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Form 990

Return of Organization Exempt From Income Tax

OMB No 1545-0047

2016

Open to Public Inspection

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

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

Information about Form 990 and its instructions is at [www.irs.gov/form990](#)

Department of the Treasury
Internal Revenue Service

A For the 2016 calendar year, or tax year beginning 01-01-2016 , and ending 12-31-2016

B Check if applicable

☐ Address change

☐ Name change

☐ Initial return

☐ Final

☐ Return/terminated

☐ Amended return

☐ Application pending

C Name of organization

FLORIDA ASSOCIATION OF REALTORS
INC

Doing business as

FLORIDA REALTORS

Number and street (or P O box if mail is not delivered to street address)

PO BOX 725025

Room/suite

City or town, state or province, country, and ZIP or foreign postal code

ORLANDO, FL 328725025

F Name and address of principal officer

DAVID GARRISON
PO BOX 725025
ORLANDO, FL 328725025

H(a) Is this a group return for subordinates?

☐ Yes ☒ No

H(b) Are all subordinates included?

☐ Yes ☐ No

If "No," attach a list (see instructions)

H(c) Group exemption number ▶

I Tax-exempt status

☐ 501(c)(3) ☒ 501(c) (6) ◀ (insert no) ☐ 4947(a)(1) or ☐ 527

J Website: ▶

WWW.FLORIDAREALTORS.ORG

K Form of organization

☒ Corporation ☐ Trust ☐ Association ☐ Other ▶

L Year of formation

1970

M State of legal domicile

FL

Part I Summary

Activities & Governance

1 Briefly describe the organization's mission or most significant activities

SUPPORTING THE REAL ESTATE INDUSTRY IN FLORIDA

2 Check this box ▶ ☐ if the organization discontinued its operations or disposed of more than 25% of its net assets

3 Number of voting members of the governing body (Part VI, line 1a)

574

4 Number of independent voting members of the governing body (Part VI, line 1b)

574

5 Total number of individuals employed in calendar year 2016 (Part V, line 2a)

159

6 Total number of volunteers (estimate if necessary)

7a Total unrelated business revenue from Part VIII, column (C), line 12

3,902,994

7b Net unrelated business taxable income from Form 990-T, line 34

-1,133,439

Revenue

8 Contributions and grants (Part VIII, line 1h)

9 Program service revenue (Part VIII, line 2g)

10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)

11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)

12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)

Prior Year

Current Year

23,260,517

25,966,490

412,366

-19,258

555,342

570,599

24,228,225

26,517,831

Expenses

13 Grants and similar amounts paid (Part IX, column (A), lines 1–3)

14 Benefits paid to or for members (Part IX, column (A), line 4)

15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)

16a Professional fundraising fees (Part IX, column (A), line 11e)

16b Total fundraising expenses (Part IX, column (D), line 25) ▶0

17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)

18 Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)

19 Revenue less expenses Subtract line 18 from line 12

170,757

175,705

9,131,607

10,189,411

0

10,560,960

11,506,808

19,863,324

21,871,924

4,364,901

4,645,907

Net Assets or Fund Balances

20 Total assets (Part X, line 16)

21 Total liabilities (Part X, line 26)

22 Net assets or fund balances Subtract line 21 from line 20

Beginning of Current Year

End of Year

28,273,825

36,146,475

6,392,993

8,986,441

21,880,832

27,160,034

Part II Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge

Sign Here

Signature of officer

2017-12-15

Date

DAVID GARRISON VP OF FINANCE

Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name

KRISTEN A UNDERWOOD CPA

Preparer's signature

KRISTEN A UNDERWOOD CPA

Date

2017-12-12

Check ☐ if self-employed

PTIN

P01354831

Firm's name ▶

BERMAN HOPKINS WRIGHT LAHAM CPAS & ASSOC

Firm's EIN ▶

59-1152714

Firm's address ▶

8035 SPYGLASS HILL RD

Phone no (321) 757-2020

MELBOURNE, FL 32940

May the IRS discuss this return with the preparer shown above? (see instructions)

☒ Yes ☐ No

For Paperwork Reduction Act Notice, see the separate instructions.

Cat No 11282Y

Form 990 (2016)

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

SUPPORTING THE REAL ESTATE INDUSTRY IN FLORIDA

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

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

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

If "Yes," describe these changes on Schedule O

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

4a (Code) (Expenses \$ 13,231,183 including grants of \$ 175,705) (Revenue \$ 25,966,490)
See Additional Data

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

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

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

4e Total program service expenses ► 13,231,183

Part IV Checklist of Required Schedules

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A</i>	1	No
2 Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> (see instructions)?	2	No
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i> 🗑️	3	Yes
4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i>	4	
5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? <i>If "Yes," complete Schedule C, Part III</i> 🗑️	5	Yes
6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I</i> 🗑️	6	No
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i> 🗑️	7	No
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i> 🗑️	8	No
9 Did the organization report an amount in Part X, line 21 for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV</i> 🗑️	9	No
10 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i> 🗑️	10	No
11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable		
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI</i> 🗑️	11a	Yes
b Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII</i> 🗑️	11b	No
c Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII</i> 🗑️	11c	No
d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX</i> 🗑️	11d	No
e Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i> 🗑️	11e	Yes
f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X</i> 🗑️	11f	Yes
12a Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i> 🗑️	12a	Yes
b Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional</i> 🗑️	12b	No
13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>	13	No
14a Did the organization maintain an office, employees, or agents outside of the United States?	14a	No
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? <i>If "Yes," complete Schedule F, Parts I and IV</i>	14b	No
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? <i>If "Yes," complete Schedule F, Parts II and IV</i>	15	No
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? <i>If "Yes," complete Schedule F, Parts III and IV</i>	16	No
17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I</i> (see instructions)	17	No
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>	18	No
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>	19	No

Part IV Checklist of Required Schedules (continued)

	Yes	No
20a Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>	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? <i>If "Yes," complete Schedule I, Parts I and II</i>	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? <i>If "Yes," complete Schedule I, Parts I and III</i>	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? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i>	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? <i>If "Yes," complete Schedule L, Part I</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? <i>If "Yes," complete Schedule L, Part II</i>	26	No
27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i>	27	No
28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions) a A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>	28a	No
b A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>	28b	No
c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i>	28c	No
29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	29	No
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>	30	No
31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>	31	No
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>	32	No
33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>	33	No
34 Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i>	34	Yes
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	No
b If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>	35b	
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>	36	
37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>	37	No
38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O	38	Yes

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

		Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable.	66	
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable.	0	
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	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.	159	
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).	Yes	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	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.	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)?		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?		No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		No
c	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?		
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?		No
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
7	Organizations that may receive deductible contributions under section 170(c).		
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?		
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		
d	If "Yes," indicate the number of Forms 8282 filed during the year.	7d	
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e	
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f	
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g	
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h	
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	8	
9a	Did the sponsoring organization make any taxable distributions under section 4966?	9a	
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b	
10	Section 501(c)(7) organizations. Enter		
a	Initiation fees and capital contributions included on Part VIII, line 12.	10a	
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities.	10b	
11	Section 501(c)(12) organizations. Enter		
a	Gross income from members or shareholders.	11a	
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them).	11b	
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a	
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year.	12b	
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		
a	Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O.	13a	
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans.	13b	
c	Enter the amount of reserves on hand.	13c	
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a	No
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O.	14b	

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

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

Section A. Governing Body and Management

		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	574	
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	574	
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	Yes	
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?		No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		No
5	Did the organization become aware during the year of a significant diversion of the organization's assets?		No
6	Did the organization have members or stockholders?		No
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?		No
7b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?		No
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
a	The governing body?	Yes	
b	Each committee with authority to act on behalf of the governing body?	Yes	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O		No

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

		Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	Yes	
10b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	Yes	
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?		No
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	Yes	
12b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	Yes	
12c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	Yes	
13	Did the organization have a written whistleblower policy?	Yes	
14	Did the organization have a written document retention and destruction policy?	Yes	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		
15a	The organization's CEO, Executive Director, or top management official	Yes	
15b	Other officers or key employees of the organization	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?		No
16b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?		

Section C. Disclosure

17 List the States with which a copy of this Form 990 is required to be filed: FL

18 Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
☒ Own website ☐ Another's website ☐ Upon request ☐ Other (explain in Schedule O)

19 Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.

20 State the name, address, and telephone number of the person who possesses the organization's books and records.
 ▶ DAVID B GARRISON 7025 AUGUSTA NATIONAL DR ORLANDO, FL 32822 (407) 438-1400

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

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

Form **990** (2016)

[illegible]

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization ▶ 7

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

Section B. Independent Contractors

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

(A)	(B)	(C)
Name and business address	Description of services	Compensation

<p>2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization ►</p>	
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Part VIII Statement of RevenueCheck if Schedule O contains a response or note to any line in this Part VIII ☐

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
Contributions, Gifts, Grants and Other Similar Amounts	1a Federated campaigns . . .	1a				
	b Membership dues . . .	1b				
	c Fundraising events . . .	1c				
	d Related organizations	1d				
	e Government grants (contributions)	1e				
	f All other contributions, gifts, grants, and similar amounts not included above	1f				
	g Noncash contributions included in lines 1a-1f \$ _____					
	h Total. Add lines 1a-1f ▶					
Program Service Revenue		Business Code				
	2a MEMBER DUES	900099	21,244,603	21,244,603		
	b SERVICE FEES	900099	2,652,838		2,652,838	
	c ADVERTISING	541800	1,192,303		1,192,303	
	d TUITION	900099	876,746	876,746		
	e _____					
	f All other program service revenue					
	g Total. Add lines 2a-2f ▶		25,966,490			
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts) ▶		335,485			335,485
	4 Income from investment of tax-exempt bond proceeds ▶					
	5 Royalties ▶		57,853		57,853	
	6a Gross rents	(i) Real (ii) Personal				
		20,417				
	b Less rental expenses					
	c Rental income or (loss)	20,417				
	d Net rental income or (loss) ▶		20,417			20,417
	7a Gross amount from sales of assets other than inventory	(i) Securities (ii) Other				
		7,095,638				
	b Less cost or other basis and sales expenses	7,450,381				
	c Gain or (loss)	-354,743				
	d Net gain or (loss) ▶		-354,743			-354,743
	8a Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c) See Part IV, line 18 a					
	b Less direct expenses b					
	c Net income or (loss) from fundraising events . . . ▶					
	9a Gross income from gaming activities See Part IV, line 19 a					
	b Less direct expenses b					
c Net income or (loss) from gaming activities . . . ▶						
10a Gross sales of inventory, less returns and allowances . . . a						
b Less cost of goods sold . . . b						
c Net income or (loss) from sales of inventory . . . ▶						
Miscellaneous Revenue	Business Code					
11a OTHER INCOME	900099	492,329	492,329			
b _____						
c _____						
d All other revenue						
e Total. Add lines 11a-11d ▶		492,329				
12 Total revenue. See Instructions ▶		26,517,831	22,613,678	3,902,994	1,159	

Part IX Statement of Functional Expenses

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

Check if Schedule O contains a response or note to any line in this Part IX ☐**Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.**

	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21.	175,705			
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.	1,577,980			
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.	7,611,472			
8 Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions).	360,397			
9 Other employee benefits.	10,660			
10 Payroll taxes.	628,902			
11 Fees for services (non-employees):				
a Management.				
b Legal.	15,267			
c Accounting.	38,200			
d Lobbying.	188,420			
e Professional fundraising services. See Part IV, line 17.				
f Investment management fees.	73,832			
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O).	1,106,700			
12 Advertising and promotion.	307,442			
13 Office expenses.	1,272,886			
14 Information technology.	117,226			
15 Royalties.				
16 Occupancy.	566,853			
17 Travel.	1,299,972			
18 Payments of travel or entertainment expenses for any federal, state, or local public officials.				
19 Conferences, conventions, and meetings.	803,071			
20 Interest.				
21 Payments to affiliates.				
22 Depreciation, depletion, and amortization.	596,915			
23 Insurance.	1,185,907			
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 COMPUTER	1,234,093			
b DIRECT COSTS	944,348			
c DATA BASE	441,370			
d INDIRECT COSTS	412,309			
e All other expenses	901,997			
25 Total functional expenses. Add lines 1 through 24e.	21,871,924	0	0	0
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input checked="" type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

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

				(A) Beginning of year		(B) End of year
Assets	1	Cash—non-interest-bearing		7,040,312	1	10,785,372
	2	Savings and temporary cash investments			2	
	3	Pledges and grants receivable, net			3	
	4	Accounts receivable, net		425,702	4	332,104
	5	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L.			5	
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Complete Part II of Schedule L.			6	
	7	Notes and loans receivable, net			7	
	8	Inventories for sale or use			8	
	9	Prepaid expenses and deferred charges		288,534	9	623,949
	10a	Land, buildings, and equipment—cost or other basis. Complete Part VI of Schedule D.	10a	14,419,834		
	b	Less: accumulated depreciation	10b	11,756,136		
				2,690,991	10c	2,663,698
	11	Investments—publicly traded securities		17,641,559	11	21,557,610
	12	Investments—other securities. See Part IV, line 11		128,398	12	145,411
	13	Investments—program-related. See Part IV, line 11			13	
	14	Intangible assets			14	
15	Other assets. See Part IV, line 11		58,329	15	38,331	
16	Total assets. Add lines 1 through 15 (must equal line 34)		28,273,825	16	36,146,475	
Liabilities	17	Accounts payable and accrued expenses		1,179,751	17	1,424,058
	18	Grants payable			18	
	19	Deferred revenue		5,084,844	19	7,416,972
	20	Tax-exempt bond liabilities			20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D.			21	
	22	Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L			22	
	23	Secured mortgages and notes payable to unrelated third parties			23	
	24	Unsecured notes and loans payable to unrelated third parties			24	
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D.		128,398	25	145,411
	26	Total liabilities. Add lines 17 through 25		6,392,993	26	8,986,441
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.					
	27	Unrestricted net assets		21,880,832	27	27,160,034
	28	Temporarily restricted net assets			28	
	29	Permanently restricted net assets			29	
	Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.					
	30	Capital stock or trust principal, or current funds			30	
	31	Paid-in or capital surplus, or land, building or equipment fund			31	
	32	Retained earnings, endowment, accumulated income, or other funds			32	
	33	Total net assets or fund balances		21,880,832	33	27,160,034
34	Total liabilities and net assets/fund balances		28,273,825	34	36,146,475	

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	26,517,831
2	Total expenses (must equal Part IX, column (A), line 25)	2	21,871,924
3	Revenue less expenses Subtract line 2 from line 1	3	4,645,907
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	21,880,832
5	Net unrealized gains (losses) on investments	5	633,295
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	27,160,034

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

	Yes	No
1 Accounting method used to prepare the Form 990 <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O		
2a Were the organization's financial statements compiled or reviewed by an independent accountant? If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		No
b Were the organization's financial statements audited by an independent accountant? If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both <input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	Yes	
c If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O	Yes	
3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?		No
b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits		

Additional Data

Software ID:

Software Version:

EIN: 59-0245475

Name: FLORIDA ASSOCIATION OF REALTORS
INC

Form 990 (2016)

Form 990, Part III, Line 4a:

FURTHERANCE OF THE REAL ESTATE INDUSTRY IN FLORIDA PUBLICATIONS INCLUDE THE "FLORIDA REALTOR" MAGAZINE

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

(A)

(B)

(C)

(D)

(E)

(F)

Name and Title	Average hours per week (list any hours for related organizations below dotted line)	Position (do not check more than one box, unless person is both an officer and a director/trustee)						Reportable compensation from the organization (W- 2/1099-MISC)	Reportable compensation from related organizations (W- 2/1099-MISC)	Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
MATEY VEISSI PRESIDENT	8 00	X		X				0	0	0
MARIA WELLS PRESIDENT -	8 00	X		X				0	0	0
CHRISTINE HANSEN VICE PRESIDE	8 00	X		X				0	0	0
BARRY M GROOMS SECRETARY	8 00	X		X				0	0	0
ERIC SAIN TREASURER	8 00	X		X				0	0	0
ANDREW BARBAR BOARD MEMBER	0 50	X						0	0	0
ERIKA E ABBOTT BOARD MEMBER	0 50	X						0	0	0
DAVID B ABERNATHY BOARD MEMBER	0 50	X						0	0	0
GARY ABOFF BOARD MEMBER	0 50	X						0	0	0
JESSE ACEVEDO BOARD MEMBER	0 50	X						0	0	0

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
JOAN M ALIPO BOARD MEMBER	0 50	X						0	0	0
MARGARET E ALLEN BOARD MEMBER	0 50	X						0	0	0
CATHY J ALLEY BOARD MEMBER	0 50	X						0	0	0
ISRAEL V AMEIJERAS BOARD MEMBER	0 50	X						0	0	0
VICKI ANDERSON BOARD MEMBER	0 50	X						0	0	0
FRANCISCO ANGULO BOARD MEMBER	0 50	X						0	0	0
NATALIE L ARROWSMITH BOARD MEMBER	0 50	X						0	0	0
MICHAEL J ARTELLI BOARD MEMBER	0 50	X						0	0	0
SCOTT A ARVIN BOARD MEMBER	0 50	X						0	0	0
DONALD L ASHER BOARD MEMBER	0 50	X						0	0	0

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors										
(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
STEVEN D ASHER BOARD MEMBER	0 50	X						0	0	0
MATTHEW J AUDIER BOARD MEMBER	0 50	X						0	0	0
DEBORAH BACARELLA BOARD MEMBER	0 50	X						0	0	0
STEPHEN N BAKER BOARD MEMBER	0 50	X						0	0	0
GARY BALANOFF BOARD MEMBER	0 50	X						0	0	0
PAMELA L BANKS BOARD MEMBER	0 50	X						0	0	0
RICHARD BARANSKI BOARD MEMBER	0 50	X						0	0	0
ANTHONY K BARBAR BOARD MEMBER	0 50	X						0	0	0
ROBERT D BARRON BOARD MEMBER	0 50	X						0	0	0
MARIELA BARTENS SANTURRI BOARD MEMBER	0 50	X						0	0	0

(A) Name and Title	(B) Average hours per week (list any hours spent outside of the organization)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)	(D) Reportable compensation from the organization (US\$14,000 or more)	(E) Reportable compensation from other organizations (US\$14,000 or more)
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(A) Compensated Employees, and Independent Contractors Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
DENNIS E BASILE BOARD MEMBER	0 50	X						0	0	0
KEVIN L BATDORF BOARD MEMBER	0 50	X						0	0	0
JAMES A BATENCHUK BOARD MEMBER	0 50	X						0	0	0
CHARLES B BATES BOARD MEMBER	0 50	X						0	0	0
LAURA A BENSON BOARD MEMBER	0 50	X						0	0	0
TERESITA BERSACH BOARD MEMBER	0 50	X						0	0	0
ALMA B BETANCOURT BOARD MEMBER	0 50	X						0	0	0
MICHAEL A BINDMAN BOARD MEMBER	0 50	X						0	0	0
CYNTHIA R BIRGE BOARD MEMBER	0 50	X						0	0	0
STANLEY H BISHOP BOARD MEMBER	0 50	X						0	0	0

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors										
(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
PATRICK T BISSETT BOARD MEMBER	0 50	X						0	0	0
GEORGINA BLANCO BOARD MEMBER	0 50	X						0	0	0
RYAN A BLEGGI BOARD MEMBER	0 50	X						0	0	0
NICHOLAS C BOBZIEN BOARD MEMBER	0 50	X						0	0	0
R GINENNE BOEHM BOARD MEMBER	0 50	X						0	0	0
CHRISTIAN E BOHYN BOARD MEMBER	0 50	X						0	0	0
JILL J BOLES BOARD MEMBER	0 50	X						0	0	0
CHARLES J BONFIGLIO BOARD MEMBER	0 50	X						0	0	0
AARON M BOSSHARDT BOARD MEMBER	0 50	X						0	0	0
MANUEL F BOUZA BOARD MEMBER	0 50	X						0	0	0

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors											
(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)							(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former				
DEBORAH M BOZA-VALLEDOR BOARD MEMBER	0 50	X							0	0	0
KATHY BRANDON BOARD MEMBER	0 50	X							0	0	0
KRISTEN E BRENNER BOARD MEMBER	0 50	X							0	0	0
DAVID H BREWER BOARD MEMBER	0 50	X							0	0	0
SUSAN S BREWER BOARD MEMBER	0 50	X							0	0	0
LYNN BRIER-DE LA CRUZ BOARD MEMBER	0 50	X							0	0	0
ERVIN L BROWN BOARD MEMBER	0 50	X							0	0	0
CLAUDETTE BRUCK BOARD MEMBER	0 50	X							0	0	0
ROGER BRUNSWICK BOARD MEMBER	0 50	X							0	0	0
JANETTE M BRUZAS BOARD MEMBER	0 50	X							0	0	0

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
KIMBERLY A BRYANT BOARD MEMBER	0 50	X						0	0	0
JASON J BUCCI BOARD MEMBER	0 50	X						0	0	0
GREY C BURGE BOARD MEMBER	0 50	X						0	0	0
DENNIS B BURGESS BOARD MEMBER	0 50	X						0	0	0
DMICHAEL BURKE BOARD MEMBER	0 50	X						0	0	0
ROBERT J BURR BOARD MEMBER	0 50	X						0	0	0
JAMES BURSON BOARD MEMBER	0 50	X						0	0	0
VANESSA BUSTAMANTE BOARD MEMBER	0 50	X						0	0	0
ROBERT W BYRD BOARD MEMBER	0 50	X						0	0	0
DOROTHY L BYRNE BOARD MEMBER	0 50	X						0	0	0

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
ROBERT W CALDWELL BOARD MEMBER	0 50	X						0	0	0
LINDA CALEBRO-KUDER BOARD MEMBER	0 50	X						0	0	0
DEBRA J CALLAHAN BOARD MEMBER	0 50	X						0	0	0
DEBORAH S CARDENAS BOARD MEMBER	0 50	X						0	0	0
ROBERT H CARDENAS BOARD MEMBER	0 50	X						0	0	0
NANCY C CARDONE BOARD MEMBER	0 50	X						0	0	0
DAVID L CARLISLE BOARD MEMBER	0 50	X						0	0	0
CAROLINE CARRARA BOARD MEMBER	0 50	X						0	0	0
ALBERTO CARRILLO BOARD MEMBER	0 50	X						0	0	0
MARIA E CARRILLO BOARD MEMBER	0 50	X						0	0	0

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors										
(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
JOHN L CASTELLI BOARD MEMBER	0 50	X						0	0	0
JOANNE MARIE CHANDO BOARD MEMBER	0 50	X						0	0	0
PHYLLIS CHOY BOARD MEMBER	0 50	X						0	0	0
DAISY L CID BOARD MEMBER	0 50	X						0	0	0
RONALD F CIKA BOARD MEMBER	0 50	X						0	0	0
MICHELLE R CLARK BOARD MEMBER	0 50	X						0	0	0
JERELYN J COBB BOARD MEMBER	0 50	X						0	0	0
ANGEL E COBO BOARD MEMBER	0 50	X						0	0	0
NORMA M COHEN BOARD MEMBER	0 50	X						0	0	0
MARI L COLGAN BOARD MEMBER	0 50	X						0	0	0

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

(A)(B)(C)(D)(E)(F)

Name and Title	Average hours per week (list any hours for related organizations below dotted line)	Position (do not check more than one box, unless person is both an officer and a director/trustee)						Reportable compensation from the organization (W- 2/1099-MISC)	Reportable compensation from related organizations (W- 2/1099-MISC)	Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
ANITA COLLETTI BOARD MEMBER	0 50	X						0	0	0
RJ J COLLINS BOARD MEMBER	0 50	X						0	0	0
LAUREN W CONNOLLY BOARD MEMBER	0 50	X						0	0	0
HARLEY P CONRAD BOARD MEMBER	0 50	X						0	0	0
DIANE B COOK BOARD MEMBER	0 50	X						0	0	0
CLEBERTO L COPETTI BOARD MEMBER	0 50	X						0	0	0
MICHELLE CRABTREE BOARD MEMBER	0 50	X						0	0	0
DIANA CRONKHITE BOARD MEMBER	0 50	X						0	0	0
NANCY-ELLEN DANCE-OTTE BOARD MEMBER	0 50	X						0	0	0
R TODD DANTZLER BOARD MEMBER	0 50	X						0	0	0

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors												
(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations		
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former					
MICHAEL W DAVENPORT BOARD MEMBER	0 50	X						0	0	0		
WENDELL D DAVIS BOARD MEMBER	0 50	X						0	0	0		
RALPH E DE MARTINO BOARD MEMBER	0 50	X						0	0	0		
WILLIAM M DEAN BOARD MEMBER	0 50	X						0	0	0		
ANN M DEFRIES BOARD MEMBER	0 50	X						0	0	0		
DENNIS DEGROOT BOARD MEMBER	0 50	X						0	0	0		
OSCAR J DELGADO BOARD MEMBER	0 50	X						0	0	0		
ROSA DELGADO BOARD MEMBER	0 50	X						0	0	0		
PATRICE M DENIKE BOARD MEMBER	0 50	X						0	0	0		
JEANNE DENTON-SCHECK BOARD MEMBER	0 50	X						0	0	0		

(A) Name and Title	(B) Average hours per week (list any hours spent outside of the organization)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)	(D) Reportable compensation from the organization (US\$14,000 or more)	(E) Reportable compensation from other organizations (US\$14,000 or more)
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(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
TERESA A DYER BOARD MEMBER	0 50	X						0	0	0
NOEL A EDWARDS BOARD MEMBER	0 50	X						0	0	0
HOWARD B ELFMAN BOARD MEMBER	0 50	X						0	0	0
BRUCE E ELLIOTT BOARD MEMBER	0 50	X						0	0	0
ROBERT G ELLIOTT BOARD MEMBER	0 50	X						0	0	0
ROBERT H ELROD BOARD MEMBER	0 50	X						0	0	0
JOHN C ELYA BOARD MEMBER	0 50	X						0	0	0
DIANA ENGLEHART BOARD MEMBER	0 50	X						0	0	0
IVA D FADLEY-DANE BOARD MEMBER	0 50	X						0	0	0
JEFFREY M FAGAN BOARD MEMBER	0 50	X						0	0	0

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors										
(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
DOMENIC R FARO BOARD MEMBER	0 50	X						0	0	0
JORGE H FERNANDEZ BOARD MEMBER	0 50	X						0	0	0
JORGE A FERNANDEZ BOARD MEMBER	0 50	X						0	0	0
SANDRA FERNANDEZ BOARD MEMBER	0 50	X						0	0	0
MIKE FERRIE BOARD MEMBER	0 50	X						0	0	0
DAVID R FERRO BOARD MEMBER	0 50	X						0	0	0
BRENDA C FIORETTI BOARD MEMBER	0 50	X						0	0	0
RICHARD E FIORETTI BOARD MEMBER	0 50	X						0	0	0
MARCO A FONSECA BOARD MEMBER	0 50	X						0	0	0
LEE D FORBES BOARD MEMBER	0 50	X						0	0	0

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
LISA C FORD BOARD MEMBER	0 50	X						0	0	0
LINDA K FORMELLA BOARD MEMBER	0 50	X						0	0	0
BARBARA A FOX BOARD MEMBER	0 50	X						0	0	0
MICHAEL J FRYE BOARD MEMBER	0 50	X						0	0	0
WILLIAM C FURST BOARD MEMBER	0 50	X						0	0	0
BRANDI J GABBARD BOARD MEMBER	0 50	X						0	0	0
SUSAN M GAIESKI BOARD MEMBER	0 50	X						0	0	0
CASSANDRA G GALLEGO BOARD MEMBER	0 50	X						0	0	0
ANTHONY GAMBARDILLA BOARD MEMBER	0 50	X						0	0	0
APRIL GAYLE GAUSMAN BOARD MEMBER	0 50	X						0	0	0

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors										
(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
WILLIAM A GELLER BOARD MEMBER	0 50	X						0	0	0
JUAN C GERMAN BOARD MEMBER	0 50	X						0	0	0
KIMBERLY GETTLE BOARD MEMBER	0 50	X						0	0	0
BRENDA G GHIBAUDI BOARD MEMBER	0 50	X						0	0	0
JOHN T GIBES BOARD MEMBER	0 50	X						0	0	0
JULIANNA E GIORDANO BOARD MEMBER	0 50	X						0	0	0
ROBERT N GOLDSTEIN BOARD MEMBER	0 50	X						0	0	0
FAYOLA T GOLDSTONE BOARD MEMBER	0 50	X						0	0	0
MAUREEN A GOLMONT BOARD MEMBER	0 50	X						0	0	0
HOLLIE M GONDERA BOARD MEMBER	0 50	X						0	0	0

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors										(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
(A) Name and Title	Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)										
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former					
JOSE I GONZALEZ BOARD MEMBER	0 50	X							0	0	0	
JUANA MARIA GONZALEZ BOARD MEMBER	0 50	X							0	0	0	
STEVEN S GRAUL BOARD MEMBER	0 50	X							0	0	0	
ANTHONY M GRAZIANO BOARD MEMBER	0 50	X							0	0	0	
FRANCOIS K GREGOIRE BOARD MEMBER	0 50	X							0	0	0	
THOMAS D GRIZZARD BOARD MEMBER	0 50	X							0	0	0	
RUSSELL GROOMS BOARD MEMBER	0 50	X							0	0	0	
SHERRY S GROOMS BOARD MEMBER	0 50	X							0	0	0	
JORGE LUIS GUERRA JR BOARD MEMBER	0 50	X							0	0	0	
DONNA M GUIDO BOARD MEMBER	0 50	X							0	0	0	

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
MICHAEL L HUGHES BOARD MEMBER	0 50	X						0	0	0
BUDGE S HUSKEY BOARD MEMBER	0 50	X						0	0	0
JASON M JAKUS BOARD MEMBER	0 50	X						0	0	0
GEORGE C JALIL BOARD MEMBER	0 50	X						0	0	0
MARY JALIL BOARD MEMBER	0 50	X						0	0	0
ALEXANDER JANSEN BOARD MEMBER	0 50	X						0	0	0
MARC V JERNIGAN BOARD MEMBER	0 50	X						0	0	0
JUSTINE JIMENEZ GARCIA BOARD MEMBER	0 50	X						0	0	0
JILL A JOHNS BOARD MEMBER	0 50	X						0	0	0
CONNIE M JOHNSON BOARD MEMBER	0 50	X						0	0	0

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
JOHN P KERN BOARD MEMBER	0 50	X						0	0	0
DANIEL KIJNER BOARD MEMBER	0 50	X						0	0	0
SAM KINKAID BOARD MEMBER	0 50	X						0	0	0
JOHN R KINNEY BOARD MEMBER	0 50	X						0	0	0
HOWARD KLAHR BOARD MEMBER	0 50	X						0	0	0
CHRISTINE M KNIGHTON BOARD MEMBER	0 50	X						0	0	0
ERIK V KORZILIUS BOARD MEMBER	0 50	X						0	0	0
FRANK E KOWALSKI BOARD MEMBER	0 50	X						0	0	0
WESLIE E KUNKLE BOARD MEMBER	0 50	X						0	0	0
AUDREY R LACKIE BOARD MEMBER	0 50	X						0	0	0

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors										
(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
MARYANN K LAWLER BOARD MEMBER	0 50	X						0	0	0
BONNIE S LAZAR BOARD MEMBER	0 50	X						0	0	0
JOHN E LAZENBY BOARD MEMBER	0 50	X						0	0	0
ALBERT R LEE BOARD MEMBER	0 50	X						0	0	0
RONALD B LENNEN BOARD MEMBER	0 50	X						0	0	0
JACK H LEVINE BOARD MEMBER	0 50	X						0	0	0
JEFFREY J LEVINE BOARD MEMBER	0 50	X						0	0	0
WANDA M LINSOTT BOARD MEMBER	0 50	X						0	0	0
JILL E LONG BOARD MEMBER	0 50	X						0	0	0
DANIEL A LOPEZ BOARD MEMBER	0 50	X						0	0	0

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
ENRIQUE LOPEZ BOARD MEMBER	0 50	X						0	0	0
VILMA LOPEZ BOARD MEMBER	0 50	X						0	0	0
JARROD LOWE BOARD MEMBER	0 50	X						0	0	0
NANCY J LUBECK BOARD MEMBER	0 50	X						0	0	0
LOUIS LUDWIG BOARD MEMBER	0 50	X						0	0	0
CAROLA LUEDER BOARD MEMBER	0 50	X						0	0	0
ANTHONY MACALUSO BOARD MEMBER	0 50	X						0	0	0
NANCY MACALUSO BOARD MEMBER	0 50	X						0	0	0
VIVIAN MACIAS BOARD MEMBER	0 50	X						0	0	0
MARGO L MACKENZIE BOARD MEMBER	0 50	X						0	0	0

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
SUSANNA MADDEN BOARD MEMBER	0 50	X						0	0	0
JAMES F MARIUCCI BOARD MEMBER	0 50	X						0	0	0
FRAN MARKOWITZ BOARD MEMBER	0 50	X						0	0	0
RANDOLPH W MARTIN BOARD MEMBER	0 50	X						0	0	0
FERNANDO I MARTINEZ BOARD MEMBER	0 50	X						0	0	0
BEATRIX H MASOTTI BOARD MEMBER	0 50	X						0	0	0
RICHARD R MASTERSON BOARD MEMBER	0 50	X						0	0	0
DIANNE M MATTIACE BOARD MEMBER	0 50	X						0	0	0
MARY T MCCALL BOARD MEMBER	0 50	X						0	0	0
DIANE E MCCOMBS BOARD MEMBER	0 50	X						0	0	0

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(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
DWIGHT A MCDONALD BOARD MEMBER	0 50	X						0	0	0
GEORGE MCGRAW BOARD MEMBER	0 50	X						0	0	0
ROBIN L MCKEEVER BOARD MEMBER	0 50	X						0	0	0
JODI MCKEITHAN BOARD MEMBER	0 50	X						0	0	0
LINDA C MCMORROW BOARD MEMBER	0 50	X						0	0	0
VICKY L MCPHEE BOARD MEMBER	0 50	X						0	0	0
STEPHEN B MCWILLIAM BOARD MEMBER	0 50	X						0	0	0
SHERRI L MEADOWS BOARD MEMBER	0 50	X						0	0	0
CARLOS A MELENDEZ BOARD MEMBER	0 50	X						0	0	0
STEVEN L MERCHANT BOARD MEMBER	0 50	X						0	0	0

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(A) Name and Title	Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
KIM M MEREDITH-HAMPTON BOARD MEMBER	0 50	X						0	0	0
REINALDO L MESA BOARD MEMBER	0 50	X						0	0	0
BONNIE F METVINER BOARD MEMBER	0 50	X						0	0	0
JOHN J MIKE BOARD MEMBER	0 50	X						0	0	0
DEBORAH J MILLER BOARD MEMBER	0 50	X						0	0	0
ELLEN MITCHEL BOARD MEMBER	0 50	X						0	0	0
HARRY J MITCHEM BOARD MEMBER	0 50	X						0	0	0
BRAD MONROE BOARD MEMBER	0 50	X						0	0	0
LYNN K MOONEY BOARD MEMBER	0 50	X						0	0	0
JENNIFER MOORHEAD BOARD MEMBER	0 50	X						0	0	0

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors										(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
(A) Name and Title	Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)										
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former					
STEVEN W MOREIRA BOARD MEMBER	0 50	X							0	0	0	
RICHARD M MORRIS BOARD MEMBER	0 50	X							0	0	0	
CHRISTINA H MORRISON BOARD MEMBER	0 50	X							0	0	0	
JACK R MYERS BOARD MEMBER	0 50	X							0	0	0	
BRIAN NEUBAUER BOARD MEMBER	0 50	X							0	0	0	
TERRELL P NEWBERRY BOARD MEMBER	0 50	X							0	0	0	
MIRIAM NICKLAUS BOARD MEMBER	0 50	X							0	0	0	
LOUIS H NIMKOFF BOARD MEMBER	0 50	X							0	0	0	
AMITY NOWLING BOARD MEMBER	0 50	X							0	0	0	
JOSE AUGUSTO P NUNES BOARD MEMBER	0 50	X							0	0	0	

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(A) Name and Title	Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
CHARLENE OAKOWSKY BOARD MEMBER	0 50	X						0	0	0
NEAL A OATES BOARD MEMBER	0 50	X						0	0	0
KIM M OUELLETTE BOARD MEMBER	0 50	X						0	0	0
MICHAEL W OWEN BOARD MEMBER	0 50	X						0	0	0
GREG J OWENS BOARD MEMBER	0 50	X						0	0	0
DOMINIC L PALLINI BOARD MEMBER	0 50	X						0	0	0
KAREN S PALMER BOARD MEMBER	0 50	X						0	0	0
CHRISTINA PAPPAS BOARD MEMBER	0 50	X						0	0	0
ANAND PATEL BOARD MEMBER	0 50	X						0	0	0
JOE J PEREZ BOARD MEMBER	0 50	X						0	0	0

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
JOHN S PERRONE BOARD MEMBER	0 50	X						0	0	0
JEFFREY D PERRY BOARD MEMBER	0 50	X						0	0	0
MICHAEL PETRO BOARD MEMBER	0 50	X						0	0	0
LORI PIEROT BOARD MEMBER	0 50	X						0	0	0
TERRY J PILCHER BOARD MEMBER	0 50	X						0	0	0
JAMES A PILON BOARD MEMBER	0 50	X						0	0	0
BEVERLY Y PINDLING BOARD MEMBER	0 50	X						0	0	0
ROGER M PIRO BOARD MEMBER	0 50	X						0	0	0
CHRISTINA R PITCHFORD BOARD MEMBER	0 50	X						0	0	0
PATRICIA K PITOCCHI BOARD MEMBER	0 50	X						0	0	0

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(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
ANGELA PITRE REDDY BOARD MEMBER	0 50	X						0	0	0
MARTHA POMARES BOARD MEMBER	0 50	X						0	0	0
WILLIAM H POTEET BOARD MEMBER	0 50	X						0	0	0
DEBORAH A PRESTON BOARD MEMBER	0 50	X						0	0	0
KIM PRICE BOARD MEMBER	0 50	X						0	0	0
VENUS PROFFER BOARD MEMBER	0 50	X						0	0	0
FRANK X PULLES BOARD MEMBER	0 50	X						0	0	0
JAMES P QUINN BOARD MEMBER	0 50	X						0	0	0
ROBIN M RAIFF BOARD MEMBER	0 50	X						0	0	0
JUDY MARY RAMELLA BOARD MEMBER	0 50	X						0	0	0

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(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)							(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former				
EDWARD J REDLICH BOARD MEMBER	0 50	X							0	0	0
DONNA REID BOARD MEMBER	0 50	X							0	0	0
WILLIAM S REID BOARD MEMBER	0 50	X							0	0	0
AURA C RENGIFO BOARD MEMBER	0 50	X							0	0	0
PATRICIA A RENNA BOARD MEMBER	0 50	X							0	0	0
OSCAR N RESEK BOARD MEMBER	0 50	X							0	0	0
MITCH S RIBAK BOARD MEMBER	0 50	X							0	0	0
WILLIAM B RICHARDSON BOARD MEMBER	0 50	X							0	0	0
PHILLIP J RIEK BOARD MEMBER	0 50	X							0	0	0
LYNNE RIFKIN BOARD MEMBER	0 50	X							0	0	0

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(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
NANCY J RILEY BOARD MEMBER	0 50	X						0	0	0
XINA RIM BOARD MEMBER	0 50	X						0	0	0
ED P ROBERTS BOARD MEMBER	0 50	X						0	0	0
ROSE M ROBERTS BOARD MEMBER	0 50	X						0	0	0
JACK RODRIGUEZ BOARD MEMBER	0 50	X						0	0	0
MICHELLE ROJAS BOARD MEMBER	0 50	X						0	0	0
GREGORY D ROKEH BOARD MEMBER	0 50	X						0	0	0
SUSAN C ROOD BOARD MEMBER	0 50	X						0	0	0
GERRI ROSENTHAL BOARD MEMBER	0 50	X						0	0	0
MELINDA S ROVILLO BOARD MEMBER	0 50	X						0	0	0

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(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
LARRY R ROWE BOARD MEMBER	0 50	X						0	0	0
ROBERT J RUSSOTTO BOARD MEMBER	0 50	X						0	0	0
KARUNA SABHARWAL BOARD MEMBER	0 50	X						0	0	0
MARK SADEK BOARD MEMBER	0 50	X						0	0	0
THOMAS F SALOMONE BOARD MEMBER	0 50	X						0	0	0
JOHN SAPONE BOARD MEMBER	0 50	X						0	0	0
LEON S SARKISIAN BOARD MEMBER	0 50	X						0	0	0
ANDY J SCAGLIONE BOARD MEMBER	0 50	X						0	0	0
TOM SCAGLIONE BOARD MEMBER	0 50	X						0	0	0
BEN G SCHACHTER BOARD MEMBER	0 50	X						0	0	0

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(A) Name and Title	Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)										
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former					
JAMES C SCHANZ BOARD MEMBER	0 50	X							0	0	0	
THERESA M SCHREIBER BOARD MEMBER	0 50	X							0	0	0	
CLAIRE G SCHWARTZ BOARD MEMBER	0 50	X							0	0	0	
ROBIN A SCHWARTZ BOARD MEMBER	0 50	X							0	0	0	
TRINA R SEARCY BOARD MEMBER	0 50	X							0	0	0	
LOURDES SEDA BOARD MEMBER	0 50	X							0	0	0	
MARK R SEEBERG BOARD MEMBER	0 50	X							0	0	0	
JOSE M SERRANO BOARD MEMBER	0 50	X							0	0	0	
CYNTHIA J SHAFER BOARD MEMBER	0 50	X							0	0	0	
RICHARD S SHANAHAN BOARD MEMBER	0 50	X							0	0	0	

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
ALFREDDA J SMITH-ODATO BOARD MEMBER	0 50	X						0	0	0
DJ SNAPP BOARD MEMBER	0 50	X						0	0	0
TANSEY M SODERSTROM BOARD MEMBER	0 50	X						0	0	0
DEBRA SPADAFORA BOARD MEMBER	0 50	X						0	0	0
VIRGINIA M SPENCER BOARD MEMBER	0 50	X						0	0	0
JULIE A STARBUCK BOARD MEMBER	0 50	X						0	0	0
STAFFORD L STARCHER BOARD MEMBER	0 50	X						0	0	0
JAMES J STEINBAUER BOARD MEMBER	0 50	X						0	0	0
WILLIAM STEINKE BOARD MEMBER	0 50	X						0	0	0
SANDRA R STREIT BOARD MEMBER	0 50	X						0	0	0

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
JAYNE L STROSHEIN-ROUSSEAU BOARD MEMBER	0 50	X						0	0	0
SALLY A SUSLAK BOARD MEMBER	0 50	X						0	0	0
KAREN D SWANBECK BOARD MEMBER	0 50	X						0	0	0
ZSOLT SZERENCSES BOARD MEMBER	0 50	X						0	0	0
SARAH M TAYLOR BOARD MEMBER	0 50	X						0	0	0
CHRISTOPHER TELLO BOARD MEMBER	0 50	X						0	0	0
ROBERT H TESSMER BOARD MEMBER	0 50	X						0	0	0
HEMENDRA THAKKAR BOARD MEMBER	0 50	X						0	0	0
ANGELA M THARP BOARD MEMBER	0 50	X						0	0	0
NATALIE D THOMAS BOARD MEMBER	0 50	X						0	0	0

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors										(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)										
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former					
WILLIAM A WATSON BOARD MEMBER	0 50	X							0	0	0	
TIM WEISHEYER BOARD MEMBER	0 50	X							0	0	0	
JAMES L WEIX BOARD MEMBER	0 50	X							0	0	0	
ANNALISA WELLER BOARD MEMBER	0 50	X							0	0	0	
CATHERINE B WHATLEY BOARD MEMBER	0 50	X							0	0	0	
LYNN A WHELPLEY BOARD MEMBER	0 50	X							0	0	0	
CRAIG D WILBURN BOARD MEMBER	0 50	X							0	0	0	
NANCY L WILLIAMSON BOARD MEMBER	0 50	X							0	0	0	
JENNIFER WOLLMANN BOARD MEMBER	0 50	X							0	0	0	
DONN T WONDERLING BOARD MEMBER	0 50	X							0	0	0	

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
JOHN R WOOD BOARD MEMBER	0 50	X						0	0	0
BRIAN WOODS BOARD MEMBER	0 50	X						0	0	0
ALBERT A YABOR BOARD MEMBER	0 50	X						0	0	0
RONALD YANKS BOARD MEMBER	0 50	X						0	0	0
JOEL YOUNG BOARD MEMBER	0 50	X						0	0	0
JUDITH W ZIMMER BOARD MEMBER	0 50	X						0	0	0
CAROL A ZINGONE BOARD MEMBER	0 50	X						0	0	0
CHRISTOPHER ZOLLER BOARD MEMBER	0 50	X						0	0	0
DIANE J ACKEN BOARD MEMBER	0 50	X						0	0	0
BEN ACOCK BOARD MEMBER	0 50	X						0	0	0

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors												
(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)							(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations	
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former					
KATHLEEN A ADKINS BOARD MEMBER	0 50	X						0	0	0		
HENRY L ALBRECHT BOARD MEMBER	0 50	X						0	0	0		
DAO ALDERMAN BOARD MEMBER	0 50	X						0	0	0		
ALMA J ALEXANDER BOARD MEMBER	0 50	X						0	0	0		
KENNETH M ANDERSON BOARD MEMBER	0 50	X						0	0	0		
BRIAN L ANDRUS BOARD MEMBER	0 50	X						0	0	0		
PAULA ANGELOPOULOS URBINATI BOARD MEMBER	0 50	X						0	0	0		
MARIA E ARIAS BOARD MEMBER	0 50	X						0	0	0		
ROBERT C ARMSTRONG BOARD MEMBER	0 50	X						0	0	0		
EUGENE B ARTUSA BOARD MEMBER	0 50	X						0	0	0		

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors											
(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)							(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former				
GIA M ARVIN BOARD MEMBER	0 50	X							0	0	0
TANYA M BACH BOARD MEMBER	0 50	X							0	0	0
SHARON D BACKE BOARD MEMBER	0 50	X							0	0	0
JAMES M BALISTRERI BOARD MEMBER	0 50	X							0	0	0
RICHARD W BARKETT BOARD MEMBER	0 50	X							0	0	0
NANCY A BARTLETT BOARD MEMBER	0 50	X							0	0	0
DONALD BASS BOARD MEMBER	0 50	X							0	0	0
KARI A BATTAGLIA BOARD MEMBER	0 50	X							0	0	0
ANDREW J BELL BOARD MEMBER	0 50	X							0	0	0
CYNTHIA L BENCHICK BOARD MEMBER	0 50	X							0	0	0

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors										
(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
CAROLYN LOCKHART BOARD MEMBER	0 50	X						0	0	0
EDUARDO BLANCO BOARD MEMBER	0 50	X						0	0	0
ANDRE L BOUTTE BOARD MEMBER	0 50	X						0	0	0
G MARTIN BRABHAM BOARD MEMBER	0 50	X						0	0	0
JAMES S BRANHAM BOARD MEMBER	0 50	X						0	0	0
ROB BROOKS BOARD MEMBER	0 50	X						0	0	0
MICHAEL P BROWNELL BOARD MEMBER	0 50	X						0	0	0
DIANA R BRUTON BOARD MEMBER	0 50	X						0	0	0
LINDA B BRYAN BOARD MEMBER	0 50	X						0	0	0
SUSAN CARLETON BOARD MEMBER	0 50	X						0	0	0

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors										
(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
PAULA J CASHI BOARD MEMBER	0 50	X						0	0	0
SEAN R CASPER PA BOARD MEMBER	0 50	X						0	0	0
ADAM R CHICOINE BOARD MEMBER	0 50	X						0	0	0
REBECCA J CHIRILLO BOARD MEMBER	0 50	X						0	0	0
ASHLEY CHRISTIE BOARD MEMBER	0 50	X						0	0	0
MARY CLARE CODD BOARD MEMBER	0 50	X						0	0	0
CHRISTINE COX BOARD MEMBER	0 50	X						0	0	0
CARLOS M CRUZ BOARD MEMBER	0 50	X						0	0	0
VALERIE B DAILEY BOARD MEMBER	0 50	X						0	0	0
BETH A DALY BOARD MEMBER	0 50	X						0	0	0

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors										(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
(A) Name and Title	Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)										
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former					
IAN EDMONSON BOARD MEMBER	0 50	X							0	0	0	
ROGER P ENZOR BOARD MEMBER	0 50	X							0	0	0	
ENOCH ESPINOSA BOARD MEMBER	0 50	X							0	0	0	
ALLAN G SAFRANEK III BOARD MEMBER	0 50	X							0	0	0	
JESSICA FLOYD BOARD MEMBER	0 50	X							0	0	0	
DIANA GALAVIS BOARD MEMBER	0 50	X							0	0	0	
ANDREW K GASKIN BOARD MEMBER	0 50	X							0	0	0	
JEANNE GAVISH BOARD MEMBER	0 50	X							0	0	0	
DEBORAH L GIBES BOARD MEMBER	0 50	X							0	0	0	
MICHELLE L GINN BOARD MEMBER	0 50	X							0	0	0	

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(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
MELISSA GOLDMAN BOARD MEMBER	0 50	X						0	0	0
JAMES M GONZALEZ BOARD MEMBER	0 50	X						0	0	0
KESSA A GOODEN BOARD MEMBER	0 50	X						0	0	0
JOEL GOODMAN BOARD MEMBER	0 50	X						0	0	0
BRIAN GORDON BOARD MEMBER	0 50	X						0	0	0
MARSHA GORDON BOARD MEMBER	0 50	X						0	0	0
FERNANDO J GRULLON BOARD MEMBER	0 50	X						0	0	0
JOHN G GUERRA BOARD MEMBER	0 50	X						0	0	0
TERESITA GUTIERREZ REOYO BOARD MEMBER	0 50	X						0	0	0
MONICA HANDS BOARD MEMBER	0 50	X						0	0	0

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors			
(a)	(b)	(c)	(d)
1. Name and title of officer, director, trustee, key employee, highest compensated employee, or independent contractor	2. Organization's EIN	3. Compensation for services rendered as an officer, director, trustee, key employee, highest compensated employee, or independent contractor	4. Compensation for services rendered as an officer, director, trustee, key employee, highest compensated employee, or independent contractor

(A) Compensated Employees, and Independent Contractors Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
LORIANN M HARRISON BOARD MEMBER	0 50	X						0	0	0
PAUL B HENDRIKS BOARD MEMBER	0 50	X						0	0	0
NICHOLAS D HOHMAN BOARD MEMBER	0 50	X						0	0	0
MELISSA HONEYCUTT BOARD MEMBER	0 50	X						0	0	0
MEMORY L HOPKINS BOARD MEMBER	0 50	X						0	0	0
SUSAN M HOWELL BOARD MEMBER	0 50	X						0	0	0
KEVIN B HYDE BOARD MEMBER	0 50	X						0	0	0
ADAM R JONAS BOARD MEMBER	0 50	X						0	0	0
ROSE M KEMP BOARD MEMBER	0 50	X						0	0	0
GERI R KENYON BOARD MEMBER	0 50	X						0	0	0

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(A) Name and Title	Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)										
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former					
KELLY KLEIN BOARD MEMBER	0 50	X							0	0	0	
STEVEN G KLEIN BOARD MEMBER	0 50	X							0	0	0	
CLARK R LABLOND BOARD MEMBER	0 50	X							0	0	0	
ELLIE W LAMBERT BOARD MEMBER	0 50	X							0	0	0	
VICTOR LANTROOP BOARD MEMBER	0 50	X							0	0	0	
LORIE R LEAL BOARD MEMBER	0 50	X							0	0	0	
DIEGO LEIVA BOARD MEMBER	0 50	X							0	0	0	
DANE LESLIE BOARD MEMBER	0 50	X							0	0	0	
GREGORY LORD BOARD MEMBER	0 50	X							0	0	0	
VERONICA C MALOLOS BOARD MEMBER	0 50	X							0	0	0	

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(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
CATHY S MARINO BOARD MEMBER	0 50	X						0	0	0
JOEL D MCCLINTOCK BOARD MEMBER	0 50	X						0	0	0
COREY R MCCLOSKEY BOARD MEMBER	0 50	X						0	0	0
SYLVAN MCELROY BOARD MEMBER	0 50	X						0	0	0
DENIS MCKINNON BOARD MEMBER	0 50	X						0	0	0
LIZ D MCMASTER BOARD MEMBER	0 50	X						0	0	0
SUSAN M MCQUILLAN BOARD MEMBER	0 50	X						0	0	0
LAUREN U MELO BOARD MEMBER	0 50	X						0	0	0
MARK A MILLER BOARD MEMBER	0 50	X						0	0	0
JEFFREY M MILOFF BOARD MEMBER	0 50	X						0	0	0

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(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
MARGARET D MORRIS BOARD MEMBER	0 50	X						0	0	0
JEREME J NEILL BOARD MEMBER	0 50	X						0	0	0
MICHAEL J O'ROURKE BOARD MEMBER	0 50	X						0	0	0
DENISE E OYLER BOARD MEMBER	0 50	X						0	0	0
ROBERT OZBURN BOARD MEMBER	0 50	X						0	0	0
MARILYN PEARSON-ADAMS BOARD MEMBER	0 50	X						0	0	0
JUSTIN PEEL BOARD MEMBER	0 50	X						0	0	0
DEANNA PELFREY BOARD MEMBER	0 50	X						0	0	0
THAMARA PICHARDO BOARD MEMBER	0 50	X						0	0	0
VINCE PRICE BOARD MEMBER	0 50	X						0	0	0

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(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
JULIA C PULLES BOARD MEMBER	0 50	X						0	0	0
TARA J QUAILEY BOARD MEMBER	0 50	X						0	0	0
GLEN C RICHARDSON BOARD MEMBER	0 50	X						0	0	0
PETER RIVERA BOARD MEMBER	0 50	X						0	0	0
CHERL R ROANE BOARD MEMBER	0 50	X						0	0	0
CAROL A ROBERTSON BOARD MEMBER	0 50	X						0	0	0
BRENDA C RODGERS BOARD MEMBER	0 50	X						0	0	0
LAUREN R RODRIGUEZ BOARD MEMBER	0 50	X						0	0	0
JOAN R ROGERS BOARD MEMBER	0 50	X						0	0	0
STEPHEN J ROMANO BOARD MEMBER	0 50	X						0	0	0

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(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)							(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations	
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former					
ALEXANDRIA M ROSARIO BOARD MEMBER	0 50	X							0	0	0	
JESSICA M ROSATO BOARD MEMBER	0 50	X							0	0	0	
MARK W ROSENER BOARD MEMBER	0 50	X							0	0	0	
LINDA R SAMPIERI BOARD MEMBER	0 50	X							0	0	0	
IRINA K SANG BOARD MEMBER	0 50	X							0	0	0	
A CRISTIE SCHMIDT BOARD MEMBER	0 50	X							0	0	0	
DIRK SCHROEDER BOARD MEMBER	0 50	X							0	0	0	
ANTON SEISS BOARD MEMBER	0 50	X							0	0	0	
DANIELLE SHARP BOARD MEMBER	0 50	X							0	0	0	
JUDY CATRETT SHERIDAN BOARD MEMBER	0 50	X							0	0	0	

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(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
PHILIP W SMIT BOARD MEMBER	0 50	X						0	0	0
STACY STAHL BOARD MEMBER	0 50	X						0	0	0
TOM V STECK BOARD MEMBER	0 50	X						0	0	0
ALAN STEINBERG BOARD MEMBER	0 50	X						0	0	0
REESE STEWART BOARD MEMBER	0 50	X						0	0	0
DAWNA D STONE BOARD MEMBER	0 50	X						0	0	0
DONNA M STOUT BOARD MEMBER	0 50	X						0	0	0
JANET B SWILLEY BOARD MEMBER	0 50	X						0	0	0
JACKIE L SYLVESTER BOARD MEMBER	0 50	X						0	0	0
MARIO J TAMAYO BOARD MEMBER	0 50	X						0	0	0

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(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
DARLENE TATE BOARD MEMBER	0 50	X						0	0	0
ANN R THOMPSON BOARD MEMBER	0 50	X						0	0	0
JOHN T TONEY BOARD MEMBER	0 50	X						0	0	0
R E E TONKINSON BOARD MEMBER	0 50	X						0	0	0
DOLORES P TOOHEY BOARD MEMBER	0 50	X						0	0	0
KAREN TYREE BOARD MEMBER	0 50	X						0	0	0
WESLEY ULLOA BOARD MEMBER	0 50	X						0	0	0
BARBARA P VANCE BOARD MEMBER	0 50	X						0	0	0
TERRILYN VANGORDER BOARD MEMBER	0 50	X						0	0	0
STANLEY T VORSTEG BOARD MEMBER	0 50	X						0	0	0

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(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)							(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations	
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former					
KYLE VREELAND BOARD MEMBER	0 50	X							0	0	0	
JOHN G WAAS BOARD MEMBER	0 50	X							0	0	0	
JANET C WALLACE BOARD MEMBER	0 50	X							0	0	0	
MARY E WALLER BOARD MEMBER	0 50	X							0	0	0	
JEFFREY WARD BOARD MEMBER	0 50	X							0	0	0	
KELLY M WILLEY BOARD MEMBER	0 50	X							0	0	0	
REBECCA K WILLIAMS BOARD MEMBER	0 50	X							0	0	0	
MELINDA WILSON BOARD MEMBER	0 50	X							0	0	0	
KEITH R WOOD BOARD MEMBER	0 50	X							0	0	0	
TRACY LEE WOOD BOARD MEMBER	0 50	X							0	0	0	

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors										
(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
AMY L WORTH BOARD MEMBER	0 50	X						0	0	0
JOY ZAHN BOARD MEMBER	0 50	X						0	0	0
AMGAD ZAKI BOARD MEMBER	0 50	X						0	0	0
FRANCISCO J ZEPEDA CAMPOS BOARD MEMBER	0 50	X						0	0	0
WILLIAM MARTIN CEO	40 00			X				530,689	0	25,900
MARGY GRANT GENERAL COUN	40 00				X			225,968	0	22,844
JEFF ZIPPER VP OF COMMUN	40 00				X			192,682	0	30,508
CARRIE O'ROURKE VP OF PUBLIC	40 00				X			177,561	0	10,132
ERIC FORSMAN VP OF TECH S	40 00				X			158,279	0	27,449
DAVID GARRISON VP OF FINAN	40 00				X			151,689	0	24,280

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
LOUIS GOLDMAN LEGAL COUNSEL	40 00					X		147,527	0	25,771

SCHEDULE C
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Political Campaign and Lobbying Activities

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

OMB No 1545-0047

2016

Open to Public Inspection

If the organization answered "Yes" on Form 990, Part IV, Line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then

- Section 501(c)(3) organizations Complete Parts I-A and B Do not complete Part I-C
- Section 501(c) (other than section 501(c)(3)) organizations Complete Parts I-A and C below Do not complete Part I-B
- Section 527 organizations Complete Part I-A only

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

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

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

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

Name of the organization FLORIDA ASSOCIATION OF REALTORS INC	Employer identification number 59-0245475
--	--

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

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

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

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

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

1	Enter the amount directly expended by the filing organization for section 527 exempt function activities	▶	\$
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	▶	\$
4	Did the filing organization file Form 1120-POL for this year?		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
5	Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments For each organization listed, enter the amount paid from the filing organization's funds Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC) If additional space is needed, provide information in Part IV		

(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds If none, enter -0-	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization If none, enter -0-
(1) REALTORS POLITICAL ADVOCACY CMMTE	7025 AUGUSTA NATIONAL DRIVE ORLANDO, FL 32822			21,889
(2) LET'S PRESERVE THE AMERICAN DREAM POLITICAL ACTION COMMITTEE	PO BOX 10085 TALLAHASSEE, FL 32302			25,000
3				
4				
5				
6				

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

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

B Check ☐ if the filing organization checked box A and "limited control" provisions apply

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

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

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

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

d Other exempt purpose expenditures

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

f Lobbying nontaxable amount Enter the amount from the following table in both columns

If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:
Not over \$500,000	20% of the amount on line 1e
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000
Over \$17,000,000	\$1,000,000

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

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

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

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

☐ Yes ☐ No**4-Year Averaging Period Under section 501(h)**

(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the separate instructions for lines 2a through 2f.)

Lobbying Expenditures During 4-Year Averaging Period

Calendar year (or fiscal year beginning in)	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) Total
2a Lobbying nontaxable amount					
b Lobbying ceiling amount (150% of line 2a, column(e))					
c Total lobbying expenditures					
d Grassroots nontaxable amount					
e Grassroots ceiling amount (150% of line 2d, column (e))					
f Grassroots lobbying expenditures					

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

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

		(a)		(b)
		Yes	No	Amount
1	During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of			
a	Volunteers?			
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?			
c	Media advertisements?			
d	Mailings to members, legislators, or the public?			
e	Publications, or published or broadcast statements?			
f	Grants to other organizations for lobbying purposes?			
g	Direct contact with legislators, their staffs, government officials, or a legislative body?			
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?			
i	Other activities?			
j	Total. Add lines 1c through 1i			
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?			
b	If "Yes," enter the amount of any tax incurred under section 4912			
c	If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
d	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			

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

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

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

1	Dues, assessments and similar amounts from members	1	21,244,603
2	Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).	2a	3,035,597
a	Current year	2b	-18,073,427
b	Carryover from last year	2c	-15,037,830
c	Total	3	4,445,384
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	4	
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year?	5	-19,483,214
5	Taxable amount of lobbying and political expenditures (see instructions)		

Part IV Supplemental Information

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

Return Reference	Explanation
SCHEDULE C, PART I-A, LINE 1	THE ORGANIZATION CONTRIBUTES TO 527 PACS TO PROMOTE AND STRIVE FOR THE IMPROVEMENT OF GOVERNMENT BY ENCOURAGING AND STIMULATING REALTORS AND OTHERS TO TAKE A MORE ACTIVE AND EFFECTIVE PART IN GOVERNMENT AFFAIRS, TO ENCOURAGE REALTORS AND OTHERS TO UNDERSTAND THE NATURE AND ACTION OF THEIR GOVERNMENT, AND TO SUPPORT CANDIDATES FOR ELECTION TO PUBLIC OFFICE OF THE LOCAL, STATE AND NATIONAL GOVERNMENTS

efile GRAPHIC print - DO NOT PROCESS		As Filed Data -		DLN: 93493346004047	
<div>SCHEDULE D (Form 990)</div> <div>Department of the Treasury Internal Revenue Service</div>		<div>Supplemental Financial Statements</div> <div>► 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.</div> <div>Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.</div>			<div>OMB No 1545-0047</div> <div>2016</div> <div>Open to Public Inspection</div>
Name of the organization FLORIDA ASSOCIATION OF REALTORS INC				Employer identification number 59-0245475	
Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" on Form 990, Part IV, line 6.					
		(a) Donor advised funds		(b) Funds and other accounts	
1	Total number at end of year				
2	Aggregate value of contributions to (during year)				
3	Aggregate value of grants from (during year)				
4	Aggregate value at end of year				
5	Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?				<input type="checkbox"/> Yes <input type="checkbox"/> No
6	Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?				<input type="checkbox"/> Yes <input type="checkbox"/> No
Part II Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7.					
1	Purpose(s) of conservation easements held by the organization (check all that apply) <input type="checkbox"/> Preservation of land for public use (e g , recreation or education) <input type="checkbox"/> Preservation of an historically important land area <input type="checkbox"/> Protection of natural habitat <input type="checkbox"/> Preservation of a certified historic structure <input type="checkbox"/> 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				
a	Total number of conservation easements	Held at the End of the Year			
b	Total acreage restricted by conservation easements	2a			
c	Number of conservation easements on a certified historic structure included in (a)	2b			
d	Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register	2c			
		2d			
3	Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ►				
4	Number of states where property subject to conservation easement is located ►				
5	Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?				<input type="checkbox"/> Yes <input type="checkbox"/> No
6	Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ►				
7	Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ► \$				
8	Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?				<input type="checkbox"/> Yes <input type="checkbox"/> No
9	In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements				
Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 8.					
1a	If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items				
b	If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items				
(i) Revenue included on Form 990, Part VIII, line 1		► \$			
(ii) Assets included in Form 990, Part X		► \$			
2	If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items				
a	Revenue included on Form 990, Part VIII, line 1	► \$			
b	Assets included in Form 990, Part X	► \$			
For Paperwork Reduction Act Notice, see the Instructions for Form 990.					
		Cat No 52283D		Schedule D (Form 990) 2016	

Part III

Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued)

3

Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply)

a

☐ Public exhibition

b

☐ Scholarly research

c

☐ Preservation for future generations

d

☐ Loan or exchange programs

e

☐ Other

4

Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII

5

During the year, did the organization solicit or receive donations of art, historical treasures or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?

☐ Yes

☐ No

Part IV

Escrow and Custodial Arrangements.

Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

1a

Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?

☐ Yes

☐ No

b

If "Yes," explain the arrangement in Part XIII and complete the following table

c

Beginning balance

d

Additions during the year

e

Distributions during the year

f

Ending balance

	Amount
1c	
1d	
1e	
1f	

2a

Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?

☐ Yes

☐ No

b

If "Yes," explain the arrangement in Part XIII Check here if the explanation has been provided in Part XIII

☐

Part V

Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10.

	(a)Current year	(b)Prior year	(c)Two years back	(d)Three years back	(e)Four years back
1a Beginning of year balance					
b Contributions					
c Net investment earnings, gains, and losses					
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance					

2

Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as

a

Board designated or quasi-endowment

b

Permanent endowment

c

Temporarily restricted endowment

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

3a

Are there endowment funds not in the possession of the organization that are held and administered for the organization by

(i) unrelated organizations

(ii) related organizations

b

If "Yes" on 3a(ii), are the related organizations listed as required on Schedule R?

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

4

Describe in Part XIII the intended uses of the organization's endowment funds

Part VI

Land, Buildings, and Equipment.

Complete if the organization answered 'Yes' on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		1,070,517		1,070,517
b Buildings		8,296,091	7,378,459	917,632
c Leasehold improvements				
d Equipment		5,053,226	4,377,677	675,549
e Other				
Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c))				2,663,698

Part VII

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

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

Part VIII

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

(a) Description of investment	(b) Book value	(c) Method of valuation Cost or end-of-year market value
(1)		
(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 'Yes' on Form 990, Part IV, line 11d See Form 990, Part X, line 15

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

Part X

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

(a) Description of liability	(b) Book value
(1) Federal income taxes	
DEFERRED COMPENSATION PLAN PAYABLE	145,411
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col (B) line 25)	145,411

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

☒

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

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

1	Total revenue, gains, and other support per audited financial statements	1	27,151,126
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
a	Net unrealized gains (losses) on investments	2a	633,295
b	Donated services and use of facilities	2b	
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIII)	2d	
e	Add lines 2a through 2d	2e	633,295
3	Subtract line 2e from line 1	3	26,517,831
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII)	4b	
c	Add lines 4a and 4b	4c	
5	Total revenue Add lines 3 and 4c . (This must equal Form 990, Part I, line 12)	5	26,517,831

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

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

1	Total expenses and losses per audited financial statements	1	21,871,924
2	Amounts included on line 1 but not on Form 990, Part IX, line 25		
a	Donated services and use of facilities	2a	
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIII)	2d	
e	Add lines 2a through 2d	2e	
3	Subtract line 2e from line 1	3	21,871,924
4	Amounts included on Form 990, Part IX, line 25, but not on line 1 :		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII)	4b	
c	Add lines 4a and 4b	4c	
5	Total expenses Add lines 3 and 4c . (This must equal Form 990, Part I, line 18)	5	21,871,924

Part XIII Supplemental Information

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

Return Reference	Explanation
See Additional Data Table	

Part XIII Supplemental Information *(continued)*

Return Reference	Explanation

Additional Data

Software ID:
Software Version:
EIN: 59-0245475
Name: FLORIDA ASSOCIATION OF REALTORS
INC

Supplemental Information

Return Reference	Explanation
SCHEDULE D, PAGE 3, PART X	THE ASSOCIATION IS EXEMPT FROM FEDERAL INCOME TAX AS AN ORGANIZATION DESCRIBED IN SECTION 501 (C)(6) OF THE INTERNAL REVENUE CODE AND FROM STATE INCOME TAX UNDER SIMILAR PROVISIONS PURSUANT TO FLORIDA LAW ACCORDINGLY, NO PROVISION OR LIABILITY FOR INCOME TAXES HAS BEEN RECORDED IN THE ACCOMPANYING FINANCIAL STATEMENTS THE ASSOCIATION ACCOUNTS FOR INCOME TAXES IN ACCORDANCE WITH FINANCIAL ACCOUNTING STANDARDS BOARD ACCOUNTING STANDARDS CODIFICATION ("FASB ASC") 740, INCOME TAXES, WHICH CLARIFIES THE ACCOUNTING AND DISCLOSURE REQUIREMENTS FOR UNCERTAINTY IN TAX POSITIONS IT REQUIRES A TWO-STEP APPROACH TO EVALUATE TAX POSITIONS AND DETERMINE IF THEY SHOULD BE RECOGNIZED IN THE FINANCIAL STATEMENTS THE TWO-STEP APPROACH INVOLVES RECOGNIZING ANY TAX POSITIONS THAT ARE MORE LIKELY THAN NOT TO OCCUR AND THEN MEASURING THOSE POSITIONS TO DETERMINE IF THEY ARE RECOGNIZABLE IN THE FINANCIAL STATEMENTS MANAGEMENT REGULARLY REVIEWS AND ANALYZES ALL TAX POSITIONS AND HAS DETERMINED THAT NO UNCERTAIN TAX POSITIONS REQUIRING RECOGNITION HAVE OCCURRED THE ASSOCIATION IS NO LONGER SUBJECT TO FEDERAL OR STATE INCOME TAX EXAMINATIONS BY TAX AUTHORITIES FOR FISCAL YEARS PRIOR TO 2013

Schedule I
(Form 990)

Department of the
Treasury
Internal Revenue Service

Name of the organization
FLORIDA ASSOCIATION OF REALTORS
INC

Grants and Other Assistance to Organizations,
Governments and Individuals in the United States

Complete if the organization answered "Yes," on Form 990, Part IV, line 21 or 22.
▶ Attach to Form 990.
▶ Information about Schedule I (Form 990) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2016

Open to Public
Inspection

Employer identification number
59-0245475

Part I

General Information on Grants and Assistance

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

☒ Yes ☐ No
- 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States

Part II

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1) FLORIDA REALTORS EDUCATION FOUNDATION PO BOX 725025 ORLANDO, FL 328725025	27-1388782	501C3	169,487				GRANT SCHOLARSHIPS
(2) HOMEOWNERSHIP FOR ALL INC FOUNDATION 7025 AUGUSTA NATIONAL DRIVE ORLANDO, FL 32822	45-3721882	501C3	6,218				PROMOTE HOMEOWNERSHP

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ▶

3 Enter total number of other organizations listed in the line 1 table ▶

Part III **Grants and Other Assistance to Domestic Individuals.** Complete if the organization answered "Yes" on Form 990, Part IV, line 22

Part III can be duplicated if additional space is needed

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

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

Return Reference	Explanation
SCHEDULE I, PAGE 1, PART I, LINE 2	THE PROGRAM AND DISBURSEMENTS ARE SUPERVISED AND MONITORED BY THE VICE PRESIDENT OF COMMUNICATIONS

Schedule J
(Form 990)

Department of the Treasury
Internal Revenue Service

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 23.
▶ Attach to Form 990.

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

OMB No 1545-0047

2015

Open to Public Inspection

Name of the organization FLORIDA ASSOCIATION OF REALTORS INC	Employer identification number 59-0245475
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Part I

Questions Regarding Compensation

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

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

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

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column(B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1 WILLIAM MARTINCEO	(i)	480,689	50,000		15,900	10,000	556,589	
	(ii)							
2 MARGY GRANT GENERAL COUNSEL	(i)	212,892	13,076		9,203	13,641	248,812	
	(ii)							
3 JEFF ZIPPER VP OF COMMUNICATIONS	(i)	186,564	6,118		12,921	17,587	223,190	
	(ii)							
4 CARRIE O'ROURKE VP OF PUBLIC POLICY	(i)	170,083	7,478		10,132		187,693	
	(ii)							
5 ERIC FORSMAN VP OF TECH SERVICES	(i)	151,141	7,138		10,964	16,485	185,728	
	(ii)							
6 DAVID GARRISON VP OF FINANCE	(i)	143,531	8,158		10,639	13,641	175,969	
	(ii)							
7 LOUIS GOLDMAN LEGAL COUNSEL	(i)	145,216	2,311		9,681	16,090	173,298	
	(ii)							

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
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SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Name of the organization
FLORIDA ASSOCIATION OF REALTORS
INC

Supplemental Information to Form 990 or 990-EZ

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

► Attach to Form 990 or 990-EZ.

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

OMB No 1545-0047

2016

**Open to Public
Inspection**

Employer identification number

59-0245475

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PAGE 6, PART VI, LINE 2	AMEIJEIRAS, ISRAEL & CRUZ, CARLOS ARVIN, SCOTT & GIA ASHER, DONALD & STEVEN BARBAR, ANDREW & ANTHONY BREWER, DAVID & SUSAN BRUZAS, JANETTE & BINDMAN, MICHAEL CARDENAS, DEBORAH & ROBERT CARILLO, ALBERTO & MARIA CARLISLE, DAVID & RESEK, OSCAR DE MARTINO, RALPH & ABOFF, GARY FIORETTI, BRENDA & RICHARD GIBES, DEBORAH & JOHN JALIL, GEORGE & MARY LINSKOTT, WANDA & CID, DAISY MACALUSO, ANTHONY & NANCY MITCHEL, ELLEN & GORDON, BRIAN PIRO, R, CHICOINE A & STARCHER S PULLES, FRANK & JULIA VEISSI, MADELINE & MAURICE WEISHEYER, TIM & CHIRILLO, REBECCA WOOD, KEITH & TRACY

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PAGE 6, PART VI, LINE 11B	THE ORGANIZATION'S VP OF FINANCE AND THE CONTROLLER REVIEW THE 990 BEFORE IT IS SENT TO THE IRS

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PAGE 6, PART VI, LINE 12C	THE ORGANIZATION REQUIRES THE BOARD OF DIRECTORS TO PROVIDE ANY CONFLICTS OF INTEREST IN WRITING

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PAGE 6, PART VI, LINE 15A	DATA IS PROVIDED BY INDEPENDENT RESEARCH FIRMS TO THE HUMAN RESOURCES DEPARTMENT WHO THEN MAKES A DETERMINATION BASED ON THE COMPARABILITY DATA

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PAGE 6, PART VI, LINE 15B	PLEASE SEE RESPONSE TO PART VI, SECTION B , LINE 15A

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PAGE 6, PART VI, LINE 19	ALL DOCUMENTS ARE POSTED ON THE ORGANIZATION'S WEBSITE

efile GRAPHIC print - DO NOT PROCESS		As Filed Data -		DLN: 93493346004047	
SCHEDULE R (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. ▶ Attach to Form 990. ▶ Information about Schedule R (Form 990) and its instructions is at www.irs.gov/form990 .				OMB No 1545-0047
					2016
	Department of the Treasury Internal Revenue Service	Name of the organization FLORIDA ASSOCIATION OF REALTORS INC			Employer identification number 59-0245475

Part I Identification of Disregarded Entities Complete if the organization answered "Yes" on Form 990, Part IV, line 33.					
(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity

Part II Identification of Related Tax-Exempt Organizations Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.							
See Additional Data Table							
(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No

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

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

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of- year assets	(h) Percentage ownership	(i) Section 512(b) (13) controlled entity?	
								Yes	No

Part V Transactions With Related Organizations Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.**Note.** Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule**1** During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?

	Yes	No
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity	1a	No
b Gift, grant, or capital contribution to related organization(s)	1b 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
e Loans or loan guarantees by related organization(s)	1e	No
f Dividends from related organization(s)	1f	No
g Sale of assets to related organization(s)	1g	No
h Purchase of assets from related organization(s)	1h	No
i Exchange of assets with related organization(s)	1i	No
j Lease of facilities, equipment, or other assets to related organization(s)	1j	No
k Lease of facilities, equipment, or other assets from related organization(s)	1k	No
l Performance of services or membership or fundraising solicitations for related organization(s)	1l	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	
o Sharing of paid employees with related organization(s)	1o Yes	
p Reimbursement paid to related organization(s) for expenses	1p	No
q Reimbursement paid by related organization(s) for expenses	1q	No
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 relationships and transaction thresholds

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1) FLORIDA REALTORS EDUCATION FOUNDATION	B	169,487	FMV

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

[illegible]

Part VII **Supplemental Information**

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

Return Reference	Explanation
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Additional Data

Software ID:
Software Version:
EIN: 59-0245475
Name: FLORIDA ASSOCIATION OF REALTORS
INC

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c) (3))	(f) Direct controlling entity	(g) Section 512 (b)(13) controlled entity?	
						Yes	No
(1) COMMITTEE 7025 AUGUSTA NATIONAL DRIVE ORLANDO, FL 32822 46-3247113	PAC	FL	527		N/A		No
(1) COMMITTEE OF FLORIDA 7025 AUGUSTA NATIONAL DRIVE ORLANDO, FL 32822 46-4233032	PAC	FL	527		N/A		No
(2) 7025 AUGUSTA NATIONAL DRIVE ORLANDO, FL 32822 59-2999043	PAC	FL	501C6		N/A		No
(3) COMMITTEE OF FLORIDA 7025 AUGUSTA NATIONAL DRIVE ORLANDO, FL 32822 46-4241001	PAC	FL	527		N/A		No
(4) INC 7025 AUGUSTA NATIONAL DRIVE ORLANDO, FL 32822 26-3184848	PAC	FL	527		N/A		No
(5) 7025 AUGUSTA NATIONAL DRIVE ORLANDO, FL 32822 26-3184911	PAC	FL	527		N/A		No
(6) FUND 7025 AUGUSTA NATIONAL DRIVE ORLANDO, FL 32822 59-3138956		FL	501C3	12A	N/A		No
(7) 7025 AUGUSTA NATIONAL DRIVE ORLANDO, FL 32822 14-6217321		FL	501C3	10	N/A		No
(8) FOUNDATION 7025 AUGUSTA NATIONAL DRIVE ORLANDO, FL 32822 27-1388782		FL	501C3	12A	N/A		No
(9) 7025 AUGUSTA NATIONAL DRIVE ORLANDO, FL 32822 45-3721882		FL	501C3	10	N/A		No