Form **990**

Return of Organization Exempt From Income Tax

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

OMB No 1545-0047 2018

Department of the Treasury

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

Open to Public

inte	rnal Revenu		Go to www.irs.gov/i	07711990 101 111911			madon.		mspection				
<u>A</u>	For the	2018 cale	ndar year, or tax year beginning		, 2018, an	d ending			<u>,</u> 20				
В	Check if a	applicable	C Name of organization KITSAP COU	NTY ASSOCI	ATION OF R	EALTORS	D	Employe	r identification number				
	Address of	change	Doing business as					91-07	23769				
	Name cha	ange	Number and street (or P.O box if mail is	not delivered to stre	eet address)	Room/suite	E	Telephone	e number				
$\overline{\Box}$	Initial retu	•	3689 MUNSON STREET					(360)	692-8852				
$\overline{\Box}$		 n/terminated	City or town, state or province, country,	and ZIP or foreign p	ostal code			<u>, , </u>					
\exists			SILVERDALE, WA 98383				G	Gross rec	eipts \$ 363,466.				
님	Amended												
<u></u>	Applicatio	on pending	F Name and address of principal officer						ıbordınates [?] ☐ Yes ☒ No				
			Annette Nitz, 3689 MUNS	_	_	- II A							
<u> </u>	Tax-exem		☐ 501(c)(3) 🔀 501(c) (6) ◀ (insert no.) L	4947(a)(1) or	J 5 2 7 //	/		ist (see instructions)				
<u>J</u>	Website:		WW.KITSAPREALTOR.ORG			U W	H(c) Group ex						
		rganization	Corporation Trust Association	☐ Other ►	, L Year	of formation	1949	M State o	of legal domicile WA				
P	art I	Summ	· · · · · · · · · · · · · · · · · · ·										
	1 1	Briefly de	scribe the organization's mission	or most signific	ant activities:	REALTO	R TRADE	ASSOC	IATION				
9													
ā	_												
eH	2 0	Check th	s box ▶ ☐ if the organization disc	continued its op	erations or disp	osed of n	nore than 2	5% of it	s net assets.				
Š			of voting members of the governing	•				3	28				
ص مح			of independent voting members of					4	28				
es	l.		ber of individuals employed in ca	-	• •	-	• • •	5	•				
Ϋ́	ſ		ber of individuals employed in ca	-				6	53				
Activities & Governance			· · · · · · · · · · · · · · · · · · ·					7a					
•			elated business revenue from Part			· · · ·		-	169.				
	<u> </u>	Net unrei	ated business taxable income from	m Form 990-1, 1	IN SECTIVE	ED ; 	Deise Veer	7b	0. Current Year				
Revenue	1 .			ار	-		Prior Year						
			ions and grants (Part VIII, line 1h)	اخرا	NOV 1 9 2	الم	T		307,943.				
		-	service revenue (Part VIII, line 2g)	1-1			37,	641.	32,875.				
			nt income (Part VIII, column (A), lir			8		9.	34.				
Œ	11 (Other rev	enue (Part VIII, column (A), lines 5	, 6d, 8c, 9c, 10d	OGDDDN .	·UT 🗀	24,	519.	22,024.				
			nue-add lines 8 through 11 (must				357,	817.	362,876.				
			d similar amounts paid (Part IX, c					200.	6,746.				
	1		oaid to or for members (Part IX, co			-							
(A)	، سا		ther compensation, employee bene			-10)	228,	590	241,239.				
Expenses	16a		nal fundraising fees (Part IX, colur	· · · · · · · · · · · · · · · · · · ·		· '		330.	<u> </u>				
ĕ	b -		Iraising expenses (Part IX, column			•							
Ä	47 /		enses (Part IX, column (A), lines 1				0.3	577.	127,917.				
	1					–							
	1	•	enses. Add lines 13-17 (must equ			•	322,		375,902.				
		Revenue	ess expenses. Subtract line 18 from	om line 12 .	· · · · ·			450.	-13, 026. End of Year				
Net Assets or Fund Balances						beg	inning of Curre		· · · · · · · · · · · · · · · · · · ·				
Set	20		ets (Part X, line 16)				255,		234,388.				
Z B	21		lities (Part X, line 26)					380.	79,684.				
		Net asset	s or fund balances. Subtract line	21 from line 20			167,	730.	154,704.				
Pi	art li	Signat	ure Block										
Un	der penalt	ies of perjui	y, I declare that I have examined this return	n, including accomp	anying schedules a	nd statemen	its, and to the l	pest of my	y knowledge and belief, it is				
tru	e, correct,	and comple	te Declaration of preparer (other than office	er) is based on all in	formation of which	preparenhas	s any knowledg	je	_				
		M			1		11/	15/20	019				
Sig	an		ture of officer		<i>)</i>		Date						
Here		ITN	IDA WOOD, TREASURER		adal A	/oo	J.						
LINDA WOOD, TREASURER Type or print name and title													
		, ,,		parer's signature	\	Date	····		PTIN				
Pa	iid			M	ر.	_		Check 🔀 self-empl	<u>[</u>] If				
Pr	eparer	. Kanda	BIEGENWALD			<u> </u>							
	e Only	Firm's na							1-1494073				
		Nim's a	dress ► 3571 NW BYRON, SI		NA 98383		Phone	no (36	0) 692-4424				
Ma	y the IRS	S digcuss	this return with the preparer show	wn above? (see	instructions)	<u></u>			🗙 Yes 🗌 No				
	. D	and Dark	tion Act Notice, see the senarate in	-4		DEVICE	/20/19 PRO		Form 990 (2018)				

For Paperwork Reduction Act Notice, see the separate instructions. BAA

REV 05/20/19 PRO

Form 990 (2018) 、

Page 2

	(2018)	

OJIDC.

Part	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		×
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2		×
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3 .		×
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i>	4		
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5	,×	
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		×
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		×
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		×
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		×
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		×
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.			
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	×	_
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	11b		×
С	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		×
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		×
e	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	×	
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	11f	•	×
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a		×
b	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		×
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		×
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
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		×
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		×
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		×
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		×
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		×
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		×
20 a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		×
b		20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? #E"Yeso" complete Schedule I, Parts I and II	21		×

ែ

Part	Checklist of Required Schedules (continued)		- 1	
			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	×	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	23	×	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a	24a		×
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25b		
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes," complete Schedule L, Part II	26		_×_
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		×
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		×
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		×
	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		×
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		×
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		_×_
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		×
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		×
34	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		×
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		_ <u>×</u> _
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2.	35b		×
36	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		
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37	_	×
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O.	38_	×	
Part	Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response or note to any line in this Part V			
<u> </u>	Check it Schedule O contains a response or note to any line in this Fart v	· · ·	Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable			
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and			لــــا
	reportable gaming (gambling) winnings to prize winners?	1c	×	

Part	Statements Regarding Other IRS Filings and Tax Compliance (continued)			
			Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax	,		1
	Statements, filed for the calendar year ending with or within the year covered by this return 2a			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? .	2b	×	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			لــــا
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		×
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b		ļ
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		×
b	If "Yes," enter the name of the foreign country: ▶			
_	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
_	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		×
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b 5c	-	×
C	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	30		<u> </u>
6a	organization solicit any contributions that were not tax deductible as charitable contributions?	6a	×	
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or			
_	gifts were not tax deductible?	6b	×	L.,
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods			
.	and services provided to the payor?	7a 7b		
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	10		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		
d	If "Yes," indicate the number of Forms 8282 filed during the year	10		
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		_
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? .	7f	_	
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			
	sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			أحندا
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		L
10	Section 501(c)(7) organizations. Enter.			
а	Initiation fees and capital contributions included on Part VIII, line 12			
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities . [10b]			
11	Section 501(c)(12) organizations. Enter:			-
	Gross income from members or shareholders	<u> </u>		1
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)			-
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b			- 1
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	.=		
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
	Note. See the instructions for additional information the organization must report on Schedule O.			
	Enter the amount of reserves the organization is required to maintain by the states in which	3		
	the organization is licensed to issue qualified health plans			
	Enter the amount of reserves on hand			
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		×
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or	4.5		
	excess parachute payment(s) during the year?	15		-
46	If "Yes," see instructions and file Form 4720, Schedule N.	16		
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.	"		i
	ii res, complete roith 4720, schedule O.	Forn	990	(2018)

·i

3

Part		T			
	response to line 8a, 8b, or 10b below, describe the circumstances, processes, or change				
Socti	Check if Schedule O contains a response or note to any line in this Part VI on A. Governing Body and Management	<u> </u>	<u>···</u>	<u> </u>	×
Secti	on 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 28		103	
	If there are material differences in voting rights among members of the governing body, or	20	1		
	if the governing body delegated broad authority to an executive committee or similar				
	committee, explain in Schedule O.				•
b	Enter the number of voting members included in line 1a, above, who are independent .	1b 28		٠	
2	Did any officer, director, trustee, or key employee have a family relationship or a business		<u> </u>		
	any other officer, director, trustee, or key employee?		2	×	
3	Did the organization delegate control over management duties customarily performed by or	under the direct			
	supervision of officers, directors, or trustees, or key employees to a management company or other	er person? .	3		×
4	Did the organization make any significant changes to its governing documents since the prior Form 9		4		×
5	Did the organization become aware during the year of a significant diversion of the organization	on's assets? .	5		×
6	Did the organization have members or stockholders?		6	X	
7a	Did the organization have members, stockholders, or other persons who had the power to				
	one or more members of the governing body?		7a	×	
b	Are any governance decisions of the organization reserved to (or subject to approva stockholders, or persons other than the governing body?		7b		
8	Did the organization contemporaneously document the meetings held or written actions un		, <u>, , , , , , , , , , , , , , , , , , </u>		×
U	the year by the following.	dertaken during			
а	The governing body?		8a	×	
b	Each committee with authority to act on behalf of the governing body?		8b	×	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot	ot be reached at			
	the organization's mailing address? If "Yes," provide the names and addresses in Schedule C		9		×
Secti	on B. Policies (This Section B requests information about policies not required by the	e Internal Reven	ue C	ode.)	
				Yes	No
10a	Did the organization have local chapters, branches, or affiliates?		10a		×
b	If "Yes," did the organization have written policies and procedures governing the activities of affiliates, and branches to ensure their operations are consistent with the organization's exemple.		10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before the organization provided a complete copy of this Form 990 to all members of its governing body before the organization provided a complete copy of this Form 990 to all members of its governing body before the organization provided as complete copy of this Form 990 to all members of its governing body before the organization provided as complete copy of this Form 990 to all members of its governing body before the organization provided as complete copy of this Form 990 to all members of its governing body before the organization provided as complete copy of this Form 990 to all members of its governing body before the organization provided as complete copy of this Form 990 to all members of its governing body before the organization provided as complete copy of this Form 990 to all members of its governing body before the organization provided as complete copy of the organization provided as copy or copy		11a	×	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.	_			-
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13		12a	<u>×</u>	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give	e rise to conflicts?	12b	×	
С	Did the organization regularly and consistently monitor and enforce compliance with the	oolicy? If "Yes,"			
	describe in Schedule O how this was done		12c		×
13	Did the organization have a written whistleblower policy?		13	×	
14			14	×	
15	Did the process for determining compensation of the following persons include a review a independent persons, comparability data, and contemporaneous substantiation of the deliberation				
а	The organization's CEO, Executive Director, or top management official		15a		
b	Other officers or key employees of the organization		15b		×
~	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).				
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or simi	lar arrangement			
	with a taxable entity during the year?	_	16a		×
b	If "Yes," did the organization follow a written policy or procedure requiring the organization		Т .	,	,
	participation in joint venture arrangements under applicable federal tax law, and take steps to				<u> </u>
-	organization's exempt status with respect to such arrangements?	<u> </u>	16b		
	on C. Disclosure				
17					
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A if applicable		(Sec	tion 5	601(c)
	(3)s only) available for public inspection. Indicate how you made these available. Check all that				
46	Own website Another's website Upon request Other (explain in Sci	•		- 1	
19	Describe in Schedule O whether (and if so, how) the organization made its governing docume	nts, conflict of int	erest	oolicy	, and
20	financial statements available to the public during the tax year. State the name, address, and telephone number of the person who possesses the organization	n's hooks and re-	onrde	•	
20	TITETANY CIAYTON 3689 MINION OF STIVEDDATE WA 98383 (360)		JU1 U3	-	

	- 'E'					
Part VII	Compensation of Officers	, Directors, Trus	tees, Key Employees	, Highest Con	npensated Employe	es, and
	Independent Contractors					

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

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

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

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	box, office Individua	unles er and	Pos eck s pe	rson	e than or is both or/trus employee	n an	(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
(1) GARY WANNER	1.00	×						0.	0.	0.
DIRECTOR (2) MICHAEL ELIASON EXECUTIVE DIRECTOR	40.00					×		192,409.	0.	0.
(3) KJ LANGE ATTENDING PAST PRESIDENT	1.00	×						0.	0.	0.
(4) ANNETTE NITZ PRESIDENT	3.00	×		×				0.	0.	0.
(5) KATHY BERNDTSON ATTENDING PAST PRESIDENT	1.00	×						0.	0.	0.
(6) IRENE GARCIA SECRETARY	3.00	×		×				0.	0.	0.
(7) ROBERT CONTRERAS PRESIDENT ELECT	3.00	×		×				0.	0.	0.
(8) LINDA WOOD TREASURER	10.00	×		×				0.	0.	0.
(9) ED GOODWIN DIRECTOR	1.00	×						0.	0.	0.
(10) ALISHA HARRISON DIRECTOR	1.00	×						0.	0.	0.
(11) NATE LEACH DIRECTOR	1.00	×						0.	0.	0.
(12) DAVE MANNING DIRECTOR	1.00	×						0.	0.	0.
(13) PATRICIA MCGUIRE DIRECTOR	1.00	×						0.	0.	0.
(14) CHRISTIN WEBB DIRECTOR	1.00	×						0.	0.	0.

1

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)										
				(0	C)					
(A)	(B)	١,,			ition			(D)	(E)	(F)
Name and title	Average					than o		Reportable	Reportable	Estimated
Traine and the	hours per			•		is both or/trust		compensation	compensation from	amount of
	week (list any	officer and a director			r	÷	from	related	other	
	hours for	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the	organizations	compensation
	related	red	로	<u>e</u>	9	loy	₫	organization	(W-2/1099-MISC)	from the
	organizations below dotted	[[[]	9		호	e c	`	(W-2/1099-MISC)		organization and related
	line)	`ĝ	al tr		ğ	ᇴ	l			organizations
		, šte	l st		Ψ	ens	l			
			8			ate	1	i		
				ļ	Ь		<u> </u>			
(15) GARY ANDERSON	1.00									
ATTENDING PAST PRESIDENT		×						0.	0.	0.
(16) LEE AVERY	1.00						Γ			
ATTENDING PAST PRESIDENT	1	×	1					0.	l o.	0.
	1 00		-		\vdash		├	 		
(17) JACQUI CURTISS	1.00	J]				l			
ATTENDING PAST PRESIDENT		×		ļ				0.	0.	0.
(18) JAMES HARRIS	1.00						l			
ATTENDING PAST PRESIDENT		×					l	0.	0.	0.
(19) DAVID JONES	1.00						1			
ATTENDING PAST PRESIDENT	1	×	i				l	0.	0.	0.
		<u> </u>	-	-	<u> </u>			· · ·	0.	
(20) JACKIE KILLORAN	1.00						l	_	_	
ATTENDING PAST PRESIDENT		×						0.	0.	0.
(21) JERRY REID	1.00	•					l			
ATTENDING PAST PRESIDENT		×					l	0.	0.	0.
(22) DANA SOYAT	1.00								·	
***************************************	1	×					ĺ	l o.	0.	0.
ATTENDING PAST PRESIDENT		<u> </u>	H		Ь		⊢	0.	<u> </u>	<u> </u>
(23) GEORG SYVERTSEN	1.00	١								_
ATTENDING PAST PRESIDENT		×						0.	0.	0.
(24) FRANK WILSON	1.00									
ATTENDING PAST PRESIDENT	Ť	×						l o.	l o.	0.
(25) DOUG HALLOCK	1.00			\vdash			\vdash			
	ł	×						0.	0.	0.
DIRECTOR		<u> </u>				L	Ļ			
1b Sub-total			•	•		•		192,409.	0.	0.
 Total from continuation sheets to Part 	VII, Sectio	n A						0.	0.	0.
d Total (add lines 1b and 1c)							ightharpoons	192,409.	0.	0.
2 Total number of individuals (including but							e) w	ho received m	ore than \$100,00	00 of
reportable compensation from the organi						1	-,		,	
Toportable compensation from the organi	Lationi					т				Yes No
3 Did the organization list any former of							emp	oloyee, or high	est compensate	
employee on line 1a? If "Yes," complete	Schedule J	for su	ıch	ındı	vidu	ıal				3 X
4 For any individual listed on line 1a, is the	sum of re	nortal	hle d	com	ner	nsatio	n a	nd other comp	ensation from th	ne mar
organization and related organizations	oreater th	an \$1	150	กกก	12 /	f "Ye	··· ·	complete Sch	edule J for suc	ch l
individual	_	uii ψ	.00,	-		, 0.	Ο,	complete con		4 ×
		· ·	· •			·	·	 		
5 Did any person listed on line 1a receive of										
for services rendered to the organization	! If "Yes," c	ompi	ete .	Scr	ieai	iie J ī	or s	sucn person		5 X
Section B. Independent Contractors										
1 Complete this table for your five highest	compensat	ed ind	depe	end	ent	contr	acto	ors that receive	ed more than \$10	00,000 of
compensation from the organization. Rep										
year.							,	J		
							Ī	(B)		(C)
(A) (B) (C) Name and business address Description of services Compensation										
Traine and business address										
										-
							L			
			-							
2 Total number of independent contractor	rs (includir	na hi	ıt ne	ot I	ımıt	ed to	th	ose listed abo	ove) who	
received more than \$100,000 of compens							•••		=,	

Par	IIIV:	Statement of Revenue Check if Schedule O contains a response or note to any line in this Part VIII										
		Check if Schedule C) contains a	response or note to	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512–514				
Contributions, Gifts, Grants and Other Similar Amounts	1a b	Federated campaigns Membership dues .	🗀	1a 254,418.								
S, C	С	Fundraising events .	-	1c 16,175.								
Gif	d	Related organizations	<u> </u>	1d								
ns,	е	Government grants (cor		1e		İ		;				
er S	f	All other contributions, g										
흎		and similar amounts not inc	<u> </u>	1f 37,350.								
ont od (g	Noncash contributions includ										
	<u>h</u>	Total. Add lines 1a-1	<u>f</u>	,	307,943.							
nge	_			Business Code								
eve	2a	EDUCATION INCO	ME	611430	4,355.	4,355.	0.	0.				
e œ	b	ADVERTISING		541800	169.	0.	169.	0.				
ξi	С	MEETINGS & BAN	QUETS	722513	27,984.	27,984.	0.	0.				
Se	d											
ram	е	***	<u>;</u>									
Program Service Revenue	f	All other program ser			367.	367.	0.	0.				
<u> </u>	9	Total. Add lines 2a-2			32,875.							
	3	Investment income and other similar amo			2.4		0	2.4				
		Income from investmen			34.	0.	0.	34.				
	4											
	5	Royalties	(i) Real	(iı) Personal	-			<u> </u>				
	60	Gross rents	19,08									
	6a	Gross rents Less: rental expenses	19,00	4.		1						
	b	Rental income or (loss)	19,08	A								
	d d	Net rental income or		<u></u>	19,084.	0.	0.	19,084.				
	7a	Gross amount from sales of	(i) Securities	(II) Other	13,004.	<u> </u>	<u> </u>	13,001.				
	7 a	assets other than inventory										
	b	Less cost or other basis										
		and sales expenses .										
	С	Gain or (loss)										
	d	Net gain or (loss) .										
4				-								
Other Revenue	8a	Gross income from fu events (not including \$ of contributions reporte See Part IV, line 18	8,756. ed on line 1c).	1								
the	L	Less: direct expenses					1					
Ò.		Net income or (loss) f			2,940.		0.	2,940.				
		Gross income from ga			2,940.		<u> </u>	2,340.				
		See Part IV, line 19 .						į				
	h	Less: direct expenses										
		Net income or (loss) f										
		Gross sales of in										
		returns and allowance	-	1								
	h	Less: cost of goods s										
		Net income or (loss) f										
		Miscellaneous F		Business Code								
	11a											
	b			-				 				
	C			-								
	d	All other revenue .										
	e	Total. Add lines 11a-			-							
	12	Total revenue See			362 876	32 706	169	22.058.				

Part^cIX Statement of Functional Expenses

Section	on 501(c)(3) and 501(c)(4) organizations must com	nplete all columns. A	ll other organization	s must complete col	lumn (A).			
Check if Schedule O contains a response or note to any line in this Part IX								
	ot include amounts reported on lines 6b, 7b, b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses			
1	Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21			e				
2	Grants and other assistance to domestic Individuals. See Part IV, line 22	6,746.						
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16							
4 5	Benefits paid to or for members Compensation of current officers, directors, trustees, and key employees	192,410.	,					
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 8	Other salaries and wages Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	27,267.						
9	Other employee benefits	8,841.						
10	Payroll taxes	12,721.						
11	Fees for services (non-employees):							
а	Management							
b	Legal	16,961.						
C	Accounting	7,315.						
d	Lobbying							
e f	Professional fundraising services See Part IV, line 17							
g	Investment management fees Other. (If line 11g amount exceeds 10% of line 25, column				· · · · · · · · · · · · · · · · · · ·			
9	(A) amount, list line 11g expenses on Schedule O.)	3,141.						
12	Advertising and promotion [1,000.						
13	Office expenses	7,701.			 			
14	Information technology							
15	Royalties							
16	Occupancy	25,810.						
17	Travel	11,998.			···			
18	Payments of travel or entertainment expenses for any federal, state, or local public officials							
19	Conferences, conventions, and meetings .	29,107.						
20	Interest							
21	Payments to affiliates	5,000.						
22	Depreciation, depletion, and amortization .	2,717.						
23	Insurance	1,476.						
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.)							
а	EDUCATION EXPENSES	14,877.						
b	DUES & PUBLICATIONS	210.						
С	GA RESEARCH	300.						
d	GA PHONE	304.						
е	All other expenses							
25	Total functional expenses. Add lines 1 through 24e	375,902.						
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)							

Form 990 (2018)

Part X Balance Sheet Check if Schedule O contains a response or note to any line in this Part X (A) Beginning of year End of year 165,045. 1 146,904. 2 29,242. 29,208. 2 Savings and temporary cash investments 3 3 50. 4 4 5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. 5 Loans and other receivables from other disgualified 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 Assets 7 7 8 1,232. 1,285. 9 Prepaid expenses and deferred charges . . . 10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D 169,058. 10a 56,907. 59,625. 10b **b** Less: accumulated depreciation 11 11 Investments—publicly traded securities 12 12 Investments—other securities. See Part IV, line 11 13 13 Investments—program-related. See Part IV, line 11 14 14 15 Other assets. See Part IV, line 11 15 255,110. 234,388. 16 16 Total assets. Add lines 1 through 15 (must equal line 34) 17 Accounts payable and accrued expenses 1,440. 17 4,264. 18 18 36,293. 19 72,707. 19 20 20 21 Escrow or custodial account liability. Complete Part IV of Schedule D. Loans and other payables to current and former officers, directors, 22 trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L 22 23 Secured mortgages and notes payable to unrelated third parties . . . 23 24 24 Unsecured notes and loans payable to unrelated third parties . . . Other liabilities (including federal income tax, payables to related third 25 parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D 2,713. 49,647. 25 79,684. Total liabilities. Add lines 17 through 25 87,380. 26 26 Organizations that follow SFAS 117 (ASC 958), check here ▶ Balances complete lines 27 through 29, and lines 33 and 34. 157,047. 140,316. 27 27 28 28 10,683. 14,388. 29 Fund 29 Organizations that do not follow SFAS 117 (ASC 958), check here ▶ □ and ٥ complete lines 30 through 34. 30 30 Capital stock or trust principal, or current funds 31 Paid-in or capital surplus, or land, building, or equipment fund . . . 31 32 32 Retained earnings, endowment, accumulated income, or other funds. 154,704. 167,730. 33 33 234,388. 255,110. Total liabilities and net assets/fund balances ._......

separate basis, consolidated basis, or both:

Schedule O.

Separate basis Consolidated basis Both consolidated and separate basis

If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight

of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in

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.

Form 990 (2018)

×

2c

За

3h

SCHEDULE C (Form 990 or 990-EZ)

Political Campaign and Lobbying Activities

OMB No 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

► Complete if the organization is described below. ► Attach to Form 990 or Form 990-EZ. ▶ 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)(3) organizations: Complete Parts I-A and B Do not complete Part I-C.
- Section 501(c) (other than section 501(c)(3)) organizations. Complete Parts I-A and C below. Do not complete Part I-B.
- · Section 527 organizations: Complete Part I-A only.

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

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

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

• Se	ection 501(c)(4), (5), or (6) orga	anizations: Complete Part III.			
Name	of organization	.		Employer ider	ntification number
KITS	AP COUNTY ASSOCIA			91-07237	
Part	I-A Complete if the	e organization is exempt und	er section 501(c) or is a section 527 o	organization.
1	Provide a description of definition of "political car	f the organization's direct and in mpaign activities")	direct political ca	ampaign activities in Part	IV. (see instructions for
2	Political campaign activit	y expenditures (see instructions)		▶ \$)
3		cal campaign activities (see instruc			
Part	I-B Complete if the	e organization is exempt und	er section 501(c)(3).	
1		excise tax incurred by the organiza			
2	Enter the amount of any	excise tax incurred by organization	n managers under	section 4955 🕨 💲)
3	If the organization incurre	ed a section 4955 tax, did it file Fo	rm 4720 for this y	ear?	Yes No
4a					Yes No
b	If "Yes," describe in Part				
Part		e organization is exempt und			(c)(3).
1	Enter the amount direct activities	ly expended by the filing organiz	ration for section	527 exempt function ▶ \$	
2	Enter the amount of the	filing organization's funds contributies	outed to other org	ganizations for section	
3	line 17b	expenditures. Add lines 1 and 2		on Form 1120-POL, ▶ \$	
4	• •	n file Form 1120-POL for this year			
5	organization made payme the amount of political co	ses and employer identification nui ents. For each organization listed, ontributions received that were pro I fund or a political action committe	enter the amount mptly and directly	paid from the filing organi delivered to a separate p	ization's funds. Also enter political organization, such
	(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds if none, enter -0-	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization If none, enter -0-
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					

۲'

Pa	rt î	I-A		Complete if the organization section 501(h)).	01(c)(3) and file	d Form 5768 (ele	ction under		
A	Ch	eck	>	If the filing organization belong address, EIN, expenses, and				liated group membe	er's name,
В	Ch	eck	<u> </u>	☐ if the filing organization check	ed box A and	l "limited control" p	rovisions apply.		
				Limits on Lobb				(a) Filing	(b) Affiliated
				(The term "expenditures" me				organization's totals	group totals
1	а			bbying expenditures to influence	•				
	b			bbying expenditures to influence	-	• •	-		
	С			bbying expenditures (add lines 1	•				
	d			exempt purpose expenditures .					
	e			xempt purpose expenditures (add		•			
	f _	Lobl colu	•	ng nontaxable amount. Enter this.	he amount	from the following	g table in both		
	L	If the	ar	nount on line 1e, column (a) or (b) is:	The lobbyin	g nontaxable amoun	t is:		
				r \$500,000	20% of the a	amount on line 1e.			
				00,000 but not over \$1,000,000	+	us 15% of the excess			
	-		_	,000,000 but not over \$1,500,000	 	us 10% of the excess		- A	
				,500,000 but not over \$17,000,000	1	us 5% of the excess of	ver \$1,500,000.	, ;	
	_			7,000,000	\$1,000,000.				
	_			oots nontaxable amount (enter 25					
	h :			ct line 1g from line 1a. If zero or le					
	! :			ct line 1f from line 1c. If zero or les e is an amount other than zero	file Form 4720				
	J			ng section 4911 tax for this year?	[Yes □ No			
		(Sc	m	e organizations that made a sec See the	etion 501(h) e separate ins	period Under Sec election do not hav structions for lines es During 4-Year A	e to complete all 2a through 2f.)	of the five column	s below.
				Lobbying	T				
		С	ale	ndar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) Total
2	а	Lobl	oyi	ng nontaxable amount					
	b			ng ceiling amount of line 2a, column (e))					
	С	Tota	l lo	bbying expenditures					
	d	Gras	sr	oots nontaxable amount					
	е			oots ceiling amount of line 2d, column (e))					
	f	Gras	sr	oots lobbying expenditures					
	AA			•		REV 11/14/18 PRO		Schedule C (Form	990 or 990-EZ) 20

Part	II-B Complete if the organization is exempt under section 501(c)(3) and has NOT (election under section 501(h)).	filed	Form	5768		
For e	each "Yes," response on lines 1a through 1i below, provide in Part IV a detailed	(;	a)		(b)	
	ription of the lobbying activity.	Yes	No	A	moun	t
1	During the year, did the filing organization attempt to influence foreign, national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:					
а	Volunteers?					
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?					
С	Media advertisements?					
d	Mailings to members, legislators, or the public?					
е	Publications, or published or broadcast statements?					
f	Grants to other organizations for lobbying purposes?					
g	Direct contact with legislators, their staffs, government officials, or a legislative body?					
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?					
i	Other activities?					
j	Total. Add lines 1c through 1i					
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?					
b	If "Yes," enter the amount of any tax incurred under section 4912		, l			
С	If "Yes," enter the amount of any tax incurred by organization managers under section 4912 .					
d	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?					
Part	III-A Complete if the organization is exempt under section 501(c)(4), section 501(c 501(c)(6).)(5), (or se	ction		
					Yes	No
1	Were substantially all (90% or more) dues received nondeductible by members?			1		×
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?			2		×
3	Did the organization agree to carry over lobbying and political campaign activity expenditures from the					×
Part	501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No," O answered "Yes."				line	3, is
1	Dues, assessments and similar amounts from members	•	1	2	54,4	118.
2	Section 162(e) nondeductible lobbying and political expenditures (do not include amounts political expenses for which the section 527(f) tax was paid).	of				
а	Current year	•	2a		5,9	923.
b	Carryover from last year		2b			
С	Total		2c			923.
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues .		3		7,2	<u>230.</u>
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of excess does the organization agree to carryover to the reasonable estimate of nondeductible lobby	ying				
	and political expenditure next year?		4			
5	Taxable amount of lobbying and political expenditures (see instructions)	•	5			0.
	Supplemental Information de the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated groundstructions); and Part II-B, line 1. Also, complete this part for any additional information.			t II-A, I	ines 1	and

SCHEDULE D (Form 990)

Department of the Treasury

Name of the organization

Internal Revenue Service

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.

▶ Go to www.irs.gov/Form990 for instructions and the latest information. Employer identification number

OMB No 1545-0047

Open to Public Inspection

91-0723769 KITSAP COUNTY ASSOCIATION OF REALTORS Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" on Form 990, Part IV, line 6. (b) Funds and other accounts (a) Donor advised funds Total number at end of year 1 2 Aggregate value of contributions to (during year) 3 Aggregate value of grants from (during year) . Aggregate value at end of year 4 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised 5 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 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 a historically important land area Preservation of a certified historic structure Protection of natural habitat ☐ 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. 2a Total number of conservation easements . 2b Number of conservation easements on a certified historic structure included in (a) Number of conservation easements included in (c) acquired after 7/25/06, and not on a 2d Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the 3 Number of states where property subject to conservation easement is located ▶ 4 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of 5 violations, and enforcement of the conservation easements it holds? Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year 6 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year 7 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) 8 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements. Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Part III Complete if the organization answered "Yes" on Form 990, Part IV, line 8. If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items. b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items. If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items: a Revenue included on Form 990, Part VIII, line 1 **b** Assets included in Form 990, Part X.

;·

Part	Organizations Maintaining							
3	Using the organization's acquisition, a collection items (check all that apply):	accession, and other rec	ords, check any of the	e following that are a s	ignificant use of its			
а	☐ Public exhibition	d	Loan or exchang	e programs				
b	Scholarly research	е	☐ Other					
С	☐ Preservation for future generations							
4	Provide a description of the organization	ion's collections and exp	lain how they further	the organization's exen	npt purpose in Part			
	XIII.	·	•	-				
5	During the year, did the organization	solicit or receive donation	ns of art, historical tr	easures, or other simila	ır			
	assets to be sold to raise funds rather	than to be maintained as	part of the organization	on's collection?	☐ Yes ☐ No			
Par	IV ✓ Escrow and Custodial Arra	ngements.			<u></u>			
	Complete if the organization 990, Part X, line 21.							
1a	Is the organization an agent, trustee,							
	included on Form 990, Part X?				☐ Yes ☐ No			
b	If "Yes," explain the arrangement in Pa	art XIII and complete the	ollowing table:					
Amount								
С	Beginning balance			1c				
d	Additions during the year			1d				
е	Distributions during the year			1e				
f	Ending balance			1f				
2a	Did the organization include an amoun							
	If "Yes," explain the arrangement in Pa	art XIII. Check here if the	explanation has been	provided on Part XIII .	<u> </u>			
Par	V., Endowment Funds.							
	Complete if the organization							
	<u> </u>	(a) Current year (b) P	rior year (c) Two year	s back (d) Three years back	(e) Four years back			
1a	Beginning of year balance							
b	Contributions							
C	Net investment earnings, gains, and							
	losses							
d	Grants or scholarships							
е	Other expenditures for facilities and							
	programs							
f	Administrative expenses							
g	End of year balance							
2	Provide the estimated percentage of the	ne current year end balar	ce (line 1g, column (a))) held as:				
а	Board designated or quasi-endowmen	ıt ▶%						
b	Permanent endowment ▶	<u></u> %						
С	Temporarily restricted endowment ▶	%						
	The percentages on lines 2a, 2b, and 2							
3a	Are there endowment funds not in the	possession of the organ	ization that are held	and administered for th	e			
	organization by:				Yes No			
	(i) unrelated organizations				3a(i)			
	(ii) related organizations				3a(ii)			
b	If "Yes" on line 3a(ii), are the related or				3b			
4	Describe in Part XIII the intended uses	of the organization's end	lowment funds.					
Part								
	Complete if the organization	answered "Yes" on Fo	rm 990, Part IV, line	e 11a. See Form 990,	Part X, line 10.			
	Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value			
1a	Land	29,903			29,903.			
b	Buildings	115,074		88,204.	26,870.			
c	Leasehold improvements							
ď	Equipment	24,081		23,947.	134.			
e	Other							
	Add lines 1a through 1e. (Column (d) m		X. column (B), line 10	lc.)	56,907.			

Part ^c VII	Investments – Other Securities. Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.											
	(a) Description of security or category	crea res en rem	(b) Book value		ethod of valuation							
	(including name of security)		(b) Book value		d-of-year market value							
(1) Financial												
	neld equity interests											
(3) Other	•••••			_								
(A)												
(B)												
(C)			 .		·							
(D) (E)												
(F)												
(G)												
(H)												
	o) must equal Form 990, Part X, col (B) line 12) ▶											
Part VIII	Investments—Program Related.			l								
	Complete if the organization answer	ered "Yes" on Form	990. Part IV. lin	e 11c. See Forn	n 990. Part X. line 13.							
	(a) Description of investment		(b) Book value	(c) Me	ethod of valuation							
				Cost or end	d-of-year market value							
(1)												
_(2)												
(3)			· · · · · · · · · · · · · · · · · · ·									
(4)												
(5)												
(6)	<u> </u>	···										
(8)												
(9)												
	o) must equal Form 990, Part X, col (B) line 13)		·									
Part IX	Other Assets.											
	Complete if the organization answer	ered "Yes" on Form	990, Part IV, lin	e 11d. See Forn	n 990, Part X, line 15.							
	(a) I	Description			(b) Book value							
(1)												
_(2)												
(3)												
(4)			-		<u> </u>							
(5)												
_(6)												
(7)					<u> </u>							
(8)				<u> </u>								
(9)	mn (b) must equal Form 990, Part X, col.	(P) line 15)										
Part X	Other Liabilities.	(B) IIIIe 13.)	<u> </u>	<u> P</u>	<u></u>							
raitA	Complete if the organization answer	ered "Ves" on Form	99∩ Part IV lin	e 11e or 11f Se	e Form 990 Part X							
	line 25.	eled les offlomi	550, i ait iv, iii	0 110 01 111.00	,							
1.	(a) Description of liability	(b) Book value										
(1) Federal in			<u> </u>									
	ND NATIONAL DUES HELD IN TRUST	831										
	D NWMLS SUPPORT	031										
	L TAXES PAYABLE	1,882										
(5)												
(6)												
(7)												
(8)												
(9)												
	o) must equal Form 990, Part X, col. (B) line 25.) ▶	2,713			1982							
2. Liability for	uncertain tax positions. In Part XIII, provide	e the text of the footnote	to the organization	n's financial statem	ents that reports the							

organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII

Pari	Reconciliation of Revenue per Audited Financial State Complete if the organization answered "Yes" on Form 99		r Return.
	Total revenue, gains, and other support per audited financial statemen		1
1	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
2	Net unrealized gains (losses) on investments	. 2a	
a	Donated services and use of facilities		
b	Recoveries of prior year grants		
c d	Other (Describe in Part XIII.)		
e	Add lines 2a through 2d	· · · · · · · · · · · · · · · · · · ·	
3	Subtract line 2e from line 1		3
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b .	. 4a	
b	Other (Describe in Part XIII.)		
С	Add lines 4a and 4b		4c
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, I		
Part	XII Reconciliation of Expenses per Audited Financial Sta	tements With Expenses	oer Return.
	Complete if the organization answered "Yes" on Form 99	90, Part IV, line 12a.	
1	Total expenses and losses per audited financial statements		1
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
а	Donated services and use of facilities	. 2a	_
b	Prior year adjustments		
С	Other losses		
d	Other (Describe in Part XIII.)		
е	Add lines 2a through 2d		2e
3	Subtract line 2e from line 1		3
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b		 188
Ь	Other (Describe in Part XIII.)		-
C	Add lines 4a and 4b		
5 Dost	XIII Supplemental Information.	, iiiie 10.)	3
2; Par	de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a t XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this p	part to provide any additional	information.
•••		. <u></u>	
		·	

SCHEDULE I (Form 990)

Department of the Treasury Internal Revenue Service Name of the organization

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

Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22. ► Attach to Form 990.

OMB No 1545-0047	2018	Open to Public
8	20	Open to F

Employer identification number

► Go to www.irs.gov/Form990 for the latest information.

KITS	KITSAP COUNTY ASSOCIATION OF REALTORS	91-0723769	
Part	Part I General Information on Grants and Assistance		
-	Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and	sistance, and	
	the selection criteria used to award the grants or assistance?	X Yes	%

2 Des	Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.	zation's procedur	es for monitoring t	the use of grant fur	nds in the United	States.		
Part II	Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.	ssistance to Do y recipient that r	mestic Organizareceived more th	ations and Dom	lestic Governm	ents. Complete inted if additional	f the organization answespace is needed.	Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.
1 (a) Name	1 (a) Name and address of organization or government	(p) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1)								
(2)								
(3)								
(4)								
(2)								
(9)								
(۵)								
(8)								
(6)								
(10)								
(11)								
(12)								·
2 Ente	Enter total number of section 501(c)(3) and government organizations listed in the line 1 table	1 501(c)(3) and gov	vernment organizat	tions listed in the li	ine 1 table			.

REV 11/06/18 PRO Enter total number of other organizations listed in the line 1 table For Paperwork Reduction Act Notice, see the Instructions for Form 990.

ო

Schedule I (Form 990) (2018)

Part III

Page 2

ě

(f) Description of noncash assistance Supplemental Information. Provide the information required in Part I, line 2; Part III, column (b); and any other additional information. Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed. (e) Method of valuation (book, FMV, appraisal, other) (d) Amount of noncash assistance 6,746. (c) Amount of cash grant (b) Number of recipients (a) Type of grant or assistance 1 REALTORS IN NEED Part IV 4 S ဖ N က

Schedule I (Form 990) (2018)

SCHEDULE J (Form' 990)

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

Complete if the organization answered "Yes" on Form 990, Part IV, line 23.
 ► Attach to Form 990.
 ► Go to www.irs.gov/Form990 for instructions and the latest information.

Open to Public

OMB No 1545-0047

Inspection

Department of the Treasury Internal Revenue Service Name of the organization

KITSAP COUNTY ASSOCIATION OF REALTORS

Employer identification number 91-0723769

Part	Questions Regarding Compensation			_
			Yes	No
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.			
	☐ First-class or charter travel ☐ Housing allowance or residence for personal use			
	☐ Travel for companions ☐ Payments for business use of personal residence			
	☐ Tax indemnification and gross-up payments ☐ Health or social club dues or initiation fees			
	☑ Discretionary spending account ☐ Personal services (such as maid, chauffeur, chef)			
b	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment			
	or reimbursement or provision of all of the expenses described above? If "No," complete Part III to			
	explain	1b	×	i
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?	2	×	
3	Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.			
	☐ Compensation committee ☐ Written employment contract			
	☐ Independent compensation consultant ☐ Compensation survey or study			
	☐ Form 990 of other organizations ☐ Approval by the board or compensation committee			
4	During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:			
а	Receive a severance payment or change-of-control payment?	4a	×	
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b		×
С	Participate in, or receive payment from, an equity-based compensation arrangement?	4c		×
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.			
	Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5–9.			
5	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any			
	compensation contingent on the revenues of:			
a	The organization?	5a		_
b	Any related organization?	5b	_	ļ
	If "Yes" on line 5a or 5b, describe in Part III.			
6	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:			
_				` -
a b	The organization?	6a 6b		
U	If "Yes" on line 6a or 6b, describe in Part III.	00_		
7	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III	7		
8	Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject			
-	to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe			
	ın Part III	8		
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in			
	Regulations section 53 4958-6(c)?	اما		

Page 2

Schedule J (Form 990) 2018

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

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 aren't listed on Form 990, Part VII.

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

			. 1 🗵	-	2 III () IIII () III () III () II	applicable column	≟	יו נוומר ווומר ווימואוססמוי
(A) Name and Title		(ı) Base compensation	(ii) Bonus & incentive compensation	(ii) Other reportable compensation	(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)+(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
MICHAEL ELIASON	8	99,723.	1,688.	90,998.	0.	8,841.	201,250.	0.
1 EXECUTIVE DIRECTOR	€	0.	0.	0.	.0	.0	0	.0
	ε							
2	(E)						1	1
	ε							
က	3				1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		111111111111111111111111111111111111111	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
	Ξ							
4	(ii)		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1))) 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
	€							
ıs	€							• • • • • • • • • • • • • • • • • • • •
	€							
9	(ii)							
	©				-			
7	€		* * * * * * * * * * * * * * * * * * *					
	8			•				
8	€							· · · · · · · · · · · · · · · · · · ·
	(3)							
6	(ii)		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		1			1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
	(3)							
10	€							
	ε							
11	(ii)							
	(i)				3	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		000000000000000000000000000000000000000
12	<u>(ii)</u>							
	E							
13	(E)							
	€							
14	(i)							
	e							
15	(E)							
	€							
16	<u>(E)</u>							
BAA			REV 11/05/18 PRO				Sch	Schedule J (Form 990) 2018

Page 3

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 or any additional information.	: THE EXECUTIVE DIRECTOR'S EMPLOYMENT CONTRACT WAS TERMINATED BY THE BOARD OF DIRECTORS AND HE	SEVERANCE PAYMENT OF \$72000									
Provide the information, explanat or any additional information.	Pt I Line 4a: THE EXECUI	A SE									

Schedule J (Form 990) 2018

REV 11/05/18 PRO

BAA

SCHEDULE 0 (Form'990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

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

> ► Attach to Form 990 or 990-EZ. ▶ Go to www.irs.gov/Form990 for the latest information.

OMB No 1545-0047 Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

Employer identification number

KITSAP COUNTY ASSOCIATION OF REALTORS	91-0723769
Pt VI, Line 11b: A PDF COPY OF THIS RETURN WAS AVAILABLE TO ALL O	OFFICERS AND
DIRECTORS FOR REVIEW PRIOR TO FILING BY ELECTRONIC TRANSMISSION.	
Pt VI, Line 15a: COMPENSATION WAS REVIEWED BY THE BOARD OF DIRECT	ORS AND APPROVED
AS RECORDED IN THE BOARD MINUTES.	
Pt VI, Line 19: THE ORGANIZATION'S ARTICLES OF INCORPORATION ARE	ON FILE WITH
AND AVAILABLE FROM THE WASHINGTON STATE SECRETARY OF STATE. THE	CONFLICT OF
INTEREST POLICY AND REVIEWED FINANCIAL STATEMENTS ARE AVAILABLE F	OR REVIEW BY
APPOINTMENT AT 3689 MUNSON STREET, SILVERDALE, WASHINGTON 98383.	·
Pt VI, Line 6: THE ORGANIZATION IS A TRADE ASSOCIATION WITH DUES	PAYING MEMBERS.
Pt VI, Line 7a: THE OFFICERS AND DIRECTORS ARE ELECTED BY THE GEN	JERAL MEMBERSHIP.
FIVE STATE DIRECTORS ARE ELECTED BY THE BOARD OF DIRECTORS.	
Pt VI, Line 2: JACQUI CURTISS, ATTENDING PAST PRESIDENT, IS THE B	BRANCH MANAGER
OF THE BROKERAGE WHERE PATRICIA MCGUIRE, DIERECTOR, AND THOR HOLM	1, ATTENDING
PAST PRESIDENT WORK. JERRY REID, ATTENDING PAST PRESIDENT OWNS TH	ie brokerage
WHERE DIRECTOR KIM WILSON WORKS. LEE AVERY, ATTENDING PAST PRESID	DENT, IS THE
BRANCH MANAGER OF THE BROKERAGE WHERE ATTENDING PAST PRESIDENT KA	ATHY BERNDTSON,
PRESIDENT ANNETTE NITZ AND DIRECTOR GARRY WANNER, WORK. FRANK WIL	LSON, ATTENDING
PAST PRESIDENT, IS THE BRANCH MANAGER OF THE BROKERAGE WHERE KJ L	LANGE, ATTENDING
PAST PRESIDENT WORKS. ROBERT CONTRERAS, PRESIDENT ELECT AND DANA	SOYAT, ATTENDING
PAST PRESIDENT WORK FOR THE SAME BROKERAGE.	