efile GRAPHIC print - DO NOT PROCESS As Filed Data -

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

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

2016

DLN: 93493310012217 OMB No 1545-0047

Department of the Treasury Internal Revenue Service

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

▶ Information about Form 990 and its instructions is at <a href="www.irs.gov/form990">www.irs.gov/form990</a>

Open to Public Inspection

A F	or th	e <b>2016</b> c	alendar year, or tax year begin	ning 01-01-2016 , and ending 12-3	31-2016	5			
<b>B</b> Che	ck ıf a	pplicable	C Name of organization	one.			D Employer	ıdentıfı	cation number
☐ Ad	dress	change	MICHIGAN ASSOCIATION OF REALTO	JK5			38-08299	80	
□Na		-	Doing business as						
□ Ini Fin		turn	Doing Dubiness as						
_	-	minated	Number and street (or P O box if ma	all is not delivered to street address) Room/si	uite		E Telephone r	number	
_		d return on pending	720 N WASHINGTON AVE				(517) 372	-8890	
ш Ар	piicati	on pending	City or town, state or province, coun	try, and ZIP or foreign postal code					
			LANSING, MI 48906				<b>G</b> Gross recei	pts \$ 5,	344,587
			<b>F</b> Name and address of principa	officer	H(a)	Is this	a group retui	n for	
			ROBERT M CAMPAU 720 N WASHINGTON AVE				ınates?		□Yes 🗹 No
			LANSING, MI 48906		_ Н(Ь)	Are all	subordinates		☐ Yes ☐No
I Ta	x-exe	mpt status	☐ 501(c)(3) <b>☑</b> 501(c)(6)◀	(insert no )			'u' " attach a list	(see	
J W	ebsit	te:▶ WW	W MIREALTORS COM		H(c)		exemption nu		
							·		
<b>K</b> Forr	n of o	rganization	✓ Corporation ☐ Trust ☐ Associ	ciation Other ►	<b>L</b> Year	of format	ion 1946 <b>M</b>	State o	of legal domicile MI
			·						
Pa		Sumi							
	1	Briefly des	scribe the organization's mission or	· most significant activities VILL ENHANCE THEIR ABILITY TO SUCC	EED DD	SEESSIO	MALLY		
Ce	:	PROVIDE	MEMBERS WITH SERVICES THAT V	VIEL ENHANCE THEIR ABIETT TO 3000	LLD PRO	JI E3310	MALLI		
ran Lan									
EII.	'								
,0 <u>,</u>				continued its operations or disposed of i			of its net ass		24
ت ×ة	l		-	g body (Part VI, line 1a)				3	24
å	l		-	the governing body (Part VI, line 1b)			i	4	20
Activities & Governance	l		, ,	endar year 2016 (Part V, line 2a) .				5	28
Ę	l		·	essary)			•	6	275
a.	l			VIII, column (C), line 12				7a	60,939
	Ь	Net unrel	lated business taxable income from	Form 990-T, line 34	<u> </u>	• •		7b	16,559
						Prio	r Year		Current Year
<u>g</u> i	l		tions and grants (Part VIII, line 1h)					9	0
Rəvenue	l	-	service revenue (Part VIII, line 2g				4,790,55	2	5,092,924
Ş.	l		ent income (Part VIII, column (A),				187,11	3	168,354
	l		venue (Part VIII, column (A), lines				82,06		74,482
	12	Total reve	enue—add lines 8 through 11 (mus	st equal Part VIII, column (A), line 12)			5,059,73	1	5,335,760
	l		nd similar amounts paid (Part IX, c	, ,,				)	0
	14	Benefits p	paid to or for members (Part IX, co	olumn (A), line 4)				)	0
${\mathfrak L}$	l	-		nefits (Part IX, column (A), lines 5–10)			2,348,11	)	2,459,622
Expenses	16a	Professio	onal fundraising fees (Part IX, colur	mn (A), line 11e)					0
Š	b	Total fundr	raising expenses (Part IX, column (D), lii	ne 25) ▶ <u>0</u>					
ш	17	Other exp	penses (Part IX, column (A), lines	11a-11d, 11f-24e)			2,215,17	3	2,525,526
	18	Total exp	enses Add lines 13–17 (must equ	al Part IX, column (A), line 25)			4,563,28	3	4,985,148
	19	Revenue	less expenses Subtract line 18 fro	om line 12			496,44	3	350,612
Net Assets or Fund Balances					Beg	ginnıng d	f Current Yea	r	End of Year
an et			. (5 . ) ( 1 . ) ( )		-		7 576 60	_	0.644.700
Ass I Ba	l		ets (Part X, line 16)		<u> </u>		7,576,60	+	8,644,782
E E	l		ollities (Part X, line 26)		<u> </u>		578,20	+	1,123,491
			ts or fund balances Subtract line 2	1 from line 20			6,998,40	<u>ا</u>	7,521,291
Par			ature Block	ned this return, including accompanying	a schodu	ulas and	ctatomonto	and to	the best of my
				Declaration of preparer (other than off					
any k	nowl	edge							
		*****	*			2017	-10-20		
Sign		Signati	ure of officer			Date			
Here		ROBER	IT M CAMPAU CEO						
			r print name and title						_
			rınt/Type preparer's name		Date	GI.	, D , PTI		
Paid	k	] ][	EFFREY C STEVENS CPA	JEFFREY C STEVENS CPA			k LJ if P00 employed	010213	<u> </u>
Pre		er 🖪	irm's name  MANER COSTERISAN P	C			s EIN ▶ 38-21	57642	
Use			irm's address ▶ 2425 E GRAND RIVER S	UITE 1		Phon	e no (517) 32	3-7500	<del></del>
			LANSING, MI 4891232	91					
May t	he IF	RS discuss	this return with the preparer show	n above? (see instructions)				<b>✓</b> Y	es 🗌 No
			duction Act Notice, see the sep	· · · · · · · · · · · · · · · · · · ·	Cat	t No 11	282Y		Form <b>990</b> (2016)

Form	990 (2016)				Page <b>2</b>
Par	t IIII Statement	of Program Service Acc	complishments		
	Check if Sched	dule O contains a response oi	note to any line in this Part III		🗸
1	Briefly describe the o	rganization's mission	·		
AND THE	PROMOTING PRIVATE	PROPERTY RIGHTS IT IS TH RY AND THE RECOGNIZED ST	E RECOGNIZED PUBLIC POLICY A	ICING THE INTERESTS OF REAL ES AND LEGAL ADVOCATE FOR PRIVA HOUSE FOR PROFESSIONAL DEVE	TE PROPERTY RIGHTS FOR
2	-		gram services during the year wi	nich were not listed on	
	the prior Form 990 or				☐ Yes 🗹 No
	•	se new services on Schedule			
3	Did the organization	cease conducting, or make si	gnificant changes in how it condu	ıcts, any program	
	services?				🗌 Yes 🗹 No
	If "Yes," describe the	se changes on Schedule O			
4	Section 501(c)(3) and		required to report the amount o	largest program services, as meas f grants and allocations to others,	
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 service	es (Describe in Schedule O )			
	(Expenses \$	ıncludıng	grants of \$	) (Revenue \$	)
4e	Total program serv	rice expenses ▶			

Yes

Yes

Yes

Yes

Yes

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11a

11b

11c

11d

11e

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12a

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Nο

Nο

Nο

Nο

Nο

Nο

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Nο

No

Nο

Form 990 (2016)

**Checklist of Required Schedules** 

Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete 

Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? . . .

Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates

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? 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?

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? 

Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II 🛸 🔒 Did the organization maintain collections of works of art, historical treasures, or other similar assets?

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

or X as applicable

valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV . . . . . . . . . . . . .

Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E

14a Did the organization maintain an office, employees, or agents outside of the United States? . . . **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

foreign organization? If "Yes," complete Schedule F, Parts II and IV . . . . . .

or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV . . . .

Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments,

Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its

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

Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D. Part X 🕏

Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses

the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X 🛸

If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional 🕏

Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any

Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to

Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX.

Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII,

Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"

assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII 🛸 . . . . . . . . . . .

Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total

permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V 🕏 . . . . . . . If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, VIII, IX,

a Did the organization report an amount for land, buildings, and equipment in Part X, line 10?

12a Did the organization obtain separate, independent audited financial statements for the tax year?

column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions) . . . .

b Was the organization included in consolidated, independent audited financial statements for the tax year?

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Par	t IV Checklist of Required Schedules (continued)			
			Yes	No
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		No
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20ь		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		No
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	23	Yes	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K If "No," go to line 25a	24a		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.  Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		
Ь	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ?  If "Yes," complete Schedule L, Part I	25b		
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons?  If "Yes," complete Schedule L, Part II	26		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial			

contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member | 27

instructions for applicable filing thresholds, conditions, and exceptions)

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28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV

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

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

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

b A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part

An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an

Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation

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

Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and

301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I . . . . . . . . . 💆

within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 . . . 🛸

is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI 🛸

b If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity

Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related

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

Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 197 Note.

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

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

Nο

No

Nο

Nο

Νo

Nο

Nο

Nο

Nο

Nο

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28c

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35a

35b

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Yes

Yes

Yes

Form 990 (2016)

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Par	t V Statements Regarding Other IRS Filings and Tax Compliance			
	Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No
	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable 1a 39	1		
	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable  1b			
	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	2b	Yes	
D	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)	20	165	
За	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		No
b	If "Yes," enter the name of the foreign country  See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial 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
С	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).			
а	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?	<b>7</b> b		
С	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			
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		
	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? Section 501(c)(7) organizations. Enter	9b		
	Section 501(c)(7) organizations. Enter  Initiation fees and capital contributions included on Part VIII, line 12			
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities  10b	1		
	Section 501(c)(12) organizations. Enter	1		
	Gross income from members or shareholders			
	Gross income from other sources (Do not net amounts due or paid to other sources	1		
	against amounts due or received from them )			
.2a	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			
.3	Section 501(c)(29) qualified nonprofit health insurance issuers.	-		
а	Is the organization licensed to issue qualified health plans in more than one state? <b>Note.</b> See the instructions for			
	additional information the organization must report on Schedule O  Enter the amount of reserves the organization is required to maintain by the states in	13a		
	which the organization is licensed to issue qualified health plans			
	Enter the amount of reserves on hand			
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		No
ь	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b		

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Par	8a, 8b, or 10b below, de	nent, and DisclosureFor each "Yes" response to lines 2 scribe the circumstances, processes, or changes in Sched	dule O		" respo	nse to li	_
		ains a response or note to any line in this Part VI		<u> </u>			✓
Se	ection A. Governing Body a	and Management			-		
1a	a Enter the number of voting me	mbers of the governing body at the end of the tax year	1a	24		Yes	No
		s in voting rights among members of the governing delegated broad authority to an executive committee or chedule O					
b	Enter the number of voting me	mbers included in line 1a, above, who are independent	1b	20			
2	Did any officer, director, truster officer, director, trustee, or key	e, or key employee have a family relationship or a busine remployee?	ess relat	tionship with any other	2		No
3		ontrol over management duties customarily performed b s, or key employees to a management company or other			3		No
4	Did the organization make any	significant changes to its governing documents since the	prior F	orm 990 was filed?	4		No
5	Did the organization become as	ware during the year of a significant diversion of the orga	anızatıor	n's assets? .	5		No
6	Did the organization have mem	bers or stockholders?			6	Yes	
7a		bers, stockholders, or other persons who had the power	to elect	or appoint one or more	7a	Yes	
b	Are any governance decisions of persons other than the governi	of the organization reserved to (or subject to approval by ng body?		pers, stockholders, or	7b	Yes	
8	Did the organization contempor the following	raneously document the meetings held or written actions	undert	aken during the year by			
а	The governing body?				8a	Yes	
b	Each committee with authority	to act on behalf of the governing body?			<b>8</b> b	Yes	
9		ustee, or key employee listed in Part VII, Section A, who If "Yes," provide the names and addresses in Schedule (			9		No
Se	ection B. Policies (This Sect	tion B requests information about policies not requ	ured b	y the Internal Revenu	e Code	∍.)	
						Yes	No
10a	a Did the organization have local	chapters, branches, or affiliates?			10a	Yes	
b		ave written policies and procedures governing the activiti perations are consistent with the organization's exempt p			10b	Yes	
11a	a Has the organization provided a form?	a complete copy of this Form 990 to all members of its go	overnin	g body before filing the	11a		No
b	Describe in Schedule O the pro-	cess, if any, used by the organization to review this Form	า 990				
12a	a Did the organization have a wri	tten conflict of interest policy? If "No," go to line 13 .			12a	Yes	
b	<ul> <li>Were officers, directors, or trus conflicts?</li> </ul>	tees, and key employees required to disclose annually in	terests • •	that could give rise to	12b	Yes	
С	Did the organization regularly a Schedule O how this was done	and consistently monitor and enforce compliance with the	policy •	P If "Yes," describe in	12c	Yes	
13	Did the organization have a wri	tten whistleblower policy?			13	Yes	
14	Did the organization have a wri	tten document retention and destruction policy?			14	Yes	
15	Did the process for determining persons, comparability data, ar	g compensation of the following persons include a review nd contemporaneous substantiation of the deliberation an	and ap	proval by independent ion?			
а	The organization's CEO, Execut	ive Director, or top management official			15a	Yes	
b	Other officers or key employees	s of the organization			15b	Yes	
	If "Yes" to line 15a or 15b, desc	cribe the process in Schedule O (see instructions)					
16a		contribute assets to, or participate in a joint venture or s	ımılar a	rrangement with a	16a		No
b	in joint venture arrangements i	ollow a written policy or procedure requiring the organizal under applicable federal tax law, and take steps to safegi	uard the				
	status with respect to such arra	angements?	•		16b		
Se	ection C. Disclosure						
17	List the States with which a cop	oy of this Form 990 is required to be filed▶					
18		nization to make its Form 1023 (or 1024 if applicable), 99 Indicate how you made these available  Check all that ap		990-T (501(c)(3)s only)			
		r's website 🛮 Upon request 🔲 Other (explain in S		•			
19	policy, and financial statements	r (and if so, how) the organization made its governing do s available to the public during the tax year					
20	State the name, address, and t ▶ROBERT M CAMPAU 720 N V	elephone number of the person who possesses the orgar VASHINGTON AVENUE LANSING, MI 48906 (517) 372-8	nization' 890	s books and records			

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Part VII	Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors	
	Check if Schedule O contains a response or note to any line in this Part VII	
Section	A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees	
La Complete	e this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's	tax

year • List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation Enter -0- in columns (D), (E), and (F) if no compensation was paid

• List all of the organization's current key employees, if any See instructions for definition of "key employee" • List the organization's five current highest compensated employees (other than an officer, director, trustee or key employee)

who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations

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

(B)

(A)

• List all of the organization's former officers, key employees, or highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations

• List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations

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

(C)

(D)

Name and Title Average Position (do not check more Reportable Reportable Estimated hours per than one box, unless person compensation compensation amount of other week (list is both an officer and a from the from related compensation any hours director/trustee) organization (Worganizations from the for related 2/1099-MISC) (W- 2/1099organization and Highest compensated employee Individual trustee or director Former organizations MISC) related Institutional Trustee below dotted employee organizations line) See Additional Data Table

(F)

(E)

Form 990 (2016)										Page <b>8</b>
Part VII Section A. Officers, Direct	tors, Trustees	s, Key I	Empl	loye	es,	and I	High	nest Compensate	d Employees (cor	ntinued)
<b>(A)</b> Name and Title	(B) Average hours per week (list any hours	than c	ne b	ox, ι in of	t che unles ficer	and a	on	(D) Reportable compensation from the organization (W-	(E) Reportable compensation from related organizations (W-	(F) Estimated amount of other compensation from the
	for related organizations below dotted line)	individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former	- 2/1099-MISC) 2/1099-MISC)		organization and related organizations
See Additional Data Table										

			·		

Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation

Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for

from the organization Report compensation for the calendar year ending with or within the organization's tax year

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

services rendered to the organization? If "Yes," complete Schedule J for such person .

(A)

Name and business address

5

**Section B. Independent Contractors** 

compensation from the organization ▶ 1

MCCLELLAND & ANDERSON LLP

LANSING, MI 48910

1305 SOUTH WASHINGTON AVE SUITE 1

c ·	Sub-Total	art VII, Sectio	nΑ.				*		839,005			0		167,29
									<u> </u>			<u> </u>		107,23
2	Total number of individuals (including of reportable compensation from the o			e list	ed a	bove	e) who	o rec	eived more thai	n \$100	0,000			
													Yes	No
3	Did the organization list any <b>former</b> of line 1a? <i>If "Yes," complete Schedule J</i>	•		•	•		, ,		-			in 3	3	No
4	For any individual listed on line 1a, is										:he			

Yes

Νo

356,578

(C)

Compensation

Form 990 (2016)

5

(B)

Description of services

LEGAL SERVICES

Part		I Statement of	Revenue								rage <b>3</b>
		Check if Schedul		a respo	onse or note to	any line in th	ıs Part VII	ı			🗆
						Total re	١)	Rela exe fun	B) ted or empt ction	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections
	1.	a Federated campaig	ns	1a				rev	enue		512-514
ons, Gifts, Grants Similar Amounts		<b>b</b> Membership dues		1b		<u>—</u>					
iral 10u		c Fundraising events		1c		_					
s. G An		d Related organizatio		1d							
Sift lar		e Government grants (co				_					
s, (		f All other contributions		1e		_					
tion r S	'	and similar amounts n above	ot included	1f							
tributio Other	١,	g Noncash contribution	ons included			_					
Contributions, Gifts, Grants and Other Similar Amounts		in lines 1a-1f \$	JIIS IIICIGGCG								
Contand	h	Total.Add lines 1a-1	lf		•						
<u> 1</u>					Busii	ness Code					
เคน	<b>2</b> a	MEMBERSHIP DUES				531390	4,4	16,861	4,416,	861	
Service Revenue	b	CONVENTIONS				531390		316,950	316,		
AC e		EXCHANGE CONTRACTS	·			531390		232,477	232,		
Ser	d	EDUCATION SEMINARS				531390	1	26,636	126,	636	
u	е			_							
Program	f	All other program se	rvice revenue	2		5,092,924					l
Ğ	g	<b>Total.</b> Add lines 2a-2i	f		<u> </u>	3,032,324					
		Investment income (ii similar amounts) .			nterest, and ot	her	174,29	5			174,295
		Income from investm			ond proceeds	<b>•</b>	•				
		Royalties		-		<b>▶</b>	8,28	5			8,285
			(ı) Rea	I	(II) Persona	al					
	6a	Gross rents									
	b	Less rental expenses									
	C	Rental income or (loss)									
	d	Net rental income o	r (loss)			<u> </u>					
			(ı) Securi	ties	(II) Other						
	7a	Gross amount from sales of				330					
		assets other than inventory				330					
		Less cost or									
	E	other basis and sales expenses				6,271					
	c	Gain or (loss)			-	5,941					
	d	Net gain or (loss) .				<u>•</u>	-5,94	1			-5,941
_	8a	Gross income from f	undraising ev								
Other Revenue		(not including \$ contributions reporte		of							
ĕ		See Part IV, line 18			<u> </u>						
æ		Less direct expense		b							
her		: Net income or (loss) i Gross income from g			ents	<u> </u>					
ŏ	<i>-</i>	See Part IV, line 19		163							
				а							
		Less direct expense		b	100						
		: Net income or (loss) Gross sales of invent		activit	ies	<u> </u>					
		returns and allowand	ces								
				a		,814					
		Less cost of goods s		b		,556	5,25	8			5,258
	-	Net income or (loss)  Miscellaneous		invent	ory Business Co	<u></u>	3,23	1			3,230
	11	·aADVERTISING REVE				1800	60,93	9		60,939	
			_								
	ь	·			-						
		:									
	d	All other revenue .									
		Total. Add lines 11a			1	<b>&gt;</b>					
	12	! <b>Total revenue.</b> See	Instructions			_	60,93				
				-	-		5,335,76	0	5,092,924	60,939	181,897 Form <b>990</b> (2016)

Part IX	Statement of	<b>Functional</b>	Expenses
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orm 990 (2016)				Page <b>1</b>
Part IX Statement of Functional Expenses ection 501(c)(3) and 501(c)(4) organizations must complete all co	lumns All other orga	anızatıons must com	plete 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, b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraisingexpense
Grants and other assistance to domestic organizations and domestic governments See Part IV, line 21				
2 Grants and other assistance to domestic individuals See Part IV, line 22				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals See Part IV, line 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	654,142			
<b>6</b> Compensation not included above, to disqualified persons (as defined under section $4958(f)(1)$ ) and persons described in section $4958(c)(3)(B)$				
7 Other salaries and wages	1,112,292			
8 Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions)	120,404			
9 Other employee benefits	449,001			
<b>LO</b> Payroll taxes	123,783			
L1 Fees for services (non-employees)				
a Management				
<b>b</b> Legal	319,525			
c Accounting	15,750			
d Lobbying	658,216			
e Professional fundraising services See Part IV, line 17				
f Investment management fees	28,753			
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	53,217			
.2 Advertising and promotion				
.3 Office expenses	251,868			
4 Information technology	65,442			
5 Royalties	,			
6 Occupancy	101,522			
L7 Travel	286,216			
8 Payments of travel or entertainment expenses for any federal, state, or local public officials	260,210			
F	503.830			
.9 Conferences, conventions, and meetings	303,830			
20 Interest				
21 Payments to affiliates	112 702			
22 Depreciation, depletion, and amortization	113,793			
23 Insurance				
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 UBIT	4,485			
b EQUIPMENT RENTAL	38,955			
c CE EXPENSES	33,574			
d EDUCATION AND TRAINING	32,280			
e All other expenses	18,100			
25 Total functional expenses. Add lines 1 through 24e	4,985,148			
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)				

Page **11** 

91.183

8,644,782

490,074

633,417

1,123,491

7.521.291

14

15

16

17

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19

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21

22 23

24

25

26

27

28

29

30

31

69.474

7,576,608

372.365

205,837

578,202

6.998.406

2	Savings and temporary cash investments	1,550,000	2	1,400,000
3	Pledges and grants receivable, net	12,857	3	26,919
4	Accounts receivable, net	57,396	4	104,727
5	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5	
6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and			

<b>'</b>		section 4958(f)(1)), persons described in section contributing employers and sponsoring organizations voluntary employees' beneficiary organizations Part II of Schedule L		6					
ets	7	Notes and loans receivable, net							
Assets	8	Inventories for sale or use		8					
⋖	9	Prepaid expenses and deferred charges	123,647	9	46,740				
	10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	10a	2,242,881					
	ь	Less accumulated depreciation	<b>10</b> b	1,470,547	731,032	10c	772,334		
	11	Investments—publicly traded securities .			3,957,433	11	4,331,360		
	12	Investments—other securities See Part IV, line	11 .		638,832	12	640,332		
	13	Investments—program-related See Part IV, line	e 11 .		13				

16	<b>Total assets.</b> Add lines 1 through 15 (must equal line 34)
17	Accounts payable and accrued expenses
18	Grants payable
19	Deferred revenue
20	Tax-exempt bond liabilities
21	Escrow or custodial account liability Complete Part IV of Schedule D
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
23	Secured mortgages and notes payable to unrelated third parties
24	Unsecured notes and loans payable to unrelated third parties
25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24)  Complete Part X of Schedule D
26	Total liabilities. Add lines 17 through 25
27	Organizations that follow SFAS 117 (ASC 958), check here ▶ ☑ and complete lines 27 through 29, and lines 33 and 34.  Unrestricted net assets
28	Temporarily restricted net assets
29	Permanently restricted net assets
	Organizations that do not follow SFAS 117 (ASC 958),
30	check here ▶ ☐ and complete lines 30 through 34. Capital stock or trust principal, or current funds
31	Paid-in or capital surplus, or land, building or equipment fund

Intangible assets . . . .

Other assets See Part IV, line 11 .

Form 990 (2016)

14

15

Liabilities

Form	990 (2016)				Page <b>12</b>
Par	t XI Reconcilliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI	. <u></u>		<u></u>	
1	Total revenue (must equal Part VIII, column (A), line 12)	1		5	,335,760
2	Total expenses (must equal Part IX, column (A), line 25)	2		4	,985,148
3	Revenue less expenses Subtract line 2 from line 1	3			350,612
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		6	,998,406
5	Net unrealized gains (losses) on investments	5			172,273
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			0
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10		7	,521,291
Par	t XII Financial Statements and Reporting				
	Check 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				
•	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?		2a	İ	No
	If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed separate basis, consolidated basis, or both	on a			
	☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b	Yes	
	If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate consolidated basis, or both	basis,			
	☐ Separate basis ☐ Both consolidated and separate basis				
С	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?		2c	Yes	
	If the organization changed either its oversight process or selection process during the tax year, explain in Sch	edule O			

За

3b

Νo

Form **990** (2016)

3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single

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

Audit Act and OMB Circular A-133?

### **Additional Data**

Software ID: Software Version:

EIN: 38-0829980

Name: MICHIGAN ASSOCIATION OF REALTORS

Form 990 (2016)

Form 990, Part III, Line 4a:

MEMBER ADVOCACY - STATEWIDE ADVOCACY EFFORTS PROMOTED LEGISLATION AND PUBLIC POLICY INITIATIVES THAT ADVANCED THE REAL ESTATE PROFESSION AND

CONTRIBUTED TO MAKING COMMUNITIES STRONGER THE LEGAL HOTLINE HANDLED OVER 5,000 CALLS

## Form 990, Part III, Line 4b:

AND INDUSTRY LEADERS A WEBSITE FOR MEMBER AND PUBLIC USE WAS MAINTAINED AND RECEIVED APPROXIMATELY 34,950 UNIQUE HITS EACH YEAR

MEMBER RESOURCES - HELD CONFERENCES AND NUMEROUS EDUCATIONAL PROGRAMS FOCUSING ON INDUSTRY ISSUES MORE THAN 1,600 MEMBERS PARTICIPATED IN THESE PROGRAMS A BI-MONTHLY MAGAZINE AND MONTHLY, BIWEEKLY, AND WEEKLY E-COMMUNICATIONS WERE DISTRIBUTED TO APPROXIMATELY 25.900 REALTORS

## CE MARKETPLACE IS A ONE-STOP DESTINATION FOR CERTIFIED, AUDIT PROTECTED, PROFESSIONAL DEVELOPMENT FOR REAL ESTATE INSTRUCTORS, COURSE SPONSORS, AND LICENSEES THE CE MARKETPLACE ASSISTS REAL ESTATE LICENSEES WITH TRACKING CONTINUING EDUCATION HOURS FOR STATE OF MICHIGAN

LICENSING REQUIREMENTS CE MARKETPLACE HAS THE MOST CURRENT, COMPREHENSIVE, AND PRACTICAL REAL ESTATE EDUCATION INFORMATION AVAILABLE FROM COURSE INSTRUCTORS AND CLASS SPONSORS SIGNIFICANT RESOURCES HAVE BEEN UTILIZED IN THE BUILDING OF THIS COMPREHENSIVE CE TRACKING SYSTEM THE

MICHIGAN LEGISLATURE HAS RECOGNIZED THE ROLE THAT PROFESSIONAL ORGANIZATIONS, LIKE MICHIGAN REALTORS PLAY IN UPHOLDING THE HIGH STANDARDS OF PROFESSIONALISM AMONG PRACTITIONERS IN THE CURRENT YEAR THERE WERE 87 CE CERTIFIED INSTRUCTORS, 541 CE CERTIFIED COURSES. 1.404 CE COURSES

Form 990, Part III, Line 4c:

HELD. AND 4.714 LICENSEES ACTIVATED RECORDS IN THE CE MARKETPLACE

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors (D) (E) (F) Name and Title Average Position (do not check more Reportable Reportable Estimated than one box, unless hours per compensation compensation amount of other person is both an officer week (list from the from related compensation and a director/trustee) any hours organizations organization from the for related (W-2/1099-(W-2/1099organization and Highest compensated employee Former Individual trustee or director Key employee Institutional MISC) MISC) organizations related below dotted organizations line) Trustee

RODNEY L ALDERINK	2 00	V			0	0	0
DIRECTOR		^				0	V
MICHAEL BASS	2 00	×			0	0	0
DIRECTOR		^				0	
SANDRA J COVALESKI	2 00	<b>\</b>				0	
DIRECTOR		_ ^			١		U

SANDRA J COVALESKI	2 00				_		
DIRECTOR		^			١	0	
THOMAS DARGER	2 00	V				0	
DIRECTOR		_ ^			0	0	
STUART R ELSEA	2 00	V					
DIRECTOR		_ ^			0	0	

THOMAS DARGER	2 00	×				0	0	
DIRECTOR		^						
STUART R ELSEA	2 00	l				0	0	,
DIRECTOR		_ ^						
STEVEN J FASE	2 00	l				0	0	
NIDECTOD		^				ľ	ľ	١

STUART R ELSEA DIRECTOR	2 00	x			0	0	0
STEVEN J FASE DIRECTOR	2 00	x			0	0	0
	2.00						

STEVEN J FASE	2 00					0	0	,	)
DIRECTOR		^				J	,	·	_
MAUREEN E FRANCIS	2 00	×				0	0		- 0
DIRECTOR			l I		1 1	_	_		

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DIRECTOR							
MAUREEN E FRANCIS	2 00						
DIRECTOR		Х			0	0	
CARL KAMINSKI	2 00						

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DIRECTOR

DIRECTOR

DIRECTOR

MEAGAN M LUCE

REGGIE C FLUKER SR

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent, Contractors (D) (E) (F) Name and Title Average Position (do not check more Reportable Reportable Estimated than one box, unless hours per compensation compensation amount of other person is both an officer week (list from the from related compensation any hours and a director/trustee) organizations organization from the for related (W-2/1099-(W-2/1099organization and Highest compensate Former Individual trustee or director Institutional MISC) related organizations MISC) below dotted organizations employee line) Trustee

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ALEKSANDR MILSHTEYN	2 00	×			0	0	
DIRECTOR		,				Ĭ	
GORDON J NAUMOFF	2 00	V			0	0	
DIRECTOR		_ ^			° ا		

BIRECTOR						1	
GORDON J NAUMOFF	2 00						
DIRECTOR	••••••	X			0	0	
JAMES IODICE	2 00	v			0	0	
DIRECTOR		^			١		
	2.00						

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SHELLEY A SCHOENHERR

DIRECTOR

DIRECTOR

DIRECTOR

DIRECTOR

PATTY YOUNG

SUE A SHANGLE

CLAIR L WILLIAMS

DIRECTOR		X			0	0	
AMES IODICE	2 00	x			0	0	
DIRECTOR		χ			3	0	
MARIANNE MCCREARY	2 00	X			0	0	
DIRECTOR					0	J	

		l	I		ı	ı	1		
JAMES IODICE	2 00	v					0	0	0
DIRECTOR		_ ^							0
MARIANNE MCCREARY	2 00	×					0	0	0
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VANCE I SHIITES	2 00								

VANCE L SHUTES	2 00	1			0	0	
DIRECTOR		^			Ů	J	
E'TOILE L O'REAR-LIBBETT	2 00	×			0	0	
DIRECTOR		_ ^			ľ	Ĭ	

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Compensated Employees, and Independent Contractors (C) (D) (E) Name and Title Average Position (do not check more Reportable Reportable hours per than one box, unless compensation compensation week (list person is both an officer from the from related any hours and a director/trustee) organization organizations

(F)

Estimated

amount of other

compensation

from the

44,984

15,406

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

	C							(14, 24,000	(14) 3 (4 000	
	for related organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officer	key employee	Highest compensated employee	Former	(W- 2/1099- MISC)	(W- 2/1099- MISC)	organization and related organizations
GARY J REGGISH PRESIDENT	10 00	×		×				8,140	0	0
JASON W COPEMAN	10 00	V		Ţ				E 940	0	0

		1	l	l	-	l			
GARY J REGGISH	10 00	×	x				8.140	0	
PRESIDENT		^					0,140		
JASON W COPEMAN	10 00	,,	, ,				5,849		
PRESIDENT ELECT		_ ^	^				5,649	l o	
SARA STORCH-LIPNITZ	10 00	1	V				1 422	0	

PRESIDENT							
ASON W COPEMAN	10 00	×	¥		5,849	0	
PRESIDENT ELECT		^	^		3,043	0	
SARA STORCH-LIPNITZ	10 00	_	х		1,423	0	
FREASURER		^	^		1,423	0	
MATTHEW A DAVIS	10 00	_	<		2,055	0	
FDEACHDED ELECT		^	*		2,055	٥	

PRESIDENT ELECT							
SARA STORCH-LIPNITZ	10 00	×	x		1,423	0	0
TREASURER		_ ^	^		1,123		Ü
MATTHEW A DAVIS	10 00	v	v		2,055	0	0
TREASURER ELECT		_ ^	^		2,033	0	O .
ROBERT M CAMPAU	50 00						

				l	l			
MATTHEW A DAVIS	10 00	x	х			2,055	0	0
TREASURER ELECT		,,					, and the second	
ROBERT M CAMPAU	50 00		X			289,386	0	62,659
CEO/COO			^			203,300		02,033

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165,870

125,896

-							
CEO/COO			,,		203,300	•	
ROBERT M CAMPAU	50 00		х		289,386	0	
TREASURER ELECT		,	:		2,000	,	
MATTHEW A DAVIS	10 00	×	х		2,055	0	

		Ιv	l	ΙvΙ			2,055	ا ما	
TREASURER ELECT		_ ^					2,033	Ĭ	
ROBERT M CAMPAU	50 00			×			289,386	0	
CEO/COO				^			203,300		
KATHLEEN C FELDPAUSCH	50 00								

TREASURER ELECT							
ROBERT M CAMPAU	50 00		Ų		289,386	0	62,659
CEO/COO					209,300	Ų.	02,039
KATHLEEN C FELDPAUSCH	50 00						
			x		240,386	0	44,244

ROBERT M CAMPAU			l <sub>x</sub> l		289,386	0	
CEO/COO					203,300	Ŭ	
KATHLEEN C FELDPAUSCH	50 00		x		240,386	0	
CFO			_ ^		210,500	, and the second	

50 00

50 00

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**BRADLEY WARD** 

BRIAN WESTRIN

VP OF PUBLIC POLICY & LEGAL AFFAIRS

DIRECTOR OF PUBLIC POLICY & LEGAL AFFIARS

efile GRAPHIC print - DO NOT PROCESS As Filed Data -

# 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.

OMB No 1545-0047

DLN: 93493310012217

Open to Public Inspection

SCHEDULE C (Form 990 or 990-

Department of the Treasury

EZ)

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

www.irs.gov/form990. Internal Revenue Service If the organization answered "Yes" on Form 990, Part IV, Line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then

 Section 501(c)(3) organizations Complete Parts I-A and B Do not complete Part I-C • 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 **Employer identification number** MICHIGAN ASSOCIATION OF REALTORS 38-0829980 Complete if the organization is exempt under section 501(c) or is a section 527 organization. Part I-A Provide a description of the organization's direct and indirect political campaign activities in Part IV Political expenditures 3 Volunteer hours 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 Was a correction made? If "Yes." describe in Part IV Complete if the organization is exempt under section 501(c), except section 501(c)(3). Enter the amount directly expended by the filing organization for section 527 exempt function activities 1 2 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities 3 Total exempt function expenditures Add lines 1 and 2 Enter here and on Form 1120-POL, line 17b Did the filing organization fileForm 1120-POL for this year? ☐ Yes 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 (e) Amount of political filing organization's contributions received funds If none, enter and promptly and -ndirectly delivered to a separate political organization If none, enter -0-(1) MICHIGAN ASSN OF REALTORS PAC PO BOX 40725 27-3600997 485.737 LANSING, MI 489017925 2 3

Schedule C (Form 990 or 990-EZ) 2016

Total lobbying expenditures

Grassroots ceiling amount (150% of line 2d, column (e))

Grassroots nontaxable amount

Grassroots lobbying expenditures

activity

1

211,001

694,350

-1,729,756

-1,518,755

-2.213.105

(b)

Amount

(a)

Yes

2a

2b

2c

3

4 5

Schedule C (Form 990 or 990EZ) 2016

No

### Volunteers? Paid staff or management (include compensation in expenses reported on lines 1c through 1i)? Media advertisements? Mailings to members, legislators, or the public? Publications, or published or broadcast statements? Grants to other organizations for lobbying purposes? Direct contact with legislators, their staffs, government officials, or a legislative body?

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

Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?

Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues

If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political

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

Other activities? Total Add lines 1c through 1i Did the activities in line 1 cause the organization to be not described in section 501(c)(3)? If "Yes," enter the amount of any tax incurred under section 4912

2a

С	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?						
Par	Part III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(6).						
	7-7	Yes	No				
1	Were substantially all (90% or more) dues received nondeductible by members?		No				
2	2 Did the organization make only in-house lobbying expenditures of \$2,000 or less?						
3	3 Did the organization agree to carry over lobbying and political expenditures from the prior year?						
Par	Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section and if either (a) BOTH Part III-A, line 3, is	•	)(6)				

1	Were substantially all (90% or more) dues received nondeductible by members?						
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?						
3	Did the organization agree to carry over lobbying and political expenditures from the prior year?						
Par	Part III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section						
	and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No" OR (b) Part III-A, line						
	answered "Yes."						
1	Dues, assessments and similar amounts from members 1		4,4	16,86			
2	Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political						

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

Explanation

Supplemental Information

Current year

c Total

Part IV

3

Carryover from last year

expenditure next year?

Return Reference

expenses for which the section 527(f) tax was paid).

Taxable amount of lobbying and political expenditures (see instructions)

instructions), and Part II-B, line 1 Also, complete this part for any additional information

efile GRAPHIC print - DO NOT PROCESS SCHEDULE D

(Form 990)

Department of the Treasury

As Filed Data -

DLN: 93493310012217

OMB No 1545-0047

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.

Open to Public Inspection

Internal Revenue Service Name of the organization **Employer identification number** MICHIGAN ASSOCIATION OF REALTORS 38-0829980 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 3 Aggregate value of grants from (during year) 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 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? ☐ No Part II Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7. Purpose(s) of conservation easements held by the organization (check all that apply) Preservation of land for public use (e.g., recreation or education) Preservation of an historically important land area Protection of natural habitat Preservation of a certified historic structure Preservation of open space 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 Total number of conservation easements 2a Total acreage restricted by conservation easements 2b Number of conservation easements on a certified historic structure included in (a) 2c c Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register 3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year > Number of states where property subject to conservation easement is located > 5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year 6 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(II)? □ No In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 8. If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items (i) Revenue included on Form 990, Part VIII, line 1 (ii) Assets included in Form 990, Part X If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the 2 following amounts required to be reported under SFAS 116 (ASC 958) relating to these items Revenue included on Form 990, Part VIII, line 1

Assets included in Form 990, Part X

Par	t IIII	Organizations Maintainin	g Collections of	of Art, I	Histori	cal T	reası	ires, or	Other	Similar A	ssets (	(continued)	
3		the organization's acquisition, ac (check all that apply)	ccession, and other	records	, check	any of	the fo	llowing t	hat are a	significant i	use of it	s collection	
а		Public exhibition			d		Loan	or excha	ange prog	grams			
b		Scholarly research			е		Othe	r					
c		Preservation for future generatio	ns										
4	Provid Part >	de a description of the organizatio	on's collections and	l explain	how the	ey furtl	ner the	e organız	ation's e	xempt purpo	se in		
5		g the year, did the organization s s to be sold to raise funds rather								nılar	□ Y	es 🗆	No
Pa	rt IV	Escrow and Custodial Arr Complete if the organization X, line 21.		" on Fo	rm 990	, Part	IV, lı	ne 9, or	reporte	ed an amou	unt on	Form 990	, Part
1a		e organization an agent, trustee, of led on Form 990, Part X?	custodian or other	ıntermed	diary for	contri	bution	s or othe	er assets	not	□ <b>Y</b>	es 🗌	No
ь	If "Ye	es," explain the arrangement in Pa	art XIII and comple	ete the fo	ollowing	table		[		A	mount		_
С	Begin	ning balance							1c				
d	Addıtı	ons during the year						[	1d				
е	Distri	butions during the year							1e				
f	Endın	g balance							1f				_
<b>2</b> a	Did th	ne organization include an amoun	t on Form 990, Pai	t X, line	21, for	escrov	or cu	istodial a	ccount li	ability?	□ Y	es 🗆	No
b	If "Ye	s," explain the arrangement in Pa	art XIII Check her	e if the e	xnlanati	on has	been	provideo	d in Part	XIII		$\square$	
Pa	rt V	Endowment Funds. Comp											
		<u> </u>	(a)Currer			rıor yea		(c)Two ye				(e)Four ye	ars back
<b>1</b> a	Beginn	ing of year balance											
b	Contrib	outions											
c	Net inv	estment earnings, gains, and loss	ses										
d	Grants	or scholarships											
е		expenditures for facilities ograms											
f	Admını	strative expenses											
g	End of	year balance											
2	Provid	de the estimated percentage of th	e current year end	balance	e (line 1	g, colu	mn (a	)) held a	s				_
а	Board	l designated or quasi-endowment	<b>&gt;</b>										
b	Perma	anent endowment ►											
С	Temp	orarily restricted endowment 🕨											
	The p	ercentages on lines 2a, 2b, and 2	c should equal 100	0%									
3а	organ	nere endowment funds not in the dization by	possession of the	organıza	tion that	t are h	eld an	d admını	stered fo	r the	_	Yes	No
	• •	related organizations				•						la(i)	<del>                                     </del>
<b>L</b>		elated organizations                  s" on 3a(ii), are the related orgar			on Coho	 dula B	•				3	a(ii) 3b	₩
ь 4		ibe in Part XIII the intended uses		•			•				<u> </u>	טכ	
_	rt VI	Land, Buildings, and Equi		113 61140	William	unus							
ų.		Complete if the organization		on For	m 990,	Part	IV, lır	ne 11a.	See For	m 990, Pai	rt X, Iır	ne 10.	
	Descri	ption of property (a) Co	st or other basis nvestment)		or other					depreciation	·	(d)Book val	ne
	Land					16	56,205						166,205
	Buildin					1,28	34,852			839,030			445,822
		old improvements											
		nent				79	91,824			631,517			160,307
	Other						-			,			•
		lines 1a through 1e (Column (d) i	must equal Form 9	90, Part	X, colur	mn (B)	, line :	10(c)) .		<b>&gt;</b>			772,334

Part VII	<b>Investments—Other Securities.</b> Complete if the See Form 990, Part X, line 12.	e organizatior	n answered	l 'Yes' on F	orm 990, Pai	t IV, line 11b.
	(a) Description of security or category (including name of security)	(b)Book va	lue		(c)Method of vor end-of-year	
	derivatives			2030		
(3)Other	meld equity interests	64	0.222		F	
(A) INVESTI	MENT IN SUBSIDIARY	64	0,332		<u>F</u>	
(B)						
(C)						
(D)						
(E)						
(F)						
(G)						
(H)						
Total. (Colum	in (b) must equal Form 990, Part X, col (B) line 12 )		0,332	nd Wast on	Form 000 B	out IV line 11c
Part VIII	See Form 990, Part X, line 13.					
	(a) Description of investment	(b) Book	value	Cost	c) Method of vor end-of-year	valuation market value
(1)						
(2)						
(3)						
(4)						
(5)						
(6)						
(7)						
(8)						
(9) ————						
Total. (Colum	on (b) must equal Form 990, Part X, col (B) line 13 )  Other Assets. Complete if the organization answered	'Yes' on Form 9	90, Part IV,	line 11d Se	ee Form 990, F	art X, line 15
(1)	(a) Description					(b) Book value
(2)						
(3)						
(4)						
(5)						
(6)						
(7)						
(8)						
(9)						
	ımn (b) must equal Form 990, Part X, col (B) line 15 )					
Part X	<b>Other Liabilities.</b> Complete if the organization ar See Form 990, Part X, line 25.	nswered 'Yes'	on Form 9	90, Part IV	, line 11e or	11f.
1.	(a) Description of liability		(b) Book v	alue		
(1) Federal	income taxes					
(2)						
(3)						
(4)						
(5)						
(6)						
(7)						
(8)						
(9)						
	nn (b) must equal Form 990, Part X, col (B) line 25 )	<b>•</b>				
	or uncertain tax positions In Part XIII, provide the text of o's liability for uncertain tax positions under FIN 48 (ASC 7					

1

2

b

c

d

е

3

4

5

1

2

b

d

3

4

а

b

C 5

Part XIII

Part XII

Other losses .

Add lines 2a through 2d .

Add lines 4a and 4b .

Return Reference

See Additional Data Table

Schedule D (Form 990) 2016

Page 4

#### Investmen Other (Des Add lines 4

Add lines 2a through 2d . . .

Subtract line 2e from line 1 .

Donated services and use of facilities .

Recoveries of prior year grants . . . Other (Describe in Part XIII ) . .

	Co	mplete	if the o	raanızat	ion answ	e
XIII Rec	onciliatio	n of E	xpense	s per A	udited F	i
Total revenue Add lines	<b>3</b> and <b>4c.</b>	(This mi	ust equal	Form 99	0, Part I, l	11
Add lines <b>4a</b> and <b>4b</b> .						
Other (Describe in Part >	(III)					
Investment expenses no	t ıncluded	on Form	990, Par	t VIII, lın	e 7b .	
Amounts included on For	m 990, Pa	rt VIII, I	ıne 12, b	ut not on	lıne <b>1</b>	

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

Other (Describe in Part XIII ) . . . . .

**Supplemental Information** 

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

Net unrealized gains (losses) on investments . . .

			•	•				
	4a							
	4b							
ine 12 )								
inancial Statements With Expe								

2a

2b

2c

2d

4b

Explanation

2a

2b

2c

2d

Reconciliation of Revenue per Audited Financial Statements With Revenue per Return Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.

4c	
5	
i <b>ses p</b> e 12a	) <b>(</b>
1	

4c

2e

3

<b>es p</b> 12a	er Return.
1	
2e	
3	

				_
_	_	_	_	_
				_

Schedule D (Form 990) 2015



Complete if the organization answered 'Yes' on Form 990, Part IV, li Total expenses and losses per audited financial statements . Amounts included on line 1 but not on Form 990, Part IX, line 25 Donated services and use of facilities . Prior year adjustments . . . . Other (Describe in Part XIII ) . Subtract line 2e from line 1 .

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

Provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b,

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

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

Schedule D (Form 990) 2016

### Additional Data

Software ID: **Software Version:** 

**EIN:** 38-0829980

Name: MICHIGAN ASSOCIATION OF REALTORS

Supplemental Information								
Return Reference	Explanation							
PART X LINE 2	IN THE PREPARATION OF TAX RETURNS. TAX POSITIONS ARE TAKEN BASED ON INTERPRETATION OF FEDE	7						

N BY THE VARIOUS TAXING AUTHORITIES FOR A PERIOD OF THREE TO FOUR YEARS

RAL, STATE AND LOCAL INCOME TAX LAWS MANAGEMENT PERIODICALLY REVIEWS AND EVALUATES THE ST ATUS OF UNCERTAIN TAX POSITIONS AND MAKES ESTIMATES OF AMOUNTS, INCLUDING INTEREST AND PEN ALTIES, ULTIMATELY DUE OR OWED NO AMOUNTS HAVE BEEN IDENTIFIED, OR RECORDED, AS UNCERTAIN TAX POSITIONS FEDERAL, STATE, AND LOCAL TAX RETURNS GENERALLY REMAIN OPEN FOR EXAMINATIO

**Compensation Information** 

DLN: 93493310012217

OMB No 1545-0047

2015

Open to Public

#### Schedule J (Form 990)

Department of the

Treasury Internal Revenue Service

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.qov/form990.

Inspection

Name of the organization				Employer identification number				
MIC	CHIGAN ASSOCIATION OF REALTORS	3	8-0829980					
Pa	rt I Questions Regarding Compensation		•					
						Yes	No	
1a	Check the appropiate box(es) if the organization prov	ıded aı	ny of the following to or for a person lis	ted on Form				
	990, Part VII, Section A, line 1a Complete Part III	to prov	ide any relevant information regarding	these items				
	First-class or charter travel	Г	Housing allowance or residence for p	ersonal use				
	☐ Travel for companions	Г	Payments for business use of person					
	Tax idemnification and gross-up payments	Ľ	Health or social club dues or initiatio					
	□ Discretionary spending account	Γ	Personal services (e g , maid, chauffe	eur, chef)				
b	If any of the boxes in line 1a are checked, did the orgoin reimbursement or provision of all of the expenses des				1b	Yes		
2	Did the organization require substantiation prior to redirectors, trustees, officers, including the CEO/Execu				2	Yes		
3	Indicate which, if any, of the following the filing organ organization's CEO/Executive Director Check all the used by a related organization to establish compensa	at appl	Do not check any boxes for methods	5				
	Compensation committee	Γ.	Written employment contract					
	□ Independent compensation consultant	Г	Compensation survey or study					
	Form 990 of other organizations	Ľ	Approval by the board or compensati	on committee				
4	During the year, did any person listed on Form 990, For a related organization	Part VI	I, Section A, line 1a with respect to th	ne filing organization				
а	Receive a severance payment or change-of-control p	aymen	t?		4a		No	
b	Participate in, or receive payment from, a supplemen	tal non	qualified retirement plan?		4b		Νo	
c	Participate in, or receive payment from, an equity-ba	sed co	mpensation arrangement?		4c		Νo	
	If "Yes" to any of lines 4a-c, list the persons and pro	vide th	e applicable amounts for each item in	Part III				
	Only 501(c)(3), 501(c)(4), and 501(c)(29) organizati	ions mı	ıst complete lines 5-9.					
5	For persons listed on Form 990, Part VII, Section A, compensation contingent on the revenues of		-	ny				
а	The organization?				5a			
b	Any related organization?				5b			
	If "Yes," on line 5a or 5b, describe in Part III							
5	For persons listed on Form 990, Part VII, Section A, compensation contingent on the net earnings of	line 1a	a, did the organization pay or accrue a	ny				
а	The organization?				<b>6</b> a			
b	Any related organization?				6b			
	If "Yes," on line 6a or 6b, describe in Part III							
7	For persons listed on Form 990, Part VII, Section A, payments not described in lines 5 and 6? If "Yes," de			-fixed	7			
В	Were any amounts reported on Form 990, Part VII, p subject to the initial contract exception described in							
	ın Part III				8			
9	If "Yes" on line 8, did the organization also follow the section 53 4958-6(c)?	rebutt	able presumption procedure described	d in Regulations	9			

Schedule J (Form 990) 2015

Page 2

3 BRADLEY WARD

VP OF PUBLIC POLICY & LEGAL AFFAIRS

(ii)

155,000

# 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

3,221

(A) Name and Title		(B) Breakdown of	W-2 and/or 1099-MIS	SC compensation	(C) Retirement and		(E) Total of columns	
		Base (1) compensation	I Bonus & incentive I Oth		other deferred compensation	benefits	(B)(ı)-(D)	column(B) reported as deferred on prior Form 990
1 ROBERT M CAMPAU CEO/COO	(i)	265,000	20,684	3,702	42,000	20,659	352,045	0
,	(ii)	0	0	0	0	0	0	0
2 KATHLEEN C FELDPAUSCH CFO	(i) 205,140		10,199 25,047		39,000	5,244	284,630	0
		n						

29,863

15,121

210,854

		(I) compensation	compensation	compensation	- componential			
1 ROBERT M CAMPAU	(i)	265,000	20,684	3,702	42,000	20,659	352,045	

7,649

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

PART I, LINE 1A

TRAVEL FOR SPOUSES/GUESTS WAS PROVIDED TO MAR OFFICERS & SENIOR STAFF TO ATTEND ANNUAL BUSINESS MEETINGS THESE
TRAVEL AMOUNTS WERE REPORTED ON THEIR FORM WAS AND/OR 1089S FIRST-CLASS OR CHAPTER TRAVEL WAS PROVIDED FOR LEGAL

Page 3

Schedule J (Form 990) 2015

Schedule J (Form 990) 2015

PART I, LINE 1A TRAVEL FOR SPOUSES/GUESTS WAS PROVIDED TO MAR OFFICERS & SENIOR STAFF TO ATTEND ANNUAL BUSINESS MEETINGS. THESE
TRAVEL AMOUNTS WERE REPORTED ON THEIR FORM W-2S AND/OR 1099S. FIRST-CLASS OR CHARTER TRAVEL WAS PROVIDED FOR LEGAL
UPDATES. UPGRADES WERE PROVIDED FOR TRAVELING COMPANIONS. TAX INDEMNIFICATION AND GROSS-UP PAYMENTS WERE PROVIDED
TO GROSS UP TRAVEL REIMBURSEMENTS TO COVER TAXES OWED BY STAFF AND/OR OFFICERS. THE COUNTRY CLUB OF LANSING DUES

WERE PAID BY THE ORGANIZATION ON BEHALF OF SENIOR STAFF FOR SOCIAL AND BUSINESS NETWORKING PURPOSES

efile GRAPH	IC print -	DO NOT PROCESS		DLN	: 93493310012217				
SCHEDUL	FΩ	Supplement	nental Information to Form 990 or 990-EZ			OMB No 1545-0047			
(Form 990 or EZ)	<b>I</b>	Complete to pro Form 990 o	ions on	2016					
Department of the T		► Information about		990 or 990-EZ) and its instruv/form990.	uctions is at	Open to Public Inspection			
Internal Revenue Se Name of the org MICHIGAN ASSOCI	38-0829980	dentification number							
990 Schedule	e O, Supp	lemental Informatio	n						
Return Reference		Explanation							
FORM 990, PART VI, SECTION A, LINE 6	LIATE MEMBERS, EMPLOYEE MEMBERS, HONORARY MEMBERS, REALTOR EMERITUS, INSTITUTE AFFILIATE M								

Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 7A	MEMBERS FROM EACH DISTRICT ELECT THEIR REPRESENTATIVE TO SERVE ON THE BOARD OF DIRECTORS THE GOVERNMENT OF THE ASSOCIATION SHALL BE INVESTED IN THE BOARD OF DIRECTORS THE RESPONS IBILITIES AND DUTIES OF THE BOARD OF DIRECTORS SHALL INCLUDE ELECTION OF OFFICERS, THE EST ABLISHMENT OF INTERNAL POLICIES, APPROVAL OF COMMITTEE APPOINTMENTS AS RECOMMENDED BY THE PRESIDENT AND PRESIDENT-ELECT, EMPLOYMENT OF A CHIEF EXECUTIVE OFFICER, APPROVAL OF PROGRA MS AND SERVICES TO BE IMPLEMENTED BY THE CHIEF EXECUTIVE OFFICER, DEVELOPMENT OF EXTERNAL POLICIES SUBJECTS TO APPROVAL BY THE DELEGATE BODY, PRELIMINARY REVIEW AND APPROVAL OF NAT IONAL ASSOCIATION OF REALTORS COMMITTEE RECOMMENDATIONS AS SUBMITTED BY THE PRESIDENT

Return Explanation
Reference

990 Schedule O, Supplemental Information

FORM 990, PART VI, SHALL HAVE SOLE AUTHORITY TO APPROVE AMENDMENTS TO THESE BYLAWS, APPROVE THE ANNUAL BUDGET OF THE ASSOCIATION, APPROVE THE LEVEL OF DUES AND ASSESSMENTS FOR ALL CLASSES OF MEMBERSH IPS, APPROVE THE PUBLIC POLICIES OF THE ASSOCIATION, AND ELECT THE EX-OFFICIO DIRECTORS FOR THE NATIONAL ASSOCIATION OF REALTORS

Return Explanation
Reference

FORM 990,	THE 990 HAS INCLUDED COMPENSATION INFORMATION FOR MICHIGAN ASSOCIATION OF REALTORS EMPLOYE
PART VI,	ES DUE TO THE SENSITIVITY OF THIS DATA, THE 990 IS REVIEWED BY THE CEO UPON COMPLETION U
SECTION B,	PON THE CEO'S APPROVAL, THE 990 IS MADE AVAILABLE TO THE BOARD OF DIRECTORS FOR THEIR REVI
LINE 11B	l EW

Return Explanation
Reference

FORM 990, THERE IS AN ANNUAL BOARD ORIENTATION IN WHICH THE POLICY IS PRESENTED AND A FORM THAT THE PART VI, BOARD MUST SIGN TO ACKNOWLEDGE THAT THEY HAVE RECEIVED THE POLICY SECTION B, LINE 12C

Return Explanation
Reference

FORM 990, THE PERSONNEL COMMITTEE VIA THE PRESIDENT USES COMPARABLE DATA THROUGH MARKET STUDIES, THE PART VI, ASAE, AND THE MSAE TO DETERMINE COMPENSATION OF THE ORGANIZATION'S OFFICERS AND KEY EMPLO SECTION B, YEES

Return Explanation
Reference
FORM 990, ALL DOCUMENTS ARE MADE AVAILABLE TO THE PUBLIC UPON REQUEST

PART VI, SECTION C, LINE 19

efile GRAPHIC print - DO NOT PROCESS As Filed Data -**SCHEDULE R** (Form 990)

Department of the Treasury

MICHIGAN ASSOCIATION OF REALTORS

Internal Revenue Service Name of the organization ► Attach to Form 990.

**Related Organizations and Unrelated Partnerships** 

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

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

**Employer identification number** 

38-0829980

DLN: 93493310012217 OMB No 1545-0047

> Open to Public Inspection

Part I Identification of Disregarded Entities Complete	f the organ	ızatıon answe	red "Yes	" on Form	990, Part	IV, line	33.					
(a) Name, address, and EIN (if applicable) of disregarded entity		<b>(b)</b> Primary act	ıvıty	Legal dom or foreign	ıcıle (state	(d Total ır		(e) End-of-year	assets	<b>(f)</b> Direct cont entit		
Part II Identification of Related Tax-Exempt Organization related tax-exempt organizations during the tax year.	<b>ons</b> Comple	te if the orga	nızatıon	answered	"Yes" on F	orm 990	), Part I	V, line 34 l	oecause	it had one or n	nore	
(a) Name, address, and EIN of related organization			Legal dor	(c) (d) micile (state gn country)  (d) Exempt Code s			Public charity status (if section 501(c)(3))		<b>(f)</b> Direct controlling entity		Section (13) co ent	
1)REALTORS POLITICAL ACTION COMMITTEE	TO PROTECT	AND PROMOTE		MI	527		N/A		MICHIGA	N ASSOCIATION OF	Yes	No No
20 N WASHINGTON ANSING, MI 48906 18-6301949	THE TRADITION OWNERSHIP INVESTMENT	ON OF HOME							REALTORS			
2)MICHIGAN ASSOCIATION OF REALTORS SCHOLARSHIP TRUST //20 N WASHINGTON	TO PROVIDE	SCHOLARSHIPS		MI	501(C)(3)		LINE 12C, III-FI		MICHIGAN ASSOCIATION REALTORS			No
ANSING, MI 48906 88-3145162												
3)MICHIGAN ASSOCIATION OF REALTORS PAC 20 N WASHINGTON	POLITICAL AC	T EXPENDITURE		MI	527		N/A		MICHIGAN ASSOCIATION REALTORS			No
ANSING, MI 48906 27-3600997	COMMITTEE											
<b>4)</b> MICHIGAN REALTORS RELIEF FUND 20 N WASHINGTON		AND EXPEDITE SLE AID FOR THE CRISIS		MI	501(C)(3)		PF		MICHIGA REALTOR	N ASSOCIATION OF		No
ANSING, MI 48906 11-1284097												
or Paperwork Reduction Act Notice, see the Instructions for Form	990.		Ca	t No 5013	5Y		•		Sch	edule R (Form 9	90) 20	16

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.

												$\overline{}$									
(a) Name, address, and EIN of related organization		<b>(b)</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		rtionate	(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	managing partner?		General or managing partner?		General or managing		General or managing partner?		General or managing partner?		<b>(k)</b> Percentage ownership
					<b>'</b>			Yes	No		Yes	No									
Part IV Identification of Related Organiza because it had one or more related or	tions Taxable as a Coganizations treated as	orporation a corporatio	or Trus	<b>t</b> Complete st during th	if the organiz e tax year.	ation answ	ered "Yes	" on Fo	orm 9	90, Part IV,	lıne	34									
(a)	(b)	(	c)		(d)	(e)	(f)		(g)	(H	1)		(1)								

because it has one of more residues as a copporation of the tax years												
(a) Name, address, and EIN of related organization	<b>(b)</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	<b>(h)</b> Percentage ownership	Sectio (b)( contr enti	n 512 (13) rolled			
(1)MICHIGAN APPRAISAL MANAGEMENT GROUP INC 5136 LOVERS LANE STE 2 PORTAGE, MI 49002 27-4225011	TO PROVIDE MANAGEMENT APPRAISALS	MI	MICHIGAN ASSOCIATION OF REALTORS	С	2,188,044	321,309	100 000 %	Yes				
(2)700 MR PRIME PROPERTIES LLC  720 N WASHINGTON AVE LANSING, MI 48906 47-1229677	FACILITATE ADMINISTRATION OF PROPERTY FOR PARENT CORPORATION	MI	MICHIGAN ASSOCIATION OF REALTORS	С	42,902	577,338	100 000 %	Yes				
(3)ASSOCIATION APPRAISAL MANAGEMENT COMPANY 720 N WASHINGTON AVE LANSING, MI 48906 45-5422163	HOLDING COMPANY	MI	MICHIGAN ASSOCIATION OF REALTORS	С			100 000 %	Yes				
						Sch	edule R (Form	990) 20	)16			

Schedule R (Form 990) 2016		Pa	ige <b>3</b>
Part V Transactions With Related Organizations Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.			
Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule		Yes	No
1 During the tax year, did the 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>b</b> Gift, grant, or capital contribution to related organization(s)	<b>1</b> b	Yes	
c Gift, grant, or capital contribution from related organization(s)	1c		No
d Loans or loan guarantees to or for related organization(s)	1d	Yes	
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)	<b>1</b> g		No
h Purchase of assets from related organization(s)	1h		No
i Exchange of assets with related organization(s)	<b>1</b> i		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)	11		No
m Performance of services or membership or fundraising solicitations by related organization(s)	1m		No

u Loans of loan guarantees to of for related organization(s)			1
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)	<b>1</b> g		No
h Purchase of assets from related organization(s)	1h		No
i Exchange of assets with related organization(s)	1i		No
j Lease of facilities, equipment, or other assets to related organization(s)	1j		No
k Lease of facilities, equipment, or other assets from related organization(s)	1k	_	No
l Performance of services or membership or fundraising solicitations for related organization(s)	11		No
m Performance of services or membership or fundraising solicitations by related organization(s)	1m	1	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)	10	Yes	
n. Reimbursement hald to related organization(s) for expenses	1p		No

-	2	- 1 /		1
g	Sale of assets to related organization(s)	<b>1</b> g		No
h	Purchase of assets from related organization(s)	1h		No
i	Exchange of assets with related organization(s)	1i		No
j	Lease of facilities, equipment, or other assets to related organization(s)	1j		No
k	Lease of facilities, equipment, or other assets from related organization(s)	1k		No
ı	Performance of services or membership or fundraising solicitations for related organization(s)	11		No
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	
0	Sharing of paid employees with related organization(s)	10	Yes	
р	Reimbursement paid to related organization(s) for expenses	<b>1</b> p		No
q	Reimbursement paid by related organization(s) for expenses	<b>1</b> q	Yes	
r	Other transfer of cash or property to related organization(s)	1r		No
s	Other transfer of cash or property from related organization(s)	1s		No
	If the appropriate any of the players "Wes" are the materials for information on the most consistent this line, including account golden and transaction throughout			

					1 1	1
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
ı	Performance of services or membership or fundraising solicitations for related organization(s)				11	No
m	Performance of services or membership or fundraising solicitations by related organization(s)			1 •	1m	No
n	Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)				1n Yes	
0	Sharing of paid employees with related organization(s)				10 Yes	
р	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	No
s	Other transfer of cash or property from related organization(s)				1s	No
2	If the answer to any of the above is "Yes," see the instructions for information on who must complete this line	, including covered re	elationships and tra	nsaction thresholds		
	(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining am	ount involved	d
(1)RE	ALTORS POLITICAL ACTION COMMITTEE	N	184,846	FAIR MARKET VALUE		
<b>(2)</b> RE	ALTORS POLITICAL ACTION COMMITTEE	В	58,923	FAIR MARKET VALUE		
<b>(3)</b> MI	CHIGAN APPRAISAL MANAGEMENT GROUP INC	Α	1,685	ACTUAL		
		1		†		

Schedule R (Form 990) 2016

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

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

The first state of the first sta													
<b>(a)</b> Name, address, and EIN of entity	(b) Primary activity		(d) Predominant Income (related, unrelated, excluded from tax under sections 512- 514)	(e) Are all partners section 501(c)(3) organizations?		(f) Share of total income (g) Share of end-of-year assets		(h) Disproprtionate allocations?		(1) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		<b>(k)</b> Percentage ownership
İ			514)	Yes	No	ļ ,		Yes	No		Yes	No	
										Schedul	e R (Form	1 990	0) 2016

