILVE	RDALE			WA 98	383			Phone no.	(360)	692	-442	4	
May	the IRS	discuss this re			nown above?	(see instruct	ions)						X Ye	s	No	

Form 990 (2014)

	1990 (2014) KITSAP COL					1/23/69	Page 2
Par		•	<u>-</u>				
			note to any line in this Part I	<u> </u>		· · · · · · · ·	<u> </u>
1	Briefly describe the organization						
	REALTOR TRADE ASSO	CIATION					
2	Did the organization undertake						
	Form 990 or 990-EZ?					· · L Yes	X No
	If 'Yes,' describe these new ser						_
3	Did the organization cease con-	ducting, or make sig	nificant changes in how it co	nducts, any pro	gram services?	· · Yes	X No
	If 'Yes,' describe these changes						
4	Describe the organization's pro- Section 501(c)(3) and 501(c)(4)	gram service accom	plishments for each of its three	ee largest progr	ram services, as measu	red by expens	es.
	and revenue, if any, for each pr) organizations are re rogram service repor	equired to report the amount	or grants and a	llocations to others, the	total expenses	s,
		- J					
4 2	(Code:) (Expense	es \$	including grants of	\$) (Revenue	\$	
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Part IV | Checklist of Required Schedules Yes No Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If 'Yes,' complete Χ Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? Х 2 Х 3 4 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 Х 5 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, Х 6 Х 7 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If 'Yes,' Х R 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 Х 9 10 Х If the organization's answer to any of the following questions is 'Yes', then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable. a Did the organization report an amount for land, buildings and equipment in Part X, line 10? If 'Yes,' complete Schedule Х 11 a b Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total Х 11 b c Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total Х 11 c Х 11 d Х e Did the organization report an amount for other liabilities in Part X, line 25? If 'Yes,' complete Schedule D, Part X. 11 e f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If 'Yes,' complete Schedule D, Part X . . X 11 f 12a Did the organization obtain separate, independent audited financial statements for the tax year? If 'Yes,' complete X 12a b Was the organization included in consolidated, independent audited financial statements for the tax year? If 'Yes,' and if the organization answered 'No' to line 12a, then completing Schedule D, Parts XI and XII is optional 12b Х Х 13 Х 14a Did the organization maintain an office, employees, or agents outside of the United States? 14a b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, Χ 14b Χ 15 Х 16 17 Х Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, Х 18 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If 'Yes,' X 19 Х 20 20 a Did the organization operate one or more hospital facilities? If 'Yes,' complete Schedule H 20 b

Form 990 (2014) KITSAP COUNTY ASSOCIATION OF REALTORS

Part IV | Checklist of Required Schedules (continued)

			Yes	No
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		х
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		Х
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		х
24	a 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		х
	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		
25	a 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		Х
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? If 'Yes,' complete Schedule L, Part III	27	х	
	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):			
	a A current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L, Part IV	28a		Х
	b A family member of a current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L, Part IV	28b		Х
	c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If 'Yes,' complete Schedule L, Part IV</i>	28c		Х
29	Did the organization receive more than \$25,000 in non-cash contributions? If 'Yes,' complete Schedule M	29	·	Χ
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If 'Yes,' complete Schedule M	30		Х
31	Did the organization liquidate, terminate, or dissolve and cease operations? If 'Yes,' complete Schedule N, Part I	31		Χ
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		Х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If 'Yes,' complete Schedule R, Part I	33		Х
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		Х
35 a	a Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		Х
1	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		Х
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If 'Yes,' complete Schedule R, Part V, line 2	36		
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If 'Yes,' complete Schedule R, Part VI	37		х
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O	38	х	

BAA

Form 990 (2014)

Form 990 (2014) KITSAP COUNTY ASSOCIATION OF REALTORS 91-072376	9	F	age:
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	•••	• • •	<u>. </u>
1 a Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable		Yes	No
	-		l
	- !		
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1 c	x	
2 a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return 2 a 3			
b If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2 b	Х	l
Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
3 a Did the organization have unrelated business gross income of \$1,000 or more during the year?	3 a		X
b If 'Yes' has it filed a Form 990-T for this year? If 'No' to line 3b, provide an explanation in Schedule O	3 b		
4 a 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)?	4 a		Х
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)]		
5 a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5 a		X
b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5 b		Х
c If 'Yes,' to line 5a or 5b, did the organization file Form 8886-T?	5 c		<u> </u>
6 a 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?	6 a	Х	_
b If 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6 b	Х	
7 Organizations that may receive deductible contributions under section 170(c).			
a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7 a		
b If 'Yes,' did the organization notify the donor of the value of the goods or services provided?	7 b		
c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file			_
Form 8282?	7 c		
d If 'Yes,' indicate the number of Forms 8282 filed during the year]	ł	
e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7 e		
f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7 f		
g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7 g		
h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a		l	
Form 1098-C?	7 h		
organization have excess business holdings at any time during the year?	8	l	
9 Sponsoring organizations maintaining donor advised funds.			
a Did the sponsoring organization make any taxable distributions under section 4966?	9 a		
b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9 b		
10 Section 501(c)(7) organizations. Enter:			
a Initiation fees and capital contributions included on Part VIII, line 12			
b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b			
	, 1	- 1	

Part VI Governance, Management, and Disclosure For each 'Yes' response to lines 2 through 7b below, and for a 'No' response to line 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.

<u>Se</u>	ction A. Governing Body and Management		,	
			Yes	No
1	a Enter the number of voting members of the governing body at the end of the tax year			
	b Enter the number of voting members included in line 1a, above, who are independent 1b 37			
	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other			ĺ
_	officer, director, trustee, or key employee?	2	İ	x
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		Х
4	Did the organization make any significant changes to its governing documents			
	since the prior Form 990 was filed?	4		Х
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X
6	Did the organization have members or stockholders?	6	Х	
7	a 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?	7 a	Х	
	h Are any governance decisions of the organization reserved to (or subject to approval by) members,			
	stockholders, or persons other than the governing body?	7 b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
	The governing body?	8 a		
	Each committee with authority to act on behalf of the governing body?	8 b	Х	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the	_		
<u></u>	organization's mailing address? If 'Yes,' provide the names and addresses in Schedule O	9		Х
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Reven	ue C	_	
10	a Did the organization have local chapters, branches, or affiliates?	40.5	Yes	No
		10 a		Х
-	olf '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?	10 b		
11:	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11 a	\mathbf{x}	
	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 · · · · · · · · · · · · · · · · · ·	12 a	x	
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise			
	to conflicts?	12 b	Х	
	Schedule O how this was done	12 c	İ	Х
13	Did the organization have a written whistleblower policy?	13	Х	
14	Did the organization have a written document retention and destruction policy?	14	Х	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
a	The organization's CEO, Executive Director, or top management official	15a	х	
	Other officers or key employees of the organization	15b		Х
	If 'Yes' to line 15a or 15b, describe the process in Schedule O (see instructions).			
16 a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a		х
k	If 'Yes,' did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	16 B		
Sec	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed ▶			
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) at for public inspection. Indicate how you made these available. Check all that apply. Own website Another's website X 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 the public during the tax year.	to		
20	State the name, address, and telephone number of the person who possesses the organization's books and records:			
	MICHAEL ELIASON 3689 MUNSON ST, SILVERDALE, WA 98383 (36	0) 6	92-8	852

Form 990 (2014)	TTTCN D	COLIMITY	ASSOCIATION	OF	DEVILVE
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91-0723769

Page 7

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

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

- 1 a 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, and 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 re	elated organi	zatio	n co	mpe	ensa	ted a	ny c	current officer, dire	ctor, or trustee.	
				(C)						
(A) Name and Title	(B) Average hours per	thar	osition (do not check more an one box, unless person is both an officer and a director/trustee)				n	(D) Reportable compensation from the organization	(E) Reportable compensation from related organizations	(F) Estimated amount of other compensation
	week (list any hours for related organiza- tions below dotted line)	or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	(W-2/1099-MISC)	(W-2/1099-MISC)	from the organization and related organizations
(1) THOR HOLM	1.00					i i				
DIRECTOR		Х						0.	0.	0.
(2) MICHAEL ELIASON EXECUTIVE DIRECTOR	40.00					х		123,903.	0.	0.
(3) DINO DAVIS DIRECTOR	1.00	х						0.	0.	0.
	1.00	х						0.	0	0.
(5) JIM ROBERTS DIRECTOR	1.00	х						0.	0.	0.
(6) BARBARA ANN STIER DIRECTOR	1.00	х						0.1	0.	0.
(7) DANA SOYAT PRESIDENT	3.00			х				0.	0.1	0.
(8) ANDREW WELCH DIRECTOR	1.00	х						0.	0.	0.
(9) PENNY MCLAUGHLIN DIRECTOR	1.00	х						0.	0.	0.
(10) MARCUS HOFFMAN DIRECTOR	1.00	х						0.	0.	0.
(11) JOHN TAYLOR DIRECTOR	1.00	х					Ì	0.	0.	_0.
(12) KINAM SOHN PRESIDENT ELECT	3.00			х				0.	0.	0.
(13) WENDY CRENSHAW DIRECTOR	1.00	х						0.	0.	0.
(14) KAREN EBERSOLE DIRECTOR	1.00	х						0.	0.	0.

Form 990 (2014)

Fart VII Section A. Unicers, Directors, 11		<u>ĸey</u>	En			es,	an	d Highest Con	npensated Emp	loye	≥S (cont	inued)	
(A) Name and title	Average hours per week	off	c, unle	Pos heck ss pe	rson	than dis both or/trust	an tee)	(D) Reportable compensation from the organization	(E) Reportable compensation from related organizations	ame	(F) Estimated ount of oth mpensation		
	(list any hours for related organiza - tions below dotted line)	or director	ishtutional trustee	Officer	Key employee	Highest compensated employee	Former	(W-2/1099-MISC)	(W-2/1099-MISC)	or a	from the ganization nd related ganization	l	
(15) TERI HEWSON DIRECTOR	1.00_	x						0.	0.			0.	
(16) KJ LANGE SECRETARY	3.00			x				0.1	0.				
(17) PATRICIA MCGUIRE TREASURER	3.00			х				0.	0.1			0.	
(18) ANNETTE NITZ DIRECTOR	1.00	х						0.	0.				
(19) KATHY BERNDTSON 1.00 X 0. 0.											0.		
(20) KATE WILSON 1.00											0.		
(21) WALT BAILEY DIRECTOR	21) WALT BAILEY 1.00										0.		
(22) IRENE GARCIA DIRECTOR	1.00	х						0.	0.			0.	
(23) MIKE ROCHON DIRECTOR	1.00_	x						0.	0.			0.	
(24) ROBERT CONTRERAS DIRECTOR	1.00	х						0.	0.		0.		
(25) PAUL HOLZMAN DIRECTOR	1.00	х						0.	0.			0.	
1 b Sub-total	• • • • •	•	• •		• •		-	123,903.	0.			0.	
c Total from continuation sheets to Part VII, Section						1	▶	0.	0.			0.	
d Total (add lines 1b and 1c)							- [123,903.	0.			0.	
2 Total number of individuals (including but not limited from the organization ► 1	to those f	isted	abov	ve) v	who	rece	ived	more than \$100,0	00 of reportable com	pensa	tion		
from the organization 1											Yes	No	
3 Did the organization list any former officer, director, on line 1a? If 'Yes,' complete Schedule J for such in	or trustee	, key	emp	loye	e, c	r higi	hesi	t compensated em	ployee	. 3		Х	
4 For any individual listed on line 1a, is the sum of rep the organization and related organizations greater the	150,0 nan	100?	lf 'Ye	s'c	omp	lete :	Sch	edule J for					
such individual	ompensatio	on fro	m ar	ny u	nrel	ated	orga	anization or ındivıdı		4		<u> </u>	
for services rendered to the organization? If 'Yes,' consection B. Independent Contractors	omplete So	chedi	ile J	tor s	sucr	pers	son			. 5	<u></u>	<u>X</u>	
Complete this table for your five highest compensate compensation from the organization. Report compe	ed indepen	dent	cont	ract	ors	that r	ece	ived more than \$10	00,000 of				
(A) Name and business addre		410 0	dicti	ų di	yca	Cild	<u>g</u>	(B) Description of		(1	C) nsation		

							\perp						
	 			· · · -			+					—	
Total number of independent contractors (including \$100,000 of compensation from the organization	but not limi	ted to	tho	se li	istec	i abo	ve)	who received more	than				

Part VIII Statement of Revenue

Check if Schedule O contain	OF CONTRACTOR OF	REALTORS		01	
Check if Schedule O contains a	response or note to any	Vine in this Part VIII		91-072376	9 Page 9
3		(A) Total revenue	(8)		····
1 a Federated campaigns b Membership dues	1a		Related or exempt function revenue	(C) Unrelated business revenue	Revenue excluded from tax under sections
d Related organizations e Government grants (contributions) f All other contributions, gifts, grants, and	1c 1/2,485.				512-514
g Noncash contributions included in lines 1a-1f h Total. Add lines 1a-1f 2 a EDUCATION INCOME b ADVERTIGATION	Business Code	227,212.			
d c	541800	10,150. 99.	10,150.	0. 99.	0.
3 Investment 3 Inv		10,591.	10,591	22.	0.
other similar amounts) Income from investment of tax-exempt bo Royalties. (I) Real	nterest and	20,840.	0.	0.	0.
6 a Gross rents	(ii) Personal			Ÿ.	<u> 17.</u>
7 a Gross amount from sales of assets other than inventory b Less cost or other basis and sales expenses	(v) Other 0 .				
d Net gain or (loss)	<u>793</u> . <u>-793</u> .				
or contributions reported on line 1c). See Part IV, line 18	10.5	<u>-793.</u>	-793,	0.	0.
9 a Gross income from gaming activities See Part IV line 10	12,526. 392.	2,134.	^ 48 A		•
c Net income or (loss) from gaming activities 10 a Gross sales of inventory, less returns	•		la la		.134.
b Less: cost of goods sold		4			
b Busines c d All other revenue	s Code			400 to	
e Total. Add lines 11a-11d	<u> </u>				
	7EEA0109 11/13/14	0. 19,948	. 99	12.15	

Part IX | Statement of Functional Expenses

	not include amounts reported on lines 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21		·		
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	126,282.			
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	68,686.			
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9	Other employee benefits	367.			
10	Payroll taxes	19,544.			
11	Fees for services (non-employees):				
а	Management				
b	Legal				
c	Accounting	1,905.			
d	Lobbying				
е	Professional fundraising services. See Part IV, line 17 .				
•	Investment management fees				
ŭ	Other. (If line 11g amt exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	1,291.			
	Advertising and promotion				
13	Office expenses	9,780.	· · ·		
14	Information technology	1,220.			
15	Royalties	45.005			
16	Occupancy	15,827.			
17	Travel	-			
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	15,939.			
20	Interest				
21	Payments to affiliates		 -		
22	Depreciation, depletion, and amortization	3,816.			
23	Insurance	1,575.			
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.)		<i>"</i>	*	,
а	EDUCATION EXPENSES	8.149.			
	DUES & PUBLICATIONS	110			
	CAMPAIGN_SUPPORT	2,509.			
	GA TELEPHONE	1,308.			
	All other expenses			· · · · · · · · · · · · · · · · · · ·	
	Total functional expenses Add lines 1 through 24e	280,808.			
	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

		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	114,982.	1	113,904.
	2	Savings and temporary cash investments	44,330.	2	29,174.
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net		4	
	5	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L	,	5	-
	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		6	
ţ	7	Notes and loans receivable, net		7	
Assets	8	Inventories for sale or use		8	
۲	9	Prepaid expenses and deferred charges		9	1,470.
	10 a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	,		
	b	Less accumulated depreciation	72,127.	10 c	70,764.
	11	Investments – publicly traded secunties		11	
	12	Investments — other secunties. See Part IV, line 11		12	
	13	Investments – program-related. See Part IV, line 11		13	
	14	Intangible assets		14	
ı	15	Other assets. See Part IV, line 11		15	
	16	Total assets. Add lines 1 through 15 (must equal line 34)	231,439.	16	215,312.
	17	Total assets. Add lines 1 through 15 (must equal line 34)	553.	17	3,179.
	18	Grants payable	-,,-,-,-,-,-,-,-,-,-,-,-,-,-,-,-,-,-,-,-	18	
i	19	Deferred revenue	92,047.	19	42,658.
ŀ	20	Tax-exempt bond liabilities		20	
es	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
Liabilities	22	Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L	> 00 %A	22	
	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D	419.	25	51,776.
	26	Total liabilities. Add lines 17 through 25	93,019.	26	97,613.
Ses		Organizations that follow SFAS 117 (ASC 958), check here ► and complete lines 27 through 29, and lines 33 and 34.	* *		. ·
a	27	Unrestricted net assets		27	
Bal	28	Temporarily restricted net assets		28	
핗	29	Permanently restricted net assets		29	
Net Assets or Fund Balance		Organizations that do not follow SFAS 117 (ASC 958), check here ► X and complete lines 30 through 34.		,	w
S	30	Capital stock or trust principal, or current funds		30	•••
Se l	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
As	32	Retained earnings, endowment, accumulated income, or other funds	138,420.	32	117,699.
<u>ë</u>	33	Total net assets or fund balances	138,420.	33	117,699.
-	34	Total liabilities and net assets/fund balances	231,439.	34	215,312.

BAA Form 990 (2014)

Forn	1990 (2014) KITSAP COUNTY ASSOCIATION OF REALTORS 91-0723769		Pá	age 12
Pai	t XI Reconciliation of Net Assets			
	Check if Schedule O contains a response or note to any line in this Part XI		. <u></u>	. X
1	Total revenue (must equal Part VIII, column (A), line 12)		_	<u>1</u> 10.
2	Total expenses (must equal Part IX, column (A), line 25)	2	80,8	308.
3	Revenue less expenses. Subtract line 2 from line 1			398.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))			120.
5	Net unrealized gains (losses) on investments			
6	Donated services and use of facilities			
7	Investment expenses			
8	Prior period adjustments			
9	Other changes in net assets or fund balances (explain in Schedule O)		(577.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,			
	column (B))	1	17,6	<u>599.</u>
Par	t XII Financial Statements and Reporting			
	Check if Schedule O contains a response or note to any line in this Part XII			. [
	Accounting method used to prepare the Form 990: Cash X Accrual Other If the organization changed its method of accounting from a prior year or checked 'Other,' explain in Schedule O.		Yes	No
2 a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2 a	X	
	If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: X Separate basis Consolidated basis Both consolidated and separate basis			
t	Were the organization's financial statements audited by an independent accountant?	2 b		X
c	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: Separate basis Consolidated basis Both consolidated and separate basis If 'Yes' to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?	2 c		X
	If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.			
3 a	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?	3 a		х
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	3 b		

Form 990 (2014)

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SCHEDULE C (Form 990 or 990-EZ)

Political Campaign and Lobbying Activities

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

OMB No 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service ► 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 it 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.

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

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

Nam	e of organi	zation			Employer identific	ation number
ΚI	TSAP	COUNTY ASSOCIA	ATION OF REALTORS		91-072376	9
Pa	rt I-A	Complete if the	organization is exempt under sect	ion 501(c) or is a	section 527 organi	ization.
1	Provid	de a description of the o	organization's direct and indirect political cam	paign activities in Part	IV.	
2	Politic	al expenditures			► \$	16,331.
3	Volun	teer hours				
Pa	rt I-B	Complete if the o	organization is exempt under sect	ion 501(c)(3).		
1	Enter	the amount of any exci	se tax incurred by the organization under sec	tion 4955		5
2	Enter	the amount of any exci	se tax incurred by organization managers und	der section 4955		5
3	If the	organization incurred a	section 4955 tax, did it file Form 4720 for this	s year?		· · · Yes No
4	a Was a	correction made?				Yes No
		,' describe in Part IV.				
Pa	rt I-C	Complete if the c	organization is exempt under sect	ion 501(c) . excer	ot section 501(c)(3)	
1	Enter	the amount directly exp	pended by the filing organization for section 5.	27 exempt function act	ivities · · · · · · ► \$	200.
			organization's funds contributed to other organization			
2	function	on activities	· · · · · · · · · · · · · · · · · · ·			4,732.
3	Total	avamet function avecas	ditures. Add lines 1 and 2. Enter here and on	Earm 1120 POI		
4			Form 1120-POL for this year?			
	Enter i organi amour	the names, addresses a zation made payments at of political contributio	and employer identification number (EIN) of a For each organization listed, enter the amouns received that were promptly and directly dation committee (PAC). If additional space in	Ill section 527 political on the filing of t	organizations to which the organization's funds. Also political organization, suc	e filing enter the
		(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds, If none, enter-0-	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization if none, enter -0
	RPAC		P.O. BOX 719			
(1)			OLYMPIA WA 98507	91-1238340	0.	4,732.
(2)						
(3)						
 (4)						,
 (5)						
_ (6)						

Schedule C (Form 990 or 990-EZ) 2014

Schedule C (Form 990 or 990-EZ) 2014 KTTSAP	COLINARA	ACCOCTATION	ΛĒ	DEXIMODO

Da		2
rae	ue.	_

91-0723769

Part II-A Complete if	the organizatio	n is exempt under se		d filed Form 5768 (e	
section 501 A Check ► ☐ If the fillir	````	gs to an affiliated group (and	d lead in Donat IV and a set		
		share of excess lobbying ex		liated group member's nar	ne,
		ed box A and 'limited control			
(The term	Limits on Lobby 'expenditures' mea	ing Expenditures ins amounts pald or incur	red.)	(a) Filing organization's totals	(b) Affiliated group totals
1 a Total lobbying expenditu		· · · · · · · · · · · · · · · · · · ·			
		islative body (direct lobbying			
		I 1b)		-	
					
		·			• • • • • • • • • • • • • • • • • • • •
both columns	iount. Enter the amou	int from the following table in) 		
If the amount on line 1e, col		The lobbying nontaxable			
Not over \$500,000		20% of the amount on line 1e			
Over \$500,000 but not over \$		\$100,000 plus 15% of the excess			
Over \$1,000,000 but not over		\$175,000 plus 10% of the excess			
Over \$1,500,000 but not over : Over \$17,000,000		\$225,000 plus 5% of the excess of	over \$1,500,000		
· · · · · · · · · · · · · · · · · · ·		\$1,000,000 line 1f)			
	•	nter -0			
		nter-0			
j If there is an amount othe section 4911 tax for this	er than zero on either year?	line 1h or line 1i, did the or	ganization file Form 472	0 reporting	· · · Tyes No
		I-Year Averaging Period U	nder Section 501(h)		
(Som	e organizations that	t made a section 501(h) ele s below. See the instruction	ection do not have to d		
	Lobb	ylng Expenditures During	4-Year Averaging Peri	od	
Calendar year (or fiscal year beginning in)	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) Total
2 a Lobbying non-taxable amount					
b Lobbying ceiling amount (150% of line 2a, column (e))		* * * * * * * * * * * * * * * * * * *		•	
c Total lobbying expenditures					
d Grassroots nontaxable amount	-				
e Grassroots ceiling amount (150% of line 2d, column (e))		,		,	
f Grassroots lobbying expenditures					
BAA				Schedule C (Form	990 or 990-EZ) 2014

0.

Schedule C (Forn	n 990 or 990-EZ)	2014KITSAP	COUNTY	ASSOCIATION	OF	REALTORS		91-0723769
Part II-B	Complete	if the organ	ization is	exempt under	sec	tion 501(c)(3)	and has NOT	filed Form 5768
	(election u	under sectio	n 501(h))	•				

	(0.000.00.00.00.00.00.00.00.00.00.00.00.				_		_
		(a	1)		(b)	
For each 'Ye of the lobbyi 	s' response to lines 1a through 1i below, provide in Part IV a detailed description ng activity.	Yes	No		Amo	unt	
1 During legislat throug	the year, did the filing organization attempt to influence foreign, national, state or local ion, including any attempt to influence public opinion on a legislative matter or referendum, in the use of:						
a Volunt	eers?						
b Paid st	aff or management (include compensation in expenses reported on lines 1c through 1i)?			l			
c Media	advertisements?						
d Mailing	s to members, legislators, or the public?						
e Publica	ations, or published or broadcast statements?						
f Grants	to other organizations for lobbying purposes?						
g Direct	contact with legislators, their staffs, government officials, or a legislative body?						
h Rallies	, demonstrations, seminars, conventions, speeches, lectures, or any similar means?						•
i Other a	activities?						
	Add lines 1c through 1i						
2 a Did the	activities in line 1 cause the organization to be not described in section 501(c)(3)?						
b If 'Yes,	enter the amount of any tax incurred under section 4912						
c If 'Yes,	enter the amount of any tax incurred by organization managers under section 4912		ſ				
	ling organization incurred a section 4912 tax, did it file Form 4720 for this year?	*^	İ				
Part III-A	Complete if the organization is exempt under section 501(c)(4), section 501 section 501(c)(6).	(c)(5)	, or		•		
					1	Yes	No
1 Were s	ubstantially all (90% or more) dues received nondeductible by members?			[1		Х
	organization make only in-house lobbying expenditures of \$2,000 or less?			_	2		Х
3 Did the	organization agree to carry over lobbying and political expenditures from the prior year?			[3	X	
Part III-B		c)(5)	, or s	ectio	n 50 3, is	1(c)	
1 Dues, a	assessments and similar amounts from members		1		17	2,4	85.
	162(e) nondeductible lobbying and political expenditures (do not include amounts of political ses for which the section 527(f) tax was paid).						
a Current	year		2 a		1	6,3	31.
b Carryo	ver from last year		2 b			3,6	
c Total .]	2 c		1	9,9	86.
3 Aggreg	ate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	• • •[3		2	8,5	10.
does th	es were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess e organization agree to carryover to the reasonable estimate of nondeductible lobbying and political liture next year?		4				

Part IV Supplemental Information

Provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated group list); Part II-A, lines 1 and 2 (see instructions); and Part II-B, line 1. Also, complete this part for any additional information.

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, lines 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.

OMB No. 1545-0047

Open to Public Inspection

Employer identification number Name of the organization KITSAP COUNTY ASSOCIATION OF REALTORS 91-0723769 Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. |Part I Complete if the organization answered 'Yes' to Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts 1 2 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 advisors in writing that the assets held in donor advised funds Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? Part II Conservation Easements. Complete if the organization answered 'Yes' to Form 990, Part IV, line 7. Purpose(s) of conservation easements held by the organization (check all that apply). Preservation of land for public use (e.g., recreation or education) Preservation of a historically important land area Protection of natural habitat Preservation of a certified historic structure Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year. Held at the End of the Tax Year 2 a 2 b c Number of conservation easements on a certified historic structure included in (a) 2 c d Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year Number of states where property subject to conservation easement is located > Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, No Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year 7 Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year **>**\$ Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) No and section 170(h)(4)(B)(ii)? In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements. Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Part III Complete if the organization answered 'Yes' to Form 990, Part IV, line 8. 1 a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items. b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: (i) Revenue included in Form 990, Part VIII, line 1......... 2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following

amounts required to be reported under SFAS 116 (ASC 958) relating to these items:

Part III	Organizations Mainta	ining Coll	ections of A	Art, Historic	<u>al Treasures, o</u>	r Other Similar Ass	ets (continu	ıed)
3 Usin	g the organization's acquisitior s (check all that apply):	n, accession,	and other reco	rds, check any	of the following that a	are a significant use of its	collection	
a	Public exhibition		d	Loan or ex	change programs			
ь 🔲 :	Scholarly research		е	Other _				
c 🔲	Preservation for future generat	tions		_				
4 Prov Part	ide a description of the organiz XIII.	zation's collec	ctions and expla	ain how they fui	rther the organizatior	n's exempt purpose in		
to be	ng the year, did the organization sold to raise funds rather than	n to be mainta	ained as part of	f the organization	on's collection?		Yes	No
Part IV	Escrow and Custodia line 9, or reported an a					wered 'Yes' to Form	990, Part IV	',
1 a Is the	e organization an agent, truste orm 990, Part X?	e, custodian,	or other interm	ediary for contr	butions or other ass	ets not included	Yes	No
b If 'Ye	es,' explain the arrangement in	Part XIII and	complete the f	ollowing table.				
							Amount	
_	nning balance							
	tions during the year					. 1 d		
	butions during the year					. 1 e	<u></u>	
	ng balance					. [1f]		
	he organization include an am					· L		No
b If 'Ye	s,' explain the arrangement in	Part XIII. Che	eck here if the i	explanation has	been provided in Pa	art XIII	[
<u> </u>						000 5 4 11 4 11		
Part V	Endowment Funds. C							
4 5		(a) Current	year ((b) Prior year	(c) Two years back	(d) Three years back	(e) Four years	s back
_	nning of year balance						 	
b Cont	ributions						 	
	nvestment earnings, gains, osses							
d Gran	ts or scholarships				ļ			
	r expenditures for facilities programs							
f Admi	nistrative expenses							
•	of year balance <u> </u>				<u> </u>		<u> </u>	
2 Provi	de the estimated percentage of	of the current	year end balan	ice (line 1g, coli	umn (a)) held as:			
a Boar	d designated or quasi-endown			용				
	anent endowment 🕨		ī					
-	orarily restricted endowment		응					
The p	percentages in lines 2a, 2b, an	d 2c should e	equal 100%.					
	nere endowment funds not in t nization by:	he possessio	n of the organia	zation that are h	neld and administere	d for the	Yes	No
	inrelated organizations						3a(i)	
(ii) r	elated organizations						3a(ii)	
b If 'Ye	s' to 3a(ii), are the related orga	anizations list	ed as required	on Schedule R	?		3b	
4 Desc	ribe in Part XIII the intended us	ses of the org	janization's end	lowment funds.				
Part VI	Land, Buildings, and E Complete if the organization			Form 990.	Part IV. line 11a.	. See Form 990. Pai	t X. line 10.	_ "
	Description of property		(a) Cost or other) Cost or other	(c) Accumulated	(d) Book va	
			(investme		basis (other)	depreciation		
				904.			29,	904.
b Buildi	ings	<i></i>	115	074.			115,	074.
c Lease	ehold improvements							
d Equip	ment		24	080.			_ 24,	080.
e Other	·	<u> </u>						
	lines 1a through 1e. (Column			art X, column (B), line 10c.)		169,	058.
BAA						Schedu	le D (Form 990)) 2014

Part VII	Investments - Other Securities.	V14- F 000 B		D-4 V U 40
(a) Dossi	Complete if the organization answered 'iption of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-	
	al derivatives	L '' /	(c) Method of Valuation Cost or end-	or-year market value
	held equity interests			
(A)				
(B)				
(C)				
(D)				
<u>(E)</u>				
(F)				
(G) (H)				
(H)				
	n (b) must equal Form 990, Part X, column (B) line 12) >			······································
Part VIII	Investments - Program Related.			
	Complete if the organization answered "			
	(a) Description of investment type	(b) Book value	(c) Method of valuation. Cost or end-	of-year market value
(1)				
(2)			·	<u></u>
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
(10)			· · · · · · · · · · · · · · · · · · ·	
	(b) must equal Form 990, Part X, column (B) line 13) > Other Assets.	l		
Part IX	Complete if the organization answered "	Yes' to Form 990, Pa	art IV, line 11d. See Form 990, F	Part X, line 15.
		scription		(b) Book value
(1)				
(2)				
<u>(3)</u> (4)				
(5)				
(6)				
(7)				
<u>(8)</u> <u>(9)</u>				
(10)				
	mn (b) must equal Form 990, Part X, column (B), li	ne 15.)		
Part X	Other Liabilities.			
	Complete if the organization answered 'Yes' to Fo		or 11f. See Form 990, Part X, line 25	
/4\ Fodes	(a) Description of liability	(b) Book value	-	
	E AND NATIONAL DUES PAYABLE	51,776	 	
(3)	L MAD MATTOMAL BOLD TATABLE		•	
(4)				
(5)				
(6)			-	
(7) (8)				
(9)				
(10)	_			
(11)				
Total. (Column	(b) must equal Form 990, Part X, column (B) line 25)	▶ 51,776		
	ncertain tax positions. In Part XIII, provide the text of the footn			
iax dositions un	der FIN 48 (ASC 740) Check here if the text of the footnote h	as been provided in Part XIII •		

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Re	turn.
Complete if the organization answered 'Yes' to Form 990, Part IV, line 12a.	
1 Total revenue, gains, and other support per audited financial statements	1
2 Amounts included on line 1 but not on Form 990, Part VIII, line 12:	
a Net unrealized gains (losses) on investments	
b Donated services and use of facilities	
c Recoveries of prior year grants	
d Other (Describe in Part XIII.)	
e Add lines 2a through 2d	2 e
3 Subtract line 2e from line 1	3
4 Amounts included on Form 990, Part VIII, line 12, but not on line 1:	
a Investment expenses not included on Form 990, Part VIII, line 7b 4a	}
b Other (Describe in Part XIII.)	
c Add lines 4a and 4b	4 c
5 Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5
Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per I	Return.
Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per I Complete if the organization answered 'Yes' to Form 990, Part IV, line 12a.	Return.
Complete if the organization answered 'Yes' to Form 990, Part IV, line 12a.	Return.
	Return.
Complete if the organization answered 'Yes' to Form 990, Part IV, line 12a. 1 Total expenses and losses per audited financial statements	Return.
Complete if the organization answered 'Yes' to Form 990, Part IV, line 12a. 1 Total expenses and losses per audited financial statements	Return.
Complete if the organization answered 'Yes' to Form 990, Part IV, line 12a. 1 Total expenses and losses per audited financial statements	Return.
Complete if the organization answered 'Yes' to Form 990, Part IV, line 12a. 1 Total expenses and losses per audited financial statements	Return.
Complete if the organization answered 'Yes' to Form 990, Part IV, line 12a. 1 Total expenses and losses per audited financial statements	1
Complete if the organization answered 'Yes' to Form 990, Part IV, line 12a. 1 Total expenses and losses per audited financial statements	1
Complete if the organization answered 'Yes' to Form 990, Part IV, line 12a. 1 Total expenses and losses per audited financial statements	1 2 e
Complete if the organization answered 'Yes' to Form 990, Part IV, line 12a. 1 Total expenses and losses per audited financial statements	1 2 e
Complete if the organization answered 'Yes' to Form 990, Part IV, line 12a. 1 Total expenses and losses per audited financial statements	2 e 3
Complete if the organization answered 'Yes' to Form 990, Part IV, line 12a. 1 Total expenses and losses per audited financial statements	2 e 3
Complete if the organization answered 'Yes' to Form 990, Part IV, line 12a. 1 Total expenses and losses per audited financial statements. 2 Amounts included on line 1 but not on Form 990, Part IX, line 25: a Donated services and use of facilities. b Prior year adjustments. c Other losses. d Other (Describe in Part XIII.) e Add lines 2a through 2d. 3 Subtract line 2e from line 1. 4 Amounts included on Form 990, Part IX, line 25, but not on line 1: a Investment expenses not included on Form 990, Part VIII, line 7b. b Other (Describe in Part XIII.) c Add lines 4a and 4b.	2 e 3

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

Schedule **D** (Form 990) 2014

SCHEDULE L (Form 990 or 990-EZ)

Transactions With Interested Persons

at www.irs.gov/form990.

► Complete if the organization answered 'Yes' on Form 990, Part IV, line 25a, 25b, 26, 27, 28a, 28b, 28c, or Form 990-EZ, Part V, line 38a or 40b. ► Attach to Form 990 or Form 990-EZ.

Information about Schedule L (Form 990 or 990-EZ) and its instructions is

2014

Open to Public Inspection

OMB No 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization

Part I

KITSAP COUNTY ASSOCIATION OF REALTORS

Employer Identification number

91-0723769

Excess Benefit Transactions (section 501(c)(3) and section 501(c)(4) organizations only). Complete if the organization answered 'Yes' on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b. (d) Corrected? (b) Relationship between disqualified (a) Name of disqualified person (c) Description of transaction 1 person and organization Yes No (1) (2) (3) (4) (5) (6)

Enter the amount of tax incurred by the organization managers or disqualified persons during the year under

►\$

Loans to and/or From Interested Persons.

Complete if the organization answered 'Yes' on Form 990-EZ, Page V, line 38a or Form 990, Part IV, line 26; or if the organization reported an amount on Form 990, Part X, line 5, 6, or 22.

(a) Name of interested person	(b) Relationship with organization	(c) Purpose of loan	fron	an to or 1 the 1zation?	(e) Onginal principal amount	(f) Balance due	(g) In (iefault?	(h) App by boa	ard or	(i) Wr agreen	itten nent?
	l		To	From	ii		Yes	No	Yes	No	Yes	No
(1)												
(2)					-							
(3)												
(4)												
(5)												
(6)												
(7)												
(8)												
(9)		- 										
(10)												
Total												

Grants or Assistance Benefiting Interested Persons. Part III

Complete if the organization answered 'Yes' on Form 990, Part IV, line 27.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of assistance	(d) Type of Assistance	(e) Purpose of assistance
(1) JOHN TAYLOR	DIRECTOR	1,500.	CASH	WELFARE
(2)			<u></u>	
(3)		L		
(4)				
(5)				
(6)				
(7)				.
(8)				
(9)				
(10)			<u> </u>	<u> </u>

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

Schedule L (Form 990 or 990-EZ) 2014

Part IV Business Transactions Involving Interested Persons.
Complete if the organization answered 'Yes' on Form 990, Part IV, line 28a, 28b, or 28c.

(a) Name of interested person		(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
					Yes	No
(1)						
(2)						
(4)						
(5)			· · · · · · · · · · · · · · · · · · ·			
(6)						
(7)						
(8)						
(9)						
(10)						

Part V Supplemental Information

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

SCHEDULE O (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.irs.gov/form990.

OMB No 1545-0047 2014

Open to Public Inspection

Department of the Treasury Internal Revenue Service Employer Identification number Name of the organization 91-0723769 KITSAP COUNTY ASSOCIATION OF REALTORS A PDF COPY OF THIS RETURN WAS AVAILABLE TO ALL OFFICERS AND DIRECTORS FOR REVIEW PRIOR TO FILING BY ELECTRONIC TRANSMISSION. PAPER COPIES OF THIS RETURN WERE AVAILABLE TO ATTENDING BOARD MEMBERS AT Pt VI, Line 11b THE ORGANIZATION'S MONTHLY BOARD MEETING. COMPENSATION WAS REVIEWED BY THE BOARD OF DIRECTOR USING COMPARABLE TRADE ASSOCIATION INFORMATION PROVIDED BY AN INDEPENDENT CONSULTANT AND APPROVED AS RECORDED IN THE BOARD MINUTES PRIOR TO THE CURRENT THREE YEAR EMPLOYMENT CONTRACT. Pt VI, Line 15a THE ORGANIZATION'S ARTICLES OF INCORPORATION ARE ON FILE WITH AND AVAILABLE FROM THE WASHINGTON STATE SECRETARY OF STATE. THE CONFLICT OF INTEREST POLICY AND REVIEWED FINANCIAL STATEMENTS ARE AVAILABLE FOR REVIEW BY APPOINTMENT AT 3689 MUNSON STREET, SILVERDALE, WASHINGTON Pt VI, Line 19 98383. Pt VI, Line 6 THE ORGANIZATION IS A TRADE ASSOCIATION WITH DUES PAYING MEMBERS. THE OFFICERS AND DIRECTORS ARE ELECTED BY THE GENERAL MEMBERSHIP. Pt VI, Line 7a DUE TO THE FIRST REVIEW OF THE ORGANIZATION'S FINANCIAL STATEMENTS, MINOR CHANGES IN THE STATEMENT OF FINNANCIAL POSITION WERE MADE. THESE CHANGES AFFECTED FIXED ASSETS AND EXPENSE ACCRUALS AND WERE NOT MATERIAL. DEPRECIATION WAS CHANGED FROM TAX BASIS TO GAAP. Pt XI

$\mathsf{Form}\,4562$

Depreciation and Amortization (Including Information on Listed Property)

► Attach to your tax return.

Department of the Treasury Internal Revenue Service

(99) | Information about Form 4562 and its separate instructions is at www.irs.gov/form4562.

2014

OMB No. 1545-0172

Attachment Sequence No. 179

Name(s) shown on return Identifying number KITSAP COUNTY ASSOCIATION OF REALTORS Business or activity to which this form relates 91-0723769

Par	m 990 / Form 990E						
. al			Property Under Se complete Part V before you		<u>-</u>		
1	Maximum amount (see instr						!
2	Total cost of section 179 pro	perty placed in se	rvice (see instructions).			<u>2</u>	2
3	Threshold cost of section 17	9 property before	reduction in limitation (se	ee instructions) .		<u>.</u> 3	3
4	Reduction in limitation. Subt					<u>.</u> <u>4</u>	
5	Dollar limitation for tax year.						
	separately, see instructions						<u> </u>
6_	(a)	Description of property		(b) Cost (business	use only)	(c) Elected cost	-
	· · · · · · · · · · · · · · · · · · ·						_
7	Listed property. Enter the ar	nount from line 20	 		7		┥
8	Total elected cost of section					8	
9	Tentative deduction. Enter the						
10	Carryover of disallowed ded						
11	Business income limitation.						
12	Section 179 expense deduc						2
13							
Note	: Do not use Part II or Part III	below for listed pi	roperty. Instead, use Par	t V.			
Par	t II Special Depreci	ation Allowan	ce and Other Depr	eciation (Do no	ot include listed	property.) (See	instructions.)
	Special depreciation allowar			•			
	tax year (see instructions)					<u>14</u>	<u> </u>
15	Property subject to section 1	68(f)(1) election .				<u>15</u>	5
16	Other depreciation (including	ACRS)	<u> </u>			16	
Par	t III MACRS Depred	iation (Do not i	nclude listed property.) (See instructions.)			
		<u> </u>	Secti	on A			
17	MACRS deductions for asse	ts placed in servic	e in tax years beginning	before 2014		17	3,816.
18							
10				vear into one or m	ore deneral		
	asset accounts, check here		in service during the tax	year into one or m	ore general	▶ 🔲 📗	
	asset accounts, check here	· · · · · · · · · · · · · · · · · · ·	in Service during the tax in Service During 2014				tem
	asset accounts, check here	— Assets Placed (b) Month and year placed	in Service During 2014 (c) Basis for depreciation (business/investment use				(g) Depreciation deduction
19 a	asset accounts, check here Section B (a) Classification of property	- Assets Placed (b) Month and	in Service During 2014 (c) Basis for depredation	Tax Year Using t	he General De	epreciation Syst (f)	(g) Depreciation
	asset accounts, čheck here Section B (a) Classification of property 3-year property	— Assets Placed (b) Month and year placed	in Service During 2014 (c) Basis for depreciation (business/investment use	Tax Year Using t	he General De	epreciation Syst (f)	(g) Depreciation
b	Section B (a) Classification of property 3-year property 5-year property	— Assets Placed (b) Month and year placed	in Service During 2014 (c) Basis for depreciation (business/investment use	Tax Year Using t	he General De	epreciation Syst (f)	(g) Depreciation
b	asset accounts, check here Section B (a) Classification of property 3-year property 5-year property 7-year property	— Assets Placed (b) Month and year placed	in Service During 2014 (c) Basis for depreciation (business/investment use	Tax Year Using t	he General De	epreciation Syst (f)	(g) Depreciation
b c	asset accounts, check here Section B (a) Classification of property 3-year property 5-year property 10-year property 10-year property	— Assets Placed (b) Month and year placed	in Service During 2014 (c) Basis for depreciation (business/investment use	Tax Year Using t	he General De	epreciation Syst (f)	(g) Depreciation
d e	asset accounts, check here Section B (a) Classification of property 3-year property 7-year property 10-year property 15-year property	— Assets Placed (b) Month and year placed	in Service During 2014 (c) Basis for depreciation (business/investment use	Tax Year Using t	he General De	epreciation Syst (f)	(g) Depreciation
d e f	asset accounts, check here Section B (a) Classification of property 3-year property 7-year property 10-year property 20-year property 20-year property	— Assets Placed (b) Month and year placed	in Service During 2014 (c) Basis for depreciation (business/investment use	Tax Year Using t (d) Recovery penod	he General De	epreciation Syst (f) Method	(g) Depreciation
d de e	asset accounts, check here Section B (a) Classification of property 3-year property 7-year property 10-year property 20-year property 25-year property 25-year property	— Assets Placed (b) Month and year placed	in Service During 2014 (c) Basis for depreciation (business/investment use	Tax Year Using t (d) Recovery penod	he General De (e) Convention	epreciation Syst (f) Method	(g) Depreciation
d de e	asset accounts, check here Section B (a) Classification of property 3-year property 7-year property 10-year property 20-year property 25-year property Residential rental	— Assets Placed (b) Month and year placed	in Service During 2014 (c) Basis for depreciation (business/investment use	Tax Year Using t (d) Recovery period 25 yrs 27.5 yrs	he General De (e) Convention	S/L	(g) Depreciation
d de f	asset accounts, check here Section B (a) Classification of property 3-year property 7-year property 10-year property 20-year property 25-year property Residential rental property	— Assets Placed (b) Month and year placed	in Service During 2014 (c) Basis for depreciation (business/investment use	Tax Year Using t (d) Recovery penod 25 yrs 27.5 yrs 27.5 yrs	he General De (e) Convention	S/L S/L S/L	(g) Depreciation
d de f	asset accounts, check here Section B (a) Classification of property 3-year property	— Assets Placed (b) Month and year placed	in Service During 2014 (c) Basis for depreciation (business/investment use	Tax Year Using t (d) Recovery period 25 yrs 27.5 yrs	MM MM MM	S/L S/L S/L S/L	(g) Depreciation
d de f	asset accounts, check here Section B (a) Classification of property 3-year property	- Assets Placed (b) Month and year placed in service	in Service During 2014 (c) Basis for depreciation (business/investment use only — see instructions)	25 yrs 27.5 yrs 27.5 yrs 39 yrs	MM MM MM	S/L S/L S/L S/L S/L S/L S/L	(g) Depreciation deduction
d e f g h	asset accounts, check here Section B (a) Classification of property 3-year property 7-year property 10-year property 20-year property 22-year property Residential rental property Nonresidential real property Section C —	- Assets Placed (b) Month and year placed in service	in Service During 2014 (c) Basis for depreciation (business/investment use	25 yrs 27.5 yrs 27.5 yrs 39 yrs	MM MM MM	S/L S/L S/L S/L S/L S/L S/L S/L S/L S/L	(g) Depreciation deduction
d ee f g h	asset accounts, check here Section B (a) Classification of property 3-year property 7-year property 10-year property 20-year property 25-year property Residential rental property Nonresidential real property Section C — Class life	- Assets Placed (b) Month and year placed in service	in Service During 2014 (c) Basis for depreciation (business/investment use only — see instructions)	25 yrs 27.5 yrs 27.5 yrs 39 yrs	MM MM MM	S/L S/L S/L S/L S/L S/L S/L S/L S/L S/L	(g) Depreciation deduction
d de e f f g h	asset accounts, check here Section B (a) Classification of property 3-year property	- Assets Placed (b) Month and year placed in service	in Service During 2014 (c) Basis for depreciation (business/investment use only — see instructions)	25 yrs 27.5 yrs 27.5 yrs 39 yrs ax Year Using the	MM MM MM MM e Alternative I	S/L S/L S/L S/L S/L S/L S/L S/L S/L S/L	(g) Depreciation deduction
d de e f f g h	asset accounts, check here Section B (a) Classification of property 3-year property 5-year property 10-year property 20-year property 25-year property Residential rental property Nonresidential real property Section C — Class life 12-year 40-year	Assets Placed (b) Month and year placed in service	in Service During 2014 (c) Basis for depreciation (business/investment use only — see instructions)	25 yrs 27.5 yrs 27.5 yrs 39 yrs	MM MM MM	S/L S/L S/L S/L S/L S/L S/L S/L S/L S/L	(g) Depreciation deduction
d de e f g h l	asset accounts, check here Section B (a) Classification of property 3-year property 7-year property 10-year property 20-year property 25-year property 25-year property Nonresidential rental property Nonresidential real property Class life 12-year 40-year Summary (See inst	Assets Placed (b) Month and year placed in service Assets Placed in structions.)	in Service During 2014 (c) Basis for depreciation (business/investment use only — see instructions)	25 yrs 27.5 yrs 27.5 yrs 27.5 yrs 39 yrs ax Year Using the	MM MM MM MM MM MM MM MM MM MM MM MM MM	S/L S/L S/L S/L S/L S/L S/L S/L S/L S/L	(g) Depreciation deduction
d de e f f g h	asset accounts, check here Section B (a) Classification of property 3-year property	Assets Placed (b) Month and year placed in service Assets Placed in structions.)	in Service During 2014 (c) Basis for depreciation (business/investment use only — see instructions) Service During 2014 T	25 yrs 27.5 yrs 27.5 yrs 39 yrs ax Year Using the	MM MM MM MM MM MM MM MM MM MM MM MM MM	S/L S/L S/L S/L S/L S/L S/L S/L S/L S/L	(g) Depreciation deduction
b c c d e e f f g h l	asset accounts, check here Section B (a) Classification of property 3-year property 7-year property 10-year property 20-year property 25-year property 25-year property Nonresidential rental property Nonresidential real property Class life 12-year 40-year Summary (See inst	Assets Placed (b) Month and year placed in service Assets Placed in structions.) at from line 28 Partnerships and S c	in Service During 2014 (c) Basis for depreciation (business/investment use only — see instructions) Service During 2014 T	25 yrs 27.5 yrs 27.5 yrs 27.5 yrs 39 yrs ax Year Using the	MM MM MM MM MM MM MM MM MM MM MM MM MM	S/L S/L S/L S/L S/L S/L S/L S/L S/L S/L	(g) Depreciation deduction

Listed Property (Include automobiles, certain other vehicles, certain aircraft, certain computers, and property used for entertainment, recreation, or amusement.) Note: For any vehicle for which you are using the standard mileage rate or deducting lease expense, complete only 24a, 24b, columns (a) through (c) of Section A, all of Section B, and Section C if applicable. Section A - Depreciation and Other Information (Caution: See the instructions for limits for passenger automobiles.) 24 a Do you have evidence to support the business/investment use claimed? X Yes No 24b If 'Yes,' is the evidence written? . . . XNo Yes (c) (d) (e) (i) Type of property Cost or Basis for depreciation Business/ investment Elected Date placed in service Recovery Method/ Depreciation penod section 179 (list vehicles first) other basis (business/investment Convention deduction use percentage use only) cost Special depreciation allowance for qualified listed property placed in service during the tax year and used more than 50% in a qualified business use (see instructions) . 25 Property used more than 50% in a qualified business use: Property used 50% or less in a qualified business use: Add amounts in column (h), lines 25 through 27. Enter here and on line 21, page 1 28 Add amounts in column (i), line 26. Enter here and on line 7, page 1 29 Section B - Information on Use of Vehicles Complete this section for vehicles used by a sole proprietor, partner, or other 'more than 5% owner,' or related person. If you provided vehicles to your employees, first answer the questions in Section C to see if you meet an exception to completing this section for those vehicles. (a) Vehicle 1 (c) Vehicle 3 (f) Vehicle 6 (b) (d) (e) Vehicle 5 Total business/investment miles driven Vehicle 2 Vehicle 4 during the year (do not include commuting miles). 31 Total commuting miles driven during the year . . Total other personal (noncommuting) Total miles driven during the year. Add 33 lines 30 through 32 Yes No Yes No Yes No Yes No Yes No Yes No Was the vehicle available for personal use during off-duty hours? Was the vehicle used primarily by a more 35 than 5% owner or related person? Is another vehicle available for Section C — Questions for Employers Who Provide Vehicles for Use by Their Employees Answer these questions to determine if you meet an exception to completing Section B for vehicles used by employees who are not more than 5% owners or related persons (see instructions). Yes No Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, 38 Do you maintain a written policy statement that prohibits personal use of vehicles, except commuting, by your employees? See the instructions for vehicles used by corporate officers, directors, or 1% or more owners . . . Do you provide more than five vehicles to your employees, obtain information from your employees about the use of the vehicles, and retain the information received? . . . Do you meet the requirements concerning qualified automobile demonstration use? (See instructions.) . Note: If your answer to 37, 38, 39, 40, or 41 is 'Yes,' do not complete Section B for the covered vehicles. | Part VI | Amortization (b) (c) (d) (e) **(f)** (a) Amortization Amortizable Date amortization Code begins amount section for this year period or percentage Amortization of costs that begins during your 2014 tax year (see instructions): 43 Amortization of costs that began before your 2014 tax year. 43 Total. Add amounts in column (f). See the instructions for where to report . 44

Supporting Statement of:

Form 990 p 9/Other amt. not included

Description	Amount
NWMLS_SUPPORT RAIN CONTRIBUTIONS GOVERNMENT AFFAIRS GRANTS AND CONTRIBUTIONS	34,800. 1,369. 18,558.
Total	54,727.

Supporting Statement of:

Form 990 p 11/Line 17, column (B)

Description	Amount
ACCRUED OPERATING EXPENSES	312.
ACCRUED VACATION	2,379.
ACCRUED PAYROLL TAXES	488.
Total	3,179.

Form 990

Continuation Sheet for Form 990

OMB No 1545-0047

2014

Department of the Treasury Internal Revenue Service

Name of the Organization

Employler Identification number

KITSAP COUNTY ASSOCIATION OF REALTORS

Part VII | Continuation: Officers, Directors, Trustees, Key Employees, and

91-072376	91	-0	72	37	76
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(A)	(B)			((;)			(D)	(E)	(F)
Name and Title	Average		•			at apply		Reportable	Reportable	Estimated
	hours per week (list any hours for related organiza- tions below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	compensation from the organization (W-2/1099-MISC)	compensation from related organizations (W-2/1099-MISC)	amount of other compensation from the organization and related organizations
26 RICH JACOBSON DIRECTOR	1.00	Х						0.	0.	0
27 GARY ANDERSON ATTENDING PAST PRESIDENT	1.00_	х						0.	0.	.0
28 LEE AVERY ATTENDING PAST PRESIDENT	1.00	Х						0.	0.	0
29 JACOUI CURTISS ATTENDING PAST PRESIDENT	1.00	х			_			0.	0.	0
30 JAMES HARRIS ATTENDING PAST PRESIDENT	1.00	х						0.	0.	
31 MARY ELLEN HOOKS ATTENDING PAST PRESIDENT	1.00									0.
32 DAVID JONES	1.00	Х						0.	0.	0.
ATTENDING PAST PRESIDENT 33 JACKIE KILLORAN	1.00	_ X			_			0.	0.	0.
ATTENDING PAST PRESIDENT 34 BRYAN PETRO	1.00	X		-				0.	0.	0.
ATTENDING PAST PRESIDENT 35 JERRY REID	1.00_	_X		+				0.	0.	0.
ATTENDING PAST PRESIDENT 36 DANA SOYAT	1.00	_X		_				0.	0.	0.
ATTENDING PAST PRESIDENT 37 GEORG SYVERTSEN	1.00	Х		\dashv	-			0.	0.	0.
ATTENDING PAST PRESIDENT 38 FRANK WILSON	1.00	Х					\dashv	0.	0.	0.
ATTENDING PAST PRESIDENT		<u> </u>	-	_	_		-	0.	0.	0.
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