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DLN: 93493319108746

Department of the Treasury Internal Revenue Service **Return of Organization Exempt From Income Tax**

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

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

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

OMB No 1545-0047 2015

Open to Public Inspection

		applicable	C Name of organization APPRAISAL INSTITUTE	g 01-01-2015 , and ending 12-31-20	15	D Emplo	yer iden	tification number			
_		change	711 110 123 12 113 111 0 12			36-37	739643	3			
	ame ch nitial re	-	Doing business as								
F return	ınal /termır	nated		all is not delivered to street address) Room/si	uite	E Telepho	one numl	per			
An	nended	d return	200 WEST MADISON Suite 1500			(312)	335-4	100			
Ap	plicatio	on pending	City or town, state or province, cour CHICAGO, IL 60606	itry, and ZIP or foreign postal code		G Gross r	G Gross receipts \$ 20,323,493				
			F Name and address of princip	al officer	H(a) I	s this a group	return	for			
			FREDERICK H GRUBBE 200 WEST MADISON Suite 15	500		ubordinates? No		✓ Yes			
т Та	x-exer	mpt status	CHICAGO,IL 60606 501(c)(3) ▼ 501(c)(6) ◀	(insert no) 4947(a)(1) or 527		re all subordi ncluded?	nates	⊤Yes 🗸 No			
			WAPPRAISALINSTITUTE ORG				a list	(see instructions) 🕏			
								nber ▶ 9464			
K For	m of or	rganization	✓ Corporation Trust Associa	tion Other ►	L Year	of formation 19	91 M	State of legal domicile IL			
Pa	rt I										
Governance	T	HE APP	DLOGIES AND PRACTICES TH	or most significant activities N IS TO ADVANCE PROFESSIONALI ROUGH THE PROFESSIONAL DEVE		•		·			
Ven	_										
	2	Check th	is box $ ightharpoonup$ if the organization di	scontinued its operations or disposed	of more th	ian 25% of its	net as	sets			
Activities &	3	Number	of voting members of the governi	ng body (Part VI, line 1a)			3	25			
ME.				of the governing body (Part VI, line 1b)			4	19			
Act				alendar year 2015 (Part V , line 2a) ecessary)			5 6	100			
			•	art VIII, column (C), line 12			7a	91,122			
				m Form 990-T, line 34			7b	, (
						Prior Year		Current Year			
2.	8	Contri	butions and grants (Part VIII, li	ne 1 h)		72,	200	90,059			
en de	9 Program service revenue (Part VIII, line 2g)						507	19,800,511			
Ravenue	10		ment income (Part VIII, column	212,		120,773					
_	11			lines 5, 6d, 8c, 9c, 10c, and 11e) (must equal Part VIII, column (A), lir	ne -	301,		312,150			
		12)				20,054,	252	20,323,493			
	13			IX, column (A), lines 1-3)		12,		10,626			
	14		ts paid to or for members (Part I	X, column (A), line 4) ee benefits (Part IX, column (A), lines	•		0	C			
8	15	5-10)		ee benefits (Part 1x, Column (A), lines		9,208,	035	9,406,096			
Expenses	1 6 a	Profes	sional fundraising fees (Part IX,		0	(
Ä	b	Total fu	ndraising expenses (Part IX, column (D), line 25) ▶ <u>0</u>							
	17			lines 11a-11d, 11f-24e)	•	9,768,		9,892,466			
	18 19			st equal Part IX, column (A), line 25) 18 from line 12	-	18,988,		19,309,188			
χ δ		KCVCII	de less expelises Subtract line	10 110111111111111111111111111111111111							
Net Assets or Fund Balances					Beginn	ing of Current	_	End of Year			
Ass 1 Ba	20		assets (Part X, line 16)		-	18,445, 9,699,	-	20,464,170			
Net FEX	22		<pre>iabilities (Part X, line 26) sets or fund balances Subtract</pre>		-	8,745,		9,557,359			
	τιΠ		ature Block			, ,		, ,			
my k	nowle		pelief, it is true, correct, and com	amined this return, including accompainplete Declaration of preparer (other t							
		**** Signa	* * Iture of officer			2016-11-14 Date					
Sigr Her						Date					
	-		or print name and title								
			rint/Type preparer's name J ANN TRAPP		Date 2016-11-14	Check If	PTIN P01506	 476			
Pai		- -	Irm's name ► PLANTE & MORAN PLLC			self-employed					
	pare	er	irm's address ► 10 S Riverside Plaza 9t				Firm's EIN ► 36-3468829 Phone no (312) 207-1040				
USE	On	iiy	Chicago, IL 60606			,					
May	the IF	RS discus	s this return with the preparer s	hown above? (see instructions)			[√Yes No			

	990 (2015)			Page 3
Par	t IV Checklist of Required Schedules			
			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1		No
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? ${f 2}$	2	Yes	
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	
	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, Part V 🐿	10		No
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	11a	Yes	
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		No
	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		No
	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 2	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	11 f	Yes	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII 2	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	14 b	Yes	
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		No
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		No
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I</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? If "Yes," complete Schedule G, Part II	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
	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20 a		No
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		

Form	990 (2015)			Page 4
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		No
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	Yes	
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?	24 c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior			

year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? 26 Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current

or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons?

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

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

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

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

and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI 🗦 🕏 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?

entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line $2 \ldots 2$ Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related

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

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

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

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

35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?

instructions for applicable filing thresholds, conditions, and exceptions)

31

Νo

Nο

Nο

Νo

Νo

Nο

Nο

Nο

Νo

Νo

Nο

25b

26

27

28a

28b

28c

29

30

31

32

33

34

352

35b

36

37

38

Yes

Yes

Yes

Yes

Form 990 (2015)

Par	t V	Statements Regarding Other IRS Filings and Tax Compliance		N /			_
		Check if Schedule O contains a response or note 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	180			
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 ag (gambling) winnings to prize winners?	vend	dors and reportable	1c	Yes	
2a	Enter	the number of employees reported on Form W-3, Transmittal of Wage and tatements, filed for the calendar year ending with or within the year covered					
ь	by this	s return	2a Iovme	100 ent tax returns?	2b	Yes	
	Note.I	If the sum of lines 1a and 2a is greater than 250, you may be required to e-file ne organization have unrelated business gross income of \$1,000 or more during	(see	instructions)	3a	Yes	
		s," has it filed a Form 990-T for this year? <i>If "No" to line 3b, provide an explanatic</i>			3b	Yes	
	At any	y time during the calendar year, did the organization have an interest in, or a significant account in a foreign country (such as a bank account, securities account)?	gnatu	re or other authority	4a	1 65	No
b	If "Ye: See in (FBAR	s," enter the name of the foreign country structions for filing requirements for FinCEN Form 114, Report of Foreign Bank S)	and	Financial Accounts			
5a	Was tl	he organization a party to a prohibited tax shelter transaction at any time durin	g the	tax year?	5a		Νo
b	Did an	ny taxable party notify the organization that it was or is a party to a prohibited t	ax sh	elter transaction?	5b		Νo
c	If"Ye	s," 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	Yes	
b	If"Ye	ization solicit any contributions that were not tax deductible as charitable cont s," did the organization include with every solicitation an express statement th				V	
7		not tax deductible?	• •		6b	Yes	
а		ne organization receive a payment in excess of \$75 made partly as a contribution of the payor?		d partly for goods and	7a		
b	If"Ye	s," did the organization notify the donor of the value of the goods or services pi	ovide	ed?	7b		
C		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				
e	Dıd th	ne organization receive any funds, directly or indirectly, to pay premiums on a p	erson	al 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 require	organization received a contribution of qualified intellectual property, did the ored?	rganız • •	zation file Form 8899 as	7 g		
h		organization received a contribution of cars, boats, airplanes, or other vehicles	, dıd	the organization file a	7h		
8	Did a	oring organizations maintaining donor advised funds. donor advised fund maintained by the sponsoring organization have excess bus g the year?	sines:	s holdings at any time	8		
9a	Did th	ne sponsoring organization make any taxable distributions under section 49663			9a		
b	Did th	ne sponsoring organization make a distribution to a donor, donor advisor, or rela	ted p	erson?	9b		
10	Sectio	on 501(c)(7) organizations. Enter					
а	Initiat	tion fees and capital contributions included on Part VIII, line 12	10 a				
b	Gross facılıtı	receipts, included on Form 990, Part VIII, line 12, for public use of club les	10b				
11	Sectio	on 501(c)(12) organizations. Enter		•			
		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	Sectio	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	s," enter the amount of tax-exempt interest received or accrued during the	12b				
13	Sectio	on 501(c)(29) qualified nonprofit health insurance issuers.					
а		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	13 a		
b		the amount of reserves the organization is required to maintain by the states ch the organization is licensed to issue qualified health plans	13b				
c	Enter	the amount of reserves on hand	13c				
		e 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? If "No," provide an explana	tion ir	Schedule O	14b		

Form 990 (2015) Page 6 Governance, Management, and Disclosure Part VI For each "Yes" response to lines 2 through 7b below, and for a "No" response to lines 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions. Check if Schedule O contains a response or note to any line in this Part VI Section A. Governing Body and Management Yes No 1a Enter the number of voting members of the governing body at the end of the tax 1a 25 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 Enter the number of voting members included in line 1a, above, who are ındependent 1b 19 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any 2 Νo Did the organization delegate control over management duties customarily performed by or under the direct 3 Νo supervision of officers, directors or trustees, or key employees to a management company or other person? Did the organization make any significant changes to its governing documents since the prior Form 990 was 4 Νo 5 Did the organization become aware during the year of a significant diversion of the organization's assets? Νo Did the organization have members or stockholders? 6 Yes 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or 7a Yes Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, Yes Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following Yes **b** Each committee with authority to act on behalf of the governing body? Yes Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the

Yes **10a** Did the organization have local chapters, branches, or affiliates? . . 10a **b** If "Yes," did the organization have written policies and procedures governing the activities of such chapters, 10b Yes affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing 11a Yes **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 Yes b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give 12h Yes c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe **12**c Yes 13 Yes Did the organization have a written document retention and destruction policy? . . . 14 Yes Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? a The organization's CEO, Executive Director, or top management official 15a Yes 15b Yes 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 **16**a Νo **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

Section C. Disclosure

- 17 List the States with which a copy of this Form 990 is required to be filed▶
- Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c) (3)s only) available for public inspection. Indicate how you made these available. Check all that apply

organization's exempt status with respect to such arrangements?

- Own website Another's website 🔽 Upon request Cother (explain in Schedule O)
- 19 Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year
- State the name, address, and telephone number of the person who possesses the organization's books and records

 BEATA E SWACHA 200 WEST MADISON Suite 1500 CHICAGO, IL 60606 (312) 335-4100

16b

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

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

Name	(A) Name and Title		(C) 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-	(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
See Additional Data	a Table										
1b Sub-Total				•	•		*				
	n continuation sheet I lines 1b and 1c).	•			٠.	٠.	•		2,141,743	0	183,468
	ber of individuals (in of reportable compe						d abov	e) wl	no received more th	an	

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

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
Robert L Mesner	Professional Service	126,625
2312 Bellarosa Cırcle Royal Palm Beach, FL 33411		
RICH FEUER ANDERSON	CONSULTING FEES	120,000
1133 CONNECTICUT AVE NW STE 620 WASHINGTON, DC 20036		

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization ▶ 2

Form 99	0 (20	15)						Page 9
Part V	/ + + 1	Statement o	f Revenue					
		Check If Schedu	ule O contains a respoi	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
w w	1a	Federated cam	paigns 1a					
anta	b	Membership du	es 1b					
Gifts, Grants ilar Amounts	С	Fundraising eve	ents 1c					
ifts. ar A	d	Related organiz	zations 1d	90,059				
tributions, Gifts, Grants Other Similar Amounts	e	Government grants	s (contributions) 1e					
Contributions, and Other Sim	f		ons, gifts, grants, and 1f					
but the	_	similar amounts no	ot included above ons included in lines					
a diti	g	1a-1f \$	ons included in lines					
Cont	h	Total. Add lines	s 1a-1f		90,059			
÷ :				Business Code				
v.v.n.	2a	MEMBERSHIP DUE		541900	11,404,367	11,404,367		
ນ 2≛	b c	EDUCATION & REG		611600 611600	5,829,269	5,829,269		
Program Service Revenue	d	PUBLICATION SALE	<u>-</u>	511130	1,123,869 845,706	1,123,869		
፠	e	PERIODICALS		511130	103,083	75,552	27,531	
gran	f	All other progra	am service revenue		494,217	436,768	57,449	
ď	g	Total. Add lines	s 2a-2f		19,800,511			
	3	Investment inc	ome (including dividen	ds, Interest,				120 773
	4		ar amounts)		120,773			120,773
	5	B 1		→	306,008			306,008
		,	(ı) Real	(II) Personal				
	6a	Gross rents						
	ь	Less rental expenses						
	С	Rental income						
	d	or (loss) Net rental inco	me or (loss)					
			(ı) Securities	(II) O ther				
	7a	Gross amount from sales of assets other than inventory						
	b c	Less cost or other basis and sales expenses Gain or (loss)						
	d	Net gain or (los	<u> </u> :s)					
enne	8a	Gross income f events (not inc	rom fundraising					
Other Revenue		of contributions See Part IV, lin	s reported on line 1c) ne 18 a					
O	b c		penses b (loss) from fundraising	events				
			rom gaming activities	events p				
	ь	Less direct ex	penses b					
			(loss) from gamıng actı	vities				
	10a	Gross sales of	inventory, less	•				
		returns and allo	owances .					
	b c	_	a oods sold b (loss) from sales of inv	entory ▶				
		Miscellaneous	· · · · · · · · · · · · · · · · · · ·	Business Code				
	11a	WEBSITE ADV	ERTISING	541900	6,142		6,142	
	b							
	C	All other reven						
	d e	Total. Add lines		▶				
	12		See Instructions .		6,142			
				•	20,323,493	19,715,531	91,122	426,781

Form 990 (2015) Part IX Statement of Functional Expenses

Saction	501/61/2) and 501(c)/	4) organizations must	t complete all columns	All other organizations	must complete column (A)
3 C C (1011		i aliu Juliuk	4) Oluanizacionis ilius	t comblete an columns	All other organizations	illust comblete column ta i

_	rice (3) and 301(e)(1) organizations mast complete an columns with other	<i>7</i> , 94	IIILU	CIOII	, ,,,,,	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	. 0111	,,,,	 Jiuii	(· · /		
	Check if Schedule O contains a response or note to any line in this Part IX												

	ot include amounts reported on lines 6b, o, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations and domestic governments See Part IV, line 21				
2	Grants and other assistance to domestic individuals See Part IV, line 22	10,626			
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees	1,467,242			
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	6,423,509			
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	257,335			
9	Other employee benefits	770,778			
10	Payroll taxes	487,232			
11	Fees for services (non-employees)	467,232			
а	Management				
b	Legal	290,922			
c	Accounting	43,650			
d	Lobbying	120,191			
e	Professional fundraising services See Part IV, line 17	120,131			
f	Investment management fees	10,000			
g	Other (If line 11g amount exceeds 10% of line 25, column (A)	10,000			
9	amount, list line 11g expenses on Schedule O)	980,464			
12	Advertising and promotion	477,111			
13	Office expenses	675,483			
14	Information technology	358,861			
15	Royalties	191,008			
16	Occupancy	681,127			
17	Travel	929,491			
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	2,055,914			
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	550,345			
23	Insurance	225,311			
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	EDUCATION CERTIFICATION	824,068			
b	PROFESSIONAL SERVICES	539,972			
c	CREDIT CARD FEES	309,234			
d	PRINTING AND PUBLICATIO	164,688			
е	All other expenses	464,626			
25	Total functional expenses. Add lines 1 through 24e	19,309,188			
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)				

	<u>`</u>	2015)					Page 11
Par	t X	Balance Sheet		5			_
		Check if Schedule O contains a response or note to any lir	ie in th	is Part X		• •	· · · ·
					(A) Beginning of year		(B) End of year
	1	Cash-non-interest-bearing			4,744,568	1	6,325,925
	2	Savings and temporary cash investments			3,715,642	2	2,945,979
	3	Pledges and grants receivable, net				3	
	4	Accounts receivable, net			112,502	4	89,229
	5	Loans and other receivables from current and former offic key employees, and highest compensated employees Co Schedule L					
	6				5		
Assets		Loans and other receivables from other disqualified personal section 4958(f)(1)), persons described in section 4958(contributing employers and sponsoring organizations of soluntary employees' beneficiary organizations (see install of Schedule L	c)(3)(E section	3), and 501(c)(9)		6	
SS	7	Notes and loans receivable, net				7	
Q	8	Inventories for sale or use			169,371	8	127,913
	9	Prepaid expenses and deferred charges			401,999	9	377,757
	10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	and equipment cost or other basis				
	ь	Less accumulated depreciation	10b	4,180,990	1,913,198	10 c	1,660,833
	11	Investments—publicly traded securities			6,884,802	11	8,412,009
	12	Investments—other securities See Part IV, line 11 .				12	
	13	Investments—program-related See Part IV, line 11 .				13	
	14	Intangible assets				14	
	15	Other assets See Part IV, line 11			503,683	15	524,525
	16	Total assets.Add lines 1 through 15 (must equal line 34)			18,445,765	16	20,464,170
	17	Accounts payable and accrued expenses			1,399,317	17	1,572,879
	18	Grants payable				18	
	19	Deferred revenue			4,412,504	19	5,437,251
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability Complete Part IV o	f Sche	dule D		21	
bilities	22	Loans and other payables to current and former officers, key employees, highest compensated employees, and dis		,			
		persons Complete Part II of Schedule L				22	
Lia	23	Secured mortgages and notes payable to unrelated third	parties			23	
	24	Unsecured notes and loans payable to unrelated third pa	rties			24	
	25	Other liabilities (including federal income tax, payables t and other liabilities not included on lines 17-24) Complete Part X of Schedule D	o relat	ed third parties,			
					3,887,960	25	3,896,681
	26	Total liabilities.Add lines 17 through 25			9,699,781	26	10,906,811
ces		Organizations that follow SFAS 117 (ASC 958), check he lines 27 through 29, and lines 33 and 34.	re ▶	→ and complete			
<u>an</u>	27	Unrestricted net assets			8,734,922	27	9,548,997
Ba	28	Temporarily restricted net assets			11,062	28	8,362
2	29	Permanently restricted net assets				29	_
or Fund Balances		Organizations that do not follow SFAS 117 (ASC 958), checomplete lines 30 through 34.	neck he	re 🕨 🦵 and			
	30	Capital stock or trust principal, or current funds				30	
\$ S B	31	Paid-in or capital surplus, or land, building or equipment	fund			31	
Net Assets	32	Retained earnings, endowment, accumulated income, or o	other fu	ınds		32	
Š	33	Total net assets or fund balances			8,745,984	33	9,557,359
	34	Total liabilities and net assets/fund balances			18,445,765	34	20,464,170

Part XII Financial Statements and Reporting

1 Accounting method used to prepare the Form 990

a separate basis, consolidated basis, or both

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,

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

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

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

Prior period adjustments

column (B))

Schedule O

Schedule O

Separate basis

Separate basis

basis, consolidated basis, or both

Total revenue (must equal Part VIII, column (A.), line 12)
Total expenses (must equal Part IX, column (A), line 25)
Revenue less expenses Subtract line 2 from line 1
Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))
Net unrealized gains (losses) on investments
Donated services and use of facilities
Investment expenses

Cash 🗸 Accrual Cother

Both consolidated and separate basis

Both consolidated and separate basis

5	-202,93
5	
,	
3	
,	

Yes

Yes

Yes

2a

2b

2c

1

2

3

4

10

Page **12**

20,323,493

19,309,188

1,014,305

8,745,984

9,557,359

No

Νo

Software ID: Software Version:

EIN: 36-3739643

Name: APPRAISAL INSTITUTE

Form 990, Part VII - Compensation Compensated Employees, and Inde	of Officers, pendent Co	Direc ntrac	tors	s,T	rus	tees	, Ke	ey Employees	, Highest	1
(A) Name and Title	(B) A verage hours per week (list any hours	more pers	than on is	one bot ecto	not box h an or/tr	offic ustee	ess er e)	(D) Reportable compensation from the organization	(E) Reportable compensation from related organizations	(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	(W- 2/1099- MISC)	(W- 2/1099- MISC)	organization and related organizations
Lance M Coyle MAI SRA President	30 00	x		х				138,198	0	C
Scott J Robinson MAI SRA AI-GRS President-Elect	20 00 0 00	x		х				154,937	0	C
Jim Amorin MAI SRA AI-GRS Vice President	20 00	x		х				122,023	0	C
Ken P Wilson MAI SRA Immediate Past President	10 00	×		×				71,182	0	C
Pledger M Bishop III MAI SRA Director	2 00 5 00	х						16,175	0	C
Roger Paul Bush MAI SRA Director	2 00	x						0	0	C
Guniz Celen MAI Director	2 00	х						0	0	C
Val K Chiasson MAI SRA Director	2 00	×						0	0	C
Jeffrey S Ennght MAI Director	2 00	x						0	0	C
James L Henderson SRA Director	2 00 0 00	x						0	0	C

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest

Compensated Employees, and Inde					ru	stee	S, I	key Employed	es, nignest	
(A) Name and Title	(B) A verage hours per week (list any hours for related	verage Position (do not check more than one box, eek (list unless person is both an officer and a director/trustee)							(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
Ryan M Hlubb MAI SRA	2 00									_
Dırector	0 00	X						U	U	U
Kerry M Jorgensen MAI	2 00									
Dırector	2 00	X						1,000	0	0
Mark J Krause MAI	2 00									
Director	0 00	X						0	0	0
— Charles W LaFlamme MAI	2 00									
		X						0	0	0
Director	0 00									
Kerry Leiman SRA	2 00									
Director	0 00	X						0	0	0
Robert B Lynch SRA	2 00									
Director	0 00	×						0	0	0
Richard A Maloy MAI SRA	2 00									
Michard A maloy MAL SINA					1	I		۸ ا	_	۱ ,

0 00 2 00

0 00

Х

Χ

Director

Director

Director

Director

Jason L Messner MAI

Anthony M Marmorale SRA AI-RRS

Charles R Mills Jr MAI SRA AI-GR

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest

26,081

30,613

19,720

12,480

Compensated Employees, and Inde					ı ı u	stee	э, г	tey Lilipioye	es, mgnest	
(A) Name and Title	(B) A verage hours per week (list any hours for related	Pos m unle:	ition ore t	(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
Mısty K Ray MAI Director	2 00	×						0	0	0
Thomas C Reynolds III SRPA Director	2 00	×						0	0	0
Enc Karl Schwartz MAI SRA Director	2 00	×						0	0	0
Craig Steinley SRA AI-RRS Director	2 00	×						2,300	0	C
Stephen S Wagner MAI SRA AI-GR Director	2 00 5 00	×						26,850	0	C
Frederick H Grubbe CEO	60 00			×				414,725	0	30,444

49 00

1 00 50 00

0 00 37 50

0 00 37 50

0 00

Х

Χ

Χ

168,580

274,388

131,166

135,335

Beata E Swacha

Jeffrey E Liskar

General Counsel

Sheila A Barnes

Director, Human Resources

Director, Mktg & Communications

Kenneth R Chitester

CFO

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest **Compensated Employees, and Independent Contractors** (A)
Name and Title

(B)
(C)
(D)
(E)
Reportable
Reportable

	hours per week (list any hours for related organizations below dotted line)	unles or directo	ss pe offi	than one box, person is both ficer and a ctor/trustee) Highest compen employee Officer		compensation from the organization (W- 2/1099- MISC)	compensation from related organizations (W- 2/1099- MISC)	amount of other compensation from the organization and related organizations	
		trustee r	l Trustee		, D D	npensated			
Stephanie Coleman Sr Manager, Ethics & Standards	37 50 0 00					х	146,596	0	10,621
Evan R Williams Director, Prof Svcs & Resources	37 50 0 00					х	146,701	0	21,097
William Garber	37 50							_	

32,412

a - DLN: 93493319108746

Listing

Name: APPRAISAL INSTITUTE

EIN: 36-3739643

Name	Address	EIN	Name control
APPRAISAL INSTITUTE REGION I	200 W MADISON ST SUITE 1500 CHICAGO, IL 60606	93-1085131	APPR
APPRAISAL INSTITUTE REGION II	200 W MADISON ST SUITE 1500 CHICAGO, IL 60606	95-6007073	APPR
APPRAISAL INSTITUTE REGION III	200 W MADISON ST SUITE 1500 CHICAGO, IL 60606	36-3827426	APPR
APPRAISAL INSTITUTE REGION IV	200 W MADISON ST SUITE 1500 CHICAGO, IL 60606	11-3111524	APPR
APPRAISAL INSTITUTE REGION V	200 W MADISON ST SUITE 1500 CHICAGO, IL 60606	35-1844185	APPR
APPRAISAL INSTITUTE REGION VI	200 W MADISON ST SUITE 1500 CHICAGO, IL 60606	36-3967949	APPR
APPRAISAL INSTITUTE REGION VII	200 W MADISON ST SUITE 1500 CHICAGO, IL 60606	99-0294918	APPR
APPRAISAL INSTITUTE REGION VIII	200 W MADISON ST SUITE 1500 CHICAGO, IL 60606	76-0370518	APPR
APPRAISAL INSTITUTE REGION IX	200 W MADISON ST SUITE 1500 CHICAGO, IL 60606	58-1409476	APPR
APPRAISAL INSTITUTE REGION X	200 W MADISON ST SUITE 1500 CHICAGO, IL 60606	65-0335543	APPR

Cat No 50084S Schedule C (Form 990 or 990-EZ) 2015

SCHEDULE C (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Political Campaign and Lobbying Activities

For Organizations Exempt From Income Tax Under section 501(c) and section 527 ▶ Complete if the organization is described below. ▶ Attach to Form 990 or Form 990-EZ. ▶Information about Schedule C (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047 Open to Public Inspection

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

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

N a	Section 501(c)(4), (5), or (6) organization	ganizations Complete Part III		Employe	r iden	ntification number
AP	PRAISAL INSTITŪTE			36-373	9643	
Pai	rt I-A Complete if the o	rganization is exempt und	er section 501			
1	Provide a description of the o	organization's direct and indirect po	litical campaign ag	ctivities in Part IV		
2	Political expenditures	, s	,	>		\$
3	Volunteer hours					T
	TT D. Complete if the c		ti F01	(a)(3)		
		rganization is exempt und				
1	·	se tax incurred by the organization			>	\$
2	•	se tax incurred by organization mai	-		•	\$
3	•	section 4955 tax, did it file Form 4	+/20 for this year	,		Yes No
4a	Was a correction made?					Yes No
b Det	If "Yes," describe in Part IV	rganization is exempt und	or section EO1	(c) except section	n FO	11(c)(3)
1	<u> </u>	pended by the filing organization for				
2		organization's funds contributed to				\$
2	exempt function activities	organization's funds contributed to	other organizatio	IIS IOI SECTION 327		\$
3	Total exempt function expend	ditures Add lines 1 and 2 Enter he	ere and on Form 11	20-POL, line 17b	>	dt.
4	Did the filing organization file	Form 1120-POL for this year?				Yes No
5	organization made payments amount of political contribution	and employer identification number For each organization listed, enter ons received that were promptly an a political action committee (PAC)	r the amount paid f id directly delivere	rom the filing organizat d to a separate politica	ion's i il orga	funds Also enter the anization, such as a
	(a) Name	(b) Address	(c) EIN	(d) A mount paid fro filing organization funds If none, enter	's	(e) Amount of political contributions received and promptly and directly delivered to separate political organization. If none enter -0-
(1)	APPRAISAL INSTITUTE PAC	200 W MADISON STREET SUITE 1500 CHICAGO,IL 60606	36-3739643			76,5
2						
3						
4						
5						
6						
For	Paperwork Reduction Act Notice.	see the instructions for Form 990 or	 990-F7.	Cat No 500845 Schedu	ula C ((Farm 000 at 000 E7) 301

Grassroots nontaxable amount (enter 25% of line 1f)

g

ch	nedule C	(Fo	rm 990 or 990-E2) 2015			Page 2
P	art II-/	4	Complete if the organization is exempt under section 501(c)(3) and	file	ed Form 5768	(election
			under section 501(h)).			
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)	gro	up member's nam	e, address, EIN
3	Check	\blacktriangleright	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	Total lo	obb	ring expenditures to influence public opinion (grass roots			
La	lobbyır	ıg)				
	Total lo	obb	ying expenditures to influence a legislative body (direct lobbying)			

Total lobbying expenditures (add lines 1a and 1b) Other exempt purpose expenditures Total exempt purpose expenditures (add lines 1c and 1d) Lobbying nontaxable amount Enter the amount from the following table in both columns The lobbying nontaxable amount is: If the amount on line 1e, column (a) or (b) 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

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

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 Expenditures During 4-Year Averaging Period** Calendar year (or fiscal year (a)2012 **(b)**2013 (c)2014 (d)2015 (e) Total beginning in) 2a 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

b Carryover from last year

senedale e (i i	550 or 550 EZ/2013	
Part II-B	Complete if the organization is exempt under section 501(c)(3) and has NOT	
	filed Form 5768 (election under section 501(h)).	

Eor c	ach "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying	(a)	(b)	
activ	, , , , , , , , , , , , , , , , , , , ,	Yes	No _	A mour	nt
1	During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of	103			
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?				
Pai	t III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(6).	501 (c)(5), or	sectio	n
				Yes	No
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?		2		No
3	Did the organization agree to carry over lobbying and political expenditures from the prior year?		3		
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 "line 3, is answered "Yes."				
1	Dues, assessments and similar amounts from members	1		11,24	3,678
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	11,243,678
2	Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political		

1	Dues, assessments and similar amounts from members	1	11,243,67
2	Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political		
	expenses for which the section 527(f) tax was paid).		
а	Current year	2a	559,60

c Total

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) Part IV Supplemental Information

1	11,243,678

2b -105,119 2c

454,486 577.796

5 -123,310

Provide the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, Part II-A (affiliated group list), Part II-A, lines 1 and

2 (see instructions), and Part II-B, line 1. Also, complete this part for any additional information					
Return Reference	Explanation				
Part I-A, Line 1	ADMINISTRATIVE COSTS OF THE PAC ARE PAID DIRECTLY BY APPRAISAL INSTITUTE				
SCHEDILLE C DART I_C LINE 5	Appraigal Institute BAC (ATBAC) provides a means for designated members, candidates, and				

Appraisal Institute PAC (AI PAC) provides a means for designated members, candidates, and affiliates to participate in the political process on a national level. Contributions can be made by individual designated members, candidates, and affiliates of the Appraisal Institute and their families, as well as by Appraisal Institute employees Contributions from AI PAC support the primary and general election campaign efforts of candidates for the U.S. Congress who support and promote the principles of the appraisal profession AI PAC does not contribute to political parties, to presidential candidates, or to leadership political action committees

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DLN: 93493319108746

OMB No 1545-0047

SCHEDULE D (Form 990)

Supplemental Financial Statements

Open to Public Inspection

Department of the

Internal Revenue Service

Treasury

▶ 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.

	me of the organization PRAISAL INSTITUTE		Empl	oyer identification number
Α	NAISAE INSTITUTE		36-3	739643
Pa		Advised Funds or Other Similar F	unds o	or Accounts.
	Complete if the organization answere	· · · · · · · · · · · · · · · · · · ·		
	Tabal assault and afterna	(a) Donor advised funds	(b)	Funds and other accounts
1	Total number at end of year			
2	Aggregate value of contributions to (during year)			
3	Aggregate value of grants from (during year)			
4	Aggregate value at end of year			
5	Did the organization inform all donors and donor a funds are the organization's property, subject to t		nor advis	sed Yes No
6	Did the organization inform all grantees, donors, a used only for charitable purposes and not for the			
Da	conferring impermissible private benefit? rt II Conservation Easements. Comple	to if the organization answered "Ves"	on Form	Yes No
1	Purpose(s) of conservation easements held by th		011 1 0111	1 990, Fart IV, lille 7.
•	Preservation of land for public use (e.g., recru			
	education)		an histor	ically important land area
	Protection of natural habitat	Preservation of a	a certifie	d historic structure
	Preservation of open space			
2	Complete lines 2a through 2d if the organization l	neld a qualified conservation contribution in	the form	of a conservation
	easement on the last day of the tax year			
	Total number of conservation easements		-	Held at the End of the Year
a b	Total number of conservation easements Total acreage restricted by conservation easeme	nte	2a 2b	
C	Number of conservation easements on a certified		20 2c	
d	Number of conservation easements included in (chistoric structure listed in the National Register	· ,	2d	
3	Number of conservation easements modified, trai	asferred released extinguished or terminat		e organization during the
_	tax year >	isterrea, releasea, extingaistica, or terminae	ed by the	organization during the
	· · · · · · · · · · · · · · · · · · ·			
4 -	Number of states where property subject to conso			
5	Does the organization have a written policy regar violations, and enforcement of the conservation e	asements it holds?	_	☐ Yes ☐ No
6	Staff and volunteer hours devoted to monitoring, in year	nspecting, handling of violations, and enforc	ing cons	ervation easements during the
	· · · · · · · · · · · · · · · · · · ·			
7	A mount of expenses incurred in monitoring, inspe	ecting, nandling of violations, and enforcing (conserva	ition easements during the year
8	Does each conservation easement reported on lir (B)(i) and section 170(h)(4)(B)(ii)?	ne 2(d) above satisfy the requirements of se	ction 17	
9	In Part XIII, describe how the organization report			·
	balance sheet, and include, if applicable, the text the organization's accounting for conservation ea		ii Stateiii	lents that describes
Par		tions of Art, Historical Treasures,	or Oth	er Similar Assets.
	Complete if the organization answere	· · · · · · · · · · · · · · · · · · ·		
1a	If the organization elected, as permitted under SF works of art, historical treasures, or other similar service, provide, in Part XIII, the text of the footi	assets held for public exhibition, education,	, or resea	arch in furtherance of public
b	If the organization elected, as permitted under SF works of art, historical treasures, or other similar service, provide the following amounts relating to	assets held for public exhibition, education		
((i) Revenue included on Form 990, Part VIII, line 1		> \$ _	
	ii) Assets included in Form 990, Part X			
2	If the organization received or held works of art, he following amounts required to be reported under S	•	for financ	
а	Revenue included on Form 990, Part VIII, line 1	-		▶ \$

Assets included in Form 990, Part X

Par	t III	Organizations Maintaining (continued)	Collections of A	rt, His	storical	Trea	asures, or	Other	Similar A	ssets
3		the organization's acquisition, accertion items (check all that apply)	ession, and other rec	ords, ch	neck any o	of the	following that	are a s	ignificant use	e of its
а		Public exhibition		d	┌ Lo	an or	exchange pro	grams		
b	Γ:	Scholarly research		e	□ 01	ther				
c		Preservation for future generations								
4	Provide Part >	de a description of the organization?	s collections and exp	olain ho	w they fur	thert	he organizatio	n's exe	mpt purpose	ın
5		g the year, did the organization solic s to be sold to raise funds rather th							lar Yes	;
Pa	rt IV			_					•	
		Complete if the organization a Part X, line 21.	answered "Yes" on	Form	990, Par	t IV,	line 9, or re	porte	an amoun	t on Form 990,
1a		e organization an agent, trustee, cus led on Form 990, Part X?	todian or other interi	mediary	for contr	ıbutıo	ns or other as	sets no	ot Yes	;
ь	If"	Yes," explain the arrangement in Pa	art XIII and complete	e the fol	llowing tal	ble			A mo	ount
c		ginning balance					10	. 		
d		ditions during the year					10	d		
e		tributions during the year					16	e		
f		ding balance					11	f		
2 a		ne organization include an amount o	n Form 990, Part X, I	ıne 21,	for escro	worc	ustodial acco	unt lıab	oility? Yes	. □ No
h									·	
b		s," explain the arrangement in Part								<u></u>
26	rt V	Endowment Funds. Comple	(a)Current year		or year	_	Two years back		ree years back	(e)Four years back
	Begur	nning of year balance	(a)Cullent year	(0)	ioi yeai	15 (6	jiwo years back	(4)	ee years back	(e) our years back
b		ributions								
c	Net II	nvestment earnings, gains, and is								
d	Grant	ts or scholarships								
е		r expenditures for facilities irograms								
f	• A dmi	nistrative expenses				1				
g	End o	of year balance								
2		· · · · · · · de the estimated percentage of the	Current year end hala	nce (lir	ne 1 a coli	umn (a)) held as	1		
a		designated or quasi-endowment	current year end bare	ince (iii	16 19, 601	u (a)) nera as			
ь		anent endowment								
С		orarily restricted endowment ► ercentages on lines 2a, 2b, and 2c	should equal 100%							
3a		nere endowment funds not in the pos ization by	ssession of the organ	ızatıon	that are h	ield ai	nd administer	ed for tl	he	Yee No
	-	related organizations							3a	Yes No
	` '	lated organizations							3a(
b		s" on 3a(II), are the related organiz							3	b
4	Desci	ribe in Part XIII the intended uses o		endowm	ent funds					
Pa	rt VI	Land, Buildings, and Equip		-orm 0	00 Dort	T\/ I	ına 112 Caa	Form	000 Dart V	lino 10
_		Complete if the organization a Description of property	answered tes to r		(a) ost or other	basis	(b) Cost or other ba		Accumulated c) depreciation	(d)Book value
<u> </u>	ا مد ا				(investmer	nt)	(other)			
				•				_		
		gs		· : —			1,619,	767	461,52	2 1,158,245
		nent		: -			945,		653,94	
				. ⊤			3,276,		3,065,52	<u> </u>

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

1,660,833

	rt X, line 12.			
	n of security or category g name of security)		(b)Book value	(c)Method of valuation Cost or end-of-year market valu
(1)Financial derivatives				
(2)Closely-held equity interests (3)Other				
· ,				
Total. (Column (b) must equal Form 990		•		
Part VIII Investments—P Complete if the o	Program Related.	'Yes' on Form 990	, Part IV, line 11c.c	ee Form 990, Part X, line 13.
	iption of investment		(b) Book value	(c) Method of valuation
				Cost or end-of-year market value
Total. (Column (b) must equal Form 990		•	000 B 174	
	omplete if the organization	n answered 'Yes' on I	orm 990, Part IV, line	: 11d See Form 990, Part X, line 15 (b) Book value
		n answered 'Yes' on I	orm 990, Part IV, line	
	omplete if the organization	n answered 'Yes' on I	orm 990, Part IV, line	
	omplete if the organization	n answered 'Yes' on I	orm 990, Part IV, line	
	omplete if the organization	n answered 'Yes' on I	orm 990, Part IV, line	
	omplete if the organization	n answered 'Yes' on I	orm 990, Part IV, line	
	omplete if the organization	n answered 'Yes' on I	orm 990, Part IV, line	
	omplete if the organization	n answered 'Yes' on I	orm 990, Part IV, line	
	omplete if the organization	n answered 'Yes' on I	orm 990, Part IV, line	
	omplete if the organization	n answered 'Yes' on I	orm 990, Part IV, line	
	omplete if the organization	n answered 'Yes' on I	orm 990, Part IV, line	
Part IX Other Assets. Co	omplete if the organization (a) Descri	n answered 'Yes' on f		(b) Book value
Total. (Column (b) must equal Form Part X Other Liabilities	mplete if the organization (a) Descri	n answered 'Yes' on f		(b) Book value
Total. (Column (b) must equal Form Part X Other Liabilities See Form 990, Par	mplete if the organization (a) Descri	n answered 'Yes' on f	'Yes' on Form 990,	(b) Book value
Total. (Column (b) must equal Form Part X Other Liabilities See Form 990, Part 1. (a) Description	mplete if the organization (a) Descri	n answered 'Yes' on fint ption 5)	'Yes' on Form 990,	(b) Book value
Total. (Column (b) must equal Form Part X Other Liabilities See Form 990, Par	mplete if the organization (a) Descri	n answered 'Yes' on fint ption 5)	'Yes' on Form 990,	(b) Book value
Total. (Column (b) must equal Form Part X Other Liabilities See Form 990, Part 1. (a) Description	mplete if the organization (a) Descri	n answered 'Yes' on fint ption 5)	'Yes' on Form 990,	(b) Book value
Total. (Column (b) must equal Form Part X Other Liabilities See Form 990, Part 1. (a) Description	mplete if the organization (a) Descri	5) Inization answered (b) Book value	'Yes' on Form 990,	(b) Book value
Total. (Column (b) must equal Form Part X Other Liabilities See Form 990, Part 1. (a) Description Federal income taxes 457b PLAN LIABILITY DEFERRED RENT CREDIT	m 990, Part X, col (B) line 15. Complete if the organization of liability	5) Inization answered (b) Book value 165,	'Yes' on Form 990,	(b) Book value
Total. (Column (b) must equal Form Part X Other Liabilities See Form 990, Part 1. (a) Description Federal income taxes 457b PLAN LIABILITY DEFERRED RENT CREDIT TENANT IMPROVEMENT ALLOW	m 990, Part X, col (B) line 15. Complete if the organization of liability	(b) Book value	'Yes' on Form 990,	(b) Book value
Total. (Column (b) must equal Form Part X Other Liabilities See Form 990, Part 1. (a) Description Federal income taxes 457b PLAN LIABILITY DEFERRED RENT CREDIT	m 990, Part X, col (B) line 15. Complete if the organization of liability	5) Inization answered (b) Book value 165,	'Yes' on Form 990,	(b) Book value
Total. (Column (b) must equal Form Part X Other Liabilities See Form 990, Part 1. (a) Description Federal income taxes 457b PLAN LIABILITY DEFERRED RENT CREDIT TENANT IMPROVEMENT ALLOW	m 990, Part X, col (B) line 15. Complete if the organization of liability	(b) Book value	'Yes' on Form 990,	(b) Book value
Total. (Column (b) must equal Form Part X Other Liabilities See Form 990, Part 1. (a) Description Federal income taxes 457b PLAN LIABILITY DEFERRED RENT CREDIT TENANT IMPROVEMENT ALLOW DEFERRED DUES - CHAPTERS	m 990, Part X, col (B) line 15. Complete if the organization of liability	(b) Book value (b) 165, 1,100, 1,109,	'Yes' on Form 990,	(b) Book value
Total. (Column (b) must equal Form Part X Other Liabilities. See Form 990, Part 1. (a) Description Federal income taxes 457b PLAN LIABILITY DEFERRED RENT CREDIT TENANT IMPROVEMENT ALLOW DEFERRED DUES - CHAPTERS DEFERRED COMPENSATION	m 990, Part X, col (B) line 15. Complete if the organization of liability	(b) Book value (b) Book value 165, 1,100, 1,109, 912,	'Yes' on Form 990,	(b) Book value
Total. (Column (b) must equal Form Part X Other Liabilities. See Form 990, Part 1. (a) Description Federal income taxes 457b PLAN LIABILITY DEFERRED RENT CREDIT TENANT IMPROVEMENT ALLOW DEFERRED DUES - CHAPTERS DEFERRED COMPENSATION	m 990, Part X, col (B) line 15. Complete if the organization of liability	(b) Book value (b) Book value 165, 1,100, 1,109, 912,	'Yes' on Form 990,	(b) Book value
Total. (Column (b) must equal Form Part X Other Liabilities. See Form 990, Part 1. (a) Description Federal income taxes 457b PLAN LIABILITY DEFERRED RENT CREDIT TENANT IMPROVEMENT ALLOW DEFERRED DUES - CHAPTERS DEFERRED COMPENSATION	m 990, Part X, col (B) line 15. Complete if the organization of liability	(b) Book value (b) Book value 165, 1,100, 1,109, 912,	'Yes' on Form 990,	(b) Book value
Total. (Column (b) must equal Form Part X Other Liabilities. See Form 990, Part 1. (a) Description Federal income taxes 457b PLAN LIABILITY DEFERRED RENT CREDIT TENANT IMPROVEMENT ALLOW DEFERRED DUES - CHAPTERS DEFERRED COMPENSATION DUE TO OTHERS	m 990, Part X, col (B) line 15 Complete if the orga rt X, line 25. on of liability WANCE	(b) Book value (b) Book value 165, 1,100, 1,109, 912, 524, 83,	'Yes' on Form 990, 682 604 678 626	(b) Book value
Total. (Column (b) must equal Form Part X Other Liabilities See Form 990, Part 1. (a) Description Federal income taxes 457b PLAN LIABILITY DEFERRED RENT CREDIT TENANT IMPROVEMENT ALLOW DEFERRED COMPENSATION DUE TO OTHERS Total. (Column (b) must equal Form 999	m 990, Part X, col (B) line 15 Complete if the orga rt X, line 25. WANCE	(b) Book value (b) Book value 165, 1,100, 1,109, 912, 524, 83,	'Yes' on Form 990,	(b) Book value

	Complete if the organ	ization answered 'Yes' on Form 990,	Part I	.V, line 12a.		
1	Total revenue, gains, and other	r support per audited financial statements			1	20,110,563
2	Amounts included on line 1 but	t not on Form 990, Part VIII, line 12				
а	Net unrealized gains (losses) o	on investments	2a	-202,930		
b	Donated services and use of fa	icilities	2b			
c	Recoveries of prior year grants		2c			
d	Other (Describe in Part XIII)					
			2d			
е	Add lines 2a through 2d				2e	-202,930
3	Subtract line 2e from line 1 .				3	20,313,493
4		O, Part VIII, line 12, but not on line 1		ı		
а	'	ided on Form 990, Part VIII, line 7b .	4a	10,000		
b	, ,		4b			
C					4c	10,000
5		4c.(This must equal Form 990, Part I, line			5	20,323,493
Part		openses per Audited Financial St			s pe	r Return.
1	<u> </u>	ization answered 'Yes' on Form 990, audited financial statements		.v, iiile 12a.	1	19,299,188
2		t not on Form 990, Part IX, line 25	•		<u> </u>	19,299,100
		icilities	2a	1		
a					┨	
b			2b		┨	
C			2c		┨	
d	Other (Describe in Part XIII)		. 2d		_ ا	
e	Add lines 2a through 2d				2e	10.300.100
3		2. 2. 1. 1. 2. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1.	•		3	19,299,188
4		O, Part IX, line 25, but not on line 1:	1 -	1		
а	·	uded on Form 990, Part VIII, line 7b .	. 4a	10,000	1	
b	,		. 4b		┨.	
_ C					4c	10,000
5	Total expenses Add lines 3 an	nd 4c. (This must equal Form 990, Part I, I	ine 18)	5	19,309,188
Prov Part		Ormation Part II, lines 3, 5, and 9, Part III, lines 1, lines 2d and 4b, and Part XII, lines 2d and 2d and 4b, and Part XII, lines 2d and 4b, and				ide any additional
	Return Reference	Explanation				
Lart X	, Line 2	ACCOUNTING PRINCIPLES GENERALL	YACC	EPTED IN THE UNITE	D STA	TES OF AMERICA
, are x	, Eme 2	REQUIRE MANAGEMENT TO EVALUAT RECOGNIZE A TAX LIABILITY IF THE THAT MORE LIKELY THAN NOT WOULD OR OTHER APPLICABLE TAXING AUTH POSITIONS TAKEN BY THE INSTITUT 2015 AND 2014, THERE ARE NO UNCE THAT WOULD REQUIRE RECOGNITION CONSOLIDATED FINANCIAL STATEM AUDITS BY TAXING JURISDICTIONS, ANY TAX PERIODS IN PROGRESS MAI INCOME TAX EXAMINATIONS FOR YE	E TAX INSTITONOT HORIT E AND ERTAIN N OF A ENTS HOWE NAGEN	POSITIONS TAKEN BY TUTE HAS TAKEN AN U BE SUSTAINED UPON IES MANAGEMENT HA HAS CONCLUDED THA N POSITIONS TAKEN C LIABILITY OR DISCLO THE INSTITUTE IS SU VER, THERE ARE CURF	Y THE INCER EXAM S ANA AT AS OR EXP D SURE B J E C T	INSTITUTE AND TAIN POSITION INATION BY THE IRS ALYZED THE TAX OF DECEMBER 31, PECTED TO BE TAKEN IN THE TO ROUTINE Y NO AUDITS FOR

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

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SCHEDULE F (Form 990)	Statement of	Activities (Outside the Uni	ted States	OMB No 1545-0047
Department of the Treasury	·	Part IV, line ► Attach t	n answered "Yes" to Forn 14b, 15, or 16. o Form 990. and its instructions is at v		2015 Open to Public Inspection
Name of the organization APPRAISAL INSTITUTE				Employer ide 36-373964	entification number
	rmation on Activi e organization answ		he United States. orm 990, Part IV, line		
1 For grantmakers. Do	oes the organization , the grantees' eligit	maintain record	s to substantiate the nts or assistance, and	amount of its grants	
2 For grantmakers. De assistance outside th		organızatıon's p	rocedures for monito	ang the use of its gra	ants and other
3 Activites per Region (1	The following Part I, line	e 3 table can be d	uplicated if additional sp	pace 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, grant to recipients located in the region)	(e) If activity listed in (d) i program service, describ specific type of service(s) in region	
(1) EAST ASIA AND THE PACIFIC		0	PROGRAM SERVICES	EDUCATION & ADMISSION	451,746
(2) EUROPE (INCLUDING ICELAND & GREENLA		0	PROGRAM SERVICES	EDUCATION & ADMISSION	79,126
(3)					
(4)					
(5)					
3a Sub-total		0 0			530,872
b Total from continuation to Part I		0 0			0
c Totals (add lines 3a an For Paperwork Reduction Act N		0 0	<u> </u>	No 50082W Sch	530,872 edule F (Form 990) 2015

Schedule F (Form 990) 2015

organization	and EIN (if applicable)	grant 	cash grant	disbursement	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

Schedule F (Form 990) 2015

Page 2

Part III Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 16. Part III can be duplicated if additional space is needed. (a) Type of grant or (b) Region (c) Number of (d) A mount of (e) Manner of cash (f) A mount of (g) Description (h) Method of assistance recipients cash grant disbursement of non-cash valuation non-cash assistance (book, FMV, assistance appraisal, other) (1) (2) (3) (8) (9)

(4) (5) (6) (7) (10) (11) (12) (13) (14) (15) (16) (17)

(18) Schedule F (Form 990) 2015

5 Did the organization have an ownership interest in a foreign partnership during the tax year? If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons with Respect to Certain Foreign Partnerships (see Instructions for Form 8865)

Yes ▼ No

Old 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

(accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete

PENDITURES ARE RECORDED USING THE ACCRUAL METHOD AND IN U.S. DOLLARS, ALL EXPENSES ARE REC

Page 5

Schedule F (Form 990) 2015

!	990 Schedule F, Supplemental Information				
	Return Reference	Explanation			
	Port Lino 3	TO A CHIEVE OF ORALL INITEGRATIVE IN PROFESSIONAL STANDARDS AND ETHICAL DRACTICES ARDRA			

Part I, line 3

this part to provide any additional information (see instructions).

OGNIZED AS INCURRED BY THE PROGRAM

TO ACHIEVE GLOBAL UNIFORMITY IN PROFESSIONAL STANDARDS AND ETHICAL PRACTICES, APPRAISAL IN STITUTE OFFERS CONTINUING EDUCATION AND DESIGNATION PROGRAMS OUTSIDE THE UNITED STATES. EX.

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(Form 990) | Governments

For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Department of the

Internal Revenue Service

Name of the organization

APPRAISAL INSTITUTE

Treasury

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

DLN: 93493319108746

2015

Open to Public Inspection

Schedule I (Form 990) 2015

Employer identification number

						36-3/39643	
Part I General Information	on on Grants an	d Assistance					
 Does the organization maintain the selection criteria used to available. Describe in Part IV the organiz 	ward the grants or a	ssistance?			for the grants or assis · · · ·	stance, and	√ Yes
Part II Grants and Other Assists that received more than				plete if the organization	answered "Yes" on F	orm 990, Part IV, line 2:	1, 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 gran or assistance
	+	+					
						_	
Enter total number of section 5Enter total number of other organization						_	

Cat No 50055P

Schedule I (Form 990) 2015

Part I, Line 2

(a)Type of grant or assistance	(b) Number of recipients	(c)A mount of cash grant	(d)A mount of non-cash assistance	(e)Method of valuation (book, FMV, appraisal, other)	(f)Description of non-cash assistance
(1) THE APPRAISAL JOURNAL AWARD BEST ARTICLES	S FOR	9,000	0	CASH	
SCHOLARSHIPS FOR STUDENT (2) ENROLLED IN AI COURSES	S 2	1,000	0	CASH	
Part IV Supplemental Info	ormation. Provide the info	ı ırmatıon required in P	ı art I, lıne 2, Part III,	column (b), and any other	additional information.
Return Reference Explanation					

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DLN: 93493319108746 OMB No 1545-0047

2015

Open to Public Inspection

Schedule J

(Form 990)

Department of the

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.

Internal Revenue Service

	ame of the organization PRAISAL INSTITUTE	Employer identification number	mployer identification number				
A	TIVALSAL INSTITUTE	36-3739643					
Pa	art I Questions Regarding Compensation	•					
		Yes N	No				
.a	Check the appropiate box(es) if the organization provided any of the foll 990, Part VII, Section A, line 1a Complete Part III to provide any rele						
	First-class or charter travel Housing a	llowance or residence for personal use					
	▼ Travel for companions	for business use of personal residence					
	Tax idemnification and gross-up payments Health or	social club dues or initiation fees					
	Discretionary spending account Personal s	services (e g , maid, chauffeur, chef)					
b	If any of the boxes in line 1a are checked, did the organization follow a verification for provision of all of the expenses described above? If "						
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, officers, including the CEO/Executive Director, regarding the items checked in line 1a?						
3	Indicate which, if any, of the following the filing organization used to est organization's CEO/Executive Director Check all that apply Do not chused by a related organization to establish compensation of the CEO/E:	eck any boxes for methods					
	▼ Compensation committee ▼ Written en	nployment contract					
	Independent compensation consultant Compensation	ation survey or study					
	Form 990 of other organizations	by the board or compensation committee					
ı	During the year, did any person listed on Form 990, Part VII, Section A or a related organization	, line 1a with respect to the filing organization					
а	Receive a severance payment or change-of-control payment?	4a N	۷o				
b	Participate in, or receive payment from, a supplemental nonqualified ret	rement plan? 4b N	۷o				
c	Participate in, or receive payment from, an equity-based compensation	arrangement? 4c N	۷o				
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable	e amounts for each item in Part III					
	Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete	e lines 5-9.					
5	For persons listed on Form 990, Part VII, Section A, line 1a, did the orgcompensation contingent on the revenues of	ganization pay or accrue any					
а	The organization?	5а					
b	Any related organization?	5b					
	If "Yes," on line 5a or 5b, describe in Part III						
5	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization contingent on the net earnings of	ganization pay or accrue any					
а	The organization?	6a					
b	Any related organization?	6b					
	If "Yes," on line 6a or 6b, describe in Part III						
•	For persons listed on Form 990, Part VII, Section A, line 1a, did the org payments not described in lines 5 and 67 If "Yes," describe in Part III	ganization provide any non-fixed 7					
3	Were any amounts reported on Form 990, Part VII, paid or accured pursubject to the initial contract exception described in Regulations section Part III						
)	If "Yes" on line 8, did the organization also follow the rebuttable presumsection 53 $4958-6(c)$?	nption procedure described in Regulations 9					

Page **2**

5 William Garber

Director, Government Relations

(ii)

(ii)

189,187

2,400

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
		Base (1) compensation	(II) Bonus & Incentive compensation	(iII) Other reportable compensation	other deferred compensation	benefits	(B)(ı)-(D)	column(B) reported as deferred on prior Form 990
1 Scott J Robinson MAI SRA AI- GRS President-Elect	(i)	154,937	0	0	0	0	154,937	0
	(ii)	0	0	0	0	0	0	0
2 Frederick H GrubbeCEO	(i)	366,975	29,750	18,000	12,500	17,944	445,169	0
	(ii)	0	0	0	0	0	0	0
3 Beata E SwachaCEO	T	166 230	2.250	0	0.007	17.104	104.661	

2,350 8,897 17,184 194,661 0 0 0 0 (ii) 4 Jeffrey E Liskar 259,822 3,850 10,716 12,429 18,184 305,001 General Counsel

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9,976

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22,436

Schedule J (Form 990) 2015

223,999

Schedule J (Form 990) 2015

Part I. Line 1a Travel and Expense Policy 3 05 - Executive Committee Spouse - In accordance with IRS guidelines, spouse expenses for travel, meals and lodging are generally not reimbursable by the Appraisal Institute Exceptions include instances where there is a real business purpose, in conformance with Appraisal Institute guidelines, for the presence of a spouse at an Appraisal Institute function or meeting, or at an approved function or meeting that the Appraisal Institute participates. The elected officers and CEO of the Appraisal Institute may travel with their spouses to meetings of the Board of Directors. Regional Meetings of the Appraisal Institute, and other meetings. The Appraisal Institute will reimburse ordinary and necessary expenses in accordance

with established policy. Officers may elect to cover the cost of spouse travel to meetings with funds from the Officer's pooled travel budget. Spousal travel reimbursements are typically treated as taxable income to the Officers and Directors in accordance with IRS rules Part I, Line 3 Compensation for all employees is determined by the guidelines contained in the Institute's wage and salary program. This program was developed by outside HR consultants in conjunction with a consulting firm. The program includes the establishment of Position grades and salary ranges which are based on the market rates of organizations of similar size and budget. The CEO approves all staff salaries. CEO's performance is evaluated each year The Past President of the organization is responsible for completing the CEO's evaluation and can solicit input from the other officers. CEO compensation

also reviewed by an independent outside consultant who recommends an appropriate salary range for the organization's CEO position. The Executive Committee approves changes to the CEO's compensation package

Page 3

Schedule J (Form 990) 2015

efile GRAPHIC print - DO NOT PROCESS As Filed Data -SCHEDULE O (Form 990 or 990-EZ)

Department of the

Internal Revenue Service

Name of the organization APPRAISAL INSTITUTE

Treasurv

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information. ► Attach to Form 990 or 990-EZ.

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

OMB No 1545-0047 2015 Open to Public Inspection

DLN: 93493319108746

Employer identification number

36-3739643

Return Explanation Reference FORM 990, PART III The Appraisal Institute is an Illinois not for profit corporation organized under the Illinois General Not For Profit Corporation - ORGANIZATION'S Act of 1986, as amended, (the "Act") for general education, research and professional association purposes relating to MISSION appraisal services. The objectives of the Appraisal Institute are to serve the general public, to establish, maintain and publicize minimum requirements for designated membership and confer appropriate membership designations to properly qualified appraisers, to formulate and maintain a Code of Professional Ethics and Standards of Professional Appraisal Practice for the real estate appraisal profession and enforce that Code and Standards on and for Members, Candidates, Practicing Affiliates and Affiliates of the Appraisal Institute, to identify the body of knowledge in which the appraisal profession operates, to establish, maintain and publicize educational standards and the means for education for its Members, Candidates, Practicing Affiliates, Affiliates and others interested in the appraisal and real estate professions, to promote research and publication of materials that further the education and professional needs of the appraisal and real estate professions, to establish and maintain effective liaison with governmental agencies concerned with appraising and represent itself in legislative and regulatory matters concerning the appraisal and real estate professions, to provide and maintain an effective and responsive organization and staff that serves the needs of Members, Candidates, Practicing Affiliates and Affiliates, to conduct meetings, conferences, seminars, educational courses and other activities that further the objectives of the Appraisal Institute, and to cooperate with other organizations on issues of mutual concern such as

legislative and regulatory matters, education and research activities

Return Reference	Explanation
Form 990, Part VI,	THE APPRAISAL INSTITUTE SHALL HAVE TWO (2) CATEGORIES OF MEMBERS DESIGNATED MEMBERS AND HONORARY
Section A, line 6	MEMBERS A DESIGNATED MEMBER IS AN INDIVIDUAL WHO HOLDS AN APPRAISAL INSTITUTE DESIGNATION AN
	HONORARY MEMBER IS AN INDIVIDUAL WHO, IN THE OPINION OF THE BOARD OF DIRECTORS, HAS MADE A SIGNIFICANT
	CONTRIBUTION TO THE APPRAISAL PROFESSION

Return Reference	Explanation
Form 990, Part VI, Section A, line 7a	THE BOARD OF DIRECTORS SHALL CONSIST OF 1) THE OFFICERS OF THE APPRAISAL INSTITUTE, 2) THE CHAIR AND VICE CHAIR OF EACH REGIONAL COMMITTEE, 3) ONE INTERNATIONAL DESIGNATED MEMBER IN GOOD STANDING ELECTED BY THE BOARD OF DIRECTORS, 4) ANY MEMBER OF THE AUDIT COMMITTEE WHO IS NOT SERVING ON THE BOARD BY VIRTUE OF HOLDING THE POSITION OF CHAIR OR VICE CHAIR OF A REGIONAL COMMITTEE, AND 5) THE CHIEF EXECUTIVE OFFICER OF THE APPRAISAL INSTITUTE. THE REGIONAL COMMITTEE, CONSISTING OF ELIGIBLE DESIGNATED MEMBERS AND/OR CANDIDATES, SHALL HOLD ELECTIONS FOR ALL REGIONAL POSITIONS, INCLUDING THE THIRD REGIONAL DIRECTOR, AT A REGULAR MEETING THE FIRST OF EACH YEAR A REGIONAL DIRECTOR SHALL SERVE IN THE FOLLOWING POSITIONS DURING HIS OR HER TERM 1) IN THE FIRST YEAR OF HIS OR HER TERM, THE REGIONAL DIRECTOR SHALL SERVE AS THE THIRD REGIONAL DIRECTOR, 2) IN THE SECOND AND THIRD YEARS OF HIS OR HER TERM, THE REGIONAL DIRECTOR SHALL SERVE AS VICE CHAIR OF THE REGION AND A NATIONAL DIRECTOR SHALL SERVE AS CHAIR OF THE REGION AND A NATIONAL DIRECTOR FROM THE REGION AND A NATIONAL

Return Reference	Explanation
Form 990, Part	DESIGNATED MEMBERS IN GOOD STANDING, EXCEPT TEMPORARILY NON-PRACTICING MEMBERS, SHALL BE ENTITLED TO
VI, Section A,	VOTE ON (A) THE DISPOSITION OF ALL OR SUBSTANTIALLY ALL OF THE ASSETS OF THE APPRAISAL INSTITUTE, (B) ANY
line 7b	MERGER OR CONSOLIDATION AND THE SUBSTANTIAL TERMS, AND ANY SUBSTANTIAL AMENDMENT OF THE TERMS, OF
	ANY SUCH TRANSACTION, (C) ANY DISSOLUTION OF THE APPRAISAL INSTITUTE, AND (D) ANY AMENDMENT,
	RESTATEMENT OR REPEAL OF THE ARTICLES OF INCORPORATION, WITH ALL SUCH VOTES REQUIRING A SIXTY PERCENT
	(60%) MAJORITY OF THOSE DESIGNATED MEMBERS IN GOOD STANDING PRESENT AND VOTING FOR APPROVAL
	DESIGNATED MEMBERS IN GOOD STANDING, EXCEPT TEMPORARILY NON-PRACTICING MEMBERS, SHALL HAVE ONE (1)
	VOTE AND SHALL BE ENTITLED TO ATTEND MEMBERSHIP MEETINGS AND VOTE BY PROXY

Return Reference	Explanation
VI, Section B, line 11	THE ORGANIZATION RETAINS THE SERVICES OF AN INDEPENDENT CPA FIRM TO PREPARE THE ORGANIZATION'S 990 MANAGMEMENT REVIEWS THE COMPLETED FORM 990 DRAFT ONCE A DRAFT OF THE 990 HAS BEEN COMPLETED, THE 990 IS DISTRIBUTED TO ALL AUDIT COMMITTEE AND BOARD OF DIRECTOR MEMBERS OF THE ORGANIZATION VIA A SECURE WEBSITE. THE BOARD MEMBERS ARE THEN ABLE TO REVIEW THE 990 DRAFT AND RESPOND WITH QUESTIONS, CONCERNS OR COMMENTS. AT THE END OF THE REVIEW PERIOD, INCLUDING ANY TIME NEEDED TO ADDRESS QUESTIONS AND COMMENTS. THE 990 IS FINALIZED AND FILED WITH THE IRS

Return Reference	Explanation
Form 990, Part	IN JANUARY OF EACH YEAR, ALL MEMBERS OF THE BOARD OF DIRECTORS ARE REQUIRED TO READ AND SIGN THE
VI, Section B,	BOARD OF DIRECTORS CERTIFICATION AND DISCLOSURE STATEMENT. THIS STATEMENT REQUIRES THAT EACH BOARD
line 12c	MEMBER CERTIFIES THAT THEY "ARE NOT AWARE OF ANY MATTER IN WHICH I AM PERSONALLY INVOLVED THAT MAY
	PRESENT AN ACTUAL OR POTENTIAL CONFLICT OF INTEREST " IF ANY POTENTIAL OR ACTUAL CONFLICT OF INTEREST
	ARISES DURING THEIR TERM, THEY AGREE TO IMMEDIATELY DISCLOSE THE CONFLICT AND IF APPROPRIATE REMOVE
	THEMSELVES FROM DISCUSSION, VOTE AND/OR FURTHER SERVICE MEMBERS OF THE BOARD OF DIRECTORS AGREE AND
	UNDERSTAND THAT THEY MAY BE SUBJECT TO EVALUATION AND SELF-ASSESSMENT AT ANY TIME

Return Reference	Explanation
Form 990, Part VI, Section B, line 15	COMPENSATION FOR ALL EMPLOYEES IS DETERMINED BY THE GUIDELINES CONTAINED IN THE INSTITUTE'S WAGE AND SALARY PROGRAM THIS PROGRAM WAS DEVELOPED BY OUTSIDE HR CONSULTANTS IN CONJUNCTION WITH A CONSULTING FIRM THE PROGRAM INCLUDES THE ESTABLISHMENT OF Position grades and salary ranges which are based on the market rates of organizations of similar size and budget. The CEO approves all staff salaries CEO's performance is evaluated each year. The Past President of the organization is responsible for completing the CEO's evaluation and can solicit input from the other officers. CEO compensation is evaluated using industry benchmarks for similar organizations based on staff size, budget size and geographic location. CEO compensation package is also reviewed by an independent outside consultant who recommends an appropriate salary range for the organization's CEO position. The Executive Committee approves changes to the CEO's compensation package.

Return Reference	Explanation
Form 990, Part VI, Section C, line 19	Appraisal Institute Bylaws are available to the public on our website at www appraisalinstitute org. The Conflict of Interest Policy is available upon request to the Appraisal Institute's Executive Department and the financial statements are
	available upon request to the Appraisal Institute's Finance Department

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DLN: 93493319108746 OMB No 1545-0047

SCHEDULE R (Form 990)

Related Organizations and Unrelated Partnerships

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

2015

Open to Public

Department of the Treasury

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

temal Revenue Service					Insp	ection	
ame of the organization PRAISAL INSTITUTE				Employer identif	ication number		
				36-3739643			
Part I Identification of Disregarded Entities Com							
(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income End-	(e) of-year assets	(f) Direct controlling entity		
Part II Identification of Related Tax-Exempt Organ or more related tax-exempt organizations during	the tax year. (b)	(c)	(d)	(e)	(f)	(9	g)
Name, address, and EIN of related organization	Primary activity	Legal domicile (state or foreign country)	Exempt Code section	Public charity status (if section 501(c)(3))	Direct controlling entity		ntrolled tity?
1)APPRAISAL INSTITUTE EDUCATION TRUST 200 W MADISON STREET SUITE 1500	GRANTS TO ELIGIBLE INDIVIDUALS	IL	501(C)(3)	509(A)(3)	N/A	Yes	No
CHICAGO, IL 60606 16-6076334 2)APPRAISAL INSTITUTE RELIEF FOUNDATION	GRANTS TO ELIGIBLE	IL	501(C)(3)	509(A)(1)			No
200 W MADISON STREET SUITE 1500 CHICAGO, IL 60606 20-3950855	INDIVIDUALS				N/A		
3)APPRAISAL INSTITUTE POLITICAL ACTION COMMITTEE	POLITICAL ACTION COMMITTEE	IL	527		N/A		No
CHICAGO, IL 60606					_	+	
		1	1	1			

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.	

(a) Name, address, and EIN of related organization	(b) Primary activity	domicile (state or foreign	(d) Direct controlling entity	(e) Predominant income(related, unrelated, excluded from tax under	(f) Share of total income	(g) Share of end-of-year assets) irtionate itions?	(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	mana part	ral or aging	(k) Percentage ownership
		country)		sections 512- 514)			Yes	No	(Form 1065)	Yes	No	
							103	110		103	110	
Part IV Identification of Related Organizations Taxa	ble as a Cornor	ation	or Trust (`omplete if th	e organiza	tion and	wered	"Voc'	on Form 9	190 [lart i	TV Juno

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total Income	(g) Share of end-of- year assets	(h) Percentage ownership	Section (b)(: contro entit	i 512 13) olled
APPRAISERS LIABILITY INS	INSURANCE	IL	N/A	c			100 000 %	Yes Yes	No
(1)PROGRAM	ADMINISTRATION								
200 W MADISON STREET SUITE 1500 CHICAGO, IL 60606 36-3633085									
APPRAISERS INSTITUTE (2)HOLDINGS INC	HOLDING COMPANY	DE	N/A	С			100 000 %	Yes	
200 W MADISON STREET SUITE 1500 CHICAGO, IL 60606 14-1898951									

Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule

Part V	Transactions With Re	elated Organizations	Complete if the organiz	ation answered "Yes" on f	Form 990, Part IV, line 34,	35b, or 36.

1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?

a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity				1a		No
b Gift, grant, or capital contribution to related organization(s)				1 b		No
c Gıft, grant, or capital contribution from related organization(s)				1 c	Yes	
f 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)				1h		No
i Exchange of assets with related organization(s)				1i		No
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
I Performance of services or membership or fundraising solicitations for related organization(s)				11	Yes	
$oldsymbol{m}$ Performance of services or membership or fundraising solicitations by related organization(s)				1m		No
$oldsymbol{n}$ Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)				1n	Yes	
$oldsymbol{o}$ Sharing of paid employees with related organization(s)				10	Yes	
${f p}$ Reimbursement paid to related organization(s) for expenses				1 p		No
$oldsymbol{q}$ Reimbursement paid by related organization(s) for expenses				1q	Yes	
${f r}$ O ther transfer of cash or property to related organization(s)				1r	Yes	
s Other transfer of cash or property from related organization(s)				1 s		No
2 If the answer to any of the above is "Yes," see the instructions for information on who must comple	ete this line, including co	vered relationships	and transaction thresholds			
(a) Name of related organization	(b) Transaction	(c) Amount involved	(d) Method of determining am	nount in	volved	
*	type (a-s)					
1)APPRAISAL INSTITUTE EDUCATION TRUST	С	90,059				
			<u> </u>			

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

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

revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships													
(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512- 514)	(e) Are all partners section 501(c)(3) organizations?		(f) Share of total income	total end-of-year	(h) Disproprtionate allocations?		Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	managing partner?		(k) Percentage ownership
			314)	Yes	No			Yes	No		Yes	No	
												1 I	
													<u> </u>

