DLN: 93493317086769 OMB No 1545-0047 Return of Organization Exempt From Income Tax 2018 Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations) ▶ Do not enter social security numbers on this form as it may be made public Open to Public Department of the ▶ Go to www.irs.gov/Form990 for instructions and the latest information. Inspection Internal Revenue Service For the 2019 calendar year, or tax year beginning 01-01-2018 , and ending 12-31-2018 D Employer identification number B Check if applicable APPRAISAL INSTITUTE ☐ Address change 36-3739643 ☐ Name change Doing business as ☐ Initial return ☐ Final return/terminate E Telephone number ☐ Amended return Number and street (or P O box if mail is not delivered to street address) Room/suite 200 WEST MADISON NO 1500 ☐ Application pending (312) 335-4100 City or town, state or province, country, and ZIP or foreign postal code CHICAGO, IL  $\,$  60606  $\,$ G Gross receipts \$ 22,216,348 Name and address of principal officer H(a) Is this a group return for JAMES AMORIN MAI SRA A □Yes ☑No subordinates? 200 WEST MADISON NO 1500 H(b) Are all subordinates CHICAGO, IL 60606 ☐ Yes ☐No included? Tax-exempt status ☐ 501(c)(3) **☑** 501(c)(6) **◄**(insert no) 4947(a)(1) or If "No," attach a list (see instructions) **H(c)** Group exemption number ▶ Website: ► WWW APPRAISALINSTITUTE ORG L Year of formation 1991 **M** State of legal domicile IL K Form of organization ☑ Corporation ☐ Trust ☐ Association ☐ Other ▶ Summary 1 Briefly describe the organization's mission or most significant activities THE APPRAISAL INSTITUTE'S MISSION IS TO ADVANCE PROFESSIONALISM AND ETHICS, GLOBAL STANDARDS, METHODOLOGIES, AND PRACTICES THROUGH THE PROFESSIONAL DEVELOPMENT OF PROPERTY ECONOMICS WORLDWIDE Activities & Governance Check this box ▶ 🔲 if the organization discontinued its operations or disposed of more than 25% of its net assets Number of voting members of the governing body (Part VI, line 1a) . . . 4 20 Number of independent voting members of the governing body (Part VI, line 1b) 105 5 Total number of individuals employed in calendar year 2018 (Part V, line 2a) Total number of volunteers (estimate if necessary) . . 134 7a 46,802 7a Total unrelated business revenue from Part VIII, column (C), line 12 b Net unrelated business taxable income from Form 990-T, line 34 7b 67.858 **Prior Year Current Year** 86,685 8 Contributions and grants (Part VIII, line 1h) . . 87.173 9 Program service revenue (Part VIII, line 2g) . 18,124,927 18,836,528 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) . . 235,861 489,055 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 481,805 389,190 18,929,278 19,801,946 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12) Grants and similar amounts paid (Part IX, column (A), lines 1-3). 670 0 14 Benefits paid to or for members (Part IX, column (A), line 4) . Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 10,153,894 9,820,728 Expenses 16a Professional fundraising fees (Part IX, column (A), line 11e) . **b** Total fundraising expenses (Part IX, column (D), line 25) ▶0 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) . 8,957,568 9,637,268 19,112,132 19,458,660 18 Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25) 19 Revenue less expenses Subtract line 18 from line 12 . -182,854 343,286 Net Assets or Fund Balances **Beginning of Current Year End of Year** 20 Total assets (Part X, line 16) . 20,615,373 21,075,415 10,701,219 21 Total liabilities (Part X, line 26) . 10,045,449 10,374,196 22 Net assets or fund balances Subtract line 21 from line 20 Signature Block Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge 2019-11-12 Signature of officer Sign Here JAMES AMORIN MAI SRA AI-GRS CEO Type or print name and title Print/Type preparer's name Preparer's signature Date Check | If 2019-11-12 P01310867 Paid self-employed Firm's name CLIFTONLARSONALLEN LLP Firm's EIN ▶ 41-0746749 **Preparer** Use Only Firm's address ► 1301 W 22ND ST STE 1100 Phone no (630) 573-8600 OAK BROOK, IL 60523 ☑ Yes ☐ No May the IRS discuss this return with the preparer shown above? (see instructions) . For Paperwork Reduction Act Notice, see the separate instructions. Form 990 (2018) Cat No 11282Y

Form	990 (2018)				Page <b>2</b>
Pa	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	Briefly describe the o	organization's mission	·		
			PROFESSIONALISM AND ETHICS, ERTY ECONOMICS WORLDWIDE	GLOBAL STANDARDS, METHODO	LOGIES, AND PRACTICES
2	<del>-</del>	, <del>-</del>	gram services during the year whi		
	'				☐ Yes 🗹 No
	•	ese new services on Schedule			
3	Did the organization	cease conducting, or make si	gnificant changes in how it conduc	cts, any program	
					🗌 Yes 🗹 No
	If "Yes," describe the	ese changes on Schedule O			
4	Section 501(c)(3) an		nplishments for each of its three la e required to report the amount of service reported		
4a	(Code	) (Expenses \$	including grants of \$	) (Revenue \$	)
	See Additional Data				, 
4b	(Code	) (Expenses \$	including grants of \$	) (Revenue \$	)
	See Additional Data				
4c	(Code	) (Expenses \$	including grants of \$	) (Revenue \$	)
	See Additional Data				
4d		ces (Describe in Schedule O )			
	(Expenses \$	ıncludıng	grants of \$	) (Revenue \$	)
4e	Total program serv	vice expenses ►			
					Form <b>990</b> (2018)

Par	t IV Checklist of Required Schedules			
			Yes	No
1	Is the organization described in section $501(c)(3)$ or $4947(a)(1)$ (other than a private foundation)? If "Yes," complete Schedule $A$	1		No
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? $^{*}$	2	Yes	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidate for public office? If "Yes," complete Schedule C, Part I	s <b>3</b>	Yes	
4	Section 501(c)(3) organizations.  Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year?  If "Yes," complete Schedule C, Part II	4		
5	Is the organization a section $501(c)(4)$ , $501(c)(5)$ , or $501(c)(6)$ organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19?  If "Yes," complete Schedule C, Part III	5	Yes	
6		ht 6		No
7		7		No
8		8		No
9		9	Yes	
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V 🕏	10		No
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, I or X as applicable	ıx,		
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10?  If "Yes," complete Schedule D, Part VI	11a	Yes	
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	al <b>11b</b>		No
	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII 🥞	11c		No
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX 🕏	11d		No
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X 🥩	11e	Yes	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X •		Yes	
12a	Did the organization obtain separate, independent audited financial statements for the tax year?  If "Yes," complete Schedule D, Parts XI and XII 2	12a		No
	Was the organization included in consolidated, independent audited financial statements for the tax year?  If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b	Yes	
13	Is the organization a school described in section $170(b)(1)(A)(ii)$ ? If "Yes," complete Schedule E	13		No
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		No
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b	Yes	
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for an foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		No
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		No
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I(see instructions)	17		No
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		No
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		No
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		No
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20Ь		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		No

22 Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III . . . . . . . . . . . . . . . . .

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Part	Checklist of Required Schedules (continued)			
			Yes	No
	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	23	Yes	
	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K If "No," go to line 25a	24a		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.  Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		
	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ?  If "Yes," complete Schedule L, Part I	25b		
	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons?  If "Yes," complete Schedule L, Part II	26		No
	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		No
	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L,  Part IV	28a		No
	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L,  Part IV	28b		No
	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		No
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		No
	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I .	31		No
	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets?  If "Yes," complete Schedule N, Part II	32		No
	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-3? If "Yes," complete Schedule R, Part I	33		No
	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	34	Yes	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	Yes	
	If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b	Yes	
	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36		
	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? <b>Note.</b> All Form 990 filers are required to complete Schedule O	38	Yes	
Part	·			

7b If "Yes," did the organization notify the donor of the value of the goods or services provided? . . . . .

Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file 7с d If "Yes," indicate the number of Forms 8282 filed during the year . . . . 7d | e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 7e 7f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? . . . If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as

Sponsoring organizations maintaining donor advised funds.

**b** Gross income from other sources (Do not net amounts due or paid to other sources

which the organization is licensed to issue qualified health plans . . . . 

14a Did the organization receive any payments for indoor tanning services during the tax year? . . . . .

b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O.

Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess

parachute payment(s) during the year? If "Yes," see instructions and file Form 4720, Schedule N . . . . . .

Is the organization an educational institution subject to the section 4968 excise tax on net investment income?

If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form

Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during 8 9a Did the sponsoring organization make any taxable distributions under section 4966? . . . 9a **b** Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? . . . 9h Section 501(c)(7) organizations. Enter a Initiation fees and capital contributions included on Part VIII, line 12 . . . 10a b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b 11 Section 501(c)(12) organizations. Enter a Gross income from members or shareholders . 11a

7g

7h

14a

14b

15

No

No

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11b 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? 12a b If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b

Section 501(c)(29) qualified nonprofit health insurance issuers.

a Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O 13a Enter the amount of reserves the organization is required to maintain by the states in

13b

13c

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Par	rt VI	<b>Governance, Management, and Disclosure</b> For each "Yes" response to lines 2 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Sched Check if Schedule O contains a response or note to any line in this Part VI	ule O		o" respo	onse to	lines 🗸
Se	ction	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	1a	25			
	body,	re are material differences in voting rights among members of the governing or if the governing body delegated broad authority to an executive committee or r committee, explain in Schedule O					
b	Enter	the number of voting members included in line 1a, above, who are independent	1b	20			
2		ny officer, director, trustee, or key employee have a family relationship or a busine r, director, trustee, or key employee?	ss rela	tionship with any other	2		No
3		ne organization delegate control over management duties customarily performed by cers, directors or trustees, or key employees to a management company or other p			3		No
4	Did th	e organization make any significant changes to its governing documents since the	prior F	Form 990 was filed? .	4		No
5	Did th	e organization become aware during the year of a significant diversion of the organ	nizatio	n's assets?	5		No
6	Did th	ne organization have members or stockholders?			6	Yes	
7a		ne organization have members, stockholders, or other persons who had the power to bers of the governing body?	o elec	t or appoint one or more	7a	Yes	
b		ny governance decisions of the organization reserved to (or subject to approval by) ns other than the governing body?			<b>7</b> b	Yes	
8		e organization contemporaneously document the meetings held or written actions llowing	undert	taken during the year by			
а	The g	overning body?			8a	Yes	
Ь	Each (	committee with authority to act on behalf of the governing body?			<b>8</b> b	Yes	
	organ	re any officer, director, trustee, or key employee listed in Part VII, Section A, who c ization's mailing address? <i>If "Yes," provide the names and addresses in Schedule</i> C			9		No
Se	ction	<b>B. Policies</b> (This Section B requests information about policies not requ	ired b	y the Internal Revenu	e Code		
						Yes	No
		ne organization have local chapters, branches, or affiliates?	٠.		10a	Yes	
	and b	s," did the organization have written policies and procedures governing the activitie ranches to ensure their operations are consistent with the organization's exempt pi	urpose	s?	10b	Yes	
	form?		•		11a	Yes	
		ibe in Schedule O the process, if any, used by the organization to review this Form					
12a	Did th	e organization have a written conflict of interest policy? If "No," go to line 13.			12a	Yes	
Ь		officers, directors, or trustees, and key employees required to disclose annually int cts?	erests • •	that could give rise to	12b	Yes	
С		ne organization regularly and consistently monitor and enforce compliance with the fule O how this was done	policy •	? If "Yes," describe in • • •	12c	Yes	
13	Did th	e organization have a written whistleblower policy?	•		13	Yes	
14		e organization have a written document retention and destruction policy?			14	Yes	
15		ne process for determining compensation of the following persons include a review and its comparability data, and contemporaneous substantiation of the deliberation and					
а	The o	rganization's CEO, Executive Director, or top management official			15a	Yes	
Ь	Other	officers or key employees of the organization			15b	Yes	
	If "Ye	s" to line 15a or 15b, describe the process in Schedule O (see instructions)					
	taxab	le organization invest in, contribute assets to, or participate in a joint venture or sii le entity during the year?			16a		No
Ь	ın joir	s," did the organization follow a written policy or procedure requiring the organizati it venture arrangements under applicable federal tax law, and take steps to safegu s with respect to such arrangements?	ard th		16b		
Se	ction	C. Disclosure					
17	List th	ne States with which a copy of this Form 990 is required to be filed▶					
18		on 6104 requires an organization to make its Form 1023 (or 1024-A if applicable), savailable for public inspection. Indicate how you made these available. Check all the					
		Own website 🔲 Another's website 🗹 Upon request 🔲 Other (explain in Sc	hedul	e O)			
19	policy	ibe in Schedule O whether (and if so, how) the organization made its governing do , and financial statements available to the public during the tax year					
20		the name, address, and telephone number of the person who possesses the organ TA E SWACHA CPA CAE 200 WEST MADISON SUITE 1500 CHICAGO, IL 60606 (3:					

101111 330 (2	010)										Page /
Part VII	Compensation of Officer and Independent Contra		Truste	es,	Key	En	nploy	ees	, Highest Comp	ensated Employ	ees,
	Check if Schedule O contains a	response or no	te to an	y line	≘ ın t	hıs	Part VI	١.			🗆
Section	A. Officers, Directors, Tru	ıstees, Key E	mploy	ees	, an	d F	lighe	st (	Compensated En	nployees	
year .	this table for all persons requir of the organization's current of		·						, ,		•
of compensa	tion Enter -0- in columns (D), ( if the organization's <b>current</b> key	E), and (F) if no	compe	nsatı	on w	vas į	paid		- ,,		
• List the who received	organization's five <b>current</b> high direportable compensation (Box and any related organizations	est compensate	d emplo	yees	(oth	ner t	than a	n off	icer, director, truste	e or key employee)	1
• List all o	of the organization's <b>former</b> office compensation from the organization						pensat	ed e	employees who rece	ived more than \$10	0,000
	f the organization's <b>former dir</b> e , more than \$10,000 of reportat										e
compensated	in the following order individual demployees, and former such p	ersons									
☐ Check tl	nis box if neither the organization	n nor any relate	ed organ	nizatio	on co	omp	ensate	d ar	ny current officer, di	rector, or trustee	Т
	(A) Name and Title	(B) Average hours per week (list any hours for related	than o	one bo oth a direct	ox, un off tor/t	t cho unles ficer rust	and a	on	(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-	(F) Estimated amount of other compensation from the organization and
		organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officer	key employee	Highest compensated employee	Former	2/1099-MI3C)	(W- 2/1099- MISC)	related organizations
See Additiona	al Data Table										

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Part VII Section A. Officers, Direct	ors, Trustees	s, Key I	Empl	oye	es,	and	High	nest Co	mpensate	d Employees (	cont	tinued)	
(A) Name and Title	(B) Average hours per week (list any hours for related	than c	one bo	ox, u an off tor/tr	t che unles ficer ruste		son a	Rep comp fro organiz	(D) ortable sensation om the zation (W-	(E) Reportable compensation from related organizations (\) 2/1099-MISC	w-	Estima amount o compens from	ated of other sation the
	organizations below dotted line)  organizations below dotted line or director  organizations below dotted line or director  Officer  Officer  Institutional Trustee									,	organizati relati organiza	ed	
See Additional Data Table				$\mid \rightarrow \mid$		-							
							$\Box$						
			<u> </u>	$\bigsqcup$		<u> </u>	<u> </u>				_		
			<u> </u>	Щ		<del> </del>	<u> </u>	<u> </u>					
			<u> </u>	$\sqcup$	$\bigsqcup$	-	<u>                                     </u>	<del> </del>			+		
			<del>                                     </del>	H	H	<del></del>	<del> </del>	-			+		
			<del>                                     </del>	$\mid \rightarrow \mid$		<del></del>	+				+		
1b Sub-Total			<u> </u>	<u></u>	ш	<u> </u>	<u></u>						
c Total from continuation sheets to Pa d Total (add lines 1b and 1c)	•					<b>▶</b>	_	2,	.181,029		0		186,285
Total number of individuals (including of reportable compensation from the compensation)	but not limited	to thos			bove		rec			00,000			
											1	Yes	No
3 Did the organization list any former of line 1a? If "Yes," complete Schedule J	for such individ	dual .	•	•	•		•				3		No
For any individual listed on line 1a, is organization and related organizations individual										the	4	Yes	
5 Did any person listed on line 1a receiv services rendered to the organization									ition or indi	vidual for	5		No
Section B. Independent Contract						<u> </u>	_					'	
Complete this table for your five higher from the organization. Report comper	nsation for the c									ı's tax year	npen		
	(A) and business addre	955							+	(B) option of services		(C Compen	sation
RICH FEUER ANDERSON 1133 CONNECTICUT AVE NW STE 620									LOBBYING C	ONSULTING FEES			120,000
WASHINGTON, DC 20036 GRAYTON INTEGRATED PUBLISHING LLC									PROF CREAT APP JOURN	IVE SVCS - VAL MA	\G &		117,096
886 WASHINGTON ROAD GROSS POINTE, MI 48230 HEIDI M KORTHASE									DDOE SVC DI	ROJ MANAGEMENT			112,000
1945 WEST MORSE AVE									FROI SVC	OJ PIANAGENEN.			112,000
CHICAGO, IL 60626 CRAIG HARRINGTON									INSTRUCTOR	R FEES & ROYALTIE	S		103,820
PO BOX 1018 PRIOR LAKE, MN 55372													
JOHN P WINTROL LLC									LEGAL				101,185
5620 KNOLLWOOD RD BETHESDA, MD 20816  2 Total number of independent contractor.		not lim				listed	3ho		racewed mo	era than \$100 00	of of		
compensation from the organization > 7		. 1100 11111				——		ve) Wilo i	received inc	71e tilali \$100,00	,0 OI	Form 90	- /22/2

Part	VIII Statement of Revenue Check if Schedule O contains	a respo	onse or note to any	line in th	nis Part VIII				🗆
				(/	A) evenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	s ex	(D) Revenue scluded from under sections 512 - 514
10	1a Federated campaigns	1a			l.	revenue			312 - 314
ants unt	<b>b</b> Membership dues	<b>1</b> b							
ع در	c Fundraising events	1c							
fts, FA,	d Related organizations	1d	87,173						
5 <u>=</u>	e Government grants (contributions)	1e							
Sir	f All other contributions, gifts, grants, and similar amounts not included								
	above	1f							
를등	g Noncash contributions included in lines 1a - 1f \$								
Contributions, Gifts, Grants and Other Similar Amounts	h Total. Add lines 1a-1f		•		87,173				
			Business	Code	07,173				
пПе	2a MEMBERSHIP DUES & FEES			541900	11,23	36,138 11,2	36,138		
بر مار الم	<b>b</b> EDUCATION & REGISTRATION FEES			611600	6,00	04,866 6,0	04,866		
Ce F	c PUBLICATION SALES			511130	59	5,905	95,905		
ervi	d ADMISSION & GRADING FEES			611600	55	59,574 5	59,574		
E S	e PERIODICALS			511120	7	76,437	29,635	46,802	
Program Service Revenue	<b>f</b> All other program service revenue	e			36	53,608 3	63,608		
ď	<b>gTotal.</b> Add lines 2a-2f		18,8	36,528					
	3 Investment income (including divid	dends, i	nterest, and other	1	221.160				224.460
	similar amounts)				321,160			-+	321,160
	<b>5</b> Royalties		ond proceeds	-	243,996				243,996
	(ı) Rea		(II) Personal						
	6a Gross rents			]					
	<b>b</b> Less rental expenses			1					
	c Rental income or			_					
	(loss)								
	<b>d</b> Net rental income or (loss)		<u> </u>	<u> </u>					
	7a Gross amount	ities	(II) Other	-					
	from sales of 2,! assets other	582,297							
	than inventory								
		414,402							
	sales expenses  C Gain or (loss)	167,895		1					
	d Net gain or (loss)		<b>&gt;</b>	1	167,895				167,895
<b>a</b> .	<b>8a</b> Gross income from fundraising ev (not including \$	ents of							
une	contributions reported on line 1c)								
eve	See Part IV, line 18			4					
r R	<b>b</b> Less direct expenses <b>c</b> Net income or (loss) from fundrai	<b>b</b> sing ev	ents 🕨	_					
Other Revenue	9a Gross income from gaming activit								
0	See Part IV, line 19	а	}						
	<b>b</b> Less direct expenses	b		1					
	<b>c</b> Net income or (loss) from gaming	g activit	les	_					
	10aGross sales of inventory, less returns and allowances								
		а	}						
	$f b$ Less cost of goods sold $\ . \ \ .$	b							
	<u>C</u> Net income or (loss) from sales of Miscellaneous Revenue	finvent	Business Code						
	11a <sub>OTHER</sub> REVENUE		900099	9	145,194				145,194
	b							$\overline{}$	
	С								
	d All other revenue							-	
	e Total. Add lines 11a-11d				145,194				
	<b>12 Total revenue.</b> See Instructions				19,801,946	18,789,7	26	46,802	878,245
								Fo	rm <b>990</b> (2018)

Page **9** 

	art IX Statement of Functional Expenses				Page 10
	$\frac{1}{1}$ ion $\frac{1}{1}$ $\frac{1}{1}$ organizations must complete all co	_			
	Check if Schedule O contains a response or note to any	line in this Part IX .			<u> ⊔</u>
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraisingexpenses
1	Grants and other assistance to domestic organizations and domestic governments See Part IV, line 21				
2	Grants and other assistance to domestic individuals See Part IV, line 22	664			
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, line 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees	1,396,724			
6	Compensation not included above, to disqualified persons (as defined under section $4958(f)(1)$ ) and persons described in section $4958(c)(3)(B)$				
7	Other salaries and wages	6,714,893			
8	Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions)	387,336			
9	Other employee benefits	793,543			
10	Payroll taxes	528,232			
11	Fees for services (non-employees)				
а	Management				
ь	Legal	251,241			
c	Accounting	33,080			
d	Lobbying	182,471			
e	Professional fundraising services See Part IV, line 17				
f	Investment management fees	10,000			
g	Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	1,527,704			
12	Advertising and promotion	527,183			
13	Office expenses	472,291			
14	Information technology	370,758			
15	Royalties	421,803			
16	Occupancy	723,084			
17	Travel	678,644			
18	Payments of travel or entertainment expenses for any federal, state, or local public officials .				
19	Conferences, conventions, and meetings	1,901,255			
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	417,399			
23	Insurance	227,476			
24	Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24e If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O )				
	a CORPORATE TAX	22,200			
	b EDUCATION CERTIFICATION	914,970			
,	CHAPTER AND REGION SUPP	379,074			
,	d CREDIT CARD FEES	308,297			
	e All other expenses	268,338			
25	Total functional expenses. Add lines 1 through 24e	19,458,660			
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				
	Check here ► ☐ If following SOP 98-2 (ASC 958-720)				

Page **11** 

101.886

347.593

2,275,322

11,988,559

601.390

21.075.415

1,779,170

10.701.219

10.365.834

10,374,196

21,075,415

Form **990** (2018)

8,362

					1
	1	Cash-non-interest-bearing	4,346,771	1	4,220,432
	2	Savings and temporary cash investments	1,363,341	2	1,339,178
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net	65,460	4	201,055
	5	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5	
اما	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Complete Part II of Schedule L		6	
ts	7	Notes and loans receivable net		7	

101.761

366.139

1,470,579

620.782

20.615.373

1,761,310

10.045.449

10.561.562

10,569,924

20,615,373

8,362

12,280,540

9

10c

11 12

13

14

15

16

17

26

27

28

29

30

31 32

33

34

### Asset Notes and loans receivable, net Inventories for sale or use . Prepaid expenses and deferred charges 10a Land, buildings, and equipment cost or other 7,061,925 10a basis Complete Part VI of Schedule D 4,786,603 b Less accumulated depreciation 10b 11 Investments—publicly traded securities . 12 Investments—other securities See Part IV, line 11 . 13 Investments-program-related See Part IV, line 11 14 Intangible assets . . . . .

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

Other assets See Part IV, line 11 . . .

and other liabilities not included on lines 17 - 24)

Capital stock or trust principal, or current funds

Total liabilities and net assets/fund balances

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

Organizations that do not follow SFAS 117 (ASC 958), check here  $\triangleright$   $\square$  and complete lines 30 through 34.

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

Retained earnings, endowment, accumulated income, or other funds

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

Total liabilities. Add lines 17 through 25 .

Complete Part X of Schedule D

Temporarily restricted net assets

Permanently restricted net assets

Total net assets or fund balances

Unrestricted net assets

Accounts payable and accrued expenses

Form 990 (2018)

15

16

17

26

27

28

29

30

31

32

33

34

Assets or Fund Balances

Net

	18	Grants payable		18	
	19	Deferred revenue	4,986,799	19	5,102,007
	20	Tax-exempt bond liabilities		20	
Š	21	Escrow or custodial account liability Complete Part IV of Schedule D		21	625,569
iabilitie	22	Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified			
<u> </u>		persons Complete Part II of Schedule L		22	
_	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties		24	_
	25	Other liabilities (including federal income tax, payables to related third parties,	3,297,340	25	3,194,473

3a

3b

No

Form 990 (2018)

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

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

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

Audit Act and OMB Circular A-133?

## **Additional Data**

Software ID:

Software Version:

Name: APPRAISAL INSTITUTE

**EIN:** 36-3739643

PROGRAMS, PEER REVIEW PROCESS, EDUCATION, RESEARCH, AND PUBLISHING ENDEAVORS

Form 990 (2018)

Form 990, Part III, Line 4a:

TOTAL MEMBERSHIP AS OF DECEMBER 31, 2018 WAS NEARLY 18,000, INCLUDING ACTIVE DESIGNATED MEMBERS, CANDIDATES FOR DESIGNATION, PRACTICING
AFFILIATES AND AFFILIATES. AS WELL AS RETIRED DESIGNATED MEMBERS AND LIFE DESIGNATED MEMBERS. THE APPRAISAL INSTITUTE CONFERS THE MAL SRA

AFFILIATES AND AFFILIATES, AS WELL AS RETIRED DESIGNATED MEMBERS AND LIFE DESIGNATED MEMBERS. CANDIDATES FOR DESIGNATION, PRACTICING AFFILIATES AND AFFILIATES, AS WELL AS RETIRED DESIGNATED MEMBERS AND LIFE DESIGNATED MEMBERS. THE APPRAISAL INSTITUTE CONFERS THE MAI, SRA, AI-GRS AND AI-RRS MEMBERSHIP DESIGNATIONS, THE REQUIREMENTS FOR WHICH ARE RIGOROUS EACH MEMBER OF THE APPRAISAL INSTITUTE SHALL ABIDE BY, UPHOLD AND CONFORM THEIR ACTIONS TO THE BYLAWS, REGULATIONS, CODE OF PROFESSIONAL ETHICS AND STANDARDS OF PROFESSIONAL APPRAISAL PRACTICE OF THE APPRAISAL INSTITUTE. THE ORGANIZATION LED THE PROFESSION IN FOSTERING AND PROMOTING THE HIGHEST STANDARDS OF PRACTICE THROUGH ITS DESIGNATION.

AS THE LEADER IN REAL PROPERTY APPRAISER EDUCATION, THE APPRAISAL INSTITUTE OFFERS AN EXTENSIVE CURRICULUM OF INTRODUCTORY AND ADVANCED COURSES, AS WELL AS A WIDE RANGE OF SEMINARS ON SPECIALTY TOPICS THESE PROGRAMS ARE DESIGNED TO ADDRESS THE NEEDS OF ALL REAL ESTATE

Form 990, Part III, Line 4b:

THAN 2.000 COURSES AND SEMINARS

APPRAISERS. RANGING FROM THOSE JUST ENTERING THE PROFESSION AND EARNING CREDIT TOWARD STATE LICENSING OR CERTIFICATION, TO SEASONED PRACTITIONERS WHO WISH TO KEEP ABREAST OF THE LATEST TECHNIQUES AND DEVELOPMENTS MANY OF THESE PROGRAMS ALSO SERVE TO HELP OTHER INDUSTRY

PROFESSIONALS GAIN FURTHER INSIGHT AND UNDERSTANDING OF REAL ESTATE VALUATION TECHNIQUES AND PROCESSES THE APPRAISAL INSTITUTE HAS ALSO

EXPANDED ITS EDUCATION PROGRAMS TO ASIA, EUROPE AND SOUTH AMERICA IN 2018, THE APPRAISAL INSTITUTE SERVED OVER 30,000 STUDENTS THROUGH MORE

THE APPRAISAL INSTITUTE IS THE WORLD'S LARGEST PUBLISHER OF REAL ESTATE APPRAISAL LITERATURE IN ADDITION TO A SERIES OF GENERAL REFERENCE BOOKS. EVERY YEAR THE APPRAISAL INSTITUTE ADDS TO ITS EXTENSIVE LIST OF PUBLICATIONS (INCLUDING DIGITAL PUBLICATIONS), COVERING CONTEMPORARY PRACTICE ISSUES, ADVANCES IN METHODOLOGY AND TECHNOLOGY, AND THE VALUATION OF A WIDE RANGE OF SPECIAL PURPOSE PROPERTIES. IN 2018, THE APPRAISAL INSTITUTE SOLD OVER 10.000 BOOKS THE APPRAISAL INSTITUTE ALSO PUBLISHES THE APPRAISAL JOURNAL. VALUATION MAGAZINE AND APPRAISER NEWS ONLINE

Form 990, Part III, Line 4c:

OF INDUSTRY TRENDS AS WELL AS LEGISLATIVE AND REGULATORY MATTERS IMPACTING APPRAISERS

THE PEER-REVIEWED JOURNAL HAS SERVED AS THE TOP FORUM FOR APPRAISAL PROFESSIONALS AND HAS BECOME THE MOST FREQUENTLY REFERENCED PERIODICAL

IN APPRAISAL LITERATURE VALUATION MAGAZINE FOCUSES ON INNOVATIVE FEATURES AND PRACTICAL IDEAS APPRAISER NEWS ONLINE KEEPS APPRAISERS ABREAST

(A) (D) (B) (C) (E) (F) Name and Title Position (do not check more Reportable Reportable Estimated Average amount of other than one box, unless hours per compensation compensation person is both an officer week (list from the compensation from related and a director/trustee) any hours organization organizations from the

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

and Independent Contractors

JEFFREY S ENRIGHT MAI SRA

CHARLES R MILLSJR MAI SRA

CRAIG STEINLEY SRA AI-RRS

ERIC K SCHWARTZ MAI SRA

AI-GRS, DIRECTOR

AI-GRS, DIRECTOR

AI-GRS, DIRECTOR

MARK J KRAUSE MAI

DIRECTOR

DIRECTOR

	,		,					(1)	(1)	
	for related organizations below dotted line)	Individual trustee or director	Institutional Trustee		key employee	Highest compensated	Former	(W- 2/1099- MISC)	(W- 2/1099- MISC)	organization and related organizations
JAMES AMORIN MAI SRA AI-GRS CHIEF EXECUTIVE OFFICER	50 00	X		x				441,674	0	9,364
JAMES L MURRETT MAI SRA PRESIDENT	40 00	×		х				139,911	0	0
STEPHEN S WAGNER MAI SRA AI-GRS, PRESIDENT ELECT	20 00	х		х				126,543	0	0
JEFFERSON L SHERMAN MAI	20 00			V				90 279	0	0

		I X	I	ΙXΙ		l 126.543	
AI-GRS, PRESIDENT ELECT		, ,				120,010	
JEFFERSON L SHERMAN MAI	20 00	×		x		89.278	0
AI-GRS, VICE PRESIDENT		,,		,,		02,2.0	
CESAR S CANTU MARTINEZ MAI	2 00	l				0	0
SRA, DIRECTOR		_^_				l	0

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Х

Х

Х

Х

0

8,900

0

0

2 00

2 00

2 00

2 00

2 00

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...............

(A) (D) (B) (C) (E) (F) Name and Title Position (do not check more Reportable Reportable Estimated Average hours per than one box, unless compensation compensation amount of other week (list person is both an officer from related from the compensation

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

and Independent Contractors

MICHAEL J A MIGNOGNA MAI

MICHAEL V TANKERSLEY MAI

SRA, AI-RRS, DIRECTOR

AI-RRS, DIRECTOR

SRA, DIRECTOR

DIRECTOR

DIRECTOR

DIRECTOR

ROBERT B LYNCH SRA

RODMAN SCHLEY MAI

NICHOLAS D PILZ MAI SRA

PLEDGER M BISHOP III MAI

ROBERT L MOORMAN MAI SRA

......

......

DIRECTOR

	any hours	for well-bank					)	organization	organizations	from the	
	for related organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officer	key employee	Highest compensated employee	Former	(W- 2/1099- MISC)	(W- 2/1099- MISC)	organization and related organizations	
ERIC P HAIMS MAI AI-GRS DIRECTOR	2 00	×						0	0	0	
L STEVEN NOBLE MAI SRA AI-GRS, DIRECTOR	2 00	×						0	0	0	
MARY E CAMPOS MAI SRA AI-GRS, DIRECTOR	2 00	×						0	0	0	

2 00

2 00

2 00

2 00

2 00

2 00

2 00

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Х

Х

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6,500

9,265

24,910

0

......

......

......

......

......

(A) (D) (B) (C) (E) (F) Name and Title Position (do not check more Reportable Estimated Average Reportable hours per than one box, unless compensation compensation amount of other week (list person is both an officer from the from related compensation

and a director/trustee)

organization

192,613

297,222

168,311

159,317

222,186

organizations

from the

28,903

33,842

14,778

28,892

14,155

0

0

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

	1 4117 110413	and a un color, crastee,					′	(1)	distant and a second		
	for related organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officer	key employee	Highest compensated employee	Former	(W- 2/1099- MISC)	(W- 2/1099- MISC)	organization and related organizations	
ROGER P BUSH MAI SRA DIRECTOR	2 00	×						0	0	0	
RYAN M HLUBB MAI SRA DIRECTOR	2 00	х						0	0	0	
SHELLY H TANAKA MAI AI-GRS DIRECTOR	2 00	х						0	0	0	
STEVEN G STILOSKI MAI DIRECTOR	2 00	х						0	0	0	
VAL K CHIASSON MAI SRA	2 00	×						0	0	0	

Χ

Х

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Χ

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DIRECTOR

CFO

BEATA E SWACHA CPA CAE

JEFFREY E LISKAR ESQUIRE

STEPHANIE COLEMAN MAI SRA

AI-GRS, AI-RRS, SR MANAGER

EVAN R WILLIAMS CAE IOM

DIRECTOR, PROF SERVICES

DIRECTOR, GVMNT RELATIONS

WILLIAM E GARBER JR

GENERAL COUNSEL

.............

and Independent Contractors

49 00

1 00 50 00

37 50

37 50

37 50

......

......

......

any hours

and Independent Contractors (A) Name and Title

ROBERTA H BORST MBA

DIRECTOR, MARKETING

DIRECTOR, COMMUNICATIONS

KENNETH CHITESTER

any hours for related organizations below dotted line)
37 50

(B)

Average hours per

week (list

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

Institutiona



Former

Reportable compensation from the organization (W-2/1099-MISC) 155,200 139,199

(D)

compensation from related organizations (W- 2/1099-MISC)

(E)

Reportable

compensation from the organization and related organizations 30,302 26,049

(F)

Estimated

amount of other

<sup>37 50</sup> 

• 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

DLN: 93493317086769

Open to Public

Department of the Treasury Internal Revenue Service

EZ)

SCHEDULE C (Form 990 or 990-

▶Complete if the organization is described below. ▶Attach to Form 990 or Form 990-EZ. ▶Go to www.irs.gov/Form990 for instructions and the latest information.

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

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

Inspection

f the	Section 501(c)(3) organizations tha Section 501(c)(3) organizations tha	n Form 990, Part IV, Line 4, or Form 9 it have filed Form 5768 (election under s it have NOT filed Form 5768 (election ur n Form 990, Part IV, Line 5 (Proxy Tax is), then	ection 501(h)) Co ider section 501(h	mplete Part II-A Do )) Complete Part II-	not co B Do i	omplete Part II-I not complete Pa	art II-A
	ne of the organization	zations Complete Fart III		Employe	er iden	ntification nun	nber
	RAISAL INSTITUTE						
Par	t I-A Complete if the orga	nization is exempt under sectio	n 501(c) or is	36-3739 a section <b>527</b> o		zation.	
1		nization's direct and indirect political can					
2	Political campaign activity expens	ditures (see instructions)			<b>&gt;</b>	\$	
3	Volunteer hours for political camp	paign activities (see instructions)					
Par	t I-B Complete if the orga	nization is exempt under sectio	n 501(c)(3).				
1	Enter the amount of any excise t	ax incurred by the organization under se	ection 4955		<b>&gt;</b>	\$	
2	Enter the amount of any excise t	ax incurred by organization managers ui	nder section 4955		<b>&gt;</b>	\$	
3	If the organization incurred a sec	tion 4955 tax, did it file Form 4720 for t	his year?			☐ Yes	□ No
4a	Was a correction made?					☐ Yes	□ No
b		nization is exempt under sectio	= F01/a\ avea	nt costion FO1	-1/21	<u> </u>	
		<del>-</del>		-	c)(3)		
1 2	·	ded by the filing organization for section ganization's funds contributed to other o	·		•	\$	
3		es Add lines 1 and 2 Enter here and or	Form 1120-POL	lino 17h			
	•		1101111 1120-FOL,	iiile 17b		\$	
4	Did the filing organization file <b>Fo</b>	rm 1120-POL for this year?				☐ Yes	□ No
5	organization made payments Fo of political contributions received	employer identification number (EIN) of r each organization listed, enter the amo that were promptly and directly deliver ee (PAC) If additional space is needed,	ount paid from the ed to a separate p	filing organization's olitical organization	funds	Also enter the	
	(a) Name	(b) Address	(c) EIN	(d) Amount paid filing organizati funds If none, 6 -0-	on's	(e) Amount contributions and promp directly delive separate programments or an arrangement or arran	s received otly and vered to a political i If none,
(1) A	APPRAISAL INSTITUTE PAC	200 W MADISON STREET STE 1500 CHICAGO, IL 60606	36-3739643				94,193
2							
3							
4							
5							
6							
For P	aperwork Reduction Act Notice, see	the instructions for Form 990 or 990-EZ.	Cat	No 50084S Schee	dule C (	Form 990 or 99	0-EZ) 2018

ь	Total lobbying expenditures to influence a legislative		
c	Total lobbying expenditures (add lines 1a and 1b)		
d	Other exempt purpose expenditures		
e	Total exempt purpose expenditures (add lines 1c and	i 1d)	
f	Lobbying nontaxable amount Enter the amount fron columns	n the following table in both	
	If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:	
	Not over \$500,000	20% of the amount on line 1e	
	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000	
	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000	
	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000	
	Over \$17,000,000	\$1,000,000	
			 •
g	Grassroots nontaxable amount (enter 25% of line 1f	)	
h	Subtract line 1g from line 1a If zero or less, enter -(	)-	

i Subtract line 1f from line 1c If zero or less, enter -0j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting ☐ Yes ☐ No section 4911 tax for this year? 4-Year Averaging Period Under section 501(h)

(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the separate instructions for lines 2a through 2f.) Lobbying Expenditures During 4-Year Averaging Period Calendar year (or fiscal year (a) 2015 **(b)** 2016 (c) 2017 (d) 2018 (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

1

c

e

g

2a

Part III-B

PART I-A, LINE 1

Form 5768 (election under section 501(h)). (a) For each "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity Yes

No

Amount

Yes

1

2

1

2a

2b

2c 3

> 4 5

No

No

No

11,236,138

565,740

-75,832

489,908

455,580

34,328

(b)

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 Volunteers?

Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6)

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

Mailings to members, legislators, or the public?

Publications, or published or broadcast statements?

Grants to other organizations for lobbying purposes?

Direct contact with legislators, their staffs, government officials, or a legislative body?

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

Other activities? Total Add lines 1c through 1i Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?

If "Yes," enter the amount of any tax incurred under section 4912 If "Yes," enter the amount of any tax incurred by organization managers under section 4912 If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?

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

1 Were substantially all (90% or more) dues received nondeductible by members? 2 Did the organization make only in-house lobbying expenditures of \$2,000 or less? 3 Did the organization agree to carry over lobbying and political expenditures from the prior year?

and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No" OR (b) Part III-A, line 3, is answered "Yes." 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). Current year

b Carryover from last year c

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? 5 Taxable amount of lobbying and political expenditures (see instructions)

Part IV Supplemental Information

Provide the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, Part II-A (affiliated group list), Part II-A, lines 1 and 2 (see

Return Reference SCHEDULE C, PART I-C, LINE 5

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

APPRAISAL INSTITUTE PAC (AI PAC) PROVIDES A MEANS FOR DESIGNATED MEMBERS, CANDIDATES, AND

PRACTICING AFFILIATES TO PARTICIPATE IN THE POLITICAL PROCESS ON A NATIONAL LEVEL CONTRIBUTIONS CAN BE MADE BY INDIVIDUAL DESIGNATED MEMBERS, CANDIDATES, AND PRACTICING AFFILIATES OF THE APPRAISAL INSTITUTE AND THEIR FAMILIES, AS WELL AS BY APPRAISAL INSTITUTE

CANDIDATES, OR TO LEADERSHIP POLITICAL ACTION COMMITTEES

ADMINISTRATIVE COSTS OF THE PAC ARE PAID DIRECTLY BY APPRAISAL INSTITUTE

Explanation

EMPLOYEES CONTRIBUTIONS FROM AI PAC SUPPORT THE PRIMARY AND GENERAL ELECTION CAMPAIGN EFFORTS OF CANDIDATES FOR THE U.S. CONGRESS WHO SUPPORT AND PROMOTE THE PRINCIPLES OF THE APPRAISAL PROFESSION AI PAC DOES NOT CONTRIBUTE TO POLITICAL PARTIES, TO PRESIDENTIAL

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

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

**Supplemental Financial Statements** 

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

DLN: 93493317086769 OMB No 1545-0047

> Open to Public Inspection

Department of the Treasury Internal Revenue Service

(Form 990)

▶ Go to www.irs.gov/Form990 for the latest information. Name of the organization **Employer identification number** APPRAISAL INSTITUTE 36-3739643 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 7 Purpose(s) of conservation easements held by the organization (check all that apply) Preservation of land for public use (e.g., recreation or education) Preservation of an historically important land area Protection of natural habitat Preservation of a certified historic structure Preservation of open space 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 7/25/06, 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) 8 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 Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 8. If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items (i) Revenue included on Form 990, Part VIII, line 1 (ii) Assets included in Form 990, Part X If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items Revenue included on Form 990, Part VIII, line 1 Assets included in Form 990, Part X

Cat No 52283D

Schedule D (Form 990) 2018

Par	t III	Organizations Ma	aintaining Col	lections o	f Art, Hi	istori	cal T	reası	ures, or	Other	Similar	Assets (	contini	ued)	
3		g the organization's acqu s (check all that apply)	uisition, accessior	n, and other	records, o	check	any of	the fo	ollowing t	hat are a	sıgnıfıcan	t use of it	s collec	ction	
а		Public exhibition				d		Loan	or excha	ange prog	grams				
b		Scholarly research				е		Othe	r						
c		Preservation for future	generations												
4	Provi Part	ide a description of the o	organızatıon's col	lections and	explain h	ow the	ey furtl	ner th	e organız	ation's e	xempt pur	pose in			
5		ng the year, did the orga ts to be sold to raise fun									nılar	□ Y	es	□ N-	o
Pa	rt IV	Escrow and Custo Complete if the org X, line 21.			' on Forn	n 990	, Part	IV, l	ine 9, or	reporte	ed an am	ount on	Form	990,	Part
1a		e organization an agent, ded on Form 990, Part >		an or other II	ntermedia	ary for	contri	bution	ns or othe	er assets	not	<b>✓</b> γ	es	□ n	0
b	If "Y	es," explain the arrange	ement in Part XIII	and comple	te the foll	owing	table		[			Amount			_
С	Begır	nning balance								1c			22	25,193	3
d	Addıt	tions during the year								1d			82	23,640	5
е	Dıstr	butions during the year	-							1e					
f	Endır	ng balance								1f			1,04	18,833	3
2a	Did t	he organization include	an amount on Fo	rm 990, Parl	t X, line 2	1, for	escrow	or cu	Istodial a	ccount li	ability?	. 🗹 Y	es	□ N	— О
b	If "Ye	es," explain the arrange	ment ın Part XIII	Check here	If the exp	planati	on has	been	provided	d in Part :	XIII	. ☑			
Pa	rt V	Endowment Fund	<b>ds.</b> Complete ıf	the organi	zatıon ar	nswer	ed "Y	es" o							
				(a)Current	t year	<b>(b)</b> P	rıor yea	<u>-                                    </u>	(c)Two ye	ears back	(d)Three	years back	( <b>e)</b> Fo	ur year	s back_
	-	ning of year balance .						$\rightarrow$							
		butions						$\rightarrow$							
		vestment earnings, gain													
		s or scholarships													
е		expenditures for facilitie	es												
f		istrative expenses .						-+							
		year balance						$\dashv$							
_		,		L					· · · · · · · · · · · · · · · · · · ·						
2		ide the estimated percer d designated or quasi-ei		ent year end	balance (	line 1	g, colu	mn (a	)) held a	S					
a		a designated of quasi-el	ndowinent P												
Ь															
С		porarily restricted endov		ld l <b>10</b> 0	107										
За		percentages on lines 2a, :here endowment funds				on that	t are b	old an	d admini	stered fo	r the				
Ja		nization by	not in the posses	sion of the o	n garnzacio	JII CIIA	c are n	eiu aii	ia admini	stered 10	i tile			Yes	No
	<b>(i)</b> u	nrelated organizations										3	a(i)		
	(ii) r	related organizations .											a(ii)		
b		es" on 3a(11), are the rel	-					· .					3b		
4		ribe in Part XIII the inte			n's endow	ment f	funds								
Pa	rt VI	Land, Buildings, a Complete if the org			on Forn	~ 000	Dort	T\ / 1	no 115	Soo Eo	rm 000	Dart V II	no 10		
	Descr	ription of property	(a) Cost or oth (investme	er basis	(b) Cost o						depreciation		( <b>d)</b> Boo		e
1-	Land		,	·											
	Land														
	Buildir	· -					1 6-	0 767			700 26				931 407
		hold improvements						11 741			788,36				831,407
		ment						11,741			707,57				134,168
	Other		 	aual Earra 20	00 0+ 1	·!		00,417			3,290,67	U .			,309,747
100	ıı. Aaa	lines 1a through 1e (Co	olumn (u) must ed	quai rorm 95	ou, Part X	, colur	нп (В)	, iine	10(0))	•	<u> </u>	shadula I	. / -		,275,322

See Form 990, Part X, line 12.			
(a) Description of security or category (including name of security)	<b>(b)</b> Book value		nod of valuation of-year market value
Financial derivatives			
Closely-held equity interests	<u> </u>		
al. (Column (b) must equal Form 990, Part X, col (B) line 12 )	•		
rt VIII Investments—Program Related.  Complete if the organization answered 'Yes' on Form 9	90 Part IV lin	e 11c See Form 990	Part X line 13
	(b) Book value	(c) Met	nod of valuation
		Cost or end-	of-year market value
)			
)			
)			
tal. (Column (b) must equal Form 990, Part X, col (B) line 13 )	on Form 990, Par	t IV, line 11d See Form	990, Part X, line 15
cal. (Column (b) must equal Form 990, Part X, col (B) line 13 )  The art IX  Other Assets. Complete if the organization answered 'Yes' of (a) Description	on Form 990, Par	t IV, line 11d See Form	990, Part X, line 15  (b) Book value
cal. (Column (b) must equal Form 990, Part X, col (B) line 13 )  The art IX  Other Assets. Complete if the organization answered 'Yes' of (a) Description	on Form 990, Par	t IV, line 11d See Form	
Other Assets. Complete if the organization answered 'Yes' of (a) Description	in Form 990, Par	t IV, line 11d See Form	
Other Assets. Complete if the organization answered 'Yes' of (a) Description	on Form 990, Pan	t IV, line 11d See Form	
al. (Column (b) must equal Form 990, Part X, col (B) line 13 )  art IX Other Assets. Complete if the organization answered 'Yes' o  (a) Description	on Form 990, Par	t IV, line 11d See Form	
al. (Column (b) must equal Form 990, Part X, col (B) line 13 )  art IX Other Assets. Complete if the organization answered 'Yes' o  (a) Description	on Form 990, Par	t IV, line 11d See Form	
al. (Column (b) must equal Form 990, Part X, col (B) line 13 )  art IX Other Assets. Complete if the organization answered 'Yes' o  (a) Description	on Form 990, Par	t IV, line 11d See Form	
al. (Column (b) must equal Form 990, Part X, col (B) line 13 )  art IX Other Assets. Complete if the organization answered 'Yes' o  (a) Description	on Form 990, Par	t IV, line 11d See Form	
al. (Column (b) must equal Form 990, Part X, col (B) line 13 )  art IX Other Assets. Complete if the organization answered 'Yes' o  (a) Description	on Form 990, Pan	t IV, line 11d See Form	
Tal. (Column (b) must equal Form 990, Part X, col (B) line 13 )  Tart IX Other Assets. Complete if the organization answered 'Yes' or (a) Description	n Form 990, Par	t IV, line 11d See Form	
tal. (Column (b) must equal Form 990, Part X, col (B) line 13 )  art IX Other Assets. Complete if the organization answered 'Yes' organization (a) Description  (a) Description  (b) Description  (c) Description  (d) Description  (e) Description  (f) Description  (g) Description			(b) Book value
Tal. (Column (b) must equal Form 990, Part X, col (B) line 13 )  Other Assets. Complete if the organization answered 'Yes' or (a) Description  (a) Description  tal. (Column (b) must equal Form 990, Part X, col (B) line 15 )  Part X Other Liabilities. Complete if the organization answered See Form 990, Part X, line 25.	ed 'Yes' on For	m 990, Part IV, line	(b) Book value
al. (Column (b) must equal Form 990, Part X, col (B) line 13 )  art IX Other Assets. Complete if the organization answered 'Yes' organization and percentage of the organization answered 'Yes' organization answered organization answered 'Yes' organization answered 'Yes' organization answered 'Yes' organization answered organization answered 'Yes' organization answe	ed 'Yes' on For	m 990, Part IV, line	(b) Book value
al. (Column (b) must equal Form 990, Part X, col (B) line 13 )  (a) Description  (b) Description  (c) Description  (a) Description  (c) Description  (d) Description  (e) Description  (f) Description  (g) Description  (h) Description  (g) Description  (h) Description  (h) Description  (h) Description  (h) Description  (h) Description of liability  (h) Description of liability  (h) Description of liability  (h) Description of liability	ed 'Yes' on For	m 990, Part IV, line	(b) Book value
al. (Column (b) must equal Form 990, Part X, col (B) line 13 )  (a) Description  (a) Description  (a) Description  (a) Description  (a) Description  (a) Description  (b) must equal Form 990, Part X, col (B) line 15 )  (a) Other Liabilities. Complete if the organization answers See Form 990, Part X, line 25.  (a) Description of liability  Federal income taxes  (b) PLAN LIABILITY  FERRED RENT CREDIT	ed 'Yes' on For		(b) Book value
al. (Column (b) must equal Form 990, Part X, col (B) line 13 )  Tal. (Column (b) must equal Form 990, Part X, col (B) line 15 )  Tal. (Column (b) must equal Form 990, Part X, col (B) line 15 )  Tart X Other Liabilities. Complete if the organization answere See Form 990, Part X, line 25.  (a) Description of liability  Federal income taxes  78 PLAN LIABILITY  FERRED RENT CREDIT  MANT IMPROVEMENT ALLOWANCE	ed 'Yes' on For		(b) Book value
al. (Column (b) must equal Form 990, Part X, col (B) line 13 )  THE STATE OTHER ASSETS. Complete if the organization answered 'Yes' or (a) Description  Tal. (Column (b) must equal Form 990, Part X, col (B) line 15 )  Part X Other Liabilities. Complete if the organization answered See Form 990, Part X, line 25.  (a) Description of liability  Federal income taxes  78 PLAN LIABILITY  FERRED RENT CREDIT  NANT IMPROVEMENT ALLOWANCE  E TO CHAPTERS AND REGIONS  FERRED COMPENSATION	ed 'Yes' on For		(b) Book value
tal. (Column (b) must equal Form 990, Part X, col (B) line 13 )  Other Assets. Complete if the organization answered 'Yes' organization answer	ed 'Yes' on For		(b) Book value
Tal. (Column (b) must equal Form 990, Part X, col (B) line 13 )  Tal. (Column (b) must equal Form 990, Part X, col (B) line 13 )  Tal. (Column (b) must equal Form 990, Part X, col (B) line 15 )  Tal. (Column (b) must equal Form 990, Part X, col (B) line 15 )  Tal. (Column (b) must equal Form 990, Part X, col (B) line 15 )  Tal. (Column (b) must equal Form 990, Part X, col (B) line 15 )  Tal. (Column (b) must equal Form 990, Part X, col (B) line 15 )  Tal. (Column (b) must equal Form 990, Part X, col (B) line 15 )  Tal. (Column (b) must equal Form 990, Part X, col (B) line 15 )  Tal. (Column (b) must equal Form 990, Part X, col (B) line 15 )  Tal. (Column (b) must equal Form 990, Part X, col (B) line 15 )  Tal. (Column (b) must equal Form 990, Part X, col (B) line 15 )  Tal. (Column (b) must equal Form 990, Part X, col (B) line 15 )  Tal. (Column (b) must equal Form 990, Part X, col (B) line 15 )  Tal. (Column (b) must equal Form 990, Part X, col (B) line 15 )	ed 'Yes' on For		(b) Book value
tal. (Column (b) must equal Form 990, Part X, col (B) line 13 )  Other Assets. Complete if the organization answered 'Yes' organization answer	ed 'Yes' on For		(b) Book value
al. (Column (b) must equal Form 990, Part X, col (B) line 13 )  art IX Other Assets. Complete if the organization answered 'Yes' o  (a) Description  tal. (Column (b) must equal Form 990, Part X, col (B) line 15 )  Part X Other Liabilities. Complete if the organization answered See Form 990, Part X, line 25.  (a) Description of liability  Federal income taxes 78 PLAN LIABILITY FERRED RENT CREDIT NANT IMPROVEMENT ALLOWANCE E TO CHAPTERS AND REGIONS FERRED COMPENSATION	ed 'Yes' on For		(b) Book value

Schedule D (Form 990) 2018

Pa		venue per Audited Financial Statements With Reve zation answered 'Yes' on Form 990, Part IV, line 12a.	nue per Return	
1		upport per audited financial statements	. 1	
2		ot on Form 990, Part VIII, line 12		
а	Net unrealized gains (losses) on i	nvestments   2a		
b	Donated services and use of facil	ties		
С	Recoveries of prior year grants	2c		
d				
е	Add lines 2a through 2d		2e	
3	Subtract line <b>2e</b> from line <b>1</b> .		3	
4	Amounts included on Form 990, I	Part VIII, line 12, but not on line <b>1</b>		
а	Investment expenses not include	d on Form 990, Part VIII, line 7b . 4a		
b	Other (Describe in Part XIII ) .	4b		
c	Add lines 4a and 4b	<del></del>	4c	
5	Total revenue Add lines 3 and 4	c. (This must equal Form 990, Part I, line 12)	. 5	
Par		penses per Audited Financial Statements With Expersation answered 'Yes' on Form 990, Part IV, line 12a.	enses per Return	
1	Total expenses and losses per au	dited financial statements	. 1	
2	Amounts included on line 1 but n	ot on Form 990, Part IX, line 25		
а	Donated services and use of facil	ties		
b	Prior year adjustments			
С	Other losses	2c		
d	Other (Describe in Part XIII ) $\ .$	2d		
е	Add lines 2a through 2d	<del></del>	. 2e	
3	Subtract line ${f 2e}$ from line ${f 1}$ .		. 3	
4	Amounts included on Form 990, I	Part IX, line 25, but not on line 1:		_
а	Investment expenses not include	d on Form 990, Part VIII, line 7b 4a		
b	Other (Describe in Part XIII ) $\ .$	4b		
С	Add lines 4a and 4b	<del></del>	. 4с	
5	Total expenses Add lines 3 and 4	1c. (This must equal Form 990, Part I, line 18)	5	
Pai	t XIII Supplemental Info	ormation		
		art II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b s 2d and 4b  Also complete this part to provide any additional info		4, Part X, line 2, Part
	Return Reference	Explanation		
See /	Addıtıonal Data Table			

Page **4** 

Schedule D (Form 990) 2018	Page <b>5</b>
Part XIII Supplemental Info	mation (continued)
Return Reference	Explanation

Schedule D (Form 990) 2018

## Additional Data

Software ID: Software Version:

Nomes ADDDAICAL INCTITUTE

**EIN:** 36-3739643

Name: APPRAISAL INSTITUTE

## Supplemental Information

Return Reference	Explanation
PART IV, LINE 1B	AS OF DECEMBER 31, 2018, 26 OF THE INSTITUTE'S 79 CHAPTERS' BANK ACCOUNTS ARE MANAGED UNDE R THE INSTITUTE'S TAX ID NUMBER TO ENABLE CENTRAL PAYMENT PROCESSING, ACCOUNTING AND ENHAN CED INTERNAL CONTROLS THE CHAPTERS FILE SEPARATE FORM 990S IN WHICH THEY REPORT THEIR OWN FINANCIAL ACTIVITIES, INCLUSIVE OF THESE ASSETS THE CHAPTERS' BOARD OF DIRECTORS MAINTAI NS FULL DECISION MAKING AUTHORITY ON USE OF ASSETS THE APPRAISAL INSTITUTE'S BALANCE SHEE

T DOES NOT INCLUDE AN ASSET OR LIABILITY FOR THESE AMOUNTS

Supplemental Information	
Return Reference	Explanation
II '	AS OF DECEMBER 31, 2018, 7 OF THE INSTITUTE'S 79 CHAPTERS' INVESTED FUNDS INTO THE INSTITU TE'S POOLED INVESTMENTS PORTFOLIO THE APPRAISAL INSTITUTE'S BALANCE SHEET INCLUDES AN ASS FT AND LIABILITY FOR THESE AMOUNTS

LEI AND LIABILITY FOR THESE AMOUNTS

Supplemental Information	
Return Reference	Explanation
PART X, LINE 2	THE INSTITUTE IS A TAX-EXEMPT ORGANIZATION UNDER SECTION 501(C)(6) OF THE INTERNAL REVENUE CODE AND, EXCEPT FOR TAXES PERTAINING TO UNRELATED BUSINESS INCOME, IS EXEMPT FROM FEDERA L AND STATE INCOME TAXES INCOME TAX EXPENSE FOR TAXABLE TRANSPORTATION BENEFITS WAS \$22,2 00 FOR THE YEAR ENDING DECEMBER 31, 2018 NO TAX WAS INCURRED FOR THE YEAR ENDING DECEMBER 31, 2017 AI HOLDINGS IS A FOR-PROFIT SUBSIDIARY OF THE INSTITUTE, WHICH DID NOT HAVE TAX ABLE INCOME IN 2018 OR 2017 THEREFORE, NO INCOME TAXES HAVE BEEN RECORDED ACCOUNTING PRI NCIPLES GENERALLY ACCEPTED IN THE UNITED STATES OF AMERICA REQUIRE MANAGEMENT TO EVALUATE TAX POSITIONS TAKEN BY THE INSTITUTE AND RECOGNIZE A TAX LIABILITY IF THE INSTITUTE HAS TA KEN AN UNCERTAIN POSITION THAT MORE LIKELY THAN NOT WOULD NOT BE SUSTAINED UPON EXAMINATIO N BY THE IRS OR OTHER APPLICABLE TAXING AUTHORITIES MANAGEMENT HAS ANALYZED THE TAX POSIT IONS TAKEN BY THE INSTITUTE AND HAS CONCLUDED THAT AS OF DECEMBER 31, 2018 AND 2017, THERE ARE NO UNCERTAIN POSITIONS TAKEN OR EXPECTED TO BE TAKEN THAT WOULD REQUIRE RECOGNITION OF A LIABILITY OR DISCLOSURE IN THE CONSOLIDATED FINANCIAL STATEMENTS

\_ \_ \_

efile GRAPHIC print - DO NOT PROCESS As Filed Data -DLN: 93493317086769 OMB No 1545-0047 SCHEDULE F Statement of Activities Outside the United States (Form 990) 2018 ▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 14b, 15, or 16. ▶ Attach to Form 990. **Open to Public** ▶ Go to www.irs.gov/Form990 for instructions and the latest information. Department of the Treasury Inspection Internal Revenue Service Name of the organization **Employer identification number** APPRAISAL INSTITUTE 36-3739643 Part I General Information on Activities Outside the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 14b. For grantmakers. Does the organization maintain records to substantiate the amount of its grants and 1 other assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? 2 For grantmakers. Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States Activites per Region (The following Part I, line 3 table can be duplicated if additional space is needed ) (a) Region (b) Number of (c) Number of (d) Activities conducted in (e) If activity listed in (d) is a (f) Total expenditures offices in the employees, agents, region (by type) (e.g., program service, describe for and investments and independent fundraising, program specific type of in region region contractors in services, investments, grants service(s) in region region to recipients located in the region) See Add'l Data 433,481 3a Sub-total b Total from continuation sheets to Part I c Totals (add lines 3a and 3b) n 433,481

Cat No 50082W

Schedule F (Form 990) 2018

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

Schedule F (Form 990) 2018 Page 3 Part III Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 16. Part III can be duplicated if additional space is needed. (c) Number of (a) Type of grant or assistance (b) Region (d) Amount of (e) Manner of cash (f) Amount of (g) Description (h) Method of recipients cash grant disbursement non-cash of non-cash valuation (book, FMV, assistance assistance appraisal, other)

Schedule F (Form 990) 2018				
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)	Yes	<b>☑</b> 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, don't file with Form 990)			
	Instructions for Forms 3320 and 3320-A, don't me with Form 330)	☐ 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)	$\square$ Yes	<b>✓</b> 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)			
		☐ Yes	<b>✓</b> 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, don't file with Form 990)		<b>☑</b> No	
	3713, don't me with Form 330)	∐ Yes	INO	

Schedule F (F	orm 990) 2018 Page <b>5</b>					
Part V  Supplemental Information  Provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting me amounts of investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provany additional information (see instructions).						
Return Reference	Lile F, Supplemental Information  Explanation					

## **Additional Data**

(a) Pegion

**EUROPE** 

## Software ID: Software Version:

**EIN:** 36-3739643

Name: APPRAISAL INSTITUTE

MEMBER SERVICES &

PROFESSION

ADVANCEMENT OF THE

184,262

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

(a) Region	offices in the region	employees or agents in region	in region (by type) (i e , fundraising, program services, grants to recipients located in the region)	is a program service, describe specific type of service(s) in region	for region
EAST ASIA & THE PACIFIC	0	0		EDUCATION, MEMBER SERVICES & ADVANCEMENT OF THE PROFESSION	189,608

0 PROGRAM SERVICES

Form 990 Schedule F Part I - Activities Outside The United States (b) Number of (c) Number of (a) Region (d) Activities conducted (e) If activity listed in (d) (f) Total expenditures offices in the employees or in region (by type) (i.e., is a program service, for region fundraising, program describe specific type of agents in region service(s) in region services, grants to region recipients located in the region) NORTH AMERICA 0 PROGRAM SERVICES **IEDUCATION**, MEMBER 59.611 ISERVICES & ADVANCEMENT OF THE IPROFESSION

efil	e GRAPHIC pr	int - DO NOT PROCESS	As Filed Data	a -	DLN: 934	19331	7086	769
Sch	edule J	Co	mpensati	ion Information	00	1B No	1545-(	0047
(For	n 990)	For certain Office		rustees, Key Employees, and Hig	hest			
		Complete if the organic	Compensa anization answ	ited Employees vered "Yes" on Form 990, Part IV	, line 23.	<b>20</b>	118	}
Б	6d T		▶ Attach	to Form 990. instructions and the latest infor		) pen i		
•	tment of the Treasury al Revenue Service	Go to <u>www.ns.gov</u>	7 <u>/1 0/11/1990</u> 10/	mistructions and the latest mion		Insp	ectio	n
	ne of the organiza RAISAL INSTITUTE	ation			Employer identificat	ion nu	ımber	
					36-3739643			
Pa	rt I Questi	ons Regarding Compensat	ion					
<b>1</b> a				the following to or for a person liste y relevant information regarding the			Yes	No_
	☐ First-class	s or charter travel		Housing allowance or residence for	personal use			
		companions		Payments for business use of perso	•			
	☐ Tax idemi	nification and gross-up payments		Health or social club dues or initiati	on fees			
	Discretion	ary spending account		Personal services (e g , maid, chau	ffeur, chef)			
b		xes in line 1a are checked, did th all of the expenses described abo		ollow a written policy regarding payn iplete Part III to explain	nent or reimbursement	1b	Yes	
2				or allowing expenses incurred by all		2	Yes	
	directors, truste	es, officers, including the CEO/E	xecutive Director	r, regarding the items checked in line	e la?			
3	organization's C	EO/Executive Director Check all	that apply Don	ed to establish the compensation of t not check any boxes for methods CEO/Executive Director, but explain				
		·						
		ation committee ent compensation consultant	✓	Written employment contract Compensation survey or study				
		of other organizations	<b>7</b>	Approval by the board or compensa	ation committee			
		-	_					
4	related organiza		190, Part VII, Se	ction A, line 1a, with respect to the f	lling organization or a			
а	Receive a sever	ance payment or change-of-cont	rol payment?			4a		No
b	Participate in, o	r receive payment from, a supple	mental nonqual	ified retirement plan?		4b		No
С	•	r receive payment from, an equit		<del>-</del>		4c		No
	ir res to any o	or lines 4a-c, list the persons and	provide the app	olicable amounts for each item in Par	τ 111			
	Only 501(c)(3	), 501(c)(4), and 501(c)(29)	organizations	must complete lines 5-9.				
5		ed on Form 990, Part VII, Sectior ontingent on the revenues of		the organization pay or accrue any				
а	The organization	1 <sup>7</sup>				5a		
b	Any related orga					5b		
_	-	5a or 5b, describe in Part III						
6		ed on Form 990, Part VII, Section ontingent on the net earnings of	n A, line 1a, did t	the organization pay or accrue any				
a	The organization					6a		
Ь	Any related orga	anization? 6a or 6b, describe in Part III				6b		
7	•	•	n Alline 1a didi	the organization provide any nonfixe	d			
•		escribed in lines 5 and 6? If "Yes			<b>-</b>	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 5 53 4958-6(c)?	8, did the organization also follov	v the rebuttable	presumption procedure described in	Regulations section	9		
For F	Paperwork Redu	ction Act Notice, see the Inst	ructions for Fo	orm 990. Cat No	50053T Schedule J	(Form	990)	2018

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

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the

instructions, on row (ii) Do not list any individuals that are not listed on Form 990, Part VII

(A) Name and Title		)(ı)-(ııı) for each listed ind (B) Breakdown	of W-2 and/or 1099-MIS0		(C) Retirement and	(D) Nontaxable	(E) Total of columns	(F) Compensation in
. ,		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	other deferred compensation	benefits	(B)(ı)-(D)	column (B) reported as deferred on prior Form 990
1 JAMES AMORIN MAI SRA AI-	(i)		12,216	19,493	4,840	4,524	451,038	0
	(ii)	0	0	0	0	0	0	0
2 BEATA E SWACHA CPA CAE	(i)	179,603	3,300	9,710	9,688	19,215	221,516	0
CFO CFO	(ii)		0	0	0	0	0	0
3 JEFFREY E LISKAR ESQUIRE	(i)	283,889	4,550	8,783	12,500	21,342	331,064	0
GENERAL COUNSEL	(ii)		0	0	0	0	0	0
4 STEPHANIE COLEMAN MAI	(i)		2,550	8,900	7,897	6,881	183,089	0
SDA	(ii)	0	0	0	0	0	0	0
<b>5</b> EVAN R WILLIAMS CAE IOM	(i)	156,417	2,900	0	8,550	20,342	188,209	0
DIDECTOR DROF CERVICES	(ii)	0	0	0	0	0	0	0
<b>6</b> WILLIAM E GARBER JR DIRECTOR, GVMNT	(i)	212,649	3,050	6,487	10,775	3,380	236,341	0
DELATIONS	(ii)	0	0	0	0	0	0	0
7 ROBERTA H BORST MBA DIRECTOR, MARKETING	(i)	+	1,750	0	8,023	22,279	185,502	0
•	(ii)		0	0	0	0	0	0
8 KENNETH CHITESTER DIRECTOR,	(i)	·	1,450	0	7,315	18,734	165,248	0
COMMUNICATIONS	(ii)	0	0	0	0	0	0	0
	<u>—</u>						Schedule	J (Form 990) 2018

	<u> </u>
Part IIII Supplemental Inform	nation
Provide the information, explanation, or	descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II Also complete this part for any additional information
Return Reference	Explanation
·	TRAVEL AND EXPENSE POLICY 3 05 - EXECUTIVE COMMITTEE SPOUSE - IN ACCORDANCE WITH IRS GUIDELINES, SPOUSE EXPENSES FOR TRAVEL, MEALS AND LODGING ARE GENERALLY NOT REIMBURSABLE BY THE APPRAISAL INSTITUTE EXCEPTIONS INCLUDE INSTANCES WHERE THERE IS A REAL BUSINESS PURPOSE, IN CONFORMANCE WITH APPRAISAL INSTITUTE GUIDELINES, FOR THE PRESENCE OF A SPOUSE AT AN APPRAISAL INSTITUTE FUNCTION OR MEETING, OR AT AN

ITHE COST OF SPOUSE TRAVEL TO MEETINGS WITH FUNDS FROM THE OFFICER'S POOLED TRAVEL BUDGET. SPOUSAL TRAVEL REIMBURSEMENTS ARE TYPICALLY

Page 3

LODGING ARE GENERALLY NOT REIMBURSABLE BY THE APPRAISAL INSTITUTE EXCEPTIONS INCLUDE INSTANCES WHERE THERE IS A REAL BUSINESS PURPOSE,
IN CONFORMANCE WITH APPRAISAL INSTITUTE GUIDELINES, FOR THE PRESENCE OF A SPOUSE AT AN APPRAISAL INSTITUTE FUNCTION OR MEETING, OR AT AN
APPROVED FUNCTION OR MEETING THAT THE APPRAISAL INSTITUTE PARTICIPATES THE ELECTED OFFICERS AND CEO OF THE APPRAISAL INSTITUTE MAY
TRAVEL WITH THEIR SPOUSES TO MEETINGS OF THE BOARD OF DIRECTORS, REGIONAL MEETINGS OF THE APPRAISAL INSTITUTE, WILL REIMBURSE ORDINARY AND NECESSARY EXPENSES IN ACCORDANCE WITH ESTABLISHED POLICY, OFFICERS MAY FLECT TO COVER

TREATED AS TAXABLE INCOME TO THE OFFICERS AND DIRECTORS IN ACCORDANCE WITH IRS RULES.

Schedule J (Form 990) 2018

Return Reference	Explanation
	COMPENSATION FOR ALL EMPLOYEES IS DETERMINED BY THE GUIDELINES CONTAINED IN THE INSTITUTE'S WAGE AND SALARY PROGRAM THIS PROGRAM WAS DEVELOPED BY OUTSIDE HR CONSULTANTS IN CONJUNCTION WITH A CONSULTING FIRM THE PROGRAM INCLUDES THE ESTABLISHMENT OF POSITION GRADES AND SALARY RANGES WHICH ARE BASED ON THE MARKET RATES OF ORGANIZATIONS OF SIMILAR SIZE AND BUDGET THE CEO APPROVES ALL STAFF SALARIES CEO'S PERFORMANCE IS EVALUATED EACH YEAR THE PAST PRESIDENT OF THE ORGANIZATION IS RESPONSIBLE FOR COMPLETING THE CEO'S EVALUATION AND CAN SOLICIT INPUT FROM THE OTHER OFFICERS CEO COMPENSATION IS EVALUATED USING INDUSTRY BENCHMARKS FOR SIMILAR ORGANIZATIONS BASED ON STAFF SIZE, BUDGET SIZE AND GEOGRAPHIC LOCATION CEO COMPENSATION PACKAGE IS ALSO REVIEWED BY AN INDEPENDENT OUTSIDE CONSULTANT WHO RECOMMENDS AN APPROPRIATE SALARY RANGE FOR THE ORGANIZATION'S CEO POSITION THE EXECUTIVE COMMITTEE APPROVES CHANGES TO THE CEO'S COMPENSATION PACKAGE

efile GRAPH	IC print - DO NOT PROCESS	As Filed Data -		DLN: 93493317086769
SCHEDUL (Form 990 or EZ)	990- Complete to pro	tal Information to Folovide information for responses for 990-EZ or to provide any addit  Attach to Form 990 or 990  www.irs.gov/Form990 for the later	to specific questions on tional information. EZ.	OMB No 1545-0047  2018  Open to Public Inspection
Namel & the ofg APPRAISAL INSTIT 990 Schedul		on	<b>Employer</b> 36-373964	identification number
Return Reference		Explanation	1	
FORM 990, PART VI, SECTION A, LINE 6	IGNATION AN HONORARY MEM	LL HAVE TWO (2) CATEGORIES C ATED MEMBER IS AN INDIVIDUAL BER IS AN INDIVIDUAL WHO, IN T NTRIBUTION TO THE APPRAISAL	L WHO HOLDS AN APPRAISA HE OPINION OF THE BOARD	AL INSTITUTE DES

Return Reference	Explanation
FORM 990, PART VI,	THE BOARD OF DIRECTORS SHALL CONSIST OF 1) THE OFFICERS OF THE APPRAISAL INSTITUTE, 2) THE CHAIR AND VICE CHAIR OF EACH REGIONAL COMMITTEE, 3) ONE INTERNATIONAL DESIGNATED MEMBER
SECTION A, LINE 7A	IN GOOD STANDING ELECTED BY THE BOARD OF DIRECTORS, 4) ANY MEMBER OF THE AUDIT COMMITTEE W HO IS NOT SERVING ON THE BOARD BY VIRTUE OF HOLDING THE POSITION OF CHAIR OR VICE CHAIR OF
	A REGIONAL COMMITTEE, AND 5) THE CHIEF EXECUTIVE OFFICER OF THE APPRAISAL INSTITUTE

Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 7B	DESIGNATED MEMBERS IN GOOD STANDING, EXCEPT TEMPORARILY NON-PRACTICING MEMBERS, SHALL BE E NTITLED TO VOTE ON (A) THE DISPOSITION OF ALL OR SUBSTANTIALLY ALL OF THE ASSETS OF THE A PPRAISAL INSTITUTE, (B) ANY MERGER OR CONSOLIDATION AND THE SUBSTANTIAL TERMS, AND ANY SUB STANTIAL AMENDMENT OF THE TERMS, OF ANY SUCH TRANSACTION, (C) ANY DISSOLUTION OF THE APPRA ISAL INSTITUTE, AND (D) ANY AMENDMENT, RESTATEMENT OR REPEAL OF THE ARTICLES OF INCORPORAT ION, WITH ALL SUCH VOTES REQUIRING A SIXTY PERCENT (60%) MAJORITY OF THOSE DESIGNATED MEMB ERS IN GOOD STANDING PRESENT AND VOTING FOR APPROVAL DESIGNATED MEMBERS IN GOOD STANDING, EXCEPT TEMPORARILY NON-PRACTICING MEMBERS, SHALL HAVE ONE (1) VOTE AND SHALL BE ENTITLED TO ATTEND MEMBERSHIP MEETINGS AND VOTE BY PROXY

D -4....

Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 11B	THE ORGANIZATION RETAINS THE SERVICES OF AN INDEPENDENT CPA FIRM TO PREPARE THE ORGANIZATI ON'S 990 MANAGMEMENT REVIEWS THE COMPLETED FORM 990 DRAFT ONCE A DRAFT OF THE 990 HAS BE EN COMPLETED, THE 990 IS DISTRIBUTED TO ALL AUDIT COMMITTEE AND BOARD OF DIRECTOR MEMBERS OF THE ORGANIZATION VIA A SECURE WEBSITE THE BOARD MEMBERS ARE THEN ABLE TO REVIEW THE 99 0 DRAFT AND RESPOND WITH QUESTIONS, CONCERNS OR COMMENTS AT THE END OF THE REVIEW PERIOD, INCLUDING ANY TIME NEEDED TO ADDRESS QUESTIONS AND COMMENTS, THE 990 IS FINALIZED AND FILED WITH THE IRS

Funlanation

FORM 990, PART VI, SECTION B, LINE 12C  IN JANUARY OF EACH YEAR, ALL MEMBERS OF THE BOARD OF DIRECTORS ARE REQUIRED TO READ AN ON THE BOARD OF DIRECTORS CERTIFICATION AND DISCLOSURE STATEMENT. THIS STATEMENT REQUIRED TO READ AN ON THAT EACH BOARD MEMBER CERTIFIES THAT THEY "ARE NOT AWARE OF ANY MATTER IN WHICH I AM PROPORTIAL CONFLICT OF INTEREST." IF ANY PONTIAL OR ACTUAL CONFLICT OF INTEREST ARISES DURING THEIR TERM, THEY AGREE TO IMMEDIATELY ISCLOSE THE CONFLICT AND IF APPROPRIATE REMOVE THEMSELVES FROM DISCUSSION, VOTE AND/OF THER SERVICE. MEMBERS OF THE BOARD OF DIRECTORS AGREE AND UNDERSTAND THAT THEY MAY BE ECT TO EVALUATION AND SELF-ASSESSMENT AT ANY TIME.	JIRES ERS TE 'D R FUR

Return

Reference	
FORM 990,	COMPENSATION FOR ALL EMPLOYEES IS DETERMINED BY THE GUIDELINES CONTAINED IN THE INSTITUTE'
PART VI,	S WAGE AND SALARY PROGRAM THIS PROGRAM WAS DEVELOPED BY OUTSIDE HR CONSULTANTS IN CONJUNC
SECTION B,	TION WITH A CONSULTING FIRM THE PROGRAM INCLUDES THE ESTABLISHMENT OF POSITION GRADES AND
LINE 15	SALARY RANGES WHICH ARE BASED ON THE MARKET RATES OF ORGANIZATIONS OF SIMILAR SIZE AND BU
	DGET THE CEO APPROVES ALL STAFF SALARIES CEO'S PERFORMANCE IS EVALUATED EACH YEAR THE P
	AST PRESIDENT OF THE ORGANIZATION IS RESPONSIBLE FOR COMPLETING THE CEO'S EVALUATION AND C
	AN SOLICIT INPUT FROM THE OTHER OFFICERS CEO COMPENSATION IS EVALUATED USING INDUSTRY BEN
	CHMARKS FOR SIMILAR ORGANIZATIONS BASED ON STAFF SIZE, BUDGET SIZE AND GEOGRAPHIC LOCATION
	CEO COMPENSATION PACKAGE IS ALSO REVIEWED BY AN INDEPENDENT OUTSIDE CONSULTANT WHO RECOM
	MENDS AN APPROPRIATE SALARY RANGE FOR THE ORGANIZATION'S CEO POSITION THE EXECUTIVE COMMI
	TTEE APPROVES CHANGES TO THE CEO'S COMPENSATION PACKAGE

Explanation

Return Explanation
Reference

FORM 990, APPRAISAL INSTITUTE BYLAWS ARE AVAILABLE TO THE PUBLIC ON OUR WEBSITE AT WWW APPRAISALINST
PART VI, ITUTE ORG UPON CREATION OF A LOGIN THE CONFLICT OF INTEREST POLICY IS AVAILABLE UPON REQU
SECTION C, EST TO THE APPRAISAL INSTITUTE'S EXECUTIVE DEPARTMENT AND THE FINANCIAL STATEMENTS ARE AVA
LINE 19 ILABLE UPON REQUEST TO THE APPRAISAL INSTITUTE'S FINANCE DEPARTMENT

SCHEDULE R
(Form 990)

As Filed Data Related

Department of the Treasury

Internal Revenue Service

Name of the organization

APPRAISAL INSTITUTE

#### **Related Organizations and Unrelated Partnerships**

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

▶ Attach to Form 990.
 ▶ Go to <u>www.irs.gov/Form990</u> for instructions and the latest information.

2018

**Employer identification number** 

**DLN: 93493317086769**OMB No 1545-0047

Open to Public Inspection

							36-3	739643				
Part I Identification of Disregarded Entities Comple	ete if the organ	ızatıon answer	ed "Yes	" on Form 9	90, Part	IV, line 3	3.					
(a) Name, address, and EIN (If applicable) of disregarded entity		<b>(b)</b> Primary activ	rity	(c) Legal domici or foreign c	le (state	( <b>d)</b> Total inc	ome	<b>(e)</b> End-of-year as	ssets	<b>(f</b> Direct co ent	ntrolling	
Part III  Identification of Related Tax-Exempt Organiz related tax-exempt organizations during the tax years.		te if the organ	ızatıon	answered "	Yes" on F	orm 990,	Part I\	/, line 34 be	cause	ıt had one or	more	
(a)  Name, address, and EIN of related organization		(b) ary activity		(c) omicile (state lign country)		<b>d)</b> ode section		(e) charity status ion 501(c)(3))	Di	(f) irect controlling entity	(13) co	g) n 512(b) ontrolled tity?
(1)APPRAISAL INSTITUTE EDUCATION AND RELIEF FOUNDATION 200 W MADISON STREET SUITE 1500	GRANTS TO INDIVIDUAL			IL	501(C)(3)		509(A)(	3)			Yes	No No
CHICAGO, IL 60606 36-6076334									N/A			
(2)APPRAISAL INSTITUTE POLITICAL ACTION COMMITTEE 200 W MADISON STREET SUITE 1500 CHICAGO, IL 60606	POLITCAL ACCOMMITTEE			IL	527				N/A			No
(3)INTERNATIONAL CENTER FOR VALUATION CERTIFICATION 200 W MADISON STREET SUITE 1500	VALUATION	CERTIFICATION		IL	501(C)(6)						-	No
CHICAGO, IL 60606 46-5678311									N/A			
For Paperwork Reduction Act Notice, see the Instructions for Fo	orm 990.		Ca	it No 50135	<u> </u> Y				Sche	edule R (Form	990) 2	018

(a) Name, address, and i related organizati	EIN of on	<b>(b)</b> Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominincome(re unrelate excluded tax unc sections	nant S lated, totaed, from der 512-	<b>(f)</b> hare of al income	(g) Share of end-of-year assets	(I Disprop alloca	rtionate	(i) Code V amount 20 ( Schedul (Form 1	/-UBI in box of le K-1	<b>(j</b> ) Gener mana partn	al or   F ging   •	(k) Percent owners
					1 31.,				Yes	No			Yes	No	
													_		
		+													
V. Identification of Polated Or	ganizations Tavable as a (	Corneration	Or True	t Complete	of the ore	22012310	n ancu	worod "Yos	" on E	orm 0	OO Par	r+ T\/	line.	84	
Identification of Related Or because it had one or more rel  (a)  Name, address, and EIN of related organization	ganizations Taxable as a (ated organizations treated as (b) Primary activity	a corporation	on or tru: (c) egal micile or foreign	st during th	If the orgone tax year (d) controlling entity	ganization ar. (e) Type of e (C corp, S or trus	ntity s	vered "Yes  (f)  Share of total Income	Share	(g) of end- year ssets	of-	rt IV, I  (h) Percent owners	age	Sec (13	tion ) cor entil
because it had one or more rel  (a)  Name, address, and EIN of related organization	ated organizations treated as (b)	s a corporation	on or tru: (c) egal micile	st during th	(d) controlling	(e) Type of e (C corp, S	ntity s	(f) Share of total	Share	(g) of end- year	of-	(h) Percent	age ship	Sec (13	(i) etion ! ) con entit es
because it had one or more rel  (a)  Name, address, and EIN of related organization  AISAL INSTITUTE HOLDINGS INC  ADISON STREET SUITE 1500  J. IL 60606	ated organizations treated as  (b)  Primary activity	s a corporation	on or trust (c) egal micile or foreign untry)	Direct	(d) controlling	(e) Type of e (C corp, S or trus	ntity s	(f) Share of total	Share	(g) of end- year	of-	(h) Percent owners	age ship	Sec (13	tion ) con entit es
because it had one or more rel  (a)  Name, address, and EIN of related organization  AISAL INSTITUTE HOLDINGS INC  ADISON STREET SUITE 1500  1, IL 60606	ated organizations treated as  (b)  Primary activity	s a corporation	on or trust (c) egal micile or foreign untry)	Direct	(d) controlling	(e) Type of e (C corp, S or trus	ntity s	(f) Share of total	Share	(g) of end- year	of-	(h) Percent owners	age ship	Sec (13	tion ) con entit es
because it had one or more rel  (a)  Name, address, and EIN of related organization  AISAL INSTITUTE HOLDINGS INC  ADISON STREET SUITE 1500  1, IL 60606	ated organizations treated as  (b)  Primary activity	s a corporation	on or trust (c) egal micile or foreign untry)	Direct	(d) controlling	(e) Type of e (C corp, S or trus	ntity s	(f) Share of total	Share	(g) of end- year	of-	(h) Percent owners	age ship	Sec (13	tion ! ) con entit es
because it had one or more rel  (a)  Name, address, and EIN of related organization  AISAL INSTITUTE HOLDINGS INC  ADISON STREET SUITE 1500  J. IL 60606	ated organizations treated as  (b)  Primary activity	s a corporation	on or trust (c) egal micile or foreign untry)	Direct	(d) controlling	(e) Type of e (C corp, S or trus	ntity s	(f) Share of total	Share	(g) of end- year	of-	(h) Percent owners	age ship	Sec (13	tion ! ) con entit es
because it had one or more rel  (a)  Name, address, and EIN of related organization  AISAL INSTITUTE HOLDINGS INC  ADISON STREET SUITE 1500  J. IL 60606	ated organizations treated as  (b)  Primary activity	s a corporation	on or trust (c) egal micile or foreign untry)	Direct	(d) controlling	(e) Type of e (C corp, S or trus	ntity s	(f) Share of total	Share	(g) of end- year	of-	(h) Percent owners	age ship	Sec (13	tion ) con entit es
because it had one or more rel  (a)  Name, address, and EIN of	ated organizations treated as  (b)  Primary activity	s a corporation	on or trust (c) egal micile or foreign untry)	Direct	(d) controlling	(e) Type of e (C corp, S or trus	ntity s	(f) Share of total	Share	(g) of end- year	of-	(h) Percent owners	age ship	Sec (13	tion ) con entit es
because it had one or more rel  (a)  Name, address, and EIN of related organization  AISAL INSTITUTE HOLDINGS INC  ADISON STREET SUITE 1500  J. IL 60606	ated organizations treated as  (b)  Primary activity	s a corporation	on or trust (c) egal micile or foreign untry)	Direct	(d) controlling	(e) Type of e (C corp, S or trus	ntity s	(f) Share of total	Share	(g) of end- year	of-	(h) Percent owners	age ship	Sec (13	tior ) co ent <b>es</b>

Sched	ule R (Form 990) 2018										Pa	ge <b>3</b>
Par	Transactions With Related Organizations Complete if the organization answered "Yes" on Form 990	0, Part	IV, line	e 34, 35	b, or	36.						
	Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule									П	Yes	No
<b>1</b> Du	ring the tax year, did the orgranization engage in any of the following transactions with one or more related organizations lis	sted in F	Parts II-	IV۶					ſ			
а	Receipt of (i) interest, (ii) annuities, (iii) royalties, or(iv) rent from a controlled entity								Ī	La		No
b	Gift, grant, or capital contribution to related organization(s)									lb		No
c	Gift, grant, or capital contribution from related organization(s)								[	Lc	Yes	
d	Loans or loan guarantees to or for related organization(s)									ld		No
e	Loans or loan guarantees by related organization(s)			• •		•	•			Le		No
f	Dividends from related organization(s)									1f		No
g	Sale of assets to related organization(s)								Ī	Lg		No
h	Purchase of assets from related organization(s)								Ī	Lh		No
i	Exchange of assets with related organization(s)								Ī	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)								<u>-</u>	lk		No
1	Performance of services or membership or fundraising solicitations for related organization(s)								. [	11	Yes	
m	Performance of services or membership or fundraising solicitations by related organization(s)								Ī	Lm		No
n	Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)								Ī	1n	Yes	
o	Sharing of paid employees with related organization(s)						•			lo	Yes	
р	Reimbursement paid to related organization(s) for expenses									lp		No
q	Reimbursement paid by related organization(s) for expenses			• •				•	-	Lq	Yes	
r	Other transfer of cash or property to related organization(s)									Lr	Yes	
s	Other transfer of cash or property from related organization(s)								Ī	Ls		No
2	If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including cove	ered rel	lationshi	ps and tr	ansac	tion t	hresh	olds				
	(a) (b)  Name of related organization Transaction type (a-s)			c) involved	(d) d Method of determining amount involved							
( <b>1)</b> APF	RAISAL INSTITUTE EDUCATION AND RELIEF FOUNDATION C		87	,173	CAS	Н						

k	Lease of facilities, equipment, or other assets from related organization(s)	1k		No							
1	Performance of services or membership or fundraising solicitations for related organization(s)	11	Yes								
m	Performance of services or membership or fundraising solicitations by related organization(s)	1m		No							
n	Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n	Yes								
О	Sharing of paid employees with related organization(s)	10	Yes								
р	Reimbursement paid to related organization(s) for expenses	<b>1</b> p		No							
q	Reimbursement paid by related organization(s) for expenses	<b>1</b> q	Yes								
r	Other transfer of cash or property to related organization(s)	1r	Yes								
s	Other transfer of cash or property from related organization(s)	1s		No							
2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds											
	(a) (b) (c) (d)  Name of related organization Transaction type (a-s)										
(1 \ A D	DATES INSTITUTE EDUCATION AND RELIEF EQUINDATION										

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

(a) Name, address, and EIN of entity	<b>(b)</b> Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512-	section 501(c)(3) organizations?		Are all partners section 501(c)(3) organizations?		Are all partners section 501(c)(3) organizations?		(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					
													_				
	Schedule R (Form 990) 2018																

