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DLN: 93493320069466

Open to Public

Form **990**

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 <u>www IRS gov/form990</u>

Inspection

Treas Intern		venue Servi		oout Form 990 and its instructions is at <u>v</u>	vww IRS qo	ov/form990		Inspection
A F	or th	ne 2015 ca	lendar year, or tax year begii	nning 01-01-2015 , and ending 12-31-20	015			
B Ch	eck ıf	applicable	C Name of organization National Association of Realtors			D Empl	oyer id	entification number
┌ A	ddress	s change	National Association of Realtons			36-1	.52069	90
-	lame o nitial re	change eturn	Doing business as					
┌┌	ınal		N. J. J. J. G. D. J.			E Telep	hone nu	mber
_		inated ed return	430 N Michigan Ave	: If mail is not delivered to street address) Room/s	suite	(312)329-	8200
		ion pending		country, and ZIP or foreign postal code			,	
			Chicago, IL 60611			G Gross	receipts	\$ \$ 276,701,993
			F Name and address of pride Dale Stinton CEO	ncıpal officer	H(a) I	s this a grou	p retur	
			430 N Michigan Ave		9	subordinates No	7	☐ Yes 🗸
		empt status	Chicago, IL 60611			Are all subor	dinates	Yes No
1 1	17-676	empt status	501(c)(3) 3 501(c) (6) ◀ (insert no) 4947(a)(1) or 527		ncluded? [f "No," attac	h a list	(see instructions)
J W	ebsi1	te:▶ ww	w realtor org			Group exemp		,
K For	m of c	organızatıon	Corporation Trust Ass	sociation Other ►		of formation		M State of legal domicile IL
		Cum						
Pe	rt I		ecribe the organization's miss	sion or most significant activities				
				REALTORS (NAR) provides a facility for p	rofessiona	l developmer	nt & ex	change of information
a)		among its	members and the public in o	rder to preserve rights related to real pro	perty			
ž	-							
E								
Governance	2	Check th	nis box 🕨 🧀 if the organizatio	n discontinued its operations or disposed	d of more th	han 25% of i	ts net a	assets
Š								1
₹ 0			_	erning body (Part VI, line 1a)			3	829
Ě			· -	ers of the governing body (Part VI, line 1b	•		4	822
Activities &				in calendar year 2015 (Part V, line 2a)			5	383
٩			,	ıf necessary)			6 7a	2,100 8,278,542
				e from Form 990-T, line 34			7a 7b	2,789,72
	-	Tree differ	acca basiliess taxable illeoille	- maniferini 330 17, inie 31 1 1 1 1	<u> </u>	Prior Year	1 75	Current Year
	8	Contr	ibutions and grants (Part VII	I. line 1h)				Carrent rear
ēnuō	9						,821	202,213,479
	10	Inves	tment income (Part VIII, col	umn (A), lines 3, 4, and 7d)		18,893	,316	5,795,040
Ρÿ	11	Other	revenue (Part VIII, column ((A), lines 5, 6d, 8c, 9c, 10c, and 11e)		5,803	,331	6,135,843
	12	Total 12)	revenue—add lines 8 through	n 11 (must equal Part VIII, column (A), lı	ne	208,772	,468	214,144,362
	13		s and similar amounts paid (P	Part IX, column (A), lines 1-3)		213	,385	262,250
	14			art IX, column (A), line 4)				(
"	15			loyee benefits (Part IX, column (A), lines		50,583	.625	53,863,026
Expenses	16.	5-10	<i>'</i>	t IX, column (A), line 11e)		<u>, </u>	<u> </u>	, ,
e di	16a		undraising expenses (Part IX, columi	, ,,	-			
ā	17		· , , ,	A), lines 11a-11d, 11f-24e)	_	144,405	.151	127,509,823
	18		, , , ,	(must equal Part IX, column (A), line 25)		195,202		181,635,099
	19			line 18 from line 12		13,570		32,509,263
≥ 8 8 8					Beginn	ing of Curren	t Year	End of Year
Net Assets or Fund Balances	30	Total	accete (Dart V. June 16)					222 211 041
Ass d B	20					294,947 119,515		323,211,041
SE SE	22		•	ract line 21 from line 20		175,431		194,806,861
	rt II		nature Block				,	
Unde	er per	nalties of	perjury, I declare that I have	examined this return, including accompa				
			belief, it is true, correct, and nowledge	complete Declaration of preparer (other	than office	r) is based o	n all ın	formation of which
	'	1.						
		****	** * ature of officer			2016-11-15 Date		
Sig:		'				Date		
ner	_		N PIERPOINT CFO or print name and title					
			Print/Type preparer's name	Preparer's signature	Date		PTIN	
Pai	d	1	Vicole Bencik	Nicole Bencik		Check If self-employed	P007	56915
	par	er ⊢	Firm's name			Fırm's EIN ▶		
	10 €	1 1	Firm's address > 225 West Wacker [Suite 2600			Phone no (31	.2) 899-	7000
		-	Chicago II 60606	:1224		1		

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

. ✓Yes No

Form 990 (2015)

Par	t IV Checklist of Required Schedules			
	<u> </u>		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		Νo
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	Yes	
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5	Yes	
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		No
9	Did the organization report an amount in Part X, line 21 for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	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, Pait V 🔰	10	Yes	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable			
	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI 2	11a	Yes	
	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		No
	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11 c	Yes	
	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11 d		No
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Yes	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	Yes	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a		No
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b	Yes	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		No
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		No
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b	Yes	
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15	Yes	
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? 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 $11e^{\gamma}$ 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	, , ,	20 a		No
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		

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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? If "Yes," complete Schedule J	23	Yes	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K If "No," go to line 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		

25b

26

27

28a

28b

28c

29

30

31

32

33

34

35a

35b

36

37

38

Yes

Yes

Yes

Yes

Form 990 (2015)

Yes

Νo

Nο

Nο

Νo

Νo

Nο

Νo

Nο

Nο

Nο

b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior

32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets?

instructions for applicable filing thresholds, conditions, and exceptions)

30

31

37

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

Was the organization a party to a business transaction with one of the following parties (see Schedule L. Part IV

b A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L,

c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was

Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M . . .

Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I .

an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV . . .

Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified

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

Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV,

b If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled

Did the organization conduct more than 5% of its activities through an entity that is not a related organization

Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?

and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI

Pai	rt V	Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response or note to any line in this		W			_
		Check if Schedule O contains a response of flote to any line in this	Part	<u>v</u>		Yes	No
1a	Enter	the number reported in Box 3 of Form 1096 Enter -0- if not applicable	1a	296			
b	Enter	the number of Forms W-2G included in line 1a Enter -0- if not applicable	1b	0			
c		ne organization comply with backup withholding rules for reportable payments to ng (gambling) winnings to prize winners?	vend	dors and reportable	1 c	Yes	
2a	Enter Tax S	the number of employees reported on Form W-3, Transmittal of Wage and statements, filed for the calendar year ending with or within the year covered					
b	If at le	s return			2b	Yes	
3a		ne organization have unrelated business gross income of \$1,000 or more during	,	•	3a	Yes	
ь	If "Ye	s," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation	on in S	Schedule O	3b	Yes	
4a	over,	y time during the calendar year, did the organization have an interest in, or a si a financial account in a foreign country (such as a bank account, securities acc int)?			4a	Yes	
b		es," enter the name of the foreign country	and	Financial Accounts			
5a	Was t	he organization a party to a prohibited tax shelter transaction at any time durin	g the	tax year?	5a		Νo
b	Did ar	ny taxable party notify the organization that it was or is a party to a prohibited t	ax sh	nelter transaction?	5b		Νo
С	If"Ye	es," to line 5a or 5b, did the organization file Form 8886-T?					
6a		the organization have annual gross receipts that are normally greater than \$10			5c 6a		No
b	If"Ye	ization solicit any contributions that were not tax deductible as charitable cont es," did the organization include with every solicitation an express statement the not tax deductible?			6b		
7		nizations that may receive deductible contributions under section 170(c).	•				
а		ne organization receive a payment in excess of \$75 made partly as a contribution provided to the payor?		d partly for goods and	7a		
b	If"Ye	es," did the organization notify the donor of the value of the goods or services p	rovide	ed?	7 b		
	file Fo	ne organization sell, exchange, or otherwise dispose of tangible personal proper orm 8282?	•	which it was required to	7 c		
d	If"Ye	s," indicate the number of Forms 8282 filed during the year	7d				
е	Did th	ne organization receive any funds, directly or indirectly, to pay premiums on a p	erson	nal benefit contract?	7e		
f	Did th	ne organization, during the year, pay premiums, directly or indirectly, on a perso	nal b	enefit contract?	7 f		
g	If the requir	organization received a contribution of qualified intellectual property, did the o	rganız • •	zation file Form 8899 as	7 g		
h		organization received a contribution of cars, boats, airplanes, or other vehicles 1098-C?	, dıd •	the organization file a	7h		
8	Did a	soring organizations maintaining donor advised funds. donor advised fund maintained by the sponsoring organization have excess but g the year?	sines:	s holdings at any time	8		
9a	Dıd th	ne sponsoring organization make any taxable distributions under section 4966			9a		
b	Did th	ne sponsoring organization make a distribution to a donor, donor advisor, or rela	ated p	erson ⁷	9b		
10	Section	on 501(c)(7) organizations. Enter		1			
		tion fees and capital contributions included on Part VIII, line 12	10a				
Ь	Gross faciliti	receipts, included on Form 990, Part VIII, line 12, for public use of club les	10b				
11	Section	on 501(c)(12) organizations. Enter					
а	Gross	s income from members or shareholders	11a				
b		s income from other sources (Do not net amounts due or paid to other sources st amounts due or received from them)	11b				
12a	Section	on 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990	ın lıe	u of Form 1041?	12 a		
b	If "Ye year	es," enter the amount of tax-exempt interest received or accrued during the	12b				
13	Section	on 501(c)(29) qualified nonprofit health insurance issuers.					
а		e organization licensed to issue qualified health plans in more than one state? N onal information the organization must report on Schedule O	ote. S	See the instructions for	13a		
	ın whi	the amount of reserves the organization is required to maintain by the states ch the organization is licensed to issue qualified health plans	13b				
		the amount of reserves on hand	13 c				
		ne organization receive any payments for indoor tanning services during the tax	•		14a		No
b	If "Ye	s," has it filed a Form 720 to report these payments? <i>If "No," provide an explana</i>	tion ir	Schedule O	14b		

orm	990 (2015)			Page
Par	For each "Yes" response to lines 2 through 7b below, and for a "No" response to lines 8a, 8b, describe the circumstances, processes, or changes in Schedule O. See instructions.	or 10	Ob belo	w,
	Check if Schedule O contains a response or note to any line in this Part VI			🔽
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 1a 829			
	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 1b 822			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2	Yes	
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? .	3		No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		No
5	Did the organization become aware during the year of a significant diversion of the organization's assets? .	5		No
6	Did the organization have members or stockholders?	6		No
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a		No
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b		No
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following			
а	The governing body?	8a	Yes	
b	Each committee with authority to act on behalf of the governing body?	8b	Yes	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		No
Se	ection B. Policies (This Section B requests information about policies not required by the Internal R	even	ue Cod	e.)
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10 a	Yes	
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b	Yes	
11-	Has the erganization provided a complete convertible Form 000 to all members of its governing body before filing			

b	Each committee with authority to act on behalf of the governing body?	8b	Yes	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		No
Se	ction B. Policies (This Section B requests information about policies not required by the Internal R	evenu	ıe Cod	e.)
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10 a	Yes	
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10 b	Yes	
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a		No
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Yes	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12 b	Yes	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	12 c	Yes	
13	Did the organization have a written whistleblower policy?	13	Yes	
14	Did the organization have a written document retention and destruction policy?	14	Yes	
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?			
а	The organization's CEO, Executive Director, or top management official	15a	Yes	
b	Other officers or key employees of the organization	15b		No
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)			
16a	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	Yes	
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	1 <i>c</i> h	Vas	

List the States with which a copy of this Form 990 is required to be filed▶

Section C. Disclosure

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)

9 Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of

interest policy, and financial statements available to the public during the tax year

State the name, address, and telephone number of the person who possesses the organization's books and records

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

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 (B) (C) (D) (F) (A) (E) Name and Title Average Position (do not check Reportable Reportable Estimated hours per more than one box, unless compensation compensation amount of other week (list person is both an officer from the from related compensation any hours and a director/trustee) organization (Worganizations from the (W-2/1099for related 2/1099-MISC) organization and Former Highest compensat employee Individual trustee É organizations MISC) related ũ stitutional below organizations employee 勇含 dotted line) Trustee See Additional Data Table

	1	I							1		
(A) Name and Title	(B) A verage hours per week (list any hours	more t	Position (do not check more than one box, unless person is both an officer and a director/trustee)				(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	Estima amount of compen from	ated of other isation the	
	for related organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officer	key employee	Highest compensated employee	Former	2/1099-M15C)	2,1033 MISC)	organizat relat organiza	ted
See Additional Data Table											
c Total from continuation sheet		ection A				. •		7,968,395	0		407,584
d Total (add lines 1b and 1c) .2 Total number of individuals (in						d abov	a) w				407,364
Total number of individuals (in \$100,000 of reportable compa							e) Wi	io received more t	ilali		
										Yes	No

			Yes	No
3	Did the organization list any former officer, director or trustee, key employee, or highest compensated employee			
	on line 1a? If "Yes," complete Schedule J for such individual	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 I 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 I for such person	5		No

services rendered to the organization? If "Yes," complete Schedule I for such ,	person	No
Section B. Independent Contractors		
Complete this table for your five highest compensated independent contrac compensation from the organization. Report compensation for the calendary		tax year
(A) Name and business address	(B) Description of services	(C) Compensation
THE MOST ORGANIZATION	REALTOR MARKETING & BRANDING	23,913,416
101 ENTERPRISE STE 340 ALISO VIEJO, CA 92653		
TARGET SMART COMMUNICATIONS LLC	CONSULT & DIRECT MAILINGS SERV	8,159,483
1115 15TH ST NW SUTTE 1000 WASHINGTON, DC 20005		
ARNOLD WORLDWIDE LLC	REALTOR MARKETING AND BRANDING	2,627,064
205 HUDSON STREET NEW YORK, NY 10013	BNANDING	
MEDIA ASSEMBLY	REALTOR MARKETING AND BRANDING	1,946,476
909 3RD AVE 31ST FLOOR NEW YORK, NY 10022	BRAINDING	
WILLIAMSGERARD PRODUCTIONS	REALTOR MARKETING AND	1,550,169
26826 NETWORK PLACE CHICAGO, IL 60673	BRANDING	
2 Total number of independent contractors (including but not limited to those li \$100,000 of compensation from the organization ► 137	sted above) who received more than	

orm 99	0 (20	15)						Page 9
Part V	1111	Statement o						_
		Check If Schedi	ule O contains a respor	nse or note to any lir	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
<u>ဖ အ</u>	1a	Federated cam	paigns 1a					
ant	ь	Membership du	es 1b					
. Gr	С	Fundraising eve	ents 1c					
ifts ar A	d	Related organiz	zations 1d					
s, G inii	е	Government grant	s (contributions) 1e					
tion r Si	f	All other contribution	ons, gifts, grants, and 1f					
Contributions, Giffs, Grants and Other Similar Amounts	g		ons included in lines					
ontr d C		1a-1f \$	- 4 - 46		0			
<u>ة ت</u>	h	Total. Add lines	S 1a-11	•	· · ·			
본	2a	MEMBER DUES		Business Code 900099	178,330,984	178,330,984		
Program Service Revenue	ь	CONVENTIONS		900099	10,647,706	10,647,706		
₩ ₩	С	ADVERTISING & SU	JBSCRIPTIONS	541800	5,981,419	497	5,980,922	
er vi	d	GOVERNMENT AFF	AIRS	900099	3,157,388	3,157,388		
S	е	PUBLICATIONS & S	SERV MATERIALS	900099	537,492	537,492		
ogra	f	All other progra	am service revenue		3,558,490	3,558,490	0	0
Ě	g	Total. Add lines	s 2a-2f	>	202,213,479			
	3		ome (including dividen ar amounts)		4,707,793		1,414,751	3,293,042
	4		stment of tax-exempt bond					
	5	Royalties		•	4,175,394			4,175,394
	6a	Gross rents	(1) Real 7,135,824	(II) Personal				
	ь	Less rental expenses	6,851,259					
	С	Rental income	284,565	0				
	d	or (loss) Net rental inco	me or (loss)		284,565		128,131	156,434
			(ı) Securities	(II) Other				
	7a	Gross amount from sales of assets other than inventory	56,793,249	370				
	b	Less cost or other basis and sales expenses	55,567,181	139,191				
	С	Gain or (loss)	1,226,068	-138,821				
	d 8a	Net gain or (los Gross income f	is)	· · · · >	1,087,247			1,087,247
Other Revenue		events (not inc \$	luding s reported on line 1c)					
ţ,			penses b	avanta				
0	9a	Gross income f	(loss) from fundraising from gaming activities ne 19	events •				
	b c		a penses b (loss) from gaming acti	vities				
		Gross sales of returns and allo	inventory, less	>				
	l	_	a oods sold b (loss) from sales of inv	entory				
	Ť	Miscellaneous		Business Code				
	11a		1 CONTROLLED	900003	343,874		343,874	
	b	ENTITIES INCOME FROM ENTITIES - RO	M CONTROLLED DYALTIES	900003	331,309		331,309	
	С	IIIES NO						
	d	All other reven	ue		1,000,701	921,146	79,555	0
	е	Total. Add lines	s 11a-11d	•	1,675,884			
	12	Total revenue.	See Instructions .	•	214,144,362	197,153,703	8,278,542	8,712,117

orm	990 (2015)				Page 10
Part	Statement of Functional Expenses				
ectio	on $501(c)(3)$ and $501(c)(4)$ organizations must complete all columns	All other organiza	tions must com	plete column (A)	
	Check if Schedule O contains a response or note to any line in t	this Part IX			
	ot include amounts reported on lines 6b, o, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations and domestic governments See Part IV, line 21	262,250			
2	Grants and other assistance to domestic individuals See Part IV, line 22				
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	4,510,661	0	0	0
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	39,032,527			
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	2,905,906			
9	Other employee benefits	4,787,498			
10	Payroll taxes				
		2,626,434			
11	Fees for services (non-employees)				
a	Management				
Ь	Legal	681,020			
с	Accounting	360,948			
d	Lobbying				
e	Professional fundraising services See Part IV, line 17				
f	Investment management fees	298,857			
g	Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	30,500,696	0	0	0
12	Advertising and promotion	24,596,079			
13	Office expenses	9,990,174			
14	Information technology	9,262,502			
15	Royalties				
16	Occupancy	355,185			
17	Travel	8,410,938			
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	8,677,399			
20	Interest	186,682			
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	3,156,890			
23	Insurance	1,639,150			
24	Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24e If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O)				
а	PUBLIC POLICY EXPENSES	18,311,888			
b	TAXES	4,670,168			
c	MAINTENANCE AND REPAIRS	2,874,693			
d					
е	All other expenses	3,536,554	0	0	0
25	Total functional expenses. Add lines 1 through 24e	181,635,099	0	0	0
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)				

Cash-non-interest-bearing

Savings and temporary cash investments

Notes and loans receivable, net . .

Prepaid expenses and deferred charges

Investments—publicly traded securities .

Land, buildings, and equipment cost or other basis

Investments—other securities See Part IV, line 11

Investments—program-related See Part IV, line 11

Total assets. Add lines 1 through 15 (must equal line 34)

Escrow or custodial account liability Complete Part IV of Schedule D .

key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L

Secured mortgages and notes payable to unrelated third parties

Unsecured notes and loans payable to unrelated third parties

Organizations that follow SFAS 117 (ASC 958), check here ▶

Organizations that do not follow SFAS 117 (ASC 958), check here ▶

Retained earnings, endowment, accumulated income, or other funds

Paid-in or capital surplus, or land, building or equipment fund

and other liabilities not included on lines 17-24)

Capital stock or trust principal, or current funds

Total liabilities and net assets/fund balances

Total liabilities.Add lines 17 through 25

lines 27 through 29, and lines 33 and 34.

Temporarily restricted net assets

Permanently restricted net assets

Total net assets or fund balances

complete lines 30 through 34.

Loans and other payables to current and former officers, directors, trustees,

Other liabilities (including federal income tax, payables to related third parties,

Inventories for sale or use

Complete Part VI of Schedule D

Less accumulated depreciation .

Intangible assets

Other assets See Part IV, line 11 .

Accounts payable and accrued expenses

Pledges and grants receivable, net .

Accounts receivable, net . .

Schedule L .

II of Schedule L

Grants payable

Deferred revenue .

Tax-exempt bond liabilities

Complete Part X of Schedule D

Unrestricted net assets

1

2

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10a

b

11

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33

34

Fund Balances

Ö

Net Assets

(A)

Form 990 (2015)
Part X	Balance Sheet
	Check if Schedule O contains a response or note to any line in this Part X

Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of

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

Pag	e	1

	Page
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Page

(B)

End of year

70,665,027

2,705,028

3,221,001

57,845,309

100,911,440

5,697,903

71,361,829

5,147,873

5,655,631

323,211,041

50,124,140

63,590,255

12,250,000

2,439,785

128,404,180

194,806,861

194,806,861

323,211,041 Form 990 (2015)

1

2

3

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9

10c

11

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29

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31

32

33

34

Beginning of year

48,462,316

1,749,197

2,880,647

59,933,583

94,962,452

5,995,167

72,014,000

4,222,687

4,727,342

294,947,391

49, 192, 175

54,052,275

14,000,000

2,271,548

119,515,998

175,431,393

175,431,393

294,947,391

154 322 897

96,477,588

10a

10b

P	a	g	e

P	a	g	e

214,144,362

181,635,099

32,509,263

175,431,393

-4,867,065

-8,266,730

No

Νo

194,806,861

Yes

Yes

Yes

2a

2b

2c

3a

1

2

3

4

5

6

7

8

9

10

Reconcilliation of Net Assets

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

Donated services and use of facilities .

Part XIII Financial Statements and Reporting

1 Accounting method used to prepare the Form 990

a separate basis, consolidated basis, or both

Single Audit Act and OMB Circular A-133?

Investment expenses

column (B))

Schedule O

Schedule O

Separate basis

Separate basis

basis, consolidated basis, or both

Prior period adjustments .

Total revenue (must equal Part VIII, column (A), line 12)

Other changes in net assets or fund balances (explain in Schedule O) .

10 Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33,

If the organization changed its method of accounting from a prior year or checked "Other," explain in

2a Were the organization's financial statements compiled or reviewed by an independent accountant?

Consolidated basis

b Were the organization's financial statements audited by an independent accountant?

✓ Consolidated basis

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

If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed on

If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate

c 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?

3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the

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

If the organization changed either its oversight process or selection process during the tax year, explain in

Total expenses (must equal Part IX, column (A), line 25) . . . Revenue less expenses Subtract line 2 from line 1 . . .

Net unrealized gains (losses) on investments . .

Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) . . .

Cash ✓ Accrual COther

Both consolidated and separate basis

Both consolidated and separate basis

Nο

Software ID: 15000238

Software Version: 2015v2.1

EIN: 36-1520690

Name: National Association of Realtors

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

Compensated Employees, and Independent Contractors													
(A) Name and ⊤ıtle	(B) A verage hours per week (list any hours	Posi more t perso and a	tion (han c n is l	ne b ooth	ox, an o	unles officer		(D) Reportable compensation from the organization (W-	(E) Reportable compensation from related organizations (W-	(F) Estimated amount of other compensation from the			
	for related organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officer	key employee	Highest compensated employee	Former	2/1099-MISC)	2/1099-MISC)	organization and related organizations			
CHRIS POLYCHRON	30 0	×		х				318,110	0	,			
PRESIDENT	0.0	^		^				310,110					
THOMAS SALOMONE	30 0	.,		3				247.074					
President-Elect	0 0	X		Х				247,871	0				
WILLIAM BROWN	30 0	.,		,				406.642					
FIRST VICE PRESIDENT	0 0	X		Х				186,642	0				
MICHAEL MCGREW	30 0								_				
TREASURER	0 0	×		Х				173,326	0	C			
STEVEN BROWN	30 0	x		Х				205,644	0				
Immediate Past President	0.0	_ ^		^				203,044					
TRAVIS KESSLER	0 5												
DIRECTOR	0 5	Х						0	0	(
RICHARD GAYLORD	0 5	,								_			
Past President	0 0	Х						0	0				
RICHARD MENDENHALL	0 5							_	_				
Past President	0 0	Х						0	0	C			
SHARON MILLETT	0 5												
Past President	0 0	X						0	0				
LESLIE ROUDA SMITH	0 5												
MEMBER	0 0	Х						0	0	C			
	1 00	l	l		ı	ı	1	I	I	I			

	Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employ Compensated Employees, and Independent Contractors													
(A) Name and Title	(B) Average hours per week (list any hours for related	m unles	ore tl ss pe	han rso cer	not one n is and			(D) Reportable compensation from the organization (W- 2/1099-	(E) Reportable compensation from related organizations (W- 2/1099-	(F) Estimated amount of other compensation from the				
	organizations below dotted line)	Officer Institutional Trustee Individual trustee or director		Officer	key employee	Highest compensated employee	Former	MISC)	MISC)	organization and related organizations				
MERLE WHITEHEAD Large Firm Representative	0 5 0 0	×						0	0	0				
KIMBERLY ALLARD State Allocated Director	0 5 0	x						0	0	0				
MARGARET ALLEN Large Board Representative	0 5	×						0	0	0				
STEVEN ALLOWAY Large Board Representative	0 5	X						0	0	0				
LORETTA ALONZO Large Board Representative	0 5	х						0	0	0				
SONIA ANAYA Large Board Representative	0 5	х						0	0	0				
MOANA ANDERSEN State Allocated Director	0 5 0	X						0	0	0				
JOHN ANDERSON State Allocated Director	0 5 0	x						0	0	0				
CHRIS ANDERSON Large Board Representative	0 5	×						0	0	0				
IAN ANDERSON Local Leadership Idea Exchage Council- Medium Board Representative	0 5	x						0	0	0				

Form 990 Compens	Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employ Compensated Employees, and Independent Contractors													
(A) Name and Title	(B) A verage hours per week (list any hours for related	m unles	ore tl	han rso cer	not one n is and			(D) Reportable compensation from the organization (W- 2/1099-	(E) Reportable compensation from related organizations (W- 2/1099-	(F) Estimated amount of other compensation from the				
	organizations below dotted line)	individual trustee or director	Institutional Trustee	Officer	key employee	Highest compensated employee	Former	MISC)	MISC)	organization and related organizations				
FRANCISCO ANGULO Large Board Representative	0 5	x						0	0	0				
FRANK ANTHONY Large Board	0 5	х						0	0	0				
Representative ENNIS ANTOINE Large Board Representative	0 5	х						0	0	0				
MARTHA APPEL Large Firm Representative	0.5	х						0	0	0				
WARD ARENDT Large Board Representative	0 5	х						0	0	0				
CINDY ARIOSA Large Firm Representative	0 5	х						0	0	0				
WILLIAM ARMSTRONG Past Treasurer	0 5	Х						0	0	0				
ADRIAN ARRIAGA State Allocated Director	0 5	х						0	0	0				
MARIO ARRIAGA Large Board Representative	0 5	х						0	0	0				
RYAN ASAO Large Board Representative	0 5	x						0	0	0				

								icers, Directo nt Contracto		Key Employ
(A) Name and Title	(B) A verage hours per week (list any hours for related	unles	ore tl ss pe	han erso cer	not one n is and			(D) Reportable compensation from the organization (W- 2/1099-	(E) Reportable compensation from related organizations (W- 2/1099-	(F) Estimated amount of other compensation from the
	organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former	MISC)	MISC)	organization and related organizations
DONALD ASHER State Allocated	0 5	Х						0	0	0
Director STEVEN ASHER	0			_	<u> </u>					
Regional Vice President	0 5 0	X						0	0	0
BRUCE AYDT DSA Recipient	0 5	Х						0	0	0
DIANA AYERS	0 0 5	\vdash		<u> </u>	-	\vdash	\vdash			
Large Board Representative	0	х						0	0	0
DOUGLAS AZARIAN Large Board	0 5	×						0	0	0
Representative	0									
COLLEEN BADAGLIACCO State Allocated	0 5	×						0	0	0
Director					-					
ROBERT BAILEY Committee Liaison	0 5 0	×						0	0	0
DEBORAH BAISDEN	0 5	х						0	0	0
State President	0				ļ					
JAN BAKER Large Firm Representative	0 5	х						0	0	0
LOUIS BALDWIN State Allocated	0 5	Х						0	0	0
Director	0		l							l

								icers, Directo nt Contracto		Key Employ
(A) Name and Title	(B) A verage hours per week (list any hours for related	unles	ore th	han ersoi cer	not one n is and			(D) Reportable compensation from the organization (W- 2/1099-	(E) Reportable compensation from related organizations (W- 2/1099-	(F) Estimated amount of other compensation from the
	organizations below dotted line)	individual trustee or director	Institutional Trustee	Officer	key employee	Highest compensated employee	Former	MISC)	MISC)	organization and related organizations
JOAN BALLANTYNE DSA Recipient	0 5	x						0	0	0
CHRISTINA BANASIAK State Allocated	0.5	×						0	0	0
Director ANDREW BARBAR	0 5	x						0	0	0
MICHAEL BARBARO	0 5	х						0	0	0
Large Board Representative DAVID BARBER	0 5		\vdash				\vdash			0
State President FRITZI BARBOUR	0 0 5	Х		_				0	0	J
State President MELANIE	0	Х		<u> </u>	_			0	0	0
BARKER State Allocated Director	0 5	×						0	0	0
RAYMOND BARKETT Large Firm	0 5	х						0	0	0
Representative SUE BARNES Large Board Representative	0 5	х						0	0	0
Representative JEFF BARNETT Large Firm Representative	0 5	х						0	0	0

								cers, Directo nt Contracto		Key Employ
(A) Name and Title	(B) A verage hours per week (list any hours for related organizations	m unle:	ore t ss pe	han rso cer cor/t	not one n is and rus	tee)	an	(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
	below dotted line)	Individual trustee or director	Institutional Trustee	Officer	key employee	Highest compensated employee	Former	Hisey	Miscy	and related organizations
SHARON BARRON Large Board Representative	0 5 0	×						0	0	0
TRAY BATES Presidential Appointee Commercial Board Representative	0 5 0	Х						0	0	0
BUDD BATTERSON Large Board Representative	0 5	х						0	0	0
GAROLD BAUER Large Board Representative	0 5	х						0	0	0
DANA BAUGUSS State Allocated Director	0 5	х						0	0	0
ROBERT BAX Large Board Representative	0 5	Х						0	0	0
MARY BAYAT Large Board Representative	0 5	х						0	0	0
CHRISTOPHER BEADLING Large Board Representative	0 5	х						0	0	0
SCOTT BEAUDRY Large Board Representative	0 5	х						0	0	0
STEVEN BEAZLEY State President	0 5	x						0	0	0

								cers, Directont Contracto		Key Employ
(A) Name and Title	(B) A verage hours per week (list any hours for related	m unles	ore t ss pe	han rso cer	not one n is and			(D) Reportable compensation from the organization (W- 2/1099- MISC)	(E) Reportable compensation from related organizations (W- 2/1099-	(F) Estimated amount of other compensation from the
	organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officer	key employee	Highest compensated employee	Former	MISC)	MISC)	organization and related organizations
PAT BEECH State President	0 5 0	Х						0	0	0
KACY BELL State President	0 5	х						0	0	0
NATHAN BELL	0 5									
State Allocated Director	0	Х						0	0	0
DOROTHEA BELLO	0 5	x						0	0	0
Large Board Representative	0									
MALCOLM BENNETT	0 5	х						0	0	0
State Allocated Director	0									
JOHNNY BENNETT	0 5	х						0	0	0
Large Board Representative	0									
RICHARD BERGDAHL	0 5	Х						0	0	0
Large Board Representative	0									
TOM BERGE JR Large Board Representative	0 5 0	×						0	0	0
ALLYSON BERNARD	0 5	×						0	0	0
State Allocated Director	0									
RUSSELL BERRY Large Board	0 5	х						0	0	0
Representative	0									

Form 990 Compens	, Part VII - (ated Employ	Com _l ees,	en:	sat d I	ion 1de	of (Offi de	cers, Directo nt Contracto	ors,Trustees, rs	Key Employ
(A) Name and Title	(B) A verage hours per week (list any hours for related	m unles	ore t ss pe	han rso cer	not one n is and			(D) Reportable compensation from the organization (W- 2/1099-	(E) Reportable compensation from related organizations (W- 2/1099-	(F) Estimated amount of other compensation from the
	organizations below dotted line)	Individual trustee or director	Institutional Trust⊭ë	Officer	key employee	Highest compensated employee	Former	MISC)	MISC)	organization and related organizations
TERESITA BERSACH Large Board	0 5	x						0	0	0
Representative BOB BISHOP	0 5									
Large Board Representative	0	Х						0	0	0
MICHAEL BLACKBURN Large Board	0 5	х						0	0	o
Representative	0									
BARBARA BLACKWELL	0 5	Х						0	o	О
State President BENJAMIN BLAIR	0.5									
DSA Recipient	0	×						0	0	0
ANNIE BLATZ State Allocated	0 5	х						0	0	0
Director WILLIAM BOATMAN	0 5									
State Allocated Director	0	Х						0	0	0
SHADRICK BOGANY	0 5	х						0	0	0
Large Board Representative	0									
BRADLEY BOLAND State Allocated	0 5	х						0	0	0
Director	0									
LINDA BONARELLI LUGO	0 5	Х						0	0	0
State Allocated Director	0									

								cers, Directont Contracto		Key Employ
(A) Name and Title	(B) A verage hours per week (list any hours for related	m unles	ore tl ss pe	han rso cer	not one n is and			(D) Reportable compensation from the organization (W- 2/1099-	(E) Reportable compensation from related organizations (W- 2/1099-	(F) Estimated amount of other compensation from the
	organizations below dotted line)	Individual trustee or director	e⇒tsu√l lenoatuttenl	Officer	key employee	e voldine Highest compensated	Former	MISC)	MISC)	organization and related organizations
CHARLES BONFIGLIO Large Board Representative	0 5 0	х						0	0	0
EUGENIA BONILLA	0 5	х						0	0	0
State President RUSSELL BOOTH Past President	0.5	х						0	0	0
STEPHEN BOOTH Large Firm Representative	0.5	Х						0	0	0
MARIANNE BORNHOFT State Allocated Director	0 5	х						0	0	0
CARLTON BOUJAI State Allocated Director	0 5	х						0	0	0
KATHRYN BOVARD Large Board Representative	0 5	х						0	0	0
SHARON BOWLER State Allocated Director	0 5 0	х						0	0	0
MONTIE BOX DSA Recipient	0 5	х						0	0	0
J RUSSELL BOYCE State Allocated Director	0 5	х						0	0	0

								cers, Directo nt Contracto		, Key Employ
(A) Name and Title	(B) A verage hours per week (list any hours for related	m unles	ore tl	han rso cer cor/t	not one n is and			(D) Reportable compensation from the organization (W- 2/1099-	(E) Reportable compensation from related organizations (W- 2/1099-	(F) Estimated amount of other compensation from the
	organizations below dotted line)	Individual trustee or director	Institutional Trust⊬é	Officer	key employee	Highest compensated employee	Former	MISC)	MISC)	organization and related organizations
DAVID BRADLEY DSA Recipient	0 5 0	×						0	0	О
DARYL BRAHAM State Allocated Director	0 5	х						0	0	0
JENNIFER BRANCHINI State Allocated	0 5	х						0	0	0
Director RYAN BRASHEAR State Allocated Director	0 5	Х						0	0	0
ERIC BRAUNSTEIN State President	0 5	х						0	0	0
HANK BRAUNSTEIN Large Firm	0 5	Х						0	0	0
Representative PAUL BREUNICH Large Firm Representative	0 5	×						0	0	0
TIMOTHY BRIGHAM State Allocated Director	0 5	x						0	0	0
BRUCE BRIGHT State President	0 5	×						0	0	0
MAREN BRISSON Large Board Representative	0 5	х						0	0	0

								cers, Directont Contracto		, Key Employ
(A) Name and Title	(B) A verage hours per week (list any hours for related	m unles	ore t ss pe	han rso cer	not one n is and			(D) Reportable compensation from the organization (W- 2/1099-	(E) Reportable compensation from related organizations (W- 2/1099-	(F) Estimated amount of other compensation from the
	organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officer	key employee	Highest compensated employee	Former	MISC)	MISC)	organization and related organizations
JOHN BROCKER State Allocated Director	0 5	Х						0	0	0
MIKE BRODIE Past Treasurer	0 5	х						0	0	0
FRAN BROUDE Large Firm Representative	0 5	Х						0	0	0
BILL BROWN First Vice President	0 5	Х						0	0	0
ERIN BROWN State Allocated Director	0 5	Х						0	0	0
STEVE BROWN Large Firm Representative	0 5	Х						0	0	0
CHANCE BROWN Large Board Representative	0 5	Х						0	0	0
KEVIN BROWN State Allocated Director	0 5	х						0	0	0
DIANE BROWN State Allocated Director	0 5	х						0	0	0
THEODORE BRYANT DSA Recipient	0 5	х						0	0	0
23/ Neaplette			l	1	ı	ı	1	I	I	I

								cers, Directo		Key Employ
(A) Name and Title	(B) A verage hours per week (list any hours for related organizations	m unles	ore t ss pe	han rso cer tor/t	not one n is and		an	(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
	below dotted line)	Individual trustee or director	Institutional Trustee	Officei	key employee	Highest compensated employee	Former	МІЗС)	MISC)	and related organizations
DIANA BULL State Allocated Director	0 5	×						0	0	0
CINDI BULLA State Allocated Director	0 5	X						0	0	0
LORI BURGER Affiliate President/IREM	0 5 0	Х						0	0	0
ANDREW BURKE Large Board Representative	0 5 0	×						0	0	0
MARY FRANCES BURLESON Large Firm Representative	0 5 0	X						0	0	0
DAVID BURNETT State Allocated Director	0 5	х						0	0	0
KENYA BURRELL Large Board Representative	0 5	X						0	0	0
MARILOU BUTCHER-ROTH State Allocated Director	0 5 0	X						0	0	0
DAVID CABOT Large Firm Representative	0 5	х						0	0	0
ROBERT CALDWELL State Allocated Director	0 5	x						0	0	0
230001			l	•	•	1	i	I	I	ı

								cers, Directont Contractor		Key Employ
(A) Name and Title	(B) A verage hours per week (list any hours for related	m unle:	ore t	han erso cer	not one n is and			(D) Reportable compensation from the organization (W- 2/1099-	(E) Reportable compensation from related organizations (W- 2/1099-	(F) Estimated amount of other compensation from the
	organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officer	key employee	Highest compensated employee	Former	MISC)	MISC)	organization and related organizations
PAT CALLAN Large Board Representative	0 5	×						0	0	0
DESIREE CALLENDER Large Board Representative	0 5	×						0	0	0
LINDA CALLICUTT Large Board Representative	0 5 0	Х						0	0	0
SARA CALO State Allocated Director	0 5	×						0	0	0
ARABEL CAMBLOR State President	0 5	х						0	0	0
DOMINIC CARDONE State Allocated Director	0 5	х						0	0	0
CYNTHIA CARLEY State Allocated Director	0 5	x						0	0	0
JERRY CARLTON Affiliate President/CRS	0 5	Х						0	0	0
THOMAS CARNAHAN Large Board	0 5	x						0	0	0
Representative LEAH CARO Large Board Representative	0 5	×						0	0	0

								icers, Directo nt Contracto		, Key Employ
(A) Name and Title	(B) Average hours per week (list any hours for related	unles	ore tl ss pe	han ersoi cer	not one n is and			(D) Reportable compensation from the organization (W- 2/1099-	(E) Reportable compensation from related organizations (W- 2/1099-	(F) Estimated amount of other compensation from the
	organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officer	key employee	Highest compensated	Former	MISC)	MISC)	organization and related organizations
DOUGLAS CARPENTER State Allocated Director	0 5	х						0	0	0
DAWN CARPENTER State Allocated Director	0 5	х						0	0	0
JANET CARPENTER Large Board	0 5	х						0	0	0
ADORNA CARROLL DSA Recipient	0 5	х						0	0	0
STEPHEN CASPER DSA Recipient	0 5	х						0	0	0
MEG CASPER State Allocated Director	0 5	х						0	0	0
JOHN CASTELLI Large Board Representative	0 5	х						0	0	0
OTTO CATRINA State Allocated Director	0 5	х						0	0	0
DEBRA CHAMBERLAIN State Allocated Director	0 5	х						0	0	0
CINDY CHANDLER Executive	0 5	х						0	0	0
Committee Representative					Í				1	

								cers, Directont Contracton		Key Employ
(A) Name and Title	(B) A verage hours per week (list any hours for related	Position (do not check more than one box, unless person is both a officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-	(E) Reportable compensation from related organizations (W- 2/1099-	(F) Estimated amount of other compensation from the
	organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former	MISC)	MISC)	organization and related organizations
LORI CHAPMAN State Allocated Director	0 5 0	х						0	0	0
SOCAR CHATMON- THOMAS State Allocated Director	0 5 0	×						0	0	0
WILLIAM CHEE Past President	0 5	х						0	0	0
ALLEN CHIANG State Allocated Director	0 5	Х						0	0	0
PHILIP CHILES State Allocated Director	0 5	х						0	0	0
RICHARD CHITTAM State Allocated	0 5	Х						0	0	0
Director CARMEN CHONG Presidential Appointee Outside Organization Representative	0.5	х						0	0	0
SHERRY CHRIS Committee Liaison	0 5	X						0	0	0
MIKE CLANCY Large Board Representative	0 5	х						0	0	0
KEN CLARK State Allocated Director	0 5	х						0	0	0

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employ Compensated Employees, and Independent Contractors (A) (B) (C) (D) (E) (F) Name and Average Position (do not check Reportable Reportable Estimated Title hours per more than one box, compensation compensation amount of week (list unless person is both an from the from related other any hours officer and a organization organizations compensation for related director/trustee) (W-2/1099-(W-2/1099from the MISC) organizations MISC) organization Officer Former or director 3 emplovee Highest compensat Individual trustee below Institutional and related dotted line) organizations employee Trustee Ē ROBERT CLARK 0.5 Х 0 0 Large Board 0 Representative VICKI CLEMAN 0.5 Χ 0 0 Large Board 0 Representative CHRISTINA 05 CLEMANS Х 0 0 0 State Allocated 0 Director KIMBERLY 0.5 CLIFTON Χ 0 0 Large Firm 0 Representative PATRICIA COAN 05 Х 0 0 0 State Allocated 0 Director SHANNON COBB 05 **EVANS** 0 0 0 Large Board 0 Representative JAMES COLEY 0.5 0 0 0 Х Large Board 0 Representative CATHY COLVIN 05 0 O 0 Х State Allocated 0 Director PAULA COLVIN 05 Х 0 0 Large Board 0 Representative 0.5 PAT COMBS Х 0 Past President 0

Form 990, l Compensat	Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employ Compensated Employees, and Independent Contractors														
(A) Name and Title	(B) Average hours per week (list any hours for related	m unles	ore tl	han rso cer or/t	not one n is and rus		an	(D) Reportable compensation from the organization (W- 2/1099-	(E) Reportable compensation from related organizations (W- 2/1099-	(F) Estimated amount of other compensation from the					
	organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officer	key employee	Highest compensated employee	Former	MISC)	MISC)	organization and related organizations					
CATHY CONEWAY Large Board Representative	0 5	x						0	0	d d					
CONSTANCE CONWAY	0 5	х						0	0	C					
Representative VIRGINIA COOK	0 0 5														
DSA Recipient	0	Х						0	0	С					
RONALD COOPER Presidential Appointee Outside Organization Representative	0 5	X						0	0	C					
JASON COPEMAN State Allocated Director	0 5	Х						0	0	C					
LAURA COPERSINO Large Board Representative	0 5	х						0	0	C					
TONYA CORDER Large Board Representative	0 5	Х						0	0	C					
JAMES CORMIER Committee Liaison	0 5	Х						0	0	C					
JUDY COVINGTON Large Board Representative	0 5	Х						0	0	c					
KIT COWPERTHWAITE	0 5	X						0	0	q					
State Allocated Director	0														

Form 990, Pa Compensate									Trustees, Ke	y Employees
(A) Name and ⊤itle	(B)	m unles	ore t ss pe	han erso cer	not one n is and			(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
		individual trustee or director	Institutional Trustee	Officer	key employee	Highest compensated employee	Former			
JAYNE COX State Allocated	0 5	х						0	0	0
Director	0									
VICKI COX GOLDER	0 5	х						0	0	0
Past President	0									
BETH CRISTINA	0 5	X						0	0	0
State President	0									
DAVENPORT CROCKER JR	0 5	Х						0	0	0
Large Board Representative	0									
DENNIS CRONK	0 5	Х						0	0	0
Past President	0									
JEAN CROSBY Affiliate	0 5	х						0	0	0
Representative/CRB	0									
RONALD CROUSHORE	0 5	Х						0	0	0
State President	0									
DIANE CUMMINS	0 5									
Large Board Representative	0	Х						0	0	0
CAROLYN DAGOSTA	0 5									
State Allocated Director	0	х						0	0	0
JOSEPH D'AMATO	0 5									
Large Board Representative	0	Х						0	0	0

	Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employee Compensated Employees, and Independent Contractors														
(A) Name and Title	(B) A verage hours per week (list any hours for related	m unles	ore tl ss pe	han rsoi cer	not one n is and			(D) Reportable compensation from the organization (W- 2/1099-	(E) Reportable compensation from related organizations (W- 2/1099-	(F) Estimated amount of other compensation from the					
	organizations below dotted line)	individual trustee or director	Institutional Trustee	Officer	key employee	Highest compensated employee	Former	MISC)	MISC)	organization and related organizations					
ANITA DAVIS	0 5	х						0	0						
Affiliate Representative/WCR	0	^								,					
KENNETH DAVIS	0 5														
Large Fırm Representative	0	×						0	0	(
WINNIE DAVIS	0 5														
Large Board Representative	 0	Х						0	0	(
ARLENE DAVIS	0 5														
State Allocated Director	0	x						0	0						
FRAN DAVIS	0 5					1									
I KAN DAVID	U 5	x						0							
Large Board Representative	0	^						· ·	·						
KIMBERLY DAWSON	0 5														
State Allocated Director	0	X						0	0						
RYAN DE GUZMAN	0 5														
State President	0	Х						0	0						
DAVID DEAN	0 5														
Large Board Representative	0	Х						0	0						
MATTHEW DEANTONIO	0 5														
Large Board Representative	0	х						0	0						
ALLAN DECHERT	0 5														
State Allegated		х						0	0						

State Allocated Director

								icers, Directo nt Contracto		Key Employ
(A) Name and Title	Pos mo unles	sition ore tl ss pe	(C) (do than ersor	not one on is and	t chec e box, both	ck	(D) Reportable compensation from the organization (W- 2/1099-	(E) Reportable compensation from related organizations (W- 2/1099-	(F) Estimated amount of other compensation from the	
	organizations below dotted line)	individual trustee or director	Institutional Trustee	Officei	key employee	Highest compensated employee	Former	MISC)	MISC)	organization and related organizations
ANN DEFRIES State Allocated Director	0 5	x						0	0	О
MICHAEL DELEON Large Board Representative	0 5	x						0	0	0
JULIE DELORENZO State Allocated Director	0 5	x						0	0	0
TONY DELUKE Large Board Representative	0 5	х						0	0	0
KENNETH DELVECCHIO Large Firm Representative	0 5	x						0	0	0
MARTHA DENT State Allocated Director	0 5	х						0	0	0
SUZANNE DESMARAIS Large Board Representative	0 5	х						0	0	0
ALAN DESTEFANO State Allocated Director	0 5	х						0	0	0
ANDREA DETRICK State President	0 5	х						0	0	0
MATTHEW DEUITCH Large Firm Representative	0 5	х						0	0	0
MATTHEW DEUITCH Large Firm		×						0	0	(

								cers, Directo nt Contracto		Key Employ
(A) Name and Title	(B) A verage hours per week (list any hours for related	m unles	ore tl	han rso cer	not one n is and			(D) Reportable compensation from the organization (W- 2/1099-	(E) Reportable compensation from related organizations (W- 2/1099-	(F) Estimated amount of other compensation from the
	organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former	MISC)	MISC)	organization and related organizations
FRANK DICKENS Large Firm Representative	0 5 0	Х						0	0	0
D DEEMS DICKINSON Large Firm	0 5	×						0	0	0
Representative JOHN DICKINSON State Allocated Director	0 5	х						0	0	0
GAY DILLASHAW Large Firm Representative	0 5	х						0	0	0
MICHAEL DIMELLA Large Board Representative	0 5	х						0	0	0
DIANE DISBROW Presidential Appointee Real Estate Specialty Representative	0 5	×						0	0	0
EMILY DISIMONE Large Board Representative	0 5	Х						0	0	0
LORI DOERFLER State Allocated Director	0 5	Х						0	0	0
JOHN DOHM Large Board Representative	0 5	х						0	0	0
MARGIE DORRANCE Large Board	0 5	х						0	0	0
Representative	I			l	l	I	l	ļ	1	

								icers, Directo nt Contracto		Key Employ
(A) Name and Title	m unles	ore tl ss pe	han erso cer	not one n is and			(D) Reportable compensation from the organization (W- 2/1099- MISC)	(E) Reportable compensation from related organizations (W- 2/1099-	(F) Estimated amount of other compensation from the	
	organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officer	key employee	Highest compensated	Former	,	MISC)	and related organizations
EDWARD DOWNS State Allocated Director	0 5	x						0	0	0
MIKE DREWS State Allocated Director	0 5	х						0	0	0
ELIZABETH DUENAS State Allocated Director	0 5	х						0	0	0
MARY DUFF Large Board Representative	0 5	х						0	0	0
CAROLANN DURBON Large Board Representative	0 5	x						0	0	0
FELIX DUVERGER Large Board Representative	0 5	×						0	0	0
CHRISTINE DWIGGINS Large Board Representative	0 5	×						0	0	0
MARY DYKSTRA State Allocated Director	0 5	×						0	0	0
KEVIN EASTRIDGE State Allocated Director	0 5	x						0	0	0
MARTIN EDWARDS	0 5	х						0	0	0
Past Treasurer	0	1	1			!				

								cers, Directont Contracto		Key Employ
(A) Name and Title	(B) A verage hours per week (list any hours for related	m unles	ore tl ss pe	han rso cer	not one n is and			(D) Reportable compensation from the organization (W- 2/1099-	(E) Reportable compensation from related organizations (W- 2/1099-	(F) Estimated amount of other compensation from the
	organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officer	key employee	Highest compensated employee	Former	MISC)	MISC)	organization and related organizations
HOWARD ELFMAN Large Board Representative	0 5	Х						0	0	0
ROBERT ELROD Past President	0 5	х						0	0	0
STUART ELSEA Large Firm Representative	0 5	х						0	0	0
JP ENDRES FEIN State Allocated Director	0 5	X						0	0	0
ROBINA ENGLISH Large Firm Representative	0 5	X						0	0	0
MARIE EPISALE Large Board Representative	0 5 0	Х						0	0	0
PAUL EVERSON DSA Recipient	0 5	Х						0	0	0
CAROL FACCIPONTI Large Board	0 5	Х						0	0	0
Representative TREASURE FAIRCLOTH State Allocated Director	0 5	х						0	0	0
MATTHEW FARRELL Large Board Representative	0 5	Х						0	0	0

								cers, Directo nt Contracto		, Key Employ
(A) Name and Tıtle	(B) Average hours per week (list any hours for related	m unles	ore t ss pe	han rso cer	not one n is and			(D) Reportable compensation from the organization (W- 2/1099-	(E) Reportable compensation from related organizations (W- 2/1099-	(F) Estimated amount of other compensation from the
	organizations below dotted line)	Individual trustee or director	Institutional Trust⊬ë	Officer	key employee	Highest compensated employee	Former	MISC)	MISC)	organization and related organizations
JAMES FASE Large Board Representative	0 5 0	×						0	0	0
DON FAUGHT State Allocated Director	0 5	x						0	0	0
MICHAEL FELDMAN State Allocated Director	0 5	х						0	0	0
CHRISTOPHER FELIX State Allocated Director	0.5	×						0	0	0
LINDA FERCODINI State Allocated Director	0 5	х						0	0	0
DAVID FIALK Large Board Representative	0 5	×						0	0	0
DAPHNA FIELDS Large Firm Representative	0 5	Х						0	0	0
JOHN FINN Large Board Representative	0 5 0	Х						0	0	0
RICHARD FIORETTI Large Board Representative	0 5	Х						0	0	0
STEVEN FISCHER State Allocated Director	0 5	×						0	0	0

	Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employ Compensated Employees, and Independent Contractors (A) (B) (C) (D) (E) (F) Name and Average Position (do not check Reportable Reportable Compensation Average More than one box, Compensation Compensation Amount of Reportable Reportable Compensation Reportable R														
	A verage hours per week (list any hours for related	m unles	ore t ss pe	(do han ers o cer cor/t	not one n is and rus	box, both a tee)		Reportable compensation from the organization (W- 2/1099-	Reportable compensation from related organizations (W- 2/1099-	Estimated amount of other compensation from the					
	organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officer	key employee	Highest compensated employee	Former	MISC)	MISC)	organization and related organizations					
DREW FISHMAN State Allocated Director	0 5 0	x						0	0	0					
CORINNE FITZGERALD	0 5	х						0	0	0					
State President KIT FITZGERALD	0 5														
Large Board Representative	0	Х						0	0	0					
JUDITH FITZGERALD State Allocated	0 5	х						0	0	0					
Director PATRICIA FITZGERALD	0 5	Х						0	0	0					
State Allocated Director	0														
MARIE FLAHERTY State President	0 5	x						0	0	0					
ASA FLEMING Large Board Representative	0.5	Х						0	0	0					
BOB FLETCHER Executive Committee Representative	0 5	х						0	0	0					
JOHN FLOR State Allocated Director	0 5	х						0	0	0					
NORMAN FLYNN	0 5	х						0	0	0					
Past President	О	^								Ŭ					

								icers, Directo nt Contracto		, Key Employ
(A) Name and Title	(B) A verage hours per week (list any hours for related	unles	ore tl ss pe	han erso icer	not one on is and		an	(D) Reportable compensation from the organization (W- 2/1099-	(E) Reportable compensation from related organizations (W- 2/1099-	(F) Estimated amount of other compensation from the
	organizations below dotted line)	individual trustee or director	Institutional Trustee	Officer	key employee	Highest compensated employee	Former	MISC)	MISC)	organization and related organizations
TRACIE FOGELSON State Allocated Director	0 5	х						0	0	0
BETH FOLEY Regional Vice President	0 5	х						0	0	0
CLAIRE FORCIER-ROWE State Allocated Director	0 5	х						0	0	0
GREGORY FORD Large Board Representative	0 5	х						0	0	0
KATHY FOWLER State Allocated Director	0 5	х						0	0	0
MAUREEN FRANCIS Large Board Representative	0 5	х						0	0	0
STEVE FRANCKS Executive Committee Representative	0 5	×						0	0	0
DANNY FRANK Large Board Representative	0 5	х						0	0	0
LESHA FREELAND Large Board Representative	0 5	х						0	0	0
PAMELA FRESTEDT Large Board Representative	0 5	x						0	0	0

								icers, Directo nt Contracto		Key Employ
(A) Name and Title	(B) A verage hours per week (list any hours for related	unles	ore tl ss pe	han ersor cer tor/t	not one n is and	tee)	an	(D) Reportable compensation from the organization (W- 2/1099-	(E) Reportable compensation from related organizations (W- 2/1099-	(F) Estimated amount of other compensation from the
	organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officer	key employee	Highest compensated	Former	MISC)	MISC)	organization and related organizations
VIRGIL FRIZZELL Large Board Representative	0 5 0	x						0	0	0
RICHARD FRYER State Allocated Director	0 5	х						0	0	0
EVAN FUCHS State Allocated Director	0 5	х						0	0	0
VICKI FULLERTON State Allocated	0 5	х						0	0	0
Director MARY FUNK State Allocated Director	0.5	х						0	0	0
JOSEPH FUNKHOUSER DSA Recipient	0.5	х						0	0	0
WILLIAM FURST State Allocated Director	0 5	х						0	0	0
NANCY FURST Large Board Representative	0 5	х						0	0	0
PETE GALBRAITH Large Board Representative	0 5	х						0	0	0
KATHLEEN GALLAGHER MCIVER	0 5	x						0	0	0
Large Board Representative	"								1	1

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employ Compensated Employees, and Independent Contractors (A) (B) (C) (D) (E) (F) Name and Average Position (do not check Reportable Reportable Estimated Title hours per more than one box, compensation compensation amount of week (list unless person is both an from the from related other any hours officer and a organization organizations compensation for related director/trustee) (W-2/1099-(W-2/1099from the MISC) organizations MISC) organization Officer 3 or director emplovee Highest compensat Individual trustee below Institutional and related dotted line) organizations employee Trustee Ē EDMUND 0 5 **GAR DNER** Х 0 0 State Allocated 0 Director JOHN 05 **GATTERMEIR** Х State Allocated 0 Director ANNE GAULT 05 0 Х 0 State Allocated 0 Director SUBHI 05 **GHARBIEH** Х 0 0 0 Large Board 0 Representative TG GLAZER 0.5 0 Х 0 0 State Allocated 0 Director STEVE GODDARD 05 Х 0 0 0 Regional Vice Ω President 0 5 ART GODI Χ 0 Past President 0 JAY GOHIL 05 0 0 Х Large Board 0 Representative SUSAN GOLDY 05 Х 0 0 0 State Allocated 0 Director MAXINE 0 5 GOODHUE Χ 0 0 0 State President

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees Compensated Employees, and Independent Contractors (B) (A) (C) (D) (E) (F) Name and Title Average Position (do not check Reportable Reportable Estimated hours per more than one box, compensation compensation amount of week (list unless person is both an from the from related other any hours officer and a organization organizations compensation for related director/trustee) (W-2/1099-(W-2/1099from the organizations MISC) MISC) organization Officer Former 3 emplovee Highest compensat Individual trustee below and related Institutional Trustee director dotted line) organizations employee STEVEN GRAGG 05 Χ 0 0 Large Board 0 Representative SUZANNE GRANOSKI 05 Х O 0 Large Board 0 Representative JARROD GRASSO 05 Presidential Appointee Χ 0 0 State Association 0 Executive BRUCE GREEN 05 Χ 0 0 Large Firm Representative 0 ROBIN GREENBERG 05 Х 0 0 Large Board 0 Representative JOSEPH GREENBLATT 05 0 Х 0 Affiliate 0 Representative/IREM 0.5 SUMMER GREENE Х 0 0 State Allocated Director DEBRA GREENE 05 Χ 0 0 0 Large Board 0 Representative FRANCOIS GREGOIRE O 0 Χ State Allocated Director 0 SHERYL GRIDER 05 WHITEHURST Χ 0

0

Regional Vice President

								cers, Directo nt Contracto		, Key Employ
(A) Name and Title	(B) Average hours per week (list any hours for related	m unles	ore tl	han rso cer cor/t	not one n is and rus		an	(D) Reportable compensation from the organization (W- 2/1099-	(E) Reportable compensation from related organizations (W- 2/1099-	(F) Estimated amount of other compensation from the
	organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former	MISC)	MISC)	organization and related organizations
CATHY GRIFFIN Large Board Representative	0 5	×						0	0	0
CAROL GRIFFITH State Allocated Director	0 5 0	×						0	0	0
MARIE GRISMER Large Board Representative	0 5 0	х						0	0	0
RUSSELL GROOMS Executive Committee Representative	0 5 0	х						0	0	0
REBECCA GROSSMAN Large Board Representative	0 5	х						0	0	0
MAX GURVITCH Regional Vice President	0 5	х						0	0	0
CARLOS GUTIERREZ Large Board Representative	0 5 0	х						0	0	0
MABEL GUZMAN Committee Liaison	0 5	Х						0	0	0
STEVE HABGOOD Large Board Representative	0 5	х						0	0	0
WARREN HABIB Large Firm Representative	0 5 0	×						0	0	0

								cers, Directo nt Contracto		, Key Employ
(A) Name and Title	(B) A verage hours per week (list any hours for related	m unles	ore t ss pe	han erso cer	not one n is and			(D) Reportable compensation from the organization (W- 2/1099-	(E) Reportable compensation from related organizations (W- 2/1099-	(F) Estimated amount of other compensation from the
	organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officer	key employee	Highest compensated employee	Former	MISC)	MISC)	organization and related organizations
KIT HALE Executive Committee Representative	0 5 0	Х						0	0	0
OWEN HALL	0 5	Х						0	0	0
DSA Recipient	0									
RANDALL HALL State Allocated Director	0 5 0	Х						0	0	0
CHRISTOPHER HALL State Allocated Director	0 5 0	x						0	0	0
KATHY HALL Large Board Representative	0 5 0	Х						0	0	0
EBBY HALLIDAY DSA Recipient	0 5	х						0	0	0
MATTHEW HALPERIN Large Board Representative	0 5	х						0	0	0
CINDY HAMANN Large Board Representative	0 5	х						0	0	0
JIM HAMILTON State Allocated Director	0 5	х						0	0	0
JOE HANAUER DSA Recipient	0 5	х						0	0	0

								icers, Directo nt Contracto		Key Employ
(A) Name and Title	(B) A verage hours per week (list any hours for related	unles	ore tl ss pe	han ersor cer tor/t	not one on is and		,	(D) Reportable compensation from the organization (W- 2/1099-	(E) Reportable compensation from related organizations (W- 2/1099-	(F) Estimated amount of other compensation from the
	organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officer	key employee	Highest compensated employee	Former	MISC)	MISC)	organization and related organizations
SANDY HANCOCK Large Board Representative	0 5	х						0	0	0
KENT HANLEY	0.5	$\vdash \vdash \vdash$	\vdash	\vdash	\vdash	 	\vdash	 		
Large Firm Representative	0	Х						0	0	0
HOWARD HANNA Large Firm Representative	0 5	х						0	0	0
CHRISTINE HANSEN State Allocated	0 5	х						0	0	0
Director MEL HARRIS	0 5	$\vdash\vdash$		\vdash	\vdash	H	\vdash			
State Allocated Director	0	X						0	0	0
TINA HARRIS Large Board Representative	0 5	х						0	0	0
RICK HARRIS State Allocated Director	0 5	x						0	0	0
MARGARET HARTMAN State Allocated Director	0.5	x						0	0	0
GAIL HARTNETT State Allocated Director	0 5	х						0	0	0
KERRI HARTNETT Large Board	0 5	×						0	0	0
Representative	1	1 1		1		1 !		1	l	i .

CECRGE HARVEY									cers, Directo nt Contracto		, Key Employ
below dotted line) Second Fraction Second F	Name and	A verage hours per week (list any hours for related	m unle:	ore t ss pe offi	(do han erso cer tor/t	not one n is and rus	box, both a	an	Reportable compensation from the organization (W- 2/1099-	Reportable compensation from related organizations (W- 2/1099-	Estimated amount of other compensation from the
State Allocated Director O		below	Individual trustee or director	Institutional Trustee	Officer	key employee	Highest compensated employee	Former	MISC)	MISC)	and related
Large Board Representative	State Allocated		×						0	0	0
State Allocated Director Di	Large Board		X						0	0	0
HEDAYATI	HEBERT State Allocated		×						0	0	0
HEIMBROOK	HEDAYATI Large Board		x						0	0	0
Large Board Representative	HEIMBROOK		Х						0	0	0
X	Large Board		X						0	0	0
HELFANT-	State Allocated		X						0	0	0
GLENN HELLYER 0 5 Large Board Representative 0 0 0	HELFANT- BROWNING		Х						0	0	0
representative	GLENN HELLYER Large Board		x						0	0	0
JANES HELDEL	JAMES HELSEL	0 5	х						0	0	0

								icers, Directo nt Contracto		Key Employ
(A) Name and Title	(B) A verage hours per week (list any hours for related	unles	ore th ss pe	han ersor cer a	not one on is and			(D) Reportable compensation from the organization (W- 2/1099-	(E) Reportable compensation from related organizations (W- 2/1099-	(F) Estimated amount of other compensation from the
	organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officer	key employee	Highest compensated employee	Former	MISC)	MISC)	organization and related organizations
SUSAN HELSINGER Large Board Representative	0 5 0	х						0	0	o
DAVID HEMENWAY State Allocated Director	0 5	х						0	0	0
GREGORY HERB Committee Liaison DOROTHY	0 5	х						0	0	0
HERMAN Large Fırm Representative	0 5 0	х						0	0	0
LEN HERMAN Large Board Representative CONNIE	0 5	х						0	0	0
HETTINGA State Allocated Director	0 5	х						0	0	0
MAX HILL DSA Recipient C DALE HILLARD	0 5	Х						0	0	0
Large Firm Representative MATT HILTON	0 5	х	 		igsqcup			0	0	0
Large Board Representative KERI HOGE	0 5	х	 	 	<u> </u>			0	0	0
MEANS Large Board Representative	0 5 	x						0	0	0

	Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employ Compensated Employees, and Independent Contractors (A) (B) (C) (D) (E) (F) Name and Average Position (do not check Reportable Reportable Estimated														
_	(B) A verage hours per week (list any hours for related	Pos mo unles	sition iore tl ss pe	(c) (do) han ersoi cer tor/t	not one one n is and	t chec e box, both	ck , an	(D) Reportable compensation from the organization (W- 2/1099-	(E) Reportable compensation from related organizations (W- 2/1099-	Estimated amount of other compensation from the					
	organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officer	key employee	Highest compensated employee	Former	MISC)	MISC)	organization and related organizations					
SHEILA HOLLEY State Allocated Director	0 5	×						0	0	0					
JAMIE HOLT State Allocated Director	0 5	х						0	0	0					
STEPHEN HOOVER DSA Recipient	0 5	х						0	0	0					
TOM HORMEL State Allocated Director	0 5	х						0	0	0					
JOHN HORNING Large Firm Representative	0 5	х						0	0	0					
GREGORY HRABCAK State President	0 5	х						0	0	0					
BOB HUDGENS State Allocated Director	0 5	х						0	0	0					
MICHAEL HUGHES Large Board	0 5	х						0	0	0					
Representative CHARLES HULETT Large Board	0 5	x						0	0	0					
Representative MICHAEL HUNSTAD	0 5	X					H	0	0	0					
Large Board Representative	0														

								cers, Directont Contracto		Key Employ
(A) Name and Title	(B) A verage hours per week (list any hours for related organizations	unles c	ore tl	han rso cer or/t	not one n is and rus	tee)	an	(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
	below dotted line)	Individual trustee or director	Institutional Trustee	Officer	key employee	Highest compensated	Former	МІЗСУ	МЗС)	and related organizations
BROOKE HUNT Committee Liaison	0 5 0	х						0	0	0
PETER HUNT Large Firm Representative	0 5	х						0	0	0
LEANNAH HUNT	0 5	Х						0	0	0
Representative BUDGE HUSKEY	0 5									
Large Firm Representative JIM IMHOFF	0	X						0	0	0
Committee Liaison	0 5	×						0	0	0
R NEAL JACKSON Executive Committee	0 5	х						0	0	0
DOROTHY JACKSON	0 5	Х						0	0	0
Large Board Representative LUCIA JACKSON	0 5									
Large Board Representative BOB JACOBS	0	Х						0	0	0
Large Board Representative	0 5	х						0	0	О
JASON JAKUS Large Board	0 5	х						0	0	0
Representative	0				l					

Form 990 Compens	, Part VII - ated Employ	Com _l	en:	sat d I	ion nde	of C)ffi de	cers, Directo nt Contracto	ors,Trustees, rs	Key Employ
(A) Name and Title	(B) Average hours per week (list any hours for related	m unles	ore tl	han rso cer cor/t	not one n is and		an	(D) Reportable compensation from the organization (W- 2/1099-	(E) Reportable compensation from related organizations (W- 2/1099-	(F) Estimated amount of other compensation from the
	organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officer	key employee	Highest compensated	Former	MISC)	MISC)	organization and related organizations
THOMAS JEFFERSON Past Treasurer	0 5	Х						0	0	О
TERRI JENSEN Affiliate President/RLI	0 5	×						0	0	0
CAREY JENSEN State Leadership Idea Exchange Council- Small State Representative	0 5	х						0	0	0
JANET JERNIGAN Large Board Representative	0 5	Х						0	0	0
JULIE JOECKEL State Allocated Director	0 5	х						0	0	0
HOWARD JOHNSON Presidential Appointee Outside Organization Representative	0 5 0	×						0	0	0
NORMAN JONES State President	0 5	х						0	0	0
BRIAN JONES Regional Vice President	0 5	×						0	0	0
BILL JONES Regional Vice President	0 5	х						0	0	0
PHIL JONES Large Board Representative	0 5	х						0	0	0

Title hours per week (list any hours for related organizations below hours below hours below hours and related organizations below hours between the none box, compensation from the organization (W- 2/1099- (W- 2/1099- MISC) hours amount of other organization organization from the organization or	Form 990 Compens	, Part VII - e ated Employ	Com _l	en: and	sat d Iı	ion 1de	of (Offi de	cers, Directont Contracto	ors,Trustees, rs	Key Employ
BARBARA JORDAN OS Large Board Representative JOANNET JUSTICE OS State Allocated Director JANET KANE OS Large Board Representative OS State Allocated Director JANET KANE OS Large Board Representative OS State Allocated Director	Name and	Average hours per week (list any hours for related	m unles	ore ti ss pe offi	(do han erso cer cor/t	not one n is and rus	box, both a tee)	an	Reportable compensation from the organization (W- 2/1099-	Reportable compensation from related organizations (W- 2/1099-	Estimated amount of other compensation
DORDAN		below	ndividual trustee or director	Institutional Trustee	Officer	key employee	onnpensa	Former	,	,	and related organizations
Representative	JORDAN		Х						0	0	0
Large Board Representative 0	Representative	0									
State Allocated Director O D D D D D D D D D	Large Board		х						0	o	О
State Allocated Director Di		0.5									
X	Director		Х						0	0	0
JANET KANE 0 5 Large Board Representative 0 KEITH KANEMOTO 0 5 State Allocated Director 0 PAT KAPLAN 0 5 Past Treasurer 0	State Allocated		x						0	0	О
Representative 0 KEITH KANEMOTO 0.5 State Allocated Director 0 PAT KAPLAN 0.5 Past Treasurer 0	JANET KANE		Х						0	0	0
KANEMOTO 0 5 X 0 0 State Allocated Director 0	Representative	0									
Director	KANEMOTO		×						0	0	0
Past Treasurer 0 0 0											
			х						0	0	0
JOHN KARELIUS 05											
Large Firm X 0 0 0 Representative 0	Large Firm		x						0	0	О
HEIDI KASAMA 0 5 Large Board X 0 0	HEIDI KASAMA Large Board		х						0	0	0
Representative 0 LA NORA KAY 0.5											
LA NORA KAY	State Allocated	•••••	x						0	0	0

								icers, Directo nt Contracto		, Key Employ
(A) Name and Title	(B) A verage hours per week (list any hours for related	unles	ore tl ss pe	han ersoi cer	not one on is and		,	(D) Reportable compensation from the organization (W- 2/1099-	(E) Reportable compensation from related organizations (W- 2/1099-	(F) Estimated amount of other compensation from the
	organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officer	key employee	Highest compensated employee	Former	MISC)	MISC)	organization and related organizations
State Allocated Director	0 5	х						0	0	0
KEITH KELLEY State Allocated Director	0 5	×		_			 	0	0	0
DELILAH KENNEN State Allocated	0 5	х						0	0	0
BARBARA KENNON State Allocated	0 5	х						0	0	0
Director KIM KERBIS Large Firm Representative	0 5	х					H	0	0	0
R SCOTT KESNER State President	0.5	х						0	0	0
ILENE KESSLER State Allocated Director	0 5	х						0	0	0
DREW KESSLER Large Board Representative	0 5	х						0	0	0
ROBERT KEVANE Large Board Representative	0 5	х						0	0	О
LUANN KIDD Local Leadership Idea Exchange Council - Chair	0 5	x						0	0	0

Form 990 Compens	Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employ Compensated Employees, and Independent Contractors (A) (B) (C) (D) (E) (F) Name and Average Position (do not check Reportable Reportable Estimated														
(A)	(B) A verage hours per week (list any hours for related	Pos mo unles	sition iore tl ss pe	(C) (do han ersoi cer	o not one on is and trus	t chec e box, both	ck	(D) Reportable compensation from the organization (W- 2/1099-	(E) Reportable compensation from related organizations (W- 2/1099-	Estimated amount of other compensation from the					
	organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officer	key employee	Highest compensated employee	Former	MISC)	MISC)	organization and related organizations					
LESLIE KILPATRICK Local Leadership Idea Exchage Council- Mega Board Representative	0 5	х						0	0	0					
SAM KINKAID Large Board Representative	0 5 0	x						0	0	0					
JAMES KINNEY State President	0 5	х						0	0	0					
RYAN KIRKHAM State President	0 5	х						0	0	0					
JANICE KIRKNER State President	0 5	x						0	0	0					
BETTY KISSOCK DSA Recipient	0 5	х						0	0	0					
MARK KITABAYASHI State Allocated Director	0 5 0	х						0	0	0					
SUE KLIMA Large Board Representative	0 5	х						0	0	0					
BRAD KNAPP State Allocated Director	0 5	×						0	0	0					
EVERETT KNIGHT State Allocated	0 5	х						0	0	0					
Director	1 '	1 /	į į	1		1 !	1 !	1	I	1					

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employ **Compensated Employees, and Independent Contractors** (A) (B) (C) (D) (E) (F) Name and Average Position (do not check Reportable Reportable Estimated Title hours per more than one box, compensation compensation amount of week (list unless person is both an from the from related other any hours officer and a organization organizations compensation for related director/trustee) (W-2/1099-(W-2/1099from the MISC) MISC) organizations organization ŝ Officer Former 7 employee Highest compensated Individual trustee below and related Institutional dotted line) employee organizations Trustee JUSTIN KNOLL 0.5 Χ 0 0 Large Board n Representative ROSEMARY 0.5 KOBERLEIN Х 0 Large Firm 0 Representative JOHN KODLICK 0 5 Χ 0 0 Large Board 0 Representative PETE KOPF 0.5 Х 0 State Allocated 0 Director 0 5 ANGIE KOPKA Х 0 0 DSA Recipient 0 DONNA 05 KOSTELECKY Χ 0 State Allocated 0 Director FRANK 05 KOWALSKI 0 Large Board 0 Representative THOMAS 0 5 **KRETTLER** 0 0 0 Х Large Board 0 Representative 0 5 RYAN KROGMAN Х 0 0 0 State President 0 0 5 DANIEL KRUSE Χ State President

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Form 990 Compens	, Part VII - (ated Employ	Com _l	en:	sat d I	ion 1de	of C	Offi de	cers, Directont Contracto	ors,Trustees, rs	Key Employ
(A) Name and Title	(B) A verage hours per week (list any hours for related	m unles	ore tl	han rso cer cor/t	not one ons and			(D) Reportable compensation from the organization (W- 2/1099-	(E) Reportable compensation from related organizations (W- 2/1099-	(F) Estimated amount of other compensation from the
	organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officer	key employee	Highest compensated employee	Former	MISC)	MISC)	organization and related organizations
ROBERT KULICK State Allocated	0 5	×						0	0	0
Director CHRISTINE	0									
KUTZKEY	0 5	×						0	0	0
State President CONNIE KYLE	0 5									
Large Fırm Representatıve	0	Х						0	0	0
JOHN KYNOR Large Board Representative	0 5 0	x						0	0	0
JIMMY LA PETER Large Board Representative	0 5	×						0	0	0
Executive Committee Representative	0 5	×						0	0	0
LANCE LACY State Allocated Director	0 5	х						0	0	0
JULIO LAGUARTA Past President	0 5	х						0	0	0
ROBIN LANCE State Allocated	0 5	Х						0	0	0
Director	0									
BRUCE LANE State President	0.5	Х						0	0	0
State Hesidelik	0			l	l	l	l			

								cers, Directo nt Contracto		, Key Employ
(A) Name and Title	(B) A verage hours per week (list any hours for related	m unles	ore t ss pe	han erso cer tor/t	not one n is and		an	(D) Reportable compensation from the organization (W- 2/1099- MISC)	(E) Reportable compensation from related organizations (W- 2/1099- MISC)	other compensation from the organization
	organizations below dotted line)	Individual trustee or director	Institutional Trust⊭ë	Officer	key employee	Highest compensated employee	Former	MISC)	MISC)	and related organizations
STEVEN LANE State Allocated Director	0 5	x						0	0	0
GREG LARSON State President	0 5	х						0	0	0
SHARLA LAU State Allocated Director	0.5	Х						0	0	0
MARC LEBOWITZ Presidential Appointee Local Board Association Executive	0 5	х						0	0	0
SANNE LEE Large Board Representative	0 5	Х						0	0	0
LINDA LEE Large Board Representative	0 5	Х						0	0	0
KARL LEE Large Board Representative	0 5	Х						0	0	0
JACK LEGAL Large Board Representative	0 5	Х						0	0	0
DAVID LEGAZ Large Board Representative	0 5	х						0	0	0
KEVIN LEVENT Large Firm Representative	0 5	х						0	0	0

Form 990, Pa Compensated									rustees, Ke	, Employees
(A) Name and Title	(B) A verage hours per week (list any hours for related organizations	Pos mo unles	sition ore thess seed to be a seed to be	(C) (do than ersor cer a	not one on is and trust	t chece box, both l a tee)	ck , an	(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
	below dotted line)	Individual trustee or director	Institutional Trustee	Officer	key employee	Highest compensated employee	Former	MISC)	MISC)	and related organizations
ANGELIA LEVESQUE State Allocated Director	0 5	x						0	0	
JACK LEVINE Large Board Representative	0 5	×						0	0	d
LAURA LEYSER Presidential Appointee Outside Organization Representative	0 5	x						0	0	0
JAMES LIPTAK Executive Committee Representative	0 5	x						0	0	0
THOMPSON LITCHFIELD State Allocated Director	0.5	x						0	0	(
MARBURY LITTLE DSA Recipient	0 5	х						0	0	
CESAR LLANO Presidential Appointee Outside Organization Representative	0 5	×						0	0	(
DAVID LOCKWOOD Affiliate Representative/SIOR	0 5	x						0	0	(
LOUIS LOLLIO Large Board Representative	0 5	х						0	0	(
SUSANNA LORG Large Board Representative	0 5	x						0	0	

								cers, Directo nt Contractor		Key Employ
(A) Name and Title	(B) A verage hours per week (list any hours for related organizations below dotted line)	unles	ore t ss pe	han rso cer	not one n is and			(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
		คลุธท	l Trustee		ĐĐ	npensated				
TED LORING State Allocated Director	0 5	×						0	0	Q
CAROL LOTT										
Local Leadership Idea Exchange Council- Large Board Representative	0 5 0	×						0	0	C
WILLIAM LUCKS State Allocated Director	0 5	×						0	0	Q
TIMOTHY LUND State Allocated	0 5	×						0	0	C
Director ROGER LUNDY Large Board	0 5	X						0	0	C
Representative	0									
KAKI LYBBERT State Allocated Director	0 5 0	×						0	0	C
KEITH LYNAM Large Board Representative	0 5	×						0	0	C
CAROLE LYNCH Large Firm Representative	0 5	х						0	0	C
HOLLY MABERY State Allocated Director	0 5	×						0	0	C
MARK MACEK Affiliate	0 5	×						0	0	q
President/CCIM	0					l				

	Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employ Compensated Employees, and Independent Contractors (A) (B) (C) (D) (E) (F) Name and Average Position (do not check Reportable Reportable Estimated														
(A) Name and Title	A verage hours per week (list any hours for related	m unles	ore tl	(do han rso cer or/t	not one n is and rus	box, both a		Reportable compensation from the organization (W- 2/1099-	Reportable compensation from related organizations (W- 2/1099-	Estimated amount of other compensation from the					
	organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officer	key employee	Highest compensated employee	Former	MISC)	MISC)	organization and related organizations					
CAROLE MACLURE State Allocated Director	0 5	х						0	0	0					
TIFFANIE MAI- GANSKE	0 5	×						0	0	0					
State President VINCENT MALTA Committee Liaison	0 5	Х						0	0	0					
PEG MANCUSO Large Board Representative	0 5	Х						0	0	0					
NIKOS MANOMENIDIS Presidential Appointee Outside Organization Representative	0 5	x						0	0	0					
L ALMA MANSELL Past President	0 5	х						0	0	0					
RALPH MANTICA Large Board Representative	0 5	×						0	0	0					
MARK MARQUEZ Large Board Representative	0 5	Х						0	0	0					
CINDY MARSH TICHY State Allocated	0 5	х						0	0	0					
ROBERT MARTIN State Allocated Director	0 5	х						0	0	0					

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employ Compensated Employees, and Independent Contractors (A) (B) (C) (D) (E) (F) Name and Average Position (do not check Reportable Reportable Estimated Title hours per more than one box, compensation compensation amount of week (list unless person is both an from the from related other any hours officer and a organization organizations compensation for related director/trustee) (W-2/1099-(W-2/1099from the MISC) organizations MISC) organization Officer Former or director 3 emplovee Highest compensat individual trustee below Institutional and related dotted line) organizations employee Trustee Ē JAMES MARTIN 0.5 Х 0 0 Large Board 0 Representative JARED MARTIN 0 5 Χ 0 0 State Allocated 0 Director K DUNCAN 05 MARTIN Х 0 0 0 Large Board 0 Representative 0.5 DON MASON Х 0 0 DSA Recipient 0 **GUY MATTEO** 05 Х 0 0 State Allocated 0 Director SCOTT 05 MATTHIAS Х 0 0 Large Board 0 Representative KC MAURER 05 Х 0 Ω 0 State Allocated 0 Director HAROLD 0.5 MAXWELL Х 0 0 Large Firm 0 Representative WALTER MC 05 DONALD Х 0 0 0 0 Past President JOHN MCARDLE 0 5 Χ 0 Large Board 0 Representative

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employ Compensated Employees, and Independent Contractors (A) (B) (C) (D) (E) (F) Name and Average Position (do not check Reportable Reportable Estimated Title hours per more than one box, amount of compensation compensation unless person is both an week (list from the from related other any hours officer and a organization organizations compensation for related director/trustee) (W-2/1099-(W-2/1099from the organizations MISC) MISC) organization Officer Former 2 emplovee Highest compensated Individual trustee Ē below and related Institutional Trustee director dotted line) employee organizations DAVID 0.5 **MCCARTHY** 0 0 Х Large Board 0 Representative **THOMAS** 0 5 **MCCARTHY** Х 0 0 Large Board 0 Representative KERSTIN 0 5 MCCONNELL Χ 0 0 State Allocated 0 Director **PEGGYANN** 0 5 MCCONNOCHIE Х 0 0 DSA Recipient 0 LANE 0 5 MCCORMACK 0 Х 0 Large Board 0 Representative WILLIAM 0 5 **MCFALLS** Χ 0 0 Large Board 0 Representative **GEORGE** 0.5 **MCGRAW** Х 0 0 Large Board 0 Representative **GEOFF** 0 5 MCINTOSH 0 0 Х State Allocated 0 Director SHARON 05 **MCKENNA** Х 0 0 Large Board 0 Representative CHARLES 0 5 MCMILLAN Х 0 0 Past President

								icers, Directo nt Contracto		, Key Employ
(A) Name and Title	(B) A verage hours per week (list any hours for related	unles	ore tl ss pe	han erso cer	not one on is and		,	(D) Reportable compensation from the organization (W- 2/1099-	(E) Reportable compensation from related organizations (W- 2/1099-	(F) Estimated amount of other compensation from the
	organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officer	key employee	Highest compensated employee	Former	MISC)	MISC)	organization and related organizations
ROBERT MCMILLAN State Leadership Idea Exchange Council - Medium State Representative	0 5	X						0	0	0
LINDA MCMORROW Large Board Representative	0 5	×						0	0	0
KATHLEEN MCQUILKIN Large Board Representative	0 5	х						0	0	0
BETTE MCTAMNEY Affiliate President/CRB	0 5	х						0	0	0
ROBERT MCVEY State Allocated Director	0 5	×						0	0	0
STEPHEN MCWILLIAM State Allocated Director	0 5 0	х						0	0	0
STEPHEN MEADE Large Board Representative SHERRI	0 5	х						0	0	0
MEADOWS Incoming Vice President	1 5 0	х						0	0	0
MARK MEEK Large Board Representative ALAN MEHRWEIN	0 5	х						0	0	0
Large Firm Representative	0 5	×						0	0	0

Form 990 Compens	, Part VII - (ated Employ	Com _l	en:	sat d I	ion nde	of (Offi de	cers, Directo nt Contracto	ors,Trustees, rs	Key Employ
(A) Name and Title	(B) A verage hours per week (list any hours for related	m unles	ore tl	han rso cer	not one n is and		an	(D) Reportable compensation from the organization (W- 2/1099-	(E) Reportable compensation from related organizations (W- 2/1099-	(F) Estimated amount of other compensation from the
	organizations below dotted line)	Individual trustee or director	Institutional Trust⊭ë	Officer	key employee	Highest compensated employee	Former	MISC)	MISC)	organization and related organizations
JULIE MEIER Large Board Representative	0 5	×						0	0	0
BETTIE MEINEL Large Board Representative	0 5	х						0	0	0
ELIZABETH MENDENHALL First Vice	1 5	Х						0	0	0
President - Elect LIZA MENDEZ Large Board Representative	0 5	×						0	0	0
STEVEN MERCHANT Large Board	0 5	Х						0	0	0
Representative PETER MERRITT Large Firm	0 5	X						0	0	0
Representative REINALDO MESA Large Firm	0 5	X						0	0	0
Representative STEPHEN MESZAROS	0 5	X						0	0	0
State Allocated Director AL MICHALOVIC	0 5									
State Allocated Director JOHN MIKE	0 5	×						0	0	0
Large Board Representative	0	×						0	0	0

								cers, Directont Contracto		, Key Employ
(A) Name and Title	(B) A verage hours per week (list any hours for related	m unles	ore t ss pe	han erso cer cor/t	not one n is and rus		an	(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
	organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officer	key employee	Highest compensated employee	Former	MISC)	MISC)	organization and related organizations
ROBERT MILLER State Allocated Director	0 5	х						0	0	0
TERRY MILLER Large Firm	0 5	×						0	0	0
Representative CYNTHIA MILLER	0 5									
State Allocated Director	0	Х						0	o	О
KATHLEEN MILLER	0 5	Х						0	o	0
State Allocated Director	0									
PAULA MILLER State Allocated Director	0 5	×						0	0	0
THERESA MILLIKEN	0 5	×						0	0	0
Large Board Representative	0									
KATHLEEN MINDEN	0 5	Х						0	0	0
Large Board Representative	0									
JULIA MINTO State President	0 5	х						0	o	0
CATHY MITCHELL	0 5	×						0	0	0
Large Board Representative	0									
JOE MOCK Large Board	0 5	Х						0	0	0
Representative	0					l				

								cers, Directo nt Contracto		Key Employ
(A) Name and Title	(B) A verage hours per week (list any hours for related	m unles	ore tl	han rso cer	not one n is and			(D) Reportable compensation from the organization (W- 2/1099-	(E) Reportable compensation from related organizations (W- 2/1099-	(F) Estimated amount of other compensation from the
	organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officer	key employee	Highest compensated employee	Former	MISC)	MISC)	organization and related organizations
PERCY MONTAGUE State Allocated	0 5	×						0	0	0
Director PAULA MONTHOFER	0 5	X						0	0	0
State Allocated Director	0							_	_	Ĭ
WILLIAM MOORE Past President	0 5	Х						0	0	0
JONATHAN MOORE	0 5	х						0	0	0
State President	0									
JUDY MOORE State Allocated Director	0 5	х						0	0	0
TRUDY MOORE Large Firm Representative	0 5	×						0	0	0
EDGAR F MORALES	0 5	х						0	0	0
State President	0									
R MORRILL Past President	0 5	х						0	0	0
EZEKIEL MORRIS	0									
Large Board Representative	0 5	Х						0	0	0
NANCY MOSCA	0 5									
Large Board Representative	0	Х						0	0	0

	Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employ Compensated Employees, and Independent Contractors													
(A) Name and Title	(B) A verage hours per week (list any hours for related	Pos mo unles	sition iore tl ss pe	(C) (do han ersoi	not one on is and	t chec e box, s both	ck	(D) Reportable compensation from the organization (W- 2/1099-	(E) Reportable compensation from related organizations (W- 2/1099-	(F) Estimated amount of other compensation from the organization				
	organizations below dotted line)	individual trustee or director	Institutional Trustee	Officei	key employee	Highest compensated employee	Former	MISC)	MISC)	and related organizations				
JOSEPH MOSHE Large Firm Representative	0 5 0	x						0	0	0				
COLIN MULLANE State President	0 5	х						0	0	0				
THOMAS MURPHREE Large Board Representative	0 5	x						0	0	0				
THOMAS MURPHY State Allocated Director	0 5	х						0	0	0				
JEFF MURRAY Large Board Representative	0 5	х						0	0	0				
CALVIN MUSSELMAN State Allocated Director	0 5	х						0	0	0				
CHRIS MYGATT Large Firm Representative	0 5	х						0	0	0				
RONALD MYLES DSA Recipient	0 5	x						0	0	0				
NANCY NAGY Large Firm Representative	0 5 0	х						0	0	0				
DAN NEGULESCU Presidential Appointee Outside Organization Representative	0 5	x						0	0	o				

								cers, Directo nt Contracto		, Key Employ
(A) Name and Title	(B) A verage hours per week (list any hours for related	m unles	ore t ss pe	han rso cer cor/t	not one n is and rus	tee)	an	(D) Reportable compensation from the organization (W- 2/1099-	(E) Reportable compensation from related organizations (W- 2/1099-	(F) Estimated amount of other compensation from the
	organizations below dotted line)	Individual trustee or director	Institutional Trust⊬ë	Officer	key employee	Highest compensated	Former	MISC)	MISC)	organization and related organizations
ANGIE NELDEN Large Board Representative	0 5 0	х						0	0	0
GARY NELSON State President	0 5	Х						0	0	0
JEFFREY NELSON Regional Vice	0 5	Х						0	0	0
President JOHN NICHOLS Large Board Representative	0 5	Х						0	0	0
TRUDY NISHIHARA State Allocated Director	0 5	×						0	0	0
SALLYE NORDLING State Allocated	0 5	х						0	0	0
CHRIS NORTHWOOD State Allocated Director	0 5	х						0	0	0
PEYTON NORVILLE State Allocated Director	0 5	x						0	0	0
ELIZABETH NUNAN Large Firm Representative	0.5	х						0	0	0
DANIEL O NEILL Large Board Representative	0 5	х						0	0	0

								icers, Directo nt Contracto		Key Employ
(A) Name and Title	(B) A verage hours per week (list any hours for related	Pos mo unles	sition ore tl ss pe	(C) (do han ersoi cer	not one one n is and	t chec box, both	:k	(D) Reportable compensation from the organization (W- 2/1099-	(E) Reportable compensation from related organizations (W- 2/1099-	(F) Estimated amount of other compensation from the
	organizations below dotted line)	individual trustee or director	Institutional Trustee	Officer	key employee	Highest compensated	Former	MISC)	MISC)	organization and related organizations
SANDRA O'CONNOR Regional Vice President	0 5	х						0	0	0
ALLEN OKAMOTO State Allocated Director	0 5	х						0	0	0
MICHAEL OLDENETTEL State Allocated Director	0 5	х						0	0	0
EILEEN OLDROYD Large Board	0 5	x						0	0	0
JENNY OLIVO State Allocated Director	0 5	х						0	0	0
CHRISTIE O'NEIL State Allocated Director	0 5	х						0	0	0
MICHAEL ONORATO State Allocated Director	0 5	х						0	0	0
PIERO ORSI Large Board Representative	0 5	х						0	0	0
MARIANNE OSBERG Large Board Representative	0 5	х						0	0	0
IGNACIO OSORIO Large Firm	0 5	x						0	0	0
Director EILEEN OLDROYD Large Board Representative JENNY OLIVO State Allocated Director CHRISTIE O'NEIL State Allocated Director MICHAEL ONORATO State Allocated Director PIERO ORSI Large Board Representative MARIANNE OSBERG Large Board Representative IGNACIO OSORIO	0 5 0 0 5 0 0 5 0 0 5 0 0 5 0 0 5 0 0 5 0 0 5	x						0 0 0	0 0 0	

Form 990 Compens	, Part VII - q ated Employ	Com _l	en: and	sat d In	ion nde	of (Offi de	cers, Directo nt Contracto	ors,Trustees, rs	Key Employ
(A) Name and Title	(B) A verage hours per week (list any hours for related	m unles	ore tl	han rso cer	not one n is and			(D) Reportable compensation from the organization (W- 2/1099-	(E) Reportable compensation from related organizations (W- 2/1099-	(F) Estimated amount of other compensation from the
	organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officer	key employee	Highest compensated employee	Former	MISC)	MISC)	organization and related organizations
R CHRIS OSTEEN Large Board	0 5	Х						0	0	0
Representative WILLIAM	0 5									
OVERACRE		х						0	0	0
DSA Recipient	0 0 5									
MICHAEL OWEN		x						0	0	О
DSA Recipient	0									
HEATHER OZUR State Allocated Director	0 5	x						0	0	0
ALEX PAEN Large Firm	0 5	×						0	0	0
Representative LINDA PAGE	0.5									
State Allocated Director	0	Х						0	0	0
ROBERT PAHLKE Large Board Representative	0 5	х						0	0	О
ANN MARIE PALLISTER	0 5	х						0	0	0
Large Board Representative	0									
MICHAEL PAPPAS State Allocated Director	0 5	×						0	0	0
CHRISTINA PAPPAS	0 5	Х						0	0	0
Large Board Representative	0									

								cers, Directo		Key Employ
(A) Name and Title	(B) A verage hours per week (list any hours for related	m unles	ore tl	han rso cer	not one n is and			(D) Reportable compensation from the organization (W- 2/1099- MISC)	(E) Reportable compensation from related organizations (W- 2/1099-	(F) Estimated amount of other compensation from the organization and related organizations
	organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former		MISC)	
KENNY PARCELL Committee Liaison	0 5	х						0	0	0
DAN PARMER Large Firm Representative	0 5 0	×						0	0	0
SUSAN PATT Large Firm Representative	0 5 0	×						0	0	0
DAVE PATTON State Allocated Director	0 5	X						0	0	0
GREGORY PAWLIK Large Board Representative	0 5	х						0	0	0
GEORGE PEEK DSA Recipient	0 5	х						0	0	0
BETH PEERCE Executive Committee Representative	0 5	х						0	0	0
RONALD PELTIER Large Firm Representative	0 5	х						0	0	0
DAVID PERETTI DSA Recipient	0 5	х						0	0	0
MARK PETERSON	0 5	×						0	0	0
Large Board Representative	0									

								icers, Directo nt Contracto		. Key Employ
(A) Name and Title A verage hours per week (list any hours for related organizations below dotted line)	(B) A verage hours per week (list any hours	Pos mo unles	sition ore tl ss pe	(C (do han erso cer	not one one on is and	t chec e box, both I a	ck	(D) Reportable compensation from the organization (W- 2/1099-	(E) Reportable compensation from related organizations (W- 2/1099-	(F) Estimated amount of other compensation from the
	Individual trustee or director	Institutional Trustee	Officer	key employee	Highest compensated employee	Former	MISC)	MISC)	and related organizations	
ANN PETTIJOHN State Allocated Director	0 5	x						0	0	0
SANDI PFISTER Large Board Representative	0 5	×						0	0	0
RONALD PHIPPS Past President	0 5	х						0	0	0
JENNIFER PIGLOWSKI- SAHRMANN State Allocated	0 5	x						0	0	0
Director ROGER PIRO Large Board Representative	0 5	×						0	0	0
BILL PLATTOS Large Firm Representative	0 5	×	- -				[0	0	0
HANK POBURKA Large Board Representative	0 5	×						0	0	0
F TODD POLINCHOCK State Allocated	0 5	х						0	0	0
Director MARTHA POMARES Large Board	0 5	х						0	0	0
Representative LINDA PORTERFIELD State Allocated	0 5	x						0	0	0
Director	0									1

								cers, Directo		Key Employ
(A) Name and Title	(B) A verage hours per week (list any hours for related	m unles	ore tl ss pe	han rso cer	not one n is and			(D) Reportable compensation from the organization (W- 2/1099-	(E) Reportable compensation from related organizations (W- 2/1099-	(F) Estimated amount of other compensation from the
	organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officer	key employee	Highest compensated employee	Former	MISC)	MISC)	organization and related organizations
NELL POSTELL Large Board Representative	0 5 0	Х						0	0	0
JOHN POWELL State Allocated Director	0 5 0	X						0	0	0
FRED PRASSAS DSA Recipient	0 5	×						0	0	0
LYNETTE PRAYTOR State Allocated Director	0 5	х						0	0	0
JOE PRYOR State Leadership Idea Exchange Council- Chair	0 5	х						0	0	0
HEIDI QUIGLEY- LARKE Large Board	0 5	х						0	0	0
JEANNE RADSICK State Allocated	0 5	х						0	0	0
Director CHAILLE RALPH Large Board Representative	0 5	х						0	0	0
JUDY MARY RAMELLA Large Board	0 5	Х						0	0	0
Representative NANCI RANDS State Allocated Director	0 5	х						0	0	0
Director	ı				 			<u> </u>	l 	I

								icers, Directo nt Contracto		, Key Employ
(A) Name and Title	(B) A verage hours per week (list any hours for related	unles	ore tl ss pe	han erso cer	not one on is and			(D) Reportable compensation from the organization (W- 2/1099-	(E) Reportable compensation from related organizations (W- 2/1099-	(F) Estimated amount of other compensation from the
	organizations below dotted line)	individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	MISC)	MISC)	organization and related organizations
TOM RAU	0 5	[['			
State Allocated Director	0	X			L			0	0	0
DEBBIE RAWLS	0 5					'	'			
State Allocated Director	0	Х						0	0	0
HENRY RAY	0 5	[[['			
DSA Recipient	0	Х			L			0	0	0
CHARLEY RAY Large Board Representative	0 5	х						0	0	0
CHRIS READ	0 5									
Large Board Representative	0	X						0	0	0
SULINDA READY Affiliate	0 5	х						0	0	0
President/WCR EDWARD REDLICH	0 0 5				\vdash		\vdash			
Large Board Representative	0	X						0	0	0
DOUGLAS REECE	1									
Large Board Representative	0	Х						0	0	0
CHRIS REESE	0 5									
Large Board Representative	0	Х						0	0	0
SHAWN REEVES	0 5		[['			
State Allocated Director	0	×						0	0	0

								cers, Directo nt Contracto		Key Employ
(A) Name and Title	(B) Average hours per week (list any hours for related	m unles	ore t ss pe	han erso cer	not one n is and			(D) Reportable compensation from the organization (W- 2/1099-	(E) Reportable compensation from related organizations (W- 2/1099-	(F) Estimated amount of other compensation from the
	organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officer	key employee	Highest compensated employee	Former	MISC)	MISC)	organization and related organizations
GARY REGGISH State Allocated Director	0 5	x						0	0	0
DONNA REID Large Board Representative	0 5	X						0	0	0
JOSEPH REIS JR Large Firm Representative	0 5	X						0	0	0
THOMAS REMPSON Large Board Representative	0 5	х						0	0	0
ELLEN RENISH State Allocated Director	0 5	Х						0	0	0
VICTORIA REVIEL State Allocated	0 5	х						0	0	0
Director RANDY REYNOLDS State Allocated Director	0 5	×						0	0	0
LINDA RHEINBERGER Regional Vice President	0 5	x						0	0	0
HUGH RIDER Large Board Representative	0 5	х						0	0	0
MICHAEL RIEDMANN State Allocated Director	0 5	Х						0	0	0

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employ Compensated Employees, and Independent Contractors (A) (B) (C) (D) (E) (F) Name and Average Position (do not check Reportable Reportable Estimated Title hours per more than one box, compensation compensation amount of week (list unless person is both an from the from related other any hours officer and a organization organizations compensation for related director/trustee) (W-2/1099-(W-2/1099from the MISC) organizations MISC) organization Officer Former 2 3 emplovee Highest compensat Individual trustee below Institutional and related director. dotted line) organizations employee Trustee Ē DON RILEY 0.5 Х 0 0 Large Firm 0 Representative THOMAS RILEY 0.5 Χ 0 0 Regional Vice 0 President NANCY RILEY 0 5 Х 0 0 State Allocated 0 Director J D RINEHART 0.5 Χ 0 0 0 State Allocated Ω Director 0 5 LISA RITTER Х 0 0 O State President 0 JOE RIVELLINO 05 Х 0 0 Large Board 0 Representative BRUCE ROBERTS 05 0 0 Х 0 State Allocated 0 Director ED ROBERTS 05 Х Large Firm 0 Representative DOREEN 05 ROBERTS 0 0 Х Large Board 0 Representative BONNIE ROBERTS-0 5 BURKE Х 0 0 0 State Allocated Director

Form 990 Compens	, Part VII - o	Com _l	en:	sat d I	ion nde	of (Offi de	cers, Directont Contracto	ors,Trustees, rs	Key Employ
(A) Name and Title	(B) Average hours per week (list any hours for related	m unles	ore tl	han rso cer or/t	not one n is and rus	tee)	an	(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
	organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officer	key employee	Highest compensated employee	Former	мізс)	MISC)	organization and related organizations
FAY ROBINSON State Allocated Director	0 5 0	×						0	0	0
DAVID ROBISON Large Board Representative	0 5	x						0	0	0
T DAVID ROGERS State Allocated Director	0 5 0	х						0	0	0
D GARY ROGERS State Allocated Director	0 5	х						0	0	0
MICHELLE ROJAS Large Board Representative	0 5	Х						0	0	0
GREGORY ROKEH State Allocated	0 5	х						0	0	0
Director RICHARD ROSENTHAL	0 5	×						0	0	0
DSA Recipient DONALD ROTH State Allocated	0 5	×						0	0	0
Director DEAN ROUSO Large Board	0 5	Х						0	0	0
Representative MELINDA ROVILLO	0 5	X						0	0	0
Large Board Representative	0									

								icers, Directo nt Contracto		Key Employ
(A) Name and Title	(B) A verage hours per week (list any hours for related	unles	ore tl ss pe	han erso cer	not one n is and trus		an	(D) Reportable compensation from the organization (W- 2/1099-	(E) Reportable compensation from related organizations (W- 2/1099-	(F) Estimated amount of other compensation from the
	organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officer	key employee	Highest compensated	Former	MISC)	MISC)	organization and related organizations
MARIO RUBIO Large Board Representative	0 5 0	×						0	0	0
JOLON RUCH State Allocated Director	0 5	×						0	0	0
PETER RUFFINI Presidential Appointee Real Estate Specialty Representative	0 5	×						0	0	0
ADAM RUIZ Large Board Representative	0 5	х						0	0	0
MARY ALICE RUPPERT Large Board Representative	0 5	х						0	0	0
JOHN RURKOWSKI Large Firm	0.5	х						0	0	0
Representative LEIGH RUTLEDGE Large Board	0 5	х						0	0	0
Representative MARK SADEK Large Board	0 5	x						0	0	0
Representative ERIC SAIN State Allocated Director	0 5	х						0	0	0
CARL SAN MIGUEL State Allocated	0 5	×						0	0	0
Director	0									

Form 990 Compens	, Part VII - (ated Employ	Com _l	en:	sat d I	ion nde	of (Offi de	cers, Directo nt Contracto	ors,Trustees, rs	Key Employ
(A) Name and Title	(B) A verage hours per week (list any hours for related organizations	m unles	ore t ss pe	han ers o cer tor/t	not one n is and trus	tee)	an	(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
	below dotted line)	Individual trustee or director	Institutional Trustee	Officer	key employee	Highest compensated employee	Former	MISC)	MISC)	organization and related organizations
EVA SANDERS State Allocated Director	0 5 0	×						0	0	0
LEO SAUNDERS DSA Recipient	0 5 	х						0	0	0
PAULA SAVARD DSA Recipient	0 5	х						0	0	0
ANDREW SCAGLIONE Large Board	0 5	×						0	0	0
Representative JANET SCAVO DSA Recipient	0 5	Х						0	0	0
PHILLIP SCHAEFER Large Board Representative	0 5	x						0	0	0
SANDRA SCHEDE State President	0 5	Х						0	0	0
DIANE SCHERER Large Board Representative	0 5 0	Х						0	0	0
ANTHONY SCHIPPA State Allocated Director	0 5 0	х						0	0	0
CHRISTIAN SCHLUETER State Allocated	0 5	x						0	0	0
Director				I	l	I	l	l	I	I

								cers, Directo nt Contracto		, Key Employ
(A) Name and Title	(B) A verage hours per week (list any hours for related	m unles	ore t ss pe	han erso cer	not one n is and			(D) Reportable compensation from the organization (W- 2/1099-	(E) Reportable compensation from related organizations (W- 2/1099-	(F) Estimated amount of other compensation from the
	organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officer	key employee	Highest compensated employee	Former	MISC)	MISC)	organization and related organizations
MICHAEL SCHMELZER DSA Recipient	0 5	X						0	0	0
MICHAEL SCHOONOVER	0 5	×						0	0	0
State President	0									
PAUL SCOTT DSA Recipient	0 5	Х						0	0	О
J LENNOX SCOTT Large Firm Representative	0 5	Х						0	0	0
KEVIN SEARS State Allocated Director	0 5	Х						0	0	0
PAULA SERVEN State Allocated Director	0 5	X						0	0	0
MOSES SEURAM Large Board Representative	0 5	X						0	0	0
JAMES SEXTON State President	0 5	х						0	0	0
BARYALAI SHALIZI	0 5	×						0	0	0
State President PATRICK SHEA Large Firm	0 5	×						0	0	0
Representative	0					l				

								cers, Directont Contractor		Key Employ
(A) Name and Title	(B) A verage hours per week (list any hours for related organizations	Pos m unles	ition ore tl ss pe	(C) (do) han erso cer cor/t	not one on is and rus	chec box, both a tee)	k an	(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
	below dotted line)	Individual trustee or director	Institutional Trustee	Officer	key employee	Highest compensated employee	Former	THISCY	11150)	and related organizations
CYNTHIA SHELTON State Allocated Director	0 5 0	х						0	0	0
DEBBIE SHIELDS Large Board Representative ANGELA SHIELDS	0 5	Х						0	0	0
Presidential Appointee Local Board Association Executive	0 5 0	Х						0	0	0
KATHY SHIFLET Large Board Representative	0 5 0	×						0	0	0
NOAH SHLAES Affiliate President/CRE	0 5 0	×						0	0	0
MILTON SHOCKLEY State Allocated Director	0 5	×						0	0	0
GLORIA SICILIANO Large Board Representative	0 5	х						0	0	0
ANGELA SICOLI Large Board Representative	0 5	х						0	0	0
DANIEL SIGHT Committee Liaison	0 5 0	Х						0	0	0
KEVIN SIGSTAD State President	0 5	×						0	0	0

								cers, Directont Contracto		Key Employ
(A) Name and Title	(B) A verage hours per week (list any hours for related	m unles	ore tl	han rso cer cor/t	not one n is and rus		an	(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
	organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officer	key employee	Highest compensated employee	Former	мізс	мізс	organization and related organizations
KENT SIMPSON Large Board Representative	0 5	х						0	0	0
KIM SKUMANICK	0.5									
State Allocated Director	0	Х						0	0	0
SUSAN SLATTERY	0 5	Х						0	0	0
Large Board Representative	0									
JOHN SLIVON Large Board Representative	0 5	×						0	0	0
CHRIS SLOAN	0 5									
State Allocated Director	0	Х						0	0	0
JO-ANN SLOAN Large Board	0 5	Х						0	0	0
Representative JOHN SMABY	0 0 5									
State President	0	х						0	0	0
BRENDA SMALL Regional Vice President	0 5	х						0	0	0
JANICE SMARTO State Allocated	0.5	х						0	0	0
Director JAMES SMITH	0 5	Х						0	0	0
State President	0									

								icers, Directo nt Contracto		, Key Employ
(A) Name and Title	(B) A verage hours per week (list any hours for related	unles	ore th	han ersor cer tor/t	not one on is and trus	tee)	an	(D) Reportable compensation from the organization (W- 2/1099-	(E) Reportable compensation from related organizations (W- 2/1099-	(F) Estimated amount of other compensation from the
	organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officer	key employee	Highest compensated employee	Former	MISC)	MISC)	organization and related organizations
MICHAEL SMITH State President	0 5	х						0	0	0
JEFFREY SMITH State Allocated Director	0 5	х						0	0	0
DONNA SMITH State Allocated	0 5	х						0	0	0
Director NANCY SMITH	0 0 5		\vdash							
State Allocated Director TERESA SMITH	0	Х	$\bigsqcup^{ }$	<u> </u>	<u> </u>			0	0	0
Presidential Appointee Outside Organization Representative	0 5	×						0	0	0
BONNIE SMITH State Allocated Director	0 5	x	_ 					0	0	0
RANDAL SMITH Large Firm Representative	0 5	×						0	0	0
DJ SNAPP Executive Committee	0 5	х						0	0	0
Representative BOB SNOWDEN State Allocated	0 5	×					H	0	0	0
Director HARLEY SNYDER	0 0 5									
Past President	0	X						0	0	0

								cers, Directo nt Contracto		Key Employ
(A) Name and Title	(B) A verage hours per week (list any hours for related	m unles	ore tl	han rso cer or/t	not one n is and			(D) Reportable compensation from the organization (W- 2/1099-	(E) Reportable compensation from related organizations (W- 2/1099-	(F) Estimated amount of other compensation from the
	organizations below dotted line)	Individual trustee or director	Institutional Trust⊭ë	Officer	Key employee	Highest compensated	Former	MISC)	MISC)	organization and related organizations
DAVID SOMERS State Allocated	0 5	x						0	0	0
Director SALLY SPARKS	0				_					
Large Board Representative	0 5	х						0	0	0
SHELLEY SPECCHIO	0 5									
Presidential Appointee Regional MLS Association Executive	0	Х						О	0	0
JERRY SPEER State Allocated Director	0 5	х						0	0	О
LARRY SPITERI	0 5									
Large Fırm Representatıve	0	Х						0	0	0
WYNONA SQUIRES Large Board	0 5	x						0	0	o
Representative LINDA ST PETER	0				-					
Presidential Appointee Commercial Board Representative	0 5	×						0	0	0
CINDY STANTON Large Board	0 5	х						0	0	0
Representative PHILLIP STARK	0 5	X						0	0	0
Past Treasurer JEREMY STARR	0 0 5									
State Allocated Director	0	Х				ı		0	0	o

Form 990 Compens	, Part VII - (ated Employ	Comp yees,	ens and	sat d I	ion nd(of ()ffi de	icers, Directo nt Contracto	rs,Trustees, rs	, Key Employ
(A) Name and Title	(B) A verage hours per week (list any hours for related	Pos mo unles	ition ore thess pe	(C) (do han ersoi cer	not one one on is and	t chec e box, both I a	:k	(D) Reportable compensation from the organization (W- 2/1099-	(E) Reportable compensation from related organizations (W- 2/1099-	(F) Estimated amount of other compensation from the
	organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated	Former	MISC)	MISC)	organization and related organizations
JOHN STEFFEY DSA Recipient	0 5	x						0	О	О
KRISTINE STELL	0 5	×						0	0	0
State President	0		<u> </u>			<u> </u>	<u></u>	<u> </u>	<u> </u>	
THOMAS STEVENS	0 5	х						0	0	0
Past President	0	\sqcup	igwdapsilon	<u> </u>	—	<u> </u> '	<u></u>	<u> </u>	<u> </u>	
JOE STEWART Large Board Representative	0 5	x						0	0	О
SUE STINSON- TURNER	0 5	х						0	0	0
State Allocated Director	0			<u> </u>	<u> </u>	<u> </u>		<u> </u>		
JAMES STOFKO Large Firm Representative	0 5	x						0	0	О
STEVEN STRODE		\vdash	\square	\vdash	+	 	\vdash			
Large Board Representative	0	х						0	0	О
CHERYL STUCKWISH	0 5	×						0	0	0
State Allocated Director	0		$\bigsqcup^{!}$		<u> </u>	<u> </u>				
TERENCE SULLIVAN	0 5	×						0	0	0
State Allocated Director TAMARA	0		$\bigsqcup^{ }$	_	<u> </u>	<u> </u>		<u> </u>	ļ	
SUMINSKI State Allocated	0 5	x						0	0	0
Director	0		, !	İ					1	1

							cers, Directo		Key Employ
(A) Name and Title	(B) A verage hours per week (list any hours for related organizations below dotted line)	m unles	ore tl ss pe	han rso cer	not one n is and		(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
KAREN SWANBECK	0 5		ą.			at e-d			
Large Board Representative	0	Х					0	0	0
RYAN SWINNEY State President	0 5	х					0	0	0
FRANCIS SYMONS	0 0 5	Х					0	0	0
Large Firm Representative PATRICIA SZEGO	0 5								
State Allocated Director	0	Х					0	0	0
ZSOLT SZERENCSES	0 5	Х					0	0	0
Large Board Representative EUGENE	0 5								
SZPEINSKI State President	0	Х					0	0	О
ANGIE TALLANT	0 5	×					0	0	0
State President FRANK TARALA	0 0 5								
Large Board Representative	0	Х					0	0	0
RITA TAYENAKA Large Board Representative	0 5	X					0	0	0
MICHAEL TEER State Allocated	0 5	х					0	0	0
Director	0				l				

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employe Compensated Employees, and Independent Contractors													
(A) Name and Title	(B) A verage hours per week (list any hours for related organizations	unless person is both an officer and a director/trustee)				box, both a tee)	an	(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			
	below dotted line)	Individual trustee or director	Institutional Trustee	Officer	ey employee	Highest compensated employee	Former			and related organizations			
JERRY TEESON DSA Recipient	0 5	×						0	0	0			
CHRISTOPHER TELLO	0 0 5				_								
Large Board		x						0	0	0			
Representative	0												
CHRISTOPHER TENGGREN	0 5	X						0	0	0			
Affiliate Representative/CRS	0									0			
MARY TERRY State Allocated Director	0 5	x						0	0	0			
PAMELA TESTROET	0 5												
State Allocated Director	0	Х						0	0	0			
GARY THOMAS	0 5	х						0	0	0			
Past President	0												
RANDALL THOMAS State Allocated	0 5	Х						0	0	0			
Director RONALD THOMPSON	0 5												
State Allocated		х						0	0	0			
Director	0												
REBECCA THOMSON	0 5												
Large Board Representative	0	Х						0	0	0			
DIANE THURBER- WAMSLEY	0 5	×						0	0	0			
Large Board Representative	0												

Form 990 Compens	, Part VII - (ated Employ	Com _l	en:	sat d Iı	ion nde	of (Offi de	cers, Directo nt Contracto	ors,Trustees, rs	, Key Employ	
(A) Name and Title	(B) A verage hours per week (list any hours for related	m unles	ore t ss pe	han erso cer cor/t	not one n is and		an	organization (W- 2/1099-	(E) Reportable compensation from related organizations (W- 2/1099- MISC)	(F) Estimated amount of other compensation from the organization	
	organizations below dotted line)	Individual trustee or director	Institutional Trust⊭ë	Officer	key employee	Highest compensated employee	Former	MISC)	MISC)	and related organizations	
THOMAS TOGNOLI Large Firm	0 5	X						0	o	0	
Representative LOYDA TORRES - FONTNEZ State Allocated Director	0 5	х						0	0	0	
LINDA TREVOR Large Board Representative	0 5	×						0	0	0	
BARBARA TRIA Large Board Representative	0 5	x						0	0	0	
JOHN TRIPP Large Board Representative	0 5	х						0	0	0	
MICHAEL TSENG Presidential Appointee Outside Organization Representative	0 5	х						0	0	0	
JAMES TSIGHIS Large Board Representative	0 5	х						0	0	0	
KATHY TUCKER State Allocated Director	0 5	Х						0	0	0	
KIM TUCKER Large Board Representative	0 5	Х						0	0	0	
PETER TUCKER State Allocated Director	0 5 0	х						0	0	0	

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Emplo Compensated Employees, and Independent Contractors												
(A)	(B)	2		(C				(D)	(E)	(F)		
Name and Title	hours per more that week (list unless pers any hours office for related director					box, both a tee)	an	Reportable compensation from the organization (W- 2/1099- MISC)	Reportable compensation from related organizations (W- 2/1099- MISC)	Estimated amount of other compensation from the		
	below dotted line)	Individual trustee or director	Institutional Trustee	Officer	key employee	Highest compensated employee	Former	м п эс)	мізс)	organization and related organizations		
STEFANIE TUGAW- MADSEN State Allocated Director	0 5	Х						0	0	C		
BOB TURNER	0.5											
Affiliate		Х						0	0	d		
Representative/RU	0											
DUANE UHLIR	0 5											
State Allocated Director	0	Х						0	0	d		
TODD UMBENHAUER	0 5											
Large Board Representative	0	Х						0	0	q		
JEAN VAN JAARSVELDT	0 5											
Presidential Appointee Outside Organization Representative	0	Х						0	0	d 		
TANYA VANBLAKE- COLEMAN	0 5	Х						0	0	C		
State President	0											
CHARLOTTE VANDERWAAG	0 5	Х						0	0	[
Large Board Representative	0											
IRMA VARGAS	0 5											
State Allocated Director	0	Х						0	0			
MARY VASTOLA	0 5											
Large Board Representative	0	Х						0	0	C		
GLENN VATTEROTT	0 5	Х						0	0			
Large Firm Representative	0	,.										

Form 990 Compens	, Part VII - (ated Employ	Comp rees,	oens and	sat d In	ion nde	of C)ffi de	cers, Directont Contracto	ors,Trustees, rs	Key Employ
(A) Name and Title	(B) A verage hours per week (list any hours for related organizations	unles c	ore tl ss pe	han rso cer or/t	not one n is and rus			organization (W- 2/1099-	(E) Reportable compensation from related organizations (W- 2/1099- MISC)	(F) Estimated amount of other compensation from the organization
	below dotted line)	Individual trustee or director	Institutional Trustee	Officer	key employee	Highest compensated employee	Former	МІЗС)	МІЗС)	and related organizations
LINDA VAUGHAN Large Firm Representative	0 5 	x						0	0	0
MADELINE VEISSI State Allocated	0 5	х						0	0	0
Director MAURICE VEISSI	0 5	Х						0	0	0
Past President RICK VIOLETT	0 0 5							_	_	
State Allocated Director SHARON VOSS	0	Х						0	0	0
Large Board Representative	0 5 0	х						0	0	0
DANIEL WAGNER Regional Vice President	0 5 0	х						0	0	0
STEPHANIE WALKER State Allocated	0 5 0	Х						0	0	0
CLAIRE WALLACE State Allocated Director	0 5	х						0	0	0
CLARK E WALLACE	0 5	×						0	0	0
SUE WALSH State Allocated	0 5	Х						0	0	0
Director	0				l 				<u> </u>	

								icers, Directo nt Contracto		Key Employ
(A) Name and Title	(B) A verage hours per week (list any hours for related	unles	ore tl ss pe	han ersoi cer	not one n is and			(D) Reportable compensation from the organization (W- 2/1099-	(E) Reportable compensation from related organizations (W- 2/1099-	(F) Estimated amount of other compensation from the
	organizations below dotted line)	individual trustee or director	Institutional Trustee	Officer	Key employee	MISC) MISC) Highest compensated employee		organization and related organizations		
DAVID WALSH Large Board Representative	0 5 0	×						0	0	0
FUR HAD WAQUAD State Allocated	0 5	×						0	0	0
EDWARD WARD Large Board	0 5	x						0	0	0
Representative KENNETH WARDEN	0 0 5									
Presidential Appointee Real Estate Specialty Representative	0	X						0	0	0
ROBERT WATSON Large Board	0 5	х						0	0	0
Representative JEANNETTE WAY State Allocated		х					H	0	0	0
Director JAMES WEICHERT	0 5									
Large Fırm Representative	0	Х						0	0	0
NESTOR WEIGAND	0.5	x						0	0	0
Past President MARIA WELLS	0 5			\vdash			H			
State Allocated Director ANGELA WEST	0	Х	<u> </u>	_				0	0	0
Affiliate President/SIOR	0 5	×						0	0	0

								icers, Directo nt Contracto		, Key Employ
(A) Name and Title	(B) A verage hours per week (list any hours for related	unles	ore tl ss pe	han erso cer	not one n is and			(D) Reportable compensation from the organization (W- 2/1099-	(E) Reportable compensation from related organizations (W- 2/1099-	(F) Estimated amount of other compensation from the
	organizations below dotted line)	individual trustee or director	Institutional Trust⊬ë	Officer	key employee	Highest compensated employee	Former	MISC)	MISC)	organization and related organizations
CATHERINE WHATLEY Past President	0 5 0	×						0	0	0
LYNN WHELPLEY Large Board Representative	0 5	×						0	0	0
STEVE WHITE Large Board Representative	0 5	х						0	0	0
WILLIAM WHITE State Allocated Director	0 5	х						0	0	0
ROBERT WHITE Large Board Representative	0 5 0	х						0	0	0
CRAIG WILBURN State Leadership Idea Exchange Council- Large State Representative	0 5	Х						0	0	0
LINDA WILEY Large Board Representative	0 5	×						0	0	0
PATRICE WILLETTS State Allocated Director	0 5	х					- 	0	0	0
BRUCE WILLIAMS State Allocated	0.5	х						0	0	0
CLAIRE WILLIAMS	0 5	x						0	0	0
State Allocated Director	0									

Form 990 Compens), Part VII - (ated Employ	Comp vees,	pen: , an	sat d I	ion nd:	of (Offi ide	icers, Directo nt Contracto	rs,Trustees, rs	, Key Employ
(A) Name and Title	(B) A verage hours per week (list any hours for related	unles d	ore tl ss pe	than ersor cer tor/t	not one on is and trus	tee)	an	(D) Reportable compensation from the organization (W- 2/1099-	(E) Reportable compensation from related organizations (W- 2/1099-	(F) Estimated amount of other compensation from the
	organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officei	key employee	Highest compensated	Former	MISC)	MISC)	organization and related organizations
MARGO WILLIS State Allocated Director	0 5	х						0	0	0
VIRGINIA WILLIS Large Board Representative	0 5	х						0	0	0
MELVIN WILSON State Allocated Director	0 5	х						0	0	0
JOHN WINTHER Large Firm Representative	0 5 0	х						0	0	0
KAY WIRTH State Allocated Director	0 5 0	х						0	0	0
DAVID WLUKA Large Board Representative	0 5	х						0	0	0
JON WOLFORD Large Board Representative	0 5	х						0	0	0
DONN WONDERLING Large Board Representative	0 5	×						0	0	0
JOHN WONG State Allocated Director	0 5	×						0	0	0
GEORGE WONICA State Allocated Director	0 5	x						0	0	0

Form 990 Compens	, Part VII - q ated Employ	Com _l	en:	sat d I	ion nde	of (Offi de	cers, Directo nt Contracto	rs,Trustees, rs	, Key Employ	
(A) Name and Title	(B) A verage hours per week (list any hours for related (C) Position (do not check more than one box, unless person is both ar officer and a director/trustee)					box, both a		(D) Reportable compensation from the organization (W- 2/1099-	(E) Reportable compensation from related organizations (W- 2/1099-	(F) Estimated amount of other compensation from the	
	organizations below dotted line)	Individual trustee or director	Institutional Trust⊬ë	Officer	key employee	Highest compensated employee	Former	MISC)	MISC)	organization and related organizations	
JOHN WOOD	0 5	×						0	0	0	
Past President	0									,	
EDWARD WOOD State President	0.5	Х						0	0	0	
PAM WOOD	0										
Local Leadership Idea Exchage Council- Small Board Representative	0 5 0	×						0	0	0	
TODD WOODBURN	0 5	Х						0	0	0	
State President JACK	0										
WOODCOCK State Allocated Director	0 5 0	x						0	0	0	
MARK WOODROOF Large Firm Representative	0 5	х						0	0	0	
EDMUND WOODS	0 5	Х						0	0	0	
Past President ROBERT WOODUL Large Firm	0 5	х						0	0	0	
Representative WAYNE WOODYARD	0 5	×						0	0	0	
Large Board Representative	0										
ROBERT WRIGHT Large Board	0 5	×						0	0	0	
Representative	0										

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employ Compensated Employees, and Independent Contractors (A) (B) (C) (D) (E) (F) Name and Average Position (do not check Reportable Reportable Estimated Title more than one box, hours per compensation compensation amount of week (list unless person is both an from the from related other anv hours officer and a organization organizations compensation (W-2/1099for related director/trustee) (W-2/1099from the organizations MISC) MISC) organization Former 2 Officer X. emplovee Highest compensated Individual trustee below Institutional Trustee and related director dotted line) organizations employee AVIS WUKASCH 0 5 0 Χ 0 Large Firm 0 Representative THERESE 0 5 WUNDERLICH Χ 0 0 Large Board 0 Representative SCOTT 05 WURTZBACHER Х 0 0 Large Board 0 Representative 05 ALAN YASSKY Х 0 0 Past Treasurer 0 DOYLE YATES 0 5 Х 0 State Allocated 0 Director ARTHUR YATSKO 0 Х 0 State Allocated 0 Director 0.5 JON YOCUM Х 0 0 State President 0 SUZANNE YOST 0 5 Х 0 0 State Allocated 0 Director CHRISTIAN 0 5 ZARIF Х 0 0 Large Board 0 Representative JUDY ZEIGLER 0 5 Х 0 State Allocated

Director

								icers, Directo nt Contracto		, Key Employ
(A) Name and Title	(B) A verage hours per week (list any hours for related	Pos mo unles	sition ore thess seed to be a seed to be	(C) (do han ersoi cer	not one one n is and	t chec e box, both	:k	(D) Reportable compensation from the organization (W- 2/1099-	(E) Reportable compensation from related organizations (W- 2/1099-	(F) Estimated amount of other compensation from the
	organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated	Former	MISC)	MISC)	organization and related organizations
JOANNE ZETTL Large Board Representative	0 5	×						0	0	0
PAT ZIGGY ZICARELLI State Allocated Director	0 5	x						0	0	0
DEENA ZIMMERMAN Large Board	0 5	x						0	0	0
Representative CAROL ZINGONE Large Board Representative		x						0	0	0
CHRISTOPHER ZOLLER Large Board Representative	0 5	x						0	0	0
MYRA ZOLLINGER State Allocated Director	0 5	x						0	0	0
JANICE ELLINGSON DIRECTOR	0 5	х						0	0	0
LEIL KOCH DIRECTOR	0 5	х						0	0	0
DIANE RUGGIERO DIRECTOR	0 5	x						0	0	0
CRAIG SANFORD DIRECTOR	0 5	x						0	0	0

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Empl Compensated Employees, and Independent Contractors (C) (A) (B) (D) (E) (F) Name and Average Position (do not check Reportable Reportable Estimated Title more than one box, hours per compensation compensation amount of week (list unless person is both an from the from related other any hours officer and a organization organizations compensation (W-2/1099-(W-2/1099for related director/trustee) from the organizations MISC) MISC) organization Officer Former 3 Highest compensated or director Individual trustee below Institutional Trustee and related dotted line) organizations employee 0 5 RENE GALVAN Х 0 0 DIRECTOR 0 KAREN 0 5 **GEHLE** Χ 0 0 DIRECTOR RUSSELL 0 5 **HOKANSON** Х 0 0 DIRECTOR ANDREW 0.5 MAHOWALD Х 0 0 DIRECTOR MICHAEL 0 5 OPPLER Χ 0 DIRECTOR Ω 0 5 JACK TORZA Х 0 DIRECTOR 0 MICHAEL LABOUT 10 Х 0 INCOMING 0 VICE PRESIDENT MIKE FORD 5 0 Х 12,215 0 VICE 0 PRESIDENT CHARLES 5 0 **OPPLER** Х 20,040 0 VICE 0 PRESIDENT DALE 50 0 STINTON 1,647,471 37,231 15 CEO

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employee Compensated Employees, and Independent Contractors (A) (B) (D) (E) (F) Name and Title Average Position (do not check Reportable Reportable Estimated hours per more than one box, compensation compensation amount of week (list unless person is both an from the from related other any hours officer and a organization organizations compensation (W-2/1099-(W-2/1099for related director/trustee) from the organizations MISC) MISC) organization Officer Total or dispotor 3 Former emplovee Highest compensated Individual trustee below Institutional Trustee and related dotted line) employee organizations 50.0 JOHN PIERPOINT Х 385,044 0 37,231 SVP OF FINANCE 05 ROBERT GOLDBERG 50 0 Х 778,322 0 36,731 SVP MRKTING & BUS 20 DEV WALTER WITEK 50 0 Х 556,088 0 37,231 SVP COMMUNITY & 0 POL AFFAIRS DOUGLAS HINDERER 50 0 Х 465,749 0 37,231 SVP OF HUMAN 0 RESOURCES KATHERINE 50.0 JOHNSON Х 402,932 37,231 SVP GENERAL 0 COUNSEL 50 0 JERRY GIOVANIELLO 604,549 0 37,231 Χ SVP GOVT AFFAIRS 0 JANET BRANTON 50 0 Х 398,070 0 37,231 SVP GLOBAL 0 BUSINESS LAWRENCE YUN 50.0 Х 501,548 0 37,231 SVP CHIEF 0 **ECONOMIST** MARK LESSWING 50 0 Х 481,495 0 37,231 SVP CHIEF TECH 0 OFFICER STEPHANIE SINGER 50 0 311,752 35,774 SVP

0

COMMUNICATIONS

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Em Compensated Employees, and Independent Contractors (A) (B) (C) (D) (E) (F) Position (do not check Reportable Reportable Estimated Name Average more than one box, compensation and hours per compensation amount of Title week (list unless person is both an from the from related other any hours officer and a organization organizations compensation for related director/trustee) (W-2/1099-(W-2/1099from the MISC) MISC) organizations organization individual or director Former Officer below Institutional and related dotted line) organizations employee compensated trustee LAURENE JANIK 0.0 FORMER Х 271,527

SVP

GENERAL COUNSEL 0

DLN: 93493320069466

☐ Yes

SCHEDULE C (Form 990 or 990-EZ)

Department of the

Was a correction made?

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.

OMB No 1545-0047 Open to Public Inspection

Treasury Internal Revenue Service

If the organization answered "Yes" on Form 990, Part IV, Line 3, or Form 990-区, 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" on 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

lıne	e organization answered "Yes" on Form 990, Part IV, Line 5 (Proxy Tax) (see separate in 35c (Proxy Tax) (see separate instructions), then Section 501(c)(4), (5), or (6) organizations Complete Part III	nstructions)	or Form 99	00-EZ, Part \	۷,			
Νā	me of the organization tional Association of Realtors	Employer identification number						
110	ional / bookadon of reditors	36-1520	-1520690					
Pai	t I-A Complete if the organization is exempt under section 501(c) or is	a section !	527 organ	ization.				
1	Provide a description of the organization's direct and indirect political campaign activities in F	art IV						
2	Political expenditures	>	\$		(
3	V olunteer hours				(
Paı	t I-B Complete if the organization is exempt under section 501(c)(3).							
1	Enter the amount of any excise tax incurred by the organization under section 4955	,	s					
2	Enter the amount of any excise tax incurred by organization managers under section 4955	1	\$					
3	If the organization incurred a section 4955 tax, did it file Form 4720 for this year?		Г	Ves	No			

If "Yes," describe in Part IV Part I-C Complete if the organization is exempt under section 501(c), except section 501(c)(3).

- 1 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
- 3 Total exempt function expenditures Add lines 1 and 2 Enter here and on Form 1120-POL, line 17b
- Yes ✓ No 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

(a) Name	(b) Address	(c) EIN	(d) A mount paid from filing organization's funds If none, enter - 0-	(e) A mount of political contributions received and promptly and directly delivered to a separate political organization If none, enter -0-
(1) NAR FUND	430 N MICHIGAN CHICAGO,IL 60611	26-1725187	0	3,327,412
(2) NAR CONGRESSIONAL FUND	430 N MICHIGAN CHICAGO,IL 60611	27-3388377	0	0
3				
4				
5				
6				

Did the filing organization file Form 1120-POL for this year?

Subtract line 1g from line 1a $\,$ If zero or less, enter -0-Subtract line 1f from line 1c If zero or less, enter -0-

10	nedule (- (F	orm 990 or 990-E2) 2015			Page 2
P	art II-	Α	Complete if the organization is exempt under section $501(c)(3)$ and under section $501(h)$.	file	ed Form 5768	(election
١.	Check	>	If the filing organization belongs to an affiliated group (and list in Part IV each affiliated expenses, and share of excess lobbying expenditures)	l gro	up member's nar	ne, address, EIN
3	Check	•	If the filing organization checked box A and "limited control" provisions apply			
			Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)		(a) Filing organization's totals	(b) Affiliated group totals
1a	lobby	ıng)	oying expenditures to influence public opinion (grass roots			

		oying Expenditures means amounts paid or incurred.)	organization's totals	group totals
a	Total lobbying expenditures to influence public lobbying)	opinion (grass roots		•
b	Total lobbying expenditures to influence a legi	slative body (direct lobbying)		
c	Total lobbying expenditures (add lines $1a$ and	1b)		
d	Other exempt purpose expenditures			
e	Total exempt purpose expenditures (add lines	1c and 1d)		
f	Lobbying nontaxable amount Enter the amoun	t from the following table in both columns		
	If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:		
	Not over \$500,000	20% of the amount on line 1e		
	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000		
	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000		
	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000		
	Over \$17,000,000	\$1,000,000		

If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?

(Some organizations that made a s columns below. See th	4-Year Averaging Period Under section 501(h) (Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the separate instructions for lines 2a through 2f.)						
Lobbying Expe	nditures During	4-Year Avera	ging Period				
Calendar year (or fiscal year beginning in)	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) Total		
Lobbying nontaxable amount							
Lobbying ceiling amount (150% of line 2a, column(e))							
Total lobbying expenditures							
Grassroots nontaxable amount							
Grassroots ceiling amount (150% of line 2d, column (e))							
Grassroots lobbying expenditures							
	Calendar year (or fiscal year beginning in) Lobbying nontaxable amount Lobbying ceiling amount (150% of line 2a, column(e)) Total lobbying expenditures Grassroots nontaxable amount Grassroots ceiling amount (150% of line 2d, column (e))	Calendar year (or fiscal year beginning in) Lobbying nontaxable amount Lobbying ceiling amount (150% of line 2a, column(e)) Total lobbying expenditures Grassroots nontaxable amount Grassroots ceiling amount (150% of line 2d, column (e))	Calendar year (or fiscal year beginning in) Lobbying nontaxable amount Lobbying ceiling amount (150% of line 2a, column(e)) Total lobbying expenditures Grassroots nontaxable amount Grassroots ceiling amount (150% of line 2d, column (e))	Lobbying nontaxable amount Lobbying ceiling amount (150% of line 2a, column(e)) Total lobbying expenditures Grassroots nontaxable amount (150% of line 2d, column (e)) Grassroots lobbying expenditures	Calendar year (or fiscal year beginning in) (a)2012 (b)2013 (c)2014 (d)2015 Lobbying nontaxable amount Lobbying ceiling amount (150% of line 2a, column(e)) Total lobbying expenditures Grassroots nontaxable amount (150% of line 2d, column (e))		

	330 or 330 EE/E010
Part II-B	Complete if the organization is exempt under section 501(c)(3) and has NOT
	filed Form F769 (election under section F01/h))

-05.0	each "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying	(a)	(b)
	tivity		No	A mo	ınt
1	During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of	Yes			
а	Volunteers?				
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?				
c	Media advertisements?				
d	Mailings to members, legislators, or the public?				
е	Publications, or published or broadcast statements?				
f	Grants to other organizations for lobbying purposes?				
g	Direct contact with legislators, their staffs, government officials, or a legislative body?				
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?				
i	Other activities?				
j	Total Add lines 1c through 1i				
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?				
b	If "Yes," enter the amount of any tax incurred under section 4912				
c	If "Yes," enter the amount of any tax incurred by organization managers under section 4912				
d	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?				
Paı	t III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(6).	501(c)(5), o	r secti	on
			_	Yes	
1	Were substantially all (90% or more) dues received nondeductible by members?		_	1	No
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?		<u> </u>	2	No
3	Did the organization agree to carry over lobbying and political expenditures from the prior year?			3 Yes	
Pai	t III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered 'Iine 3, is answered "Yes."				
1	Dues, assessments and similar amounts from members	1		181,6	64,788
2	Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political				

	line 3, is answered "Yes."		
1	Dues, assessments and similar amounts from members	1	181,664,788
2	Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political		

т.	dues, assessments and similar amounts from members	1	181,664,78
2	Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political		
	expenses for which the section 527(f) tax was paid).		

2a 37,370,987 a Current year **b** Carryover from last year 2b -6,206,598

Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues

If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and

political expenditure next year? Taxable amount of lobbying and political expenditures (see instructions)

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

	=
Return Reference	Explanation
2 (see instructions), and Part II-B, lin	e 1 Also, complete this part for any additional information

Retail Reference	Explanation
Schedule C, Part I-A, Line 1	THE ORGANIZATION COLLECTS MEMBER DUES EARMARKED FOR A SEPARATE SEGREGATED
DESCRIPTION OF POLITICAL	FUND AND PROMPTLY AND DIRECTLY TRANSFERS THEM TO THAT FUND AS SUCH, A
CAMPAIGN ACTIVITIES	DETAILED DESCRIPTION OF DIRECT AND INDIRECT POLITICAL CAMPAIGN ACTIVITIES IS
	NOT APPLICABLE
Schedule C, Part I-A, Line 1	THE ORGANIZATION COLLECTS MEMBER DUES EARMARKED FOR A SEPARATE SEGREGATED
DESCRIPTION OF POLITICAL	FUND AND PROMPTLY AND DIRECTLY TRANSFERS THEM TO THAT FUND AS SUCH, A
CAMPAIGN ACTIVITIES	DETAILED DESCRIPTION OF DIRECT AND INDIRECT POLITICAL CAMPAIGN ACTIVITIES IS
	NOT APPLICABLE

2c

4

5

31,164,389

44,620,935

-13,456,546

SCHEDULE D

(Form 990)

Department of the

Internal Revenue Service

Name of the organization

Treasury

Supplemental Financial Statements

► Complete if the organization answered "Yes," on 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.

OMB No 1545-0047

DLN: 93493320069466

2015
Open to Public

Inspection

Employer identification number

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" on Form 990, Part IV, line 6. (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 advisors in writing that the assets held in donor advised	vat	cional Association of Realtors				36-1	520690		
Total number at end of year Aggregate value of contributions to (during year) Aggregate value of grants from (duning 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 are the organization's property, subject to the organization's exclusive legal control? Pub the organization inform all 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 confering impermissible purpose benefit? Preservation fasements. Complete if the organization answered "Yes" on Form 990, Part IIV, 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 land for public use (e.g., recreation or education) Preservation of pant 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 Total number of conservation easements or a certified historic structure included in (a) Number of conservation easements an earthfied historic structure included in (a) Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year Nostaff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year Nostaff and volunteer hours devoted to monitoring, inspecting, h	Pa								
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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 are the organization's property, subject to the organization's exclusive legal control? Purpose (s) of conservation 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 conforming impermissible private benefit? Purpose(s) of conservation Easements. Complete if the organization answered "Yes" on 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 an historically important land area education) Preservation of natural habitat Preservation of a certified historic structure Preservation of a certified historic structure a Total number of conservation easements b Total acreage restricted by conservation easements c Number of conservation easements included in (c.) acquired after 8/17/06, and not on a historic structure instead in the National Register 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 Number of states where property subject to conservation easement is located Number of states where property subject to conservation easements in tholds? No Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year A mount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year A mount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year A mount of expenses		Total number at end of year	(a) Bonor davised fair	u 5		(5)	and and othe	raccounts	
Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? Yes No.		33 3							
Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? Yes No		Aggregate value of grants from (during year)							
funds are the organization's property, subject to the organization's exclusive legal control? Yes No 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? Purpose(s) of conservation Easements. Complete if the organization answered "Yes" on 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 land for public use (e.g., recreation or education) 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 Year a Total number of conservation easements b Total acreage restricted by conservation easements c Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure instructure instruc		Aggregate value at end of year							
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b Total acreage restricted by conservation easements c Number of conservation easements on a certified historic structure included in (a) Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register 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, and enforcement of the conservation easements it holds? Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year \$\begin{align*} Monitoring in monitoring in specting in monitor							Held at the	End of the	Year
Number of conservation easements on a certified historic structure included in (a) Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register 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, and enforcement of the conservation easements it holds? Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year Amount of expenses incurred in monitoring, inspecting, handling of violations, 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)	а	Total number of conservation easements				2a			
Mumber of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register 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, and enforcement of the conservation easements it holds?	b	Total acreage restricted by conservation easeme	ents			2b			
historic structure listed in the National Register 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, and enforcement of the conservation easements it holds?	C				, ,	2c			
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, and enforcement of the conservation easements it holds?	d		c) acquired after 8/17/0	6, 8	and not on a	2d			
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, and enforcement of the conservation easements it holds?		Number of conservation easements modified, tra	nsferred, released, extir	ıguı	shed, or terminate	ed by the	e organization o	uring the	
Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ———————————————————————————————————		tax year ▶							
violations, and enforcement of the conservation easements it holds? Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year \$\begin{align*} \begin{align*}		Number of states where property subject to cons	ervation easement is lo	cat	ed ▶				
year A mount of expenses incurred in monitoring, inspecting, handling of violations, 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)			•	orin	g, inspection, han	dling of	ΓYe	s No	D
► \$ Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)			inspecting, handling of v	/ıola	ations, and enforc	ing cons	ervation easen	nents durir	ng the
► \$ Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)		>							
			ecting, handling of violat	(ION	is, and enforcing c	onserva	tion easements	during the	e year
				e re	equirements of sec	tion 17			

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.

Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

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

- 1a 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
 - 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 on Form 990, Part VIII, line 1

the organization's accounting for conservation easements

-
- (ii) Assets included in Form 990, Part X

 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
- a Revenue included on Form 990, Part VIII, line 1

▶\$_____

Assets included in Form 990, Part X
 For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Par	t III	Organizations Maintaining (continued)	Collections of Ar	t, Hi	stori	cal	Tre	asures, or	Otl	her Similar As	sets
3		g the organization's acquisition, acc ction items (check all that apply)	ession, and other reco	rds, c	heck a	ny c	of the	following tha	at are	e a sıgnıfıcant use	of its
а		Public exhibition		d		Lo	an or	exchange pi	ogra	ams	
b		Scholarly research		e	Γ	Οt	her				
c		Preservation for future generations									
4	Provi Part)	de a description of the organization XIII	's collections and expl	ain ho	ow they	/ furt	ther t	he organizat	ion's	exempt purpose i	n
5		g the year, did the organization soli ts to be sold to raise funds rather th								sımılar Yes	☐ No
Pa	rt IV	Escrow and Custodial Arra Complete if the organization Part X, line 21.		Form	990,	Par	t IV,	line 9, or r	еро	rted an amount	on Form 990,
1a	Is the	e organization an agent, trustee, cu ded on Form 990, Part X?	stodian or other interm	nediar	y for co	ontri	butic	ons or other a	isset	ts not Yes	□ No
b	If'	"Yes," explain the arrangement in P	art XIII and complete	the fo	ollowing	g tab	ole			A mo	unt
c	Be	ginning balance							1c		
d	Αd	ditions during the year							1d		
е		stributions during the year							1e		
f		ding balance							1f		
2 a		ne organization include an amount c	on Form 990 Part X Ju	ne 21	for es	crov	word	— ustodial acc	ount	liability? 🗆 🕶	□ No
	Dia ci	te organization metade an amount of	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		, 101 03		., .,	astodiai acc	ounc	res	NO
b	If"Ye	es," explain the arrangement in Part Endowment Funds. Comple									
	I C V	Endownient Funds. Comple	(a)Current year		nor year			Two years back	_	I)Three years back	(e)Four years back
1a	Beau	nning of year balance	80,259,399	(5)	66,031		5 (0.	58,360,12		52,069,237	48,455,324
ь	_	ributions	20,663,405		14,228	,012		7,671,26	0	6,290,890	3,613,913
C	Net II losse	nvestment earnings, gains, and es									
d		ts or scholarships • • • •									
e		r expenditures for facilities programs 									
f	A dmı	nistrative expenses									
g	End o	of year balance	100,922,804		80,259	,399		66,031,38	7	58,360,127	52,069,237
2	Provi	de the estimated percentage of the	current year end balar	nce (li	ıne 1g,	colu	ımn (a)) held as	•	·	
а	Board	d designated or quasi-endowment 🕨	100 %								
b	Perm	anent endowment ► 0 %									
c	Temp	porarily restricted endowment ► percentages on lines 2a, 2b, and 2c	0 %								
3а	A re tl	here endowment funds not in the policy nization by	·	zation	n that a	re h	eld a	nd admınıste	red f	for the	Yes No
	_	rrelated organizations								3a(
	(ii) re	elated organizations			٠					3a(-
Ь		es" on 3a(II), are the related organiz					R? .		•	31	<u> </u>
4		ribe in Part XIII the intended uses		naowr	ment tu	inas					
Ра	rt VI	Land, Buildings, and Equip Complete if the organization		orm (990. P	art	IV. I	ine 11a.Se	e Fo	rm 990. Part X.	line 10.
		Description of property	4115174144 145 45 14		(a	a)		(b)		Accumulated	(d)Book value
				0	ost or ot invest)			Cost or other (other)	basıs	(c)depreciation	
1a	Land			$\overline{}$, -3,		•	19,212	2,875		19,212,875
	Buildin							,	-		
		·						45,24:	1,800	16,465,319	28,776,481
c	Leasel	hold improvements		. L				41,344	1,726	34,501,913	6,842,813
d	Equipn	nent		. L				48,396	5,684	45,510,356	2,886,328
е	Other										

Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c))

126,812

57,845,309

XIII 🔼

Part VII	Investments—Other Securities. Cor See Form 990, Part X, line 12.	nplete if the org	anızatıon answered 'Yes	on Form 990, Part IV, line 11b.
	(a) Description of security or category		(b)Book value	(c)Method of valuation
(1)Financia	(including name of security) Il derivatives			Cost or end-of-year market value
	held equity interests			
(3) O ther				
Total (Colum	nn (b) must equal Form 990, Part X, col (B) line 12)	•		
	Investments—Program Related.	-		
	Complete if the organization answered	'Yes' on Form 9	90, Part IV, line 11c. See	e Form 990, Part X, line 13.
	(a) Description of investment		(b) Book value	(c) Method of valuation
(1)INVST	- NARBAC		34,700,897	Cost or end-of-year market value C
(2)INVST	REALTORS RELIEF FDN		2,126,074	С
	REALTORS INFO NETWORK		16,197,051	С
(4)INVSI	- Center for Specialized Realtor Education		18,337,807	С
Total (Colum	nn (b) must equal Form 990, Part X, col (B) line 13)	•	71,361,829	
Part IX		n answered 'Yes' o		1d See Form 990, Part X, line 15
	(a) Descr			(b) Book value
Part X	mn (b) must equal Form 990, Part X, col (B) line 1 Other Liabilities. Complete if the orga	•		
PailA	See Form 990, Part X, line 25.	illization answei	ed tes off form 330, P	arciv, interite of it.
1.	(a) Description of liability	(b) Book val	lue	
Federal inc	ome taxes			
Deferred Co	ompensation	2,43	9,785	
		+		
		+		
		1		
Total. (Colun	nn (b) must equal Form 990, Part X, col (B) line 25)	2,43	9,785	
2. Liability	for uncertain tax positions In Part XIII, provid	e the text of the fo		

Part		evenue per Audited Financial Statements With Revenue p nization answered 'Yes' on Form 990, Part IV, line 12a.	er R	eturn
1		er support per audited financial statements	1	
2	Amounts included on line 1 bu	it not on Form 990, Part VIII, line 12		
а	Net unrealized gains (losses)	on investments 2a		
b	Donated services and use of f	acılıtıes 2b		
c	Recoveries of prior year grant	s		
d	Other (Describe in Part XIII)			
e	Add lines 2a through 2d		2e	
3	Subtract line 2e from line 1 .		3	
4	Amounts included on Form 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		
b	Other (Describe in Part XIII)	4b		
c	Add lines 4a and 4b		4c	
5	Total revenue Add lines 3 and	d 4c. (This must equal Form 990, Part I, line 12)	5	
Part)	Complete if the organ	xpenses per Audited Financial Statements With Expenses nization answered 'Yes' on Form 990, Part IV, line 12a.	per	Return.
1	Total expenses and losses pe	r audited financial statements	1	
2	A mounts included on line 1 bu	it not on Form 990, Part IX, line 25		
а	Donated services and use of f	acılıtıes 2a		
b	Prior year adjustments			
c	Other losses	2c		
d	Other (Describe in Part XIII)			
e	Add lines 2a through 2d		2e	
3	Subtract line $\bf 2e$ from line $\bf 1$.		3	
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		
b	Other (Describe in Part XIII)	4b		
c	Add lines 4a and 4b		4c	
5	Total expenses Add lines 3 a	nd 4c. (This must equal Form 990, Part I, line 18)	5	
Part	XIII Supplemental Inf	ormation		
	, line 4, Part X, line 2, Part XI	Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b, lines 2d and 4b, and Part XII, lines 2d and 4b. Also complete this part to		de any additional
	Return Reference	Explanation		

Schedule D (Form 990) 2015		Page 5						
Part XIII Supplemental Information (continued)								
Return Reference	Explanation							
		_						

efile GRAPHIC print - DO NOT	As Filed Dat	ta -	DLN	DLN: 93493320069466		
SCHEDULE F (Form 990)	ement of Activities Outside the United S		ed States	OMB No 1545-0047		
Department of the Treasury	·	Part IV, line 1 ► Attach to	n answered "Yes" to Form 14b, 15, or 16. o Form 990. nd its instructions is at w		2015 Open to Public Inspection	
Name of the organization National Association of Realtors				Employer ide 36-1520690	ntification number	
Part I General Informatio Complete if the organ				L		
1 For grantmakers. Does the of and other assistance, the grants or a used to award the grants or a	ntees' eligibil				√ Yes No	
2 For grantmakers. Describe in assistance outside the United	d States					
3 Activites per Region (The follow	ing Part I, line :	3 table can be du	uplicated if additional spa	ace is needed)		
(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in region	(d) Activities conducted in region (by type) (e g , fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is program service, describe specific type of service(s) in region		
(1) See Add'l Data		region	regiony			
(2)						
(3)						
(4)						
(5)						
3a Sub-total b Total from continuation sheets to Part I	0	+			6,421,176	
c Totals (add lines 3a and 3b) For Paperwork Reduction Act Notice, see	0		I .	No 50082W Sche	6,421,176 edule F (Form 990) 2015	

Schedule F (Form 990) 2015

	and EIN (if applicable)	5	dıs burs ement	assistance	assistance	(book, FMV, appraisal, other)
(1)						
(2)						
(3)						
(4)						

Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax-exempt by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter

Page 2

Schedule F (Form 990) 2015

	duplicated if addit			ed States. Complete	ir the organization a	nswered "Yes" to Form	990, Part IV, line 16.
(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)

by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund (see Instructions for Form 8621)

Solid 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)

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)

☐ Yes ✓ No

Additional Data

Software ID: 15000238

Software Version: 2015v2.1

EIN: 36-1520690

Name: National Association of Realtors

(e) If activity listed in

Schedule F (Form 990) 2015

(a) Region

Page **5**

(f) Total expenditures

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).

(d) Activities

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

(b) Number of (c) Number of

(a) Negion	offices in the region	employees or agents in region	tay Activities conducted in region (by type) (i e , fundraising, program services, grants to recipients located in the region)	(d) is a program service, describe specific type of service(s) in region	for region
Central America and the Caribbean	0	0	Investments	PASSIVE INVESTMENTS	4,505,065
North America (Canada & Mexico only)	0	0	Investments	PASSIVE INVESTMENTS	942,216
North America (Canada & Mexico only)	0	0		NAR HOSTED ASSOCIATION EXECUTIVE INSTITUTE MEETINGS WHICH COVER THE FUNDAMENTALS OF ASSOCIATION MANAGEMENT	313,691

(a) Region (b) Number of (c) Number of (d) Activities (e) If activity listed in (d) (f) Total expenditures offices in the employees or conducted in region (by is a program service, for region type) (i.e., fundraising, describe specific type of region agents in service(s) in region region program services, grants to recipients located in the region) Europe (Including Iceland Program Services NAR REPRESENTATION 216,515 and Greenland) IAT AND PARTICIPATION IN MIPIM INTERNATIONAL COMMERCIAL REAL ESTATE EXPO 114,190

103,433

IN MIPIM MEETING IN JAPAN AND FIABCI WORLD CONGRESS

East Asia and the Pacific	0	0		NAR REPRESENTATION AT INTERNATIONAL REALTOR MEMBER CONFERENCE	
East Asia and the Pacific	0	0	· · · J · · · · · · · · · · · · · · ·	NAR REPRESENTATION AND PARTICIPATION	

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

(a) Region (b) Number of (c) Number of (d) Activities (e) If activity listed in (d) (f) Total expenditures offices in the employees or conducted in region (by is a program service, for region agents in type) (i.e., fundraising, describe specific type of region service(s) in region region program services, grants to recipients located in the region) Europe (Including Iceland Program Services NAR REPRESENTATION 68,275 and Greenland) AND PARTICIPATION IN GREECE REAL ESTATE WORKSHOP 61.797

ITN AND

EXPO REAL

REPRESENTATION AT

52,255

South America	0	0		NAR PARTICIPATION IN AND REPRESENTATION AT COFECI-CRECI ANNUAL CONFERENCE	
Europe (Including Iceland	0	0	Program Services	NAR PARTICIPATION	

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

and Greenland)

(a) Region (b) Number of (c) Number of (d) Activities (e) If activity listed in (d) (f) Total expenditures offices in the employees or conducted in region (by is a program service, for region type) (i.e., fundraising, describe specific type of agents in region service(s) in region region program services, grants to recipients located in the region) Europa (Including Icaland O Drogram Carucac IN A D DEDDECENTATION 23 425

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

and Greenland)	0	U	Program services	AND PARTICIPATION IN FNAIM CONFERENCE	23,423
North America (Canada & Mexico only)	0	0	Program Services	NAR PARTICIPATION IN AND REPRESENTATION AT	20,314

AMPI ANNUAL CONFERENCE efile GRAPHIC print - DO NOT PROCESS As Filed Data Schedule I
(Form 990)

Grants and C
Governments
Complete if the organization
Treasury
Internal Revenue Service

Information about Schedule

Name of the organization

National Association of Realtors

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

Complete if the organization answered "Yes," on Form 990, Part IV, line 21 or 22.

▶ Attach to Form 990.

▶ Information about Schedule I (Form 990) and its instructions is at <u>www.irs.gov/form990</u>.

OMB No 1545-0047

Employer identification number

36-1520690

2015

DLN: 93493320069466

Open to Public Inspection

Part I General Information	on Grants an	d Assistance					
 Does the organization maintain rethe selection criteria used to awa Describe in Part IV the organization 	ecords to substant rd the grants or a	tiate the amount of the				stance, and	√ Yes No
Part II Grants and Other Assistanthat received more than \$1				plete if the organization	answered "Yes" on F	orm 990, Part IV, line 2	l, for any recipient
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
See Additional Data Table							
2 Enter total number of section 503						_	<u>5</u>
Enter total number of other organ For Paperwork Reduction Act Notice, see t			· · · · · · ·	Cat No 50055P			0 le I (Form 990) 2015

grant funds

Additional Data

CHARLESTON, SC 29403

Software ID: 15000238 **Software Version:** 2015v2.1

EIN: 36-1520690

Name: National Association of Realtors

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.											
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance				
REALTOR UNIVERSITY 430 N MICHIGAN CHICAGO,IL 60611	45-2102449	501(C)3	100,000		NA	NA	EDUCATIONAL SUPPORT				
HABITAT FOR HUMANITY TRAINING INSTITUTE DEPT 167 SAN DIEGO,CA 92108	33-0259190	501(C)3	50,000		NA		HOUSING ASSISTANCE				
COASTAL COMMUNITY FOUNDATION 635 Rutledge Ave Suite 201	23-7390313	501(C)3	50,000		N A	NA	COMMUNITY DEVEL				

(a) Name and address of **(b)** EIN (c) IRC section (d) A mount of cash (e) Amount of non- (f) Method of valuation (a) Description of (h) Purpose of grant organization if applicable cash (book, FMV, appraisal, non-cash assistance or assistance grant or government assistance other) 501(C)3 25,000 NΑ NEIGHBORHOOD 52-1148078 COMMUNITY DEVEL REINVESTMENT 999 NORTH CAPITOL STREET NE

NO 900 WASHINGTON, DC 20002 NATIONAL COMMUNITY 52-1766126

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

WASHINGTON, DC 20005

501(C)3 12,500 HOUSING SUPPORT 727 15TH STREET NW 900

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Schedule J (Form 990)

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest **Compensated Employees** ▶ Complete if the organization answered "Yes" on 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.

DLN: 93493320069466 OMB No 1545-0047

2015

Open to Public

Department of the Treasury Internal Revenue Service Information about Schedule J (Form 990) and its instructions is at www.irs.gov/form990 .							o Pul ectio	
	me of the organiz	l zation		Ti-	Employer identifica	tion nur	mber	
	ional Association of F							
Pa	rt I Questi	ons Regarding Compensation	n	1	70 1320030			
	<u> </u>						Yes	No
1 a								
	✓ First-clas	s or charter travel		Housing allowance or residence for	personal use			ļ
	✓ Travel for	Questions Regarding Compensation ck the appropriate box(es) if the organization provided any of the following to or for a person listed on Form , Part VII, Section A, line 1a Complete Part III to provide any relevant information regarding these items First-class or charter travel			ļ	ļ	ļ	
	🗸 Taxıdemr	Tax idemnification and gross-up payments Discretionary spending account Personal services (e.g., maid, chauffeur, chef) ny of the boxes in line 1a are checked, did the organization follow a written policy regarding payment or inbursement or provision of all of the expenses described above? If "No," complete Part III to explain the organization require substantiation prior to reimbursing or allowing expenses incurred by all ectors, trustees, officers, including the CEO/Executive Director, regarding the items checked in line 1a? Licate which, if any, of the following the filing organization used to establish the compensation of the anization's CEO/Executive Director Check all that apply Do not check any boxes for methods d by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III Compensation committee Written employment contract Independent compensation consultant Compensation survey or study					ļ	ļ
	Discretion	nary spending account	✓	Personal services (e g , maid, chauf	ffeur, chef)		 	
b						1b	Yes	
2								
	directors, trust	ees, officers, including the CEO/Exec	utive Di	rector, regarding the items checked	in line 1a7	2	Yes	
3	organization's	CEO/Executive Director Check all th	nat apply	Do not check any boxes for method	s			
	✓ Compensa	ation committee	Г	Written employment contract				ļ
	✓ Independe	ent compensation consultant	✓	Compensation survey or study				ļ
	Form 990	of other organizations	✓	Approval by the board or compensa	tion committee			
4			Part VII	, Section A , line 1a with respect to the	he filing organizatio	on		
а	Receive a seve	rance payment or change-of-control	payment	?		4a		No
b	Participate in, o	or receive payment from, a supplemen	ntal nonc	qualified retirement plan?		4b		Νo
c	Participate in, o	or receive payment from, an equity-ba	ased con	npensation arrangement?		4c		Νo
	If "Yes" to any	of lines 4a-c, list the persons and pro	ovide the	e applicable amounts for each item in	ı Part III			
	Only 501(c)(3)	. 501(c)(4), and 501(c)(29) organizat	tions mu	st complete lines 5-9.				
5	For persons list	ted on Form 990, Part VII, Section A		-	ny			
а	The organization	on?				5a		
b	, ,					5b		
	If "Yes," on line	e 5a or 5b, describe in Part III						
6	•		, line 1a	, did the organization pay or accrue a	ıny			
а	The organization	on?				6 a		
b	Any related org	janization?				6 b	↓	
7					า-fixed	7		
8	Check the appropiate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a Complete Part III to provide any relevant information regarding these items First-class or charter travel Housing allowance or residence for personal use Travel for companions Payments for business use of personal residence Fax idemnification and gross-up payments First-class or charter travel Payments for business use of personal residence Fax idemnification and gross-up payments First-class or charter travel First-class or charter					8		
9			e rebutta	able presumption procedure describe	d ın Regulatıons	9		

Selledales (Form 550) 2015					r age 🕳					
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 on 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 W-2 and/or 1099-MISC compensation	(C) Retirement and	(D) Nontaxable	(E) Total of columns	(F) Compensation in					

(A) Name and Title	(B) Breakdown o	f W-2 and/or 1099-MIS	SC compensation	(C) Retirement and	(D) Nontaxable	(E) Total of columns	(F) Compensation in
	-	(ii)	(ıiı)	other deferred	benefits	(B)(ı)-(D)	column(B) reported
	Base (1) compensation	Bonus & incentive Other reportable		compensation			as deferred on prior
		compensation	compensation				Form 990

Schedule 1 (Form 990) 2015

See Additional Data Table

Schedule J (Form 990) 2015

Page 2

certain Senior Vice Presidents of the organization. The related benefits were treated as taxable compensation to the recipients

Schedule J (Form 990) 2015

services

 Software ID:
 15000238

 Software Version:
 2015v2.1

 EIN:
 36-1520690

Name: National Association of Realtors

Form 990, Schedule J, F	Part I	I - Officers, Direc	tors, Trustees, Ke	ey Employees, and	Highest Compen	sated Employees	5		
(A) Name and Title		(B) Breakdown o (i) Base Compensation	f W-2 and/or 1099-MIS (ii) Bonus & Incentive compensation	(iii) Other reportable compensation	(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990	
1CHRIS POLYCHRON PRESIDENT	(I) (II)	0	0	318,110	0	0	318,110	0	
1THOMAS SALOMONE	(1)	0	_	_	_	0	0	_	
President-Elect	(1)		0	247,871	0	0	247,871	0	
	(11)	0	0	0	0	- 0	0	0	
2WILLIAM BROWN FIRST VICE PRESIDENT	(1)	0	0	186,642	0	0	186,642	0	
	(11)	0	0	0	0	-	-	0	
3MICHAEL MCGREW	(1)	0	0	173,326	0	0	173,326	0	
TREASURER	(11)	0							
4STEVEN BROWN			0	0	Ü	0	0	0	
Immediate Past President	(1)	0	0	205,644	0	0	205,644	0	
	(11)	0	0	0	0	-0	0	0	
5DALE STINTON CEO	(1)	1,641,416	511	5,544	26,500	10,731	1,684,702	0	
	(11)	0	0	0	0			0	
6LAURENE JANIK	(1)	271,527	0	0	0	0	271,527	0	
FORMER SVP GENERAL COUNSEL	(11)								
		_	0	0	0	0	0	0	
7JOHN PIERPOINT SVP OF FINANCE	(1)	278,132	103,489	3,423	26,500	10,731	422,275	0	
	(11)	0	0	0	0	- 0		0	
8ROBERT GOLDBERG SVP MRKTING & BUS DEV	(1)	504,956	269,754	3,612	26,000	10,731	815,053	0	
	(11)	0	0	0	0			0	
9WALTER WITEK	(1)	404,700	145,844	5,544	26,500	10,731	593,319	0	
SVP COMMUNITY & POL AFFAIRS	(11)				20,300				
				0	0	0	0	0	
10DOUGLAS HINDERER SVP OF HUMAN RESOURCES	(1)	343,300	118,837	3,612	26,500	10,731	502,980	0	
	(11)	0	0	0	0	- 0		0	
11KATHERINE JOHNSON SVP GENERAL COUNSEL	(1)	263,617	136,606	2,709	26,500	10,731	440,163	0	
	(11)	0	0	0	0			0	
12JERRY GIOVANIELLO	(1)	417,144	178,849	8,556	26,500	10,731	641 780	0	
SVP GOVT AFFAIRS	(11)		178,849		20,300		641,780		
			0	0	0	0	0	0	
13JANET BRANTON SVP GLOBAL BUSINESS	(1)	288,680	103,846	5,544	26,500	10,731	435,301	0	
	(11)	0	0	0	0	- 0	- n	0	
14LAWRENCE YUN SVP CHIEF ECONOMIST	(1)	371,579	127,134	2,835	26,500	10,731	538,779	0	
	(11)	0	0	0	0			0	
15MARK LESSWING	(1)	365,480	112,403	3,612	26,500	10,731	518,726	0	
SVP CHIEF TECH OFFICER	(11)		112,403	3,012	20,300		310,/20		
			"		U	0	0	"	
16 STEPHANIE SINGER SVP COMMUNICATIONS	(1)	248,430	61,327	1,995	25,043	10,731	347,526	0	
	(11)	0	0	0	0			0	
1		<u> </u>	<u>I</u>	<u> </u>	<u> </u>	<u> </u>	1 0	<u>I</u>	

Schedule L

(Form 990 or 990-EZ)

Total

Transactions with Interested Persons

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

DLN: 93493320069466 OMB No 1545-0047

2015

epartment of the reasury Iternal Revenue Ser		nformation a	about Sched	ule L (Form 9 <u>www.irs.go</u>) and its instri	actions	is at			en to Pu Ispecti		
Name of the org National Association										ficatio	n number	•	
	ss Benefit Tr		,		, ,	• • • •	(29)	_	zations		406		
	ete if the organiz e of disqualified p					fied person an			cription		(d) Corrected?		
				or	ganızatıon		-	trans	saction		Yes No		
							_						
							+						
							_						
							+			+			
	mount of tax incu	, ,		_		_		under •	section \$		•		
3 Enter the ar	mount of tax, If a	ny, on line 2	, above, reii	mbursed by th	ie organizatio	n		•	> \$				
Con	ans to and/or applete if the orga anization reported	nization ans	wered "Yes	" on Form 990		line 38a, or Fo	orm 99	0, Par	t IV , lın	ie 26, d	or if the		
(a) Name of Interested person	ested with Purpose of or from the		e	(e)Original principal amount	(f) Balance due	(g) In default?		(h) Approved by board or committee?		or J			
			То	From	1		Yes	No	Yes	No	Yes	No	
										+			

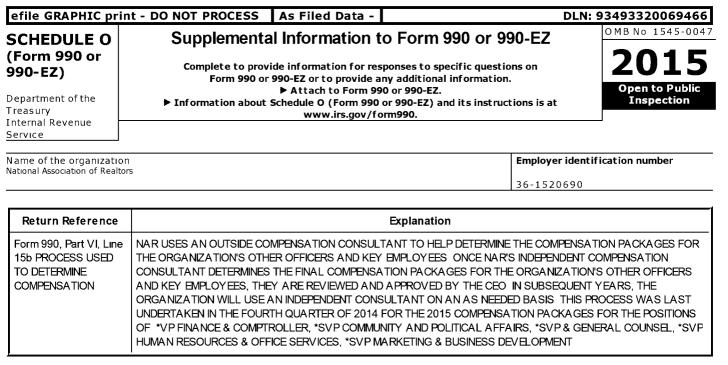
Grants or Assistance Benefiting Interested Persons. Part III Complete if the organization answered "Yes" on Form 990, Part IV, line 27.

(b) Relationship between (c) A mount of assistance (a) Name of interested (d) Type of assistance (e) Purpose of assistance person interested person and the organization

Return Reference

Complete if the organization answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c. (e) Sharing (a) Name of interested person (b) Relationship (c) A mount of (d) Description of transaction between interested transaction of person and the lorganızatıon's organization revenues? Yes No (1) GREG STINTON FAMILY MEMBER - D 81,635 INAR EMPLOYEE Nο STINTON (2) ASHLEY STINTON FAMILY MEMBER - D 36,664 INAR EMPLOYEE Nο STINTON **Supplemental Information** Part V Provide additional information for responses to questions on Schedule L (see instructions)

Explanation



Return Reference	Explanation
Form 990, Part VI, Line 6 Members or Stockholders	Per the instructions to the Form 990, a member, as referred to in Part VI, Line 6, is defined as any person who has the right to 1. Elect the members of the governing body (but not if the members of the governing body are the organization's only members) or their delegates, 2. Approve or deny significant decisions of the governing body, or 3. Receive a share of the organization's profits or excess dues or a share of the organization's net assets upon the organization's dissolution. NAR's members do not possess the kinds of rights outlined above. As such, the organization has checked "no" to the respective questions in the Form 990, Part VI, Lines 6 through 7b.

Return Reference	Explanation
, ,	Currently, many divisions and departments of NAR have procedures in place for document retention and
Retention and destruction policy	destruction Furthermore, the Legal, Finance and Human Resources divisions all have specific procedures and policies in place to ensure the proper retention and destruction of documents

Return Reference	Explanation
Form 990, Part VI, Line 1a Delegate broad authority to a committee	The organization's board delegates authority to act on behalf of the governing body to the executive committee. The executive committee shall consist of the President, the President, the First Vice President, the Treasurer, the Regional Vice Presidents, the immediate Past President, the Past President twice-removed, the Vice President and Liaison to Committees, the Vice President and Liaison to Government Affairs, four other Past Presidents, twelve members who have not served as President, two members from the Real Estate Services Advisory Board, one Member Board Executive Officer, and one appointee of each of the Institutes, Societies and Councils of the National Association. The Political Fundraising Chairman and the Member Mobilization Chairman shall also serve as non-voting members of the Executive Committee. The President shall appoint, each year, two Past Presidents to serve two year terms, to succeed those whose terms expire. At the meeting of the Board of Directors during the National Convention, the President-elect shall submit to the Board of Directors six nominees, at least four of whom are Directors, one of whom may be a member who has previously served as a Director, and one of whom may be a member who has not previously served as a Director, to serve as members of the Executive Committee. The Board of Directors shall elect members of the Executive Committee from such nominations. The Executive Committee shall conduct the affairs of the National Association in accordance with the policies and instruction of the Board of Directors. The Executive Committee shall act as Chairman of the Executive Committee. Seventeen members shall constitute a quorum. A Member who has served as a member of the Executive Committee for terms aggregating twenty (20) years shall be a member of the Executive Committee for life unless sooner terminated by resignation from the Committee or the National Association.

Return Reference	Explanation
Form 990, Part VI, Line	MAURICE VEISSI AND MADELINE VEISSI - Family relationship, ROBERT GOLDBERG AND MARTIN EDWARDS -
2 Family/business	Business relationship, DON ASHER AND STEVE ASHER - Family relationship, MARIO ARRIAGA AND ADRIAN
relationships amongst	ARRIAGA - Family relationship, NORMAN FLYNN AND MICHAEL FLYNN - Family relationship, TIM HARRIS AND TINA
interested persons	HARRIS - Family relationship, LARRY KEATING AND SHARON KEATING - Family relationship, ELIZABETH
	MENDENHALL AND RICHARD MENDENHALL - Family relationship, BENJAMIN ANDERSON AND IAN ANDERSON -
	Family relationship, STEPHEN CASPER AND MEG CASPER - Family relationship, STUART ELSEA AND DANIEL ELSEA -
	Family relationship, CAREY JENSEN AND PATRICIA JENSEN - Family relationship, LINDA LEE AND KARL LEE - Family
	relationship, BRUCE WILLIAMS AND MARY WILLIAMS - Family relationship, JOSEPH BROWN AND KEVIN BROWN -

Family relationship, MICHAEL FORD AND GREGORY FORD - Family relationship

F-----

Return Reference	Explanation
Review of form 990 by governing body	The National Association of Realtors' Form 990 review process included 1) A detailed review by the CEO, Treasurer and Comptroller of the organization, 2) A review by the organization's finance committee, including a presentation by the paid tax preparer, and 3) A Finance Committee report to the Executive Committee and Board of Directors

Return Reference	Explanation
Form 990, Part VI, Line 12c Conflict of interest policy	On an annual basis, the executive committee of the board of directors, officers, and key employees of NATIONAL ASSOCIATION OF REALTORS (NAR) receive a copy of the conflict of interest policy. This policy requires them to disclose annually interests that could give rise to potential or actual conflicts. Any potential or actual conflicts of interest are reviewed and evaluated by the NAR legal department, followed up on by the Association's General Counsel, and shared with NAR's Leadership. NAR's leadership determines the appropriate steps necessary to alleviate, monitor, and deal with conflicts, such as restricting the actions of persons with a conflict by prohibiting them from participating in the governing body's deliberations and decisions for a particular transaction.

Return Reference	Explanation
Form 990, Part VI, Line 15a Process to establish compensation of top management official	NAR relies on the Leadership Team, including the current and incoming Presidents as well as the Treasurer, to determine, review, and approve the compensation of the CEO. The team consists of the following NAR board members. President and Treasurer. Additionally, the compensation team is supported by NAR's Senior Vice President of Human Resources. Comparability data is used by the compensation team to help determine compensation. On an annual basis, the CEO has a performance evaluation which is used in part to determine any changes in pay (ex. bonuses and merit increases.) The deliberations and decision making with respect to the CEO's compensation are documented on a timely basis by the compensation team. The process for determining the compensation of the organization's CEO was last undertaken in of October, 2014 for the 2015 calendar year compensation. Any potential or actual conflicts of interest are reviewed and evaluated by the NAR legal department, followed up on by the Association's General Counsel, and shared with NAR's Leadership NAR's leadership determines the appropriate steps necessary to alleviate, monitor, and deal with conflicts, such as restricting the actions of persons with a conflict by prohibiting them from participating in the governing body's deliberations and decisions for a particular transaction.

Return Reference	Explanation
Form 990, Part VI, Line 19	The Governing documents are not disclosed to the public, the Conflict of interest policy is available upon
Required documents available to	request, and the financial statements are provided as deemed appropriate by the Comptroller within the
the public	guidelines of NAR's Financial Disclosure Policy

Return Reference	Explanation
Form 990, Part VIII, Line 2f Other	OTHER - Total Revenue 3558490, Related or Exempt Function Revenue 3558490, Unrelated Business
Program Service Revenue	Revenue,Revenue Excluded from Tax Under Sections 512, 513, or 514,

Return Reference	Explanation	
Form 990, Part VIII, Line 11d Other	- Total Revenue 1000701, Related or Exempt Function Revenue 921146, Unrelated Business	
Miscellaneous Revenue	Revenue 79555, Revenue Excluded from Tax Under Sections 512, 513, or 514,	

Return Reference	Explanation
Form 990, Part IX, Line 11g Other Fees	Consulting - Total Expense 30500696, Program Service Expense , Management and General Expenses , Fundraising Expenses .

Return Reference	Explanation
Form 990, Part XI, Line 9 Other changes in net assets or	Loss from Investments in Subsidiaries12697730, Change in Retirement
fund balances	Obligation - 4431000,

efile GRAPHIC print - DO NOT PROCESS As Filed Data -

SCHEDULE R

Related Organizations and Unrelated Partnerships

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

OMB No 1545-0047

DLN: 93493320069466

Open to Public

Department of the Treasury Inte N a i Nati

(Form 990)

► Attach to Form 990.

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

rnal Revenue Service	Inspection
me of the organization ional Association of Realtors	Employer identification number
	36-1520690

Primary activity Zations Complete if the tax year.	(c) Legal domicile (state or foreign country) the organization ans		(e) d-of-year assets	Direct cont entity	trolling y		
	the organization and	swered "Yes" on	Form 990. Pa				
	the organization and	swered "Yes" on	Form 990. Pa				
	the organization and	swered "Yes" on	Form 990. Pa	TV log 24			
	the organization and	swered "Yes" on	Form 990. Pa	11/ lune 24			
	the organization and	swered "Yes" on	Form 990. Pa	wh TV June 24			
	the organization and	l <u>l</u> swered "Yes" on	Form 990. Pa	 			
				irt IV, iine 34	because it l	nad one	ā
(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section			(f) ect controlling entity	Section (13) co	ntrolle ity?
DISASTER RELIEF	IL	501(c)(3	7	NAR		Yes	No
EDUCATION	IL	501(c)(3	PF	NAR		Yes	
MEMBER SERVICES	IL	501(c)(6		NAR		Yes	
POLITICAL ACTIVITY	IL	527		NAR		Yes	
NON SED ELECTION	TI	527		NAD		Vas	
SUPPORT	12	327		IVAC		les	
POLITICAL ACTIVITY	IL	527		NAR		Yes	
EDUCATION	IL	501(c)(3	2	CSRE			No
	(b) Primary activity DISASTER RELIEF EDUCATION MEMBER SERVICES POLITICAL ACTIVITY NON-FED ELECTION SUPPORT	he tax year. (b) Primary activity Legal domicile (state or foreign country) DISASTER RELIEF IL EDUCATION MEMBER SERVICES IL POLITICAL ACTIVITY IL NON-FED ELECTION SUPPORT POLITICAL ACTIVITY IL EDUCATION IL	he tax year. (b) Primary activity Legal domicile (state or foreign country) DISASTER RELIEF IL 501(c)(3 EDUCATION IL 501(c)(6 POLITICAL ACTIVITY IL 527 POLITICAL ACTIVITY IL 527 EDUCATION IL 501(c)(6	he tax year. (b) Primary activity Legal domicile (state or foreign country) DISASTER RELIEF IL DISASTER RELIEF IL SO1(c)(3 PF MEMBER SERVICES IL SO1(c)(6 POLITICAL ACTIVITY IL S27 POLITICAL ACTIVITY IL S27 EDUCATION IL S27 EDUCATION IL S27 POLITICAL ACTIVITY IL S27 EDUCATION IL S27 POLITICAL ACTIVITY IL S27 EDUCATION IL S27	he tax year. (b) Primary activity Legal domicile (state or foreign country) Exempt Code section Public charity status (if section 501(c)(3)) Direction foreign country	he tax year. (b) (c) (c) (d) (e) (f) (public charity status or foreign country) DISASTER RELIEF IL SO1(c)(3 PF NAR MEMBER SERVICES IL SO1(c)(6 NAR POLITICAL ACTIVITY IL S27 NAR NAR POLITICAL ACTIVITY IL S27 NAR	Column C

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

(Legal domicile (state or foreign country)	(d) Direct controlling entity	unrelated, excluded from tax under	(f) Share of total income	(g) Share of end-of-year assets	(h) Dispropi alloca	rtionate	(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)		al or ging	(k) Percentage ownership
			sections 512- 514)			Yes	No		Yes	No	

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.

		1							'
(a)	(b)	(c)	(d)	(e)	(f)	(g)	(h)	(1)) !
Name, address, and EIN of	Primary activity	Legal	Direct controlling		Share of total	Share of end-of-	Percentage	Section	
related organization		domicile	entity	(C corp, S corp,	ıncome	year	ownership	(b)(1	
]	(state or foreign		or trust)	i .	assets	1	contro	
	l l	country)				·	1	entit	cy?
		(Yes	No
REALTORS INFORMATION (1)NETWORK INC	REAL ESTATE INFO	IL	NAR	C Corporation	1,857,054	16,386,673	100 %	Yes	
430 N MICHIGAN AVE CHICAGO, IL 60611 36-3981966									
	REAL ESTATE INFO AND SERVICES	IL	NAR	C Corporation	39,083,373	48,101,394	100 %	Yes	
430 N MICHIGAN AVE CHICAGO, IL 60611 20-3467306									

chedule R (Form 990) 2015					Pa	ge 3
Part V Transactions With Related Organizations Complete if the organization answ	vered "Yes" on Form	990, Part IV, line	34, 35b, or 36.			
Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule					Yes	No
1 During the tax year, did the orgranization engage in any of the following transactions with one or more	related organizations li	isted in Parts II-IV?				
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity				1a	Yes	
b Gift, grant, or capital contribution to related organization(s)				1 b	Yes	
c Gift, grant, or capital contribution from related organization(s)				1 c	Yes	
d Loans or loan guarantees to or for related organization(s)				1d		No
e Loans or loan guarantees by related organization(s)				1e		No
f Dividends from related organization(s)				1f		No
g Sale of assets to related organization(s)				1 g		No
h Purchase of assets from related organization(s)						
i Exchange of assets with related organization(s)				1i		No
${f j}$ Lease of facilities, equipment, or other assets to related organization(s)				1j		No
k Lease of facilities, equipment, or other assets from related organization(s)				1k		No
l Performance of services or membership or fundraising solicitations for related organization(s)				11	Yes	
f m Performance of services or membership or fundraising solicitations by related organization(s)				1m		No
${f n}$ Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)				1n	Yes	<u></u>
o Sharing of paid employees with related organization(s)				10	Yes	
p Reimbursement paid to related organization(s) for expenses				1 p		No
q Reimbursement paid by related organization(s) for expenses				1q	Yes	
${f r}$ Other transfer of cash or property to related organization(s)				1r	Yes	
s Other transfer of cash or property from related organization(s)				1 s	Yes	
2 If the answer to any of the above is "Yes," see the instructions for information on who must comple				5		
(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining ar	mount ı	nvolved	
ee Additional Data Table						

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

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships

revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships													
(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512- 514)	org	(e) all partners section i01(c)(3) anizations?	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproprtiona allocations?		(1) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
			314)	Yes	No			Yes	No		Yes	No	
												1 I	
													<u> </u>

Schedule R (Form 990) 2015

Software ID: 15000238 **Software Version:** 2015v2.1

EIN: 36-1520690

Name: National Association of Realtors

Form 990, Schedule R, Part II - Identification of Rel	ațed Tax-Exempt Org	anizations					
(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c) (3))	(f) Direct controlling entity	Sectio (b)(contr enti	n 512 13) olled
						Yes	No
REALTORS RELIEF FOUNDATION 430 N MICHIGAN AVE CHICAGO, IL 60611 36-4468109	DISASTER RELIEF	IL	501(c)(3	7	N A R	Yes	
LEONARD P REAUME MEMORIAL FOUNDATION 430 N MICHIGAN AVE CHICAGO, IL 60611 36-3495865	EDUCATION	IL	501(c)(3	PF	N A R	Yes	
CENTER FOR SPECIALIZED REALTOR EDUCATION 430 N MICHIGAN AVE CHICAGO, IL 60611 36-4173556	MEMBER SERVICES	IL	501(c)(6		NAR	Yes	
REALTORS POLITICAL ACTION COMMITTEE 430 N MICHIGAN AVE CHICAGO, IL 60611 36-2795122	POLITICAL ACTIVITY	IL	527		NAR	Yes	
NAR FUND 430 N MICHIGAN AVE CHICAGO, IL 60611 26-1725187	NON-FED ELECTION SUPPORT	IL	527		NAR	Yes	
NAR CONGRESSIONAL FUND 430 N MICHIGAN AVE CHICAGO, IL 60611 27-3388377	POLITICAL ACTIVITY	IL	527		N A R	Yes	
REALTOR UNIVERSITY 430 N MICHIGAN CHICAGO, IL 60611 45-2102449	EDUCATION	IL	501(c)(3	2	CSRE		No

Form	990, Schedule R, Part V - Transactions With Related Organizations			
	(a) Name of related organization	(b) Transaction type(a-s)	(c) A mount Involved	(d) Method of determining amount involved
(1)	NATIONAL ASSOCIATION OF REALTORS FUND	R	3,327,412	CASH
(1)	NAR CONGRESSIONAL FUND	R	788,086	CASH
(2)	REALTORS INFORMATION NETWORK	A	21,459	CASH
(3)	REALTORS INFORMATION NETWORK	L	243,874	CASH
(4)	REALTORS INFORMATION NETWORK	S	586,751	CASH
(5)	CENTER FOR SPECIALIZED REALTOR EDUCATION	A	125,735	CASH
(6)	CENTER FOR SPECIALIZED REALTOR EDUCATION	L	150,483	CASH
(7)	CENTER FOR SPECIALIZED REALTOR EDUCATION	S	2,564,962	CASH
(8)	NATIONAL ASSOCIATION OF REALTORS BUSINESS ACTIVITIES	А	484,437	CASH
(9)	NATIONAL ASSOCIATION OF REALTORS BUSINESS ACTIVITIES	L	158,346	CASH
(10)	NATIONAL ASSOCIATION OF REALTORS BUSINESS ACTIVITIES	S	1,092,366	CASH
(11)	NATIONAL ASSOCIATION OF REALTOR BUSINESS ACTIVITIES	S	10,850,000	ESTIMATED VALUE
(12)	NATIONAL ASSOCIATION OF REALTORS BUSINESS ACTIVITIES	D	1,500,000	CASH
(13)	NATIONAL ASSOCIATION OF REALTORS BUSINESS ACTIVITIES	S	536,000	CASH
(14)	REALTOR UNIVERSITY	L	193,000	ESTIMATED FAIR VALUE
(15)	REALTOR UNIVERSITY	В	251,000	CASH
(16)	NATIONAL ASSOCIATION OF REALTORS BUSINESS ACTIVITIES	С	150,000	CASH
(17)	REALTORS INFORMATION NETWORK	С	75,000	CASH
(18)	CENTER FOR SPECIALIZED REALTOR EDUCATION	В	100,000	CASH
(19)	NATIONAL ASSOCIATION OF REALTORS BUSINESS ACTIVITIES	В	22,900,000	CASH
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