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Department of the Treasury

Internal Revenue Service

DLN: 93493319084186

OMB No 1545-0047 2015

# **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>

Open to Public Inspection

A F	or the <b>2015</b>	calendar year, or tax year beginning 01-01-2015 , and ending 12-31-201	5						
_	eck if applicab	NORTHERN VIRGINIA ASSOCIATION OF		D Emplo	oyer ide	ntification number			
<u> </u>	ddress change	REALTORS INC		54-0	48641	0			
	ame change Itial return	Doing business as							
FI		Number and street (or P O box if mail is not delivered to street address) Room/sui	te .	E Telephone number					
	terminated ended return	8407 PENNELL STREET		(703	(703) 207-3200				
Application pending		ng City or town, state or province, country, and ZIP or foreign postal code FAIRFAX, VA 22031		<b>6</b> C		+ 0.416.041			
		F. Nama and address of amount officers				\$ 8,416,041			
		<b>F</b> Name and address of principal officer  RYAN TCONRAD	H(a) Is th	ıs a grou <sub>l</sub> rdınates?		ı for			
		8407 PENNELL STREET FAIRFAX,VA 22031	No			1 165			
Ta	x-exempt stat	·	<b>н(b)</b> Are a inclu		linates	□Yes □ No			
	ebsite: ► \	VWW NVAR COM				(see instructions)			
	- of over-	on   Corporation Trust Association Other ▶	H(c) Grou			mber ▶ l State of legal domicile VA			
K Forr	n of organizat	on ✓ Corporation Trust Association Other ►		madon 1	,,,,	Totale of regal dofficile 177			
Pa	rt I Su		_						
Governance	TO PRO	describe the organization's mission or most significant activities OMOTE THE PROFESSIONALISM OF MEMBERS THROUGH EDUCATIO BUSINESS AND ENSURE THAT REALTOR ETHICS AND PROPERTY RIG ATIONAL LEADERSHIP	•						
ema									
0.0	2 Check	this box ▶ ☐ if the organization discontinued its operations or disposed of	of more than :	25% of it	s net a	ssets			
					1 _ 1				
Activities &		er of voting members of the governing body (Part VI, line 1a)			3	16			
Ĭ		er of independent voting members of the governing body (Part VI, line 1b) number of individuals employed in calendar year 2015 (Part V, line 2a)			5	15 54			
Ac		number of volunteers (estimate if necessary)			6	250			
		inrelated business revenue from Part VIII, column (C), line 12			7a	121,849			
	<b>b</b> Net unr	elated business taxable income from Form 990-T, line 34			7b	0			
			Pric	r Year		Current Year			
O.	<b>8</b> Cor	tributions and grants (Part VIII, line 1h)			0	9,500			
Ravenue		gram service revenue (Part VIII, line 2g)		5,020		5,133,530			
P.Y.		estment income (Part VIII, column (A), lines 3, 4, and 7d)		1,238		1,133,507			
		er revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) al revenue—add lines 8 through 11 (must equal Part VIII, column (A), line	<u> </u>		,927	384,169			
	12			6,649	,042	6,660,706			
	<b>13</b> Gra	nts and similar amounts paid (Part IX, column (A), lines 1–3 )		53	,560	77,098			
		efits paid to or for members (Part IX, column (A), line 4)			0	0			
æ	<b>15</b> Sal. 5-1	aries, other compensation, employee benefits (Part IX, column (A), lines		3,630	,494	4,000,274			
Expenses		fessional fundraising fees (Part IX, column (A), line 11e)			0	0			
Š	<b>b</b> Tota	l fundraising expenses (Part IX, column (D), line 25) ▶0							
ш	<b>17</b> Oth	er expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		3,164	,217	3,021,061			
	<b>18</b> Tot	al expenses Add lines 13–17 (must equal Part IX, column (A), line 25)		6,848	,271	7,098,433			
	<b>19</b> Rev	enue less expenses Subtract line 18 from line 12	•	-199	,229	-437,727			
nce.			Beginning o	of Current	Year	End of Year			
Net Assets or Fund Balances	<b>20</b> Tot	al assets (Part X, line 16)		16,711	,831	16,103,751			
P A P	<b>21</b> Tot	al liabilities (Part X, line 26)		3,494	,622	3,464,100			
	1	assets or fund balances Subtract line 21 from line 20		13,217	,209	12,639,651			
		gnature Block of perjury, I declare that I have examined this return, including accompan	vina schedule	es and st	atemen	ts and to the hest of			
my kı	nowledge ar	d belief, it is true, correct, and complete Declaration of preparer (other the knowledge							
<u> </u>	*	gnature of officer		016-11-08 ate					
Sign Here		YAN TCONRAD CHIEF EXECUTIVE OFFICER							
	1 1	/PAN ICONRAD CHIEF EXECUTIVE OFFICER  /Pe or print name and title							
		Print/Type preparer's name Preparer's signature D. ANDREW YOUNG CPA ANDREW YOUNG CPA	ate Che	eck   ıf	PTIN P0120	3950			
Paid			self	-employed					
	parer	Firm's name ► RENNER AND COMPANY CPA PC  Firm's address ► 700 NORTH FAIRFAX ST SUITE 400		n's EIN ► 5 ne no (70					
Use	Only	ALEXANDRIA, VA 22314		(70	_, 555 1				
May	the IRS disc	cuss this return with the preparer shown above? (see instructions)				√Yes No			

Par	t IV Checklist of Required Schedules			
	<u> </u>		Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1		No
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? $^{*}$	2	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		No
4	Section 501(c)(3) organizations.  Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year?  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	Yes	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable			
	Did the organization report an amount for land, buildings, and equipment in Part X, line 10?  If "Yes," complete Schedule D, Part VI	11a	Yes	
	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b	Yes	
	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	<b>11</b> 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	<b>11</b> 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	<b>11</b> 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	<b>12</b> a		No
	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
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		No
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		No
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		No
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		No
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17		No
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? 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	<b>20</b> a		No
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		

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Par	t IV Checklist of Required Schedules (continued)			
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	Yes	
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		No
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	23	Yes	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K If "No," go to line 25a	24a		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.  Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Pait I	25b		
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes," complete Schedule L, Part II	26	Yes	
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial	27		No.

		24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.  Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Pait I	25b		
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes," complete Schedule L, Part II	26	Yes	
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		No
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	<b>28</b> a		No
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		No
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV **</i>	<b>28</b> c	Yes	
29	Did the organization receive more than $$25,000$ in non-cash contributions? If "Yes," complete Schedule M	29		No
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part $I$ .			No.

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b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25b		
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes," complete Schedule L, Part II	26	Yes	
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		No
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L,  Part IV	28a		No
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		No
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	<b>28</b> c	Yes	
29	Did the organization receive more than $$25,000$ in non-cash contributions? If "Yes," complete Schedule M	29		No
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part $I$ .	31		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets?  If "Yes," complete Schedule N, Part II	32		No

Nο

Nο

33

34

35a

35h

36

37

38

Yes

Yes

Yes

Yes

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33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations

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

34 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?

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

Pai	<b>rt V</b> Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response or note to any line in this Part V			_
	Check it Schedule o contains a response of note to any line in this Part V		Yes	No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0 - if not applicable   1a	17		
b	Enter the number of Forms W-2G included in line 1a Enter -0 - if not applicable 1b	0		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and report gaming (gambling) winnings to prize winners?	able 1c	Yes	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	54		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns.  Note.If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)		Yes	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	Yes	
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O.	3b	Yes	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authover, a financial account in a foreign country (such as a bank account, securities account, or other financiaccount)?			No
b	If "Yes," enter the name of the foreign country ►_ See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accor (FBAR)	 unts		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? .	. 5a		No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction	on? <b>5b</b>		No
c	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?			
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the	5c 6a	Yes	
b	organization solicit any contributions that were not tax deductible as charitable contributions?	s or gifts <b>6b</b>	Yes	
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goo services provided to the payor?	ds and <b>7a</b>		
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	<b>7</b> b		
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was re file Form 8282?	quired to 7c		
d	If "Yes," indicate the number of Forms 8282 filed during the year			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contr	ract? <b>7e</b>		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract	7 <b>7</b> f		
g	If the organization received a contribution of qualified intellectual property, did the organization file Form required?	8899 as <b>7g</b>		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization form 1098-C?	n file a		
8	Sponsoring organizations maintaining donor advised funds.  Did a donor advised fund maintained by the sponsoring organization have excess business holdings at ar during the year?	ny time • 8		
9a	Did the sponsoring organization make any taxable distributions under section 4966?	9a	<u> </u>	
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	. 9b		
10	Section 501(c)(7) organizations. Enter			
	Initiation fees and capital contributions included on Part VIII, line 12 10a			
Ь	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities		  -	
11	Section 501(c)(12) organizations. Enter			
	Gross income from members or shareholders			
D	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them )			
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state? <b>Note.</b> See the instruct additional information the organization must report on Schedule O	ions for <b>13a</b>		
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans			
c	Enter the amount of reserves on hand			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	. 14a		No
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O .	. 14b		

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	For each "Yes" response to lines 2 through 7b below, and for a "No" response to lines 8a, 8b, describe the circumstances, processes, or changes in Schedule O. See instructions.  Check if Schedule O contains a response or note to any line in this Part VI			,
Se	ection A. Governing Body and Management		T	
1a	Enter the number of voting members of the governing body at the end of the tax year 16		Yes	No
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O			
b	Enter the number of voting members included in line 1a, above, who are independent 1b 15			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2		No
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? .	3		No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		No
5	Did the organization become aware during the year of a significant diversion of the organization's assets? .	5		No
6	Did the organization have members or stockholders?	6	Yes	
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a	Yes	
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b	Yes	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following			
а	The governing body?	8a	Yes	
b	Each committee with authority to act on behalf of the governing body?	8b	Yes	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		No

Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) No 10a **10a** Did the organization have local chapters, branches, or affiliates? . Νo **b** If "Yes," did the organization have written policies and procedures governing the activities of such chapters, 10b 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  ${f b}$  Other officers or key employees of the organization . . . . . . . . . . 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 organization's exempt status with respect to such arrangements? . . . . . . . . . . . . . . . . . . 16b Section C. Disclosure

17	List the States	with which a	copy of this	Form 990 is	required to b	oe filed <b>⊳</b>
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- 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
- interest policy, and financial statements available to the public during the tax year

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

    ► JAMES H FOSTER CPA CMA CFO 8407 PENNELL STREET FAIRFAX, VA 22031 (703) 207-3200

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 no	r any related or	ganıza	tion	com	pen	sated	lany	current officer, o	lirector, or truste	e
(A) Name and Title	(B) A verage hours per week (list any hours for related	unle:	ore t ss pe	han erso cer	not one n is and			(D) Reportable compensation from the organization (W- 2/1099-	(E) Reportable compensation from related organizations (W- 2/1099-	(F) Estimated amount of other compensation from the
	organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officer	key employee	Highest compensated employee	Former	MISC)	MISC)	organization and related organizations
(1) MARIO BAYAT CHAIRPERSON	10 00	×		×				0	0	0
(2) VIRGIL FRIZZELL CHAIRPERSON-ELECT	2 00	x		x				0	0	0
(3) SUZANNE GRANOSKI SECRETARY/TREASURER	2 00	х		x				0	0	0
(4) MARIO RUBIO IMMEDIATE PAST CHAIRPERSON	2 00	х		x				0	0	0
(5) BOB ADAMSON DIRECTOR	1 00	х						0	0	0
(6) LORRAINE ARORA DIRECTOR	1 00	х						0	0	0
(7) TOM BELLANCA DIRECTOR	1 00	х						0	0	0
(8) BRIAN BLOCK DIRECTOR	1 00	х						0	0	0
(9) TRACY COMSTOCK DIRECTOR	1 00	x						6,050	0	0
(10) REGGIE COPELAND DIRECTOR	1 00	x						0	0	0
(11) NICHOLAS LAGOS DIRECTOR	1 00	х						0	0	0
(12) GARY LANGE DIRECTOR	1 00	х						0	0	0
(13) CRAIG LILLY DIRECTOR	1 00	x						0	0	0
(14) CHRISTINE RICHARDSON DIRECTOR	1 00	х						0	0	0
		'				•				Form <b>990</b> (2015)

<b>(A)</b> Name and Title	(B) A verage hours per week (list any hours for related	m unle	ore t ss pe	han erso cer	not one n is and		an	(D) Reportable compensation from the organization (W- 2/1099-	(E) Reportable compensation from related organizations (W- 2/1099- MISC)		(F) Estimated amount of other compensation from the	
	organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officer	key employee	Highest compensated employee	Former	MISC)	MISC)		organization and related organizations	
(15) VERONICA SEVA-GONZALEZ	1 00	.,										
DIRECTOR		X						0		0	0	
(16) KATIE WETHMAN DIRECTOR	1 00	Х						0		0	0	
(17) CHRISTINE M TODD	50 00			Х				721 065		0	64.012	
CHIEF EXECUTIVE OFFICER				^				731,865		٦	64,912	
(18) RYAN T CONRAD  CHIEF EXECUTIVE OFFICER (EFF 10/2015)	50 00			х				104,218		0	6,740	
(19) ELIZABETH COYA	50 00									$^{\dagger}$		
SR VP OF GOVERNMENT AFFAIRS					X			217,651		0	23,093	
(20) FRANK DOYLE	50 00											
CHIEF OPERATING OFFICER					X			175,798		0	12,830	
(21) JAMES FOSTER CHIEF FINANCIAL OFFICER	50 00				х			173,469		0	12,718	
(22) SARAH LOUPPE PETCHER	50 00											
GENERAL COUNSEL					X			187,689		0	16,837	
(23) ERICK CAMPOS CONTROLLER	50 00					х		100,554		0	12,331	
(24) BRENDA HEFFERNAN	50 00									+		
VICE PRESIDENT, EDUCATION						×		100,162		0	6,637	
(25) JILL LANDSMAN	50 00									$\top$		
VICE PRESIDENT, COMMUNICATION						X		133,323		0	11,180	
1b Sub-Total				▶								
c Total from continuation sheets to Part VI	I, Section A .			▶								
d Total (add lines 1b and 1c)				▶			1,93	30,779	0		167,278	

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

#### 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
BRIT HERNDON SQUARE LLC	RENT OF OFFICE SPACE	217,272
5410 EDSON LANE SUITE 200 ROCKVILLE, MD 20852		
INSTANET SOLUTIONS	TRANSACTION MANAGEMENT SOFTWARE	142,636
204-205 OXFORD STREET EAST LONDON, ONTARIO N6A 5G6 CA		
CYBERVILLAGE NETWORKERS INC	COMPUTER SERVICES	114,629
7773 BLUEBERRY HILL ELLICOTT CITY, MD 21043		
COMPUTER WORD PROCESSING SYSTEMS INC	COMPUTER SERVICES	111,060
14120-A SULLYFIELD CIRCLE CHANTILLY, VA 20151		
<u> </u>		

Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization  $\stackrel{\smile}{\blacktriangleright}$  4

Form 99								Page <b>9</b>
Part V	/##	Statement o						_
		Check If Schedi	ule O contains a respo	onse 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
'' N	1a	Federated cam	paigns 1a	a				
Contributions, Gifts, Grants and Other Similar Amounts	ь	Membership du	ies <b>1</b> l	,				
	c	Fundraising eve	ents <b>1</b>	c				
fts. ⊏ A	d	Related organiz	zations 10	<u> </u>				
n ∰.G:	e	Government grants	s (contributions) 10					
ons Sir	f	All other contribute	ons, gifts, grants, and <b>1</b>					
uti her	'	sımılar amounts no	ot included above					
<u>e</u>	g	Noncash contributi 1a-1f \$	ons included in lines					
Con	h	Total. Add lines	s 1a-1f		9,500			
				Business Code				
Program Service Revenue	2a	MEMBERSHIP DUE	S	900099	3,464,863	3,464,863		
3	Ь	LOCKBOX SERVICE	REVENUE	900099	718,715	718,715		
ac e	c	EDUCATION REVEN	NUE	611600	399,593	399,593		
£€	d	EVENTS & MEETING		900099	252,224	252,224		
an	e	MEMBERSHIP FEES		900099	221,890	221,890		
rogr	f	All other progra	am service revenue		76,245	75,897	348	
<u> </u>	g		s 2a-2f		5,133,530			
	3	Investment inc	ome (including divide ar amounts)	nds, interest,	1,202,171			1,202,171
	4		stment of tax-exempt bond	l proceeds >				
	5	Royalties		<del>-</del>	89,792			89,792
	6a	Gross rents	(ı) Real 50,984	(II) Personal				
	Ь	Less rental	0	+				
		expenses Rental income	50,984					
	d	or (loss)	me or (loss)		50,984			50,984
		Weet Ferred Time of	(i) Securities	(II) O ther				
	7a	Gross amount from sales of assets other than inventory	1,247,679					
	ь	Less cost or other basis and	1,240,680	75,663				
	c	sales expenses Gain or (loss)	6,999	-75,663				
	d	Net gain or (los			-68,664			-68,664
Other Revenue	8a	events (not inc	luding					
r Re		See Part IV, Iir	s reported on line 1c) ne 18					
the	b	Less direct ex	penses I					
0	c	Net income or (	(loss) from fundraising	events >				
	9a		rom gaming activities ne 19					
	b c		penses <b>l</b> (loss) from gaming act					
	10a	Gross sales of returns and allo		563,852				
	b	Less cost of g	oods sold <b>b</b>	438,992				
	С		(loss) from sales of in	· · · · · · · · · · · · · · · · · · ·	124,860	121,892	2,968	
	44-	Miscellaneous		Business Code 541800	118,533		118,533	
	11a b	ADVERTISING	<u> </u>	341000	110,333			
	°							
	d	All other reven	ue					
	e	Total. Add lines		•	118,533			
	12	Total revenue.	See Instructions .		·	F 355 55 :	49. 9.=	1 271 25-
		-		- 1	6,660,706	5,255,074	121,849	1,274,283

# Form 990 (2015)

	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	77,098	-		·
2	Grants and other assistance to domestic individuals See Part IV, line 22				
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees	1,727,820			
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	1,675,485			
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	96,209			
9	Other employee benefits	279,262			
10	Payroll taxes	221,498			
L1	Fees for services (non-employees)				
а	Management				
b	Legal	320			
c	Accounting	25,943			
d	Lobbying	18,805			
е	Professional fundraising services See Part IV, line 17				
f	Investment management fees	19,739			
g	Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule 0)	235,073			
L2	Advertising and promotion	63,910			
L3	Office expenses	597,521			
L4	Information technology				
L <b>5</b>	Royalties				
L <b>6</b>	Occupancy	619,380			
L7	Travel	89,349			
L8	Payments of travel or entertainment expenses for any federal, state, or local public officials				
L <b>9</b>	Conferences, conventions, and meetings	342,462			
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	656,722			
23	Insurance	12,583			
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	MISCELLANEOUS	181,187			
b	BANK FEES AND CREDIT CA	126,884			
c	BUSINESS TAXES	30,183			
d	BAD DEBT	1,000			
e	All other expenses				
25	Total functional expenses. Add lines 1 through 24e	7,098,433			
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)				

Par	t X	Balance Sheet			
		Check if Schedule O contains a response or note to any line in this Part X $$ . $$ .			
			(A) Beginning of year		<b>(B)</b> End of year
	1	Cash-non-interest-bearing	658,126	1	671,968
	2	Savings and temporary cash investments	2,735,173	2	3,291,789
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net	76,575	4	58,097
	5	Loans and other receivables from current and former officers, directors, trustees	5,		
		key employees, and highest compensated employees Complete Part II of			
		Schedule L	0	5	48,199
	_	Language and other researchies from other discussified necessary (so defined under	0	5	40, 199
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and			
		contributing employers and sponsoring organizations of section 501(c)(9)	_		
s		voluntary employees' beneficiary organizations (see instructions) Complete Pai II of Schedule L	τ		
et			0	6	0
Assets	7	Notes and loans receivable, net	0	7	0
	8	Inventories for sale or use	93,960	8	94,066
	9	Prepaid expenses and deferred charges	160,433	9	121,057
	10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D 12,343,0	061		
	ь	Less accumulated depreciation 10b 3,431,2	9,444,428	10c	8,911,827
	11	Investments—publicly traded securities	1,914,646	11	1,981,741
	12	Investments—other securities See Part IV, line 11	1,322,089	12	842,305
	13	Investments—program-related See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets See Part IV, line 11	306,401	15	82,702
	16	<b>Total assets.</b> Add lines 1 through 15 (must equal line 34)	16,711,831	16	16,103,751
	17	Accounts payable and accrued expenses	482,142	17	571,143
	18	Grants payable		18	
	19	Deferred revenue	2,525,093	19	2,610,202
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability $\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \$		21	
Liabilities	22	Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified			
ī		persons Complete Part II of Schedule L		22	
Ë	23	Secured mortgages and notes payable to unrelated third parties $\cdot\cdot$		23	
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24)			
		Complete Part X of Schedule D			
			487,387	25	282,755
	26	Total liabilities. Add lines 17 through 25	3,494,622	26	3,464,100
ses		Organizations that follow SFAS 117 (ASC 958), check here ▶			
anc	27	Unrestricted net assets	13,217,209	27	12,639,651
Bal	28	Temporarily restricted net assets	10,211,200	28	12,000,001
덛	29	Permanently restricted net assets		29	
Ē		Organizations that do not follow SFAS 117 (ASC 958), check here ▶ ☐ and			
ō		complete lines 30 through 34.			
Net Assets or Fund Balances	30	Capital stock or trust principal, or current funds		30	
\$\$(	31	Paid-in or capital surplus, or land, building or equipment fund		31	
تر A	32	Retained earnings, endowment, accumulated income, or other funds		32	
Š	33	Total net assets or fund balances	13,217,209	33	12,639,651
	34	Total liabilities and net assets/fund balances	16,711,831	34	16,103,751
					Form <b>990</b> (2015)

Net unrealized gains (losses) on investments

Part XIII Financial Statements and Reporting

1 Accounting method used to prepare the Form 990

a separate basis, consolidated basis, or both

Single Audit Act and OMB Circular A-133?

Donated services and use of facilities .

Investment expenses

column (B))

Schedule O

Schedule O

Separate basis

Separate basis

basis, consolidated basis, or both

Prior period adjustments .

Total revenue (must equal Part VIII, column (A), line 12)					
Total expenses (must equal Part IX, column (A), line 25)					
Revenue less expenses Subtract line 2 from line $1 \dots$					
Net assets or fund balances at beginning of year (must equa	al P	art	х, І	ıne	33

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

**b** If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits

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

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

3, column (A)) . .

Cash ✓ Accrual COther

Both consolidated and separate basis

Both consolidated and separate basis

1

7

8

9

10

Page **12** 

6,660,706

7,098,433

-437,727

13,217,209

-139,831

12,639,651

Yes

Yes

Yes

2a

2b

2c

3a

3b

▽

No

Νo

Nο

Form 990 (2015)

#### DLN: 93493319084186

Employer identification number

54-0486410

#### SCHEDULE C (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue

Name of the organization

REALTORS INC

Part I-A

1

2

NORTHERN VIRGINIA ASSOCIATION OF

Political expenditures

#### **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.

2015
Open to Public Inspection

Internal Revenue
Service

If the organization answered "Yes" on Form 990, Part IV, Line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then

- Section 501(c)(3) organizations Complete Parts I-A and B Do not complete Part I-C
- Control of (c)(c) organizations complete rates FA and B Bothot complete rate FC
- Section 501(c) (other than section 501(c)(3)) organizations Complete Parts I-A and C below Do not complete Part I-B

Provide a description of the organization's direct and indirect political campaign activities in Part IV

Section 527 organizations Complete Part I-A only

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

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

Complete if the organization is exempt under section 501(c) or is a section 527 organization.

_	V Ordificer flours				-
Par	t I-B Complete if the or	ganization is exempt unde	r section 501(	c)(3).	
1	Enter the amount of any excise	e tax incurred by the organization u	ınder section 4955	5 •	\$
2	Enter the amount of any excise	e tax incurred by organization mana	agers under sectio	n 4955 <b>&gt;</b>	\$
3	If the organization incurred a s	section 4955 tax, did it file Form 4	720 for this year?		☐ Yes ☐ No
4a	Was a correction made?				Yes No
b	If "Yes," describe in Part IV				
Par	t I-C Complete if the or	ganization is exempt unde	r section 501(	c), except section 50	1(c)(3).
1	Enter the amount directly expe	ended by the filing organization for	section 527 exem	pt function activities 🕨	\$
2	Enter the amount of the filing of exempt function activities	organization's funds contributed to	other organization:	s for section 527 ▶	\$
3	Total exempt function expendi	tures Add lines 1 and 2 Enter her	e and on Form 112	0-POL, line 17b ►	\$
4	Did the filing organization file <b>F</b>	form 1120-POL for this year?			Yes No
5	organization made payments l amount of political contribution	nd employer identification number ( For each organization listed, enter ns received that were promptly and political action committee (PAC)	the amount paid fro directly delivered	om the filing organization's f to a separate political orga	unds Also enter the nization, such as a
	(a) Name	(b) Address	<b>(c)</b> EIN	(d) A mount paid from filing organization's funds If none, enter -0-	(e) A mount of political contributions received and promptly and directly delivered to a separate political organization If none, enter -0-
2					
3					
4					
5					
6					
For F	Paperwork Reduction Act Notice, se	ee the instructions for Form 990 or 9	90-EZ.	Cat No 50084S Schedule C (I	Form 990 or 990-EZ) 2015

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

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

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

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

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 beginning in)	<b>(a)</b> 2012	<b>(b)</b> 2013	<b>(c)</b> 2014	<b>(d)</b> 2015	(e) Total	
Lobbying nontaxable amount						
Lobbying ceiling amount (150% of line 2a, column(e))						
Total lobbying expenditures						
Grassroots nontaxable amount						
Grassroots ceiling amount (150% of line 2d, column (e))						
Grassroots lobbying expenditures						
	Calendar year (or fiscal year beginning in)  Lobbying nontaxable amount  Lobbying ceiling amount (150% of line 2a, column(e))  Total lobbying expenditures  Grassroots nontaxable amount  Grassroots ceiling amount (150% of line 2d, column (e))	Calendar year (or fiscal year beginning in)  Lobbying nontaxable amount  Lobbying ceiling amount (150% of line 2a, column(e))  Total lobbying expenditures  Grassroots nontaxable amount  Grassroots ceiling amount (150% of line 2d, column (e))	Calendar year (or fiscal year beginning in)  Lobbying nontaxable amount  Lobbying ceiling amount (150% of line 2a, column(e))  Total lobbying expenditures  Grassroots nontaxable amount (150% of line 2d, column (e))	Calendar year (or fiscal year beginning in)  (a)2012  (b)2013  (c)2014  Lobbying nontaxable amount  Lobbying ceiling amount (150% of line 2a, column(e))  Total lobbying expenditures  Grassroots nontaxable amount (150% of line 2d, column (e))  Grassroots lobbying expenditures	Calendar year (or fiscal year beginning in)  (a)2012 (b)2013 (c)2014 (d)2015  Lobbying nontaxable amount  Lobbying ceiling amount (150% of line 2a, column(e))  Total lobbying expenditures  Grassroots nontaxable amount (150% of line 2d, column (e))	

Return Reference

	filed Form 5768 (election under section 501(h)).	(	a)	(b)	)
or ea	ch "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying ty	Yes	No	A mou	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	res			
а	Volunteers?				
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?				
<b>c</b>	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)?				
	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				
	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?				
d	III-A Complete if the organization is exempt under section 501(c)(4), section 5	<b>501</b> (c	)(5), c	r sectio	on
d		<b>501</b> (c	)(5), c		
d	Complete if the organization is exempt under section 501(c)(4), section 501(c)(6).	<b>01</b> (c	)(5), c	Yes	
d Par	III-A Complete if the organization is exempt under section 501(c)(4), section 5	<b>501</b> (c	)(5), d	Yes	No
d Par 1 2	Complete if the organization is exempt under section 501(c)(4), section 501(c)(6).  Were substantially all (90% or more) dues received nondeductible by members?  Did the organization make only in-house lobbying expenditures of \$2,000 or less?	5 <b>01</b> (c	)(5), d	Yes	No No
d Par 1 2 3 Par	Were substantially all (90% or more) dues received nondeductible by members?  Did the organization make only in-house lobbying expenditures of \$2,000 or less?  Did the organization agree to carry over lobbying and political expenditures from the prior year?  TIII-B  Complete if the organization is exempt under section 501(c)(4), section 5 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "line 3, is answered "Yes."	501(c No" (	)(5), c	Yes  1 2 3 or section Part III	No No No No
d Par 1 2 3 Par	Were substantially all (90% or more) dues received nondeductible by members?  Did the organization make only in-house lobbying expenditures of \$2,000 or less?  Did the organization agree to carry over lobbying and political expenditures from the prior year?  IIII-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."  Dues, assessments and similar amounts from members	501(c	)(5), c	Yes  1 2 3 or section Part III	No No No No
d Par 1 2 3 Par	Were substantially all (90% or more) dues received nondeductible by members?  Did the organization make only in-house lobbying expenditures of \$2,000 or less?  Did the organization agree to carry over lobbying and political expenditures from the prior year?  TIII-B  Complete if the organization is exempt under section 501(c)(4), section 5 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "line 3, is answered "Yes."	501(c No" C	)(5), c	Yes  1 2 3 or section Part III	No No No No No On I-A,
d Par 1 2 3 Par 1 2	Were substantially all (90% or more) dues received nondeductible by members?  Did the organization make only in-house lobbying expenditures of \$2,000 or less?  Did the organization agree to carry over lobbying and political expenditures from the prior year?  IIII-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."  Dues, assessments and similar amounts from members  Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).  Current year	501(c No" C	)(5), c	Yes  1 2 3 or section Part III	No No No No No On I-A,
d Par 1 2 3 Par 1 2 a b	Were substantially all (90% or more) dues received nondeductible by members?  Did the organization make only in-house lobbying expenditures of \$2,000 or less?  Did the organization agree to carry over lobbying and political expenditures from the prior year?  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."  Dues, assessments and similar amounts from members  Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).  Current year  Carryover from last year	501(c No" C 1 2a 2b	)(5), c	Yes  1 2 3 or section Part III	No No No No Dn I-A,
d Par 1 2 3 Par 2 a b c	Were substantially all (90% or more) dues received nondeductible by members?  Did the organization make only in-house lobbying expenditures of \$2,000 or less?  Did the organization agree to carry over lobbying and political expenditures from the prior year?  III-B  Complete if the organization is exempt under section 501(c)(4), section 5 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "line 3, is answered "Yes."  Dues, assessments and similar amounts from members  Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).  Current year  Carryover from last year	2a 2b 2c	)(5), c	Yes  1 2 3 or section Part III	No No No No No I-A, 31,764
d Par 1 2 3 Par 2 a b c 3	Complete if the organization is exempt under section 501(c)(4), section 501(c)(6).  Were substantially all (90% or more) dues received nondeductible by members?  Did the organization make only in-house lobbying expenditures of \$2,000 or less?  Did the organization agree to carry over lobbying and political expenditures from the prior year?  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."  Dues, assessments and similar amounts from members  Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).  Current year  Carryover from last year  Total  Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	501(c No" C 1 2a 2b	)(5), c	Yes  1 2 3 or section Part III	No No No No No I-A, 31,764
d Par 1 2 3 Par 1 2 a b	Complete if the organization is exempt under section 501(c)(4), section 501(c)(6).  Were substantially all (90% or more) dues received nondeductible by members?  Did the organization make only in-house lobbying expenditures of \$2,000 or less?  Did the organization agree to carry over lobbying and political expenditures from the prior year?  TIII-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."  Dues, assessments and similar amounts from members  Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).  Current year  Carryover from last year  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	2a 2b 2c	)(5), c	Yes  1 2 3 or section Part III	No No No No No I-A, 31,764
d Par 1 2 3 Par 2 a b c 3	Were substantially all (90% or more) dues received nondeductible by members?  Did the organization make only in-house lobbying expenditures of \$2,000 or less?  Did the organization agree to carry over lobbying and political expenditures from the prior year?  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."  Dues, assessments and similar amounts from members  Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).  Current year  Carryover from last year  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	2a 2b 2c 3	)(5), c	Yes  1 2 3 or section Part III  3,33	No No No No

Explanation

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

**SCHEDULE D** 

(Form 990)

Treasury

Department of the

Internal Revenue Service

#### Supplemental Financial Statements

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

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

OMB No 1545-0047

DLN: 93493319084186

Inspection

☐ No

**Employer identification number** Name of the organization NORTHERN VIRGINIA ASSOCIATION OF REALTORS INC. 54-0486410 Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Part I Complete if the organization answered "Yes" on Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts Total number at end of year Aggregate value of contributions to (during Aggregate value of grants from (during year) Aggregate value at end of year Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? Part II Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7 Purpose(s) of conservation easements held by the organization (check all that apply) Preservation of land for public use (e.g., recreation or education) Preservation of an historically important land area Protection of natural habitat Preservation of a certified historic structure Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year Held at the End of the Year Total number of conservation easements 2a Total acreage restricted by conservation easements 2b Number of conservation easements on a certified historic structure included in (a) Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶\_ Number of states where property subject to conservation easement is located ▶\_

Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the

A mount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year

Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)

Does the organization have a written policy regarding the periodic monitoring, inspection, handling of

violations, and enforcement of the conservation easements it holds?

In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements

Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

- If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items
  - If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items
  - (i) Revenue included on Form 990, Part VIII, line 1

(B)(I) and section 170(h)(4)(B)(II)?

(ii) Assets included in Form 990, Part X

If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items

Revenue included on Form 990, Part VIII, line 1

Assets included in Form 990, Part X For Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule D (Form 990) 2015 Cat No 52283D

Par	1111	Organizations Maintaining (continued)	Collections of Ar	t, Historical	Treasur	es, or C	Other Similar A	ssets
3		g the organization's acquisition, acc ction items (check all that apply)	ession, and other recoi	ds, check any	of the follow	ing that	are a significant us	e of its
а		Public exhibition		d L	an or excha	ange prog	grams .	
b	_ :	Scholarly research		<b>e</b>	ther			
c		Preservation for future generations						
4	Provi Part >	de a description of the organization <sup>,</sup> KIII	s collections and expla	in how they fur	ther the org	anızatıor	n's exempt purpose	ın
5		g the year, did the organization solies to be sold to raise funds rather th						s No
Pai	t IV					_		
		Complete if the organization a Part X, line 21.	answered "Yes" on F	form 990, Pai	t IV, line	9, or re	ported an amoun	t on Form 990,
1a		e organization an agent, trustee, custed on Form 990, Part X?	todian or other interm	ediary for contr	ibutions or	other ass	sets not	s √ No
	T. E. II	IV as II availant the arrangement in D	art VIII and complete	tha fallauung ta	hla		A m	ount
b c		'Yes," explain the arrangement in P ginning balance	art XIII and complete	the following ta	bie	1c		ounc
d		ditions during the year				1d		
e		stributions during the year				1e		
f		ding balance				1f		
<b>2</b> a		ne organization include an amount o	n Form 990 Part X Jun	e 21 for escro	w or custod			
ь							•	
	rt V	es," explain the arrangement in Part  Endowment Funds. Comple						
- 0	V	Endownient i ands. comple	(a)Current year	(b)Pnor year	<b>b (c)</b> Two ye		(d)Three years back	(e)Four years back
1a	Begir	nning of year balance	320,000	725,483	<del></del>	547,730	555,000	603,000
b	Contr	ributions · · · · · · · ·	187,830			204,447	145,000	18,000
c	Net ir Iosse	nvestment earnings, gains, and es						
d		ts or scholarships · · · ·						
е		r expenditures for facilities programs	20,000	405,483		26,694	152,270	66,000
f	A dmı	nistrative expenses						
g	End o	of year balance	487,830	320,000		725,483	547,730	555,000
2	Provi	de the estimated percentage of the	current year end balan	ce (line 1g, col	umn (a)) he	ld as	<u> </u>	
а		i designated or quasi-endowment <b>&gt;</b>	100 000 %	, ,,,	. ,,			
b		anent endowment ▶						
c		orarily restricted endowment <b>&gt;</b>						
•		percentages on lines 2a, 2b, and 2c	should equal 100%					
За		here endowment funds not in the pos iization by	ssession of the organiz	ation that are h	neld and adr	mınıstere	d for the	Yes No
	<b>(i)</b> un	ırelated organızatıons						(i) No
		elated organizations					3a	(ii) No
b		es" on 3a(II), are the related organiz	·				3	b
4		ribe in Part XIII the intended uses		dowment funds				
Pa	t VI	<b>Land, Buildings, and Equip</b> Complete if the organization a		rm 990. Part	IV. line 1	1a.See	Form 990. Part X	, line 10.
		Description of property		(a) Cost or other	basis Cost	(b) or other ba (other)	Accumulated	(d)Book value
	Land			(1117630116	,	1,959,9	03	1,959,903
		igs				7,982,1		
		nold improvements				222,8		
d	Equipn	nent				1,701,5	92 870,54	1 831,051

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

65,122

8,911,827

476,646

(1)Financial d				
	ee Form 990, Part X, line 12.  (a) Description of security or category (including name of security)		<b>(b)</b> Book value	(c)Method of valuation Cost or end-of-year market valu
(2)Closely-he	erivatives Id equity interests			
(3)Other	ATES OF DEPOSIT		674,434	C
	ENT IN MRIS SHARES		162,071	C
	ENT IN REGIONAL LOCKBOX CONSORTI	TUM	5,800	C
(0)11112511111	ENT IN REGIONAL LOCKDOX CONSORTI	IOM	3,600	C
Total. (Column (	b) must equal Form 990, Part X, col (B) line 12)	•	842,305	
Part VIII	Investments—Program Related. Complete if the organization answered	d 'Yes' on Form 99	0. Part IV. line 11c.coo	Form 000 Part V June 12
	(a) Description of investment		(b) Book value	(c) Method of valuation
				Cost or end-of-year market value
Total. (Column (	b) must equal Form 990, Part X, col (B) line 13 )	•		
	(b) must equal Form 990, Part X, col (B) line in			•
Part X O	<b>ther Liabilities.</b> Complete if the org ee Form 990, Part X, line 25.	anization answere	ed 'Yes' on Form 990, Pa	•
Part X 0 S 1.	ther Liabilities. Complete if the org- ee Form 990, Part X, line 25. (a) Description of liability		ed 'Yes' on Form 990, Pa	•
Part X O	ther Liabilities. Complete if the org- ee Form 990, Part X, line 25. (a) Description of liability	anization answere	ed 'Yes' on Form 990, Pa	•
Part X 0 S 1.	ther Liabilities. Complete if the org- ee Form 990, Part X, line 25.  (a) Description of liability e taxes	(b) Book val	ed 'Yes' on Form 990, Pa	•
Part X O S  1.  Federal income	ther Liabilities. Complete if the org- ee Form 990, Part X, line 25.  (a) Description of liability e taxes	(b) Book val	ue	•
Part X O S  1.  Federal income  REFUNDABLE  DEFERRED CO	ther Liabilities. Complete if the orgee Form 990, Part X, line 25.  (a) Description of liability e taxes  DEPOSITS	(b) Book val	ue .,765	•
Part X O S  1.  Federal income  REFUNDABLE  DEFERRED CO	ther Liabilities. Complete if the orgee Form 990, Part X, line 25.  (a) Description of liability e taxes  DEPOSITS  DMPENSATION	(b) Book val	ue ,,765	•
Part X O S  1.  Federal income  REFUNDABLE  DEFERRED CO	ther Liabilities. Complete if the orgee Form 990, Part X, line 25.  (a) Description of liability e taxes  DEPOSITS  DMPENSATION	(b) Book val	ue ,,765	•
Part X O S  1.  Federal income  REFUNDABLE  DEFERRED CO	ther Liabilities. Complete if the orgee Form 990, Part X, line 25.  (a) Description of liability e taxes  DEPOSITS  DMPENSATION	(b) Book val	ue ,,765	•
Part X O S  1.  Federal income  REFUNDABLE  DEFERRED CO	ther Liabilities. Complete if the orgee Form 990, Part X, line 25.  (a) Description of liability e taxes  DEPOSITS  DMPENSATION	(b) Book val	ue ,,765	•
Part X O S  1.  Federal income  REFUNDABLE  DEFERRED CO	ther Liabilities. Complete if the orgee Form 990, Part X, line 25.  (a) Description of liability e taxes  DEPOSITS  DMPENSATION	(b) Book val	ue ,,765	•
Part X O S  1.  Federal income  REFUNDABLE  DEFERRED CO	ther Liabilities. Complete if the orgee Form 990, Part X, line 25.  (a) Description of liability e taxes  DEPOSITS  DMPENSATION	(b) Book val	ue ,,765	•

Schedule D (Form 990) 2015

1 2

2e

3

а	Investment expenses not inclu	uded on Form 990, Part VIII, line 7b .	4a			
b	Other (Describe in Part XIII )		4b		1	
c	Add lines <b>4a</b> and <b>4b</b>				4c	
5	Total revenue Add lines 3 and	4c.(This must equal Form 990, Part I, line	12)		5	
Part		rpenses per Audited Financial Station answered 'Yes' on Form 990,			s per	Return.
1	Total expenses and losses per	audited financial statements			1	
2	Amounts included on line 1 bu	t not on Form 990, Part IX, line 25				
а	Donated services and use of fa	acılıtıes	2a			
b	Prior year adjustments		<b>2</b> b			
c	Otherlosses		<b>2</b> c			
d	Other (Describe in Part XIII )		2d			
e	Add lines <b>2a</b> through <b>2d</b>				2e	
3	Subtract line ${f 2e}$ from line ${f 1}$ .				3	
4	Amounts included on Form 990	0, Part IX, line 25, but not on line <b>1:</b>				
а	Investment expenses not inclu	uded on Form 990, Part VIII, line 7b .	. 4a			
b	Other (Describe in Part XIII )		4b			
c	Add lines <b>4a</b> and <b>4b</b>				4c	
5	Total expenses Add lines <b>3</b> ar	nd <b>4c.</b> (This must equal Form 990, Part I, li	ne 18 )	)	5	
Pari	XIII Supplemental Info	ormation				
Part		Part II, lines 3, 5, and 9, Part III, lines 1a lines 2d and 4b, and Part XII, lines 2d and				de any additional
	Return Reference	Explanation				
ADT	V LINE 4	THE ASSOCIATION'S BOADD-DESIGN.	ATED E	FILNIDS A DE DESERVED	A C D	A DT OF ITS

INTERNAL BUILDING AND CAPITAL BUDGET RESERVE

2b

2c 2d

Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.

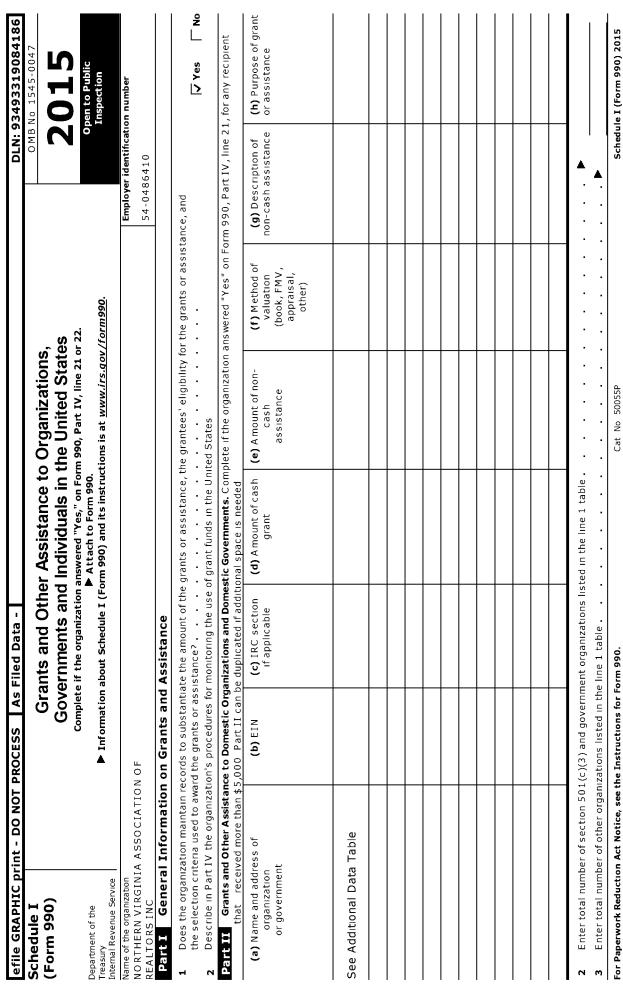
Total revenue, gains, and other support per audited financial statements .

Amounts included on Form 990, Part VIII, line 12, but not on line 1

Recoveries of prior year grants . . . .

Subtract line 2e from line 1 . . . . . . . .

Schedule D (Form 990) 2015		Page <b>5</b>
Part XIII Supplemental Information	on (continued)	
Return Reference	Explanation	



Schedule I (Form 990) 2015  Partiti Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22  Part III can be duplicated if additional space is needed	orm 990) 2015  Grants and Other Assistance to Domestic Individuals. Co Part III can be duplicated if additional space is needed	mplete if the organizatio	n answered "Yes" on Forn	n 990, Part IV, line 22	Page 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)	(e)Method of valuation (book, F)Description of non-cash assistance FMV, appraisal, other)

















Supplemental Information. Provide the information required in Part I	ition required in Part I, line 2, Part III, column (b), and any other additional information.
erence Explanation	

Return Reference PART I, LINE 2

Part IV

DONATIONS ARE GIVEN TO PUBLIC CHARITIES FOR THEIR GENERAL EXPENSES NO ACCOUNTING IS REQUESTED FOR THE USE OF THE FUNDS

Schedule I (Form 990) 2015

# **Additional Data**

# 54-0486410 EIN Software Version:

Software ID:

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

(c) IRC section ıf applıcable

(b) EIN

(a) Name and address of

or government

organization

Name: NORTHERN VIRGINIA ASSOCIATION OF REALTORS INC

(h) Purpose of grant

or assistance

non-cash assistance (a) Description of

(book, FMV, appraisal,

(d) Amount of cash | (e) Amount of non- |(f) Method of valuation

assistance

GENERAL SUPPORT

RENTAL SPACE TO CONDUCT COUNSELING SERVICES

12,248 FMV

2,500

501(C)(3)

27-2195936

ASIAN-AMERICAN **HOMEOWNERSHIP** COUNSELING INC 12320 PARKLAWN DRIVE

ROCKVILLE, MD 20852

UNITED COMMUNITY

MINISTRIES

GENERAL SUPPORT

>

15,500

501(C)(3)

54-0850780

>

20,000

501(C)(3)

54-1417974

ALEXANDRIA, VA 22306

NORTHERN VIRGINIA

TRANSPORTATION

MCLEAN, VA 22106

O BOX 6149

ALLIANCE

7511 FORDSON ROAD

GENERAL SUPPORT

	(h) Purpose of grant or assistance	GENERAL SUPPORT
nts.	(g) Description of non-cash assistance	٧/ ٨
nce to Domestic Organizations and Domestic Governments.	(d) A mount of cash cash cash cash cash assistance (f) Method of valuation assistance cash cash cher)	FMV
anizations and D	(e) A mount of non- cash assistance	
to Domestic Orga	(d) A mount of cash grant	2,500
Other Assistance	(c) IRC section if applicable	501(C)(3)
rt II, Grants and	<b>(b)</b> EIN	54-1711347
Form 990, Schedule I, Part II, Grants and Other Assistan	(a) Name and address of organization or government	HOUSING AND COMMUNITY SERVICES OF NORTHERN VIRGINIA 7426 ALBAN STATION ROAD SUITE B 208 208 SPRINGFIELD, VA 22150

**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.

2015

OMB No 1545-0047

DLN: 93493319084186

Schedule J (Form 990)

easi	tment of the ury al Revenue Service	▶ Information about Schedule J (For		cn to Form 990. ) and its instructions is at <u>www.i<i>rs</i></u>	.gov/form990.	Open t Insp	o Pul ectio	
N a i NOF	me of the organiz RTHERN VIRGINIA AS ALTORS INC				Employer identifica	ition nui	mber	
Pa	rt I Questi	ons Regarding Compensation			3+ 0+00+10			
	(						Yes	No
La		ropiate box(es) if the organization prov Section A, line 1a Complete Part III t						
	First-clas	s or charter travel		Housing allowance or residence fo	r personal use			
	Travel for	companions		Payments for business use of pers	sonal residence			
	Tax idemi	nification and gross-up payments	<b>√</b>	Health or social club dues or initia	ation fees			
	✓ Discretion	nary spending account		Personal services (e g , maid, cha	uffeur, chef)			
b	reimbursement	exes in line 1a are checked, did the org	cribed	above? If "No," complete Part III t	o explain	1b	Yes	
2	_	ration require substantiation prior to re sees, officers, including the CEO/Execu		= :	•	2	Yes	
3	organization's	, if any, of the following the filing organi CEO/Executive Director Check all tha ed organization to establish compensa	t apply	Do not check any boxes for metho	ods			
	✓ Compensa	ation committee	<b>√</b>	Written employment contract		ļ		ļ
	✓ Independe	ent compensation consultant	<b>√</b>	Compensation survey or study				
	Form 990	of other organizations	<b>√</b>	Approval by the board or compens	ation committee			
1	During the year or a related org	r, did any person listed on Form 990, P ganization	art VII	I, Section A, line 1a with respect to	the filing organization	on		
а	Receive a seve	erance payment or change-of-control p	ayment	t?		4a		Νo
b	Participate in,	or receive payment from, a supplement	al nond	qualified retirement plan?		4b	Yes	
c	Participate in,	or receive payment from, an equity-bas	sed cor	mpensation arrangement?		4c		Νo
	If "Yes" to any	of lines 4a-c, list the persons and prov	vide the	e applicable amounts for each item	ın Part III			
5	For persons lis	, <b>501(c)(4), and 501(c)(29) organizati</b> ted on Form 990, Part VII, Section A, contingent on the revenues of		·	any			
а	The organization	on?				5a		
b	Any related org If "Yes," on line	ganization? e 5a or 5b, describe in Part III				5b		
5	•	ted on Form 990, Part VII, Section A, contingent on the net earnings of	line 1a	, did the organization pay or accrue	any			
а	The organization	on?				6a		
b	Any related org					6b		
		e 6a or 6b, describe in Part III						
7	For persons lis	ted on Form 990, Part VII, Section A, described in lines 5 and 6? If "Yes," de			on-fixed	7		
3		ints reported on Form 990, Part VII, pa initial contract exception described in f				8		
	If "Voc" on line	2 9 did the organization also follow the	robutt	able presumption presedure describ	ed in Regulations		1	

section 53 4958-6(c)?

Page 2			)2015	J (Form 990) 2015

Page 2

Schedule J	Schedule J (Form 990) 2015
Part II	Parient Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.
For each inc	or 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	instructions, on row (ii) Do not list any individuals that are not listed on Form 990, Part VII
<b>Note.</b> The s	Note. The sum of columns (B)(1)-(11) 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

<b>Highest Compensated Employees.</b> Use duplicate copies if additional space t compensation from the organization on row (I) and from related organizations, described 90, Part VII stal amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amou
---

(F) Compensation in as deferred on prior column(B) reported

(E) Total of columns

(D) Nontaxable benefits

(C) Retirement and

(B) Breakdown of W-2 and/or 1099-MISC compensation

(A) Name and Title

other deferred compensation

Other reportable

Bonus & incentive compensation 115,983

> (I) compensation 355,648

compensation 260,234

(B)(:)-(D)

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0

0

31,250

0

33,662

0

756,777

240,744

12,876

188,628

3,942

8,888

0

. . . . . . . . .

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0

12,996

14,615

190,040

0

 $\equiv$ 

CHIEF EXECUTIVE OFFICER

1 CHRISTINE M TODD

SR VP OF GOVERNMENT

AFFAIRS

2 ELIZABETH COYA

12,692

----------

CHIEF OPERATING OFFICER

3 FRANK DOYLE

163,106

0

10,217

0

186,187

3,932

8,786

3,076

12,308

158,085

c

c

0

0

0

Form 990

Schedule J (Form 990) 2015

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13,846

173,843

5 SARAH LOUPPE PETCHER

GENERAL COUNSEI

4 JAMES FOSTER CHIEF FINANCIAL OFFICER

0

9,684

0

0

7,154

0

204,527

CHRISTINE M TODD - IN 2015, A CAR ALLOWANCE OF \$16,985 WAS INCLUDED IN HER WAGES AS TAXABLE COMPENSATION ELIZABETH

Explanation

COYA - IN 2015, A CAR ALLOWANCE OF \$12,000 AND HEALTH CLUB DUES OF \$996 WERE INCLUDED IN HER WAGES AS TAXABLE

OMPENSATION

PART I, LINE 4B

Return Reference

CHIRSTINE M TODD, THE ASSOCIATION'S CHIEF EXECUTIVE OFFICER PARTICIPATES IN A 457(B) DEFERRED COMPENSATION PLAN

Schedule 3 (Form 990) 2015

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

### **Transactions with Interested Persons**

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

► Attach to Form 990 or Form 990-EZ.

DLN: 93493319084186 OMB No 1545-0047

Schedule L (Form 990 or 990-EZ)

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

2015

reasury nternal Revenue S	Sanuca					www.irs.gov/	<u>form990</u> .					In	specti	on
Name of the o NORTHERN VIRG	rganıza		N OF						Emp	oloyer	identif	ication	numbe	•
REALTORS INC  Part I Exc	ess R	enefit	Tran	sactions (	section	501(c)(3), sec	tion 501(c)(4	) and 501(c)(		0486		only)		
						n Form 990, Pa							40b	
<b>1 (a)</b> Na	me of d	ısqualıfı	ied per	son	<b>(b)</b> Rel	atıonshıp betwe	•	d person and			rıptıon	of	(d) Corr	ected?
						orga	inization			trans	action		Yes	No
												$\rightarrow$		
												-		
												$\rightarrow$		
												-+		
					_									
						nagers or disqu	•			nders . •	ection ► \$ _			
						nbursed by the				. i	<b>\$</b>			
		•				·								
				From Inter		<b>Persons.</b> ' on Form 990-	E7 Dart V Jur	na 38a or Forr	n 001	Dart	IV line	a 26 n	rıfthe	
						0, Part X, line !		10 304, 01 1 011	11 3 3 0	, , a , c	1 , , , , , ,	220,0	THE CITE	
	1 (1)		1	1, , ,	1 (1)		1 ,	(6) 0 1		-			7334	
(a) Name of Interested	1 ' '	Relation organiza		(c) Purpose of Ioan		oan to om the	(e) Original	(f)Balance due	(g) defa	In ult?	h (h		(i)Wr agreer	
person				Si Gilouii	organ	ızatıon?	principal		b		by boa	by board or committee?		
					То	From	amount		Yes	No	Yes	No	Yes	No
RYANT	CEO C	FTHE		ASSIST IN	10	X	50,000	48,199	165	No	Yes	+ 100	Yes	NO
1)CONRAD	1	NIZATI	ION	PURCHASE										
				OFHOME								┼	+	
						+						+-	+	
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												1		
												<del>                                     </del>		
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				<b>▶</b> \$		l		48,199		I	I			
	ants	or Ass	istan		ing In	terested Pe	rsons.							
						"Yes" on Forr		IV, line 27.						
(a) Name of		ted		elationship be		(c) A mount of	fassistance	(d) Type of	assis	tance	(e)	Purpos	e of ass	ıstance
pers	UN		intere	sted person a organization										
											<u> </u>			
									_					
						1								

TRANSACTIONS INVOLVING

INTERESTED PERSONS

Complete if the organi	zation answered "Yes" on F	form 990, Part IV, lin	e 28a, 28b, or 28c.		
(a) Name of Interested person	(b) Relationship between interested person and the organization	(c) A mount of transaction	(d) Description of transaction	(e) Sh organiz reven	zation's
				Yes	No
METROPOLITAN REGIONAL (1) INFORMATION SYSTEMS INC	THE ASSOCIATION HOLDS A MINORITY STOCK OWNERSHIP IN MRIS, INC	1,116,424	DIVIDEND	Yes	
·					
Part V Supplemental Information Provide additional information of the	<b>mation</b> Ition for responses to questions	s on Schedule L (see ins	tructions)		
Return Reference		Explanat	ion		
SCHEDULE L, PART IV, BUSINESS	ADDITIONALLY, CHRISTINE	M TODD, THE CHIEF	EXECUTIVE OFFICER OF THE		

GOVERNING BODY IN 2015

ASSOCIATION, ALSO SERVED AS A DIRECTOR ON MRIS, INC 'S BOARD OF DIRECTORS, ITS

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

Department of the

Internal Revenue

Name of the organization

NORTHERN VIRGINIA ASSOCIATION OF

Treasury

Service

Supplemental Information to Form 990 or 990-EZ

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

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

OMB No 1545-0047 2015 Open to Public Inspection

DLN: 93493319084186

**Employer identification number** 

REALTORS INC 54-0486410 Return Explanation Reference INDIVIDUALS INTERESTED IN BECOMING A MEMBER NEED TO SUBMIT AN APPLICATION TO THE BOARD OF DIRECTORS OF FORM 990. PART VI. THE ASSOCIATION PROVISIONAL MEMBERSHIP IS PROVIDED IF, 1) ALL DUES AND APPLICATION FEES HAVE BEEN SECTION A. REMITTED, 2) THE REALTOR MEMBER VERIFIES HE/SHE IS ACTIVELY ENGAGED IN THE REAL ESTATE PROFESSION, 3) THE LINE 6 MEMBER MAINTAINS A CURRENT, VALID REAL ESTATE LICENSE, 4) THERE IS NO RECORD OF RECENT/PENDING BANKRUPTCY (WITHIN THE LAST THREE YEARS), 5) THERE IS NO RECORD OF OFFICIAL SANCTIONS INVOLVING UNPROFESSIONAL CONDUCT, AND 6) THE MEMBER AGREES TO COMPLETE A COURSE OF INSTRUCTION COVERING THE BY LAWS AND RULES OF THE ASSOCIATION AS WELL AS THE STATE AND NATIONAL ASSOCIATIONS FULL MEMBERSHIP IS NOT GRANTED UNTIL THE APPLICATION IS APPROVED BY THE BOARD OF DIRECTORS AT A SCHEDULED MEETING RIGHTS. OF REALTOR MEMBERS INCLUDE. 1) THE RIGHT TO VOTE AND HOLD ELECTED OFFICE WITHIN THE ASSOCIATION, 2) PAY MEMBER RATES FOR ASSOCIATION SERVICES (LOCKBOX SERVICE, REALTOR STORE AND EDUCATIONAL OFFERING AND EVENTS), 3) SERVE ON COMMITTEES THE OTHER CLASSES OF MEMBERS ARE. AFFILIATE MEMBERS, INSTITUTE AFFILIATE MEMBERS, PUBLIC SERVICE MEMBERS, HONORARY MEMBERS AND STUDENT MEMBERS AFFILIATE MEMBERS, INSTITUTE AFFILIATE MEMBERS, PUBLIC SERVICE MEMBERS AND STUDENT MEMBERS HAVE ALL RIGHTS OF REALTOR MEMBERS EXCEPT THE RIGHT TO VOTE AND HOLD ELECTED OFFICE.

Return Reference	Explanation
FORM 990,	THE NORTHERN VIRGINIA ASSOCIATION OF REALTORS HAS ANNUAL ELECTIONS FOR OPEN POSITIONS ON THE BOARD
PART VI,	OF DIRECTORS ALL REALTOR MEMBERS, INCLUDING HONORARY MEMBERS, ARE ALLOWED TO VOTE THESE ARE TWO-
SECTION A,	YEAR BOARD POSITIONS THE CHAIRPERSON-ELECT ANNUALLY APPOINTS THREE (3) REALTORS TO SERVE ON THE
LINE 7A	BOARD FOR A ONE-YEAR TERM OFFICERS OF THE ASSOCIATION (CHAIRPERSON, CHAIRPERSON-ELECT AND
	SECRETARY/TREASURER) ARE NOMINATED BY MEMBERS OF THE BOARD OF DIRECTORS AND ELECTED BY THE BOARD
	AN OFFICER OF THE ASSOCIATION NEEDS TO BE A CURRENT MEMBER OF THE BOARD OF DIRECTORS

Return Reference	Explanation	l
FORM 990, PART VI,	AMENDMENTS TO THE BY-LAWS OF THE ASSOCIATION ARE SUBJECT TO APPROVAL BY MEMBERS OF THE	l
SECTION A. LINE 7B	ASSOCIATION ONLY REALTOR MEMBERS IN GOOD STANDING HAVE VOTING RIGHTS	ı

Return Reference	Explanation
,	THE FORM 990 WAS REVIEWED, PRIOR TO FILING, WITH THE BOARD OF DIRECTORS THE REVIEW WAS CONDUCTED BY THE CHIEF EXECUTIVE OFFICER AND THE CHIEF FINANCIAL OFFICER DURING A REGULARLY SCHEDULED BOARD MEETING IN ADDITION, THE CHIEF EXECUTIVE OFFICER AND THE CHIEF FINANCIAL OFFICER REVIEWED THE FORM WITH THE OFFICERS OF THE ASSOCIATION (CHAIRPERSON, CHAIRPERSON-ELECT, SECRETARY/TREASURER AND IMMEDIATE PAST CHAIRPERSON) IN A SEPARATE MEETING

Return Reference	Explanation
′	THE BOARD OF DIRECTORS, ANY MEMBER OF A STANDING COMMITTEE, AD HOC COMMITTEE OR TASK FORCE APPOINTED BY THE BOARD OR CHAIRPERSON HAS TO SIGN A "CONFLICT OF INTEREST" POLICY AT THE BEGINNING OF THE SERVICE YEAR THE POLICY DEFINES CONFLICTS AND IMPOSES AN ONGOING DUTY TO THESE MEMBERS TO DISCLOSE, AT THE OUTSET OF A DISCUSSION, ANY INTERESTS THEY MAY HAVE SUCH MEMBERS MAY NOT PARTICIPATE IN THE DISCUSSION RELATING TO THE BUSINESS AND MAY NOT VOTE ON ANY MATTER IN WHICH A MEMBER HAS A CONFLICT OF INTEREST

Return Reference	Explanation
FORM 990,	THE PROCESS FOR DETERMINING COMPENSATION FOR THE CHIEF EXECUTIVE OFFICER (CEO) IS SET BY THE BOARD OF
PART VI,	DIRECTORS THE OFFICERS OF THE ASSOCIATION MEET AND NEGOTIATE THE SALARY AND BENEFITS TO BE INCLUDED IN
SECTION B,	THE CEO'S EMPLOYMENT CONTRACT THE FULL BOARD OF DIRECTORS VOTES ON THE EMPLOYMENT CONTRACT
LINE 15	FACTORS USED TO DETERMINE THE COMPENSATION INCLUDE 1) A REVIEW OF THE CEO'S ABILITY TO MEET GOALS AND
	EXPECTATIONS ESTABLISHED BY THE BOARD, AND 2) A REVIEW OF GUIDELINES ESTABLISHED FOR ASSOCIATIONS
	BASED ON GEOPGRAPHIC LOCATION, SIZE AND SCOPE OF ACTIVITIES OF THE ASSOCIATION THIS PROCESS WAS LAST
	UNDERTAKEN FOR THE CEO IN AUGUST 2015 KEY EMPLOYEE'S COMPENSATION IS A PPROVED BY THE CHIEF EXECUTIVE
	OFFICER BASED ON GUIDELINES ESTABLISHED BY THE BOARD DURING THE ANNUAL BUDGET PROCESS KEY EMPLOYEE
	COMPENSATION IS REVIEWED ANNUALLY

Return Reference	Explanation
FORM 990, PART VI, SECTION C, LINE 18	THE FORMS ARE MADE AVAILABLE FOR REVIEW EITHER BY REQUESTING A COPY OR REVIEWING IN OUR OFFICE.

Return Reference	Explanation
FORM 990, PART VI,	FINANCIAL STATEMENTS AND GOVERNING DOCUMENTS (I E BY-LAWS) ARE AVAILABLE FOR REVIEW EITHER BY
SECTION C, LINE 19	REQUESTING A COPY OR REVIEWING IN OUR OFFICE CURRENTLY, THE CONFLICT OF INTEREST POLICY IS NOT OPEN FOR INSPECTION

Return Reference	Explanation
FORM 990, PART XII, LINE 2C	THE PROCESS HAS NOT CHANGED FROM THE PRIOR YEAR

efile GRAPHIC print - DO NOT PROCESS	OO NOT PROCESS   As Filed Data -	-				DLN: 93493319084186	4186
SCHEDULE R	Related Or	<b>Organizations and Unrelated Partnerships</b>	nd Unrelated	Partnership	S	OMB No 1545-0047	047
(Form 990)	► Complete if the org	► Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37	s" on Form 990, Part	IV, line 33, 34, 35b,	36, or 37.	2015	LA.
Department of the Treasury Internal Revenue Service	► Attach to Form 990. ► Inf	► Information about Schedule R (Form 990) and its instructions is at www.irs.gov/form990	R (Form 990) and it.	s instructions is at	www.irs.gov/form9	_	<u>.</u>
Name of the organization NORTHERN VIRGINIA ASSOCIATION OF	90				Employer identification number	fication number	
REALTORS INC					54-0486410		
Part I Identificatio	Identification of Disregarded Entities Complete	e if the organization answered "Yes" on Form 990, Part IV, line 33.	answered "Yes" or	Form 990, Part	IV, line 33.		
Name, address, and EIN	<b>(a)</b> Name, address, and EIN (if applicable) of disregarded entty	<b>(b)</b> Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income En	(e) End-of-year assets	(f) Direct controlling entity	
Part II Identification or more related	Identification of Related Tax-Exempt Organizations Complete If the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.	ations Complete if the tax year.	ie organization an	swered "Yes" on	Form 990, Part IV,	, line 34 because it had on	e e
Name, address, and	(a) Name, address, and EIN of related organization	(b) Pnmary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(if section 501(c)(3))	Direct controlling Section (13) or (13	(g) Section 512(b) (13) controlled entity?
(1)NORTHERN VIRGINIA ASSOCIATION OF REALTORS PAC 8407 PENNELL STREET FAIRFAX, VA 22031 54-1982495	ION OF REALTORS PAC	POLITICAL ACTION COMMITTEE	۸۸	527	N/A	NORTHERN VIRGINIA Yes ASSOCIATION OF REALTORS INC	<b>†</b>
For Danapack Baduction Act	Act Notice see the Instructions for Form 990		NO 50135V	3.5.V		Schodule B (Form 990) 2015	     

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. Part III

(k) Percentage ownership (J) General or managing partner? Yes No (h)

i Disproprionate Code V-UBI Ge and allocations? amount in box m 20 of F Schedule K-1 (Form 1065) ŝ Yes (g)
Share of End-of-year assets (f) Share of total income (e)
Predominant
income(related,
unrelated, excluded from tax under sections 512-514) (d)
Direct
controlling
entity (c)
Legal
domicile
(state or
foreign
country) (b) Primary activity (a)
Name, address, and EIN of related organization

Part IV Identification of Related Organizations Taxable as a Corporation or Trust Complete if the organization answered "Yes" on Form 990, Part IV, line

	2			
(I) Section 512 (b)(13) controlled entity?	Yes			
<b>(h)</b> Percentage ownership				
(g) Share of end- of-year assets				
(f) Share of tota income				
(e) pe of entity (C corp, S corp, or trust)				
(d) Direct controlling Ty entity				
(c) Legal domcola (state or foreign country)				
<b>(b)</b> Primary activity				
( <b>a)</b> Name, address, and EIN of related organization				

chedule R (Form 990) 2015	Pa	Page <b>3</b>
Part V Transactions With Related Organizations Complete If the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.		
Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule	Yes	No
1 During the tax year, did the orgranization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?		
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity.	1a	N <sub>o</sub>
<b>b</b> Gift, grant, or capital contribution to related organization(s)	1b Yes	
<b>c</b> Gift, grant, or capital contribution from related organization(s)	1c	N <sub>O</sub>
d Loans or loan guarantees to or for related organization(s)	1d	N <sub>O</sub>
e Loans or loan guarantees by related organization(s)	1e	N <sub>O</sub>
f Dividends from related organization(s)	11	No
g Sale of assets to related organization(s)	1g	No
<b>h</b> Purchase of assets from related organization(s)	#	8
i Exchange of assets with related organization(s)	ij	N <sub>O</sub>
<b>j</b> Lease of facilities, equipment, or other assets to related organization(s)	1j	No
<b>k</b> 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	No

Reimbursement paid to related organization(s) for expenses Reimbursement paid by related organization(s) for expenses Other transfer of cash or property to related organization(s).
imbursement paid by related organization(; her transfer of cash or property to related o
Other transfer of cash or property to related organization(s)

Schedule R (Form 990) 2015

(d)
Method of determining amount involved

(c) Amount involved

**(b)** Transaction type (a-s) FMV FMV FΜV

4,000 2,751

> Q ~

(2)NORTHERN VIRGINIA ASSOCIATION OF REALTORS POLITICAL ACTION COMMITTEE (1)NORTHERN VIRGINIA ASSOCIATION OF REALTORS POLITICAL ACTION COMMITTEE

(a)
Name of related organization

(3)NORTHERN VIRGINIA ASSOCIATION OF REALTORS POLITICAL ACTION COMMITTEE

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62,662

2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds

)	N <sub>o</sub>		S.	۶	S.	8	ž	۶	۶	No	No	N <sub>o</sub>	٥ N		No	No			No
;		Yes												Yes			Yes	Yes	
	<b>1</b> a	<b>1</b> p	1c	<b>1</b> d	1e	1f	19	1 <b>.</b>	11	1j	1k	11	1m	1n	10	1p	19	11	1s
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				٠												•	٠	٠	
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	٠	•		•				•			•			٠				•	
		•		•							•			•				•	

Page 4

Schedule R (Form 990) 2015

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

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

	1												
( <b>a)</b> Name, address, and EIN of entty	(b) Рптагу асtivity	(c) Legal domicile (state or foreign country)	Predominant income (related, unrelated, excluded from tax under sections 512-	Are all se 501 organ	(e) Are all partners section Sol(c)(3) organizations?	Share of total income	Share of end-of-year assets	(h) Disproprtionate allocations?		Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(J) General or managing partner?	(k) Percentage ownership	age ship
			514)	Yes	No			Yes	° Z		Yes No		
												1	
										Schedu	Schedule R (Form 990) 2015	990) 201	2

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

Return Reference

Explanation

chedule R (Form 990) 2015