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DLN: 93493119005436

Form 990

Department of the Treasury Internal Revenue Service

# **Return of Organization Exempt From Income Tax**

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

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

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

OMB No 1545-0047
2015

Open to Public Inspection

A F	or the	e 2015 ca	lendar year, or tax year beginnin	g 01-01-2015 , and ending 12-31-20	15			
		applicable	C Name of organization IDAHO ASSOCIATION OF REALTORS I	NC		D Emplo	yer ide	entification number
		change				82-0	21116	2
∏ Na		_	Doing business as					
Ind		turn	Number and street (or P O box if ma	all is not delivered to street address) Room/s	uite	E Teleph	one nun	nber
	urn/te	erminated	10116 W OVERLAND ROAD			(208)	342-	3585
_		d return on pending	City or town, state or province, coun BOISE, ID 83709	try, and ZIP or foreign postal code		<b>G</b> Gross	receipts	\$ 1,566,605
			<b>F</b> Name and address of prin	cıpal officer	H(a) I	s this a group	retur	n for
			LA DAWN ANDERST 10116 WOVERLAND ROAD			ubordinates?		ΓYes <b>Γ</b> Νο
			BOISE, ID 83709	•	1	re all subord icluded?	ınates	□Yes □No
					1		n a list	(see instructions)
<b>I</b> Ta	ıx-exei	empt status	501(c)(3)   501(c)(6) <b>4</b> (1	Insert no ) 4947(a)(1) or 527	H(c) (	Group exemp	tıon nu	mber ►
J W	ebsit	te:► IDA	AHOREALTORS COM					
			Corporation Trust Association	Other 🕨	<b>L</b> Year	of formation 19	968 <b>M</b>	State of legal domicile ID
Pa	rt I	Sum	mary					
Governance	I	ITS MEME CODE OF	BERS, ADVOCATES FOR THE P	RS IS A PROFESSIONAL TRADE OF ROTECTION OF PRIVATE PROPER ON OF REALTORS IS THE UNIFIED	TY RIGHTS	S AND PROM	OTES	THE REALTORS
	2	Check th	ıs box ► ıf the organizatıon dıs	continued its operations or disposed	of more tha	n 25% of its	net as	sets
Activities &	3	Number	of voting members of the governi	ng body (Part VI, line 1a)			з	8
Ě	4	Number	of independent voting members o	f the governing body (Part VI, line 1b	)		4	8
Į.	5	Total nun	nber of individuals employed in c	alendar year 2015 (Part V, line 2a)			5	9
			·	ecessary)			6	71
			elated business revenue from Pa ited business taxable income froi	rt VIII, column (C), line 12			7a 7b	0
		ivec umera	ted business taxable income nor	111 om 990-1, me 34	<del></del>	Prior Year	/b	Urrent Year
	8	Contri	butions and grants (Part VIII, lir	ne 1h)	. 🖯		0	0
喜	9	Progra	ım service revenue (Part VIII, lir	ne 2g)		1,417,	.073	1,564,705
Revenue	10			(A), lines 3, 4, and 7d)		1,227		1,900
	11			lines 5, 6d, 8c, 9c, 10c, and 11e)			0	0
	12	1 otal r 1 2 )	revenue—add lines 8 through 11	1,418,	.300	1,566,605		
	13			IX, column (A), lines 1-3)			0	0
	14			X, column (A), line 4)			0	0
\$	15	5-10)		e benefits (Part IX, column (A), lines		444,	470	523,628
Expenses	16a			column (A), line 11e)			0	0
죠	Ь	Total fu	ndmiana avenanaa (Dart IV. aaluman (D)					
	1	0.11	ndraising expenses (Part IX, column (D)			F00	663	674.402
	17		expenses (Part IX, column (A), l	ines 11a-11d, 11f-24e)		590, 1.035	-	
	17 18 19	Total e	expenses (Part IX, column (A), l expenses Add lines 13–17 (mus			590, 1,035, 383,	132	1,194,730
BC es	18	Total e	expenses (Part IX, column (A), l expenses Add lines 13–17 (mus	ines 11a-11d, 11f-24e) st equal Part IX, column (A), line 25)		1,035,	132	1,194,730
ssets or Balances	18	Total e Reven	expenses (Part IX, column (A), l expenses Add lines 13–17 (mus	ines 11a-11d, 11f-24e) st equal Part IX, column (A), line 25) 18 from line 12		1,035,	132 168 <b>Year</b>	1,194,730 371,875 End of Year
et Assets or and Balances	18 19	Total e Reven	expenses (Part IX, column (A), lexpenses Add lines 13–17 (musue less expenses Subtract line in assets (Part X, line 16)	ines 11a-11d, 11f-24e) st equal Part IX, column (A), line 25) 18 from line 12	Beginni	1,035, 383, ng of Current 2,177, 825,	132 168 <b>Year</b> 967 157	1,194,730 371,875 End of Year 2,252,440 527,755
Not Assets or Fund Balances	18 19 20 21 22	Total e Reven Total e Total I	expenses (Part IX, column (A), lexpenses Add lines 13–17 (musue less expenses Subtract line :  assets (Part X, line 16)	ines 11a-11d, 11f-24e)	Beginni	1,035, 383, ng of Current 2,177,	132 168 <b>Year</b> 967 157	1,194,730 371,875 End of Year 2,252,440
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Pal Under my k prepa	18 19 20 21 22 21 22 21 22 21 22	Total a Reven  Total a Total I Net as  Sign nalties of pedge and b has any kr  **** Signa  LA DA Type	expenses (Part IX, column (A), I expenses Add lines 13–17 (musue less expenses Subtract line:  assets (Part X, line 16)	ines 11a-11d, 11f-24e)	Beginni	1,035, 383, ng of Current 2,177, 825, 1,352, dules and start) is based on	132 168 <b>Year</b> 967 157 810	1,194,730 371,875 End of Year 2,252,440 527,755 1,724,685
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May the IRS discuss this return with the preparer shown above? (see instructions)  $\cdot$ .

Form 990 (	2015)	
Part IV	Checklist of Requi	red Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1		No
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2		Νo
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I 💆	3	Yes	
4	Section 501(c)(3) organizations.  Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year?  If "Yes," complete Schedule C, Part II	4		
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19?  If "Yes," complete Schedule C, Part III	5	Yes	
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts?  If "Yes," complete Schedule D, Part I	6		No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets?  If "Yes," complete Schedule D, Part III	8		No
9	Did the organization report an amount in Part X, line 21 for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		No
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i>	10		No
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10?  If "Yes," complete Schedule D, Part VI	11a	Yes	
	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		No
	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII 2	11c		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	11d		No
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	1	No
	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)?  If "Yes," complete Schedule D, Part X	11f	Yes	
12a	Did the organization obtain separate, independent audited financial statements for the tax year?  If "Yes," complete Schedule D, Parts XI and XII	12a	Yes	
	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		No
	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? <i>If "Yes," complete Schedule F, Parts I and IV</i>	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
	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		N o
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
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		No
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		

D	Chaptilist of Barring d Cabadulas (continued)			
	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		Νo
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		Νo
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>	23		No
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		
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.  Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part $I$	25a		
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25b		
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes," complete Schedule L, Part II	26		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? 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,	28b	Yes	
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was		1 03	No
29	an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c 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
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33		No
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	34		No
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		No
b	If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section $512(b)(13)$ ? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36		
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?  Note: All Form 990 filers are required to complete Schedule O.	38	Yes	

	990 (2015)					Page
Pai	t V Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response or note to any line in this		v			
	Chock in Contaction Contaction in Contaction				Yes	No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0 - if not applicable	1a	13			
b	Enter the number of Forms W-2G included in line 1a Enter -0 - if not applicable	1b	0			
С	Did the organization comply with backup withholding rules for reportable payments to gaming (gambling) winnings to prize winners?	ven	dors and reportable	1c		
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	2a	9			
b	If at least one is reported on line 2a, did the organization file all required federal emp <b>Note.</b> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file	loym		2b	Yes	
За	Did the organization have unrelated business gross income of \$1,000 or more during	g the	year?	3a		No
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation	on in S	Schedule O	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a si over, a financial account in a foreign country (such as a bank account, securities account)?			4a		No
b	If "Yes," enter the name of the foreign country ►	and	Financial Accounts			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during	g the	tax year?	5a		Νo
b	Did any taxable party notify the organization that it was or is a party to a prohibited t	ax sh	nelter transaction?	5b		Νo
C	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?			_		
6-	Does the eventuation have applied event value that are normally eventual than #16		O and did the	5c		N.a
	Does the organization have annual gross receipts that are normally greater than \$10 organization solicit any contributions that were not tax deductible as charitable cont If "Yes," did the organization include with every solicitation an express statement the	rıbutı	ons?	6a		No
	were not tax deductible?		· · · ·	6b		
	Did the organization receive a payment in excess of \$75 made partly as a contributive services provided to the payor?		d partly for goods and	7a		
b	If "Yes," did the organization notify the donor of the value of the goods or services ${\sf p}$	rovide	ed?	7b		
C	Did the organization sell, exchange, or otherwise dispose of tangible personal proper file Form 8282?	ty for	which it was required to	7c		
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d	· · · · · · · · · · · · · · · · · · ·	7.		
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a p	ersor	nal benefit contract?	7e		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a perso	nal b	enefit contract?	7f		
g	If the organization received a contribution of qualified intellectual property, did the o required?		zation file Form 8899 as	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles Form 1098-C?	, dıd •	the organization file a	7h		
8	Sponsoring organizations maintaining donor advised funds.  Did a donor advised fund maintained by the sponsoring organization have excess but during the year?	sınes	s holdings at any time			
02	Did the sponsoring organization make any taxable distributions under section 4966			8 9a		
	Did the sponsoring organization make a distribution to a donor, donor advisor, or rela			9a 9b		
10	Section 501(c)(7) organizations. Enter	iceu p				
а	Initiation fees and capital contributions included on Part VIII, line 12	10a				
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b				
11	Section 501(c)(12) organizations. Enter					
а	Gross income from members or shareholders	11a				
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them )	11b				
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990	ın lıe	u of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b				
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>N</b> additional information the organization must report on Schedule O	ote. S	See the instructions for	13a		
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13b				
c	Enter the amount of reserves on hand	13c				
	Did the organization receive any payments for indoor tanning services during the tax		?	14a		No
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explana	•		14b		

Part VI	Governance.	Management,	and	Disclosure

Se	ction A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 8			
	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			
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	Yes	
5	Did the organization become aware during the year of a significant diversion of the organization's assets? .	5		Νο
6	Did the organization have members or stockholders?	6		No
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a		No
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b		No
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following			
а	The governing body?	8a	Yes	
b	Each committee with authority to act on behalf of the governing body?	8b	Yes	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		No
Se	ction B. Policies (This Section B requests information about policies not required by the Internal R	evenu	ıe Cod	e.)
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a	Yes	
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b	Yes	
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a		Νo
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Yes	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	12c	Yes	
13	Did the organization have a written whistleblower policy?	13	Yes	
14	Did the organization have a written document retention and destruction policy?	14	Yes	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a	Yes	
b	Other officers or key employees of the organization	15b	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 taxable entity during the year?	16a		No
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		
Se	ction C. Disclosure			
17	List the States with which a copy of this Form 990 is required to be filed▶			
18	Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c) (3)s only) available for public inspection. Indicate how you made these available. Check all that apply Own website. Another's website. Upon request. Other (explain in Schedule O)			
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year			

State the name, address, and telephone number of the person who possesses the organization's books and records ►THE ASSOCIATION 10116 WOVERLAND RD BOISE, ID 83709 (208) 342-3585

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

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

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

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

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

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

(A) Name and Title	(B) A verage hours per week (list any hours	more pers	than on is	one bot	not box h ar or/tr	chec k, unle n offic	ess er e)	(D) Reportable compensation from the organization	(E) Reportable compensation from related organizations	(F) Estimated amount of other compensation	
	for related organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	(W- 2/1099- MISC)	(W- 2/1099- MISC)	from the organization and related organizations	
(1) LA DAWN ANDERST	40 00	х		х				107,326	0	3,246	
(2) SHIRLEY HICKS PAST PRESIDENT	1 00	х						0	0	(	
(3) TIFFANIE MAI-GANSKE PRESIDENT	1 00	х						0	0	(	
(4) TRACY KASPER PRESIDENT-ELECT	1 00	х						0	0	(	
(5) CONNIE FOGLE FIRST VP	1 00	х						0	0	(	
(6) RAPHAEL BARTA NORTH DISTRICT VP	1 00	х						0	0	(	
(7) CLINT CRANE SOUTH DISTRICT VP	1 00	х						0	0	(	
(8) KIT FITZGERALD WEST DISTRICT VP	1 00	х						0	0	(	
(9) TODD DAVIS EAST DISTRICT VP	1 00	х						0	0	(	

t VII	Section A. Officers	Directors,	Trustees,	Kev Emr	olovees	, and Highest	Compensated I	mplovees	(continued
-------	---------------------	------------	-----------	---------	---------	---------------	---------------	----------	------------

	(A) Name and Title	(B) A verage hours per week (list any hours	more t	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						o) table nsation i the tion (W-	(E) Reportable compensation from related organizations (W-		(F) Estimated amount of other compensation from the		
		for related organizations below dotted line)	Individual trusties or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	2/1099	-MISC)	2/1099-MISC)		rganizati relato organiza	ed	
-															
1b c	Sub-Total	· · · · · s to Part VII, S	· · · ection /	· 4 .	•										
d	Total (add lines 1b and 1c) .						Þ		10	7,326	0			3,246	
2	Total number of individuals (in \$100,000 of reportable compe	=					d abov	e) w	ho receive	d more th	nan				
3	Did the organization list any <b>f</b>					, key	emplo	yee,	or highes	t compen	sated employee		Yes	No	
4	on line 1a? If "Yes," complete S					• m==	nontic:			mnorest	on from the	3		Νo	
4	For any individual listed on line organization and related organ individual											4		No	
5	Did any person listed on line 1 services rendered to the organ								_	anızatıon	or individual for	5		No	
	ection B. Independent Co	ntractors									-				
1	Complete this table for your five compensation from the organization	e highest comp									· ·		tax year		
		(A) ame and business						, -			(B) scription of services		(C Comper	) Isation	
													•		

(A) Name and business address	<b>(B)</b> Description of services	<b>(C)</b> Compensation

Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization ► 0

Part V		Check if Schedule O contains a	response or note to any li	ne in this Dart VIII			_
		Check if Schedule O contains a	response or note to any II	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
w s	1a	Federated campaigns	1a				
ons, Gifts, Grants Similar Amounts	b	Membership dues	1b				
Gra mo	С	Fundraising events					
Giffs, iilar A	d	Related organizations	 1d				
ila Ila		Government grants (contributions)					
Contributions, and Other Sim	е		1e				
er.	f	All other contributions, gifts, grants, and similar amounts not included above	1f				
tributio Other	g	Noncash contributions included in lines					
Cont and	ь	1a-1f \$  Total. Add lines 1a-1f					
ع ت		Total. Add lilles 1a-11	<u> </u>				
e II	2-	MEMBERCHIR DUEC 0 ACCE	Business Code	4 242 252	1.040.050		
ven	_	MEMBERSHIP DUES & ASSE	900099	1,340,060	1,340,060		
2 <u>4</u>	b	CDANT INCOME	900099	78,083	78,083		<u> </u>
Š.	C C	GRANT INCOME	900099	40,401	40,401		
Program Serwce Revenue	d e	OTHER  EDUCATION PROGRAMS	900099	36,779	36,779		
ran	f	All other program service reven	900099	36,252	36,252		
Tog.	•	All other program service revent	ue	33,130	33,130		
۵	g	Total. Add lines 2a-2f		1,564,705			
	3	Investment income (including di and other similar amounts).		1,900			1,900
	4	Income from investment of tax-exemp					
	5	Royalties					
		(ı) Real	(II) Personal				
	6a	Gross rents					
	b c	Less rental expenses Rental income					
	_	or (loss)					
	d	Net rental income or (loss).					
	7a	Gross amount from sales of assets other than inventory	(II) Other				
	b c	Less cost or other basis and sales expenses Gain or (loss)					
	d	Net gain or (loss)					
Other Revenue	8a	Gross income from fundraising events (not including \$ of contributions reported on line	1c)				
her R		See Part IV, line 18	a				
ŏ		Less direct expenses					
		Net income or (loss) from fundra Gross income from gaming activ See Part IV, line 19					
			a				
		Less direct expenses					
		Gross sales of inventory, less returns and allowances .	g activities				
			а				
		Less cost of goods sold					
	С	Net income or (loss) from sales					
	44.	Miscellaneous Revenue	Business Code				
	11a		_				
	b		_				
	с	A.U	_				
	d	All other revenue					
	е	<b>Total.</b> Add lines 11a-11d					
	12	Total revenue. See Instructions		1,566,605	1,564,705	(	1,900

	990 (2015)				Page <b>10</b>
	Statement of Functional Expenses				
Section	on 501(c)(3) and 501(c)(4) organizations must complete all columns				
	Check if Schedule O contains a response or note to any line in t	hıs Part IX T	(B)		
	ot include amounts reported on lines 6b, o, 9b, and 10b of Part VIII.	(A) Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to domestic organizations and domestic governments See Part IV, line 21				
2	Grants and other assistance to domestic individuals See Part IV, line 22				
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	110,572			
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	332,342			
8	Pension plan accruals and contributions (include section $401(k)$ and $403(b)$ employer contributions)	10,140			
9	Other employee benefits	36,740			
10	Payroll taxes	33,834			
11	Fees for services (non-employees)				
а	Management	4,776			
b	Legal	20,658			
c	Accounting				
d	Lobbying				
e	Professional fundraising services See Part IV, line 17				
f	Investment management fees				
g	Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	6,171			
12	Advertising and promotion	3,189			
13	Office expenses	25,448			
14	Information technology	13,983			
15	Royalties				
16	Occupancy	33,700			
17	Travel	72,839			
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest	2,928			
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	18,791			
23	Insurance	1,510			
24	Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24e If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O)				
а	PUBLIC POLICY/COMMITTEE	170,632			
b	LEGAL REVIEW/HOTLINE	137,615			
c	CONVENTION	75,067			
d	OTHER EXPENSES	48,453			
e	All other expenses	35,342			
25	Total functional expenses. Add lines 1 through 24e	1,194,730			
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)				

Form 990 (2015) Page 11 Part X **Balance Sheet** Check if Schedule O contains a response or note to any line in this Part X . . . . . . . . . . . . . . . . . . (A) (B) Beginning of year End of year 1,135,745 1,232,084 1 1 714.408 2 2 716.309 Savings and temporary cash investments . . . . Pledges and grants receivable, net . . . . 3 3 4 4 5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of 5 6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Complete Part II of Schedule L 6 7 7 8 8 22.626 13.015 9 9 Prepaid expenses and deferred charges . . . . . 10a Land, buildings, and equipment cost or other basis 392,068 10a Complete Part VI of Schedule D b 10b 101.036 305.188 10c 291,032 Less accumulated depreciation . . . . 11 11 12 12 Investments—other securities See Part IV, line 11 . . . . . 13 13 Investments—program-related See Part IV, line 11 . 14 14 15 15 16 Total assets. Add lines 1 through 15 (must equal line 34) . . . . . . 2,177,967 16 2,252,440 70.011 84,966 17 **17** Accounts payable and accrued expenses . . . . 18 18 610.160 19 442.789 19 20 20 21 21 Escrow or custodial account liability Complete Part IV of Schedule D . \_iabilities 22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified 22 144,986 23 Secured mortgages and notes payable to unrelated third parties . 23 24 24 Unsecured notes and loans payable to unrelated third parties . . . 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 25 825.157 26 527.755 26 **Total liabilities.**Add lines 17 through 25 . . . Organizations that follow SFAS 117 (ASC 958), check here ▶ ▽ and complete Balance lines 27 through 29, and lines 33 and 34. 1.055.561 1,392,083 27 27 297,249 332,602 28 28 Fund 29 29 Permanently restricted net assets . . . . . . . . . Organizations that do not follow SFAS 117 (ASC 958), check here ▶ □ and complete lines 30 through 34. ö 30 30 Assets 31 31 Paid-in or capital surplus, or land, building or equipment fund . . . . . Retained earnings, endowment, accumulated income, or other funds 32 32 ž 33 1,352,810 33 1,724,685 Total liabilities and net assets/fund balances . . . . . . . . . . . 2.177.967 34 2.252.440

Par	t XI Reconcilliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				<u></u>
1	Total revenue (must equal Part VIII, column (A), line 12)	1		1,5	66,60
2	Total expenses (must equal Part IX, column (A), line 25)	2		1,1	194,730
3	Revenue less expenses Subtract line 2 from line 1	3		3	371,87!
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4			352,810
5	Net unrealized gains (losses) on investments	5		1,-	772,010
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain in Schedule O)	9			(
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10		1,7	724,685
Par	t XII Financial Statements and Reporting				_
	Check if Schedule O contains a response or note to any line in this Part XII				. 🔽
1	Accounting method used to prepare the Form 990			Yes	No
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		No
	If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or revie a separate basis, consolidated basis, or both	wed on			
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b	Yes	
	If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both	arate			
	▼ Separate basis				
c	If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversig of the audit, review, or compilation of its financial statements and selection of an independent accountant		2c	Yes	
	If the organization changed either its oversight process or selection process during the tax year, explain is Schedule O	n			
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	ie	За		No
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits		3b		

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**Political Campaign and Lobbying Activities** 

DLN: 93493119005436 OMB No 1545-0047

2015

Open to Public Inspection

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

Department of the Treasury Internal Revenue Service

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

If the organization answered "Yes" 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
- ◆ Section 501(c) (other than section 501(c)(3)) organizations Complete Parts I-A and C below Do not complete Part I-B
- ◆ Section 527 organizations Complete Part I-A only

. , . ,	nat have filed Form 5768 (election unden nat have NOT filed Form 5768 (election s" on Form 990, Part IV, Line 5 (Pro instructions), then	er section 501(h)) under section 501	Complete Part II-A Do not (h)) Complete Part II-B Do	complete Part II-B not complete Part II-A
Name of the organization IDAHO ASSOCIATION OF REALTORS INC			Employer iden	tification number
			82-0211162	
Part I-A Complete if the or	ganization is exempt under s	section 501(c)	or is a section 527	organization.
<ul><li>1 Provide a description of the org</li><li>2</li></ul>	ganization's direct and indirect politic	al campaign activ	ities in Part IV	
Political expenditures				
•				
				\$
3				
Volunteer hours				
Part I-B Complete if the or	ganization is exempt under s	section 501(c)	(3).	
1 Enter the amount of any excise	e tax incurred by the organization und	er section 4955		\$
2 Enter the amount of any excise	e tax incurred by organization manage	ers under section	4955	\$
3 If the organization incurred a s	ection 4955 tax, did it file Form 472	O for this year?		┌ Yes
4a				
Was a correction made?				
┌ Yes				
<b>b</b> If "Yes," describe in Part IV				
Part I-C Complete if the or	ganization is exempt under s	section 501(c)	, except section 50	1(c)(3).
1 Enter the amount directly expe	ended by the filing organization for sec	ction 527 exempt	function activities	\$
2				
Enter the amount of the filing organiz	ration's funds contributed to other ord	ianizations for sec	tion 527	
exempt function activities	action of famous contendance to other org	,amzations for sec		
<b>.</b>				
				\$
3 Total exempt function expendit	tures Add lines 1 and 2 Enter here a	ind on Form 1120	-POL, line 17b	\$
<b>`</b> ►			•	\$
4				
Did the filing organization file Form 13	<b>L20-POL</b> for this year?			
┌ Yes ┌ No				
5 Enter the names, addresses ar organization made payments. F amount of political contribution	nd employer identification number (EI For each organization listed, enter the ns received that were promptly and di political action committee (PAC) If a	e amount paid from rectly delivered to	n the filing organization's f o a separate political orga	unds Also enter the nızatıon, such as a
(a) Name	( <b>b)</b> Address	(c) EIN	(d) A mount paid from filing organization's funds If none, enter - 0 -	(e) A mount of political contributions received and promptly and directly delivered to a separate political organization. If none,

(a) Name	(b) Address	(c) EIN	(d) A mount paid from filing organization's funds If none, enter - 0-	(e) A mount of political contributions received and promptly and directly delivered to a separate political organization If none, enter -0-
(1) REALTORS PAC ID	10116 W O VERLAND RD BOISE,ID 83709	82-0524714		70,582
2				
3				
4				
5				
6				

Schedule C (F	Pag	je ∡
Part II-A	Complete if the organization is exempt under section $501(c)(3)$ and filed Form 5768 (election under section $501(h)$ ).	ī

A Check ▶ 🗔 if the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, EIN, expenses, and share of excess lobbying expenditures)

B Check ► If the filing organization checked box A and "limited control" provisions apply

Limits on Lobbying Expenditures	(a) Filing	(b) Affiliated
(The term "expenditures" means amounts paid or incurred.)	organization's totals	group totals

Total lobbying expenditures to influence public opinion (grass roots

1a lobbying)

- $oldsymbol{b}$  Total lobbying expenditures to influence a legislative body (direct lobbying)
- Total lobbying expenditures (add lines 1a and 1b)
- $oldsymbol{d}$  O ther exempt purpose expenditures
- Total exempt purpose expenditures (add lines 1c and 1d)

f Lobbying nontaxable amount Enter the amount 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

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

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

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

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

Yes 🗆

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	<b>(e)</b> Total			
2a	Lobbying nontaxable amount								
b	Lobbying ceiling amount (150% of line 2a, column(e))								
С	Total lobbying expenditures								
d	Grassroots nontaxable amount								
e	Grassroots ceiling amount (150% of line 2d, column (e))								
f	Grassroots lobbying expenditures								

		lection under section 501(h)).	(a)	(b)
For each "Yes" r activity.	esponse on lines 1a through	h 11 below, provide in Part IV a detailed description of the lobbying	No	Amount
legislatio		nization attempt to influence foreign, national, state or local to influence public opinion on a legislative matter or referendum,	Yes	
a	lie use of		1 1	I
olunteers?				
<b>b</b> Paid stat	] f or management (include	compensation in expenses reported on lines 1c through 1i)?		
<b>c</b> edia advertis	ements?			
	I			
d	mhara lagualatara ar tha i	nublic?		
annigs to me	mbers, legislators, or the   	ривне /		
e Publicati	l ons, or published or broad	cast statements?		
<b>f</b> Grants to	 o other organizations for lo	bbying purposes?		
<b>g</b> Directico	ontact with legislators, the	ır staffs, government officials, or a legislative body?		
<b>h</b> Rallies, o	demonstrations, seminars,	conventions, speeches, lectures, or any similar means?		
i ther activitie	s?			
	I			
j otal Adduna	s 1c through 1ı			
		ne organization to be not described in section 501(c)(3)?		_
		ax incurred under section 4912		
	·	ax incurred by organization managers under section 4912	!	
d If the fili		section 4912 tax, did it file Form 4720 for this year?		
Part III-A	Complete if the org 501(c)(6).	anization is exempt under section 501(c)(4), section	n 501(c)(5),	or section
<b>1</b> Were sub	ostantially all (90% or moi	re) dues received nondeductible by members?		Yes No
2 Did the o	organization make only in-l	house lobbying expenditures of \$2,000 or less?		2   No
3 Did the o	organization agree to carry	over lobbying and political expenditures from the prior year?		3   Yes
Part III-B	Complete if the org	anization is exempt under section 501(c)(4), section	1 501(c)(5),	or section
 I		ther (a) BOTH Part III-A, lines 1 and 2, are answered		
ues, assessn	nents and similar amounts	from members		
1 Section:	1,247,120	ond valities and valities are another than the second of valities.	1 1	
	s for which the section 527	ying and political expenditures (do not include amounts of political 7(f) tax was paid).		
<b>a</b> urrent year				
2a	256,977			
b	<u> </u>			
arryover from				
c c	17,376			
otal				
<b>2c</b> Aggrega	274,353 te amount reported in sect	tion 6033(e)(1)(A) notices of nondeductible section 162(e) dues	3	187,06
4				
es the organ		ne 2c exceeds the amount on line 3, what portion of the excess to the reasonable estimate of nondeductible lobbying and		
4 Tayabla	87,285	litical expenditures (see instructions)	=	
		litical expenditures (see instructions)	5	
Provide the d	Supplemental Infor	r <b>mation</b> art l-A, line 1, Part l-B, line 4, Part l-C, line 5, Part II-A (affiliated gi	roun list\ Dart	II-A lines 1 and
i ioviue tile a		art i-A, line 1, Part i-B, line 4, Part i-C, line 5, Part II-A (amiliated gi 1 Also, complete this part for any additional information	oup list), Pait	rr w'illies I gild
	ctions), and Part II-B, line	1 Also, complete this part for any additional information		

DLN: 93493119005436

OMB No 1545-0047

Open to Public

## **SCHEDULE D**

(Form 990)

Department of the Treasury

# **Supplemental Financial Statements**

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

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

ame of the organization OAHO ASSOCIATION OF REALTORS INC	D (FOITH 990) and its instructions is at <u>www.r</u>	Employer identification number
		82-0211162
	or Advised Funds or Other Similar I ered "Yes" on Form 990, Part IV, line 6.	Funds or Accounts.
Complete in the organization and	(a) Donor advised funds	(b)Funds and other accounts
Total number at end of year		
Aggregate value of contributions to (during year)		
Aggregate value of grants from (during year	)	
Aggregate value at end of year		
Did the organization inform all donors and dono funds are the organization's property, subject		onor advised Yes No
Did the organization inform all grantees, donor used only for charitable purposes and not for t conferring impermissible private benefit?		
rt II Conservation Easements. Com	plete if the organization answered "Yes"	on Form 990, Part IV, line 7.
Purpose(s) of conservation easements held by Preservation of land for public use (e g , re- Protection of natural habitat Preservation of open space Complete lines 2a through 2d if the organization	creation or education)  Preservation of a	an historically important land area a certified historic structure n 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 ease	ments	2b
Number of conservation easements on a certif		2c
Number of conservation easements included in historic structure listed in the National Registe		2d
Number of conservation easements modified, t tax year ▶	ransferred, released, extinguished, or termina	ted by the organization during the
Number of states where property subject to co	nservation easement is located 🗠	
Does the organization have a written policy required violations, and enforcement of the conservation		ndling of Yes No
Staff and volunteer hours devoted to monitorin year	g, inspecting, handling of violations, and enfor	cing conservation easements during the
<u> </u>		
Amount of expenses incurred in monitoring, in:	specting, nandling of violations, and enforcing	conservation easements during the year
Does each conservation easement reported or (B)(ı) and section 170(h)(4)(B)(ıı)?	n line 2(d) above satisfy the requirements of se	ection 170(h)(4)
In Part XIII, describe how the organization rep balance sheet, and include, if applicable, the to the organization's accounting for conservation	ext of the footnote to the organization's financi	
t III Organizations Maintaining Coll	ections of Art, Historical Treasures	, or Other Similar Assets.
Complete if the organization answ	ered "Yes" on Form 990, Part IV, line 8.	•
If the organization elected, as permitted under works of art, historical treasures, or other simi service, provide, in Part XIII, the text of the fo	lar assets held for public exhibition, education	n, or research in furtherance of public
If the organization elected, as permitted under works of art, historical treasures, or other simi service, provide the following amounts relating	lar assets held for public exhibition, education	
i) Revenue included on Form 990, Part VIII, lin	e 1	<b>▶</b> \$
i) Assets included in Form 990, Part X		<u></u>
If the organization received or held works of ar following amounts required to be reported under		
Revenue included on Form 990, Part VIII, line	: 1	<b>▶</b> \$

Assets included in Form 990, Part X

Par	3111	Organizations Maintaining (continued)	Collections of Ar	t, His	stori	cal	Treas	sures,	or O	ther Si	milar A	ssets	
3		the organization's acquisition, accetion items (check all that apply)	ession, and other reco	rds, cl	hecka						ıfıcant us	e of its	
а	┌ P	ublic exhibition		d	Г	Loa	n or ex	kchange	progr	ams			
b	┌ s	cholarly research		е	Γ	Oth	ner						
c	ΓP	reservation for future generations											
4	Provid Part X	de a description of the organization's IIII	s collections and expl	aın ho	w the	y furt	her the	e organız	atıon	's exemp	t purpose	ın	
5		g the year, did the organization solic									_	_	
		s to be sold to raise funds rather tha		part	of the	orga	nızatı	on's colle	ction	?	☐ Yes	☐ No	
Par	t IV	Escrow and Custodial Arra Complete if the organization a Part X, line 21.		Form	990,	Part	t IV, l	ine 9, o	r rep	orted aı	n amour	nt on For	m 990,
1a		organization an agent, trustee, cus ed on Form 990, Part X?	todian or other interm	iediary	/ for c	ontrı	bution	s or othe	rass	ets not	┌ Yes	┌ No	
b	If"	Yes," explain the arrangement in Pa	rt XIII and complete	the fo	llowin	g tab	ole				Am	ount	
С	Вес	jinning balance							1c				
d	Ado	ditions during the year							1d				
е	Dıs	tributions during the year							1e				
f	End	ling balance							1f				
2a	Dıd th	e organization include an amount or	n Form 990, Part X, Iır	ne 21,	for es	scrow	vorcu	stodial a	ccour	nt liability	/ <sup>?</sup>	┌ No	
b	If"Ye rt V	s," explain the arrangement in Part  Endowment Funds. Comple											
Га	l C V	Endowment Funds. Complete	(a)Current year		nor yea				<u>_</u>	•	ears back		vears back
	Begin	ning of year balance	, ,		•			,		. , ,		,	
b	Contr	ributions											
c	Net ir Iosse	nvestment earnings, gains, and s											
d	Grant	s or scholarships							_				
е		r expenditures for facilities rograms 											
f	A dmı	nistrative expenses											
g		fyearbalance											
2	Provid	de the estimated percentage of the o	current year end balar	nce (lır	ne 1g,	colu	ımn (a	)) held as	;				
a	Board	designated or quasi-endowment 🕨											
b		anent endowment ►											
С		orarily restricted endowment 🕨											
		ercentages on lines 2a, 2b, and 2c :	should equal 100%										
За		nere endowment funds not in the pos ization by	session of the organiz	zatıon	that a	are he	eld and	d adminis	tered	for the		Yes	No
	<b>(i)</b> un	related organizations				•		•				(i)	<del>                                     </del>
L		lated organizations										(ii)	<del>                                     </del>
ь 4		s" on 3a(II), are the related organization on Bart XIII the intended uses o					K′.				🗀	3b	
	t VI	Land, Buildings, and Equip				41145							
		Complete if the organization a		orm 9			IV, lır						
		Description of property		C	Cost or	(a) other stmer		(b) Cost or oth (othe	her bas		ccumulated epreciation		ook value
1a	Land												
b	Buildin	gs		· <u> </u>					305,25	56	33,1	11	272,145
С	Leaseh	old improvements		· <u> </u>									
		nent		·  _					86,81	.2	67,9	25	18,887
					· · · · · · · ·	,, ,	- 101				L	$\bot$	204 2==
iota	ı. A aa l	ines 1a through 1e (Column (d) mus	ι equal rorm 990, Part.	A, COIU	mn (E	), iin	e 10(C)	<i>.,</i>	•		. ► Schodulo	D (Farrer )	291,032 <b>990) 2015</b>
											ocnequie.	ULCOTM!	ララひょ とひ15

Part VII Investments—Other Securities. See Form 990, Part X, line 12.	Complete if the organ	ization answered 'Ye	s' on Form 990, Part IV, line 11b.
(a) Description of security or categ (including name of security)	ory	(b)Book value	(c)Method of valuation Cost or end-of-year market value
(1)Financial derivatives			
(2)Closely-held equity interests (3)Other			
	) -		
<b>Total.</b> (Column (b) must equal Form 990, Part X, col (B) line 12 <b>Part VIII</b> Investments—Program Related	)		
Complete if the organization answe	red 'Yes' on Form 990	), Part IV, line 11c. <sub>Se</sub>	
(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 )  Part IX Other Assets. Complete if the organiz		Form 990. Part IV. line	11d See Form 990. Part X. line 15
	escription		(b) Book value
Total. (Column (b) must equal Form 990, Part X, col.(B) In	ne 15.)		
Part X Other Liabilities. Complete if the o		l 'Yes' on Form 990,	Part IV, line 11e or 11f.
See Form 990, Part X, line 25.  1. (a) Description of liability	(b) Book value		
Faderal income toyee			
Federal Income taxes			
		$\dashv$	
		_	

Par	t XI Reconciliation of Revenue per Audited Financial Statements With Revenue	per Retu	rn
	Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.		
1	Total revenue, gains, and other support per audited financial statements	1	1,566,605
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
а	Net unrealized gains (losses) on investments 2a		
b	Donated services and use of facilities		
C	Recoveries of prior year grants		
d	Other (Describe in Part XIII).............. <b>2d</b>		
e	Add lines <b>2a</b> through <b>2d</b>	2e	0
3	Subtract line <b>2e</b> from line <b>1</b>	3	1,566,605
4	Amounts included on Form 990, Part VIII, line 12, but not on line <b>1</b>		
а	Investment expenses not included on Form 990, Part VIII, line 7b . 4a		
b	Other (Describe in Part XIII )		
c	Add lines <b>4a</b> and <b>4b</b>	4c	0
5	Total revenue Add lines <b>3</b> and <b>4c.</b> (This must equal Form 990, Part I, line 12)	5	1,566,605
Par	Reconciliation of Expenses per Audited Financial Statements With Expense Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.	s per Re	turn.
1	Total expenses and losses per audited financial statements	1	1,194,730
2	Amounts included on line 1 but not on Form 990, Part IX, line 25		
а	Donated services and use of facilities 2a		
b	Prior year adjustments		
c	Other losses		
d	Other (Describe in Part XIII )		
e	Add lines <b>2a</b> through <b>2d</b>	2e	0
3	Subtract line <b>2e</b> from line <b>1</b>	3	1,194,730
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b   4a		
b	Other (Describe in Part XIII )		
С	Add lines <b>4a</b> and <b>4b</b>	4c	0
5	Total expenses Add lines <b>3</b> and <b>4c.</b> (This must equal Form 990, Part I, line 18)	5	1,194,730

### Part XIII Supplemental Information

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

Return Reference	Explanation
PART X, LINE 2	UNCERTAIN TAX POSITIONS THE ACCOUNTING STANDARD ON ACCOUNTING FOR UNCERTAINTY IN INCOME TAXES ADDRESSED THE DETERMINATION OF WHETHER TAX BENEFITS CLAIMED OR EXPECTED TO BE CLAIMED ON A TAX RETURN SHOULD BE RECORDED IN THE FINANCIAL STATEMENTS UNDER THAT GUIDANCE, THE ASSOCIATION MAY RECOGNIZE THE TAX BENEFIT FROM AN UNCERTAIN TAX POSITION ONLY IF IT IS MORE LIKELY THAN NOT THAT THE TAX POSITION WILL BE SUSTAINED ON EXAMINATION BY TAXING AUTHORITIES BASED ON THE TECHNICAL MERITS OF THE POSITION THE TAX BENEFITS RECOGNIZED IN THE FINANCIAL STATEMENTS FROM SUCH A POSITION ARE MEASURED BASED ON THE LARGEST BENEFIT THAT HAS A GREATER THAN 50 PERCENT LIKELIHOOD OF BEING REALIZED UPON THE ULTIMATE SETTLEMENT THERE WERE NO UNRECOGNIZED TAX BENEFITS IDENTIFIED OR RECORDED AS LIABILITIES FOR FISCAL YEARS 2015 OR 2014 THE ASSOCIATION FILES FORM 990 IN THE US FEDERAL JURISDICTION THE ASSOCIATION IS GENERALLY NO LONGER SUBJECT TO EXAMINATION BY THE INTERNAL REVENUE SERVICE FOR YEARS BEFORE 2012

Part XIII Supplemental Information (continued)				
Return Reference	Explanation			

Schedule D (Form 990) 2015

DLN: 93493119005436

#### Schedule L

(Form 990 or 990-EZ)

# **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.

2015

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

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

Open to Public Inspection

Name of the org IDAHO ASSOCIATIO		INC						1 <b>ploye</b> :-021:		fication	number	
Part I Exce	ess Benefit	Transaction	<b>1S</b> (section ered "Yes" o	501(c)(3), se	ection 501(c) Part IV, line 2	(4), and 501(c 25a or 25b, or	)(29)	organı	zatıons	only) V, line 4	10 b	
	e of disqualifi					fied person and			cription		(d) Corr	ected?
_				or	ganızatıon			trans	action		Yes	No
			•									
										-		
							+			-+		
										+		
										+		
										-		
							-					
2 Enter the a	mount of tax ı	incurred by orga	anızatıon ma	nagers or dis	qualified pers	ons during the	yearı	unders	section			
4958									<b>-</b> \$			
3 Enterthe a	mount of tax,	ıf any, on line 2	, above, reir	mbursed by th	ne organizatio	n			<b>&gt;</b> \$			
Part II Lo	ans to and	or From In	terested	Persons.								
		rganization ans				line 38a, or Fo	rm 99	0, Par	t IV, lın	e 26, o	r ıf the	
org	anization repo	orted an amount	on Form 99	O, Part X, line	e 5, 6, or 22							
(a) Name of	(h) Dalahiana	.h.m. (-)			[(-)0 mmm=1]	( <b>5</b> )Dalama	()	T	/ L		(=N/A/	
(a) Name of interested	(b) Relations with	hip <b>(c)</b> Purpose of	(d) Loan t or from th		(e)Original principal	( <b>f</b> )Balance due	(g)		(h) Appro		(i)Writ	
person	organizatio	1 :	organizatio		amount	uue	default?		by boa		agreement?	
регооп	organizatio	i iouii	organizatio		a mount				commi			
			То	From		ľ	Yes	No	Yes	No	Yes	No
												<del>                                     </del>
			-									
										ļ		<u> </u>
												<u> </u>
Total		<b>▶</b> \$										
Part III Gra	nts or Ass	istance Ben	efiting In	terested P	ersons.							
Cor	nplete if the	organization	answered	"Yes" on Fo	rm 990, Pai	rt IV, line 27						
(a) Name of I	nterested	(b) Relationsh		(c) A mount	of assistance	( <b>d)</b> Type (	ofassi	stance	(e)	Purpos	e of assi	stance
perso	n	interested pers										
		organiza	tion									
						_						
				<del>                                     </del>		+						

Part IV Business Transactions Complete if the organization			o 282 28h 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 of organiz reven	f zation's
				Yes	No
(1) ANDERST FAMILY TRUST	CEO IS FAMILY MEMBER		MORTGAGE - THE ASSOCIATION HAS A LONG- TERM MORTGAGE PAYABLE SECURED BY A BUILDING, DUE IN PAYMENTS OF \$2,456 MONTHLY TO THE ANDERST FAMILY TRUST LA DAWN ANDERST, THE CEO OF THE ASSOCIATION, IS A MEMBER OF THE ANDERST FAMILY IN 2015, THE ASSOCIATION PAID \$144,986 TO PAY OFF THE REMINAING BALANCE DUE TO ANDERST FAMILY TRUST AS OF DECEMBER 31, 2015, THE ASSOCIATION OWED \$0		No
				1	
				-	
				-	
				-	

Part V	Supplemental	Information
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Provide additional information for responses to questions on Schedule L (see instructions)

Return Reference	Explanation
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**SCHEDULE 0** 

(Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

As Filed Data -

DLN: 93493119005436

OMB No 1545-0047

2015

Open to Public Inspection

# Supplemental Information to Form 990 or 990-EZ

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

\* Attach to Form 990 or 990-EZ.

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

Name of the organization
IDAHO ASSOCIATION OF REALTORS INC

82-0211162

### 990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 4	TO AMEND THE GOVERNING CONSTITUTION AND BY LAWS TO REFLECT THE NEW VISION AND CORE PRINCIPLES WHICH ALIGNS WITH THE NEWLY ADOPTED STRATEGIC PLAN
FORM 990, PART VI, SECTION B, LINE 11	THE PRESIDENT AND CEO WILL REVIEW BEFORE SIGNING
FORM 990, PART VI, SECTION B, LINE 12C	ANNUALLY VIA REVIEW WITH EMPLOYEES, ANNUALLY VIA CONFERENCE FOR DIRECTORS AND OFFICERS
FORM 990, PART VI, SECTION B, LINE 15	COMPENSATION REVIEW AND APPROVAL OF CEO'S SALARY IS DONE VIA COMMITTEE USING DOCUMENTATION FROM ASSOCIATION CONSULTANTS, E.G. CENTER FOR ASSOCIATION LEADERSHIP AND NATIONAL ASSOCIA TION OF REALTORS, COMPENSATION REVIEW AND APPROVAL FOR KEY EMPLOYEES IS DONE BY THE CEO
FORM 990, PART VI, SECTION C, LINE 19	GOVERNING DOCUMENTS AND CONFLICT OF INTEREST POLICY ARE NOT MADE AVAILABLE TO THE GENERAL PUBLIC ANNUAL FINANCIAL STATEMENTS ARE MAINTAINED AT THE ORGANIZATION'S PLACE OF BUSINESS AND ARE AVAILABLE TO MEMBERS OF THE PUBLIC UPON REQUEST
FORM 990, PART XII, LINE 2C	THE PROCESS HAS NOT CHANGED FROM THE PRIOR YEAR