

Part III Statement of Program Service AccomplishmentsCheck if Schedule O contains a response or note to any line in this Part III ☐**1** Briefly describe the organization's mission

NAR provides a facility for professional development, research & exchange of information among its members and to the public in order to preserve the right to own, use and transfer real property

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? ☐ Yes ☒ No

If "Yes," describe these new services on Schedule O

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? ☐ Yes ☒ No

If "Yes," describe these changes on Schedule O

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported

4a (Code) (Expenses \$ including grants of \$) (Revenue \$)
See Additional Data

4b (Code) (Expenses \$ including grants of \$) (Revenue \$)
See Additional Data

4c (Code) (Expenses \$ including grants of \$) (Revenue \$)
See Additional Data

4d Other program services (Describe in Schedule O)
(Expenses \$ including grants of \$) (Revenue \$)

4e Total program service expenses 0

Part IV Checklist of Required Schedules

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A</i>	1	No
2 Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> (see instructions)?	2	No
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</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? <i>If "Yes," complete Schedule C, Part II</i>	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? <i>If "Yes," complete Schedule C, Part III</i> 🗑️	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? <i>If "Yes," complete Schedule D, Part I</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? <i>If "Yes," complete Schedule D, Part II</i>	7	No
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>	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? <i>If "Yes," complete Schedule D, Part IV</i>	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	Yes
11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable		
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI</i> 🗑️	11a	Yes
b Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII</i>	11b	No
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? <i>If "Yes," complete Schedule D, Part VIII</i> 🗑️	11c	Yes
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? <i>If "Yes," complete Schedule D, Part IX</i>	11d	No
e Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i> 🗑️	11e	Yes
f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X</i> 🗑️	11f	Yes
12a Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i>	12a	No
b Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional</i> 🗑️	12b	Yes
13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>	13	No
14a Did the organization maintain an office, employees, or agents outside of the United States?	14a	No
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? <i>If "Yes," complete Schedule F, Parts I and IV</i> 🗑️	14b	Yes
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? <i>If "Yes," complete Schedule F, Parts II and IV</i> 🗑️	15	Yes
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? <i>If "Yes," complete Schedule F, Parts III and IV</i>	16	No
17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I</i> (see instructions)	17	No
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>	18	No
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>	19	No

Part IV Checklist of Required Schedules (continued)

	Yes	No
20a Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>		No
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		
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? <i>If "Yes," complete Schedule I, Parts I and II</i>	Yes	
22 Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i>		No
23 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>	Yes	
24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i>		No
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?		
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>		
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? <i>If "Yes," complete Schedule L, Part I</i>		
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? <i>If "Yes," complete Schedule L, Part II</i>		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? <i>If "Yes," complete Schedule L, Part III</i>		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)		
a A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>		No
b A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>	Yes	
c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i>		No
29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>		No
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>		No
31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>		No
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>		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? <i>If "Yes," complete Schedule R, Part I</i>		No
34 Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i>	Yes	
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?	Yes	
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)? <i>If "Yes," complete Schedule R, Part V, line 2</i>	Yes	
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>		
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? <i>If "Yes," complete Schedule R, Part VI</i>		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	Yes	

Part V Statements Regarding Other IRS Filings and Tax ComplianceCheck if Schedule O contains a response or note to any line in this Part V ☐

		Yes	No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable	1a	311
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable	1b	0
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	Yes
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	2a	386
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	2b	Yes
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	Yes
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b	Yes
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a	Yes
b	If "Yes," enter the name of the foreign country ▶CJ , NL See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a	No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b	No
c	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c	
6a	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?	6a	No
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b	
7	Organizations that may receive deductible contributions under section 170(c).		
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c	
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d	
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e	
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f	
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g	
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h	
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	8	
9a	Did the sponsoring organization make any taxable distributions under section 4966?	9a	
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b	
10	Section 501(c)(7) organizations. Enter		
a	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		
a	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 in lieu 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.		
a	Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O	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	
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a	No
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b	

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to lines 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

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

Section A. Governing Body and Management

		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year		
	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		
1b	Enter the number of voting members included in line 1a, above, who are independent		
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?	Yes	
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?		No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		No
5	Did the organization become aware during the year of a significant diversion of the organization's assets?		No
6	Did the organization have members or stockholders?		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?		No
7b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?		No
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
8a	The governing body?	Yes	
8b	Each committee with authority to act on behalf of the governing body?	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.		No

Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)

		Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	Yes	
10b	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?	Yes	
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?		No
11b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.		
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13.	Yes	
12b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	Yes	
12c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done.	Yes	
13	Did the organization have a written whistleblower policy?	Yes	
14	Did the organization have a written document retention and destruction policy?	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?		
15a	The organization's CEO, Executive Director, or top management official.	Yes	
15b	Other officers or key employees of the organization.		No
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).		
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	Yes	
16b	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?	Yes	

Section 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.

20 State the name, address, and telephone number of the person who possesses the organization's books and records.
 ► JOHN PIERPOINT 430 N MICHIGAN AVE Chicago, IL 60611 (312) 329-8200

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

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

Form **990** (2016)

[illegible]

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization ► 169

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

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

(A) Name and business address	(B) Description of services	(C) Compensation
HAVAS MEDIA GROUP 36 E GRAND AVE CHICAGO, IL 60611	MARKETING & COMMUNICATIONS	37,293,719
TARGET SMART COMMUNICATIONS LLC 1115 15TH ST NW SUITE 1000 WASHINGTON, DC 20005	CONSULT & DIRECT MAILINGS SERV	9,369,854
ARNOLD WORLDWIDE LLC 205 HUDSON STREET NEW YORK, NY 10013	REALTOR MARKETING AND BRANDING	7,426,569
COBALT MEDIA GROUP 43 N POWERLINE RD SUITE532 POMPANO BEACH, FL 33069	MARKETING CONSULTANTS	1,967,884
ARISTOTLE INTERNATIONAL INC 205 PENNSYLVANIA AVE SE WASHINGTON, DC 20003	TECHNOLOGY & DATA	1,566,755

Form 990 (2016)

Part VIII Statement of RevenueCheck if Schedule O contains a response or note to any line in this Part VIII ☒

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
Contributions, Gifts, Grants and Other Similar Amounts	1a Federated campaigns . . .	1a				
	b Membership dues . . .	1b				
	c Fundraising events . . .	1c				
	d Related organizations	1d				
	e Government grants (contributions)	1e				
	f All other contributions, gifts, grants, and similar amounts not included above	1f				
	g Noncash contributions included in lines 1a-1f \$ _____					
	h Total. Add lines 1a-1f ▶		0			
Program Service Revenue		Business Code				
	2a MEMBER DUES	900099	182,424,376	182,424,376		
	b CONVENTIONS	900099	10,742,766	10,742,766		
	c ADVERTISING & SUBSCRIPTIONS	541800	6,455,041		6,455,041	
	d GOVERNMENT AFFAIRS	900099	3,869,657	3,869,657		
	e PUBLICATIONS & SERV MATERIALS	900099	586,860	586,860		
	f All other program service revenue		3,162,119	3,162,119	0	0
	g Total. Add lines 2a-2f ▶		207,240,819			
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts) ▶		4,319,676			4,319,676
	4 Income from investment of tax-exempt bond proceeds ▶					
	5 Royalties ▶		3,395,909			3,395,909
	6a Gross rents	(i) Real (ii) Personal				
		6,612,484				
	b Less rental expenses	6,645,739				
	c Rental income or (loss)	-33,255 0				
	d Net rental income or (loss) ▶		-33,255			-33,255
	7a Gross amount from sales of assets other than inventory	(i) Securities (ii) Other				
		62,185,993 4,246,321				
	b Less cost or other basis and sales expenses	62,800,303 4,318,857				
	c Gain or (loss)	-614,310 -72,536				
	d Net gain or (loss) ▶		-686,846			-686,846
	8a Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c) See Part IV, line 18 a					
	b Less direct expenses b					
	c Net income or (loss) from fundraising events . . . ▶					
	9a Gross income from gaming activities See Part IV, line 19 a					
	b Less direct expenses b					
	c Net income or (loss) from gaming activities . . . ▶					
	10a Gross sales of inventory, less returns and allowances . . . a					
b Less cost of goods sold . . . b						
c Net income or (loss) from sales of inventory . . . ▶						
Miscellaneous Revenue	Business Code					
11a INCOME FROM CONTROLLED ENTITIES	900003	354,929		354,929		
b INCOME FROM CONTROLLED ENTITIES - ROYALTIES	900003	535,551		535,551		
c INCOME FROM LEGAL SETTLEMENT	900099	7,800,000	7,800,000			
d All other revenue		619,580	550,407	69,173	0	
e Total. Add lines 11a-11d ▶		9,310,060				
12 Total revenue. See Instructions ▶		223,546,363	209,136,185	7,414,694	6,995,484	

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

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

**Do not include amounts reported on lines 6b, 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.	551,500			
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, line 15 and 16.				
4 Benefits paid to or for members.				
5 Compensation of current officers, directors, trustees, and key employees.	4,864,111			
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.	41,083,089			
8 Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions).	3,148,063			
9 Other employee benefits.	4,481,058			
10 Payroll taxes.	2,675,436			
11 Fees for services (non-employees):				
a Management.				
b Legal.	571,376			
c Accounting.	339,904			
d Lobbying.				
e Professional fundraising services. See Part IV, line 17.				
f Investment management fees.	360,437			
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O).	46,181,641	0	0	0
12 Advertising and promotion.	32,294,155			
13 Office expenses.	9,698,226			
14 Information technology.	7,603,110			
15 Royalties.				
16 Occupancy.	341,539			
17 Travel.	8,780,925			
18 Payments of travel or entertainment expenses for any federal, state, or local public officials.				
19 Conferences, conventions, and meetings.	10,187,207			
20 Interest.	195,060			
21 Payments to affiliates.				
22 Depreciation, depletion, and amortization.	2,750,641			
23 Insurance.	2,037,671			
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 PUBLIC POLICY EXPENSES	30,128,358			
b TAXES	4,354,560			
c MAINTENANCE AND REPAIRS	2,710,322			
d REALTOR MEMBER SUBSCRIPTIONS	11,895,063			
e All other expenses	3,430,405	0	0	0
25 Total functional expenses. Add lines 1 through 24e.	230,663,857	0	0	0
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here ☐ if following SOP 98-2 (ASC 958-720)				

Part X Balance SheetCheck if Schedule O contains a response or note to any line in this Part IX ☐

				(A) Beginning of year		(B) End of year	
Assets	1	Cash—non-interest-bearing			1		
	2	Savings and temporary cash investments		70,665,027	2	73,214,485	
	3	Pledges and grants receivable, net			3		
	4	Accounts receivable, net		2,705,028	4	3,017,130	
	5	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L.		0	5	0	
	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	0	
	7	Notes and loans receivable, net			7		
	8	Inventories for sale or use			8		
	9	Prepaid expenses and deferred charges		3,221,001	9	3,919,930	
	10a	Land, buildings, and equipment—cost or other basis. Complete Part VI of Schedule D.	10a	153,698,979			
	b	Less: accumulated depreciation	10b	96,255,966	57,845,309	10c	57,443,013
	11	Investments—publicly traded securities		100,911,440	11	88,046,034	
	12	Investments—other securities. See Part IV, line 11		5,697,903	12	5,475,233	
	13	Investments—program-related. See Part IV, line 11		50,897,948	13	58,159,615	
	14	Intangible assets		5,147,873	14	9,298,700	
	15	Other assets. See Part IV, line 11		5,655,631	15	6,326,682	
16	Total assets. Add lines 1 through 15 (must equal line 34)		302,747,160	16	304,900,822		
Liabilities	17	Accounts payable and accrued expenses		50,124,140	17	58,180,080	
	18	Grants payable			18		
	19	Deferred revenue		63,590,255	19	71,375,545	
	20	Tax-exempt bond liabilities			20		
	21	Escrow or custodial account liability. Complete Part IV of Schedule D.			21		
	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		12,250,000	24	10,500,000	
	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.		2,439,785	25	2,659,937	
	26	Total liabilities. Add lines 17 through 25		128,404,180	26	142,715,562	
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here ☒ and complete lines 27 through 29, and lines 33 and 34.						
	27	Unrestricted net assets		174,342,980	27	162,185,260	
	28	Temporarily restricted net assets			28		
	29	Permanently restricted net assets			29		
	Organizations that do not follow SFAS 117 (ASC 958), check here ☐ and complete lines 30 through 34.						
	30	Capital stock or trust principal, or current funds			30		
	31	Paid-in or capital surplus, or land, building or equipment fund			31		
	32	Retained earnings, endowment, accumulated income, or other funds			32		
	33	Total net assets or fund balances		174,342,980	33	162,185,260	
34	Total liabilities and net assets/fund balances		302,747,160	34	304,900,822		

Part XI Reconciliation of Net AssetsCheck if Schedule O contains a response or note to any line in this Part XI ☒

1	Total revenue (must equal Part VIII, column (A), line 12)	1	223,546,363
2	Total expenses (must equal Part IX, column (A), line 25)	2	230,663,857
3	Revenue less expenses Subtract line 2 from line 1	3	-7,117,494
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	174,342,980
5	Net unrealized gains (losses) on investments	5	3,613,180
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	-8,653,406
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	162,185,260

Part XII Financial Statements and ReportingCheck if Schedule O contains a response or note to any line in this Part XII ☐

	Yes	No
1 Accounting method used to prepare the Form 990 ☐ Cash ☒ Accrual ☐ Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O		
2a Were the organization's financial statements compiled or reviewed by an independent accountant? If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both ☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis		No
b Were the organization's financial statements audited by an independent accountant? 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 ☐ Separate basis ☒ Consolidated basis ☐ Both consolidated and separate basis	Yes	
c If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O	Yes	
3a 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?		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		

Additional Data

Software ID: 16000421
Software Version: 2016v3.0
EIN: 36-1520690
Name: National Association of Realtors

Form 990 (2016)

Form 990, Part III, Line 4a:

WORKING FOR AMERICA'S PROPERTY OWNERS, THE NATIONAL ASSOCIATION PROVIDES A FACILITY FOR PROFESSIONAL DEVELOPMENT, RESEARCH AND EXCHANGE OF INFORMATION AMONG ITS MEMBERS AND TO THE PUBLIC AND GOVERNMENT FOR THE PURPOSE OF PRESERVING THE FREE ENTERPRISE SYSTEM AND THE RIGHT TO OWN REAL PROPERTY

Form 990, Part III, Line 4b:

NAR PROMOTES HIGH STANDARDS OF CONDUCT IN THE TRANSACTION OF REAL ESTATE BUSINESS AND HELPS TO ENSURE THAT THE PUBLIC RECOGNIZES THAT REALTORS ADHERE TO A STRICT CODE OF ETHICS NAR'S CONSUMER ADVERTISING CAMPAIGN DELIVERED POWERFUL MESSAGES TO NATIONAL AUDIENCES THROUGH COMPREHENSIVE MEDIA PROMOTIONS ENDORSING THE BENEFITS OF USING A REALTOR AND COUNTERING NEGATIVE HOUSING MARKET MESSAGES THE FOCUS OF THE PROGRAM IS TO HELP STATE AND LOCAL REALTOR ASSOCIATIONS TELL BUYERS AND SELLERS ABOUT THE OPPORTUNITIES IN A CHALLENGING HOUSING MARKET THE PROGRAM IS DESIGNED TO HELP REALTORS GENERATE AUTHENTIC OPTIMISM WITH CONSUMERS

Form 990, Part III, Line 4c:

NAR PROVIDES A BROAD-BASED PERSPECTIVE ON THE VALUE OF REAL PROPERTY OWNERSHIP AND THE IMPACT ON FAMILIES, COMMUNITIES AND SOCIETY
ACCORDINGLY, NAR CONTINUES TO SUPPORT PUBLIC POLICY ISSUES THAT ENHANCE HOUSING AFFORDABILITY AND THE AVAILABILITY FOR PEOPLE OF ALL
BACKGROUNDS AND INCOME LEVELS TO OBTAIN HOME OWNERSHIP THE ASSOCIATION'S WEBSITES, REALTOR.COM AND HOUSELOGIC.COM, ARE COMPANION
WEBSITES FOR CONSUMERS, WHICH FEATURE INFORMATION ABOUT THE VALUE OF PROPERTY OWNERSHIP, ALLOW CONSUMERS TO DO THEIR OWN RESEARCH, AND
HELP BUYERS AND SELLERS FIND REALTORS

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors		
(C)	(D)	(E)

(A) Compensated Employees, and Independent Contractors		(B)	(C)						(D)	(E)	(F)
Name and Title	Average hours per week (list any hours for related organizations below dotted line)	Position (do not check more than one box, unless person is both an officer and a director/trustee)						Reportable compensation from the organization (W-2/1099-MISC)	Reportable compensation from related organizations (W- 2/1099-MISC)	Estimated amount of other compensation from the organization and related organizations	
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former				
PATRICIA ANGLERO DIRECTOR	0 5 0	X						0	0	0	
FRANK ANTHONY DIRECTOR	0 5 0	X						0	0	0	
ENNIS ANTOINE DIRECTOR	0 5 0	X						0	0	0	
MARTHA APPEL DIRECTOR	0 5 0	X						0	0	0	
RICARDO ARCHILA SOMOZA DIRECTOR	0 5 0	X						0	0	0	
CINDY ARIOSIA DIRECTOR	0 5 0	X						0	0	0	
LORRAINE ARORA DIRECTOR	0 5 0	X						0	0	0	
ADRIAN ARRIAGA DIRECTOR	0 5 0	X						0	0	0	
MARIO ARRIAGA DIRECTOR	0 5 0	X						0	0	0	
RYAN ASAO DIRECTOR	0 5 0	X						0	0	0	

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
DONALD ASHER DIRECTOR	0 5 0	X						0	0	0
WILLIAM ASHKER DIRECTOR	0 5 0	X						0	0	0
CAROLYN AUGUR DIRECTOR	0 5 0	X						0	0	0
PAULINE AUNGER DIRECTOR	0 5 0	X						0	0	0
BRUCE AYDT DIRECTOR	0 5 0	X						0	0	0
DOUGLAS AZARIAN DIRECTOR	0 5 0	X						0	0	0
KIM BACSO DIRECTOR	0 5 0	X						0	0	0
COLLEEN BADAGLIACCO DIRECTOR	0 5 0	X						0	0	0
AHMED BADAT DIRECTOR	0 5 0	X						0	0	0
ROBERT BAILEY DIRECTOR	0 5 0	X						0	0	0

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors										
(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
JOHN BARRY DIRECTOR	0 5 0	X						0	0	0
EDWARD BARSKI DIRECTOR	0 5 0	X						0	0	0
ALLISON BARTHOLOMEW DIRECTOR	0 5 0	X						0	0	0
KEVIN BATDORF DIRECTOR	0 5 0	X						0	0	0
TRAY BATES DIRECTOR	0 5 0	X						0	0	0
GAROLD BAUER DIRECTOR	0 5 0	X						0	0	0
MARY BAYAT DIRECTOR	0 5 0	X						0	0	0
CHRISTOPHER BEADLING DIRECTOR	0 5 0	X						0	0	0
SCOTT BEAUDRY DIRECTOR	0 5 0	X						0	0	0
MICHAEL BECKER DIRECTOR	0 5 0	X						0	0	0

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors										
(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
CAMI BECKLEY DIRECTOR	0 5 0	X						0	0	0
SANDY BEDNAR DIRECTOR	0 5 0	X						0	0	0
NATHAN BELL DIRECTOR	0 5 0	X						0	0	0
MALCOLM BENNETT DIRECTOR	0 5 0	X						0	0	0
RICHARD BERGDAHL DIRECTOR	0 5 0	X						0	0	0
TOM BERGE JR DIRECTOR	0 5 0	X						0	0	0
ALLYSON BERNARD DIRECTOR	0 5 0	X						0	0	0
RUSSELL BERRY DIRECTOR	0 5 0	X						0	0	0
MICHAEL BINDMAN DIRECTOR	0 5 0	X						0	0	0
CHRISTOPHER BISHOP DIRECTOR	0 5 0	X						0	0	0

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors										
(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
LARRY BLACK DIRECTOR	0 5 0	X						0	0	0
THOMAS BLANCHARD DIRECTOR	0 5 0	X						0	0	0
ANNIE BLATZ DIRECTOR	0 5 0	X						0	0	0
WILLIAM BOATMAN DIRECTOR	0 5 0	X						0	0	0
SHADRICK BOGANY DIRECTOR	0 5 0	X						0	0	0
BRADLEY BOLAND DIRECTOR	0 5 0	X						0	0	0
BECKWITH BOLLE DIRECTOR	0 5 0	X						0	0	0
CHARLES BONFIGLIO DIRECTOR	0 5 0	X						0	0	0
EUGENIA BONILLA DIRECTOR	0 5 0	X						0	0	0
STEPHEN BOOTH DIRECTOR	0 5 0	X						0	0	0

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors										
(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
CHRISTINA CARDONE DIRECTOR	0 5 0	X						0	0	0
DOMINIC CARDONE DIRECTOR	0 5 0	X						0	0	0
CYNTHIA CARLEY DIRECTOR	0 5 0	X						0	0	0
JANET CARPENTER DIRECTOR	0 5 0	X						0	0	0
DOUGLAS CARPENTER DIRECTOR	0 5 0	X						0	0	0
DAWN CARPENTER DIRECTOR	0 5 0	X						0	0	0
ALBERTO CARRILLO DIRECTOR	0 5 0	X						0	0	0
ADORNA CARROLL DIRECTOR	0 5 0	X						0	0	0
STEPHEN CASPER DIRECTOR	0 5 0	X						0	0	0
MEG CASPER DIRECTOR	0 5 0	X						0	0	0

(A) Name and Title	(B) Average hours per week (list any hours)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)	(D) Reportable compensation from the organization (W-	(E) Report compensation from re organiz
-----------------------	---	--	---	---

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
RITA COFFEY DIRECTOR	0.5 0	X						0	0	0
JAMES COLEY DIRECTOR	0.5 0	X						0	0	0
MARI COLGAN DIRECTOR	0.5 0	X						0	0	0
ALVIN COLLINS DIRECTOR	0.5 0	X						0	0	0
PAT COMBS DIRECTOR	0.5 0	X						0	0	0
CATHY CONEWAY DIRECTOR	0.5 0	X						0	0	0
MICHAEL CONNOLLY DIRECTOR	0.5 0	X						0	0	0
ANTONIA CONNORS DIRECTOR	0.5 0	X						0	0	0
VIRGINIA COOK DIRECTOR	0.5 0	X						0	0	0
SHANE COOK DIRECTOR	0.5 0	X						0	0	0

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors										
(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
DAVID COX DIRECTOR	0 5 0	X						0	0	0
VICKI COX GOLDER DIRECTOR	0 5 0	X						0	0	0
MIKE CRADDOCK DIRECTOR	0 5 0	X						0	0	0
TOMMIE CRISWELL DIRECTOR	0 5 0	X						0	0	0
DENNIS CRONK DIRECTOR	0 5 0	X						0	0	0
JEAN CROSBY DIRECTOR	0 5 0	X						0	0	0
KAREN CROWSON DIRECTOR	0 5 0	X						0	0	0
TIFFANY CURRY DIRECTOR	0 5 0	X						0	0	0
DONNA CUSSON DIRECTOR	0 5 0	X						0	0	0
CAROLYN DAGOSTA DIRECTOR	0 5 0	X						0	0	0

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors										
(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
PATRICK DALESSANDRO DIRECTOR	0 5 0	X						0	0	0
THOMAS DALEY DIRECTOR	0 5 0	X						0	0	0
DAVE DALZELL DIRECTOR	0 5 0	X						0	0	0
JOSEPH D'AMATO DIRECTOR	0 5 0	X						0	0	0
SANDY DARLING DIRECTOR	0 5 0	X						0	0	0
WINNIE DAVIS DIRECTOR	0 5 0	X						0	0	0
KENNETH DAVIS DIRECTOR	0 5 0	X						0	0	0
FRAN DAVIS DIRECTOR	0 5 0	X						0	0	0
ARLENE DAVIS DIRECTOR	0 5 0	X						0	0	0
ANITA DAVIS DIRECTOR	0 5 0	X						0	0	0

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors		
(C)	(D)	(E)

(A) Compensated Employees, and Independent Contractors	(B)	(C)						(D)	(E)	(F)
Name and Title	Average hours per week (list any hours for related organizations below dotted line)	Position (do not check more than one box, unless person is both an officer and a director/trustee)						Reportable compensation from the organization (W-2/1099-MISC)	Reportable compensation from related organizations (W-2/1099-MISC)	Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
KIMBERLY DAWSON DIRECTOR	0 5 0	X						0	0	0
JOHN DE SOUZA DIRECTOR	0 5 0	X						0	0	0
ANNE MARIE DECATSYE DIRECTOR	0 5 0	X						0	0	0
ALLAN DECHERT DIRECTOR	0 5 0	X						0	0	0
ANN DEFRIES DIRECTOR	0 5 0	X						0	0	0
JOSIE DEGRUSHA DIRECTOR	0 5 0	X						0	0	0
CHRISTINE DEL VECCHIO DIRECTOR	0 5 0	X						0	0	0
MICHAEL DELEON DIRECTOR	0 5 0	X						0	0	0
JULIE DELORENZO DIRECTOR	0 5 0	X						0	0	0
PETER DEMIDOVICH DIRECTOR	0 5 0	X						0	0	0

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors										(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations		
(A) Name and Title		(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)											
			Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former						
MARTHA DENT		0 5	X						0				0	0
DIRECTOR		0												
MATTHEW DEUITCH		0 5	X						0				0	0
DIRECTOR		0												
ROBIN DICKSON		0 5	X						0				0	0
DIRECTOR		0												
MATT DIFANIS		0 5	X						0				0	0
DIRECTOR		0												
MICHAEL DIMELLA		0 5	X						0				0	0
DIRECTOR		0												
DEANNA DIPO		0 5	X						0				0	0
DIRECTOR		0												
DIANE DISBROW		0 5	X						0				0	0
DIRECTOR		0												
PAUL DIZMANG		0 5	X						0				0	0
DIRECTOR		0												
LORI DOERFLER		0 5	X						0				0	0
DIRECTOR		0												
HARRIETTE DOGGETT		0 5	X						0				0	0
DIRECTOR		0												

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors										(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations		
(A) Name and Title		(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)											
			Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former						
JOHN DOHM		0 5	X						0				0	0
DIRECTOR		0												
PATRICIA DOWTIN		0 5	X						0				0	0
DIRECTOR		0												
MIKE DREWS		0 5	X						0				0	0
DIRECTOR		0												
AARON DRUSSEL		0 5	X						0				0	0
DIRECTOR		0												
ELIZABETH DUENAS		0 5	X						0				0	0
DIRECTOR		0												
SHELLY DUNCAN		0 5	X						0				0	0
DIRECTOR		0												
RANDY DURHAM		0 5	X						0				0	0
DIRECTOR		0												
DAVID DWECK		0 5	X						0				0	0
DIRECTOR		0												
CHRISTINE DWIGGINS		0 5	X						0				0	0
DIRECTOR		0												
LINDA DWYER		0 5	X						0				0	0
DIRECTOR		0												

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors										
(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
ROBINA ENGLISH DIRECTOR	0 5 0	X						0	0	0
BELINDA EPPS DIRECTOR	0 5 0	X						0	0	0
JAMES EVANS DIRECTOR	0 5 0	X						0	0	0
PAUL EVERSON DIRECTOR	0 5 0	X						0	0	0
CAROL FACCIPONTI DIRECTOR	0 5 0	X						0	0	0
TREASURE FAIRCLOTH DIRECTOR	0 5 0	X						0	0	0
CAREY FARMER DIRECTOR	0 5 0	X						0	0	0
DON FAUGHT DIRECTOR	0 5 0	X						0	0	0
MICHAEL FAULKNER DIRECTOR	0 5 0	X						0	0	0
MICHAEL FELDMAN DIRECTOR	0 5 0	X						0	0	0

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors										
(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
CHRISTOPHER FELIX DIRECTOR	0 5 0	X						0	0	0
LINDA FERCODINI DIRECTOR	0 5 0	X						0	0	0
JORGE FERNANDEZ DIRECTOR	0 5 0	X						0	0	0
DAVID FIALK DIRECTOR	0 5 0	X						0	0	0
DAPHNA FIELDS DIRECTOR	0 5 0	X						0	0	0
RICHARD FIORETTI DIRECTOR	0 5 0	X						0	0	0
STEVEN FISCHER DIRECTOR	0 5 0	X						0	0	0
DEB FISHER DIRECTOR	0 5 0	X						0	0	0
DREW FISHMAN DIRECTOR	0 5 0	X						0	0	0
PATRICIA FITZGERALD DIRECTOR	0 5 0	X						0	0	0

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors										
(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
KATHLEEN FOWLER DIRECTOR	0 5 0	X						0	0	0
BARBARA FOX DIRECTOR	0 5 0	X						0	0	0
MAUREEN FRANCIS DIRECTOR	0 5 0	X						0	0	0
VIRGIL FRIZZELL DIRECTOR	0 5 0	X						0	0	0
ANJANETTE FRYE DIRECTOR	0 5 0	X						0	0	0
RICHARD FRYER DIRECTOR	0 5 0	X						0	0	0
VICKI FULLERTON DIRECTOR	0 5 0	X						0	0	0
JOSEPH FUNKHOUSER DIRECTOR	0 5 0	X						0	0	0
WILLIAM FURST DIRECTOR	0 5 0	X						0	0	0
BRANDI GABBARD DIRECTOR	0 5 0	X						0	0	0

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
CARLOS GUTIERREZ DIRECTOR	0 5 0	X						0	0	0
WARREN HABIB DIRECTOR	0 5 0	X						0	0	0
STEFANIE HAHN DIRECTOR	0 5 0	X						0	0	0
MELISSA HAILEY DIRECTOR	0 5 0	X						0	0	0
JAMES HAISLER DIRECTOR	0 5 0	X						0	0	0
KIT HALE DIRECTOR	0 5 0	X						0	0	0
BOB HALE DIRECTOR	0 5 0	X						0	0	0
RANDALL HALL DIRECTOR	0 5 0	X						0	0	0
MATTHEW HALPERIN DIRECTOR	0 5 0	X						0	0	0
CINDY HAMANN DIRECTOR	0 5 0	X						0	0	0

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors		
(C)	(D)	(E)

(A) Compensated Employees, and Independent Contractors	(B)	(C)						(D)	(E)	(F)
Name and Title	Average hours per week (list any hours for related organizations below dotted line)	Position (do not check more than one box, unless person is both an officer and a director/trustee)						Reportable compensation from the organization (W-2/1099-MISC)	Reportable compensation from related organizations (W-2/1099-MISC)	Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
DORCAS HELFANT-BROWNING DIRECTOR	0 5 0	X						0	0	0
GLENN HELLIER DIRECTOR	0 5 0	X						0	0	0
RODNEY HELM DIRECTOR	0 5 0	X						0	0	0
JAMES HELSEL DIRECTOR	0 5 0	X						0	0	0
SUSAN HELSINGER DIRECTOR	0 5 0	X						0	0	0
PAUL HENDRIKS DIRECTOR	0 5 0	X						0	0	0
GREGORY HERB DIRECTOR	0 5 0	X						0	0	0
DOROTHY HERMAN DIRECTOR	0 5 0	X						0	0	0
JOHN HERRING DIRECTOR	0 5 0	X						0	0	0
CONNIE HETTINGA DIRECTOR	0 5 0	X						0	0	0

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors		
(C)	(D)	(E)

Compensated Employees, and Independent Contractors (B)								(D)	(E)	(F)
Name and Title	Average hours per week (list any hours for related organizations below dotted line)	Position (do not check more than one box, unless person is both an officer and a director/trustee)						Reportable compensation from the organization (W-2/1099-MISC)	Reportable compensation from related organizations (W-2/1099-MISC)	Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
MAX HILL DIRECTOR	0 5 0	X						0	0	0
JEFFREY HILL DIRECTOR	0 5 0	X						0	0	0
JEFFREY HOFFMAN DIRECTOR	0 5 0	X						0	0	0
JOHN HOOPS DIRECTOR	0 5 0	X						0	0	0
STEPHEN HOOVER DIRECTOR	0 5 0	X						0	0	0
TOM HORMEL DIRECTOR	0 5 0	X						0	0	0
JOHN HORNING DIRECTOR	0 5 0	X						0	0	0
KATHLEEN HOUSTON DIRECTOR	0 5 0	X						0	0	0
BOBBI HOWE DIRECTOR	0 5 0	X						0	0	0
GREGORY HRABCAK DIRECTOR	0 5 0	X						0	0	0

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors										(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations		
Name and Title		(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)											
			Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former						
KARLA HUITSING		0 5	X						0				0	0
DIRECTOR		0												
BRETT HUNSAKER		0 5	X						0				0	0
DIRECTOR		0												
MICHAEL HUNSTAD		0 5	X						0				0	0
DIRECTOR		0												
LEANNAH HUNT		0 5	X						0				0	0
DIRECTOR		0												
BROOKE HUNT		0 5	X						0				0	0
DIRECTOR		0												
JIM IMHOFF		0 5	X						0				0	0
DIRECTOR		0												
CHRIS ISAACSON		0 5	X						0				0	0
DIRECTOR		0												
JASON JAKUS		0 5	X						0				0	0
DIRECTOR		0												
GEORGE JALIL		0 5	X						0				0	0
DIRECTOR		0												
MARIE JEBAVY		0 5	X						0				0	0
DIRECTOR		0												

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
WM JORDAN DIRECTOR	0 5 0	X						0	0	0
JANET JUDD DIRECTOR	0 5 0	X						0	0	0
JOANNE JUSTICE DIRECTOR	0 5 0	X						0	0	0
ELLEN KALE DIRECTOR	0 5 0	X						0	0	0
BRUCE KAMMER DIRECTOR	0 5 0	X						0	0	0
MARK KAMPS DIRECTOR	0 5 0	X						0	0	0
JANET KANE DIRECTOR	0 5 0	X						0	0	0
KEITH KANEMOTO DIRECTOR	0 5 0	X						0	0	0
PAT KAPLAN DIRECTOR	0 5 0	X						0	0	0
TRACY KASPER DIRECTOR	0 5 0	X						0	0	0

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors										
(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
R SCOTT KESNER DIRECTOR	0 5 0	X						0	0	0
WILLIAM KESSLER DIRECTOR	0 5 0	X						0	0	0
DAN KEUNE DIRECTOR	0 5 0	X						0	0	0
ROBERT KEVANE DIRECTOR	0 5 0	X						0	0	0
KALAMA KIM DIRECTOR	0 5 0	X						0	0	0
JAMES KINNEY DIRECTOR	0 5 0	X						0	0	0
ADAM KIRKHAM DIRECTOR	0 5 0	X						0	0	0
JANICE KIRKNER DIRECTOR	0 5 0	X						0	0	0
BETTY KISSOCK DIRECTOR	0 5 0	X						0	0	0
MARK KITABAYASHI DIRECTOR	0 5 0	X						0	0	0

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors										
(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
JOHN LEASE DIRECTOR	0 5 0	X						0	0	0
LINDA LEE DIRECTOR	0 5 0	X						0	0	0
KARL LEE DIRECTOR	0 5 0	X						0	0	0
SUE ANN LEE DIRECTOR	0 5 0	X						0	0	0
DAVID LEGAZ DIRECTOR	0 5 0	X						0	0	0
RONALD LENNEN DIRECTOR	0 5 0	X						0	0	0
JOYCE LEONARD DIRECTOR	0 5 0	X						0	0	0
KEVIN LEVENT DIRECTOR	0 5 0	X						0	0	0
JACK LEVINE DIRECTOR	0 5 0	X						0	0	0
JEFFREY LEVINE DIRECTOR	0 5 0	X						0	0	0

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors										
(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
MARC LEVINSON DIRECTOR	0 5 0	X						0	0	0
D PATRICK LEWIS DIRECTOR	0 5 0	X						0	0	0
JUNPING LIAO DIRECTOR	0 5 0	X						0	0	0
MARGARET LINDSAY DIRECTOR	0 5 0	X						0	0	0
BECCA LINNIG DIRECTOR	0 5 0	X						0	0	0
JAMES LIPTAK DIRECTOR	0 5 0	X						0	0	0
THOMPSON LITCHFIELD DIRECTOR	0 5 0	X						0	0	0
MARBURY LITTLE DIRECTOR	0 5 0	X						0	0	0
DAVID LOCKWOOD DIRECTOR	0 5 0	X						0	0	0
TED LORING DIRECTOR	0 5 0	X						0	0	0

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors										
(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
TIFFANIE MAI-GANSKE DIRECTOR	0 5 0	X						0	0	0
ANDREW MALL DIRECTOR	0 5 0	X						0	0	0
VINCENT MALTA DIRECTOR	0 5 0	X						0	0	0
PEG MANCUSO DIRECTOR	0 5 0	X						0	0	0
DIANE MANNS DIRECTOR	0 5 0	X						0	0	0
L ALMA MANSELL DIRECTOR	0 5 0	X						0	0	0
BRENDA MARCHWICKI DIRECTOR	0 5 0	X						0	0	0
DONALD MARPLE DIRECTOR	0 5 0	X						0	0	0
MARK MARQUEZ DIRECTOR	0 5 0	X						0	0	0
JARED MARTIN DIRECTOR	0 5 0	X						0	0	0

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

(A) Compensated Employees, and Independent Contractors		(B)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
Name and Title		Average hours per week (list any hours for related organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
CHARLES MCMILLAN	DIRECTOR	0 5 0	X						0	0	0
LINDA MCMORROW	DIRECTOR	0 5 0	X						0	0	0
KATHLEEN MCQUILKIN	DIRECTOR	0 5 0	X						0	0	0
BETTE MCTAMNEY	DIRECTOR	0 5 0	X						0	0	0
STEPHEN MCWILLIAM	DIRECTOR	0 5 0	X						0	0	0
ALAN MEHRWEIN	DIRECTOR	0 5 0	X						0	0	0
PETER MERRITT	DIRECTOR	0 5 0	X						0	0	0
REINALDO MESA	DIRECTOR	0 5 0	X						0	0	0
BONNIE METVINER	DIRECTOR	0 5 0	X						0	0	0
TIFFANY MEYER	DIRECTOR	0 5 0	X						0	0	0

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors										
(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
ELLEN MITCHEL DIRECTOR	0 5 0	X						0	0	0
CATHY MITCHELL DIRECTOR	0 5 0	X						0	0	0
JAY MITCHELL DIRECTOR	0 5 0	X						0	0	0
BRIAN MOLISSE DIRECTOR	0 5 0	X						0	0	0
PAULA MONTHOFER DIRECTOR	0 5 0	X						0	0	0
JAMIE MOORE DIRECTOR	0 5 0	X						0	0	0
WILLIAM MOORE DIRECTOR	0 5 0	X						0	0	0
TRUDY MOORE DIRECTOR	0 5 0	X						0	0	0
JUDY MOORE DIRECTOR	0 5 0	X						0	0	0
EDGAR F MORALES DIRECTOR	0 5 0	X						0	0	0

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors					
(C)	(D)	(E)	(F)	(G)	(H)
1	2	3	4	5	6
7	8	9	10	11	12
13	14	15	16	17	18
19	20	21	22	23	24
25	26	27	28	29	30
31	32	33	34	35	36
37	38	39	40	41	42
43	44	45	46	47	48
49	50	51	52	53	54
55	56	57	58	59	60
61	62	63	64	65	66
67	68	69	70	71	72
73	74	75	76	77	78
79	80	81	82	83	84
85	86	87	88	89	90
91	92	93	94	95	96
97	98	99	100	101	102
103	104	105	106	107	108
109	110	111	112	113	114
115	116	117	118	119	120
121	122	123	124	125	126
127	128	129	130	131	132
133	134	135	136	137	138
139	140	141	142	143	144
145	146	147	148	149	150
151	152	153	154	155	156
157	158	159	160	161	162
163	164	165	166	167	168
169	170	171	172	173	174
175	176	177	178	179	180
181	182	183	184	185	186
187	188	189	190	191	192
193	194	195	196	197	198
199	200	201	202	203	204
205	206	207	208	209	210
211	212	213	214	215	216
217	218	219	220	221	222
223	224	225	226	227	228
229	230	231	232	233	234
235	236	237	238	239	240
241	242	243	244	245	246
247	248	249	250	251	252
253	254	255	256	257	258
259	260	261	262	263	264
265	266	267	268	269	270
271	272	273	274	275	276
277	278	279	280	281	282
283	284	285	286	287	288
289	290	291	292	293	294
295	296	297	298	299	300
301	302	303	304	305	306
307	308	309	310	311	312
313	314	315	316	317	318
319	320	321	322	323	324
325	326	327	328	329	330
331	332	333	334	335	336
337	338	339	340	341	342
343	344	345	346	347	348
349	350	351	352	353	354
355	356	357	358	359	360
361	362	363	364	365	366
367	368	369	370	371	372
373	374	375	376	377	378
379	380	381	382	383	384
385	386	387	388	389	390
391	392	393	394	395	396
397	398	399	400	401	402

Compensated Employees, and Independent Contractors (B)								(D)	(E)	(F)
Name and Title	Average hours per week (list any hours for related organizations below dotted line)	Position (do not check more than one box, unless person is both an officer and a director/trustee)						Reportable compensation from the organization (W-2/1099-MISC)	Reportable compensation from related organizations (W-2/1099-MISC)	Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
STEVEN MOREIRA DIRECTOR	0 5 0	X						0	0	0
PHIL MORRICAL DIRECTOR	0 5 0	X						0	0	0
R MORRILL DIRECTOR	0 5 0	X						0	0	0
EZEKIEL MORRIS DIRECTOR	0 5 0	X						0	0	0
MARGARET MORRIS DIRECTOR	0 5 0	X						0	0	0
NANCY MOSCA DIRECTOR	0 5 0	X						0	0	0
JOSEPH MOSHE DIRECTOR	0 5 0	X						0	0	0
SCOTT MULDAVIN DIRECTOR	0 5 0	X						0	0	0
COLIN MULLANE DIRECTOR	0 5 0	X						0	0	0
MUGS MULLINS DIRECTOR	0 5 0	X						0	0	0

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors		
(C)	(D)	(E)

(A) Compensated Employees, and Independent Contractors	(B)	(C)						(D)	(E)	(F)
Name and Title	Average hours per week (list any hours for related organizations below dotted line)	Position (do not check more than one box, unless person is both an officer and a director/trustee)						Reportable compensation from the organization (W-2/1099-MISC)	Reportable compensation from related organizations (W-2/1099-MISC)	Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
THOMAS MURPHY DIRECTOR	0 5 0	X						0	0	0
CHARLIE MURPHY DIRECTOR	0 5 0	X						0	0	0
VICTORIA MURPHY DIRECTOR	0 5 0	X						0	0	0
SHELLY MURRAY DIRECTOR	0 5 0	X						0	0	0
BILL MURRAY DIRECTOR	0 5 0	X						0	0	0
CALVIN MUSSELMAN DIRECTOR	0 5 0	X						0	0	0
CHRISTOPHER MYGATT DIRECTOR	0 5 0	X						0	0	0
RONALD MYLES DIRECTOR	0 5 0	X						0	0	0
NANCY NAGY DIRECTOR	0 5 0	X						0	0	0
GARY NELSON DIRECTOR	0 5 0	X						0	0	0

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

Compensated Employees, and Independent Contractors (B)								(D)	(E)	(F)
Name and Title	Average hours per week (list any hours for related organizations below dotted line)	Position (do not check more than one box, unless person is both an officer and a director/trustee)						Reportable compensation from the organization (W-2/1099-MISC)	Reportable compensation from related organizations (W-2/1099-MISC)	Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
FRANK NELSON DIRECTOR	0 5 0	X						0	0	0
TERRELL NEWBERRY DIRECTOR	0 5 0	X						0	0	0
TAMMY NEWLAND-SHISHIDO DIRECTOR	0 5 0	X						0	0	0
JOHN NICHOLS DIRECTOR	0 5 0	X						0	0	0
PEYTON NORVILLE DIRECTOR	0 5 0	X						0	0	0
KENDRA NORWOOD DIRECTOR	0 5 0	X						0	0	0
JOHN NUGENT DIRECTOR	0 5 0	X						0	0	0
ELIZABETH NUNAN DIRECTOR	0 5 0	X						0	0	0
MARY ELLEN O'BOYLE DIRECTOR	0 5 0	X						0	0	0
GERARD O'CONNELL DIRECTOR	0 5 0	X						0	0	0

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors										
(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
SANDRA O'CONNOR DIRECTOR	0 5 0	X						0	0	0
KAREN O'GRADY-HUGHEY DIRECTOR	0 5 0	X						0	0	0
PATRICIA OHMBERGER DIRECTOR	0 5 0	X						0	0	0
ALLEN OKAMOTO DIRECTOR	0 5 0	X						0	0	0
MICHAEL OLDENETTEL DIRECTOR	0 5 0	X						0	0	0
EILEEN OLDROYD DIRECTOR	0 5 0	X						0	0	0
JENNY OLIVO DIRECTOR	0 5 0	X						0	0	0
CAROL OLNEY DIRECTOR	0 5 0	X						0	0	0
CHRISTIE O'NEIL DIRECTOR	0 5 0	X						0	0	0
JASON O'NEIL DIRECTOR	0 5 0	X						0	0	0

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

Compensated Employees, and Independent Contractors (B)							(C)	(D)	(E)	(F)
Name and Title	Average hours per week (list any hours for related organizations below dotted line)	Position (do not check more than one box, unless person is both an officer and a director/trustee)						Reportable compensation from the organization (W-2/1099-MISC)	Reportable compensation from related organizations (W-2/1099-MISC)	Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
RAYMOND O'NEIL DIRECTOR	0 5 0	X						0	0	0
PATRICIA O'NEILL DIRECTOR	0 5 0	X						0	0	0
ROBERT OPPENHEIMER DIRECTOR	0 5 0	X						0	0	0
CHARLES OPPLER DIRECTOR	0 5 0	X						0	0	0
JOHN O'REILLY DIRECTOR	0 5 0	X						0	0	0
PIERO ORSI DIRECTOR	0 5 0	X						0	0	0
IGNACIO OSORIO DIRECTOR	0 5 0	X						0	0	0
WILLIAM OVERACRE DIRECTOR	0 5 0	X						0	0	0
MICHAEL OWEN DIRECTOR	0 5 0	X						0	0	0
HEATHER OZUR DIRECTOR	0 5 0	X						0	0	0

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors										(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations			
(A) Name and Title		(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)												
			Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former							
LINDA PAGE		0 5	X										0	0	0
DIRECTOR		0													
ROBERT PAHLKE		0 5	X										0	0	0
DIRECTOR		0													
BOWEN PAK		0 5	X										0	0	0
DIRECTOR		0													
DOMINIC PALLINI		0 5	X										0	0	0
DIRECTOR		0													
ANN MARIE PALLISTER		0 5	X										0	0	0
DIRECTOR		0													
MICHAEL PAPPAS		0 5	X										0	0	0
DIRECTOR		0													
CHRISTINA PAPPAS		0 5	X										0	0	0
DIRECTOR		0													
KENNY PARCELL		0 5	X										0	0	0
DIRECTOR		0													
LEONARDO PAREJA		0 5	X										0	0	0
DIRECTOR		0													
ROGER PARHAM		0 5	X										0	0	0
DIRECTOR		0													

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors										
(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
JEFFREY PERRY DIRECTOR	0 5 0	X						0	0	0
TROY PETERSON DIRECTOR	0 5 0	X						0	0	0
MARK PETERSON DIRECTOR	0 5 0	X						0	0	0
SANDI PFISTER DIRECTOR	0 5 0	X						0	0	0
DAVID PHILLIPS DIRECTOR	0 5 0	X						0	0	0
RONALD PHIPPS DIRECTOR	0 5 0	X						0	0	0
TERRY PILCHER DIRECTOR	0 5 0	X						0	0	0
BEVERLY PINDLING DIRECTOR	0 5 0	X						0	0	0
NYKEA PIPPION MCGRUFF DIRECTOR	0 5 0	X						0	0	0
J REED PIRAIN DIRECTOR	0 5 0	X						0	0	0

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors										
(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
CHAILLE RALPH DIRECTOR	0 5 0	X						0	0	0
JUDY MARY RAMELLA DIRECTOR	0 5 0	X						0	0	0
TOM RAU DIRECTOR	0 5 0	X						0	0	0
RYAN RAVEIS DIRECTOR	0 5 0	X						0	0	0
BILL RAWLINGS DIRECTOR	0 5 0	X						0	0	0
DEBBIE RAWLS DIRECTOR	0 5 0	X						0	0	0
HENRY RAY DIRECTOR	0 5 0	X						0	0	0
CHARLEY RAY DIRECTOR	0 5 0	X						0	0	0
CHRIS READ DIRECTOR	0 5 0	X						0	0	0
SULINDA READY DIRECTOR	0 5 0	X						0	0	0

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
STEVEN REDMOND DIRECTOR	0 5 0	X						0	0	0
CHRIS REESE DIRECTOR	0 5 0	X						0	0	0
GARY REGGISH DIRECTOR	0 5 0	X						0	0	0
DONNA REID DIRECTOR	0 5 0	X						0	0	0
ALICIA REINHARD DIRECTOR	0 5 0	X						0	0	0
ELLEN RENISH DIRECTOR	0 5 0	X						0	0	0
LIZA REYES DIRECTOR	0 5 0	X						0	0	0
RANDY REYNOLDS DIRECTOR	0 5 0	X						0	0	0
CHRISTINE RICHARDSON DIRECTOR	0 5 0	X						0	0	0
LYNNE RIFKIN DIRECTOR	0 5 0	X						0	0	0

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors										
(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
D RINEHART DIRECTOR	0 5 0	X						0	0	0
MATTHEW RITCHIE DIRECTOR	0 5 0	X						0	0	0
CHERL ROANE DIRECTOR	0 5 0	X						0	0	0
MARY ROBERTS DIRECTOR	0 5 0	X						0	0	0
D ROBERTS DIRECTOR	0 5 0	X						0	0	0
DOREEN ROBERTS DIRECTOR	0 5 0	X						0	0	0
PATRICK ROBERTS DIRECTOR	0 5 0	X						0	0	0
BONNIE ROBERTS-BURKE DIRECTOR	0 5 0	X						0	0	0
D GARY ROGERS DIRECTOR	0 5 0	X						0	0	0
BRANDON ROGILLIO DIRECTOR	0 5 0	X						0	0	0

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors										
(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
GREGORY ROKEH DIRECTOR	0 5 0	X						0	0	0
VICKI ROLLER DIRECTOR	0 5 0	X						0	0	0
MELODY SKYE ROLOFF DIRECTOR	0 5 0	X						0	0	0
DENNIS ROSAS DIRECTOR	0 5 0	X						0	0	0
RICHARD ROSENTHAL DIRECTOR	0 5 0	X						0	0	0
VERNICE ROSS DIRECTOR	0 5 0	X						0	0	0
CHRIS ROST DIRECTOR	0 5 0	X						0	0	0
PETER RUFFINI DIRECTOR	0 5 0	X						0	0	0
ADAM RUIZ DIRECTOR	0 5 0	X						0	0	0
MARY ALICE RUPPERT DIRECTOR	0 5 0	X						0	0	0

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors										
(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
ANDREW SARNO DIRECTOR	0 5 0	X						0	0	0
LEO SAUNDERS DIRECTOR	0 5 0	X						0	0	0
SUSAN SAVAGE DIRECTOR	0 5 0	X						0	0	0
PAULA SAVARD DIRECTOR	0 5 0	X						0	0	0
ANDY SCAGLIONE DIRECTOR	0 5 0	X						0	0	0
DIANNE SCALZA DIRECTOR	0 5 0	X						0	0	0
JANET SCAVO DIRECTOR	0 5 0	X						0	0	0
PHILLIP SCHAEFER DIRECTOR	0 5 0	X						0	0	0
SANDRA SCHEDE DIRECTOR	0 5 0	X						0	0	0
RANDY SCHEIDT DIRECTOR	0 5 0	X						0	0	0

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors		
(C)	(D)	(E)

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
DIANE SCHERER DIRECTOR	0 5 0	X						0	0	0
ANTHONY SCHIPPA DIRECTOR	0 5 0	X						0	0	0
CHRISTIAN SCHLUETER DIRECTOR	0 5 0	X						0	0	0
MICHAEL SCHMELZER DIRECTOR	0 5 0	X						0	0	0
JON SCHNOOR DIRECTOR	0 5 0	X						0	0	0
MICHAEL SCHOONOVER DIRECTOR	0 5 0	X						0	0	0
A DAVID SCHWARZ DIRECTOR	0 5 0	X						0	0	0
DON SCORDINO DIRECTOR	0 5 0	X						0	0	0
PAUL SCOTT DIRECTOR	0 5 0	X						0	0	0
J LENNOX SCOTT DIRECTOR	0 5 0	X						0	0	0

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors										
(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
THOMAS SHELLY DIRECTOR	0 5 0	X						0	0	0
CYNTHIA SHELTON DIRECTOR	0 5 0	X						0	0	0
CORY SHEPARD DIRECTOR	0 5 0	X						0	0	0
ANDREA SHERIDAN DIRECTOR	0 5 0	X						0	0	0
DEBBIE SHIELDS DIRECTOR	0 5 0	X						0	0	0
TODD SHIPMAN DIRECTOR	0 5 0	X						0	0	0
MILTON SHOCKLEY DIRECTOR	0 5 0	X						0	0	0
WILLIAM SHUGART DIRECTOR	0 5 0	X						0	0	0
PRADEEP SHUKLA DIRECTOR	0 5 0	X						0	0	0
GLORIA SICILIANO DIRECTOR	0 5 0	X						0	0	0

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors										
(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
ANGELA SICOLI DIRECTOR	0 5 0	X						0	0	0
MATT SILVER DIRECTOR	0 5 0	X						0	0	0
KENT SIMPSON DIRECTOR	0 5 0	X						0	0	0
ERIK SJOWALL DIRECTOR	0 5 0	X						0	0	0
THOMAS SKIFFINGTON DIRECTOR	0 5 0	X						0	0	0
KIM SKUMANICK DIRECTOR	0 5 0	X						0	0	0
JOHN SLIVON DIRECTOR	0 5 0	X						0	0	0
CHRIS SLOAN DIRECTOR	0 5 0	X						0	0	0
BRENDA SMALL DIRECTOR	0 5 0	X						0	0	0
JAMES SMITH DIRECTOR	0 5 0	X						0	0	0

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors			
(C)	(D)	(E)	(F)

(A) Compensated Employees, and Independent Contractors	(B)	(C)						(D)	(E)	(F)
Name and Title	Average hours per week (list any hours for related organizations below dotted line)	Position (do not check more than one box, unless person is both an officer and a director/trustee)						Reportable compensation from the organization (W-2/1099-MISC)	Reportable compensation from related organizations (W-2/1099-MISC)	Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
LESLIE SMITH DIRECTOR	0 5 0	X						0	0	0
BONNIE SMITH DIRECTOR	0 5 0	X						0	0	0
WENDY SMITH DIRECTOR	0 5 0	X						0	0	0
JEFFREY SMITH DIRECTOR	0 5 0	X						0	0	0
RANDAL SMITH DIRECTOR	0 5 0	X						0	0	0
NANCY SMITH DIRECTOR	0 5 0	X						0	0	0
DJ SNAPP DIRECTOR	0 5 0	X						0	0	0
HARLEY SNYDER DIRECTOR	0 5 0	X						0	0	0
NICHOLAS SOLIS DIRECTOR	0 5 0	X						0	0	0
DEBORAH SPANGLER DIRECTOR	0 5 0	X						0	0	0

(A) Name and Title	(B) Average hours per week (list any hours)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)	(D) Reportable compensation from the organization (W-	(E) Report compensation from re organiz
-----------------------	---	--	---	---

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
SALLY SPARKS DIRECTOR	0.5 0	X						0	0	0
LARRY SPITERI DIRECTOR	0.5 0	X						0	0	0
LINDA ST PETER DIRECTOR	0.5 0	X						0	0	0
PHILLIP STARK DIRECTOR	0.5 0	X						0	0	0
JOHN STEFFEY DIRECTOR	0.5 0	X						0	0	0
THOMAS STEVENS DIRECTOR	0.5 0	X						0	0	0
JOE STEWART DIRECTOR	0.5 0	X						0	0	0
SUE STINSON-TURNER DIRECTOR	0.5 0	X						0	0	0
JAMES STOFKO DIRECTOR	0.5 0	X						0	0	0
HAGAN STONE DIRECTOR	0.5 0	X						0	0	0

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors										
(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
JERRY TEESON DIRECTOR	0 5 0	X						0	0	0
MICHAEL THEO DIRECTOR	0 5 0	X						0	0	0
GARY THOMAS DIRECTOR	0 5 0	X						0	0	0
RANDALL THOMAS DIRECTOR	0 5 0	X						0	0	0
DEVON THOMAS DIRECTOR	0 5 0	X						0	0	0
KURT THOMPSON DIRECTOR	0 5 0	X						0	0	0
BRIAN THOMPSON DIRECTOR	0 5 0	X						0	0	0
ANN THROCKMORTON DIRECTOR	0 5 0	X						0	0	0
DAVID TINA DIRECTOR	0 5 0	X						0	0	0
LORI TODD DIRECTOR	0 5 0	X						0	0	0

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors		
(C)	(D)	(E)

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
MADLINE VEISSI DIRECTOR	0.5 0	X						0	0	0
RICK VIOLETT DIRECTOR	0.5 0	X						0	0	0
SHARON VOSS DIRECTOR	0.5 0	X						0	0	0
CLAYTON WADE DIRECTOR	0.5 0	X						0	0	0
RAY WADE DIRECTOR	0.5 0	X						0	0	0
DAN WAGNER DIRECTOR	0.5 0	X						0	0	0
STEPHANIE WALKER DIRECTOR	0.5 0	X						0	0	0
ROBERT WALKER DIRECTOR	0.5 0	X						0	0	0
GEORGIA WALL DIRECTOR	0.5 0	X						0	0	0
KITTY WALLACE DIRECTOR	0.5 0	X						0	0	0

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors										
(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
ON YOCUM DIRECTOR	0 5 0	X						0	0	0
LEIGH YORK DIRECTOR	0 5 0	X						0	0	0
PAUL YORKIS DIRECTOR	0 5 0	X						0	0	0
CHRISTIAN ZARIF DIRECTOR	0 5 0	X						0	0	0
JUDY ZEIGLER DIRECTOR	0 5 0	X						0	0	0
JOANNE ZETTL DIRECTOR	0 5 0	X						0	0	0
PAT ZIGGY ZICARELLI DIRECTOR	0 5 0	X						0	0	0
DEENA ZIMMERMAN DIRECTOR	0 5 0	X						0	0	0
CHRISTOPHER ZOLLER DIRECTOR	0 5 0	X						0	0	0
RENEE ZURLO DIRECTOR	0 5 0	X						0	0	0

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors										
(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
PATRICIA ZUZEK DIRECTOR	0 5 0	X						0	0	0
RENE GALVAN DIRECTOR	0 5 0	X						0	0	0
KAREN GEHLE DIRECTOR	0 5 0	X						0	0	0
RUSSELL HOKANSON DIRECTOR	0 5 0	X						0	0	0
ANDREW M MAHOWALD DIRECTOR	0 5 0	X						0	0	0
MICHAEL OPPLER DIRECTOR	0 5 0	X						0	0	0
CRAIG W SANGFORD DIRECTOR	0 5 0	X						0	0	0
JOE RAYMOND STEWART DIRECTOR	0 5 0	X						0	0	0
MICHAEL LABOUT VICE PRESIDENT	5 0 0	X						40,741	0	0
SHERRI MEADOWS VICE PRESIDENT	5 0 0	X						36,322	0	0

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors										
(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
JERRY GIOVANIELLO SVP, GOVERNMENT AFFAIRS	50 0 0					X		662,792	0	39,777
JANET BRANTON SVP, GLOBAL SERVICES	50 0 0					X		435,694	0	39,777
LAWRENCE YUN SVP, CHIEF ECONOMIST	50 0 0					X		527,955	0	39,777
MARK LESSWING SVP, CHIEF TECH OFFICER	50 0 0					X		508,081	0	39,777
STEPHANIE SINGER SVP, COMMUNICATIONS	50 0 0					X		334,061	0	39,777

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 ▶Complete if the organization is described below. ▶Attach to Form 990 or Form 990-EZ. ▶Information about Schedule C (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990 .	OMB No 1545-0047 2016 Open to Public Inspection
---	---	---

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

If the organization answered "Yes" on Form 990, Part IV, Line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)) Complete Part II-A Do not complete Part II-B
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)) Complete Part II-B Do not complete Part II-A

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

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

Name of the organization National Association of Realtors	Employer identification number 36-1520690
--	---

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

1 Provide a description of the organization's direct and indirect political campaign activities in Part IV	
2 Political expenditures	▶ \$ 0
3 Volunteer hours	0

Part I-B Complete if the organization is exempt under section 501(c)(3).

1 Enter the amount of any excise tax incurred by the organization under section 4955	▶ \$	
2 Enter the amount of any excise tax incurred by organization managers under section 4955	▶ \$	
3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year?	☐ Yes ☐ No	
4a Was a correction made?	☐ Yes ☐ No	
b If "Yes," describe in Part IV		

Part I-C Complete if the organization is exempt under section 501(c), except section 501(c)(3).

1 Enter the amount directly expended by the filing organization for section 527 exempt function activities	▶ \$	0
2 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities	▶ \$	0
3 Total exempt function expenditures Add lines 1 and 2 Enter here and on Form 1120-POL, line 17b	▶ \$	0
4 Did the filing organization file Form 1120-POL for this year?	☐ Yes ☒ No	
5 Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments For each organization listed, enter the amount paid from the filing organization's funds Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC) If additional space is needed, provide information in Part IV		

(a) Name	(b) Address	(c) EIN	(d) 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) NAR FUND	430 N MICHIGAN CHICAGO, IL 60611	26-1725187	0	11,020,516
(2) NAR CONGRESSIONAL FUND	430 N MICHIGAN CHICAGO, IL 60611	27-3388377	0	10,275,000
3				
4				
5				
6				

Part II-A Complete if the organization is exempt under section 501(c)(3) and filed Form 5768 (election under section 501(h)).

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

1a Total lobbying expenditures to influence public opinion (grass roots lobbying)

b Total lobbying expenditures to influence a legislative body (direct lobbying)

c Total lobbying expenditures (add lines 1a and 1b)

d Other exempt purpose expenditures

e Total exempt purpose expenditures (add lines 1c and 1d)

f Lobbying nontaxable amount Enter the 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

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

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

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

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

☐ Yes ☐ No**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)	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) Total
2a Lobbying nontaxable amount					
b Lobbying ceiling amount (150% of line 2a, column(e))					
c Total lobbying expenditures					
d Grassroots nontaxable amount					
e Grassroots ceiling amount (150% of line 2d, column (e))					
f Grassroots lobbying expenditures					

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)).

For each "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity

		(a)		(b)
		Yes	No	Amount
1	During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of			
a	Volunteers?			
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?			
c	Media advertisements?			
d	Mailings to members, legislators, or the public?			
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			
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?			
b	If "Yes," enter the amount of any tax incurred under section 4912			
c	If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
d	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			

Part III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6).

	Yes	No
1 Were substantially all (90% or more) dues received nondeductible by members?		No
2 Did the organization make only in-house lobbying expenditures of \$2,000 or less?		No
3 Did the organization agree to carry over lobbying and political expenditures from the prior year?	Yes	

Part III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No" OR (b) Part III-A, line 3, is answered "Yes."

1	Dues, assessments and similar amounts from members	1	193,174,376
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	2a	64,691,198
b	Carryover from last year	2b	-13,456,546
c	Total	2c	51,234,652
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	3	62,530,546
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	-11,295,894

Part IV Supplemental Information

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

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

efile GRAPHIC print - DO NOT PROCESS		As Filed Data -		DLN: 93493319168027	
SCHEDULE D (Form 990) Department of the Treasury Internal Revenue Service		Supplemental Financial Statements ► Complete if the organization answered "Yes," on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. ► Attach to Form 990. Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.			OMB No 1545-0047 2016 Open to Public Inspection
Name of the organization National Association of Realtors				Employer identification number 36-1520690	
Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" on Form 990, Part IV, line 6.					
		(a) Donor advised funds		(b) Funds and other accounts	
1	Total number at end of year				
2	Aggregate value of contributions to (during year)				
3	Aggregate value of grants from (during year)				
4	Aggregate value at end of year				
5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? ☐ Yes ☐ No					
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? ☐ Yes ☐ No					
Part II Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7.					
1 Purpose(s) of conservation easements held by the organization (check all that apply) ☐ Preservation of land for public use (e g , recreation or education) ☐ Preservation of an historically important land area ☐ Protection of natural habitat ☐ Preservation of a certified historic structure ☐ Preservation of open space					
2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year					
				Held at the End of the Year	
a Total number of conservation easements				2a	
b Total acreage restricted by conservation easements				2b	
c Number of conservation easements on a certified historic structure included in (a)				2c	
d Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register				2d	
3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ►					
4 Number of states where property subject to conservation easement is located ►					
5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? ☐ Yes ☐ No					
6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ►					
7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ► \$					
8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? ☐ Yes ☐ No					
9 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					
Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 8.					
1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items					
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					
(i) Revenue included on Form 990, Part VIII, line 1				► \$	
(ii) Assets included in Form 990, Part X				► \$	
2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items					
a Revenue included on Form 990, Part VIII, line 1				► \$	
b Assets included in Form 990, Part X				► \$	
For Paperwork Reduction Act Notice, see the Instructions for Form 990.					
			Cat No 52283D Schedule D (Form 990) 2016		

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued)**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
- b** ☐ Scholarly research
- c** ☐ Preservation for future generations
- d** ☐ Loan or exchange programs
- e** ☐ Other

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII**5** During the year, did the organization solicit or receive donations of art, historical treasures or other similar assets to be sold to raise funds rather than to be maintained as part of the organization'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.

1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?☐ Yes ☐ No**b** If "Yes," explain the arrangement in Part XIII and complete the following table**c** Beginning balance**d** Additions during the year**e** Distributions during the year**f** Ending balance

	Amount
1c	
1d	
1e	
1f	

2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?☐ Yes ☐ No**b** If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII ☐**Part V Endowment Funds.** Complete if the organization answered "Yes" on Form 990, Part IV, line 10.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	100,922,804	80,259,399	66,031,387	58,360,127	52,069,237
b Contributions	1,959,359	20,663,405	14,228,012	7,671,260	6,290,890
c Net investment earnings, gains, and losses					
d Grants or scholarships					
e Other expenditures for facilities and programs	29,414,717				
f Administrative expenses					
g End of year balance	73,467,446	100,922,804	80,259,399	66,031,387	58,360,127

2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as**a** Board designated or quasi-endowment ▶ 100 %**b** Permanent endowment ▶ 0 %**c** Temporarily restricted endowment ▶ 0 %

The percentages on lines 2a, 2b, and 2c should equal 100%

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by**(i)** unrelated organizations**(ii)** related organizations**b** If "Yes" on 3a(ii), are the related organizations listed as required on Schedule R?

	Yes	No
3a(i)		No
3a(ii)		No
3b		

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 value
1a Land		19,212,875		19,212,875
b Buildings		85,922,472	51,791,020	34,131,452
c Leasehold improvements				
d Equipment		47,882,783	44,464,946	3,417,837
e Other		680,849		680,849
Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c)) . . . ▶				57,443,013

Part VII

Investments—Other Securities. Complete if the organization answered 'Yes' on Form 990, Part IV, line 11b.
See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other _____		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Column (b) must equal Form 990, Part X, col (B) line 12)		

Part VIII

Investments—Program Related. Complete if the organization answered 'Yes' on Form 990, Part IV, line 11c.
See Form 990, Part X, line 13.

(a) Description of investment	(b) Book value	(c) Method of valuation Cost or end-of-year market value
(1) INVST - NARBAC	44,740,982	C
(2) INVST - REALTORS INFO NETWORK	13,418,633	C
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Column (b) must equal Form 990, Part X, col (B) line 13)	58,159,615	

Part IX

Other Assets. Complete if the organization answered 'Yes' on Form 990, Part IV, line 11d See Form 990, Part X, line 15

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col (B) line 15)	

Part X

Other Liabilities. Complete if the organization answered 'Yes' on Form 990, Part IV, line 11e or 11f.
See Form 990, Part X, line 25.

(a) Description of liability	(b) Book value
(1) Federal income taxes	
Deferred Compensation	2,659,937
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col (B) line 25)	2,659,937

2. Liability for uncertain tax positions In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740) Check here if the text of the footnote has been provided in Part XIII

☒

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

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	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
a	Net unrealized gains (losses) on investments	2a	
b	Donated services and use of facilities	2b	
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIII)	2d	
e	Add lines 2a through 2d	2e	
3	Subtract line 2e from line 1	3	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII)	4b	
c	Add lines 4a and 4b	4c	
5	Total revenue Add lines 3 and 4c . (This must equal Form 990, Part I, line 12)	5	

Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.

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

1	Total expenses and losses per audited financial statements	1	
2	Amounts included on line 1 but not on Form 990, Part IX, line 25		
a	Donated services and use of facilities	2a	
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIII)	2d	
e	Add lines 2a through 2d	2e	
3	Subtract line 2e from line 1	3	
4	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	4a	
b	Other (Describe in Part XIII)	4b	
c	Add lines 4a and 4b	4c	
5	Total expenses Add lines 3 and 4c . (This must equal Form 990, Part I, line 18)	5	

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
See Additional Data Table	

Part XIII **Supplemental Information** *(continued)*

Return Reference	Explanation

Additional Data

Software ID: 16000421
Software Version: 2016v3.0
EIN: 36-1520690
Name: National Association of Realtors

Supplemental Information

Return Reference	Explanation
Schedule D, Part V, Line 4 Intended uses of endowment funds	The amounts in the quasi-endowment are unrestricted net assets designated for special purposes and activities as authorized by the Board of Directors As of December 31, 2016, this amount includes monies for budgeted core reserves, REALTOR Party carryover funds and consumer advertising campaign funds

Supplemental Information

Return Reference	Explanation
Schedule D, Part X, Line 2 FIN 48 (ASC 740) footnote	The Association and its consolidated and combined entities follow guidance issued by the FASB with respect to accounting for uncertainty in income taxes. A tax position is recognized as a benefit only if it is "more likely than not" that the tax position would be sustained in a tax examination, with a tax examination being presumed to occur. The amount recognized is the largest amount of tax benefit that is greater than 50% likely of being realized on examination. For tax positions not meeting the "more likely than not" test, no tax benefit is recorded. The Association recognizes interest and penalties related to unrecognized tax benefits in interest and income tax expense, respectively. The Association has no amounts accrued for interest or penalties as of December 31, 2016 and 2015.

**SCHEDULE F
(Form 990)**

Statement of Activities Outside the United States

OMB No 1545-0047

2016

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

► Complete if the organization answered "Yes" to Form 990,
Part IV, line 14b, 15, or 16.

► Attach to Form 990. ► See separate instructions.

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

Name of the organization
National Association of Realtors

Employer identification number

36-1520690

Part I General Information on Activities Outside the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 14b.

1 For grantmakers. Does the organization maintain records to substantiate the amount of its grants and other assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?

☐ Yes ☐ No

2 For grantmakers. Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States

3 Activities per Region (The following Part I, line 3 table can be duplicated if additional space is needed)

(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in region	(d) Activities conducted in region (by type) (e g , fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for and investments in region
(1) See Add'l Data					
(2)					
(3)					
(4)					
(5)					
3a Sub-total	0	0			2,628,759
b Total from continuation sheets to Part I	0	0			0
c Totals (add lines 3a and 3b)	0	0			2,628,759

Part II **Grants and Other Assistance to Organizations or Entities Outside the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 15, for any recipient who received more than \$5,000. Part II can be duplicated if additional space is needed.

1	(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
(1)									
(2)									
(3)									
(4)									

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

3 Enter total number of other organizations or entities ► _____

Part III **Grants and Other Assistance to Individuals Outside the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 16.

Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of non-cash assistance	(g) Description of non-cash assistance	(h) Method of valuation (book, FMV, appraisal, other)
(1)							
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							
(10)							
(11)							
(12)							
(13)							
(14)							
(15)							
(16)							
(17)							
(18)							

Part IV Foreign Forms

- 1 Was the organization a U S transferor of property to a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 926, Return by a U S Transferor of Property to a Foreign Corporation (see Instructions for Form 926)* ☒ Yes ☐ No
- 2 Did the organization have an interest in a foreign trust during the tax year? *If "Yes," the organization may be required to separately file Form 3520, Annual Return to Report Transactions with Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U S Owner (see Instructions for Forms 3520 and 3520-A)* ☐ Yes ☒ No
- 3 Did the organization have an ownership interest in a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 5471, Information Return of U S Persons with Respect to Certain Foreign Corporations (see Instructions for Form 5471)* ☒ Yes ☐ No
- 4 Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? *If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund (see Instructions for Form 8621)* ☐ Yes ☒ No
- 5 Did the organization have an ownership interest in a foreign partnership during the tax year? *If "Yes," the organization may be required to file Form 8865, Return of U S Persons with Respect to Certain Foreign Partnerships (see Instructions for Form 8865)* ☒ Yes ☐ No
- 6 Did the organization have any operations in or related to any boycotting countries during the tax year? *If "Yes," the organization may be required to separately file Form 5713, International Boycott Report (see Instructions for Form 5713)* ☐ Yes ☒ No

Additional Data

Software ID: 16000421
Software Version: 2016v3.0
EIN: 36-1520690
Name: National Association of Realtors

Schedule F (Form 990) 2016

Page **5**

Part V Supplemental Information

Provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method; amounts of investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information (see instructions).

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

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i.e., fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for region
Central America and the Caribbean	0	0	Investments	PASSIVE INVESTMENTS	1,339,986
North America (Canada & Mexico only)	0	0	Investments	PASSIVE INVESTMENTS	744,958
Europe (Including Iceland and Greenland)	0	0	Program Services	NAR REPRESENTATION AT AND PARTICIPATION IN MIPIM INTERNATIONAL COMMERCIAL REAL ESTATE EXPO	190,127

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

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i.e., fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for region
Europe (Including Iceland and Greenland)	0	0	Program Services	NAR PARTICIPATION IN TRADE MISSION TO ITALY, ENGLAND, AND IRELAND	70,554
Sub-Saharan Africa	0	0	Program Services	NAR REPRESENTATION AND PARTICIPATION IN TRADE MISSION TO MEET NAR PARTNERS IN SOUTH AFRICA, REOBASA AND IEASA	70,009
Europe (Including Iceland and Greenland)	0	0	Program Services	NAR PARTICIPATION IN LARGE COMMERCIAL AND REAL ESTATE MEETING	64,699

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

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i.e., fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for region
East Asia and the Pacific	0	0	Program Services	NAR PARTICIPATION IN INTERNATIONAL REALTOR CONFERENCE	47,369
Europe (Including Iceland and Greenland)	0	0	Program Services	NAR PARTICIPATION IN ANNUAL GATHERING OF FRENCH AND OTHER GLOBAL REAL ESTATE PROFESSIONALS	43,489
South America	0	0	Program Services	NAR REPRESENTATION AND PARTICIPATION IN FIABCI WORLD CONGRESS	26,855

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

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i.e., fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for region
North America (Canada & Mexico only)	0	0	Program Services	NAR PARTICIPATION IN AND REPRESENTATION AT REALTOR CANADA CONFERENCE	16,236
South America	0	0	Program Services	NAR REPRESENTATION AT ASPAI	14,477

efile GRAPHIC print - DO NOT PROCESS		As Filed Data -		DLN: 93493319168027		
Schedule I (Form 990)	Grants and Other Assistance to Organizations, Governments and Individuals in the United States Complete if the organization answered "Yes," on Form 990, Part IV, line 21 or 22. ▶ Attach to Form 990. ▶ Information about Schedule I (Form 990) and its instructions is at www.irs.gov/form990.				OMB No 1545-0047	
					2016	
					Open to Public Inspection	
Department of the Treasury Internal Revenue Service						
Name of the organization National Association of Realtors				Employer identification number 36-1520690		

Part I	General Information on Grants and Assistance
--------	--

- 1

Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?

☒ Yes ☐ No
- 2

Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States

Part II	Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.
---------	--

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ▶							5
3 Enter total number of other organizations listed in the line 1 table ▶							0

Part III **Grants and Other Assistance to Domestic Individuals.** Complete if the organization answered "Yes" on Form 990, Part IV, line 22
Part III can be duplicated if additional space is needed

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					

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

Return Reference	Explanation
Schedule I, Part I, Line 2 Procedures for monitoring use of grant funds	Grants are made to organizations to support their various exempt activities. Any funds donated for specific projects are monitored on an as needed basis to ensure that funds are used for their intended purpose.

Additional Data

Software ID: 16000421
Software Version: 2016v3.0
EIN: 36-1520690
Name: National Association of Realtors

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
NATIONAL COMMUNITY REINVESTMENT COALITION 740 15TH STREET SUITE 400 WASHINGTON, DC 20005	52-1766126	501(C)3	12,500		NA	NA	HOUSING SUPPORT
HABITAT FOR HUMANITY TRAINING INSTITUTE DEPT 167 SAN DIEGO, CA 92108	33-0259190	501(C)3	50,000		NA	NA	HOUSING ASSISTANCE

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
REALTOR UNIVERSITY 430 N MICHIGAN AVE CHICAGO, IL 60611	45-2102449	501(C)3	100,000		NA	NA	EDUCATIONAL SUPPORT
REALTORS RELIEF FOUNDATION 430 N MICHIGAN AVE CHICAGO, IL 60611	36-4468109	501(C)3	250,000		NA	NA	HOUSING ASSISTANCE

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
INTERNATIONAL REAL PROPERTY FOUNDATION 430 N MICHIGAN AVE CHICAGO, IL 60611	36-3818522	501(C)3	25,000		NA	NA	HOUSING SUPPORT

Schedule J
(Form 990)

Department of the Treasury
Internal Revenue Service

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees
▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 23.
▶ Attach to Form 990.
▶ Information about Schedule J (Form 990) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2015

Open to Public Inspection

Name of the organization National Association of Realtors	Employer identification number 36-1520690
--	--

Part I

Questions Regarding Compensation

	Yes	No
1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items. ☐ First-class or charter travel ☐ Travel for companions ☐ Tax idemnification and gross-up payments ☐ Discretionary spending account ☐ Housing allowance or residence for personal use ☐ Payments for business use of personal residence ☐ Health or social club dues or initiation fees ☐ Personal services (e g , maid, chauffeur, chef)		
b If any of the boxes in line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	Yes	
2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, officers, including the CEO/Executive Director, regarding the items checked in line 1a?	Yes	
3 Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III. ☐ Compensation committee ☐ Independent compensation consultant ☐ Form 990 of other organizations ☐ Written employment contract ☐ Compensation survey or study ☐ Approval by the board or compensation committee		
4 During the year, did any person listed on Form 990, Part VII, Section A, line 1a with respect to the filing organization or a related organization: a Receive a severance payment or change-of-control payment?		No
b Participate in, or receive payment from, a supplemental nonqualified retirement plan?		No
c Participate in, or receive payment from, an equity-based compensation arrangement?		No
If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.		
Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.		
5 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of: a The organization?		
b Any related organization? If "Yes," on line 5a or 5b, describe in Part III		
6 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of: a The organization?		
b Any related organization? If "Yes," on line 6a or 6b, describe in Part III		
7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III		
8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III		
9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?		

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that are not listed on Form 990, Part VII.

Note. The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

(A) Name and Title	(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column(B) reported as deferred on prior Form 990
	(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
See Additional Data Table							

Part III **Supplemental Information**

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

Return Reference	Explanation
See Additional Data	

Additional Data

Software ID: 16000421
Software Version: 2016v3.0
EIN: 36-1520690
Name: National Association of Realtors

Part III, Supplemental Information

Return Reference	Explanation
Schedule J, Part I, Line 1a First-class or charter travel	Interested persons listed on Part VII, Section A, Line 1a have received or have the option to receive the benefits identified on Schedule J, Part I, Line 1a These benefits include companion travel and tax indemnification and gross up payments For some, benefits also include first-class air travel, as well as payments for health and social club dues As a national association serving more than 1,000,000 members, NAR requires extensive travel for individuals holding the responsibility of an Officer of the Board of Directors or a Senior Vice President (SVP) This travel requirement ranges from 2 to 6 trips a month and, in some cases, in excess of 200 days a year per Officer or SVP NAR reviews all benefits provided to interested persons, and where appropriate, additional taxable compensation is imputed

Part III, Supplemental Information

Return Reference	Explanation
Schedule J, Part I, Line 1a Travel for companions	See narrative above

Part III, Supplemental Information

Return Reference	Explanation
Schedule J, Part I, Line 1a Tax indemnification and gross-up payments	See narrative above

Part III, Supplemental Information

Return Reference	Explanation
Schedule J, Part I, Line 1a Health or social club dues or initiation fees	See narrative above

Part III, Supplemental Information

Return Reference	Explanation
Schedule J, Part I, Line 1a Personal services	During 2016, NAR paid for tax services related to the preparation of the CEO's personal income tax return. NAR also paid for tax or legal services for certain Senior Vice Presidents of the organization. The related benefits were treated as taxable compensation to the recipients. Additionally during 2016, NAR reimbursed the President for housing related costs while traveling for company business.

Form 990, Schedule J, Part II - Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1TOM SALOMONE NAR PRESIDENT	(i)	0	0	331,564	0	0	331,564	0
	(ii)	0	0	0	0	- 0	- 0	0
1BILL BROWN PRESIDENT - ELECT	(i)	0	0	220,664	0	0	220,664	0
	(ii)	0	0	0	0	- 0	- 0	0
2ELIZABETH MENDENHALL FIRST VICE PRESIDENT	(i)	0	0	167,070	0	0	167,070	0
	(ii)	0	0	0	0	- 0	- 0	0
3MICHAEL MCGREW NAR TREASURER	(i)	0	0	185,195	0	0	185,195	0
	(ii)	0	0	0	0	- 0	- 0	0
4CHRIS POLYCHRON IMMEDIATE PAST PRESIDENT	(i)	0	0	169,050	0	0	169,050	0
	(ii)	0	0	0	0	- 0	- 0	0
5DALE STINTON CEO	(i)	1,681,530	130,594	6,690	26,500	13,277	1,858,591	0
	(ii)	0	0	0	0	- 0	- 0	0
6JOHN PIERPOINT SVP, FINANCE AND COMPTROLLER	(i)	311,445	107,748	3,612	26,500	13,277	462,582	0
	(ii)	0	0	0	0	- 0	- 0	0
7ROBERT GOLDBERG SVP, MARKETING & BUS DEVELOPMENT	(i)	537,328	283,976	0	26,500	13,277	861,081	0
	(ii)	0	0	0	0	- 0	- 0	0
8DOUG HINDERER SVP, HUMAN RESOURCES	(i)	355,221	176,366	5,544	26,500	13,277	576,908	0
	(ii)	0	0	0	0	- 0	- 0	0
9WALT WITEK SVP, COMMUNITY & POLITICAL AFFAIRS	(i)	428,012	149,316	5,544	26,500	13,277	622,649	0
	(ii)	0	0	0	0	- 0	- 0	0
10KATHERINE JOHNSON SVP, GENERAL COUNSEL	(i)	312,038	142,911	2,709	26,500	13,277	497,435	0
	(ii)	0	0	0	0	- 0	- 0	0
11JERRY GIOVANIELLO SVP, GOVERNMENT AFFAIRS	(i)	461,206	194,442	7,144	26,500	13,277	702,569	0
	(ii)	0	0	0	0	- 0	- 0	0
12JANET BRANTON SVP, GLOBAL SERVICES	(i)	328,245	101,905	5,544	26,500	13,277	475,471	0
	(ii)	0	0	0	0	- 0	- 0	0
13LAWRENCE YUN SVP, CHIEF ECONOMIST	(i)	399,327	125,625	3,003	26,500	13,277	567,732	0
	(ii)	0	0	0	0	- 0	- 0	0
14MARK LESSWING SVP, CHIEF TECH OFFICER	(i)	388,757	115,712	3,612	26,500	13,277	547,858	0
	(ii)	0	0	0	0	- 0	- 0	0
15STEPHANIE SINGER SVP, COMMUNICATIONS	(i)	273,211	58,015	2,835	26,500	13,277	373,838	0
	(ii)	0	0	0	0	- 0	- 0	0

Schedule L

(Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

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

OMB No 1545-0047

2016

Open to Public Inspection

Name of the organization

National Association of Realtors

Employer identification number

36-1520690

Part I Excess Benefit Transactions (section 501(c)(3), section 501(c)(4), and 501(c)(29) organizations only)

Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b

1	(a) Name of disqualified person	(b) Relationship between disqualified person and organization	(c) Description of transaction	(d) Corrected?	
				Yes	No

2 Enter the amount of tax incurred by organization managers or disqualified persons during the year under section 4958 ▶ \$

3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization ▶ \$

Part II Loans to and/or From Interested Persons.

Complete if the organization answered "Yes" on Form 990-EZ, Part V, line 38a, or Form 990, Part IV, line 26, or if the organization reported an amount on Form 990, Part X, line 5, 6, or 22

(a) Name of interested person	(b) Relationship with organization	(c) Purpose of loan	(d) Loan to or from the organization?		(e) Original principal amount	(f) Balance due	(g) In default?		(h) Approved by board or committee?		(i) Written agreement?	
			To	From			Yes	No	Yes	No	Yes	No
Total							▶ \$					

Part III Grants or Assistance Benefiting Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 27.

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

Part IV Business Transactions Involving Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
(1) GREG STINTON	FAMILY MEMBER - D STINTON	96,279	NAR EMPLOYEE		No
(2) ASHLEY STINTON	FAMILY MEMBER - D STINTON	128,852	NAR EMPLOYEE		No

Part V Supplemental Information

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

Return Reference	Explanation
------------------	-------------

SCHEDULE O

(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Name of the organization
National Association of Realtors

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

2016

**Open to Public
Inspection**

Employer identification number

36-1520690

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part VI, Line 15b PROCESS USED TO DETERMINE COMPENSATION	NAR USES AN OUTSIDE COMPENSATION CONSULTANT TO HELP DETERMINE THE COMPENSATION PACKAGES FOR THE ORGANIZATION'S OTHER OFFICERS AND KEY EMPLOYEES. ONCE NAR'S INDEPENDENT COMPENSATION CONSULTANT DETERMINES THE FINAL COMPENSATION PACKAGES FOR THE ORGANIZATION'S OTHER OFFICERS AND KEY EMPLOYEES, THEY ARE REVIEWED AND APPROVED BY THE CEO. IN SUBSEQUENT YEARS, THE ORGANIZATION WILL USE AN INDEPENDENT CONSULTANT ON AN AS NEEDED BASIS. THIS PROCESS WAS LAST UNDERTAKEN IN THE FOURTH QUARTER OF 2015 FOR THE 2016 COMPENSATION PACKAGES FOR THE POSITIONS OF *VP FINANCE & COMPTROLLER, *SVP COMMUNITY AND POLITICAL AFFAIRS, *SVP & GENERAL COUNSEL, *SVP HUMAN RESOURCES & OFFICE SERVICES, *SVP MARKETING & BUSINESS DEVELOPMENT

990 Schedule O, Supplemental Information

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

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part VI, Line 14 Retention and destruction policy	Currently, many divisions and departments of NAR have procedures in place for document retention and destruction. Furthermore, the Legal, Finance and Human Resources divisions all have specific procedures and policies in place to ensure the proper retention and destruction of documents.

990 Schedule O, Supplemental Information

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

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part VI, Line 2 Family/business relationships amongst interested persons	MAURICE VEISSI AND MADELINE VEISSI - Family relationship, ROBERT GOLDBERG AND MARTIN EDWARDS - Business relationship, ELIZABETH MENDENHALL AND RICHARD MENDENHALL - Family relationship, STEPHEN CASPER AND MEG CASPER - Family relationship, DOMINIC CARDONE AND CHRISTINA CARDONE - Family relationship, GAIL HARTNETT AND KERRI HARTNETT - Family relationship, BRIAN SEARS AND KEVIN SEARS - Family relationship, JOSEPH BROWN AND KEVIN BROWN - Family relationship

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part VI, Line 11b Review of form 990 by governing body	The National Association of Realtors' Form 990 review process included 1) A detailed review by the CEO, Treasurer and Comptroller of the organization, 2) A review by the organization's finance committee, including a presentation by the paid tax preparer, and 3) A Finance Committee report to the Executive Committee and Board of Directors

990 Schedule O, Supplemental Information

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

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part VI, Line 15a Process to establish compensation of top management official	NAR relies on the Leadership Team, including the current and incoming Presidents as well as the Treasurer, to determine, review, and approve the compensation of the CEO. The team consists of the following NAR board members: President and Treasurer. Additionally, the compensation team is supported by NAR's Senior Vice President of Human Resources. Comparability data is used by the compensation team to help determine compensation. On an annual basis, the CEO has a performance evaluation which is used in part to determine any changes in pay (e.g., bonuses and merit increases). The deliberations and decision making with respect to the CEO's compensation are documented on a timely basis by the compensation team. The process for determining the compensation of the organization's CEO was last undertaken in October, 2015 for the 2016 calendar year compensation. Any potential or actual conflicts of interest are reviewed and evaluated by the NAR legal department, followed up on by the Association's General Counsel, and shared with NAR's Leadership. NAR's leadership determines the appropriate steps necessary to alleviate, monitor, and deal with conflicts, such as restricting the actions of persons with a conflict by prohibiting them from participating in the governing body's deliberations and decisions for a particular transaction.

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part VI, Line 19 Required documents available to the public	The Governing documents are not disclosed to the public, the Conflict of interest policy i s available upon request, and the financial statements are provided as deemed

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part VIII, Line 2f Other Program Service Revenue	EDUCATION COURSES - Total Revenue 3162119, Related or Exempt Function Revenue 3162119, U nrelated Business Revenue , Revenue Excluded from Tax Under Sections 512, 513, or 514 ,

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part VIII, Line 11d Other Miscellaneous Revenue	LICENSE FEES - Total Revenue 619580, Related or Exempt Function Revenue 550407, Unrelated Business Revenue 69173, Revenue Excluded from Tax Under Sections 512, 513, or 514 ,

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part IX, Line 11g Other Fees	Consulting - Total Expense 46181641, Program Service Expense , Management and General Expenses , Fundraising Expenses ,

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part XI, Line 9 Other changes in net assets or fund balances	Loss from Investments in Subsidiaries - -5132406, Change in Retirement Obligation - -3521000,

efile GRAPHIC print - DO NOT PROCESS

As Filed Data -

DLN: 93493319168027

SCHEDULE R
(Form 990)

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

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

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

OMB No 1545-0047

2016

Open to Public Inspection

Name of the organization
National Association of Realtors

Employer identification number
36-1520690

Part I

Identification of Disregarded Entities Complete if the organization answered "Yes" on Form 990, Part IV, line 33.

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity

Part II

Identification of Related Tax-Exempt Organizations Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
(1)REALTORS RELIEF FOUNDATION 430 N MICHIGAN AVE CHICAGO, IL 60611 36-4468109	DISASTER RELIEF	IL	501(c)(3)	7	NAR	Yes	
(2)LEONARD P REAUME MEMORIAL FOUNDATION 430 N MICHIGAN AVE CHICAGO, IL 60611 36-3495865	EDUCATION	IL	501(c)(3)	PF	NAR	Yes	
(3)CENTER FOR SPECIALIZED REALTOR EDUCATION 430 N MICHIGAN AVE CHICAGO, IL 60611 36-4173556	MEMBER SERVICES	IL	501(c)(6)		NAR	Yes	
(4)REALTORS POLITICAL ACTION COMMITTEE 430 N MICHIGAN AVE CHICAGO, IL 60611 36-2795122	POLITICAL ACTIVITY	IL	527		NAR	Yes	
(5)NAR FUND 430 N MICHIGAN AVE CHICAGO, IL 60611 26-1725187	NON-FED ELECTION SUPPORT	IL	527		NAR	Yes	
(6)NAR CONGRESSIONAL FUND 430 N MICHIGAN AVE CHICAGO, IL 60611 27-3388377	POLITICAL ACTIVITY	IL	527		NAR	Yes	
(7)REALTOR UNIVERSITY 430 N MICHIGAN CHICAGO, IL 60611 45-2102449	EDUCATION	IL	501(c)(3)	2	CSRE		No

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income(related, unrelated, excluded from tax under sections 512- 514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of- year assets	(h) Percentage ownership	(i) Section 512 (b)(13) controlled entity?	
								Yes	No
(1) REALTORS INFORMATION NETWORK INC 430 N MICHIGAN AVE CHICAGO, IL 60611 36-3981966	REAL ESTATE INFO	IL	NAR	C Corporation	1,880,612	13,645,311	100 %	Yes	
(2) NATL ASSOCIATION OF REALTORS BUSINESS ACTIVITIES 430 N MICHIGAN AVE CHICAGO, IL 60611 20-3467306	REAL ESTATE INFO AND SERVICES	IL	NAR	C Corporation	46,058,395	56,633,889	100 %	Yes	

Part V Transactions With Related Organizations Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.

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

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

a Receipt of (i) interest, (ii)annuities, (iii) royalties, or(iv) rent from a controlled entity

1a Yes

b Gift, grant, or capital contribution to related organization(s)

1b Yes

c Gift, grant, or capital contribution from related organization(s)

1c Yes

d Loans or loan guarantees to or for related organization(s)

1d

No

e Loans or loan guarantees by related organization(s)

1e

No

f Dividends from related organization(s)

1f

No

g Sale of assets to related organization(s)

1g

No

h Purchase of assets from related organization(s)

1h

No

i Exchange of assets with related organization(s)

1i

No

j Lease of facilities, equipment, or other assets to related organization(s)

1j

No

k Lease of facilities, equipment, or other assets from related organization(s)

1k

No

l Performance of services or membership or fundraising solicitations for related organization(s)

1l Yes

m Performance of services or membership or fundraising solicitations by related organization(s)

1m

No

n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)

1n Yes

o Sharing of paid employees with related organization(s)

1o Yes

p Reimbursement paid to related organization(s) for expenses

1p

No

q Reimbursement paid by related organization(s) for expenses

1q Yes

r Other transfer of cash or property to related organization(s)

1r Yes

s Other transfer of cash or property from related organization(s)

1s Yes

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

See Additional Data Table

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved

Schedule R (Form 990) 2016

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

[illegible]

Part VII **Supplemental Information**

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

Return Reference	Explanation
OTHER TRANSFERS OF CASH	THE NATIONAL ASSOCIATION OF REALTORS (NAR) FUND HAS BEEN SET UP AS SEPARATE SEGREGATED FUNDS AS DEFINED IN REG 1.527-2(B) AND IRC 527(F)(3). THE FUND IS TREATED AS AN INDEPENDENT POLITICAL ORGANIZATION. NAR PROMPTLY TRANSFERS MEMBERSHIP DUES DIRECTLY TO THE FUND, AND ACCORDINGLY, THESE TRANSFERS ARE NOT TREATED AS EXPENDITURES FOR EXEMPT FUNCTIONS. ADDITIONALLY, POLITICAL CONTRIBUTIONS AND MEMBERSHIP DUES ARE NOT USED TO EARN INVESTMENT INCOME.

Additional Data

Software ID: 16000421
Software Version: 2016v3.0
EIN: 36-1520690
Name: National Association of Realtors

Form 990, Schedule R, Part II - Identification of Related Tax-Exempt Organizations

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c) (3))	(f) Direct controlling entity	(g) Section 512 (b)(13) controlled entity?	
						Yes	No
(1) 430 N MICHIGAN AVE CHICAGO, IL 60611 36-4468109	DISASTER RELIEF	IL	501(c)(3)	7	NAR	Yes	
(1) 430 N MICHIGAN AVE CHICAGO, IL 60611 36-3495865	EDUCATION	IL	501(c)(3)	PF	NAR	Yes	
(2) 430 N MICHIGAN AVE CHICAGO, IL 60611 36-4173556	MEMBER SERVICES	IL	501(c)(6)		NAR	Yes	
(3) 430 N MICHIGAN AVE CHICAGO, IL 60611 36-2795122	POLITICAL ACTIVITY	IL	527		NAR	Yes	
(4) 430 N MICHIGAN AVE CHICAGO, IL 60611 26-1725187	NON-FED ELECTION SUPPORT	IL	527		NAR	Yes	
(5) 430 N MICHIGAN AVE CHICAGO, IL 60611 27-3388377	POLITICAL ACTIVITY	IL	527		NAR	Yes	
(6) 430 N MICHIGAN CHICAGO, IL 60611 45-2102449	EDUCATION	IL	501(c)(3)	2	CSRE		No

Form 990, Schedule R, Part V - Transactions With Related Organizations

(a) Name of related organization		(b) Transaction type(a-s)	(c) Amount Involved	(d) Method of determining amount involved
(1)	NATIONAL ASSOCIATION OF REALTORS FUND	R	11,020,516	CASH
(1)	NAR CONGRESSIONAL FUND	R	10,275,000	CASH
(2)	REALTORS INFORMATION NETWORK	A	22,017	CASH
(3)	REALTORS INFORMATION NETWORK	L	178,508	CASH
(4)	REALTORS INFORMATION NETWORK	S	763,691	CASH
(5)	CENTER FOR SPECIALIZED REALTOR EDUCATION	A	129,530	CASH
(6)	CENTER FOR SPECIALIZED REALTOR EDUCATION	L	202,678	CASH
(7)	CENTER FOR SPECIALIZED EDUCATION	S	2,775,529	CASH
(8)	NATIONAL ASSOCIATION OF REALTORS BUSINESS ACTIVITIES	A	495,080	CASH
(9)	NATIONAL ASSOCIATION OF REALTORS BUSINESS ACTIVITIES	L	235,455	CASH
(10)	NATIONAL ASSOCIATION OF REALTORS BUSINESS ACTIVITIES	S	1,051,492	CASH
(11)	NATIONAL ASSOCIATION OF REALTORS BUSINESS ACTIVITIES	S	16,432,000	ESTIMATED VALUE
(12)	NATIONAL ASSOCIATION OF REALTORS BUSINESS ACTIVITIES	D	2,300,000	CASH
(13)	NATIONAL ASSOCIATION OF REALTORS BUSINESS ACTIVITIES	B	22,900,000	CASH
(14)	NATIONAL ASSOCIATION OF REALTORS BUSINESS ACTIVITIES	D	561,000	CASH
(15)	REALTOR UNIVERSITY	L	188,000	ESTIMATED FAIR VALUE
(16)	REALTOR UNIVERSITY	B	100,000	CASH
(17)	NATIONAL ASSOCIATION OF REALTORS BUSINESS ACTIVITIES	C	160,000	CASH
(18)	CENTER FOR SPECIALIZED EDUCATION	C	110,000	CASH
(19)	REALTORS INFORMATION NETWORK	C	80,000	CASH