efile GRAPHIC print - DO NOT PROCESS As Filed Data -DLN: 93493192011318 OMB No 1545-0047 **Return of Organization Exempt From Income Tax** Form **990** 

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

Department of the Treasury

foundations)

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

Open to Public

Interna	ıl Revenue Ser	rice   Information a	about Form 990 and its instructions is at <u>i</u>	NWW IKS YOV	/10111199 <u>0</u>		Inspection			
A F	or the <b>201</b>		eginning 01-01-2017 , and ending 12	2-31-2017						
	ck if applicabl	e C Name of organization MILLION DOLLAR ROUND TABL	E		D Employe	er identif	ication number			
	ldress change ime change				36-2138	3427				
☐ Ini	ıtıal return	Doing business as								
	al return/termina nended return		x if mail is not delivered to street address) Roon	n/suite	E Telephon	e number				
	plication pend	22E MECT TOHAY AVENUE	, , , , , , , , , , , , , , , , , , , ,	.,,	(847) 6	92-6378				
		City or town, state or province, PARK RIDGE, IL 60068	country, and ZIP or foreign postal code							
		<u> </u>			<b>G</b> Gross re	ceipts \$ 92	2,342,270			
		<b>F</b> Name and address of prir STEPHEN P STAHR	ncipal officer		s this a group ref	turn for				
		325 WEST TOUHY AVENUE PARK RIDGE, IL 60068			ubordinates? ire all subordinat	es	□Yes ☑No □Yes □No			
I Ta	x-exempt stat	· ·	5) <b>◀</b> (insert no )	—   `´ır	ncluded? f "No," attach a l					
J W	ebsite: ▶	WWW MDRT ORG	7) 4 (Insert 110 )	I	Froup exemption	•	•			
<b>K</b> Form	m of organizat	tion 🗹 Corporation 🗌 Trust 🔲	Association ☐ Other ►	<b>L</b> Year of	formation 1969	M State	of legal domicile IL			
Pa	rt I Su	ımmary								
		describe the organization's missi	on or most significant activities							
	THE MI	SSION OF THE MILLION DOLLAR	. ROUND TABLE (MDRT) IS TO BE A VALU! IAL SERVICE PROFESSIONALS WHO SERV							
ce			VLEDGE, SERVICE, AND PRODUCTIVITY	E THEIR CLIE	ENTS BI EXEMPL	ANT PEN	FORMANCE AND THE			
มลเ	<u> </u>									
Ver										
Activities & Governance			n discontinued its operations or disposed							
<b>&gt;5</b>			erning body (Part VI, line 1a) rs of the governing body (Part VI, line 1b)			3	5			
ME		,	in calendar year 2017 (Part V, line 2a) .			5	103			
Ç		, ,	f necessary)			6	1,619			
•	7a Total	unrelated business revenue from	Part VIII, column (C), line 12			7a	0			
	<b>b</b> Net ur	nrelated business taxable income	from Form 990-T, line 34			7b	0			
					Prior Year		Current Year			
<u>g</u>		butions and grants (Part VIII, lin	,			0	0			
Ravenue	1 -	•	ne 2g)		42,320,8		46,134,597			
ç		ment income (Part VIII, column revenue (Part VIII, column (A), l		1,617,4 784,8		5,794,931 959,482				
	1	, , , , , , , , , , , , , , , , , , , ,	(must equal Part VIII, column (A), line 12	2)	44,723,1	_	52,889,010			
	<del> </del>		IX, column (A), lines 1–3 )	-/	564,1	195	1,139,832			
	14 Benef	ts paid to or for members (Part I	(X, column (A), line 4)		<u> </u>	0	0			
æ	15 Saları	es, other compensation, employe	ee benefits (Part IX, column (A), lines 5–1	0)	10,323,8	305	10,742,623			
SCE.	16a Profes	ssional fundraising fees (Part IX,	column (A), line 11e)	0						
Expenses		undraising expenses (Part IX, column (								
ш			ines 11a-11d, 11f-24e)		22,908,3		24,739,205			
	1		t equal Part IX, column (A), line 25)		33,796,3		36,621,660			
× %	19 Reven	de less expenses Subtract line 1	to from line 12	Begin	10,926,7		16,267,350 End of Year			
Net Assets or Fund Balances					<u> </u>					
Asse Bat	<b>20</b> Total :	assets (Part X, line 16)			74,877,6	554	100,383,910			
E E		liabilities (Part X, line 26)			10,758,8	_	16,759,610			
		ssets or fund balances Subtract I	ine 21 from line 20		64,118,8	300	83,624,300			
		<b>gnature Block</b> of perjury, I declare that I have e	xamined this return, including accompany	ring schedules	s and statements	s, and to	the best of my			
	ledge and b nowledge	elief, it is true, correct, and comp	plete Declaration of preparer (other than	officer) is bas	sed on all informa	ation of v	which preparer has			
ally K	.iiowieuge									
	* * * * Sig	**** nature of officer			2018-07-09 Date					
Sign Here	'				Date					
IICIC	1 211	EPHEN P STAHR CEO pe or print name and title								
		Print/Type preparer's name	Preparer's signature	Date		PTIN				
Paid	d	MELISSA STRUCK	MELISSA STRUCK	2018-07-09	self-employed	01310867	7			
,	parer	Firm's name CLIFTONLARSONA			Firm's EIN ► 41-					
Use	Only	Firm's address ► 1301 W 22ND ST			Phone no (630) !	5/3-8600				
		OAK BROOK, IL 6				<u></u>				
ı∾ıay t	ne IKS disci	uss this return with the preparer	shown above? (see instructions)			<u> </u>	'es ∐No			

Cat No 11282Y

Form **990** (2017)

For Paperwork Reduction Act Notice, see the separate instructions.

Form	1 990 (2017)				Page <b>2</b>
Par	t IIII Statement	of Program Service Ac	complishments		
	Check if Sche	dule O contains a response o	r note to any line in this Part III		🗆
1		rganization's mission	·		
			OF LEADING INSURANCE AND INVES ND THE HIGHEST STANDARD OF ET		
2	Did the organization the prior Form 990 o	, , ,	gram services during the year whic	h were not listed on	□Yes ☑No
	•	se new services on Schedule			
3	Did the organization		ignificant changes in how it conduct	s, any program	☐ Yes ☑ No
	If "Yes," describe the	se changes on Schedule O			
4	Section 501(c)(3) an		nplishments for each of its three lar e required to report the amount of g service reported		
4a	(Code	) (Expenses \$	including grants of \$	) (Revenue \$	)
	See Additional Data	, (=,r		,,,	,
4b	(Code	) (Expenses \$	including grants of \$	) (Revenue \$	)
	See Additional Data				
4c	(Code	) (Expenses \$	including grants of \$	) (Revenue \$	)
	See Additional Data				
4d	Other program service	ces (Describe in Schedule O )	)		
	(Expenses \$	ıncludıng	grants of \$	) (Revenue \$	)
4e	Total program serv	/ice expenses ►			

or X as applicable

Section 501(c)(3) organizations.

5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues,

Did the organization receive or hold a conservation easement, including easements to preserve open space,

the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II 🥞 .

Did the organization maintain collections of works of art, historical treasures, or other similar assets?

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

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

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

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

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

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

Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year?

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

Did the organization report an amount in Part X, line 21 for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation

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

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

d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

3

6

7

8

9

10

11a

11b

11c

11d

11e

11f

12a

13

14a

14b

15

16

17

18

19

Page 3

**4 5** Yes

Yes

Yes

Yes

Yes

Yes

Yes

Yes

Yes

No

Nο

Nο

Nο

Nο

Nο

Nο

No

No

Nο

Νo

Nο

No

Nο

Form **990** (2017)

23

29

36

Nο

Νo

Nο

Part IV	Checklist of Required Schedules (continued	1)

25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.

instructions for applicable filing thresholds, conditions, and exceptions)

			Yes	No
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		No
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	Yes	

**b** Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? . . .

c Did the organization maintain an escrow account other than a refunding escrow at any time during the year

d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? . . .

that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ?

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

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

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

Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes,"

b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and

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?

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

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

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

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

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

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

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

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

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

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

organization? If "Yes," complete Schedule R, Part V, line 2

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

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

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

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

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

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

22

24a

24b

24c

24d

25a

25b

26

27

28a

28b

28c

29

30

31

32

33

34

35a

35h

36

37

Yes

Yes

Form 990 (2017)

Yes

	t V Statements Regarding Other IRS Filings and Tax Compliance			Page 5
Fell	Check if Schedule O contains a response or note to any line in this Part V	_		П
	Check in periodule of contains a response of flote to any line in this fact vir. 1. 1. 1. 1. 1. 1. 1.	<u> </u>	Yes	No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable   1a   80			
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable 1b 0			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c	Yes	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by			
	this return			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Yes	
2.	Note.If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)  Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		No
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3a 3b		INO
	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a			
Tu	financial account in a foreign country (such as a bank account, securities account, or other financial account)?			
_		4a		No
b	If "Yes," enter the name of the foreign country  See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)			
	, , , , , , , , , , , , , , , , , , ,			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		No
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		No
		<b>5</b> 0		
С	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization	6a		No
	solicit any contributions that were not tax deductible as charitable contributions?			
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b		
7				
	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services	7a		
	provided to the payor?			
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	<b>7</b> b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		
а	Form 8282?	/ -		
u	If res, indicate the number of Forms 6262 filed during the year			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?			
_		7e		
	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 <sup>7</sup>	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		
02	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter			
	Initiation fees and capital contributions included on Part VIII, line 12   10a			
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities  10b			
11	Section 501(c)(12) organizations. Enter			
а	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources			
	against amounts due or received from them )			
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.			
а	Is the organization licensed to issue qualified health plans in more than one state? <b>Note.</b> See the instructions for			
-	additional information the organization must report on Schedule O	13a		
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			
_	The organization is needed to issue qualified reality plans.			
	Enter the amount of reserves on hand	14a		No
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14a 14b		140
	1. 155, has terried a form 720 to report these payments 11. No, provide an explanation in schedule of .		orm <b>99</b>	<b>0</b> (2017

01111	330 (2017)			rage C
Par	<b>TOTAL SET OF SE</b>	No" respo	nse to li	nes
	Check if Schedule O contains a response or note to any line in this Part VI			~
Se	ection 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	5		
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O			
b	Enter the number of voting members included in line 1a, above, who are independent  1b	0		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	. 2		No
3	Did the organization delegate control over management duties customarily performed by or under the direct supervisor of officers, directors or trustees, or key employees to a management company or other person? •	on 3		No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		No
5	Did the organization become aware during the year of a significant diversion of the organization's assets? .	5		No
6	Did the organization have members or stockholders?	6	Yes	
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or mo members of the governing body?	re <b>7a</b>	Yes	
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	<b>7</b> b	Yes	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year be the following	У		
а	The governing body?	8a	Yes	
b	Each committee with authority to act on behalf of the governing body?	<b>8</b> b	Yes	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		No
Se	ection B. Policies (This Section B requests information about policies not required by the Internal Reve	nue Code	e.)	
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		No
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Yes	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Yes	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? <i>If "Yes," describe in Schedule O how this was done</i>	12c	Yes	
13	Did the organization have a written whistleblower policy?	13	Yes	
14	Did the organization have a written document retention and destruction policy?	14	Yes	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a		No
b	Other officers or key employees of the organization	15b		No
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a		No
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exemp			
		` I I		
	status with respect to such arrangements?	16b		
	status with respect to such arrangements?	16b		
17	ection C. Disclosure  List the States with which a copy of this Form 990 is required to be filed			
17	ection C. Disclosure  List the States with which a copy of this Form 990 is required to be filed▶  Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s onl available for public inspection. Indicate how you made these available. Check all that apply			
17 18	status with respect to such arrangements?			
Se 17 18 19	ection C. Disclosure  List the States with which a copy of this Form 990 is required to be filed▶  Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s onl available for public inspection. Indicate how you made these available. Check all that apply			

# Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees,

and Independent Contractors

Check if Schedule O contains a response or note to any line in this Part VII . Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

1a Complete this table for all persons required to be listed Report compensation for the calendar year ending with or within the organization's tax

- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount
- List all of the organization's current key employees, if any See instructions for definition of "key employee"

of compensation Enter -0- in columns (D), (E), and (F) if no compensation was paid

- List the organization's five current highest compensated employees (other than an officer, director, trustee or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations
- List all of the organization's former officers, key employees, or highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations List persons in the following order individual trustees or directors, institutional trustees, officers, key employees, highest compensated employees, and former such persons
- Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee

<b>(A)</b> Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)		ne b	ox, ι n of or/t	t che unle: ficer	s pers	son	(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
(1) BRIAN HECKERT PAST PRESIDENT	5 00	Х		x				47,765	0	0
(2) MARK HANNA PAST PRESIDENT	10 00	Х		x				100,976	0	0
(3) JAMES PITTMAN PRESIDENT	5 00	X		х				79,757	0	0
(4) ROSS VANDERWOLF VICE PRESIDENT	5 00	X		x				113,421	0	0
(5) REGINA BEDOYA VICE PRESIDENT	5 00	X		x				44,580	0	0
(6) IAN GREEN SECRETARY	5 00	X		х				23,376	0	0
(7) STEPHEN STAHR CEO	50 00			x				654,025	0	142,155
(8) LAURA MCGRADY DIRECTOR OF FINANCE	40 00 10 00			x				164,532	0	27,681
(9) PAMELA BROWN DIRECTOR STRATEGIC ENGAGEMENT	50 00					×		208,458	0	13,662
(10) JAMES UNANDER DIRECTOR INFORMATION TECHNOLOGY	50 00					x		212,968	0	27,929
(11) LAURA GOOD DIRECTOR HR/ADMIN SERVICES	40 00 10 00					x		193,063	0	14,709
(12) JEANNE MALONE DIRECTOR MEETING SERVICES	50 00					×		174,035	0	29,207
(13) ERYN CARTER SENIOR DIRECTOR, GM	40 00					×		162,424	0	21,564
(14) JOHN PRAST FORMER CEO	0 00						х	141,680	0	0
										Form <b>990</b> (2017)

CONFERENCE SYSTEM INC

131 S DEARBORN STREET CHICAGO, IL 60603

compensation from the organization ▶ 58

Part VII

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued) (F)

Page 8

Section A. Officers, Direct	ors, Trustees, key Employees, and nigr						<u>nig</u> r	iest Col	mpensace	ed Employees (continued)				
<b>(A)</b> Name and Title	(B) Average hours per week (list any hours	than o	one bo	oox, u an off	ot che unles fficer	neck mo ess pers r and a tee)	son	Repo compo froi organiz	( <b>D)</b> portable pensation om the zation (W-	(E) Reportable compensation from related organizations (\)	w-	compensation W- from the		
	for related organizations below dotted line)	individi or direk	Institu	Officer	key en	Highes	Former		99-MISC)	2/1099-MISC	)	organization and related organizations		
	illie)	Individual trustee or director	Institutional Trustee		key employee	Highest compensated employee								
		Ť.	1814			nsated								
											1			
			-											
			$\perp$								$\mp$			
			<del> </del>	<del>                                      </del>	H		<u> </u>				<u></u>			
											士			
1b Sub-Total	 art VII, Sectio 			· ·		<b>*</b>  -	<u> </u>	2,	,321,060		0		276,907	
Total number of individuals (including of reportable compensation from the compensation)	but not limited	d to thos			bove		rec			.00,000			<u> </u>	
3 Did the organization list any former of line 1a? If "Yes," complete Schedule 3			tee, k	ey e	mpl	oyee,	or hı	ighest coi	mpensated	employee on	3	<b>Yes</b> Yes	No	
For any individual listed on line 1a, is organization and related organization individual	the sum of rep	oortable (								n the	4			
5 Did any person listed on line 1a receive services rendered to the organization					,			-		ıvıdual for	5	163	No	
Section B. Independent Contract	ors				_									
Complete this table for your five high from the organization Report compet	est compensate nsation for the c									n's tax year	npen			
	<b>(A)</b> and business addre	ress	_	_	_		_		Desc	(B) cription of services		(C) Compen		
MCI LLC					_				GLOBAL ME	MBER SERVICES		1,	,525,874	
20 BENDEMEER ROAD SINGAPORE SN														
FREEMAN PO BOX 650036									MEETING D	ECOR		1,	,468,872	
DALLAS, TX 75265 WILLIAMS GERARD PRODUCTIONS INC 420 NORTH WABASH									MEETING PI	RODUCTION		1,	,292,975	
CHICAGO, IL 60611 APTIFY				—	—		—		INFORMATI	ON SYSTEM DESIGN	1	1,	,085,980	
7900 WEST PARK DRIVE TYSONS CORNER, VA 22102														
CONFEDENCE SYSTEM INC									INTERRIDT	ED SEDVICES		1 1	004 775	

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

1,004,775

INTERRUPTER SERVICES

Part \				a respo	onse or note to any l	ine in this Part VI	II	<u></u>	<u></u>	<u></u> 🗆
						(A) Total revenue	Rela ex fur	(B) ated or empt action venue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
, s	1a	Federated campaig	ns	1a			10.	Citac		312 311
Contributions, Gifts, Grants and Other Similar Amounts	ı	<b>b</b> Membership dues		<b>1</b> b						
يو ود	9	c Fundraising events		<b>1</b> c						
iffs. ar A		d Related organizatio		1d						
e E E		e Government grants (co	·	1e						
Sign	1	<ul> <li>All other contributions, and similar amounts n</li> </ul>	, gıfts, grants, ot ıncluded	1f						
but the	١,	above  Noncash contribution	one included							
Contributions, Gifts, Grants and Other Similar Amounts	3	in lines 1a-1f \$	ons included							
<u>5                                    </u>	h	Total.Add lines 1a-1	.f		<u> </u>					
E E					Business					
Program Service Revenue	_	MEMBERSHIP INCOME					,354,603	36,354, 9,779,		
ı, G		MEETINGS INCOME				011430 3	,,,,,,,,	5,775,	334	
ervi	c d									
8	e									
ogra	f	All other program se	rvice revenue	2						
Ĕ	g	<b>Total.</b> Add lines 2a-2f	f		▶ 46,13	34,597				
		Investment income (ii			interest, and other	1,971,2	01			1,971,201
		Income from investme			ond proceeds					
	<b>5</b> I	Royalties	<u></u>		•					
	<b>.</b> .	Cua aa wanta	(ı) Rea	ıl	(II) Personal					
	оa	Gross rents								
	b	Less rental expenses								
	c	Rental income or								
	4	(loss)  Net rental income o	r (loss)							
	u	Net rental income o	(ı) Securi		(II) Other					
	7a	Gross amount from sales of								
		assets other than inventory	42,	703,234						
		Less cost or								
	_	other basis and sales expenses	38,8	379,504						
		Gain or (loss)		323,730						
		Net gain or (loss)			<b>&gt;</b>	3,823,7	30			3,823,730
<u>.</u>	ъa			of						
Other Revenue		contributions reporte See Part IV, line 18	ed on line 1c)	. а	}					
Rev	b	Less direct expense								
er	c	: Net income or (loss)	from fundra	sıng ev	ents					
0	9a	Gross income from g See Part IV, line 19		ies						
				a						
		Less direct expense		b						
		: Net income or (loss) Gross sales of invent		activit	iles •					
		returns and allowand			4 252 277					
	h	Less cost of goods s	rold	a b						
		: Net income or (loss)				   778,5	21			778,521
İ		Miscellaneous			Business Code					
	11	amanagement fees	;		561000	100,0	00			100,000
	b	OTHER REVENUE			900099	80,9	01			80,961
	_	. ———								
	С	•								
	d	All other revenue .								
		Total. Add lines 11a			>		£ 1			
	12	: <b>Total revenue.</b> See	Instructions			180,9		46.45.1		
					<b>F</b>	52,889,0	10	46,134,597		0 6,754,413

Part IX	Statement of Funct	tional Expenses
---------	--------------------	-----------------

orm 990 (2017)				Page <b>1</b>
Part IX Statement of Functional Expenses ection 501(c)(3) and 501(c)(4) organizations must complete all co	lumns All other orga	anizations must com	plete column (A)	
Check if Schedule O contains a response or note to any	line in this Part IX			<u> </u>
Do not include amounts reported on lines 6b, b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	<b>(C)</b> Management and general expenses	(D) Fundraisingexpense
Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21.	1,139,832			
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				
<b>5</b> Compensation of current officers, directors, trustees, and key employees	1,727,007			
<b>6</b> Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	6,144,791			
8 Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions)	681,555			
9 Other employee benefits	1,625,102			
10 Payroll taxes	564,168			
11 Fees for services (non-employees)				
a Management				
<b>b</b> Legal	81,485			
c Accounting	40,051			
d Lobbying				
e Professional fundraising services See Part IV, line 17				
f Investment management fees	489,968			
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	768,843			
.2 Advertising and promotion	1,043,139			
.3 Office expenses	1,200,387			
4 Information technology	2,463,417			
5 Royalties				
<b>6</b> Occupancy	1,374,237			
7 Travel	947,298			
L8 Payments of travel or entertainment expenses for any federal, state, or local public officials				
.9 Conferences, conventions, and meetings	13,080,115			
20 Interest				
1 Payments to affiliates				<u> </u>
22 Depreciation, depletion, and amortization	232,401			
23 Insurance	145,405			
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)	24,11			
a MDRT ACADEMY	1,469,319			
b PUBLICATION	568,757			
c ALL OTHER EXPENSES	482,551			
d STRATEGIC PLANNING EXPE	351,832			
e All other expenses				
25 Total functional expenses. Add lines 1 through 24e	36,621,660			
Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation  Check here ▶ ☐ if following SOP 98-2 (ASC 958-720)				

2

3

Assets

11

12

13

14

15

16

17

18

19

20

21

23

24

25

26

27

28

29

31

32

33

34

Liabilities 22

Fund Balances

Assets or 30

Net

Page **11** 

11,583,282

5.642.780

2.293.729

742.153

54.752.802

21.967.938

3.394.234

1,530,808

7,055,734

7.673.068

16,759,610

83,624,300

83,624,300

100.383.910

Form **990** (2017)

500,000

100.383.910

6,992

# **Balance Sheet**

Accounts receivable, net . . .

II of Schedule L . . . . .

Notes and loans receivable, net . Inventories for sale or use .

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

basis Complete Part VI of Schedule D

Intangible assets . . . . .

Accounts payable and accrued expenses

Investments—publicly traded securities .

Investments—other securities See Part IV, line 11 .

Investments—program-related See Part IV, line 11 .

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

Tax-exempt bond liabilities . . . . . .

persons Complete Part II of Schedule L .

and other liabilities not included on lines 17-24)

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

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

and complete lines 30 through 34.

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

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

Retained earnings, endowment, accumulated income, or other funds

Total liabilities. Add lines 17 through 25 .

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

Escrow or custodial account liability Complete Part IV of Schedule D

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

key employees, highest compensated employees, and disqualified

Unsecured notes and loans payable to unrelated third parties .

Loans and other payables to current and former officers, directors, trustees,

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

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

Part II of Schedule L

b Less accumulated depreciation

Grants payable . . .

Deferred revenue . . .

Complete Part X of Schedule D

Temporarily restricted net assets

Permanently restricted net assets

Total net assets or fund balances

Total liabilities and net assets/fund balances

Unrestricted net assets

		Check if Schedule O contains a response or note to any line in this Part IX	•	•
				ĺ
1	1	Cash_non-interest-hearing		ı

Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part

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

	Beginning of year
Cash-non-interest-bearing	10,248,552
Savings and temporary cash investments	4,031,750
Pledges and grants receivable, net	

10a

10b

.552 1

43,447

897.689

973.153

40.293.693

15.239.276

3.150.094

74.877.654

1,718,023

250,000

781,748

8.009.083

10,758,854

64,118,800

64,118,800

74.877.654

5,318,424

4,576,271

2

3

4

5

6

8

9

10c

11

12

13

14

15

16

17

18

19

20

21

22 23

24

25

26

27

28

29

30

31

32

33

34

Page **12** 

~

No

No

No

Form **990** (2017)

Yes

Yes

Yes

2a

2b

2c

3a

3b

4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	
5	Net unrealized gains (losses) on investments	5	
6	Donated services and use of facilities	6	
7	Investment expenses	7	

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

If the organization changed its method of accounting from a prior year or checked "Other," explain in

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?

audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits

If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed on a

If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate basis,

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

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

b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required

2a Were the organization's financial statements compiled or reviewed by an independent accountant?

Consolidated basis

Consolidated basis

b Were the organization's financial statements audited by an independent accountant?

**1** Accounting method used to prepare the Form 990

separate basis, consolidated basis, or both

Separate basis

consolidated basis, or both ✓ Separate basis

Audit Act and OMB Circular A-133?

Form 990 (2017)

Schedule O

5	Net unrealized gains (losses) on investments											5	3,896,68
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 (e	expla	ıın ın	Sche	dule	0)						9	-658.53

Part	XII Financial Statements and Reporting		
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	83,624,300
9	Other changes in net assets or fund balances (explain in Schedule O)	9	-658,531
8	Prior period adjustments	8	
7	Investment expenses	7	
ь	Donated services and use of facilities	6	

☐ Cash ☑ Accrual ☐ Other

☐ Both consolidated and separate basis

☐ Both consolidated and separate basis

### Additional Data

Software ID:

MDRT HOSTS VARIOUS MEETINGS PROGRAMED WITH EDUCATIONAL AND MOTIVATIONAL CONTENT DESIGNED TO BENEFIT THE CAREERS OF INSURANCE AND FINANCIAL SERVICES PROFESSIONALS DURING 2017, MDRT HELD A FOUR DAY MEETING AND A THREE DAY MEETING THESE MEETINGS BROUGHT TOGETHER OVER 10,000

Software Version: **EIN:** 36-2138427

Name: MILLION DOLLAR ROUND TABLE

INSURANCE AND FINANCIAL SERVICES PROFESSIONALS

Form 990, Part III, Line 4a:

Form 990 (2017)

#### Form 990, Part III, Line 4b: MDRT PUBLISHES A BI-MONTHLY PERIODICAL THAT CONCENTRATES ON TRENDS AND OPPORTUNITIES SPECIFIC TO THE FINANCIAL SERVICES PROFESSION.

#### Form 990, Part III, Line 4c: MDRT PROVIDES DIGITAL CONTENT THAT IS HOUSED ON ITS RESOURCE ZONE THIS INCLUDES MDRT PODCASTS, VIDEOS, MEETING TRANSCRIPTS AND THE MDRT BLOG

SCHEDULE C

Section 527 organizations Complete Part I-A only

• Section 501(c)(3) organizations Complete Parts I-A and B Do not complete Part I-C

# **Political Campaign and Lobbying Activities**

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

OMB No 1545-0047

Open to Public

DLN: 93493192011318

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

EZ)

(Form 990 or 990-

▶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.

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

Inspection

• S • S f the Prox	Section 501(c)(3) organizations that Section 501(c)(3) organizations that	**	ection 501(h)) Co der section 501(h	mplete Part II-A Do not o )) Complete Part II-B Do	complete Part II-B o not complete Part II-A
Nan	ne of the organization	actions complete rate in		Employer ide	entification number
MILI	LION DOLLAR ROUND TABLE			36-2138427	
Pari	I-A Complete if the organ	nization is exempt under sectio	n 501(c) or is		ization.
1		ızatıon's dırect and ındırect political can		<del>-</del>	
2	Political campaign activity expend	itures (see instructions)		•	\$
3	Volunteer hours for political camp	aign activities (see instructions)			
Par	t I-B Complete if the organ	nization is exempt under sectio	n 501(c)(3).		
1	Enter the amount of any excise ta	ix incurred by the organization under se	ction 4955	<b>&gt;</b>	\$
2	Enter the amount of any excise ta	ıx ıncurred by organization managers ui	nder section 4955	<b>&gt;</b>	\$
3	If the organization incurred a sect	ion 4955 tax, did it file Form 4720 for t	hıs year?		☐ Yes ☐ No
4a	Was a correction made?				☐ Yes ☐ No
b					
Par	II-C Complete if the organ	nization is exempt under sectio	n 501(c), exce	ept section 501(c)(3	5).
1	Enter the amount directly expend	ed by the filing organization for section	527 exempt funct	ion activities	\$
2	Enter the amount of the filing org function activities	anization's funds contributed to other o	rganızatıons for se	ection 527 exempt	\$
3	Total exempt function expenditure	es Add lines 1 and 2 Enter here and or	Form 1120-POL,	line 17b ►	\$
4	Did the filing organization file For	m 1120-POL for this year?			Yes No
5	organization made payments For of political contributions received	employer identification number (EIN) of each organization listed, enter the amo that were promptly and directly delivere see (PAC) If additional space is needed,	ount paid from the ed to a separate p	filing organization's fund olitical organization, such	s Also enter the amount
	(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds If none, enter -0-	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization If none, enter -0-
1					
2					
3					
4					
5					
6					
For Pa	aperwork Reduction Act Notice, see t	the instructions for Form 990 or 990-EZ.	Cat	No 50084S Schedule C	(Form 990 or 990-EZ) 2017

Lobbying Expenditures During 4-Year Averaging Period Calendar year (or fiscal year (a) 2014 **(b)** 2015 (c) 2016 (d) 2017 (e) Total beginning in) 2a Lobbying nontaxable amount Lobbying ceiling amount (150% of line 2a, column(e)) Total lobbying expenditures

Grassroots nontaxable amount

Grassroots ceiling amount (150% of line 2d, column (e)) Grassroots lobbying expenditures Schedule C (Form 990 or 990-EZ) 2017 Mailings to members, legislators, or the public?

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

Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?

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

Schedule C (Form 990 or 990-EZ) 2017

activity

Volunteers?

Media advertisements?

Return Reference

1

(b)

Amount

(a)

No

Yes

e	Publications, or published or broadcast statements?			+		
f	Grants to other organizations for lobbying purposes?			+		
-	Direct contact with legislators, their staffs, government officials, or a legislative body?			-		
g				-		
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?					
i	Other activities?			ļ		
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					
С	If "Yes," enter the amount of any tax incurred by organization managers under section 4912					
d	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?					
Par	t III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(5).	(5), o	r sectio	n		
					Yes	No
1	Were substantially all (90% or more) dues received nondeductible by members?			1		No
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?			2	Yes	
3	Did the organization agree to carry over lobbying and political expenditures from the prior year?			3		No
Par	t III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No" OR (b) Part answered "Yes."				01(c	(6)
1	Dues, assessments and similar amounts from members	1				
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).					
а	Current year	2a				
b	Carryover from last year	2b				
С	Total	2c				
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	3				
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year?	4				
5	Taxable amount of lobbying and political expenditures (see instructions)	5				
P.	art IV Supplemental Information					

Explanation

efile GRAPHIC print - DO NOT PROCESS As Filed Data -SCHEDULE D

**Supplemental Financial Statements** 

► Complete if the organization answered "Yes," on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. ▶ Attach to Form 990.

OMB No 1545-0047

DLN: 93493192011318

Open to Public Inspection

Department of the Treasury Internal Revenue Service

(Form 990)

Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990. Name of the organization **Employer identification number** MILLION DOLLAR ROUND TABLE 36-2138427 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 Total number at end of year 2 Aggregate value of contributions to (during year) Aggregate value of grants from (during year) Aggregate value at end of year Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? ☐ Yes ☐ No Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? 🗌 Yes 🗌 No Part II Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line Purpose(s) of conservation easements held by the organization (check all that apply) Preservation of land for public use (e.g., recreation or education) Preservation of an historically important land area Protection of natural habitat Preservation of a certified historic structure Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year Held at the End of the Year Total number of conservation easements Total acreage restricted by conservation easements 2b Number of conservation easements on a certified historic structure included in (a) 2c Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year 🕨 Number of states where property subject to conservation easement is located ▶ 5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? ☐ Yes Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(II)? In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Part III Complete if the organization answered "Yes" on Form 990, Part IV, line 8. If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art,

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

Revenue included on Form 990, Part VIII, line 1

following amounts relating to these items (i) Revenue included on Form 990, Part VIII, line 1

(ii) Assets included in Form 990, Part X

Assets included in Form 990, Part X

historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the

Schedule D (Form 990) 2017

Cat No 52283D

For Paperwork Reduction Act Notice, see the Instructions for Form 990.

LOI	<u> </u>	Organizations Maintaining	Collections of	ot Art, i	HISTOFI	cai i	reası	ires, or	Otner	Similar A	ssets	continued)
3		g the organization's acquisition, acces s (check all that apply)	ssion, and othei	r records,	, check	any of	the fo	llowing t	hat are a	significant	use of it	s collection
а		Public exhibition			d		Loan	or excha	nge prog	rams		
b		Scholarly research			e		Othe	r				
c		Preservation for future generations										
4	Provi Part )	de a description of the organization's XIII	collections and	dexplain	how the	ey furtl	her the	e organız	atıon's ex	empt purpo	ose in	
5	Durin	ng the year, did the organization solic is to be sold to raise funds rather tha								ıılar	□ Y	es 🗆 No
Pa	rt IV	Escrow and Custodial Arrar Complete if the organization a X, line 21.		" on For	m 990	, Part	IV, lı	ne 9, or	reporte	ed an amoi	unt on	Form 990, Part
1a	Is the	e organization an agent, trustee, cus ded on Form 990, Part X?	todian or other	ıntermed	liary for	contri	bution	s or othe	er assets	not	□ <b>y</b>	es 🗆 No
ь	If "Ye	es," explain the arrangement in Part	XIII and compl	ete the fo	llowing	table				F	Amount	
c	Begir	nning balance	•		_				1c			
d	Addıt	ions during the year						Ī	1d			
е	Dıstrı	ibutions during the year						Ī	1e			
f	Endır	ng balance						Ī	1f			
<b>2</b> a	Dıd tl	- he organization include an amount oi	n Form 990, Pa	rt X, lıne	21, for	escrov	v or cu	ıstodıal a	ccount lia	ıbılıty?	□ Y	es 🗆 No
b	If "Ye	es," explain the arrangement in Part :	XIII Check her	e if the e	xplanati	ion has	s been	provided	d in Part )	KIII		
Pa	rt V	Endowment Funds. Complet	e if the organ	ization a	answer	ed "Y	es" or	n Form '	990, Par	t IV, line :	10.	
			(a)Currer	nt year	<b>(b)</b> P	rıor yea	ır	(c)Two ye	ears back	(d)Three ye	ars back	(e)Four years back
1a	Beginn	ning of year balance										
b	Contrib	butions										
С	Net inv	vestment earnings, gains, and losses										
d	Grants	or scholarships										
е		expenditures for facilities ograms										
f	Admını	ıstratıve expenses										
g	End of	year balance										
2	Provi	de the estimated percentage of the c	urrent year end	d balance	(line 1	g, colu	mn (a	)) held a:	5			
а	Board	d designated or quasi-endowment 🕨										
ь	Perm	anent endowment <b>&gt;</b>										
_	Temp	porarily restricted endowment >										
٠		percentages on lines 2a, 2b, and 2c s	hould equal 10	0%								
3а	Are tl	here endowment funds not in the pos nization by	•		tion that	t are h	eld an	d admını	stered fo	r the		Yes No
	(i) uı	nrelated organizations									3	a(i)
b		related organizations es" on 3a(ii), are the related organiza	tions listed as	 required	 on Sche	 edule R	. ?				. 3	a(ii) 3b
4	Desci	ribe in Part XIII the intended uses of	the organization	n's endo	wment f	funds					_	
Pa	rt VI	Land, Buildings, and Equipr										
		Complete if the organization a	nswered "Yes								art X, lı	
	Descri		r other basıs stment)	(b) Cost	or other	basıs (	other)	(c) Acci	umulated o	lepreciation		(d) Book value
1a	Land					2	65,000					265,000
b	Buildin	ngs				4,4	79,581			4,002,428		477,153
С	Leaseh	nold improvements										
d	Equipn	ment				5	73,843			573,843		С
								1				
		lines 12 through 1e (Column (d) mu	st equal Form 9	100 Part	X colur	mn (B)	line	10(c) )		<b>-</b>	<b>-</b>	7/12 152

(a) Description of security or casegory (b) Book value (c) Method of any author Coast or endodryses marker value (c) Transcal develores (c) Coast-y-whore security in the coast of the coas		estments—Other Securities. Complete if the Form 990, Part X, line 12.	e organization ans	swered "Yes" on Fo	orm 990, Part IV, line 11b.
(1) Final out of every trace (2) Closely-high death (2) Herbita (2) Closely-high death (2) Herbita (2)		Description of security or category	(b) Book value		
33   Other		atives		2031 0	r end or year market value
(a) COMPRESSED AND AD AGENCY BOYONS   15,721,643   F	(3) Other	quity interests			
CCCORPORATE BOVDS	(A) HEDGE FUND		289,53	5	
(b) (c) (c) (c) (c) (c) (d) (d) (e) (e) (e) (f) (f) (f) (f) (f) (f) (f) (f) (f) (f	(B) GOVERNMENT	AND AGENCY BONDS	15,121,64	3	F
(6)   (7)   (8)   (9)   (9)   (10)	(C) CORPORATE BO	DNDS	6,556,76	0	F
Color   Colore   Co	(E)				
State   Column (9) must requal from 1900, Part X, cet (8) line (27)   21,967,938	(F)				
Total. (Column (a) must equal form 990, Part X, col (B) line 12)	(G)				
Investments - Program Related.   Complete if the organization answered Yes' on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.	(H)				
Complete if the organization answered Yes' on Form 990, Part IV, line 11c. Sec Form 990, Part X, line 13.   (a) Description of investment   (b) Book value   Cost or end-of-year market value	Total. (Column (b) m	ust equal Form 990, Part X, col (B) line 12 )	21,967,938	8	
(a) Description of investment (b) Book value (c) Method of valuation Cost or end-of-year market value (1) (2) (3) (4) (4) (5) (6) (6) (7) (8) (9) (7) (8) (9) (9) (9) (9) (9) (9) (9) (10) (10) (10) (10) (10) (10) (10) (10			orm 990, Part IV,	line 11c. See Forr	n 990, Part X, line 13.
(1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) most equal form 990, Part X, col (8) ine 13) Part IX Other Assets. Complete if the organization answered Ves on Form 990, Part IV, line 11d See Form 990, Part X, line 15 (2) (3) (4) (5) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col (8) line 15) Part X Other Liabilities. Complete if the organization answered Ves' 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 (1) Federal income taxes (1) Federal income taxes (2) (3) (4) (5) (6) (7) (6) (7) (6) (9) (9) (9) Total. (Column (b) must equal form 990, Part X, col (8) ine 25) (9) (9) (9) (9) (9) Total. (Column (b) must equal form 990, Part X, col (8) ine 25) (9) (9) (9) Total. (Column (b) must equal form 990, Part X, col (8) ine 25) (9) (9) Total. (Column (b) must equal form 990, Part X, col (8) ine 25) (9) (9) Total. (Column (b) must equal form 990, Part X, col (8) ine 25) (1) Federal income taxes (1) Federal income taxes (2) Federal income taxes (3) (4) (5) (6) (7) (8) (9) (9) (9) (1) Library (1) Federal income taxes (1) Federal income taxes (2) Federal income taxes (3) (4) (5) (6) (7) (8) (9) (9) (9) (1) Library (1) Federal income taxes (1) Federal income taxes (2) Library (1) Federal income taxes (3) Library (1) Federal income taxes (4) Federal income taxes (4) Federal income taxes (5) Federal income taxes (6) Federal income taxes (7) Federal income taxes (8) Federal income taxes (9) Federal income taxes (1) Federal income taxes (1) Federal income taxes (1) Federal income taxes (1) Federal income taxes (2) Federal income taxes (3) Federal income taxes (4) Federal income taxes (4) Federal income taxes (5) Federal income taxes (6) Federal income taxes (7) Federal income taxes (8) Federal income taxes (8) Federal income taxes (9) Federal income taxes (1) Federal income taxes (2				e (c	) Method of valuation
(4) (5) (6) (7) (8) (9) Total. (Column (b) must equal form 990, Part X, col (B) line 13) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal form 990, Part X, col (B) line 13) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal form 990, Part X, col (B) line 15) Part X	(1)			0031 0	Tena or year market value
(4) (5) (6) (7) (8) (9) Total. (Column (b) must equal form 990, Part X, cot (B) line 13) (a) Description (b) Book value (c) (c) (d) (d) (e) (e) (f) (f) (f) (f) (f) (f) (f) (f) (f) (f	(2)				
(5) (6) (7) (8) (9) Total. (Column (b) must equal form 990, Part X, col (β) line 13 ) (1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal form 990, Part X, col (β) line 15 ) Part XX 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 (c) (c) (d) (e) (f) (f) (g) (g) Total. (Column (b) must equal Form 990, Part X, col (β) line 15 ) Part XX 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 (c) Book value (d) (d) (e) (f) (f) (f) (g) (h) (h) (h) (h) (h) (h) (h) (h) (h) (h	(3)				
(6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col (B) line 13) (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 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. 1. (a) Description (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 15 (b) Book value (1) Federal income taxes (1) Federal income taxes (2) Federal income taxes (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col (B) line 25) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col (B) line 25) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col (B) line 25) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col (B) line 25) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col (B) line 25) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col (B) line 25) (C) Liability for uncertain tax positions 1n Part XIII, provide the text of the footnote to the organization's financial statements that reports the	(4)				
(8)  (9)  Total, (Column (b) must equal Form 990, Part X, col (B) line 13)  (a) Description  (b) Book value  (c)  (c)  (d)  (d)  (e)  (e)  (e)  (f)  (f)  (f)  (g)  (g)  (h)  (h)  (h)  (h)  (h)  (h	(5)				
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	(6)				
Total. (Column (b) must equal Form 990, Part X, col (B) line 13	(7)				
Total. (Column (b) must equal Form 990, Part X, col (8) line 13 )   Total. (Column (b) must equal Form 990, Part X, col (8) line 15 )   Total. (Column (b) must equal Form 990, Part X, col (8) line 15 )   Total. (Column (b) must equal Form 990, Part X, col (8) line 15 )   Total. (Column (b) must equal Form 990, Part X, col (B) line 25 )   Total. (Column (b) must equal Form 990, Part X, col (B) line 25 )   Total. (Column (b) must equal Form 990, Part X, col (B) line 25 )   Total. (Column (b) must equal Form 990, Part X, col (B) line 25 )   Total. (Column (b) must equal Form 990, Part X, col (B) line 25 )   Total. (Column (b) must equal Form 990, Part X, col (B) line 25 )   Total. (Column (b) must equal Form 990, Part X, col (B) line 25 )   Total. (Column (b) must equal Form 990, Part X, col (B) line 25 )   Total. (Column (b) must equal Form 990, Part X, col (B) line 25 )   Total. (Column (b) must equal Form 990, Part X, col (B) line 25 )   Total. (Column (b) must equal Form 990, Part X, col (B) line 25 )   Total. (Column (b) must equal Form 990, Part X, col (B) line 25 )   Total. (Column (b) must equal Form 990, Part X, col (B) line 25 )   Total. (Column (b) must equal Form 990, Part X, col (B) line 25 )   Total. (Column (b) must equal Form 990, Part X, col (B) line 25 )   Total. (Column (b) must equal Form 990, Part X, col (B) line 25 )   Total. (Column (b) must equal Form 990, Part X, col (B) line 25 )   Total. (Column (b) must equal Form 990, Part X, col (B) line 25 )   Total. (Column (b) must equal Form 990, Part X, col (B) line 25 )   Total. (Column (b) must equal Form 990, Part X, col (B) line 25 )   Total. (Column (b) must equal Form 990, Part X, col (B) line 25 )   Total. (Column (b) must equal Form 990, Part X, col (B) line 25 )   Total. (Column (b) must equal Form 990, Part X, col (B) line 25 )   Total. (Column (b) must equal Form 990, Part X, col (B) line 25 )   Total. (Column (b) must equal Form 990, Part X, col (B) line 25 )   Total. (Column (b) must equal Form 990, Part X, col (B) line 25 )   Tota	(8)				
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	(9)				
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	Total. (Column (b) m	ust equal Form 990, Part X, col (B) line 13 )	<b>•</b>		
(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.  1. (a) Description of liability (b) Book value (1) Federal income taxes PENSION LIABILITY 6,454,724 DEFERRED COMPENSATION 1,218,344 (3) (4) (5) (6) (7) (8) (9)  Total. (Column (b) must equal Form 990, Part X, col (B) line 25)	Part IX Other		'Yes' on Form 990, I	Part IV, line 11d See	
(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.  1. (a) Description of liability (b) Book value (1) Federal income taxes  PENSION LIABILITY (5,454,724)  DEFERRED COMPENSATION (1,218,344) (3) (4) (5) (6) (7) (8) (9)  Total. (Column (b) must equal Form 990, Part X, col (B) line 25)	(1)	(a) bescription			(b) book value
(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.  1. (a) Description of liability (b) Book value (1) Federal income taxes  PENSION LIABILITY 6,454,724  DEFERRED COMPENSATION 1,218,344 (3) (4) (5) (6) (7) (8) (9)  Total. (Column (b) must equal Form 990, Part X, col (B) line 25)	(2)				
(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.  1. (a) Description of liability (b) Book value (1) Federal income taxes  PENSION LIABILITY 6,454,724  DEFERRED COMPENSATION 1,218,344 (3) (4) (5) (6) (7) (8) (9)  Total. (Column (b) must equal Form 990, Part X, col (B) line 25) 7,673,068  2. Liability for uncertain tax positions In Part XIII, provide the text of the footnote to the organization's financial statements that reports the	(3)				
(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.  1. (a) Description of liability (b) Book value (1) Federal income taxes  PENSION LIABILITY 6,454,724  DEFERRED COMPENSATION 1,218,344 (3) (4) (5) (6) (7) (8) (9)  Total. (Column (b) must equal Form 990, Part X, col (B) line 25)	(4)				
(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.  1. (a) Description of liability (b) Book value (1) Federal income taxes  PENSION LIABILITY 6,454,724  DEFERRED COMPENSATION 1,218,344 (3) (4) (5) (6) (7) (8) (9)  Total. (Column (b) must equal Form 990, Part X, col (B) line 25)	(5)				
(8)  (9)  Total. (Column (b) must equal Form 990, Part X, col (B) line 15 )	(6)				
Total. (Column (b) must equal Form 990, Part X, col (B) line 15 )	(7)				
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.  1. (a) Description of liability (b) Book value  (1) Federal income taxes  PENSION LIABILITY 6,454,724  DEFERRED COMPENSATION 1,218,344  (3)  (4)  (5)  (6)  (7)  (8)  (9)  Total. (Column (b) must equal Form 990, Part X, col (B) line 25)	(8)				
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.  1. (a) Description of liability (b) Book value  (1) Federal income taxes  PENSION LIABILITY 6,454,724  DEFERRED COMPENSATION 1,218,344  (3)  (4)  (5)  (6)  (7)  (8)  (9)  Total. (Column (b) must equal Form 990, Part X, col (B) line 25 )	(9)				
See Form 990, Part X, line 25.  1. (a) Description of liability (b) Book value  (1) Federal income taxes  PENSION LIABILITY 6,454,724  DEFERRED COMPENSATION 1,218,344  (3)  (4)  (5)  (6)  (7)  (8)  (9)  Total. (Column (b) must equal Form 990, Part X, col (B) line 25) ▶ 7,673,068  2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the	Total. (Column (b)	) must equal Form 990, Part X, col (B) line 15 )			•
1.       (a) Description of liability       (b) Book value         (1) Federal income taxes       6,454,724         PENSION LIABILITY       6,454,724         DEFERRED COMPENSATION       1,218,344         (3)       (4)         (5)       (6)         (7)       (7)         (8)       (9)         Total. (Column (b) must equal Form 990, Part X, col (B) line 25)       7,673,068         2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the			nswered 'Yes' on F	Form 990, Part IV,	line 11e or 11f.
PENSION LIABILITY	1.	(a) Description of liability	(b)	Book value	
DEFERRED COMPENSATION				6 454 724	
(4) (5) (6) (7) (8) (9)  Total. (Column (b) must equal Form 990, Part X, col (B) line 25)  7,673,068  2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the					
(5) (6) (7) (8) (9)  Total. (Column (b) must equal Form 990, Part X, col (B) line 25)  2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the	(3)				
(6) (7) (8) (9)  Total. (Column (b) must equal Form 990, Part X, col (B) line 25 )   2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the	(4)				
(7) (8) (9)  Total. (Column (b) must equal Form 990, Part X, col (B) line 25 )   2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the	(5)				
(8)  (9)  Total. (Column (b) must equal Form 990, Part X, col (B) line 25 )  2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the	(6)				
(9)  Total. (Column (b) must equal Form 990, Part X, col (B) line 25 )  2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the	(7)				
Total. (Column (b) must equal Form 990, Part X, col (B) line 25 )   ▶ 7,673,068  2. Liability for uncertain tax positions In Part XIII, provide the text of the footnote to the organization's financial statements that reports the	(8)				
2. Liability for uncertain tax positions In Part XIII, provide the text of the footnote to the organization's financial statements that reports the	(9)				

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

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

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

Add lines **4a** and **4b** . . . . . . . . . . . . . . . .

Donated services and use of facilities . . .

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

**Supplemental Information** 

Add lines 2a through 2d . .

Return Reference

Net unrealized gains (losses) on investments . . . .

Part XI

2

а

b

c

1

2

c

d

е 3

b

5

Part XIII

See Additional Data Table

4

Schedule D (Form 990) 2017

Page 4

3,811,906

52,399,042

489,968

52,889,010

36,705,448

573,756

489,968

36.621.660

Schedule D (Form 990) 2017

36,131,692

#### d -84.775 2e e 3 3 4 Amounts included on Form 990, Part VIII, line 12, but not on line 1

Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

4a 489,968

3.896.681

573,756

489.968

2e

3

4c

5

2a

2b

2c

2d

2a 2b

2c

2d

4a

4b

Explanation

Investment expenses not included on Form 990, Part VIII, line 7b . 4b b Add lines **4a** and **4b** . . . . . . . 4c c Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12) . . . . . . 5 5 Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.

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

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

XI, lines 2d and 4b, and Part XII, lines 2d and 4b. Also complete this part to provide any additional 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

Page <b>5</b>		Schedule D (Form 990) 2017
	ormation (continued)	Part XIII Supplemental Info
	Explanation	Return Reference

Schedule D (Form 990) 2017

# Additional Data

Software ID: Software Version:

**EIN:** 36-2138427

Name: MILLION DOLLAR ROUND TABLE

# Supplemental Information

PART X, LINE 2

Return Reference

AND ONE STATE

# Explanation MDRT IS A TAX-EXEMPT ORGANIZATION AS DEFINED BY SECTION 501(C)(6) OF THE INTERNAL REVENUE CODE MDRT FOLLOWS THE REQUIREMENTS FOR ACCOUNTING FOR UNCERTAIN TAX POSITIONS MDRT HAS D ETERMINED THAT IT IS NOT REQUIRED TO RECORD A LIABILITY RELATED TO UNCERTAIN TAX POSITIONS AS OF DECEMBER 31, 2017 AND 2016 MDRT FILES TAX RETURNS IN THE U S FEDERAL JURISDICTION

upplemental Information	
Return Reference	Explanation
PART XI, LINE 2D - OTHER ADJUSTMENTS	CHANGE IN PENSION OBLIGATION -658,531 COST OF GOODS SOLD 573,756

S

Supplemental Information	
Return Reference	Explanation
PART XII, LINE 2D - OTHER ADJUSTMENTS	COST OF GOODS SOLD 573,756

SCHEDU (Form 99	1	State	ment of	Activities (	O. 40 do 46 o 11 m			OMB No 1545-0047
(1 01111 00				ACHVILLES (	Outside the Uni	itea S	tates	
		► Compl	ete if the organ		Yes" to Form 990, Part IV, I to Form 990.	ıne 14b, 1	5, or 16.	2017
Department of Internal Rever		► Informa	tion about Sche	dule F (Form 990) a	and its instructions is at wi	vw.irs.gov	/form990.	Open to Public Inspection
	e organization DLLAR ROUND	TABLE					Employer iden 36-2138427	tification number
Part I		<b>nformation</b> Part IV, line		s Outside the U	<b>Jnited States.</b> Comple	te If the	organization a	nswered "Yes" to
	_		-		substantiate the amount	_		
	r assistance, t vard the gran	-	• ,	he grants or assis	stance, and the selection	criteria	used	☐ Yes ☐ N
	grantmakers Ide the United		Part V the org	anızatıon's proce	dures for monitoring the	use of it	s grants and oth	ner assistance
3 Activ	ites per Regior	(The following	ig Part I, line 3	table can be dupli	cated if additional space is	needed	)	
	(a) Region		<b>(b)</b> Number of offices in the region	(c) Number of employees, agents, and independent contractors in region	(d) Activities conducted in region (by type) (e g , fundraising, program services, investments, grants to recipients located in the region)	program spe	vity listed in (d) is a i service, describe ecific type of ce(s) in region	(f) Total expenditures for and investments in region
(1) See A	\dd'l Data				,			
( 2)								
(3)								
(4)								
( 5)								
<b>3a</b> Sub-to <b>b</b> Total in Part I	from continuat	ion sheets to		2 2				2,433,6
c Total	<b>s</b> (add lines 3a	and 3b)		2 2				2,433,6

(1)				
( 2)				
(3)				

(4) 2 Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax-

exempt by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter . . . . . . . . . . . . . .

(13) (14) (15) (16) (17) (18) Page **3** 

Schedule F (Form 990) 2017

Part III can be duplicated if additional space is needed.										
(a) Type of grant or assistance	( <b>b)</b> Region	(c) Number of recipients	( <b>d)</b> Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of non-cash assistance	(g) Description of non-cash assistance	(h) Method of valuation (book, FMV, appraisal, other)			
(1)										
(2)										
(3)										
(4)										

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

(4) (5) (6) (7) (8) (9) (10)

(11) (12)

Sche	dule F (Form 990) 2017		Page <b>4</b>
Par	t IV Foreign Forms		
1	Was the organization a U S transferor of property to a foreign corporation during the tax year? If "Yes,"the organization may be required to file Form 926, Return by a U S Transferor of Property to a Foreign Corporation (see Instructions for Form 926)	<b>✓</b> Yes	□No
2	Did the organization have an interest in a foreign trust during the tax year? If "Yes," the organization may be required to separately file Form 3520, Annual Return to Report Transactions with Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A, do not file with Form 990)	Yes	<b>☑</b> No
3	Did the organization have an ownership interest in a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons with Respect to Certain Foreign Corporations (see Instructions for Form 5471)	<b>✓</b> Yes	□No
4	Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund (see Instructions for Form 8621)	Yes	<b>☑</b> No
5	Did the organization have an ownership interest in a foreign partnership during the tax year? If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons with Respect to Certain Foreign Partnerships (see Instructions for Form 8865)	<b>✓</b> Yes	□No
6	Did the organization have any operations in or related to any boycotting countries during the tax year? If "Yes," the organization may be required to separately file Form 5713, International Boycott Report (see Instructions for Form 5713, do not file with Form 990)	Yes	<b>☑</b> No

chedule F (	Form 990	0) 2017 Page <b>5</b>			
Part V	Provide amoun metho	emental Information  the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method; its of investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting d); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide ditional information (see instructions).			
Return Reference		Explanation			
PART I, LINE 3		THE ORGANIZATION USES ACCRUAL METHOD TO ACCOUNT FOR EXPENDITURES OUTSIDE OF THE UNITED STATES			

## **Additional Data**

EAST ASIA AND THE PACIFIC

# Software ID: Software Version:

**EIN:** 36-2138427

Name: MILLION DOLLAR ROUND TABLE

SEMINARS,

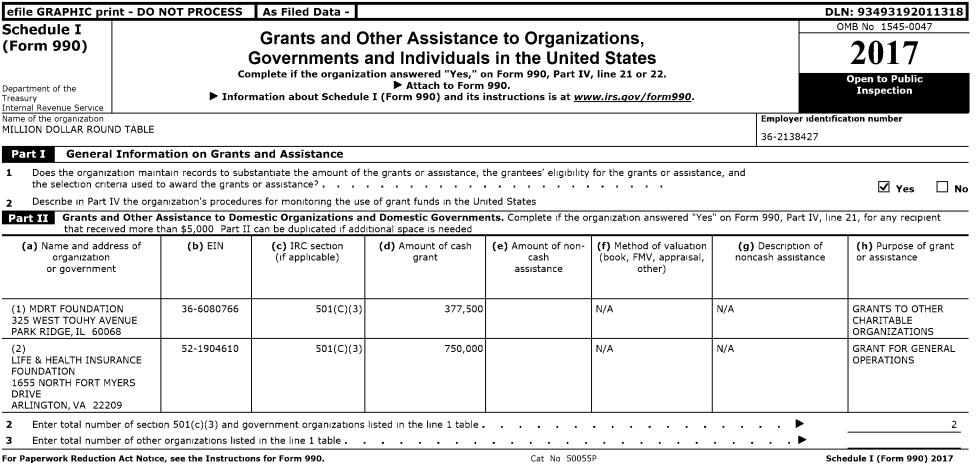
NEWSLETTERS, MEMBERSHIP SUPPORT 1,885,161

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

(a) Region	offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i e , fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) lotal expenditures for region
SOUTH ASIA	1	1		SEMINARS, NEWSLETTERS, MEMBERSHIP SUPPORT	258,962

1 PROGRAM SERVICES

Form 990 Schedule F Part I - Activities Outside The United States									
(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i e , fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for region				
EUROPE (INCLUDING ICELAND & GREENLAND)	0	0	INVESTMENTS	N/A	289,535				
CENTRAL AMERICA AND THE CARIBBEAN	0	0	INVESTMENTS	N/A					



Schedule I (Form 990) 2017						Page <b>2</b>		
		Domestic Individuonal space is needed	als. Complete if the org	anızatıon answered "Yes	" on Form 990, Part IV, line 22			
(a) Type of grant or a		(b) Number of recipients	(c) Amount of cash grant	(d) Amount of noncash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance		
(1)								
(2)								
(3)								
(4)								
(5)								
(6)								
(7)								
Part IV Supplemen	ntal Informati	on. Provide the inf	ormation required in	Part I, line 2; Part III	, column (b); and any other ac	dditional information.		
Return Reference Explanation								
PART I, LINE 2	E 2 THE ORGANIZATION REQUIRES POTENTIAL GRANTEES TO PROVIDE FINANCIAL STATEMENTS AND BUDGETS UPON RECEIVING A GRANT, ORGANIZATIONS ARE REQUESTED TO PROVIDE A REPORT AS TO HOW GRANT FUNDS WERE USED RELATIVE TO THE PROJECT FOR WHICH FUNDING WAS AWARDED							

Schedule I (Form 990) 2017

efil	e GRAPHIC pi	rint - DO NOT PROCESS	As Filed Data	a -	DLN: 934	9319	2011	318		
Sch	nedule J	Compensation Information C						0047		
(Form 990)		▶ Attach to Form 990.						7		
•	Department of the Treasury Information about Schedule J (Form 990) and its instructions is at www.irs.gov/form990.									
Nar	ne of the organiz				Employer identificat		ectio ımber			
MILI	LION DOLLAR ROUN	D TABLE			36-2138427					
Pa	rt I Questi	ons Regarding Compensa	ation		00 2200 127					
							Yes	No		
1a				f the following to or for a person liste y relevant information regarding the						
		s or charter travel		Housing allowance or residence for	personal use					
		companions	닏	Payments for business use of perso						
		nification and gross-up paymen	ts 📙	Health or social club dues or initiati						
	<b>⊻</b> I Discretion	nary spending account	Ц	Personal services (e g , maid, chau	feur, chef)					
b		xes in line 1a are checked, did t all of the expenses described ab		ollow a written policy regarding payn iplete Part III to explain	nent or reimbursement	<b>1</b> b	Yes			
2				or allowing expenses incurred by all	- 1-2	2	Yes			
	directors, truste	ees, officers, including the CEO/	Executive Directo	r, regarding the items checked in line	e la'					
3	organization's C	CEO/Executive Director Check a	Ill that apply Dor	ed to establish the compensation of t not check any boxes for methods CEO/Executive Director, but explain						
	☐ Compens	ation committee		Written employment contract						
		ent compensation consultant	✓	Compensation survey or study						
	☐ Form 990	of other organizations	$\checkmark$	Approval by the board or compensa	ition committee					
4	During the year related organiza		990, Part VII, Se	ction A, line 1a, with respect to the f	iling organization or a					
а	Receive a sever	ance payment or change-of-cor	ntrol payment?			4a		No		
b		r receive payment from, a supp		ified retirement plan?		4b	Yes			
c	Participate in, o	r receive payment from, an equ	ııty-based comper	nsation arrangement?		4c		No		
	If "Yes" to any	of lines 4a-c, list the persons ar	nd provide the app	olicable amounts for each item in Par	t III					
	Only 501(c)(3	s), 501(c)(4), and 501(c)(29	) organizations	must complete lines 5-9						
5	For persons liste		on A, line 1a, did	the organization pay or accrue any						
а	The organization	n?				5a				
b	Any related org					5b				
	If "Yes," on line	5a or 5b, describe in Part III								
6		ed on Form 990, Part VII, Section Contingent on the net earnings o		the organization pay or accrue any						
а	The organization	n?				6a				
b	Any related org					6b				
	If "Yes," on line	6a or 6b, describe in Part III								
7		ed on Form 990, Part VII, Secti escribed in lines 5 and 6? If "Ye		the organization provide any nonfixe rt III	d	7				
8				red pursuant to a contract that was section 53 4958-4(a)(3)? If "Yes," d	escribe	8		_		
9	If "Yes" on line 53 4958-6(c)?	8, did the organization also follo	ow the rebuttable	presumption procedure described in	Regulations section	9				
For F	Paperwork Redu	uction Act Notice, see the In	structions for Fo	orm 990. Cat No. 5	50053T Schedule J	(Form	1990)	2017		

(A) Name and Title			of W-2 and/or 1099-MIS	tal amount of Form 990,	(C) Retirement and	(D) Nontaxable	(E) Total of columns	(F) Compensation in
		(i) Base compensation	(ii) Bonus & Incentive (iii) Other reportable compensation		other deferred compensation	benefits	(B)(ı)-(D)	column (B) reported as deferred on prior Form 990
L STEPHEN STAHR CEO	(i)	594,025	60,000	0	119,839	22,316	796,180	0
	(ii)	0	0	0	0	0	0	0
LAURA MCGRADY DIRECTOR OF FINANCE	(i)	157,032	7,500	0	5,365	22,316	192,213	0
SINCE ON OF THAT INCL	(ii)	0	0	0	0	0	0	0
PAMELA BROWN DIRECTOR STRATEGIC	(i)	200,958	7,500	0	11,982	1,680	222,120	0
ENGAGEMENT	(ii)	0	0	0	0	0	0	0
1 JAMES UNANDER DIRECTOR INFORMATION	(i)	197,968	15,000	0	5,613	22,316	240,897	0
FECHNOLOGY	(ii)	0	0	0	0	0	0	0
5 LAURA GOOD DIRECTOR HR/ADMIN	(i)	183,063	10,000	0	4,437	10,272	207,772	0
SERVICES	(ii)	0	0	0	0	0	0	0
5 JEANNE MALONE DIRECTOR MEETING	(i)	166,535	7,500	0	6,891	22,316	203,242	0
SERVICES	(ii)	0	0	0	0	0	0	0
7 ERYN CARTER SENIOR DIRECTOR, GM	(i)	149,924	12,500	0	6,505	15,059	183,988	0
SENIOR DIRECTOR, GIA	(ii)	0	0	0	0	0	0	0
JOHN PRAST FORMER CEO	(i)	0	0	141,680	0	0	141,680	0
ON IEN CEO	(ii)	0	0	0	0	0	0	0
	1		1					

Schedule J (Form 990) 2017	Page <b>3</b>								
Part III Supplemental Int	ormation								
Provide the information, explanatio	n, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II Also complete this part for any additional information								
Return Reference Explanation									
PART I, LINE 1A	EXECUTIVE MEMBERS AND THE CEO CAN CHOOSE TO TRAVEL FIRST CLASS ON FLIGHTS WITH DURATIONS OF THREE HOURS OR LONGER (NONTAXABLE BENEFIT) SPOUSES CAN ACCOMPANY THE EXECUTIVE COMMITTEE MEMBERS ON THEIR TRAVELS EACH EXECUTIVE COMMITTEE MEMBER RECEIVES A GROSS UP PAYMENT RELATED TO THEIR SPOUSAL TRAVEL AND ADMINISTRATIVE EXPENSES, WHICH IS TAXABLE TO THE INDIVIDUAL EACH MEMBER OF THE EXECUTIVE COMMITTEE IS REIMBURSED FOR EXPENSES INCURRED RELATING TO ORGANIZATION MATTERS (NONTAXABLE TO THE INDIVIDUAL) EXECUTIVE COMMITTEE MEMBERS ARE ALSO REIMBURSED BY THE ORGANIZATION FOR THEIR STAFF PERSONEL PERFORMING ORGANIZATION WORK NO MEMBER OF THE ORGANIZATION OR OF THE EXECUTIVE COMMITTEE, OR OF ANY OTHER COMMITTEE, RECEIVES COMPENSATION FOR SERVICES RENDERED THE AMOUNTS BUDGETED FOR THE MATTERS ABOVE ARE INCLUDED IN THE ORGANIZATION'S BUDGET THE BUDGET IS APPROVED BY THE FINANCE COMMITTEE ON AN ANNUAL BASIS								
PART I, LINE 1B	THE ORGANIZATION MAINTAINS AND FOLLOWS WRITTEN POLICIES REGARDING FIRST CLASS TRAVEL, SPOUSE TRAVEL, GROSS-UP PAYMENTS AND DISCRETIONARY SPENDING ACCOUNTS								
PART I, LINE 3	EXPENSE REPORTS MUST BE SUBMITTED IN ORDER TO RECEIVE REIMBURSEMENT FROM THE ORGANIZATION RECEIPTS ARE REQUIRED FOR ITEMS \$25 OR GREATER RECEIPTS ARE REQUIRED FOR ALL PURCHASES MADE WITH THE ORGANIZATION'S CREDIT CARD								
PART I, LINE 4B	THE FOLLOWING PERSONS RECEIVE BENEFITS FROM OR OTHERWISE PARTICIPATE IN SUPPLEMENTAL NONQUALIFIED RETIREMENT PLANS JOHN PRAST - PAYMENT OF \$141,680 (FULLY VESTED) STEPHEN STAHR - EARNED \$107,472 (DOES NOT VEST UNTIL RETIREMENT DATE IS REACHED)								

Schedule J (Form 990) 2017

efile GRAPH	IC print	: - DO NOT PROCESS As Filed D	ata -		DLN:	93493192011318
SCHEDUL (Form 990 or EZ)	990-EZ ions on n. actions is at	OMB No 1545-0047  2017 Open to Public Inspection				
Name of the org MILLION DOLLAR F	ROUND TAB	plemental Information			Employer identif	fication number
Return Reference				Explanation		
FORM 990, PART VI, SECTION A,	EMBER	VERNING BODY IS GOVERNED AND N SHIP WHICH FUNCTIONS AS THE BOA INCLUDES THE CHIEF EXECUTIVE OF	RD OF	GOVERNANCE THE COMMIT	TEE HAS FIVE VO	

LINE 1

Return Explanation
Reference

FORM 990, THE ORGANIZATION HAS THREE CLASSES OF MEMBERSHIP 1) QUALIFYING, 2) QUALIFYING AND LIFE, A
PART VI, ND 3) LIFE EACH CLASS OF MEMBERSHIP SHALL BE A PRIVILEGE WHICH MAY BE GRANTED OR WITHHELD
SECTION A, EACH YEAR BY THE EXECUTIVE COMMITTEE
LINE 6

# Return Explanation Reference

990 Schedule O, Supplemental Information

FORM 990,
PART VI,
SECTION A,
LINE 7A

THE ROUND TABLE HAS A NOMINATING COMMITTEE CONSISTING OF SEVEN MEMBERS THE PRESIDENT AND
TWO AVAILABLE PAST PRESIDENTS SHALL BE MEMBERS OF THE NOMINATING COMMITTEE WITH THE OTHER
FOUR MEMBERS NOT BEING MEMBERS OF GOVERNANCE OR PAST PRESIDENTS IT IS THE NOMINATING COMM
ITTEE THAT IS ASSEMBLED TO ELECT NEW MEMBERS TO THE GOVERNING BODY MEMBERS OF GOVERNANCE
MUST BE LIFE MEMBERS OR QUALIFYING AND LIFE MEMBERS

Return Reference	Explanation
FORM 990,	THE BY-LAWS MAY BE AMENDED BY THE MEMBERS. THE PROCESS REQUIRES NOTIFICATION OF THE MEMBER
PART VI, SECTION A,	S NOT LESS THAN 30 DAYS PRIOR TO THE ANNUAL MEETING AND APPROVAL BY TWO-THIRDS OF THOSE ME MBERS PRESENT AT THE ANNUAL MEETING AND CASTING VOTES AMENDMENTS MAY ALSO BE MADE BETWEEN
LINE 7B	ANNUAL MEETINGS BY SOLICITATION OF THE MEMBERS BY MAIL OR ELECTRONIC MEDIA THIS METHOD A LSO REQUIRES 30 DAY NOTIFICATION IN ADVANCE OF THE BALLOT DEADLINE AND APPROVAL BY TWO-THI
	RDS OF MEMBERS CASTING VOTES MEMBERS MAY PROPOSE AMENDMENTS BY WRITTEN PETITION CONTAININ
	G SIGNATURES OF NOT LESS THAN 20% OF ALL MEMBERS SUCH PETITION MUST BE SUBMITTED 90 DAYS PRIOR TO THE ANNUAL MEETING TO FACILITATE COMPLIANCE WITH THE 30 DAY NOTICE REQUIREMENT

Return Explanation

FORM 990, THE FORM 990 IS PREPARED BY THE ORGANIZATION'S INDEPENDENT ACCOUNTING FIRM BASED ON INFORM
PART VI, ATION SUPPLIED BY MANAGEMENT A DRAFT OF THE RETURN IS REVIEWED BY MANAGEMENT WITH ANY APP
SECTION B, ROPRIATE CHANGES BEING INCORPORATED INTO THE DOCUMENT BEFORE BEING PROVIDED TO THE GOVERNI
LINE 11B NG BODY PRIOR TO FILING

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 12C	EACH EXECUTIVE COMMITTE MEMBER IS REQUIRED TO AGREE TO THE CONFLICT OF INTEREST POLICY AND ACKNOWLEDGES THIS BY SIGNING THE CONFLICT OF INTEREST POLICY STATEMENT ON AN ANNUAL BASIS COMPLIANCE IS MONITORED BY THE EXECUTIVE COMMITTEE ON AN ANNUAL BASIS THE POLICY REQUIR ES FULL AND PROMPT DISCLOSURE TO THE EXECUTIVE COMMITTEE OF ALL RELEVANT FACTS REGARDING A NY POSSIBLE CONFLICTS OF INTEREST EACH EXECUTIVE COMMITTEE MEMBER AGREES TO INFORM IN WRITING AN OFFICER OF MDRT NOT AFFECTED BY THE CONFLICT THEY MUST THEN REFRAIN FROM EXECUTIVE COMMITTEE DISCUSSION WITH RESPECT TO THE MATTER AND REFRAIN FROM VOTING ON THE MATTER

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 15	THE ORGANIZATION USES ASAE'S BLUE CHIP AND ASSOCIATION FORUM SURVEYS TO EVALUATE COMPENSAT ION AT ALL LEVELS OF THE ORGANIZATION THE BOARD OF GOVERNANCE REVIEWS THIS INFORMATION IN DETERMINING THE COMPENSATION OF THE CHIEF EXECUTIVE OFFICER OCCUPATION SPECIFIC SURVEYS SUCH AS SHRM, NFRE, AND NMA ARE REVIEWED FOR MOST RECENT COMPENSATION DOCUMENTATION COMPENSATION FOR ALL EXECUTIVE POSITIONS WAS REVIEWED AND DOCUMENTED FOR 2017 ALLOWANCES AND REIMBURSEMENTS TO COMMITTEE MEMBERS ARE DETERMINED BASED UPON THE GUIDELINES STIPULATED WITHIN THE ORGANIZATION'S POLICY BOOK THE POLICIES INCLUDED WITHIN ARE STRICTLY ADHERED TO COMPENSATION FOR ALL OTHER EMPLOYEES IS EVALUATED ON AN ANNUAL BASIS BY THE CHIEF EXECUTIVE OFFICER AND DIRECTOR OF HUMAN RESOURCES COMPENSATION STUDIES PREVIOUSLY MENTIONED ARE USED IN THE PROCESS OF EVALUATING ALL OTHER EMPLOYEES ADDITIONALLY THE ORGANIZATION'S JOB DESCRIPTIONS AND SALARIES ARE REVIEWED BY AN EXTERNAL THIRD PARTY TO ASSESS WHETHER THE ORGANIZATION'S COMPENSATION IS COMPARABLE TO LIKE POSITIONS IN SIMILAR ORGANIZATIONS THIS PROCESS IS PERFORMED AND DOCUMENTED APPROXIMATELY ONCE OVER TWO TO THREE YEARS

Return Explanation
Reference

FORM 990, PART VI, SECTION C, LINE 19

990 Schedule O, Supplemental Information Return Explanation Reference

#### FORM 990, PART XI, LINE 9

Return Explanation

INCICIONOC	
FORM 990,	THE ORGANIZATION'S EXECUTIVE COMMITTEE ASSUMES RESPONSIBILITY FOR OVERSIGHT OF THE AUDIT O
PART XII,	FITS FINANCIAL STATEMENTS AND SELECTION OF AN INDEPENDENT ACCOUNTANT. THIS PROCESS HAS NO
LINE 2C	T CHANGED FROM THE PRIOR YEAR

efile GRAPHIC print - DO NOT PROCESS As Filed Data -DLN: 93493192011318 OMB No 1545-0047 **SCHEDULE R Related Organizations and Unrelated Partnerships** 2017 (Form 990) ▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37. ▶ Attach to Form 990. ▶ Information about Schedule R (Form 990) and its instructions is at www.irs.gov/form990. Open to Public Department of the Treasury Inspection Internal Revenue Service Name of the organization **Employer identification number** MILLION DOLLAR ROUND TABLE 36-2138427 Identification of Disregarded Entities Complete if the organization answered "Yes" on Form 990, Part IV, line 33. Part I **(f)** Direct controlling (a)
Name, address, and EIN (if applicable) of disregarded entity **(b)** Primary activity (c) Legal domicile (state (d) (e) End-of-year assets Total income or foreign country) entity

Part II Identification of Related Tax-Exempt Organization related tax-exempt organizations during the tax year.	<b>ns</b> Complete if the organi	zation answered "\	/es" on Form 990,	Part IV, line 34 be	cause it had one or	more	
(a) Name, address, and EIN of related organization	<b>(b)</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	Section (13) cor enti	512(b) ntrolled
(1)MILLION DOLLAR ROUNDTABLE FOUNDATION 325 W TOUHY AVENUE	GRANT MAKING TO OTHER CHARITABLE ORGANIZATIONS	IL	501(C)(3)	LINE 7	N/A	Yes	No No
PARK RIDGE, IL 60068 36-6080766					1977		
For Paperwork Reduction Act Notice, see the Instructions for Form	990.	Cat No 50135\	/	•	Schedule R (Form	990) 20	17

(a) Name, address, and EIN of related organization	<b>(b)</b> Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income(related, unrelated, excluded from tax under sections 512- 514)	(f) Share of total income		Disprop alloca	tions?	(1) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j Gener mana partr	ral or Figing (	(k) Percent owners	
								Yes	No		Yes	No	
												$\perp$	
												$\top$	
												+	
												$\perp$	
Identification of Related Organizates because it had one or more related o						ation answ	vered "Yes	" on Fo	orm 99	90, Part IV,	line .	34	
(a)  Name, address, and EIN of related organization	(b) Primary activity	L	(c) egal micile or foreign	Direct	(d) controlling Type entity (C co	(e) e of entity rp, S corp, r trust)	<b>(f)</b> Share of total Income		(g) of end-o year assets	of- Percei owne	ntage	[(13	(ı) tion 5 ) cont entity
												Y	es
		со	untry)									<u>_</u>	
		Со	untry)										
		со	untry)									+	
		со	untry)									<u>+</u>	
		со	untry)										
		со	untry)									  -  -  -	
		со	untry)									  -  -  -	

Schedule R (Form 990) 2017

	Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule		Yes	No
1 [	ouring the tax year, did the orgranization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?			
a	Receipt of (i) interest, (ii) annuities, (iii) royalties, or(iv) rent from a controlled entity	1a		No
b	Gift, grant, or capital contribution to related organization(s)	<b>1</b> b	Yes	
С	Gift, grant, or capital contribution from related organization(s)	1c		No
	Loans or loan guarantees to or for related organization(s)	1d		No
	Loans or loan guarantees by related organization(s)	1e		No
f	Dividends from related organization(s)	1f		No
	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
	Performance of services or membership or fundraising solicitations for related organization(s)	11		No
	Performance of services or membership or fundraising solicitations by related organization(s)	1m	Yes	
	Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n	Yes	
o	Sharing of paid employees with related organization(s)	10	Yes	
р	Reimbursement paid to related organization(s) for expenses	1p		No

	and the second of the second control and the		1	1
ı	Performance of services or membership or fundraising solicitations for related organization(s)	11		No
m	Performance of services or membership or fundraising solicitations by related organization(s)	1m	Yes	
n	Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n	Yes	
o	Sharing of paid employees with related organization(s)	10	Yes	
р	Reimbursement paid to related organization(s) for expenses	<b>1</b> p		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
	76 th			

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

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

<b>(a)</b> Name, address, and EIN of entity	<b>(b)</b> Primary activity	(c) Legal domicile (state or foreign country)	egal Predominant income income (related, unrelated, unrelated, untry) excluded from tax under sections 512-		(e) re all partners section 501(c)(3) rganizations?	(f) Share of total Income	(g) Share of end-of-year assets	(h) Disproprtionate allocations?		Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership	
			514)	Yes	No			Yes	No		Yes	No		
													_	
	•		•			•				Schedul	e R (Forn	າ 99	0) 2017	

Schedule R (Form 990) 2017 Part VII Supplemental Information Provide additional information for responses to questions on Schedule R (see instructions) Schedule R (Form 990) 2017