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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 www.irs.gov/form990.

OMB No 1545-0047

2015

Open to Public Inspection

<u> </u>	roi tile	ZUIJ Calen	dar year, or tax year beginning , 2015, and ending		,		
В	Check if ap	plicable	C Name of organization KITSAP COUNTY ASSOCIATION OF REALT	ORS D Emp	loyer identifi	cation number	
	Addre	ess change	Doing business as	91	-07237	69	
	Name	change	Number and street (or P.O. box if mail is not delivered to street address)  Room/suite	E Tele	hone numbe	г	
	Initial	return	3689 MUNSON STREET	(3	60) 69	2-8852	
	Final re	eturn/terminated	City or town, state or province, country, and ZIP or foreign postal code				
	HAmen	ided return	SILVERDALE WA 98383	G Gros	s receipts S	292,753	<b>.</b>
	$\mathbf{H}$	cation pending		a) Is this a group ret			
	Пифрис						No
_	Tay ove		MICHAEL ELIASON 3689 MUNSON STREET SILVERDALE WA 98383 (1) 501(c)(3) X 501(c) (6 ) (6 ) (1) 4947(a)(1) or 527	<ul> <li>Are all subordinat if 'No,' attach a lis</li> </ul>	l. (see instruc	tions)	<u> </u>
÷		empt status					
<u></u>	Webs			c) Group exemption			
K		organization	X Corporation Trust Association Other ► L Year of formation	1949 N	State of leg	al domicile WA	<u> </u>
Pa		Summar					
	1 Br	nefly describ	e the organization's mission or most significant activities: REALTOR TF	RADE ASSOC	NOITAL		
ల్ల	_						
뎚	_						
ē	_ =			- = = :			- <b>-</b>
Activities & Governance	1	heck this bo					2.0
∞ ত			ting members of the governing body (Part VI, line 1a)				38
es			of individuals employed in calendar year 2015 (Part V, line 2a)		5		38
₹			of volunteers (estimate if necessary)				53
支			d business revenue from Part VIII, column (C), line 12		7a		375.
_			business taxable income from Form 990-T, line 34		7b		0.
				Prior Yea	<u> </u>	Current Y	
	8 C	ontributions	and grants (Part VIII, line 1h)		212.		790.
Revenue			ce revenue (Part VIII, line 2g)		840.		,697.
ē		-	come (Part VIII, column (A), lines 3, 4, and 7d)		-776.		15.
æ			e (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		134.	3	$\frac{15.}{516.}$
			- add lines 8 through 11 (must equal Part VIII, column (A), line 12)		410.		$\frac{7310.}{018.}$
—			milar amounts paid (Part IX, column (A), lines 1-3)		500.		700.
			· · · · · · · · · · · · · · · · · · ·		300.		, 700.
			to or for members (Part IX, column (A), line 4)	014	070		1.60
S			r compensation, employee benefits (Part IX, column (A), lines 5-10)	214,	879.	219	<u>,162.</u>
Expenses	16a Pr	rofessional f	undraising fees (Part IX, column (A), line 11e)				
χ.	b To	otal fundrais	ing expenses (Part IX, column (D), line 25) ►	,		<u> </u>	
ű	<b>17</b> O	ther expense	es (Part IX, column (A), lines 114-110, 14f-24e)	63	429.	69	,757.
	18 To	otal expense	es Add lines 13-17 (must equal Part IX column (A) liner25)		808.		,619.
	19 R	evenue less	expenses. Subtract line 18 from the 12		398.		,601.
8 8		01011001000		Beginning of Cur		End of Yo	
5 E	20 To	ntal assets /	Part X, line 16)		312.		,337.
Net Assets Fund Baland	21 To		(Part X, line 26)		613.		<del>,727.</del>
2 E	۱: ۱:					-	
			fund balances. Subtract line 21 from line 20 [ ]	117	699.		<u>,610.</u>
		Signatur					
Unde	er penalties olete. Decia	of perjury, I dec	lare that I have examined this return, including accompanying schedules and statements, and to the best o er (other than officer) is based on الله formation of which preparer has any knowledge	f my knowledge and	belief, it is tru	e, correct, and	
		. h	; 0 10		1 10 1	1/	
		Suggestive	re of officer	Date	191	16	
Siç	gn	Signatu	e of difficer	Date	•		
He	re		HAEL ELIASON				
			print name and title	-· <del>-</del>	1 1 1		
		Print/Type p	reparer's name Preparer's signature Date	Check	∐ #   <sup>5</sup>	PTIN	
Рa	id	RANDY	BIEGENWALD 08/12/1	6 self-empl	oyed E	01245406	) 
	eparer	Firm's name	RANDY BIEGENWALD CPA, PS				
	e Only	Firm's addre		Firm's El	v► <u>91</u> -	1494073	
	•		SILVERDALE WA 98383	Phone no			24
Mar	v the IRS	discuss thi	s return with the preparer shown above? (see instructions)		, , , , ,	X Yes	No

TEEA0101 10/12/15

Form 990 (2015)

	PUBLISH A QUARTERLY NEWSLETTER FOR REALTORS COVERING		
	CHANGING LEGAL, REGULATORY AND MARKET ENVIRONMENT AS	<b></b> _	
	WELL AS ADVOCACY OF ISSUES RELATED TO THE INDUSTRY		
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4 0	C (Code:) (Expenses \$	enue \$	)
4 0	c (Code: ) (Expenses \$ including grants of \$ ) (Rev ENHANCE THE INDUSTRY WITHIN THE COUNTY BY PROVIDING ARBITRATION SERVICES AND ENFORCING A CODE OF ETHICS  d Other program services. (Describe in Schedule O.) (Expenses \$ including grants of \$ ) (Revenue \$ Total program service expenses	renue \$	) Form 990 (2015)

Page 3

Form 990 (2015) KITSAP COUNTY ASSOCIATION OF REALTORS

Part IV

			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		Х
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2		Х
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_		х
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	х	
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		х
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		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If 'Yes,' complete Schedule D, Part III	8		х
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		Х
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		х
11	If the organization's answer to any of the following questions is 'Yes', then complete Schedule D, Parts VI, VIII, VIII, IX, or X as applicable.			*
	a Did the organization report an amount for land, buildings and equipment in Part X, line 10? If 'Yes,' complete Schedule D, Part VI	11 a	Х	
1	b Did the organization report an amount for investments — other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part VII	_11 b		_ X
•	c Did the organization report an amount for investments — program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part VIII	11 c		х
•	d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part IX	11 d		х
,	e Did the organization report an amount for other liabilities in Part X, line 25? If 'Yes,' complete Schedule D, Part X	11 e	Х	<b></b> _
1	f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If 'Yes,' complete Schedule D, Part X	11 f		х
12:	a Did the organization obtain separate, independent audited financial statements for the tax year? If 'Yes,' complete Schedule D, Parts XI, and XII	12a		х
I	b Was the organization included in consolidated, independent audited financial statements for the tax year? If 'Yes,' and if the organization answered 'No' to line 12a, then completing Schedule D, Parts XI and XII is optional	12 b		х
	Is the organization a school described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E	13		Х
14:	a Did the organization maintain an office, employees, or agents outside of the United States?	14a		Х
ļ	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		х
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		х
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		х
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		Х
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		х
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		х

Form 990 (2015)

BAA

Part IV Checklist of Required Schedules (continued) Yes No Х 20a Did the organization operate one or more hospital facilities? If Yes', complete Schedule H . . . . . . . . 20a b If 'Yes' to line 20a, did the organization attach a copy of its audited financial statements to this return? . . . . . 20b Х 21 Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, Х 22 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 Х 23 24a Х 24b b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? . . . . 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 24d d Did the organization act as an 'on behalf of' issuer for bonds outstanding at any time during the year? 25 a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If 'Yes,' complete Schedule L, Part I........ 25a b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If 'Yes,' complete 25b Schedule L. Part I . . . 26 X 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 27 of any of these persons? If 'Yes,' complete Schedule L, Part III . . . . . . . . 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): Х a A current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L, Part IV . . . . . . . . . . . . 28a b A family member of a current or former officer, director, trustee, or key employee? If 'Yes,' complete 28b Х Х 28c Х Did the organization receive more than \$25,000 in non-cash contributions? If 'Yes,' complete Schedule M . . . . . . . 29 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation Х 30 Х Did the organization liquidate, terminate, or dissolve and cease operations? If Yes,' complete Schedule N, Part I . . . . . . 31 32 Х 33 Х Was the organization related to any tax-exempt or taxable entity? If 'Yes,' complete Schedule R, Part II, III, or IV, Х 34 Х 35a Х 35b 36 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is 37 Х Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? 38 

## Part V Statements Regarding Other IRS Filings and Tax Compliance

	Check if Schedule O contains a response or note to any line in this Part V			. □
			Yes	No
1 a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	<b>156</b>	*(*)	- 1
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable			ľ,
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming		143	,
	(gambling) winnings to prize winners?	1 c	Х	
2 a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax State-		18.	\$
	ments, filed for the calendar year ending with or within the year covered by this return 2 a		<u>^;;</u> . ∶	
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2 b	<b>X</b>	
2 -	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	8 8 Var	<u>~~</u>	
	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3 a		
		38		
4 a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4 a		х
ь	If 'Yes,' enter the name of the foreign country:	6 F 10 to	100	
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts. (FBAR)	2		
5 a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5 a	<u></u>	X
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5 b		Х
	If 'Yes,' to line 5a or 5b, did the organization file Form 8886-T?	5 c		
	-		-	
o a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6 a	Х	
	If 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6 b	Х	
7	Organizations that may receive deductible contributions under section 170(c).	**		4.8
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and	-	<u>K.3.</u>	
	services provided to the payor?	7 a		
	If 'Yes,' did the organization notify the donor of the value of the goods or services provided?	7 b		
C	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7 c		
d	If 'Yes,' indicate the number of Forms 8282 filed during the year		r/48 .	1.0
	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7 e	12	المعاشدة.
	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7 f		-
	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899	$\vdash$		
9	as required?	7 g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a			
8	Form 1098-C?	7 h	24	
٠	organization have excess business holdings at any time during the year?	- <i>1</i> :1-		
۵	Sponsoring organizations maintaining donor advised funds.	3.	1. 13	- 1
a a	Did the sponsoring organization make any taxable distributions under section 4966?	9 a	X.ve.	i
	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9 b		
	Section 501(c)(7) organizations. Enter:		Sec.	*
	Initiation fees and capital contributions included on Part VIII, line 12	1		
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b	7.7	4	
	Section 501(c)(12) organizations. Enter:		100	" "رئزر "رئزرنگو
	Gross income from members or shareholders			Á
b	Gross income from other sources (Do not net amounts due or paid to other sources			
	against amounts due or received from them.)			اد الله
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		<del></del>
	If 'Yes,' enter the amount of tax-exempt interest received or accrued during the year			
	Section 501(c)(29) qualified nonprofit health insurance issuers.	6	Michigan.	لنثثن
а	Is the organization licensed to issue qualified health plans in more than one state?	13a	. A. S	ار دو دو
	Note. See the instructions for additional information the organization must report on Schedule O.			
t	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			
_	Enter the amount of reserves on hand			
	Did the organization receive any payments for indoor tanning services during the tax year?	14a	<u> </u>	كىشكىگ X
	of Yes, has it filed a Form 720 to report these payments? If 'No,' provide an explanation in Schedule O	14b		
3ÁA			990 (2	2015)

Form 990 (2015) KITSAP COUNTY ASSOCIATION OF REALTORS 91-0723769 Page 6 Part N Governance, Management, and Disclosure For each 'Yes' response to lines 2 through 7b below, and for a 'No' response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions. Section A. Governing Body and Management Yes No 1 a Enter the number of voting members of the governing body at the end of the tax year . . 38 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 . . . . . Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other 2 Did the organization delegate control over management duties customanly performed by or under the direct supervision 3 Х Did the organization make any significant changes to its governing documents 4 Х Did the organization become aware during the year of a significant diversion of the organization's assets? 5 Х 6 Х 7 a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more Х 7 a b Are any governance decisions of the organization reserved to (or subject to approval by) members, 7 b Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following. 8 a Х Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the 9 Х Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code Yes No 10 a Did the organization have local chapters, branches, or affiliates? . . . . . . . . . . . . . . 10 a Х b If 'Yes,' did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their 10 h 11 a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? . . . . . b Describe in Schedule O the process, if any, used by the organization to review this Form 990. 12 a Х b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise X 12b to conflicts? c Did the organization regularly and consistently monitor and enforce compliance with the policy? If 'Yes,' describe in 12 c 13 Х 13 Did the organization have a written whistleblower policy? . . . Х 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 . . . . . . . . . . . . . . 15 a 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 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? . . . . . . . . . . . . . . . . . . Section C. Disclosure List the states with which a copy of this Form 990 is required to be filed ▶ Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply. Another's website Upon request Other (explain in Schedule O) Own website Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to 19 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:

3689 MUNSON ST

KITSAP COUNTY ASSOCIATION OF REALTORS Form 990 (2015) 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

- 1 a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
  - List all of the organization's current key employees, if any. See instructions for definition of 'key employees.'
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

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 it helitier the organization nor any	Total organi	(c)								
(A) Name and Title	(B) Average hours	Average is both an officer and a hours director/trustee)				s person and a ee)	n	(D)  Reportable compensation from the organization	(E)  Reportable  compensation from related organizations	(F) Estimated amount of other compensation
	week	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	(W-2/1099-MISC) (W-2/1099-MISC)		from the organization and related organizations
(1) THOR HOLM DIRECTOR	1.00	x						0.	0.	0.
(2) MICHAEL ELIASON	40.00				-	х		143,858.	0.	0.
	1.00	х						0.	0.	0.
_(4)_ PABLO_LOZANO DIRECTOR	1.00	x						0.	0.	0.
(5) BARBARA ANN STIER DIRECTOR	1.00	х						0.	0.	0.
(6) PENNY MCLAUGHLIN DIRECTOR	1.00	х						0.	0.	0.
	1.00	х						0.	0.	0.
(8) TERI HEWSON DIRECTOR	1.00	х						0.	0.	0.
(9) KJ LANGE PRESIDENT	3.00			x				0.	0.	0.
(10) PATRICIA MCGUIRE TREASURER	3.00			х				0.	0.	0.
(11) ANNETTE NITZ DIRECTOR	1.00	х						0.	0.	0.
(12) KATHY BERNDTSON SECRETARY	3.00			х	-			0.	0.	0.
(13) KATE WILSON PRESIDENT ELECT	3.00	х		х				0.	0.	0.
(14) MARY FORD DIRECTOR	1.00	х						0.	0.	0.
	<del></del>						_	·		Com 000 (2015)

Part VII Section A. Officers, Directors, Ti	ustees,	Key	En	npl	oye	es,	an	d Highest Con	npensated Em	oloyees (continued)
	(B)			•	C)					
(A) Name and title	Average hours per	kod	, unle	heck ss pe	rson	than ous both	an	(D) Reportable compensation from	(E)  Reportable compensation from	(F) Estimated amount of other
	week (list any hours for related organiza - tions below dotted line)	or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	related organizations (W-2/1099-MISC)	compensation from the organization and related organizations
(15) IRENE GARCIA	1.00_	1								
DIRECTOR	1 00	X	<u> </u>	<u> </u>	_	_	⊢	0.	0.	0.
(16) MICHAEL ROCHON DIRECTOR	1.00_	x						0.	0.	0.
(17) ROBERT CONTRERAS	1.00	1		$\vdash$	$\vdash$		$\vdash$	· · ·	<u> </u>	· · · · · · · · · · · · · · · · · · ·
DIRECTOR	1=.22-	X						0.	ο.	0.
(18) JANET LOVETT	1.00	<del>                                     </del>								
DIRECTOR	<b></b>	x						0.	٥.	0.
(19) RICH JACOBSON	1.00									
DIRECTOR		Х						0.	0.	0.
(20) GARY ANDERSON	1.00_									
ATTENDING PAST PRESIDENT		X				<u> </u>	<u> </u>	0.	0.	0.
(21) LEE AVERY	1.00_	,,		Ì						
ATTENDING PAST PRESIDENT	1 00	X		<u> </u>		├	⊢	0.	0.	0.
(22) JACQUI CURTISS ATTENDING PAST PRESIDENT	11.00_	x								
(23) JAMES HARRIS	1.00	╁		$\vdash$		$\vdash$	$\vdash$	0.	0.	0.
ATTENDING PAST PRESIDENT	<b>1</b>	X						0.	0.	0.
(24) MARY ELLEN HOOKS ATTENDING PAST PRESIDENT	1.00_	x						0.	0.	0.
(25) DAVID JONES ATTENDING PAST PRESIDENT	1.00_	x						0.	0.	0.
1 b Sub-total			• •				<b></b>	143,858.	0.	0.
c Total from continuation sheets to Part VII, Sect							<b>•</b>	0.	0.	0.
d Total (add lines 1b and 1c)							<u> </u>	143,858.	0.	0.
2 Total number of individuals (including but not limite from the organization ► 1	ed to those	listed	abo	ove)	who	rece	eive	d more than \$100,	000 of reportable co	·
<ul> <li>3 Did the organization list any former officer, directed on line 1a? If 'Yes,' complete Schedule J for such</li> <li>4 For any individual listed on line 1a, is the sum of rethe organization and related organizations greater</li> </ul>	<i>individual</i> eportable co	ompe	 nsat	tion	 and	other	 r cai	mpensation from		Yes No
such individual				• •	• •	•••	• •		dual	4 X
5 Did any person listed on line 1a receive or accrue for services rendered to the organization? If 'Yes,'										
Section B. Independent Contractors										
Complete this table for your five highest compensation from the organization. Report comp	itea inaepe ensation fo	naen r the	t cor cale	ntrad	ctors r yea	s tnat ar en	rec ding	eived more than \$ g with or within the	າບບ,ບບບ of organization's tax y	ear.
(A) Name and business address  (B) Description of services Compensation										
										<del></del>
2 Total number of independent contractors (including	but not lin	nited	to th	ose	liste	ed ab	ove	) who received mo	re than	* #/P
\$100,000 of compensation from the organization				45:						F 000 (2015)

Part VIII Statement of Revenue Check if Schedule O contains a response or note to any line in this Part VIII . . . . . . . . . . . . . . . . . (A) Total revenue Related or Unrelated Revenue business excluded from tax exempt under sections function revenue revenue 512-514 Contributions, Gifts, Grants and Other Similar Amounts 1 a Federated campaigns . . . . . 1 a 1 b b Membership dues . . . . . . 204,461 1 c c Fundraising events . . . . . . d Related organizations . . . . . 1 d e Government grants (contributions) . . 1 e f All other contributions, gifts, grants, and similar amounts not included above. 63,329 g Noncash contributions included in lines 1a-1f h Total. Add lines 1a-1f 267,790 Program Service Revenue Business Code 11,243 0 0 2a EDUCATION INCOME 611430 .243 375 ADVERTISING 375 0 0 f All other program service revenue . . 9,079 9,079 0 0 g Total. Add lines 2a-2f 20,697 Investment income (including dividends, interest and 15 Income from investment of tax-exempt bond proceeds . (II) Personal (i) Real 6 a Gross rents . . . . . b Less: rental expenses c Rental income or (loss) . . d Net rental income or (loss) . . . . . . . (i) Secunties (II) Other 7 a Gross amount from sales of assets other than inventory **b** Less cost or other basis and sales expenses . . . c Gain or (loss) . . . . 8 a Gross income from fundraising events Other Revenue (not including . . \$ of contributions reported on line 1c). See Part IV, line 18. . . . . . . . . . . . b Less: direct expenses . . . . . . . . c Net income or (loss) from fundraising events . . . . . . 3,185 0 9 a Gross income from gaming activities. See Part IV, line 19. . . . . . . . . . **b** Less: direct expenses . . . . . . . c Net income or (loss) from gaming activities . . . . . . . . . 10 a Gross sales of inventory, less returns and allowances . . . . . . . . . . . . **b** Less: cost of goods sold . . . . . . . c Net income or (loss) from sales of inventory Miscellaneous Revenue **Business Code** d All other revenue . . . . . 331 331 0 e Total. Add lines 11a-11d . . 331

Total revenue. See instructions . . . . .

018

20

653

375

3,200

Part IX | Statement of Functional Expenses

	Check if Schedule O contains a response or note to any line in this Part IX									
Do r	not include amounts reported on lines 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses					
1	Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21				ne n					
2	Grants and other assistance to domestic individuals. See Part IV, line 22	4,700.								
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16									
4 5	Benefits paid to or for members	143,858.		· · · · · · · · · · · · · · · · · · ·						
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	143,030.								
7	Other salaries and wages	56,877.								
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	33 <b>,</b> 0, 7, 7.								
9	Other employee benefits	380.								
10	Payroll taxes	18,047.		·						
11	Fees for services (non-employees):	= - 4 · · · ·								
а	Management									
b	Legal	1,610.								
	Accounting	7,651.								
d	Lobbying									
e	Professional fundraising services. See Part IV, line 17			· # 7 %						
	Investment management fees	-								
-	Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	5,451.		_						
12	Advertising and promotion	3,476.								
13	Office expenses	10,323.								
14	Information technology	1,188.			ļ					
15	Royalties									
16	Occupancy	11,349.								
17	Travel	2,745.								
18	Payments of travel or entertainment expenses for any federal, state, or local public officials									
19	Conferences, conventions, and meetings	12,648.								
20	Interest									
21	Payments to affiliates									
22	Depreciation, depletion, and amortization	3,469.								
23	Insurance	1,598.								
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.)									
a	EDUCATION EXPENSES	7,596.								
	DUES & PUBLICATIONS	2,61								
	CAMPAIGN_SUPPORT	0.								
	GA TELEPHONE	392.								
	All other expenses		-							
25	Total functional expenses. Add lines 1 through 24e	293,619.								
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)									
DAA		TEE 40110 10			Form 990 (2015)					

		Check if Schedule O contains a response or note to any line in this Part X	· · · · · · · · · · · · · · · · · · ·		· · · · · · · · ·
			(A) Beginning of year		(B) End of year
	1	Cash – non-interest-bearing	113,904.	1	107,019.
	2	Savings and temporary cash investments	29,174.	2	29,188.
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net		4	
	5	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5	
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Complete Part II of Schedule L			
S	7	Notes and loans receivable, net		7	
Assets	8	Inventories for sale or use		8	
As	9	Prepaid expenses and deferred charges	1,470.	9	1,410.
	•	Land, buildings, and equipment: cost or other basis.  Complete Part VI of Schedule D	1,470.	\$ () \$2 \$7.22	32 4 , 34
	b	Less: accumulated depreciation 10b 102,338.	70,764.	10 c	66,720.
	11	Investments – publicly traded securities	7077011	11	007.201
	12	Investments — other securities. See Part IV, line 11		12	
	13	Investments – program-related. See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets. See Part IV, line 11		15	
	16	Total assets. Add lines 1 through 15 (must equal line 34)	215,312.	16	204,337.
$\neg$	17	Accounts payable and accrued expenses	3,179.	17	2,020.
	18	Grants payable		18	
	19	Deferred revenue	42,658.	19	41,668.
	20	Tax-exempt bond liabilities		20	-
e S	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
Liabilities	22	Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons.  Complete Part II of Schedule L		22	
	23	Secured mortgages and notes payable to unrelated third parties		23	,
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D	51,776.	25	49,039.
	26	Total liabilities. Add lines 17 through 25	97,613.	26	92,727.
S S		Organizations that follow SFAS 117 (ASC 958), check here ► X and complete lines 27 through 29, and lines 33 and 34.			
ğ	27	Unrestricted net assets	117,699.	27	111,610.
ğ	28	Temporarily restricted net assets		28	
<b>B</b>	29	Permanently restricted net assets		29	
Net Assets or Fund Balances		Organizations that do not follow SFAS 117 (ASC 958), check here ► and complete lines 30 through 34.			
Š	30	Capital stock or trust principal, or current funds		30	
8	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
As	32	Retained earnings, endowment, accumulated income, or other funds		32	
Ę	33	Total net assets or fund balances	117,699.	33	111,610.
	34	Total liabilities and net assets/fund balances	215,312.	34	204,337.

Form 990 (2015) KITSAP COUNTY A	ASSOCIATION OF REALTORS	91-	0723769	<u>}</u>	Pa	ge 12
Part XI Reconciliation of Net As	sets					
Check if Schedule O contains a r	response or note to any line in this Part XI			<u></u>		. Х
1 Total revenue (must equal Part VIII, coli	umn (A), line 12)		1	29	2,0	18.
2 Total expenses (must equal Part IX, col	lumn (A), line 25)		2	29	3,6	519.
3 Revenue less expenses. Subtract line 2	? from line 1		3		1,6	01.
4 Net assets or fund balances at beginnin	ng of year (must equal Part X, line 33, column (A))	. <b></b> .	4	11	7,6	99.
5 Net unrealized gains (losses) on investr	ments		5			
6 Donated services and use of facilities		. <b></b> .	6			
•			7			
8 Prior period adjustments			8			
9 Other changes in net assets or fund ball	ances (explain in Schedule O)		9		4,4	188.
	ear. Combine lines 3 through 9 (must equal Part X, line 33					
	15 4	· · · · · · · · · · ·	10	11	<u>1,6</u>	<u> 10.</u>
Part XII Financial Statements and	a Reporting					
Check if Schedule O contains a r	response or note to any line in this Part XII	· · · · · · · · · · · · · · · · · · ·				$\cdot \perp \perp $
					Yes	No
<ol> <li>Accounting method used to prepare the</li> </ol>	Form 990: Cash X Accrual Other				· · ·	
If the organization changed its method of	of accounting from a pnor year or checked 'Other,' explain				ı î	
in Schedule O.	st accounting from a prior year or direction outlon, explain				*	, ,
2 a Were the organization's financial statem	nents compiled or reviewed by an independent accountant	?		2 a	Х	i
	hether the financial statements for the year were compiled	or reviewed on a		18.80	,	_ }
separate basis, consolidated basis, or b					الشنا	<b> </b> ]
X Separate basis Consolida	ated basis Both consolidated and separate basis					ľ
b Were the organization's financial statem	nents audited by an independent accountant?	· · · · · · · · · · ·		2 b		Х
	hether the financial statements for the year were audited o	on a separate		1.37	×	,
basis, consolidated basis, or both:	ated basis Both consolidated and separate basis			^' *		ĺ.,
	<b>□</b> '			-		Š
c If 'Yes' to line 2a or 2b, does the organize	zation have a committee that assumes responsibility for ovatements and selection of an independent accountant?	ersight of the audi	t,	2 c		x
	rersight process or selection process during the tax year, e				Pr Horar	
in Schedule O.	ersignt process or selection process during the tax year, e	хріаін			W25F-	×
	organization required to undergo an audit or audits as set t	forth in the Single			-	
				3 a		<u> </u>
	e required audit or audits? If the organization did not under	-				
	nd describe any steps taken to undergo such audits	• • • • • • • • • •	• • • • •	3 b		
BAA				Form 9	J90 (2	2015)

#### Form 990 ·

## **Continuation Sheet for Form 990**

OMB No. 1545-0047

2015

Department of the Treasury Internal Revenue Service

Name of the Organization

Employler Identification number

91-0723769

KITSAP COUNTY ASSOCIATION OF REALTORS

Partivill Continuation: Officers, Directors, Trustees, Key Employees, and

Highest Compensated Employees												
(A)					(D)	(E)	(F)					
Name and Title	Average				_	at apply		Reportable compensation from	Reportable compensation from	Estimated amount of other		
	hours per week (list any hours for related organiza- tions below dotted line)	Individual trustee or director	nstitutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	compensation from related organizations (W-2/1099-MISC)	compensation from the organization and related organizations		
26 JACKIE KILLORAN ATTENDING PAST PRESIDENT	1.00_	х						0.	0.	0.		
27 BRYAN PETRO ATTENDING PAST PRESIDENT	1.00_	х						0.	0.	0.		
28 JERRY REID ATTENDING PAST PRESIDENT	1.00_	Х						0.	0.	0.		
29 DANA SOYAT	1.00_	Х						0.	0.	0.		
30 GEORG SYVERTSEN ATTENDING PAST PRESIDENT	1.00_	X			,			0.	0.	0.		
31 FRANK WILSON ATTENDING PAST PRESIDENT	1.00_	x						0.	0.	0.		
_32 SARAH CANFIELD DIRECTOR	1.00_	X						0.	0.	0.		
33 DOUG HALLOCK DIRECTOR	1.00_	X		-		-		0.	0.	0.		
34 JET WOELKE	1.00								0.			
DIRECTOR  35 STEVEN DERRIG	1.00_	X	<u></u>					0.		0.		
DIRECTOR  36 JAMIE HAYWOOD	1.00_	Х						0.	0.	0.		
DIRECTOR  37 KIM WILSON	1.00_	X	_	ļ				0.	0.	0.		
DIRECTOR  38 AMY ALLEN	1.00_	X	-					0.	0.	0.		
DIRECTOR		Х						0.	0.	0.		
									2.7.			
	·					·	•	<u> </u>	<del></del>	Form 990 Cont 2015		

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

## **Political Campaign and Lobbying Activities**

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

OMB No. 1545-0047

Open to Public //

Department of the Treasury Internal Revenue Service ► Complete if the organization is described below. ► Attach to Form 990 or Form 990-EZ. ► Information about Schedule C (Form 990 or 990-EZ) and 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.

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

Name	of organization	Employer identifica	ation number		
	SAP COUNTY ASSOCIA			91-072376	
Pai	t I-A Complete if the o	rganization is exempt under section	on 501(c) or is a	section 527 organi	zation.
1		ganization's direct and indirect political campa			
2					
3	Volunteer hours		<u> </u>		
Pai	ttl-By Complete if the o	rganization is exempt under section	on 501(c)(3).		
1	Enter the amount of any excise	e tax incurred by the organization under secti	on 4955	▶ \$	
2		e tax incurred by organization managers unde			
3	<del>-</del>	section 4955 tax, did it file Form 4720 for this	=		
4 a	a Was a correction made?				· · · Yes No
	b If 'Yes,' describe in Part IV.	· <del>- · - · - · · · · · · · · · · · · · ·</del>			
		rganization is exempt under section			
1	Enter the amount directly expe	ended by the filing organization for section 52	7 exempt function actu	vities ▶ \$	0.
2	Enter the amount of the filing of function activities	organization's funds contributed to other organization	nızations for section 5	27 exempt	0.
3	Total exempt function expendi	tures. Add lines 1 and 2. Enter here and on F	orm 1120-POL,		
4	Did the filing organization file I	Form 1120-POL for this year?			· · · Yes X No
5	Enter the names, addresses a organization made payments. amount of political contribution	nd employer identification number (EIN) of al For each organization listed, enter the amount is received that were promptly and directly de action committee (PAC). If additional space is	section 527 political of the paid from the filing of divered to a separate i	organizations to which the organization's funds. Also political organization, suc	e filing enter the
	(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds If none, enter-0	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization. If none, enter -0
(1)					
(2)					
(3)					
(4)					
(5)					
	<del></del>		<del></del>		

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

Schedule C (Form 990 or 990-EZ) 2015

Part II-A Complete if section 501		is exempt under sec		ı illed Form 5766 (e.	lection under
	· · · ·	to an affiliated group (and	list in Part IV each affili	ated group member's nam	ne,
		nare of excess lobbying exp			
B Check ► I if the film	ng organization checked	d box A and 'limited control'	provisions apply.		
(The term	Limits on Lobbying	g Expenditures s amounts pald or incurre	ed.)	(a) Filing organization's totals	(b) Affiliated group totals
1 a Total lobbying expenditu	res to influence public	opinion (grass roots lobbyin	g)	-	
<b>b</b> Total lobbying expenditu	res to influence a legisl	lative body (direct lobbying)			
c Total lobbying expenditu	res (add lines 1a and 1	b)			
d Other exempt purpose e	xpenditures				
e Total exempt purpose ex	penditures (add lines 1	lc and 1d)	• • • • • • • • • • • •		
f Lobbying nontaxable am both columns	ount. Enter the amount	t from the following table in			
If the amount on line 1e, col	If the amount on line 1e, column (a) or (b) is The lobbying nontaxable amount is:				***************************************
Not over \$500,000	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 ov			over \$500,000		
Over \$1,000,000 but not over		175,000 plus 10% of the excess of	<del></del>		
Over \$1,500,000 but not over :		225,000 plus 5% of the excess ov	er \$1,500,000		
Over \$17,000,000		1,000,000		14 / 1 × 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
	' <del>'</del>	ne 1f)			
		er -0			
		er -0			
i If there is an amount other					
section 4911 tax for this	er than zero on either li	ine 1h or line 1i, did the org	anization file Form 472	0 reporting	Yes No
section 4911 tax for this	year?	Year Averaging Period Unmade a section 501(h) electors.	der section 501(h)	complete all of the five	Yes No
section 4911 tax for this	year?	Year Averaging Period Un	der section 501(h) ction do not have to c ns for lines 2a throug	complete all of the five h 2f.)	Yes No
section 4911 tax for this	year?	Year Averaging Period Un made a section 501(h) election. See the instruction	der section 501(h) ction do not have to c ns for lines 2a throug	complete all of the five h 2f.)	Yes No
section 4911 tax for this (Som	year?	Year Averaging Period Un made a section 501(h) elec below. See the instructio ing Expenditures During 4	der section 501(h) ction do not have to c ns for lines 2a throug l-Year Averaging Peri	complete all of the five h 2f.)	
Calendar year (or fiscal year beginning in)  2 a Lobbying nontaxable	year?	Year Averaging Period Unmade a section 501(h) elebelow. See the instruction Ing Expenditures During 4	der section 501(h) ction do not have to c ns for lines 2a throug l-Year Averaging Peri  (c) 2014	complete all of the five h 2f.) od (d) 2015	
Calendar year (or fiscal year beginning in)  2 a Lobbying nontaxable amount	year?	Year Averaging Period Unmade a section 501(h) elebelow. See the instruction Ing Expenditures During 4	der section 501(h) ction do not have to c ns for lines 2a throug l-Year Averaging Peri (c) 2014	complete all of the five h 2f.) od (d) 2015	
Calendar year (or fiscal year beginning in)  2 a Lobbying nontaxable amount	year?	Year Averaging Period Unmade a section 501(h) elebelow. See the instruction Ing Expenditures During 4	der section 501(h) ction do not have to c ns for lines 2a throug l-Year Averaging Peri  (c) 2014	complete all of the five h 2f.) od (d) 2015	
Calendar year (or fiscal year beginning in)  2 a Lobbying nontaxable amount	year?	Year Averaging Period Unmade a section 501(h) elebelow. See the instruction Ing Expenditures During 4	der section 501(h) ction do not have to c ns for lines 2a throug l-Year Averaging Peri  (c) 2014	complete all of the five h 2f.) od (d) 2015	
Calendar year (or fiscal year beginning in)  2 a Lobbying nontaxable amount	year?	Year Averaging Period Unmade a section 501(h) elebelow. See the instruction Ing Expenditures During 4	der section 501(h) ction do not have to c ns for lines 2a throug l-Year Averaging Peri  (c) 2014	complete all of the five h 2f.) od  (d) 2015	

Part II-B | Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).

or each 'Yes' response on lines 1a through 1i below, provide in Part IV a detailed description fithe lobbying activity.		3)	(b)		
				Amoun	<u> </u>
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:	***	`			***
a Volunteers?			· · · · · · · · · · · · · · · · · · ·	, ,	
b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?			<u>                                     </u>		
c Media advertisements?					
d Mailings to members, legislators, or the public?					
e 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		٠.,			
2 a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?				~	10 mg
b If 'Yes,' enter the amount of any tax incurred under section 4912	2:17	1 // 1			
c If 'Yes,' enter the amount of any tax incurred by organization managers under section 4912	N				
d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?		***************************************	12 7	* 3.	,
Part III-A Complete if the organization is exempt under section 501(c)(4), section 501	(c)(5)	. or	,		
section 501(c)(6).	`	•			
			_	Ye	
1 Were substantially all (90% or more) dues received nondeductible by members?				1	X
2 Did the organization make only in-house lobbying expenditures of \$2,000 or less?			<b>—</b>	2	X
3 Did the organization agree to carry over lobbying and political expenditures from the prior year?				3	X
Part III Complete if the organization is exempt under section 501(c)(4), section 501 (6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered 'No,' OR (b) answered 'Yes.'	(c)(5) Part	, or s III-A,	ectio line 3	n 501( , is	c) _
1 Dues, assessments and similar amounts from members		1		204	,461.
2 Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).					
a Current year		2 a			0.
b Carryover from last year		2 b			0.
c Total		2 c			0.
3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues		3		31	,394.
4 If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year?		4			
5 Taxable amount of lobbying and political expenditures (see instructions)		5			0.
Part IV   Supplemental Information	•				
Desiring the descriptions continued for Dort I.A. line 4: Dort I.B. line 4: Dort I.C. line 5: Dort II.A. (affiliated group lint), D.	art II A	lines	1 and		

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

#### SCHEDULE D (Form 990)

**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.

OMB No. 1545-0047

Employer identification number

Open to Public

Department of the Treasury Internal Revenue Service Name of the organization ► Attach to Form 990.
► Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.

KITSAP COUNTY ASSOCIATION OF REALTORS 91-0723769 Particle Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered 'Yes' on Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts Aggregate value of contributions to (during year) . . . Aggregate value of grants from (during year) . . . . . Aggregate value at end of year . . . . . . . Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds No 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 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 a historically important land area Protection of natural habitat Preservation of a certified histonic structure Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year. Held at the End of the Tax Year a Total number of conservation easements . . . . . 2 a 2 b c Number of conservation easements on a certified historic structure included in (a) . . . . . . . . 2 c d Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ► Number of states where property subject to conservation easement is located ▶ Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, No Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ►\$ Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) 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. Partilla Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered 'Yes' on Form 990, Part IV, line 8. 1 a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items. b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items: 

Part III Organizations Maintaining Colle	ections of Art, Histo	orical Treasures, o	r Other Similar Ass	ets (continu	ıed)	
3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply):						
a Public exhibition	d Loan	or exchange programs				
b Scholarly research	e Other					
c Preservation for future generations	_	<del></del>	<del>.</del>			
Provide a description of the organization's collect Part XIII.	tions and explain how the	ey further the organization	n's exempt purpose in			
5 During the year, did the organization solicit or re to be sold to raise funds rather than to be maintained.	nined as part of the organ	zation's collection?		Yes	No	
Part IV   Escrow and Custodial Arrangements. Complete if the organization answered 'Yes' on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.						
1 a Is the organization an agent, trustee, custodian on Form 990, Part X?			ets not included	Yes [	No	
b If 'Yes,' explain the arrangement in Part XIII and	complete the following ta	DIE:		A		
a Daginning halanga			<del></del>	Amount	<del></del>	
c Beginning balance						
e Distributions during the year						
f Ending balance					T.,	
2 a Did the organization include an amount on Form b If 'Yes,' explain the arrangement in Part XIII. Che			•		No	
Part V Endowment Funds. Complete if	the organization ans	wered 'Yes' on Forn	n 990. Part IV. line 1	0.		
(a) Current			<del></del>	(e) Four year	s back	
1 a Beginning of year balance	47	(4) 7.110 3.553.11	, to the second second	(0) ( 02. ) ( 0. )		
<b>b</b> Contributions	<del></del>			<u> </u>		
c Net investment earnings, gains, and losses						
d Grants or scholarships	-	-		<u> </u>		
e Other expenditures for facilities and programs						
f Administrative expenses				1		
g End of year balance				†	<del></del>	
2 Provide the estimated percentage of the current	vear end balance (line 10	ı, column (a)) held as:	•			
a Board designated or quasi-endowment						
b Permanent endowment						
c Temporarily restricted endowment	9.					
The percentages on lines 2a, 2b, and 2c should equal 100%.						
The percentages of times za, zu, and ze should equal 100%.						
3 a Are there endowment funds not in the possession	n of the organization that	are held and administered	ed for the	Yes	TNa	
organization by: (i) unrelated organizations				T	No	
• • • • • • • • • • • • • • • • • • •				3a(i)	<del> </del>	
(ii) related organizations				. 3a(ii)	┼	
b If 'Yes' on line 3a(ii), are the related organization	•		• • • • • • • • • • • • • • • • • • • •	.  3b	<u> </u>	
4 Describe in Part XIII the intended uses of the organization's endowment funds.						
Part VI: Land, Buildings, and Equipment.						
Complete if the organization answered 'Yes' on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.						
Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book va	alue	
1 a Land	29,904.		<u>* " " " " " " " " " " " " " " " " " " "</u>	29	,904.	
<b>b</b> Buildings	115,074.			115	,074.	
c Leasehold improvements						
d Equipment	24,080.			24	,080.	
e Other						
Total. Add lines 1a through 1e. (Column (d) must equa	al Form 990, Part X, colur	nn (B), line 10c.)		1,69	,058.	

BAA

Schedule D (Form 990) 2015

Part VII Investments — Other Securities.	V' F 000 I	Port IV line 44h Coo Form 000 F	
Complete if the organization answered "  (a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-	
(1) Financial derivatives	(b) book value	(C) Metriod di Valdation. Cost di enti-di-	year market value
(2) Closely-held equity interests			
(3) Other			<del></del>
(A)	<del></del>		
(B)			
(C)			
(D)			
(E)			
(F)			
(G) 741			
(H)			
Total. (Column (b) must equal Form 990, Part X, column (B) line 12) ▶			
Part VIII Investments - Program Related.		•	
Complete if the organization answered			
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-o	f-year market value
(1)			
(2)			
(3) (4)			
(5)			
(6)			· · · · · · · · · · · · · · · · · · ·
(7)			
(8)			
(9)			
(10)			
Total. (Column (b) must equal Form 990, Part X, column (B) line 13)►  Part IX ♣ Other Assets.	<u> </u>	· · · · · · · · · · · · · · · · · · ·	4 4 3 3
Complete if the organization answered "	Yes' on Form 990, I	Part IV, line 11d, See Form 990, P	Part X, line 15.
(a) De	scription		(b) Book value
(1)			
(2)			
(4)	<del>-</del>	<del></del>	
(5)			
(6)			
<u>(7)</u>			
(8)			
(10)			
Total. (Column (b) must equal Form 990, Part X, column (B) II	ne 15.)		
Part X Other Liabilities.			
Complete if the organization answered 'Yes' on F		1e or 11f. See Form 990, Part X, line 25	
(a) Description of liability (1) Federal income taxes	(b) Book value		
(2) STATE AND NATIONAL DUES HELD IN TRU	ST 45,05		
(3) UNCLAIMED PROPERTY		3.	
(4) RAIN FUND RESERVE	3,91	<del></del>	
(5)			
(6)	<del></del>		
<u>(7)</u> (8)	<del></del>		
(9)			71 18 18 18
(10)			
(11)			
Total. (Column (b) must equal Form 990, Part X, column (B) line 25)			<u> </u>
2. Liability for uncertain tax positions In Part XIII, provide the text of the foot			
tax positions under FIN 48 (ASC 740) Check here if the text of the footnote i	nas been provided in Part XIII		<u> </u>

5 Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) . . . . . . . . . Part XIII Supplemental Information.

Amounts included on Form 990, Part IX, line 25, but not on line 1: a Investment expenses not included on Form 990, Part VIII, line 7b

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

Schedule D (Form 990) 2015

3

4 c

#### SCHEDULE'O (Form 990 or 990-EZ)

### Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or 990-EZ.

Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990. OMB No. 1545-0047

2015

Open to Rublic Inspection

Department of the Treasury Internal Revenue Service Name of the organization

KITSAP COUNTY ASSOCIATION OF REALTORS

Employer Identification number 91-0723769

A PDF COPY OF THIS RETURN WAS AVAILABLE TO ALL OFFICERS AND DIRECTORS FOR REVIEW PRIOR TO FILING BY ELECTRONIC TRANSMISSION. ADDITIONALLY, PAPER COPIES OF THIS RETURN WERE AVAILABLE TO ATTENDING BOARD MEMBERS AT

Pt VI, Line 11b THE ORGANIZATION'S MONTHLY BOARD MEETING.

COMPENSATION WAS REVIEWED BY THE BOARD OF DIRECTORS AND APPROVED AS

Pt VI, Line 15a RECORDED IN THE BOARD MINUTES.

THE ORGANIZATION'S ARTICLES OF INCORPORATION ARE ON FILE WITH AND AVAILABLE FROM THE WASHINGTON STATE SECRETARY OF STATE. THE CONFLICT OF INTEREST POLICY AND REVIEWED FINANCIAL STATEMENTS ARE AVAILABLE FOR REVIEW BY APPOINTMENT AT 3689 MUNSON STREET, SILVERDALE, WASHINGTON

Pt VI, Line 19 98383.

Pt VI, Line 6 THE ORGANIZATION IS A TRADE ASSOCIATION WITH DUES PAYING MEMBERS.

Pt VI, Line 7a THE OFFICERS AND DIRECTORS ARE ELECTED BY THE GENERAL MEMBERSHIP.

JACQUI CURTISS, ATTENDING PAST PRESIDENT, IS THE BRANCH MANAGER OF THE BROKERAGE WHERE PATRICIA MCGUIRE, TREASURER, AND THOR HOLM, DIRECTOR WORK. JERRY REID OWNS THE BROKERAGE WHERE DIRECTORS PABLO LOZANO AND KIM WILSON AND ATTENDING PAST PRESIDENT JACQUI KILLORAN WORK. LEE AVERY, ATTENDING PAST PRESIDENT, IS THE BRANCH MANAGER OF THE BROKERAGE WHERE KATHY BERNDSTON, SECRETARY, AND DIRECTORS MARCUS HOFFMAN, ANNETTE NITZ AND SARAH CANFIELD WORK. FRANK WILSON, ATTENDING PAST PRESIDENT, IS THE BRANCH MANAGER OF THE BROKERAGE WHERE KJ LANGE, PRESIDENT, AND DIRECTORS PENNY MCLAUGHLIN AND TERI HEWSON WORK. MICHAEL ROCHON, DIRECTOR, IS THE BRANCH MANAGER OF THE BROKERAGE WHERE ROBERT CONTRERAS, DIRECTOR, DANA SOYAT, IMMEDIATE PAST PRESIDENT, AND BRYAN PETRO, ATTENDING PAST PRESIDENT WORK. DAVID JONES, ATTENDING PAST PRESIDENT, KATE WILSON, PRESIDENT ELECT, AND DIRECTORS STEVEN DERRIG AND DINO DAVIS WORK FOR THE SAME BROKERAGE. JAMES HARRIS, ATTENDING PAST PRESIDENT, AND AMY ALLEN, DIRECTOR, WORK FOR THE SAME BROKERAGE. DIRECTORS DOUG HALLOCK AND JET WOELKE WORK FOR THE SAME BROKERAGE.

Pt VI, Line 2

THE CHARITABLE RESERVE FUND OF \$3912 WAS REPORTED AS A LIABILITY ON THE

TEEA4901

10/12/15

Pt XI BOOKS. BOOK DEPRECIATION EXCEEDED TAX DEPRECIATION BY \$576.