

#### See a Social Security Number? Say Something! Report Privacy Problems to https://public.resource.org/privacy Or call the IRS Identity Theft Hotline at 1-800-908-4490



**Return of Organization Exempt From Income Tax** 

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

2016

DLN: 93493298016617 OMB No 1545-0047

Department of the Treasury

▶ Do not enter social security numbers on this form as it may be made public
 ▶ Information about Form 990 and its instructions is at <u>www IRS qov/form990</u>

Open to Public

									піврессіон		
			alendar year, or tax year beginning 0  C Name of organization	1-01-2016 , and endin	g 12-31-	2016	D. F				
□ Ad	dress cl	_	NORTHERN VIRGINIA ASSOCIATION OF REALTORS INC				54-048		ication number		
□ Name change □ Initial return Final			Doing business as								
□ Am	n/term ended	return	Number and street (or P O box if mail is not 8407 PENNELL STREET	delivered to street address)	Room/suite		E Telephone number (703) 207-3200				
⊔ Ар	plicatioi	n pending	City or town, state or province, country, and FAIRFAX, VA 22031	ZIP or foreign postal code			<b>G</b> Gross re	ceints & 1	2 344 765		
			F Name and address of principal officer			<b>H(a)</b> Is this			2,544,705		
			RYAN TCONRAD				a group re Imates?	tuili loi	□ <sub>Yes</sub> 🗹	No	
			8407 PENNELL STREET FAIRFAX, VA 22031			H(b) Are all	subordinat	es	☐ Yes ☐		
Tax	k-exem	pt status	☐ 501(c)(3) <b>☑</b> 501(c) ( 6 ) <b>◄</b> (insert n	o.)	1 527	include		ist (see	instructions)	110	
W	ebsite	e: ► WW	W NVAR COM	o, <u> </u>		H(c) Group		•	•		
<b>(</b> Forn	n of org	ganızatıon	☑ Corporation ☐ Trust ☐ Association	Other ►	L	. Year of format	tion 1930	<b>M</b> State	of legal domicile	VA	
Pa	rt I	Sum	marv								
GOVERNATION	то	O PROMO	cribe the organization's mission or most : TE THE PROFESSIONALISM OF MEMBERS RE THAT REALTOR ETHICS AND PROPER	THROUGH EDUCATION,						IESS	
			s box $ ightharpoonup \square$ if the organization discontinu of voting members of the governing body				of its net a	ssets	l	16	
ACHVIUES &			of independent voting members of the go				_	4		16	
e e			nber of individuals employed in calendar y	• , , , ,	•			5		51	
			nber of volunteers (estimate if necessary)	, , ,				6		250	
ŧ			elated business revenue from Part VIII, c					7a	112	2,728	
	b i	Net unrel	ated business taxable income from Form	990-T, line 34			i	7b		0	
						Pric	r Year		Current Year		
Oı.	8 (	Contribut	ions and grants (Part VIII, line 1h)				9,5	500	2	8,641	
Ravenua	9 F	Program	service revenue (Part VIII, line 2g) .		5,133,	530	0 5,301,254				
λċ	10 I	[nvestme	nt income (Part VIII, column (A), lines 3,		1,133,	507	5,705,216				
ш	11 (	Other rev	enue (Part VIII, column (A), lines 5, 6d,	8c, 9c, 10c, and 11e)			384,:	169	42	0,503	
	12 7	Total rev	enue—add lines 8 through 11 (must equa	l Part VIII, column (A), lın	ie 12)		6,660,7	706	11,45	5,614	
	13 (	Grants ar	id similar amounts paid (Part IX, column		77,0	98	7	2,005			
	14 E	Benefits	oald to or for members (Part IX, column (	A), line 4)	•			0	0		
£	15 9	Salaries,	other compensation, employee benefits (	Part IX, column (A), lines	5-10)		4,000,2	274	4,15	6,746	
Expenses	16a	Professio	nal fundraising fees (Part IX, column (A),			0		0			
Š	l		aising expenses (Part IX, column (D), line 25) $ ight def$								
ш			penses (Part IX, column (A), lines 11a–11	•	•		3,021,0	_	•	4,117	
	l	•	enses Add lines 13–17 (must equal Part				7,098,4	_		2,868	
(5	19 F	Revenue	less expenses Subtract line 18 from line	12	•		-437,			2,746	
Net Assets of Fund Balances						Beginning o	of Current Y	ear	End of Year		
alai	20 7	Total ass	ets (Part X, line 16)				16,103,7	751	20,72	 2,367	
Z Z	21 7	Total liab	ılıtıes (Part X, lıne 26)				3,464,:	100		6,529	
ξĒ	22 1	Net asset	s or fund balances Subtract line 21 from	line 20			12,639,6	551	17,11	 5,838	
Par	t II	Sign	ature Block								
nowl		and belie	erjury, I declare that I have examined thi f, it is true, correct, and complete Declar			r) is based or	all informa				
Sign		Signati	ure of officer			Date	7-10-24			_	
lere		RYAN	CONRAD CHIEF EXECUTIVE OFFICER								
			print name and title							_	
				rer's signature	Date	e Char		PTIN	2	_	
Paid	ı	L	NDREW E YOUNG CPA ANDR	EW E YOUNG CPA		self-	employed	P0120395	J		
<sup>o</sup> re <sub>l</sub>	oare	• ⊢	Firm's name ► RENNER AND COMPANY CPA PC Firm's EIN ► 54-1498950								
	Onl	1 -	rm's address ► 700 NORTH FAIRFAX ST SUITE	400		Phor	ne no (703)	535-1200			
			ALEXANDRIA, VA 22314								
1ay t	he IRS	discuss	this return with the preparer shown above	e? (see instructions) .				<b>☑</b> ነ	′es □No		

Cat No 11282Y

Form **990** (2016)

For Paperwork Reduction Act Notice, see the separate instructions.

Form	990 (20	016)				Page <b>2</b>				
Par	t III	Statement	of Program Service Ac	complishments						
		Check If Sched	dule O contains a response o	note to any line in this Part III		🗆				
1	Briefly	describe the o	rganization's mission							
				OUGH EDUCATION, TOOLS AND ARE PROTECTED THROUGH IN:	RESOURCES TO HELP ELEVATE TH	HEIR BUSINESS AND				
	71(2 111)	T REAL OR ET	THE STATE THE PROPERTY AND THE STATE OF THE	THE TROTECTED THROUGH IN	STINITION ALLEMBERONIS					
	Did the	e organization i	undertake any significant pro	gram services during the year w	hich were not listed on					
_	the prior Form 990 or 990-EZ?									
	,	_ 1c3 1t0								
3		•	se new services on Schedule cease conducting, or make si		ucts any program					
	Did the organization cease conducting, or make significant changes in how it conducts, any program services?									
			se changes on Schedule O							
4	Descri Sectio	, be the organiza n 501(c)(3) and	ation's program service accor	required to report the amount	largest program services, as meas of grants and allocations to others,					
	(Code	<i>,</i>	) (Expenses \$	including grants of \$	) (Revenue \$	,				
4a		ditional Data	) (Expenses \$	including grants of \$	) (Revenue \$	)				
4b	(Code		) (Expenses \$	including grants of \$	) (Revenue \$	)				
	See Ad	ditional Data				,				
4c	(Code		) (Expenses \$	including grants of \$	) (Revenue \$	)				
	See Ad	ditional Data								
4d	Other	program servic	tes (Describe in Schedule O )							
	(Expe	nses \$	ıncludıng	grants of \$	) (Revenue \$	)				
4e	Total	program serv	rice expenses ▶							
						Form <b>990</b> (2016)				

or X as applicable

Section 501(c)(3) organizations.

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

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

Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right

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

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

c 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,"

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

b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments

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

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? . . .

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

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 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, VII, VIII, IX,

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,

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?

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

for public office? If "Yes," complete Schedule C, Part I 👺 . . . . . . . . . . .

to provide advice on the distribution or investment of amounts in such funds or accounts?

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? 

assessments, or similar amounts as defined in Revenue Procedure 98-19?

L	'arı		unec	CKIIS	το	TK	equ	III	ea s	cne	eau	ies										
		Is the o																				
	2	To the e	raanı	7.1.0	n r		rod t	٠.	comr	aloto	Cch	od.	I_ P	C c l	had:	م مار	f Co	ntri	huto	 (	ınc	truc

Yes	H

Yes

Yes

Yes

Yes

Yes

Yes

2

3

4

5

6

7

8

9

10

11a

11b

11c

11d

11e

11f

12a

12b

13

14a

14h

15

16

17

18

19

Yes

Page 3

No

No

No

No

Nο

Nο

No

Nο

Nο

Nο

Nο

No

Nο

No

Nο

No

No

No

Form **990** (2016)

27

28

29

30

31

33

34

36

37

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

Page 4

Yes

Yes

Yes

Yes

Yes

Yes

Form 990 (2016)

28a

28b

28c

29

30

31

32

33

34

35a

35b

36

37

38

Nο

Nο

Nο

Nο

Nο

No

Nο

Nο

Nο

С	to defease any tax-exempt bonds?	24c	
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d	
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.  Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a	
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, 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		

			1
l	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	
	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	
	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	
	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	27	

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

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

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

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

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.

officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV . . . 🔧 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M . . .

instructions for applicable filing thresholds, conditions, and exceptions)

a A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L,

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

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 💆

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

	990 (2016)			Page
Par				
	Check if Schedule O contains a response or note to any line in this Part V			<u> </u>
	Fortunation according to 2 of Forms 1000 Fortun O. American Inc. 1		Yes	No
	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable 1a 17  Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable 1b 16	4		
		4		
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	<b>1</b> c	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	
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)	20	165	
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	
	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		
Ь	If "Yes," enter the name of the foreign country ►	44		No
	See instructions for fining requirements for FineEN Form 114, Report of Foreign Bank and Financial Accounts (FBAK)			
	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	Yes	
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	<b>6</b> b	Yes	
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and service provided to the payor?	7a		
Ь	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
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		
	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as	<del>                                     </del>		
9	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?			
	Did the second control of the second control	8		
	Did the sponsoring organization make any taxable distributions under section 4966?	9a 9b		
	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? Section 501(c)(7) organizations. Enter	טפ		
	Initiation fees and capital contributions included on Part VIII, line 12   10a			
	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)............... 11b	-		
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 12b			
3	Section 501(c)(29) qualified nonprofit health insurance issuers.	1		
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	13a		
Ь	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans			
c	Enter the amount of reserves on hand	1		
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		No
1a	bid the organization receive any payments for indoor tariffing services during the tax year.			

-orm	990 (2016)			Page <b>6</b>
Par	<b>TVI</b> Governance, Management, and DisclosureFor each "Yes" response to lines 2 through 7b below, and for a "No 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O See instructions	" respo	nse to li	
	Check if Schedule O contains a response or note to any line in this Part VI			✓
Se	ection A. Governing Body and Management			
1a	Enter the number of voting members of the governing body at the end of the tax year 1a 16		Yes	No
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O	-		
b	Enter the number of voting members included in line 1a, above, who are independent  1b 16			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2		No
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? •	3		No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		No
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		No
6	Did the organization have members or stockholders?	6	Yes	
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a	Yes	
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b	Yes	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following			
а	The governing body?	8a	Yes	
b	Each committee with authority to act on behalf of the governing body?	<b>8</b> b	Yes	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		No
Se	ection B. Policies (This Section B requests information about policies not required by the Internal Revenu	e Code	e.)	
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		No
Ь	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Yes	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Yes	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? <i>If "Yes," describe in Schedule O how this was done</i>	12c	Yes	
13	Did the organization have a written whistleblower policy?	13	Yes	
14	Did the organization have a written document retention and destruction policy?	14	Yes	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a	Yes	
b	Other officers or key employees of the organization	15b	Yes	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a		No
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation			
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt			
	status with respect to such arrangements?	16b		
Se	status with respect to such arrangements?	16b		
<b>S</b> e	ection C. Disclosure  List the States with which a copy of this Form 990 is required to be filed	16b		
	Ection C. Disclosure  List the States with which a copy of this Form 990 is required to be filed  Section 6104 requires an organization to make its 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	16b		
17	Ection C. Disclosure  List the States with which a copy of this Form 990 is required to be filed  Section 6104 requires an organization to make its 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)	16b		
17	Ection C. Disclosure  List the States with which a copy of this Form 990 is required to be filed  Section 6104 requires an organization to make its 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	16b		

Part VII

(1) VIRGIL FRIZZELL CHAIRPERSON

(2) BOB ADAMSON

CHAIRPERSON-ELECT

(3) LORRAINE ARORA

(4) MARY BAYAT

(5) BRIAN BLOCK DIRECTOR

(6) MOON CHOI

(7) CHRISTINA MARCO

(8) TRACY COMSTOCK

(9) GENEVIEVE CONCANNON

(10) REGGIE COPELAND .......

(11) NICHOLAS LAGOS

DIRECTOR

DIRECTOR

DIRECTOR

DIRECTOR

DIRECTOR

DIRECTOR

DIRECTOR

DIRECTOR

DIRECTOR

(16) DERRICK SWATH

(17) RYAN T CONRAD

CHIEF EXECUTIVE OFFICER

(12) GARY LANGE

(13) CRAIG LILLY DIRECTOR

(14) CHRISTINE RICHARDSON

(15) VERONICA SEVA-GONZALEZ

SECRETARY/TREASURER

IMMEDIATE PAST CHAIRPERSON

0

0

0

31.914

Form 990 (2016)

0

0

0

0

0

0

0

11,410

305,693

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

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

(**)	\ <del>\ \ -</del> /	(-)	\ <del>-</del> /	\ \-/
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
	for related		(W- 2/1099-	(W- 2/1099-
	organizations	그러 주 季(多)日春(종)	MISC)	MISC)
	below dotted	[발조]왕[호[한[평화]화]		

10.00

2 00

2 00

2 00

1 00

1 00

1.00

1 00

1 00

1.00

1 00

1 00

1 00

1 00

1 00

1 00

50 00

Х

Х

Х

Х

Х

Х

Х

Х

Х

(A)	(B)		(C)	(D)	(E)	(F)
Name and Title	Average hours per week (list any hours for related organizations	than on person is and a dir	o not check more ne box, unless both an officer rector/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
	below dotted line)	stitutional i fividual tru director	icer			organizations

**Section B. Independent Contractors** 

compensation from the organization ▶ 3

1

CA

INSTANET SOLUTIONS

ARLINGTON, VA 22202

7773 BLUEBERRY HILL ELLICOTT CITY, MD 21043

204-205 OXFORD STREET EAST LONDON, ONTARIO N6A 5G6

MATRIX GROUP INTERNATIONAL

CYBERVILLAGE NETWORKERS INC

2711 JEFFERSON DAVIS HIGHWAY SUITE

Page 8

( <b>A)</b> Name and Title	Title Average hours per than one box, unless person week (list any hours for relations for relations for relations any hours for relations for			Reportable compensation from related organizations	Estima amount o compen from	ated of other sation the					
	organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officer	key employee	Highest compensated employee	Former	2/1099-MISC)	(W- 2/1099- MISC)	organizat relat organiza	ed
(18) ELIZABETH COYA SR VP OF GOVERNMENT AFFAIRS	50 00				x			230,627	0		23,812
(19) SARAH LOUPPE PETCHER  GENERAL COUNSEL	50 00				х			200,038	0		16,226
(20) FRANK DOYLE  CHIEF OPERATING OFFICER	50 00				х			186,811	0		13,484
(21) JAMES FOSTER CHIEF FINANCIAL OFFICER	50 00				x			186,021	0		11,727
(22) JILL LANDSMAN VICE PRESIDENT, COMMUNICATIONS & MEDIA RELATIONS	50 00					х		129,672	0		11,105
(23) BRENDA HEFFERNAN VICE PRESIDENT, EDUCATION	50 00					х		113,121	0		7,508
(24) ERICK CAMPOS CONTROLLER	50 00					х		107,048	0		12,243
(25) CHRISTINE M TODD FORMER CHIEF EXECUTIVE OFFICER	0 00						х	235,158	0		26,763
1b Sub-Total					<u> </u>	-					
d Total (add lines 1b and 1c)					•	•		1,705,599	0		154,782
Total number of individuals (including but of reportable compensation from the organisation)		those lis	sted a	abov	e) v	/ho re	ceiv	ed more than \$100,	,000		
3 Did the organization list any former office line 1a? If "Yes," complete Schedule J for						-	-	est compensated en	nployee on	<b>Yes</b> Yes	No
For any individual listed on line 1a, is the organization and related organizations grandividual									<u> </u>		
5 Did any person listed on line 1a receive of services rendered to the organization? If the organization of the organizatio	•						_	-	lual for	100	No
<del></del>											

SENERAL COSNOCE								
(20) FRANK DOYLE	50 00		x		186.811	0		
CHIEF OPERATING OFFICER					100,011	9		
(21) JAMES FOSTER	50 00		x		186,021	0		
CHIEF FINANCIAL OFFICER	•••				100,021	Ĭ		
(22) JILL LANDSMAN	50 00							
			 	_ v I	 120 672	I n		

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

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

(A) Name and business address

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued) (B) (C) (D) (E) (F)

> 169,957 144,070

> > 138,307

Form **990** (2016)

(C) Compensation

(B) Description of services

TRANSACTION MANAGEMENT

WEBSITE DEVELOPMENT

COMPUTER SERVICES

SOFTWARE

Do-t	711	E Statement of	Bouceus								rage 3
Part '	<u> </u>					l	h Daut V/II	т			П
		Check If Scheaul	e O contains	a respo	onse or note to any	(	(A) revenue	Rel e: fu	(B) lated or xempt inction	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections
	1.2	Federated campaig	ns	1a				re	evenue		512-514
ats nts		<b>b</b> Membership dues		1b							
Giffs, Grants ilar Amounts		c Fundraising events									
S. G Am		_		1c							
ifts ar		d Related organizatio		1d							
S, E		e Government grants (co		1e							
Sign	f	f All other contributions, and similar amounts n		1f	28,641						
Contributions, Giffs, Grants and Other Similar Amounts		above									
ĒŌ	١	g Noncash contribution in lines 1a-1f \$	ons included								
Cont and	l <sub>h</sub>	Total.Add lines 1a-1	lf		•		28,641				
						Code	20,041	T			
Program Service Revenue	2a	MEMBERSHIP DUES				900099	3,5	76,076	3,576	5,076	
4	_	LOCKBOX SERVICE REV	'ENUE			900099	7	722,341	722	2,341	
Ce F	c	EDUCATION REVENUE				611600	4	114,224	414	,224	
ervi	d	EVENTS & MEETINGS				900099	Ź	265,789	265	i,789	
ς.	e	MEMBERSHIP FEES				900099		223,700		,700	
grar	f	All other program se	rvice revenue	!				99,124	99	,124	
δ	g.	<b>Total.</b> Add lines 2a–21	f		<b>▶</b>	301,254					
		Investment income (ii			nterest and other	1					
					<b>*</b>	· <u> </u>	5,724,59	4			5,724,594
		Income from investm		empt bo	ond proceeds	•					
	5 F	Royalties			•	<u> </u>	168,36	8			168,368
	6-	Gross rents	(ı) Rea	ı	(II) Personal	-					
	Va	GIOSS TEIRS		33,298							
	b	Less rental expenses		0							
	_	: Rental income or		33,298		-					
		(loss)		33,230							
	d	Net rental income o	r (loss)				33,29	8			33,298
			(ı) Securi	ties	(II) Other						
	7a	Gross amount from sales of		500,790							
		assets other than inventory		·							
	h	Less cost or				4					
		other basis and sales expenses	!	520,168							
	c	Gain or (loss)		-19,378							
	d	Net gain or (loss) .		•	<b>*</b>		-19,37	8			-19,378
	8a	Gross income from f									
Other Revenue		(not including \$ contributions reporte	ed on line 1c)	of							
Ş.		See Part IV, line 18		. a							
Re		Less direct expense		b [							
ıer		: Net income or (loss)			ents 🕨						
Off	9a	Gross income from g See Part IV, line 19	jaming activit	les							
				а	1						
	b	Less direct expense	s	ь							
	С	: Net income or (loss)	from gaming	activit	ies						
	10a	Gross sales of invent returns and allowand	tory, less								
		returns and anomane		a	 479,428	1					
	b	Less cost of goods s	sold	Ь	368,983	1					
	С	: Net income or (loss)	from sales of	ı ınvent <sup>:</sup>	ory <b>&gt;</b>		110,44	5	106,109	4,336	
		Miscellaneous			Business Code						
	11	<b>a</b> ADVERTISING			54180	0	108,39	2		108,392	
	b	)									
	C	:				1		1			
	d	All other revenue .				1		1			
	е	Total. Add lines 11a	-11d		•		100.30	1			
	12	: <b>Total revenue.</b> See	Instructions				108,39				
					<u> </u>		11,455,61	4	5,407,363	112,728	5,906,882 Form <b>990</b> (2016)

orm 990 (2016)  Part IX Statement of Functional Expenses				Page <b>1</b>
ection $501(c)(3)$ and $501(c)(4)$ organizations must complete all co	-		plete column (A)	П
Check if Schedule O contains a response or note to any Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service	(C) Management and	(D) Fundraisingexpenses
Grants and other assistance to domestic organizations and domestic governments See Part IV, line 21	72,005	expenses	general expenses	
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	1,468,273			
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	2,067,396			
8 Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions)	95,273			
9 Other employee benefits	300,775			
<b>10</b> Payroll taxes	225,029			
11 Fees for services (non-employees)	·			+
a Management				
b Legal	4,547			
c Accounting	27,095			
	20,445			
d Lobbying	20,443			
e Professional fundraising services See Part IV, line 17				
f Investment management fees	19,643			
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	304,727			
12 Advertising and promotion	61,826			
L3 Office expenses	629,922			
L4 Information technology				
L5 Royalties				
<b>L6</b> Occupancy	561,690			
17 Travel	78,991			
18 Payments of travel or entertainment expenses for any federal, state, or local public officials .				
19 Conferences, conventions, and meetings	378,482			
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	576,536			
23 Insurance	14,160			
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 )	21,255			
a BANK FEES AND CREDIT CA	131,121			
b BUSINESS TAXES	30,589			
c MISCELLANEOUS	10,743			
d BAD DEBT	3,600			
e All other expenses				
25 Total functional expenses. Add lines 1 through 24e	7,082,868			
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)				

1	Cash-non-interest-bearing	671,968	1	649,30
2	Savings and temporary cash investments	3,291,789	2	3,031,604
3	Pledges and grants receivable, net		3	
4	Accounts receivable, net	58,097	4	66,278
5	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part	48.199	5	39.839

II of Schedule L 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

10a

10b

12,530,844

3.966.024

6

8

9

10c

11

12

13

14

15

16

17

18

19

20

21

22 23

24

25

26

27

28

29

30

31

32

33

34

97.618

148.713

8,564,820

2.145.391

5.881.045

97.752

573,751

2,737,093

295.685

3,606,529

17,115,838

17,115,838

20.722.367

Form **990** (2016)

20,722,367

94.066

121.057

8,911,827

1.981.741

842.305

82,702

571,143

2,610,202

282.755

3,464,100

12,639,651

12,639,651

16.103.751

16,103,751

#### b Less accumulated depreciation 11 12 13 14 15 16 17 18 19 20 21 Liabilities 22 23 24 26 Fund Balances 27 28 29 Assets or 30 31 32 Net 33 34

Assets

Form 990 (2016)

Part II of Schedule L

Inventories for sale or use .

Notes and loans receivable, net . . . .

Prepaid expenses and deferred charges . 10a Land, buildings, and equipment cost or other

Investments—publicly traded securities .

Investments—other securities See Part IV, line 11 .

Investments—program-related See Part IV, line 11

Other assets See Part IV, line 11 . . . . .

Tax-exempt bond liabilities . . . . . .

persons Complete Part II of Schedule L .

and other liabilities not included on lines 17-24)

complete lines 27 through 29, and lines 33 and 34.

Organizations that do not follow SFAS 117 (ASC 958), check here 

and complete lines 30 through 34.

Capital stock or trust principal, or current funds . . . .

Paid-in or capital surplus, or land, building or equipment fund . . . .

Retained earnings, endowment, accumulated income, or other funds

Total liabilities. Add lines 17 through 25 .

**Total assets.**Add lines 1 through 15 (must equal line 34) . . .

Escrow or custodial account liability Complete Part IV of Schedule D

Secured mortgages and notes payable to unrelated third parties . . .

Unsecured notes and loans payable to unrelated third parties .

Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified

Other liabilities (including federal income tax, payables to related third parties,

Organizations that follow SFAS 117 (ASC 958), check here 🕨 🗹 and

basis Complete Part VI of Schedule D

Intangible assets . . . . .

Grants payable . . .

Deferred revenue . . . .

Complete Part X of Schedule D

Temporarily restricted net assets

Permanently restricted net assets

Total net assets or fund balances

Total liabilities and net assets/fund balances .

Unrestricted net assets

Accounts payable and accrued expenses

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

3a

3h

Nο

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**

Form 990 (2016)

Software ID:

REALTORS INC

Form 990, Part III, Line 4a:

CONTINUING EDUCATION CLASSES, ASSIST MEMBERS IN MEETING THEIR STATE LICENSING REQUIREMENTS

Software Version:

**EIN:** 54-0486410

Name: NORTHERN VIRGINIA ASSOCIATION OF

THE NORTHERN VIRGINIA ASSOCIATION OF REALTORS EDUCATIONAL PROGRAM SERVICE ACHIEVES THE ASSOCIATION'S PURPOSE OF PROVIDING CURRENT AND PROSPECTIVE REAL ESTATE PROFESSIONALS WITH THE KNOWLEDGE NECESSARY TO CONDUCT REAL ESTATE ACTIVITIES IN NORTHERN VIRGINIA AND, BY OFFERING

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

THE NORTHERN VIRGINIA ASSOCIATION OF REALTORS ACHIEVES THE ASSOCIATION'S GOAL OF DISSEMINATING INFORMATION TO THE MEMBERSHIP AND GENERAL PUBLIC THIS INFORMATION ASSISTS IN PROVIDING VITAL INFORMATION REGARDING THE REAL ESTATE MARKET, REGULATORY AND LEGAL ISSUES AFFECTING REAL

ESTATE AND THE REAL ESTATE PROFESSION IN NORTHERN VIRGINIA

#### Form 990, Part III, Line 4c: THE NORTHERN VIRGINIA ASSOCIATION OF REALTORS ACHIEVES THE ASSOCIATION'S GOAL OF PROVIDING MEMBERS THE PRODUCTS AND TOOLS NECESSARY TO CONDUCT REAL ESTATE ACTIVITIES IN NORTHERN VIRGINIA

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

SCHEDULE C (Form 990 or 990-

Department of the Treasury

### Political Campaign and Lobbying Activities

initiations Exempt From Income Tax Under section 504(a) and se

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 <a href="www.irs.gov/form990">www.irs.gov/form990</a>.

OMB No 1545-0047

2016

DLN: 93493298016617

Open to Public Inspection

ntern	nal Revenue Service							
• 5 • • • •	Section 501(c)(3) organizations Co Section 501(c) (other than section s Section 527 organizations Comple e organization answered "Yes" o	n Form 990, Part IV, Line 4, or Form 9	Part I-C I-A and C below <b>90-EZ, Part VI, I</b> in	Do not complete	Part I-E Activiti	3 i <b>es),</b> 1	then	
● f the Pro	Section 501(c)(3) organizations that		ider section 501(h	)) Complete Part	II-B D	o not	complete Pa	art II-A
Na NOI	me of the organization RTHERN VIRGINIA ASSOCIATION OF ALTORS INC	zationo complete i arcini				entifi	ication num	ıber
		nization is exempt under sectio	n 501(c) or is	54-048 a section <b>527</b>		nizat	tion.	
1 2 3	Provide a description of the organ Political expenditures Volunteer hours	nization's direct and indirect political can	npaign activities in	Part IV	<b>&gt;</b>	\$_		
		nization is exempt under sectio	n 501(c)(3).					
1		ax incurred by the organization under se			<b>•</b>	\$_		
2	Enter the amount of any excise t	ax incurred by organization managers ui	nder section 4955		•	\$_		
3	If the organization incurred a sec	tion 4955 tax, did it file Form 4720 for t	his year?				☐ Yes	□ No
4a	Was a correction made?						☐ Yes	□ No
	If "Yes," describe in Part IV	nization is exempt under sectio	- 501/->		17-17	- · ·		
1 1		ded by the filing organization for section			<u> </u>	5). \$		
2		ganization's funds contributed to other o	·		•	* - \$ _		
3	Total exempt function expenditur	res Add lines 1 and 2 Enter here and or	n Form 1120-POL,	lıne 17b	<b>&gt;</b>	\$		
4	Did the filing organization file <b>For</b>	m 1120-POL for this year?				Ť -	☐ Yes	□ No
5	organization made payments Fo of political contributions received	employer identification number (EIN) of r each organization listed, enter the amo that were promptly and directly deliver see (PAC) If additional space is needed,	ount paid from the ed to a separate p	filing organizatioi olitical organizatio	n's fund	ds Al	the filing so enter the	amount
	(a) Name	(b) Address	(c) EIN	(d) Amount pa filing organiza funds If none -0-	ition's		(e) Amount of contributions and promp directly delived separate programments or an arrangement of the contribution of the cont	or received only and vered to a colitical only.
2								
3								
1								
5								
5								

	If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxa	ble amount is:			
	Not over \$500,000	20% of the amount on line	1e	<u> </u>		
	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the e	excess over \$500,000	1		
	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the e	excess over \$1,000,000	1		
	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the ex	cess over \$1,500,000	1		
	Over \$17,000,000	\$1,000,000		1		
g h i j	Grassroots nontaxable amount (enter 25% of line 1f) Subtract line 1g from line 1a If zero or less, enter -0 Subtract line 1f from line 1c If zero or less, enter -0 If there is an amount other than zero on either line 1 section 4911 tax for this year?  4-Year Av (Some organizations that made as		☐ Yes ☐ No			
	columns below. See t	he separate instruc	tions for lines 2	a through 2	.f.)	
	Lobbying Expe	enditures During 4-	Year Averaging	Period		
	Calendar year (or fiscal year beginning in)	(a) 2013	<b>(b)</b> 2014	(c) 2015	(d) 2016	(e) Total
2a	Lobbying nontaxable amount					
Ь	Lobbying ceiling amount (150% of line 2a, column(e))					
	Total lobbying expenditures					

Schedule C (Form 990 or 990-EZ) 2016

Grassroots nontaxable amount

Grassroots lobbying expenditures

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

Part III-B

Current year

Carryover from last year

expenditure next year?

Return Reference

1

2

c Total

Part IV

3

(6).

activity

1

(b)

Amount

Yes

1

2

1

2a

2b

2c

3

<u>4</u>

Schedule C (Form 990 or 990EZ) 2016

No

Nο

No

Nο

3,441,365

21,467

21,467

68.827

-47,360

(a)

Yes

No

# 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?

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

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

Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political

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

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

## 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)

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

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

Were substantially all (90% or more) dues received nondeductible by members?
 Did the organization make only in-house lobbying expenditures of \$2,000 or less?
 Did the organization agree to carry over lobbying and political expenditures from the prior year?

Dues, assessments and similar amounts from members

Supplemental Information

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

answered "Yes."

efile GRAPHIC print - DO NOT PROCESS **SCHEDULE D** 

As Filed Data -

**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.

DLN: 93493298016617 OMB No 1545-0047

Open to Public

Department of the Treasury Internal Revenue Service

(Form 990)

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

Inspection

NOF	THE OF TH			- construction	ion num	DEI
	irt I Organizations Maintaining Donor	Advised Funds or Other	Similar Funds	54-0486410		
Le	Complete if the organization answere			or Accounts.		
		(a) Donor advised fund		(b)Funds and other a	ccounts	
L	Total number at end of year					
2	Aggregate value of contributions to (during year)					
3	Aggregate value of grants from (during year)					
1	Aggregate value at end of year					
5	Did the organization inform all donors and donor funds are the organization's property, subject to			-	Yes	 □ No
5	Did the organization inform all grantees, donors, used only for charitable purposes and not for the conferring impermissible private benefit?	and donor advisors in writing t benefit of the donor or donor a	hat grant funds ca dvisor, or for any	other purpose	☐ Yes	□ No
Pa	rt III Conservation Easements. Complet	e if the organization answe	red "Yes" on Fo	rm 990, Part IV, line 7.		
L	Purpose(s) of conservation easements held by the	e organization (check all that a	pply)			
	$\square$ Preservation of land for public use (e g , rec	reation or education)	Preservation of a	an historically important la	nd area	
	Protection of natural habitat		Preservation of a	certified historic structure	•	
	Preservation of open space					
2	Complete lines 2a through 2d if the organization easement on the last day of the tax year	held a qualified conservation co	entribution in the f	orm of a conservation  Held at the Er	d of the	Year
а	Total number of conservation easements			2a		
b	Total acreage restricted by conservation easemen	ts		2b		
С	Number of conservation easements on a certified	historic structure included in (a	1)	2c		
d	Number of conservation easements included in (c structure listed in the National Register	) acquired after 8/17/06, and r	ot on a historic	2d		
3	Number of conservation easements modified, traitax year ▶	nsferred, released, extinguishe	d, or terminated b	y the organization during t	he	
1	Number of states where property subject to cons	ervation easement is located <b>&gt;</b>				
5	Does the organization have a written policy regar and enforcement of the conservation easements i		nspection, handling	g of violations,	. D	No
5	Staff and volunteer hours devoted to monitoring,	inspecting, handling of violatio	ns, and enforcing			year
7	Amount of expenses incurred in monitoring, insper	ecting, handling of violations, a	nd enforcing conse	ervation easements during	the year	
3	Does each conservation easement reported on lin	e 2(d) above satisfy the requir	ements of section	170(h)(4)(B)(ı)		
	and section 170(h)(4)(B)(ii)?	, , , , , , ,		☐ Yes	; 🗆 i	No
9	In Part XIII, describe how the organization report balance sheet, and include, if applicable, the text the organization's accounting for conservation ea.	of the footnote to the organiza				
ar	Complete if the organization answere	tions of Art, Historical Tr		her Similar Assets.		
La	If the organization elected, as permitted under SI art, historical treasures, or other similar assets he provide, in Part XIII, the text of the footnote to it	eld for public exhibition, educat	ion, or research in	furtherance of public serv		of
b	If the organization elected, as permitted under SI historical treasures, or other similar assets held following amounts relating to these items					
(	i) Revenue included on Form 990, Part VIII, line 1			<b>&gt;</b> \$		
(i	i)Assets included in Form 990, Part X			<b>▶</b> \$		
2	If the organization received or held works of art, following amounts required to be reported under	· ·				
а	Revenue included on Form 990, Part VIII, line 1			<b>▶</b> \$		
b	Assets included in Form 990, Part X					
	Paperwork Poduction Act Natice see the Inst	ustions for Form 000	Cat N	> \$	/Earm O	00) 2016

 $\boldsymbol{c} \ \ \text{Leasehold } \text{improvements}$ **d** Equipment . .

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

**e** Other .

Par	t III	Organizations Ma	aintaining Coll	lections of Ar	t, Histori	ical T	reasu	ıres, or	Other	Similar A	ssets (cor	ntınued)	
3		g the organization's acq s (check all that apply)	uisition, accessior	n, and other reco	rds, check	any of	the fo	llowing th	nat are a	significant i	use of its c	ollection	
а		Public exhibition			d		Loan	or excha	nge prog	rams			
Ь		Scholarly research			е		Othe	r					
С		Preservation for future	e generations										
4	Provi Part	ide a description of the XIII	organızatıon's coll	ections and expla	ain how the	ey furtl	ner the	e organiza	ation's ex	empt purpo	ose in		
5		ng the year, did the org ts to be sold to raise fur								ılar	☐ Yes		lo
Pa	rt IV	Escrow and Cust	odial Arrange	ments.									
		Complete if the ord X, line 21.			Form 990	, Part	IV, lı	ne 9, or	reporte	d an amou	unt on For	m 990,	Part ———
1a		e organization an agent ided on Form 990, Part I		an or other intern	mediary for	contri	bution	s or othe	r assets i	not	☐ Yes	<b>☑</b> N	lo
ь	If "Y	es," explain the arrange	ement in Part XIII	and complete the	e followina	table		Γ		Α	mount		_
c		nning balance							1c				_
d	_	tions during the year							1d				_
e		ributions during the year	r					-	1e				_
f		ng balance	•					-	1f				_
2a		the organization include	an amount on Fo	rm 990 Part Y li	ine 21 for	accrow	or cu	L stodial a	count lia	bility2			_
Za	Dia	ine organization include	an amount on ro	IIII 990, FAIL A, II	ille 21, 101	esci ov	or cu	Stoular at	count na	ibility.	∐ Yes		lo
_b	If "Ye	es," explain the arrange	ement in Part XIII	Check here if th	e explanat	ion has	been	provided	ın Part )	(III			
Pa	art V	Endowment Fund	<b>ds.</b> Complete ıf	the organization	on answei	red "Y							
				(a)Current year		rior yea		(c)Two ye		(d)Three year		)Four yea	
1a	Beginr	ning of year balance .		487,8			0,000		725,483		547,730		555,000
b	Contri	butions		20,3	136	187	7,830				204,447		145,000
С	Net in	vestment earnings, gair	ns, and losses										
d	Grants	s or scholarships	•										
е		expenditures for facilities	es	3,0	100	20	0,000		405,483		26,694		152,270
		rograms		3,0	,00		,,000		405,405		20,034		152,270
		nistrative expenses .											
g	End of	f year balance		505,1	.66	487	7,830		320,000		725,483		547,730
2		ide the estimated perce	=	•	nce (line 1	g, colu	mn (a	)) held as	;				
а	Boar	d designated or quasi-e	ndowment > 1	100 000 %									
b	Perm	nanent endowment 🟲											
С	Tem	porarily restricted endov	wment 🟲										
	The	percentages on lines 2a	, 2b, and 2c shoul	ld equal 100%									
3а		there endowment funds nızatıon by	not in the posses	sion of the organ	ization tha	t are h	eld an	d adminis	stered fo	r the		Yes	No
	(i) u	inrelated organizations				•					3a(i	)	No
		related organizations .									3a(i		No
Ь		es" on 3a(II), are the re	-				? .				3b		
4		cribe in Part XIII the inte			ndowment	tunds							
Pa	rt VI	, ,			Orm 000	Dart	T\/ !.~	no 11 n (	See Eo	m 000 Da	rt V. luno i	10	
	Descr	Complete if the ordering complete if the ordering complete if the ordering complete in the order	(a) Cost or oth (investme	er basis (b)C	Cost or other					epreciation		Book valu	e
1a	Land					1.9	59,903					:	1,959,903
	Buildir						93,958			2,333,264			5,660,694
		hold improvements					22,816			194,879			27,937
_			i	1									

1,746,232

607,935

707,947

208,339

8,564,820

399,596

1,038,285

Page **2** 

Schedule D (Form 990) 2016  Part VII Investments—Other Securities. Complete if the	e organiza	ation answ	vered 'Yes' on Forr		age <b>3</b>
See Form 990, Part X, line 12.  (a) Description of security or category		k value		Method of valuation	
(including name of security)	(1)1000	N Value		end-of-year market value	
(1)Financial derivatives					
(3)Other(A) INVESTMENT IN MRIS INVESTORS		4,499,576		С	
(B) CERTIFICATES OF DEPOSIT		957,677		С	
(C) INVESTMENT IN NY LIFE		255,921		С	
(D) INVESTMENT IN MRIS SHARES		162,071		С	
(E) INVESTMENT IN REGIONAL LOCKBOX CONSORTIUM		5,800		С	
(E)					
(F)					
(G)					
(H)					
Total. (Column (b) must equal Form 990, Part X, col (B) line 12)  Part VIII  Investments—Program Related. Complete if t		5,881,045	worod 'Vos' on Fo	rm 990 Part IV line 11c	
See Form 990, Part X, line 13.  (a) Description of investment		Book value	(c)	Method of valuation end-of-year market value	—
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
Total. (Column (b) must equal Form 990, Part X, col (B) line 13 )	•				
Part IX Other Assets. Complete if the organization answered  (a) Description		rm 990, Pa	rt IV, line 11d See F	Form 990, Part X, line 15 (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 )				•	
<b>Other Liabilities.</b> Complete if the organization ar See Form 990, Part X, line 25.	nswered "			ne lle or llf.	
1. (a) Description of liability (1) Federal income taxes		<b>(b)</b> B	ook value		
· ,					
REFUNDABLE DEPOSITS			4,654		
DEFERRED COMPENSATION			84,965		
POST-RETIREMENT BENEFITS (4)			206,066		
(5)					
(6)					
(7)					
(8)					
(9)					
Total. (Column (b) must equal Form 990, Part X, col (B) line 25 )			295,685		
2. Liability for uncertain tax positions In Part XIII, provide the text of			ganızatıon's fınancıa		
organization's liability for uncertain tax positions under FIN 48 (ASC 74	40) Check	here If the	text of the footnote	has been provided in Part XIII	✓

1

2

а

b

c

d

e

b

Part XII

5

1

2

а b

3

4

C 5

Part XIII

3

4

Schedule D (Form 990) 2016

Page 4

#### Amounts includ Investment exp Other (Describe Add lines 4a ai

Net unrealized gains (losses) on investments . . .

Donated services and use of facilities .

Donated services and use of facilities .

Prior year adjustments . . .

See Additional Data Table

Recoveries of prior year grants .

Reconciliation of Expense
Total revenue Add lines 3 and 4c. (This must equal
Add lines <b>4a</b> and <b>4b</b>
Other (Describe in Part XIII )
Investment expenses not included on Form 990, Par
Amounts included on Form 990, Part VIII, line 12, bi
Subtract line <b>2e</b> from line <b>1</b>
Add lines 2a through 2d
Other (Describe in Part XIII )

Total expenses and losses per audited financial statements .

Amounts included on line 1 but not on Form 990, Part IX, line 25

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

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

ut not on line 1 t VIII, line 7b . Form 990, Part I, line 12 ) . . . . . . .

4a 4b s per Audited Financial Statements With Expenses per Return. Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.

2a

2b 2c

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

2a

2b

2c

2d

2e

3

4c

C	Other losses		
d	Other (Describe in Part XIII ) 2d		
е	Add lines 2a through 2d	2e	
3	Subtract line <b>2e</b> from line <b>1</b>	3	
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a		
b	Other (Describe in Part XIII )		
c	Add lines <b>4a</b> and <b>4b</b>	4c	
5	Total expenses Add lines <b>3</b> and <b>4c.</b> (This must equal Form 990, Part I, line 18 )	5	
Pa	rt XIII Supplemental Information		
	ovide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b rt 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		al information
	Return Reference Explanation		

Schedule D (Form 990) 2015

Page <b>5</b>		Form 990) 2015	Schedule D (Fo
	ormation (continued)	Supplemental Info	Part XIII
	Explanation	eturn Reference	Ret

Schedule D (Form 990) 2016

#### **Additional Data**

**EIN:** 54-0486410 NORTHERN VIRGINIA ASSOCIATION OF Name:

Software ID: Software Version:

REALTORS INC

**Supplemental Information** 

CAPITAL BUDGET RESERVE

Explanation THE ASSOCIATION'S BOARD-DESIGNATED FUNDS ARE RESERVED AS PART OF ITS INTERNAL BUILDING AND

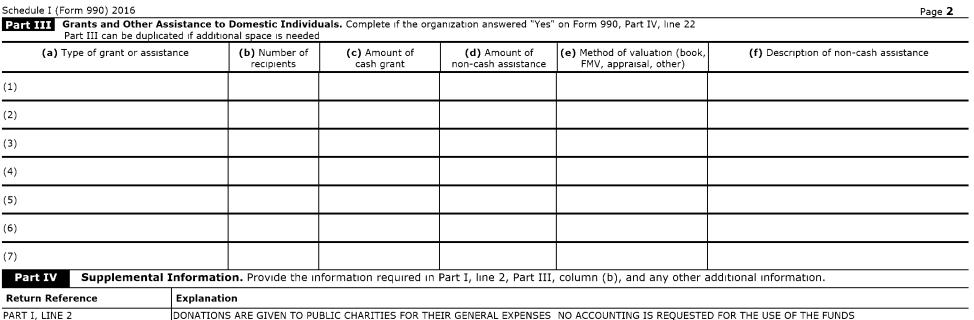
Return Reference

PART V, LINE 4

Supplemental Information	
Return Reference	Explanation
PART X, LINE 2	IN ACCOUNTING FOR UNCERTAINTY IN INCOME TAXES, ACCOUNTING STANDARDS REQUIRE AN ENTITY TO R ECOGNIZE THE FINANCIAL STATEMENT IMPACT OF A TAX POSITION WHEN IT IS MORE-LIKELY-THAN-NOT THAT THE POSITION WILL NOT BE SUSTAINED UPON EXAMINATION MANAGEMENT EVALUATED THE ASSOCIA TION'S TAX POSITIONS AND CONCLUDED NO UNCERTAIN TAX POSITIONS THAT REQUIRE ADJUSTMENT TO T HE FINANCIAL STATEMENTS TO COMPLY WITH THE PROVISIONS OF THIS GUIDANCE WERE TAKEN

\_ \_ \_

efile GRAPHIC print -	DO NOT PROCESS	As Filed Data -				D	LN: 93493298016617
Schedule I (Form 990)		OMB No 1545-0047  2016  Open to Public					
Department of the Treasury Internal Revenue Service	► Infor	mation about Schedu	► Attach to Form le I (Form 990) and its		w.irs.gov/form990.		Inspection
Name of the organization NORTHERN VIRGINIA ASSOC REALTORS INC	IATION OF					Employer identi 54-0486410	fication number
Part I General Info	ormation on Grants	and Assistance				<b>.</b>	
the selection criteria u	sed to award the grants	or assistance?	the grants or assistance,  se of grant funds in the Ur		for the grants or assistance	e, and	☑ Yes ☐ No
Part III Grants and Oth	ner Assistance to Dom	nestic Organizations a			ganization answered "Yes"	on Form 990, Part IV, li	ne 21, for any recipient
(a) Name and address o organization or government	f (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
		=					3
For Paperwork Reduction Act I	Notice, see the Instructio	ns for Form 990.		Cat No 50055	P	s	chedule I (Form 990) 2016



#### Additional Data

ASIAN-AMERICAN

HOMEOWNERSHIP COUNSELING INC.

NORTHERN VIRGINIA TRANSPORTATION ALLIANCE

PO BOX 6149 MCLEAN, VA 22106

12320 PARKLAWN DRIVE 239 ROCKVILLE, MD 20852

#### Software ID: **Software Version: EIN:** 54-0486410

27-2195936

54-1417974

Name: NORTHERN VIRGINIA ASSOCIATION OF REALTORS INC

3,500

20,000

Form 990, Schedule I, Part	II, Grants and	Other Assistance to	Domestic Organiza	tions and Domesti	ic Governments.	
						Г

organization	ıf applicable	grant	cash	(book, FMV, appraisal,
or government			assistance	other)

501(C)(3)

501(C)(3)

organization	if applicable	grant	cash	(book, FMV, appraisal,
or government			assistance	other)

RENTAL SPACE TO CONDUCT

COUNSELING SERVICES

N/A

GENERAL SUPPORT

GENERAL SUPPORT

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non- (f) Method of valuation

12,248 FMV

FMV

(q) Description of non-cash assistance

(h) Purpose of grant or assistance

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments. (a) Name and address of (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant (b) EIN organization if applicable grant cash (book, FMV, appraisal, non-cash assistance or assistance other) or government assistance 20-3385877 501(C)(3) 10.000 lFM∨ IN/A LOUISIANA ASSOCIATION OF GENERAL SUPPORT REALTORS RELIEF FUND 821 MAIN STREET

BATON ROUGE, LA 70802

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

#### 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

DLN: 93493298016617

2015

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Schedule J (Form 990)

> **Employer identification number** Name of the organization NORTHERN VIRGINIA ASSOCIATION OF REALTORS INC 54-0486410 **Questions Regarding Compensation** Part I Yes No 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 Housing allowance or residence for personal use Travel for companions Payments for business use of personal residence Tax idemnification and gross-up payments Health or social club dues or initiation fees Discretionary spending account Personal services (e g, maid, chauffeur, chef) 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 1b Yes 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? 2 Yes 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 Written employment contract Independent compensation consultant Compensation survey or study Form 990 of other organizations Approval by the board or compensation committee 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? 4a Νo Participate in, or receive payment from, a supplemental nonqualified retirement plan? 4b Νo Participate in, or receive payment from, an equity-based compensation arrangement? 4с Νo 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. 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 The organization? 5a Any related organization? 5b If "Yes," on line 5a or 5b, describe in Part III 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 The organization? 6a 6b Any related organization? If "Yes," on line 6a or 6b, describe in Part III 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 7 Were any amounts reported on Form 990, Part VII, paid or accured pursuant to a contract that was

subject to the initial contract exception described in Regulations section 53 4958-4(a)(3)? If "Yes," describe

If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations

ın Part III

section 53 4958-6(c)?

8

#### 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	(1)-(111)	for each listed individu	ual must equal the tota	l amount of Form 990,	Part VII, Section A, Iir	ie 1a, applicable colu	mn (D) and (E) amount	s for that individual
(A) Name and Title		(B) Breakdown of	W-2 and/or 1099-MIS	SC compensation	(C) Retirement and	( <b>D)</b> Nontaxable	(E) Total of columns	<b>(F)</b> Compensation in
		Base (i) compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	other deferred compensation	benefits	(B)(ı)-(D)	column(B) reported as deferred on prior Form 990
1 RYAN T CONRAD CHIEF EXECUTIVE OFFICER	(i)	282,693	14,000	9,000	13,250	18,664	337,607	0
	(ii)	0	0	0	0	0	0	0
2 ELIZABETH COYA SR VP OF GOVERNMENT	(i)	200,242	15,385	15,000	10,752	13,060	254,439	0
AFFAIRS	(ii)	0	0	0	0	0	0	0
3 SARAH LOUPPE PETCHER GENERAL COUNSEL	(i)	185,422	14,616	0	10,243	5,983	216,264	0
	(ii)	0	0	0	0	0	0	0
4 FRANK DOYLE CHIEF OPERATING OFFICER	(i)	173,349	13,462	0	9,436	4,048	200,295	0
	(ii)	0	0	0	0	0	0	0
5 JAMES FOSTER CHIEF FINANCIAL OFFICER	(i)	172,945	13,076	0	9,330	2,397	197,748	0
CHILL THATCHE OF FIGURE	(ii)	0	0	0	0	0	0	0
6 CHRISTINE M TODD FORMER CHIEF EXECUTIVE	(i)	184,005	29,908	21,245	24,686	2,077	261,921	0
OFFICER	(ii)	0	0	0	0	0	0	0

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							
,	RYAN T CONRAD - IN 2016, A CAR ALLOWANCE OF \$9,000 AND A SPOUSAL TRAVEL ALLOWANCE OF \$1,346 WERE INCLUDED IN HIS WAGES AS TAXABLE COMPENSATION ELIZABETH COYA - IN 2016, A CAR ALLOWANCE OF \$12,000 WAS INCLUDED IN HER WAGES AS TAXABLE COMPENSATION						

Page 3

Schedule J (Form 990) 2015

Schedule J (Form 990) 2015

COMPENSATION

PART I, LINE 1A CHRISTINE TODD - IN 2016, \$21,245 IN GROSS-UP HEALTH INSURANCE PREMIUMS WERE INCLUDED IN WAGES AS TAXABLE

efile GRAPHI	C print - DO NO	T PROCESS	As File	ed Data -					DL	N: 93	4932	9801	16617
Schedule L (Form 990 or 990	D-EZ)	ا Yes" on Form"	Complet 990, Part	e if the orga t IV, lines 25	nization ans a, 25b, 26, 2	27, 28a, 28b,		·,		OI	MB No		
			or Form 9	90-EZ, Part V	√, line 38a o	r 40b.		•			<b>20</b>	) [ (	D
Department of the Tre Internal Revenue Serv	rasurv	ormation about	t Schedule		0 or 990-EZ		uction	s is	at	(	Open i Insp		
Name of the org NORTHERN VIRGIN REALTORS INC	janization NIA ASSOCIATION OF								yer ide 6410	ntifica	ation n	umbe	er
	ss Benefit Tran						ganızat	ions	only)				
	lete if the organiza  Name of disqualit					25b, or Form 9	_		rt V, lir escript		(4	Corr	ected?
(a	i) Name of disquam		(0) (		rganization	med person an	iu (	•	ansacti		_ <del>`</del>	es	No
Cor	ans to and/or F mplete if the organi orted an amount of (b) Relationship with organization	zation answered n Form 990, Par (c) Purpose	i "Yes" on F t X, line 5, (d) Loan t	orm 990-EZ, 6, or 22			(g)	(g) In (h) default? Approved board o		n) ved by	d by agreement or		ten
			То	From			Yes	No	Yes	No	Yes	١	No
` '	CEO OF THE ORGANIZATION	ASSIST IN PURCHASE OF HOME		X	50,000	39,839		No	Yes		Yes		
Total				<b>•</b>	\$	39,839							
	nts or Assistan						I						
(a) Name of Inte		nization answ Relationship be erested person a organization	etween and the	(c) Amount o		(d) Type o	of assis	tanc	e	<b>(e)</b> Pu	rpose o	f assi	stance
									-+				
For Panerwork Rec	duction Act Notice s	ee the Instruction	ns for Form	900 or 900-F	<b>7</b> (3	t No 50056A		Cal		/Earm	000 or	000 1	71 201

(2)

Schedule L (Form 990 or 990-EZ) 2016

METROPOLITAN REGIONAL INFORMATION

Return Reference

SCHEDULE L, PART IV, BUSINESS TRANSACTIONS INVOLVING INTERESTED PERSONS

**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 (e) Sharing (b) Relationship (c) Amount of (d) Description of transaction

transaction

**Explanation** 

	person and the organization	u ansaction	
,	NVAR HAS A MINORITY STOCK OWNERSHIP IN MRIS INVESTORS, INC	4,499,576	DIVIDEND

NVAR HAS A MINORITY

STOCK OWNERSHIP IN

hetween interested

1,116,424 DIVIDEND

Nο Nο

organization's revenues? Yes

Page 2

No Nο

SYSTEMS INC MRIS, INC (3) Part V **Supplemental Information** Provide additional information for responses to questions on Schedule L (see instructions)

Schedule L (Form 990 or 990-EZ) 2016

efile GRAPH	IC pri	nt - DO NOT PROCESS As Filed Data -	DLN:	93493298016617		
SCHEDUL (Form 990 or EZ)	990-	Supplemental Information to Form 990 or  Complete to provide information for responses to specific ques  Form 990 or 990-EZ or to provide any additional informati  Attach to Form 990 or 990-EZ.  ► Information about Schedule O (Form 990 or 990-EZ) and its instr  www.irs.gov/form990.	on to Form 990 or 990-EZ or responses to specific questions on vide any additional information. rm 990 or 990-EZ. n 990 or 990-EZ) and its instructions is at			
Name of the org NORTHERN VIRGIN REALTORS INC 990 Schedule	NIA ASSO		Employer identi 54-0486410	fication number		
Return Reference		Explanation				
FORM 990, PART VI, SECTION A, LINE 6	DIREC CATIO IN THE E, 4) T ERE IS AGRE ON AS E APP TOR M 2) PAY AL OF TE ME ENT M	DUALS INTERESTED IN BECOMING A MEMBER NEED TO SUBMIT AN APPLICTORS OF THE ASSOCIATION PROVISIONAL MEMBERSHIP IS PROVIDED IF IN FEES HAVE BEEN REMITTED, 2) THE REALTOR MEMBER VERIFIES HE/SIZE REAL ESTATE PROFESSION, 3) THE MEMBER MAINTAINS A CURRENT, VARIERE IS NO RECORD OF RECENT/PENDING BANKRUPTCY (WITHIN THE LASS NO RECORD OF OFFICIAL SANCTIONS INVOLVING UNPROFESSIONAL COSES TO COMPLETE A COURSE OF INSTRUCTION COVERING THE BYLAWS AS WELL AS THE STATE AND NATIONAL ASSOCIATIONS FULL MEMBERSHIP LICATION IS APPROVED BY THE BOARD OF DIRECTORS AT A SCHEDULED MEMBERS INCLUDE 1) THE RIGHT TO VOTE AND HOLD ELECTED OFFICE WAS AFRING AND EVENTS), 3) SERVE ON COMMITTEES THE OTHER CLASSES EMBERS, INSTITUTE AFFILIATE MEMBERS, PUBLIC SERVICE MEMBERS, PUBLIC STATEMENTS OF REALTOR MEMBERS EXCEPT THE RIGHTED.	TO THE AND THE	APPLI IGAGED LICENS ), 5) TH IE MEMBER E ASSOCIATI UNTIL TH S OF REAL IATION, EDUCATION AFFILIA S AND STUD S AND ST		

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

Return Explanation

FORM 990, AMENDMENTS TO THE BY-LAWS OF THE ASSOCIATION ARE SUBJECT TO APPROVAL BY MEMBERS OF THE ASSOCIATION ARE SUBJECT.

Return Explanation

Reference

FORM 990,
PART VI,
SECTION B,
LINE 11B

THE FORM 990 WAS REVIEWED, PRIOR TO FILING, WITH THE BOARD OF DIRECTORS THE REVIEW WAS CO
NDUCTED BY THE CHIEF EXECUTIVE OFFICER AND THE CHIEF FINANCIAL OFFICER DURING A REGULARLY
SCHEDULED BOARD MEETING ACCESS TO THE 990 FILED WAS ALSO MADE AVAILABLE VIA A SECURE COMP
UTER DRIVE IN ADDITION, THE CHIEF EXECUTIVE OFFICER AND THE CHIEF FINANCIAL OFFICER REVIE
WED THE FORM WITH THE OFFICERS OF THE ASSOCIATION (CHAIRPERSON, CHAIRPERSON-ELECT, SECRETA

RY/TREASURER AND IMMEDIATE PAST CHAIRPERSON) IN A SEPARATE MEETING

Return Explanation

FORM 990,
PART VI,
SECTION B,
LINE 12C

Return Reference	Explanation
FORM 990,	THE PROCESS FOR DETERMINING COMPENSATION FOR THE CHIEF EXECUTIVE OFFICER (CEO) IS SET BY T
PART VI,	HE BOARD OF DIRECTORS THE OFFICERS OF THE ASSOCIATION MEET AND NEGOTIATE THE SALARY AND B

SECTION B. ENEFITS TO BE INCLUDED IN THE CEO'S EMPLOYMENT CONTRACT. THE FULL BOARD OF DIRECTORS VOTES. LINE 15 ON THE EMPLOYMENT CONTRACT FACTORS USED TO DETERMINE THE COMPENSATION INCLUDE 1) A REVI EW OF THE CEO'S ABILITY TO MEET GOALS AND EXPECTATIONS ESTABLISHED BY THE BOARD. AND 2) A REVIEW OF GUIDELINES ESTABLISHED FOR ASSOCIATIONS BASED ON GEOPGRAPHIC LOCATION. SIZE AND SCOPE OF ACTIVITIES OF THE ASSOCIATION. THIS PROCESS WAS LAST UNDERTAKEN FOR THE CEO IN AU. GUST 2016 KEY EMPLOYEE'S COMPENSATION IS APPROVED BY THE CHIEF EXECUTIVE OFFICER BASED ON GUIDELINES ESTABLISHED BY THE BOARD DURING THE ANNUAL BUDGET PROCESS. KEY EMPLOYEE COMPEN. SATION IS REVIEWED ANNUALLY

Return Explanation
Reference

FORM 990, PART VI, SECTION C, LINE 18

Return Explanation
Reference

FORM 990, PART VI, SECTION C, LINE 19

990 Schedule O, Supplemental Information

Return Explanation

Reference	
FORM 990,	THE PROCESS HAS NOT CHANGED FROM THE PRIOR YEAR THE AUDIT COMMITTEE OF THE BOARD OF DIREC
PART XII,	TOR IS RESPONSIBLE FOR THE SELECTION OF INDEPENDENT AUDITORS AND OVERSIGHT OF THE INDEPEND
LINE 2C	ENT AUDIT

efile GRAPHIC print - DO NOT PROCESS As Filed Data -DLN: 93493298016617 OMB No 1545-0047 **SCHEDULE R Related Organizations and Unrelated Partnerships 2016** (Form 990) ▶ 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. Open to Public Department of the Treasury Inspection Internal Revenue Service Name of the organization **Employer identification number** NORTHERN VIRGINIA ASSOCIATION OF REALTORS INC 54-0486410 Identification of Disregarded Entities Complete if the organization answered "Yes" on Form 990, Part IV, line 33. Part I **(f)** Direct controlling (a)
Name, address, and EIN (if applicable) of disregarded entity (b) Primary activity (c) Legal domicile (state (d) Total income (e) End-of-year assets or foreign country) entity

Part II Identification of Related Tax-Exempt Organization related tax-exempt organizations during the tax year.	<b>ns</b> Comple	te if the orga	anization	answered	"Yes" on Fo	orm 990	D, Part IV	, line 34 t	pecause it	had one or n	nore	
(a) Name, address, and EIN of related organization		(b) Primary activity		(c) Legal domicile (state or foreign country)				(e) Public charity status (if section 501(c)(3))		(f) controlling entity	Section (13) coi enti	512(b) ntrolled
(1)NORTHERN VIRGINIA ASSOCIATION OF REALTORS PAC 8407 PENNELL STREET FAIRFOX. OF 22031	POLITICAL ACTION COMMITTEE		VA		527		N/A		NORTHERN V ASSOCIATIO INC	/IRGINIA N OF REALTORS	Yes Yes	No
For Paperwork Reduction Act Notice, see the Instructions for Form	990.		Ca	t No 5013	35Y				Sched	ule R (Form 9	90) 20	016

(j) General o managing partner?	anaging	al or ging	יס   נ
Yes No	es No	No	7
			T
	+	+	╀
	+	$\dashv$	+
	$\perp$	$\dashv$	$\perp$
V, line 34			
(h) centage nership	je :	(1:	Secti (13) •
		+	16:
		+	
		+	
		_	

No

No

No

No

No

No

No

No

11

1m

1n

10

1q |

1s

Schedule R (Form 990) 2016

(d)

Method of determining amount involved

Yes

Yes

1r Yes

Part V Transactions With Related Organizations Complete of 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		No						
<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		No						

			i I	
b	Gift, grant, or capital contribution to related organization(s)	<b>1</b> b	Yes	
С	Gift, grant, or capital contribution from related organization(s)	1c		No
d	Loans or loan guarantees to or for related organization(s)	<b>1</b> d		No
е	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

(b)

Transaction type (a-s)

Q

(c)

Amount involved

4,000

1,919

78,677

FMV

FMV

FMV

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

Name of related organization

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

Reimbursement paid to related organization(s) for expenses . . .

Reimbursement paid by related organization(s) for expenses . . .

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

(1) NORTHERN VIRGINIA ASSOCIATION OF REALTORS POLITICAL ACTION COMMITTEE

(2) NORTHERN VIRGINIA ASSOCIATION OF REALTORS POLITICAL ACTION COMMITTEE

(3) NORTHERN VIRGINIA ASSOCIATION OF REALTORS POLITICAL ACTION COMMITTEE

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

<b>(a)</b> Name, address, and EIN of entity	domicile income section (state or (related, 501(c)(3) foreign unrelated, organizations? country) excluded from tax under sections 512-		e all partners	(f) Share of total Income	(g) Share of end-of-year assets	ar allocations?		Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	ox managing partner?		<b>(k)</b> Percentage ownership		
			514)	Yes	No			Yes	No		Yes	No	
	•		•			•				Schedul	e R (Forn	n 99	0) 2016

