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May the IRS discuss this return with the preparer shown above? (see instructions) For Paperwork Reduction Act Notice, see the separate instructions.

Department of the

DLN: 93493288016410 OMB No. 1545-0047 **Return of Organization Exempt From Income Tax**

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.

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

☑ Yes ☐ No

Form 990 (2019)

Cat. No. 11282Y

Open to Public

Treasury Inspection Internal Revenue Service For the 2019 calendar year, or tax year beginning 01-01-2019 , and ending 12-31-2019 C Name of organization D Employer identification number B Check if applicable: MICHIGAN ASSOCIATION OF REALTORS ☐ Address change 38-0829980 ☐ Name change Doing business as ☐ Initial return ☐ Final return/terminated E Telephone number ☐ Amended return Number and street (or P.O. box if mail is not delivered to street address) Room/suite 720 N WASHINGTON AVE ☐ Application pending (517) 372-8890 City or town, state or province, country, and ZIP or foreign postal code LANSING, MÍ 48906 G Gross receipts \$ 7,890,251 Name and address of principal officer: H(a) Is this a group return for ROBERT M CAMPAU □Yes ☑No subordinates? 720 N WASHINGTON AVE H(b) Are all subordinates LANSING, MI 48906 ☐ Yes ☐No included? \Box 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.MIREALTORS.COM L Year of formation: 1946 M State of legal domicile: MI **K** Form of organization: lacktriangledown Corporation lacktriangledown Trust lacktriangledown Association lacktriangledown Other lacktriangledownSummary 1 Briefly describe the organization's mission or most significant activities: PROVIDE MEMBERS WITH SERVICES THAT WILL ENHANCE THEIR ABILITY TO SUCCEED PROFESSIONALLY Activities & Governance 2 Check this box ► ☐ if the organization discontinued its operations or disposed of more than 25% of its net assets 3 Number of voting members of the governing body (Part VI, line 1a) . 24 21 4 Number of independent voting members of the governing body (Part VI, line 1b) 4 Total number of individuals employed in calendar year 2019 (Part V, line 2a) 5 Total number of volunteers (estimate if necessary) 6 205 Total unrelated business revenue from Part VIII, column (C), line 12 **7**a 56,829 **b** Net unrelated business taxable income from Form 990-T, line 39 -6,342 **Prior Year Current Year** 8 Contributions and grants (Part VIII, line 1h) . 25,000 173,660 Ravenue 7,803,024 7,257,796 9 Program service revenue (Part VIII, line 2g) . 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 315,782 368,650 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 90,145 68,618 8,212,424 7,890,251 12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12) 13 Grants and similar amounts paid (Part IX, column (A), lines 1-3). 0 **14** Benefits paid to or for members (Part IX, column (A), line 4) 0 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10) 2,980,509 3,422,591 Expenses 0 16a Professional fundraising fees (Part IX, column (A), line 11e) . **b** Total fundraising expenses (Part IX, column (D), line 25) ▶0 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) . 4,643,755 3,108,266 7,624,264 6,607,491 18 Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25) Revenue less expenses. Subtract line 18 from line 12 . 588,160 1,282,760 Net Assets or Fund Balances Beginning of Current Year End of Year 10,262,259 12,847,767 20 Total assets (Part X, line 16) . 21 Total liabilities (Part X, line 26) . 994,504 1,698,385 22 Net assets or fund balances. Subtract line 21 from line 20 . 9,267,755 11,149,382 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 Signature of officer Sign Here ROBERT M CAMPAU CEO Type or print name and title Print/Type preparer's name Preparer's signature Check | if 2020-10-13 P00010213 Paid self-employed Firm's name MANER COSTERISAN PC Firm's EIN ► 38-2157642 Preparer Use Only Firm's address ▶ 2425 E GRAND RIVER SUITE 1 Phone no. (517) 323-7500 LANSING, MI 489123291

Form	990 (2019)				Page 2
Pa	Statement	of Program Service Acc	complishments		
	Check if Sched	dule O contains a response or	note to any line in this Part III .		🗹
1	Briefly describe the o		·		
AND THE	PROMOTING PRIVATE	PROPERTY RIGHTS. IT IS THE Y AND THE RECOGNIZED ST	SERVE ITS MEMBERS BY ADVANC E RECOGNIZED PUBLIC POLICY AN ATEWIDE RESOURCE CLEARINGHO	ID LEGAL ADVOCATE FOR PRIVA	TE PROPERTY RIGHTS FOR
2	Did the organization (undertake any significant pro	gram services during the year whi	ch were not listed on	
	the prior Form 990 or	· 990-EZ?			🗌 Yes 🗹 No
	If "Yes," describe the	se new services on Schedule	0.		
3	Did the organization of	cease conducting, or make sig	gnificant changes in how it conduc	ts, any program	
	services?				🗌 Yes 🗹 No
	If "Yes," describe the	se changes on Schedule O.			
4	Section 501(c)(3) and		nplishments for each of its three la 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	Other program servic	es (Describe in Schedule O.)			
	(Expenses \$	including (grants of \$) (Revenue \$)
4e	Total program serv	ice expenses ▶			

18

19

Pai	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 candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>	3		No
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	Yes	
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D,</i> Part 2	6		No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D,</i> Part III	8		No
9	Did the organization report an amount in Part X, line 21 for escrow or custodial account liability; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		No
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi endowments? <i>If "Yes," complete Schedule D, Part V</i>	10		No
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, VIII, IX, or X as applicable.			
	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	
	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		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 2	11c		No
	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
е	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	11f	Yes	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a		No
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	4.01		No
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		No
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? 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

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

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

lines 1c and 8a? If "Yes," complete Schedule G, Part II

Nο

Nο

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orm	990 (2019)			Page 4
Par	Checklist of Required Schedules (continued)			
			Yes	No
	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		No
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J </i>	23	Yes	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a	24a		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>	25a		
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L,</i> Part I	25b		
26	Did the organization report any amount on Part X, line 5 or 22 for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		No
.7	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? <i>If "Yes," complete Schedule L,</i> Part III	27		No
8	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, key employee, creator or founder, or substantial contributor? If "Yes," complete Schedule L, Part IV	28a		No
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		No
C	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If "Yes," complete Schedule L, Part IV	28c		No
9	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		No
0	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		No
1	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		No
2	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
3	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		No
4	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	
5а	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	Yes	
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	Yes	
6	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		
7	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
8	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O.	38	Yes	
Par				
	Check if Schedule O contains a response or note to any line in this Part V \ldots . \ldots			
4-	Enter the number reported in Pay 2 of Form 1006. Enter 0 if not smaller like 1		Yes	No
	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a 44 Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable . 1b 0			
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
U	(gambling) winnings to prize winners?	1c	Yes	

Par	Statements Regarding Other IRS Filings and Tax Compliance (continued)			
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	3		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	2b	Yes	
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	Yes	
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b	Yes	
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		No
b	If "Yes," enter the name of the foreign country: See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		No
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	H		No
	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5b 5c		
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization	6a		No
	solicit any contributions that were not tax deductible as charitable contributions?	Ua Ua		
	not tax deductible?	6b		
	Organizations that may receive deductible contributions under section 170(c).			
	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and service provided to the payor?	7a		
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		
d	If "Yes," indicate the number of Forms 8282 filed during the year	-		
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7 g		
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.			
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		
10	Section 501(c)(7) organizations. Enter:			
_	Initiation fees and capital contributions included on Part VIII, line 12 10a	4		
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b	4		
11	Section 501(c)(12) organizations. Enter:			
a b	Gross income from members or shareholders	1		
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.			
	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 which 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		No
	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 excess parachute payment(s) during the year?	15		No
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.	16		No

01111	330 (2	317)			rage
Par	t VI	Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions. Check if Schedule O contains a response or note to any line in this Part VI	" respo	onse to	lines V
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 24			
	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 21			
2		ny officer, director, trustee, or key employee have a family relationship or a business relationship with any other r, director, trustee, or key employee?	2		No
3		ne organization delegate control over management duties customarily performed by or under the direct supervision cers, directors or trustees, or key employees to a management company or other person? .	3		No
4	Did th	ne organization make any significant changes to its governing documents since the prior Form 990 was filed? .	4		No
5	Did th	e organization become aware during the year of a significant diversion of the organization'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 elect or appoint one or more pers of the governing body?	7a	Yes	
b		ny governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or ns other than the governing body?	7 b	Yes	
8		ne organization contemporaneously document the meetings held or written actions undertaken during the year by illowing:			
а	The g	overning body?	8a	Yes	
b	Each o	committee with authority to act on behalf of the governing body?	8b	Yes	
9		re any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the ization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		No
Se	ction	B. Policies (This Section B requests information about policies not required by the Internal Revenue	e Code	e.)	
				Yes	No
10a	Did th	ne organization have local chapters, branches, or affiliates?	10a	Yes	
b		s," did the organization have written policies and procedures governing the activities of such chapters, affiliates, ranches to ensure their operations are consistent with the organization's exempt purposes?	10b	Yes	
	form?		11a		No
b	Descri	ibe in Schedule O the process, if any, used by the organization to review this Form 990			
12a	Did th	ne organization have a written conflict of interest policy? If "No," go to line 13	12a	Yes	
b	Were conflic	officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to	12b	Yes	
С		ne organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in fulle O how this was done	12c	Yes	
13	Did th	ne organization have a written whistleblower policy?	13	Yes	
14	Did th	ne 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 approval by independent ns, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The o	rganization's CEO, Executive Director, or top management official	15a	Yes	
b		officers or key employees of the organization	15b	Yes	
	If "Yes	s" to line 15a or 15b, describe the process in Schedule O (see instructions).			
	taxabl	ne organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a le entity during the year?	16a		No
b	in join	s," did the organization follow a written policy or procedure requiring the organization to evaluate its participation at venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt swith respect to such arrangements?			
		· · · · · · · · · · · · · · · · · · ·	16b		
<u>Se</u> 17		C. Disclosure 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), 990, and 990-T (501(c)(3)s			
10	only)	available for public inspection. Indicate how you made these available. Check all that apply. Dwn website Another's website Upon request Other (explain in Schedule O)			
19	Descri	ibe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest			
20	policy	, and financial statements available to the public during the tax year.			
20		the name, address, and telephone number of the person who possesses the organization's books and records: BERT M CAMPAU 720 N WASHINGTON AVENUE LANSING, MI 48906 (517) 372-8890			

 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. Isist 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 organizations. List all of the organization's former officers, key employees, or highest compensated employees who received more than \$100,000 freportable 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 \$100,000 of reportable compensation from the organizations. 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 per week (list any hours per week (list any hours below dotted line) (C) Name and title (D) Reportable compensation from the organization and any officer and a director/trustee) (D) Reportable compensation from the organization of the organization of the organization from th	Form 990 (2019)											Pag	ge 7
As Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax rear. ■ 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 organizations. ■ List all of the organization's former officers, key employees, or highest compensated employees who received more than \$100,000 freportable compensation from the organization and any related organizations for the order in which to list the persons above. ■ Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee. ■ (B) Name and title ■ (C) Position (do not check more than spendal properties of the organization of other organization of the organization o			Truste	es, I	Key	En	nploy	ees	, Highest Comp	ensated Employ	yees,		
La Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax rear. 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 furrent key employees, if no. See instructions for definition of "key employee." List all of the organization's furrent key employees, if any. See instructions for definition of "key employee." List all of the organization's former officers, key employees, or highest compensated employees who received more than \$100,000 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 organization and any related organization or any current officer, director, or trustee. (A) Name and title A Reportable compensation from the organization or any related organization or any new powers of the organization or any new powers or trustees or trustees that received, in the capacity as a former director, or trustee. (B) A Reportable compensation or trustee of the organization or trustee. (C) (B) A Reportable compensation or from the organization or end to the compensation organization organizat	Check if Schedule O contains a	response or no	te to an	y line	in t	his	Part VI	١.				. [
■ List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid. ■ List all of the organization's current key employees, if any. See instructions for definition of "key employee." ■ List the organization's five current highest compensated employees (other than an officer, director, trustee or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations. ■ List all of the organization's former officers, key employees, or highest compensated employees who received more than \$100,000 of reportable compensation from the organization, more than \$10,000 of reportable compensation from the organization, more than \$10,000 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 for the order in which to list the persons above. □ 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) ■ (C) Reportable compensation from the organization from the organization of the organization has not officer and a director/trustee) ■ (D) Reportable compensation from the organization organization organization (W-2/1099-MISC) ■ (F) Estimated organization organizations (W-2/1099-MISC) ■ (F) Estimated organizations (W-2/1099-MISC) ■ (F) Estimated organization organizations (W-2/1099-MISC) ■ (F) Estimated organizations (W-2/1099-MISC) ■ (F) Estimated organization organization organization organization organization organization organization orga	Section A. Officers, Directors, Tru	istees, Key E	mploy	ees,	an	d H	lighe	st C	Compensated En	nployees			
■ List all of the organization's current key employees, if any. See instructions for definition of "key employee." ■ List the organization's five current highest compensated employees (other than an officer, director, trustee or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations. ■ List all of the organization's former officers, key employees, or highest compensated employees who received more than \$100,000 freportable compensation from the organization and any related organizations. ■ List all of the organization's former officers, key employees, or highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations. ■ List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization. See instructions for the order in which to list the persons above. □ Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee. ■ Check this box if neither the organization nor any related organization organization from the organization of related organizations below dotted line) ■ Check this box if neither the organization below dotted line) ■ Check this box if neither the organization or any related organization organization organization organization organization organization organization organization and related organizations organization and related organizations organization and related organization and organization and organization and organization organization organization organization orga	year.		•						, ,		-	n's ta	Κ
List the organization's five current highest compensated employees (other than an officer, director, trustee or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations. ● List all of the organization's former officers, key employees, or highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations. ● List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organization and any related organization. ● List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization. ● List all of the organization than \$10,000 of reportable compensation from the organization nor any related organization and any related organization compensated any current officer, director, or trustee.	of compensation. Enter -0- in columns (D), (E), and (F) if no	compe	nsati	on w	/as	oaid.		.,				
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 from the organization and any related organizations. ■ List all of the organization from the organization and any related organization, more than \$10,000 of reportable compensation from the organization, more than \$10,000 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 organizations. ■ Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee. ■ Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee. ■ Check this box if neither the organization nor any related organization one box, unless person is both an officer and a director/trustee) ■ Check this box if neither the organization nor any related organization is both an officer and a director/trustee) ■ Check this box if neither the organization nor any related organization is both an officer and a director/trustee) ■ Check this box if neither the organization nor any related organization one box, unless person is both an officer and a director/trustee) ■ Check this box if neither the organization nor any related organization one box, unless person is both an officer and a director/trustee) ■ Check this box if neither the organization nor any related organization organization (W-2/1099-MISC) ■ Check this box if neither the organization nor any related organization organization nor any related organization organization organization (W-2/1099-MISC) ■ Check this box if neither the organization nor any related organization nor any related organization nor any related organization nor any neithe													
■ 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. See instructions for the order in which to list the persons above. 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 below dotted line) (C) (D) (E) Reportable compensation from the organization (do not check more than one box, unless person is both an officer and a director/trustee) (W-2/1099-MISC) MISC) (F) Estimated amount of other compensation from the organization organization organization and related organizations.													
Average hours per week (list any hours for related organizations) below dotted line) Continue to the person of the order in which to list the persons above. Continue to the order in which to list the persons above.	of reportable compensation from the organiz	ation and any re	elated o	rgani	zatio	ons.			. ,	·	·		
(A) Name and title (B) Average hours per week (list any hours for related organizations below dotted line) (B) Average hours per week (list any hours for related organizations below dotted line) (C) Position (do not check more than one box, unless person is both an officer and a director/trustee) (C) Position (do not check more than one box, unless person is both an officer and a director/trustee) (B) Average hours per week (list any hours for related organization (W-2/1099-MISC) (B) Reportable compensation from the organizations (W-2/1099-MISC) MISC) (F) Estimated amount of other compensation from the organization and related organizations organizations)	organization, more than \$10,000 of reportab	le compensatio	n from t								Э		
Name and title Average hours per week (list any hours for related organizations below dotted line) Name and title Average hours per week (list any hours for related organizations below dotted line) Position (do not check more than one box, unless person is both an officer and a director/trustee) Officer	Check this box if neither the organizatio	n nor any relate	d organ	nizatio	on co	omp	ensate	d ar	ny current officer, di	rector, or trustee.			
it st		(A) Name and title Average hours per week (list any hours (C) Position (do not check more than one box, unless person is both an officer and a director/trustee)							(D) Reportable compensation from the	Reportable compensation from related organizations	Estir amount compe fror	nated of oth nsation the	n
See Additional Data Table		organizations below dotted	Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former		` '	rel	ated	
	See Additional Data Table												
													—
													—

Name and title	Average hours per week (list any hours	Position than of the property	Reportable compensation from related organizations	Estimated amount of other compensation 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
See Additional Data Table										
1b Sub-Total						•				
c Total from continuation sheets to Pa d Total (add lines 1b and 1c)	art VII, Section					-		1,359,408	0	197,201
2 Total number of individuals (including					have	مطبيد لا			20.000	,

	of reportab	le compensat	ion from tl	ne organ	ization 🕨	4			
_			_				_		

(A)

Name and business address

Section B. Independent Contractors

compensation from the organization \blacktriangleright 1

MCCLELLAND & ANDERSON LLP

1142 S WASHINGTON AVE LANSING, MI 48910

1

						1											
1b 9	ub-Total						>				Ι΄						
c 1	otal from continuation sheets to Pa	rt VII, Section	Α.				▶										
d Ţ	otal (add lines 1b and 1c)						▶		1	,359,408	3			0			197,201
2	Total number of individuals (including of reportable compensation from the o			e liste	ed ab	ove)) who	rece	eived m	ore than	n \$10	0,000			T	Yes	No
3	Did the organization list any former of line 1a? <i>If "Yes," complete Schedule J</i>	·							-			-	•		3		No
4	For any individual listed on line 1a, is organization and related organizations											the					

1b 9	Sub-Total						>								
c T	Total from continuation sheets to Pa	art VII, Section	1 A .				- ▶[
d 1	Fotal (add lines 1b and 1c)						▶		1,3	59,408			0		197,201
2	Total number of individuals (including of reportable compensation from the			se list	ed al	bove	e) wh	o rec	eived mor	e than \$	100,00	0			
														Yes	No
3	Did the organization list any former of line 1a? <i>If "Yes," complete Schedule J</i>	,			•		, ,		_	•		,	3		No
4	For any individual listed on line 1a, is organization and related organization individual	s greater than	\$150,00	00? <i>If</i>	"Yes	," cc	mple	ete Sc	hedule J		m the		4	Yes	
5	Did any person listed on line 1a receiv services rendered to the organization		•			•			_				5		No

Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation

(B)

Description of services

LEGAL SERVICES

(C)

Compensation

Form 990 (2019)

229,853

from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

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

orm 9 Part		`	of E	Pevenue						Page 9
rail	VIII				respo	onse or note to any	line in this Part VIII			🗆
					'		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
10	1 a	Federated campa	igns		1 a			revenue		312 - 314
Contributions, Gifts, Grants and Other Similar Amounts	ı	b Membership due:	s .	· j	1 b					
, Gr.	•	c Fundraising even	ts .	.	1 c					
ifts, ar A		d Related organiza			1d					
s, G mil		e Government grants	•	,	1e					
tion r Si	1	All other contribution and similar amounts	ns, g s not	ifts, grants, included	1 f	173,660				
ibut Ethe	,	above Noncash contribution	ns in	cluded in						
ontr od C		lines 1a - 1f:\$			1 g					
<u>ت ج</u>		h Total. Add lines	1a-1	f	•	>	173,660			
	_	MEMBERCHIR DUEC				Business Code	6,415,309	6,415,309		
<u>a</u>	2a	MEMBERSHIP DUES				531390	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	. ,		
Program Service Revenue	b	CONVENTIONS				531390	345,535	345,535		
e 8-	С	EXCHANGE CONTRAC	TS/G	OV		531390	249,923	249,923		
rvic	_	EDUCATION CENTRAL	200			331330	247,029	247,029		
ૐ ~	d	EDUCATION SEMINAL	KS			531390	217,025	217,023		
grar	e									
ě										
		All other program								
		Total. Add lines 2 Investment income				7,257,796	1	I		
	S	similar amounts) .	•			•	230,978			230,978
		Income from invest Royalties		t of tax-exe	-	ond proceeds >	10.00			18,221
		itoyanies i i i	П	(i) Rea		(ii) Personal	<u>'</u>			, , , , , , , , , , , , , , , , , , ,
	62	Gross rents	6a							
		Less: rental					-			
		expenses Rental income	6b				_			
	С	or (loss)	6с							
	d	Net rental income	or (
	73	Gross amount		(i) Secur	ities	(ii) Other	-			
	<i>,</i> a	from sales of assets other	7a		137,672	2				
		than inventory					-			
	b	Less: cost or other basis and sales expenses	7b		(
		·	_				1			
		Gain or (loss) Net gain or (loss)	7c		137,672					137,672
۵.		Gross income from fu								
Other Revenue		(not including \$ contributions reporte								
eve		See Part IV, line 18	•		8a					
ar F		Less: direct expen : Net income or (los			8b	ents .				
Ę.		The mediae of (182	,3, 11	om ranarais	IIIg cv	ents	1			
	9a	Gross income from See Part IV, line 19			9a					
	b	Less: direct expen	ses		9b		-			
	c	: Net income or (los	s) fr	om gaming	activit	ies				
	10a	Gross sales of inve	entor	·v. less						
		returns and allowa	nces	5	10a					
		Less: cost of good			10b					
ŀ	С	Net income or (los Miscellaneo	_		invent	Business Code	Τ			
	11	aADVERTISING RE				54180	56,829		56,829	
	b	MISCELLANEOUS	REVI	ENUE		90009	9 15,095	15,095		
	C	:								
	اء	All other revenue								
		Total. Add lines 1				>				
	12	: Total revenue. S	ee ir	structions			71,924			
					•		7,890,251	7,272,891	56,829	386,871

Р	art IX Statement of Functional Expenses				-								
	Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).												
	Check if Schedule O contains a response or note to any line in this Part IX												
	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) Fundraising expenses								
1	Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	76,634	'	,									
2	Grants and other assistance to domestic individuals. See Part IV, line 22												
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16.												
4	Benefits paid to or for members												
5	Compensation of current officers, directors, trustees, and key employees	1,370,957											
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	1,912,524											
8	Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions)	16,119											
9	Other employee benefits	20,037											
10	Payroll taxes	102,954											
11	Fees for services (non-employees):												
a	Management												
Ŀ	Legal	229,853											
	Accounting	20,250											
	Lobbying	450,524											
	Professional fundraising services. See Part IV, line 17	·											
	Investment management fees												
	Other (If line 11g amount exceeds 10% of line 25, column	39,503											
2	(A) amount, list line 11g expenses on Schedule O)	,											
12	Advertising and promotion												
13	Office expenses	370,695											
14	Information technology	148,916											
15	Royalties												
16	Occupancy	161,959											
17	Travel	353,657											
18	Payments of travel or entertainment expenses for any federal, state, or local public officials .												
19	Conferences, conventions, and meetings	648,495											
20	Interest												
21	Payments to affiliates												
22	Depreciation, depletion, and amortization	134,409											
23	Insurance	64,972											
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 UBIT	1,056											
	b MEMBER ADVOCACY AND OUT	335,671											
	c BAD DEBT	81,848											
	d EDUCATION AND TRAINING	32,570											
	e All other expenses	33,888											
25	Total functional expenses. Add lines 1 through 24e	6,607,491											
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).												

Cash-non-interest-bearing

b Less: accumulated depreciation

Intangible assets .

Grants payable .

Investments—publicly traded securities .

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

Accounts payable and accrued expenses

Deferred revenue . . .

Complete Part X of Schedule D

complete lines 27, 28, 32, and 33.

Net assets without donor restrictions

Net assets with donor restrictions .

complete lines 29 through 33.

Total net assets or fund balances

Tax-exempt bond liabilities . .

Investments—other securities. See Part IV, line 11 .

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

Escrow or custodial account liability. Complete Part IV of Schedule D

Secured mortgages and notes payable to unrelated third parties

Unsecured notes and loans payable to unrelated third parties

Organizations that follow FASB ASC 958, check here ▶

Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity

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

Organizations that do not follow FASB ASC 958, check here ightharpoonup and

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

Retained earnings, endowment, accumulated income, or other funds

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

or family member of any of these persons . . .

and other liabilities not included on lines 17 - 24).

Total liabilities. Add lines 17 through 25 . .

Capital stock or trust principal, or current funds

Total liabilities and net assets/fund balances

Form 990 (2019)

1

1,439,742

787,578

613,499

1,103

10,262,259

653,637

340.867

5,860,598

10c

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14

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22 23

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0 25

994.504

9,267,755

9,267,755

10,262,259

Beginning of year

Page 11

2,668,290

1,985,114

3,753,371

295,519

12,847,767

1,017,146

473.960

207,279

1.698.385

11,149,382

11,149,382

12,847,767

Form 990 (2019)

0

End of year

2	Savings and temporary cash investments	1,393,127	2	3,947,436
3	Pledges and grants receivable, net	86,546	3	52,381
4	Accounts receivable, net	15,391	4	58,815
5	Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		5	
6	Loans and other receivables from other disqualified persons (as defined under section $4958(f)(1)$), and persons described in section $4958(c)(3)(B)$.		6	
7	Notes and loans receivable, net	0	7	
8	Inventories for sale or use		8	
9	Prepaid expenses and deferred charges	64,675	9	86,841
10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D 10a 3,668,730			

1,683,616

10b

Liabilities

Assets

11

12

13

14

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16

17

18

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21

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23

24

25

26

27

28

31

32

33

Fund Balances

٥ 29

Assets 30

Form	990 (2019)				Page 12
Pa	Reconcilliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				
		_		_	
1	Total revenue (must equal Part VIII, column (A), line 12)	1			,890,251
2	Total expenses (must equal Part IX, column (A), line 25)	2			,607,491
3	Revenue less expenses. Subtract line 2 from line 1	3			,282,760
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		9	,267,755
5	Net unrealized gains (losses) on investments	5			587,465
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			11,402
9	Other changes in net assets or fund balances (explain in Schedule O)	9			0
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10		11	,149,382
Pa	tXII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				
				Yes	No
1	Accounting method used to prepare the Form 990:				
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		No
	If `Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed separate basis, consolidated basis, or both:	on a			
	☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b	Yes	
	If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate consolidated basis, or both:	basis,			
	☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis				
С	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?		2c	Yes	1
	If the organization changed either its oversight process or selection process during the tax year, explain in Sche	dule O.			
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Si Audit Act and OMB Circular A-133?	ngle	3a		No

3b

Form **990** (2019)

b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.

Additional Data

Software ID: Software Version:

EIN: 38-0829980

Name: MICHIGAN ASSOCIATION OF REALTORS

Form 990 (2019)

Form 990, Part III, Line 4a: MEMBER ADVOCACY - STATEWIDE ADVOCACY EFFORTS PROMOTED LEGISLATION AND PUBLIC POLICY INITIATIVES THAT ADVANCED THE REAL ESTATE PROFESSION AND

CONTRIBUTED TO MAKING COMMUNITIES STRONGER. THE LEGAL HOTLINE HANDLED OVER 5,000 CALLS.

Form 990, Part III, Line 4b:

MEMBER RESOURCES - HELD CONFERENCES AND NUMEROUS EDUCATIONAL PROGRAMS FOCUSING ON INDUSTRY ISSUES. MORE THAN 1,900 MEMBERS PARTICIPATED IN THESE PROGRAMS. A BI-MONTHLY MAGAZINE AND MONTHLY, BIWEEKLY, AND WEEKLY E-COMMUNICATIONS WERE DISTRIBUTED TO APPROXIMATELY 32,025 REALTORS

AND INDUSTRY LEADERS. A WEBSITE FOR MEMBER AND PUBLIC USE WAS MAINTAINED AND RECEIVED APPROXIMATELY 11.622 HITS PER MONTH.

CE MARKETPLACE IS A ONE-STOP DESTINATION FOR CERTIFIED, AUDIT PROTECTED, PROFESSIONAL DEVELOPMENT FOR REAL ESTATE INSTRUCTORS, COURSE SPONSORS, AND LICENSEES. THE CE MARKETPLACE ASSISTS REAL ESTATE LICENSEES WITH TRACKING CONTINUING EDUCATION HOURS FOR STATE OF MICHIGAN

LICENSING REQUIREMENTS. CE MARKETPLACE HAS THE MOST CURRENT, COMPREHENSIVE, AND PRACTICAL REAL ESTATE EDUCATION INFORMATION AVAILABLE FROM COURSE INSTRUCTORS AND CLASS SPONSORS. SIGNIFICANT RESOURCES HAVE BEEN UTILIZED IN THE BUILDING OF THIS COMPREHENSIVE CE TRACKING SYSTEM. THE MICHIGAN LEGISLATURE HAS RECOGNIZED THE ROLE THAT PROFESSIONAL ORGANIZATIONS, LIKE MICHIGAN REALTORS PLAY IN UPHOLDING THE HIGH STANDARDS OF PROFESSIONALISM AMONG PRACTITIONERS. IN THE CURRENT YEAR THERE WERE 310 CE CERTIFIED INSTRUCTORS, 884 CE CERTIFIED COURSES. 2.573 CE COURSES

Form 990, Part III, Line 4c:

HELD, AND 13.252 LICENSEES ACTIVATING RECORDS IN THE CE MARKETPLACE.

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

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

	formulated	and a an eccor, a ascec,						(14/ 2/4000	(14/ 2/4000		
	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	
KAMAL CHEEKS	2.00										
		Х						0	0	0	
DIRECTOR	0.50										
JAMES D FASE	2.00										
		Х						0	0	0	
DIRECTOR	0.50										
NATALIE J ROWE	2.00										
		Х						0	0	0	
DIRECTOR	0.50										
WILLIAM MILIKEN	2.00										
**************************************		Х						0	0	0	
DIRECTOR	0.50	'									

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NATALIE J ROWE
DIRECTOR
WILLIAM MILIKEN
DIRECTOR
JOHN FRANCIS

DIRECTOR

DIRECTOR

DIRECTOR

DIRECTOR

DIRECTOR

DIRECTOR

MICHAEL BASS

MARK BAKER

CYNTHIA DEBOL

JAMES IODICE

MARIANNE MCCREARY

and Independent Contractors

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

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

and Independent Contractors

MICHELLE TEITSMA

REGGIE FLUKER

RICHARD LOOSE

.......

DIRECTOR

DIRECTOR

DIRECTOR

DIRECTOR

DIRECTOR

JOHN NORTH

SANDRA SMITH

	any hours	and	a dir	recto	or/tr	ustee))	organization	organizations	from the
	for related organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated	Former	(W- 2/1099- MISC)	(W- 2/1099- MISC)	organization and related organizations
CHRISTOPHER GERMAIN DIRECTOR	2.00 0.50	Х						0	0	0
SHELLEY A SCHOENHERR DIRECTOR	2.00	Х						0	0	0
SUE A SHANGLE	0.50 2.00	-								

	0.50					
SHELLEY A SCHOENHERR	2.00					
		Х			0	0
DIRECTOR	0.50					
SUE A SHANGLE	2.00					
		Х			0	0
DIRECTOR	0.50					
JANE LOWELL	2.00					
		Х			0	0
DIRECTOR	0.50					

2.00

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SHELLEY A SCHOENHERR		v			_	0	
DIRECTOR	0.50	^				0	
SUE A SHANGLE	2.00						
	.	Х			0	0	
DIRECTOR	0.50						
JANE LOWELL	2.00						
	.	Х			0	0	
DIRECTOR	0.50						
PATTY YOUNG	2.00						
		Х			0	0	
DIRECTOR	0.50				 		

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

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

and Independent Contractors

CEO/COO

BRADLEY WARD

BRIAN WESTRIN

CFO

KATHLEEN C FELDPAUSCH

VP OF PUBLIC POLICY & LEGA

DIRECTOR OF PUBLIC POLICY

	any hours					ustee		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
MATTHEW A DAVIS PRESIDENT	10.00	Х		х				5,262	0	0
- FRESIDEINI	0.50									
E'TOILE L O'REAR-LIBBETT	2.00	X		×				4,410	0	0
TREASURER	0.50			^				4,410	0	ľ
MAUREEN E FRANCIS PRESIDENT ELECT	10.00	Х		х				3,928	0	0
	0.50 2.00									
SARA LIPNITZ	2.00	×		X				0	0	0
PAST PRESIDENT	2.00]
ROBERT M CAMPAU	40.00									
				Х				367,263	0	68,565

4.00 40.00

0.50 40.00

0.50 40.00

0.50

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56,324

36,156

36,156

0

500,555

328,495

149,495

Х

efile GRAPHIC print - DO NOT PROCESS As Filed Data -

Political Campaign and Lobbying Activities

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

DLN: 93493288016410

OMB No. 1545-0047

Internal Revenue Service

5

SCHEDULE C (Form 990 or 990-

EZ) ▶Complete if the organization is described below. ▶Attach to Form 990 or Form 990-EZ. Department of the Treasury ▶Go to www.irs.gov/Form990 for instructions and the latest information. Inspection If the organization answered "Yes" on Form 990, Part IV, Line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then • Section 501(c)(3) organizations: Complete Parts I-A and B. Do not complete Part I-C. • Section 501(c) (other than section 501(c)(3)) organizations: Complete Parts I-A and C below. Do not complete Part I-B. • Section 527 organizations: Complete Part I-A only. If the organization answered "Yes" on Form 990, Part IV, Line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then • Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)): Complete Part II-A. Do not complete Part II-B. Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)): Complete Part II-B. Do not complete Part II-A. If the organization answered "Yes" on Form 990, Part IV, Line 5 (Proxy Tax) (see separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (see separate instructions), then • Section 501(c)(4), (5), or (6) organizations: Complete Part III. Name of the organization **Employer identification number** MICHIGAN ASSOCIATION OF REALTORS 38-0829980 Complete if the organization is exempt under section 501(c) or is a section 527 organization. Part I-A Provide a description of the organization's direct and indirect political campaign activities in Part IV (see instructions for definition of "political campaign activities") Political campaign activity expenditures (see instructions) 2 3 Complete if the organization is exempt under section 501(c)(3). Enter the amount of any excise tax incurred by the organization under section 4955 1 Enter the amount of any excise tax incurred by organization managers under section 4955 If the organization incurred a section 4955 tax, did it file Form 4720 for this year? 3 ☐ Yes □ No Was a correction made? ☐ Yes ☐ No If "Yes," describe in Part IV. Complete if the organization is exempt under section 501(c), except section 501(c)(3). Enter the amount directly expended by the filing organization for section 527 exempt function activities Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities 3 Total exempt function expenditures. Add lines 1 and 2. Enter here and on Form 1120-POL, line 17b....... Did the filing organization file Form 1120-POL for this year? 5 Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments. For each organization listed, enter the amount paid from the filing organization's funds. Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC). If additional space is needed, provide information in Part IV. (a) Name (b) Address (c) EIN (d) Amount paid from (e) Amount of political filing organization's contributions received funds. If none, enter and promptly and -0-. directly delivered to a separate political organization. If none, enter -0-. 2

activity.

1

3

Part IV

Return Reference

(b)

Amount

(a)

Yes | No

3

4

5

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)? 2a 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). Yes No Were substantially all (90% or more) dues received nondeductible by members? 1 Nο 1 Did the organization make only in-house lobbying expenditures of \$2,000 or less? 2 2 No Did the organization agree to carry over lobbying and political expenditures from the prior year? No Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6)Part III-B 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 6,415,309 1 Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid). 450.524 2a Current vear -2,694,032 2b Carryover from last year Total -2.243.508 2c

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

Explanation

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

Volunteers?

During the year, did the filing organization attempt to influence foreign, national, state or local legislation.

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

Media advertisements?

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

Taxable amount of lobbying and political expenditures (see instructions)

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

Supplemental Information

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?

including any attempt to influence public opinion on a legislative matter or referendum, through the use of:

801.625

-3,045,133

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As Filed Data -

DLN: 93493288016410

OMB No. 1545-0047

2019

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.

Open to Public

Department of the Treasury

(Form 990)

terna	al Revenue Service	1990 for instructions and the latest infor	mation.	TU	spection
Na i MIC	me of the organization HIGAN ASSOCIATION OF REALTORS		Employer id	entification	number
	Irt I Organizations Maintaining Donor Advis	and Friends on Other Circiles Friends o	38-0829980		
26	Organizations Maintaining Donor Advistage Complete if the organization answered "Yes		r Accounts.		
		(a) Donor advised funds	(b) Func	ds and other	accounts
	Total number at end of year				
2	Aggregate value of contributions to (during year)				
3	Aggregate value of grants from (during year)				
ļ	Aggregate value at end of year				
;	Did the organization inform all donors and donor advisor organization's property, subject to the organization's ex				Yes 🗌 No
;	Did the organization inform all grantees, donors, and do charitable purposes and not for the benefit of the donor private benefit?	or donor advisor, or for any other purpose c			l v □ n
e e	rt II Conservation Easements.				Yes ∐ No
-(:	Complete if the organization answered "Yes	s" on Form 990, Part IV, line 7.			
	Purpose(s) of conservation easements held by the organ				
	Preservation of land for public use (e.g., recreation	or education)	historically imp	ortant land	area
	Protection of natural habitat	Preservation of a c			
	Preservation of open space		er amed motorre	Stracture	
	Complete lines 2a through 2d if the organization held a	gualified concervation contribution in the for	m of a concern	ation	
4	easement on the last day of the tax year.	qualified conservation contribution in the for		at the End o	of the Year
а	Total number of conservation easements		2a		
b	Total acreage restricted by conservation easements		2b		
С	Number of conservation easements on a certified historic	c structure included in (a)	2c		
d	Number of conservation easements included in (c) acqui structure listed in the National Register	red after 7/25/06, and not on a historic	2d		
1	Number of conservation easements modified, transferred tax year ▶	d, released, extinguished, or terminated by t	the organization	n during the	
ļ	Number of states where property subject to conservatio	n easement is located >			
5	Does the organization have a written policy regarding th and enforcement of the conservation easements it holds		of violations,	☐ Yes	□ .
	Staff and volunteer hours devoted to monitoring, inspec		neer/ation eac		∐ No
•	Starr and volunteer nours devoted to monitoring, inspec	ting, nandling of violations, and enforcing co	inservation easi	ements durir	ig the year
,	Amount of expenses incurred in monitoring, inspecting, ▶ \$	handling of violations, and enforcing conserv	/ation easemen	ts during the	e year
3	Does each conservation easement reported on line 2(d)		70(h)(4)(B)(i)		
	and section 170(h)(4)(B)(ii)?			Yes	□ No
,	balance sheet, and include, if applicable, the text of the the organization's accounting for conservation easement	footnote to the organization's financial state			
ar	Organizations Maintaining Collections Complete if the organization answered "Yes		er Similar As	ssets.	
.a	If the organization elected, as permitted under SFAS 11 art, historical treasures, or other similar assets held for provide, in Part XIII, the text of the footnote to its finan	public exhibition, education, or research in fu			
b	If the organization elected, as permitted under SFAS 11 historical treasures, or other similar assets held for publ following amounts relating to these items:				
ľ	(i) Revenue included on Form 990, Part VIII, line 1		> \$		
	ii)Assets included in Form 990, Part X		· · · · · · · · · · · · · · · · · · ·		
2	If the organization received or held works of art, historic following amounts required to be reported under SFAS 1	cal treasures, or other similar assets for finar		ide the	
а	Revenue included on Form 990, Part VIII, line 1	· · · · · · · · · · · · · · · · · · ·	▶\$		
b	Assets included in Form 990, Part X				

Cat. No. 52283D

Schedule D (Form 990) 2019

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

Pari		Organizations Ma	intaining Col	lections o	f Art, Hi	istori	cal T	reası	ires, oi	r Other	Similar As	ssets (cont	inued)	
3		the organization's acqu (check all that apply):	isition, accession	n, and other	records,	check a	any of	the fo	llowing t	hat are a	significant (use of its col	lection	
а		Public exhibition				d		Loan	or excha	ange prog	ırams			
b		Scholarly research				e		Othe	r					
c		Preservation for future	generations											
4		le a description of the o		lections and	explain h	ow the	y furtl	her the	e organiz	zation's e	xempt purpo	se in		
5	During	g the year, did the organ s to be sold to raise fund										☐ Yes	□ N	0
Par	t IV	Escrow and Custo Complete if the orga X, line 21.			' on Forn	n 990	, Part	IV, li	ne 9, o	r reporte	ed an amou			-
1a	Is the includ	organization an agent, ed on Form 990, Part X	trustee, custodi	an or other i	ntermedia	ary for	contri 	bution · · ·	s or othe	er assets 	not 	Yes	□ N	o
b	If "Ye	s," explain the arrangen	ment in Part XIII	and comple	te the foll	owina	tahle:				Δ	mount		_
c		ning balance		•		_				1c				_
d	-	ons during the year								1d				_
e		outions during the year								1e				_
f		g balance								1f				_
2a	Did th	e organization include a	an amount on Fo	rm 990, Par	t X, line 2	1, for	escrov	or cu	stodial a	account li	ability?	☐ Yes	□и	— о
b		s," explain the arrangen												
Pa	rt V	Endowment Fund							<u>'</u>					
		Complete if the orga	anization ansv			n 990	, Part	IV, li			I			
4_	D = mim mi			(a) Curren	t year	(b) P	rior yea	ar	(c) Two y	ears back	(d) Three ye	ars back (e)	Four yea	rs back
	_	ng of year balance . utions												
			and laceae											
		estment earnings, gains or scholarships	s, and losses											
e	Other e	expenditures for facilities	• s											
f	Adminis	strative expenses .												
g	End of	year balance												
2	Provid	le the estimated percent	tage of the curre	ent year end	balance (line 1g	g, colu	mn (a)) held a	ıs:				
а	Board	designated or quasi-en	dowment 🟲											
b	Perma	anent endowment ►												
С	Tempo	orarily restricted endow	ment ►											
	The pe	ercentages on lines 2a,	2b, and 2c shou	ld equal 100)%.									
3a		ere endowment funds n ization by:	not in the posses	sion of the o	organizatio	on that	are h	eld an	d admin	istered fo	r the		Yes	No
	(i) un	related organizations										3a(i)		
	(ii) re	elated organizations .										3a(ii)		
		s" on 3a(ii), are the rela						.? .				3b		
4		ibe in Part XIII the inter			n's endow	ment f	unds.							
Par	t VI	Land, Buildings, a Complete if the orga			' on Forn	n 990	. Part	TV. li	ne 11a	. See Fo	rm 990. Pa	rt X. line 1	0.	
	Descrip	otion of property	(a) Cost or oth (investme	ner basis	(b) Cost o						depreciation		Book valu	е
1a	Land						10	56,205						166,205
		gs						72,356			968,482			903,874
	-	old improvements												•
		ent					1,6	30,169			715,134			915,035

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

1,985,114

Part VII		De-+ TV !	o 11h C 5- ·· 000 ·	Dowl V Jing 12
	Complete if the organization answered "Yes" on Form 990 (a) Description of security or category (including name of security)	, Part IV, lin (b) Book value	(c) Metho	Part X, line 12. d of valuation: -year market value
	Il derivatives			
(3)Other				
(A)				
(B)				
(C)				
(D)				
(E)				
(F)				
(G)				
(H)				
	n (b) must equal Form 990, Part X, col. (B) line 12.)	•		
Part VIII	Investments—Program Related. Complete if the organization answered 'Yes' on Form 990	, Part IV, lin	e 11c. See Form 990,	Part X, line 13.
	(a) Description of investment	<u> </u>	(b) Book value	(c) Method of valuation: Cost or end-of-year market
(1)				value
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
Total. (Colum	n (b) must equal Form 990, Part X, col.(B) line 13.)		•	
Part IX	Other Assets. Complete if the organization answered 'Yes' on Form 990,	Part IV, line	e 11d. See Form 990, Pa	
(1)	(a) Description			(b) Book value
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)	(1) 15 000 0 17 160 15			
Part X	omn (b) must equal Form 990, Part X, col.(B) line 15.) Other Liabilities.		<u> </u>	<u>▶</u>
1.	Complete if the organization answered 'Yes' on Form 990, (a) Description of liability	Part IV, line	e 11e or 11f.See Form	990, Part X, line 25. (b) Book value
(1) Federal	income taxes			
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
	n (b) must equal Form 990, Part X, col.(B) line 25.)		>	207,279
	or uncertain tax positions. In Part XIII, provide the text of the footn 's liability for uncertain tax positions under FIN 48 (ASC 740). Chec			_

Schedule D (Form 990) 2019

	Complete if the organize	zation answered 'Yes' on Form 990, Part	t IV, li	ne 12a.		
1	Total revenue, gains, and other su	upport per audited financial statements			1	
2	Amounts included on line 1 but no	ot on Form 990, Part VIII, line 12:				
а	Net unrealized gains (losses) on in	nvestments	2a			
b	Donated services and use of facilit	ties	2b			
c	Recoveries of prior year grants .		2c			
d	Other (Describe in Part XIII.) .		2d			
e	Add lines 2a through 2d		٠		2e	
3	Subtract line 2e from line 1				3	
4	Amounts included on Form 990, P	art VIII, line 12, but not on line 1:				
а	Investment expenses not included	on Form 990, Part VIII, line 7b .	4a			
b	Other (Describe in Part XIII.) .		4b			
c	Add lines 4a and 4b		٠		4c	
5	Total revenue. Add lines 3 and 4c	. (This must equal Form 990, Part I, line 12.)			5	
Par		penses per Audited Financial Statem		•	Retur	n.
	•	zation answered 'Yes' on Form 990, Part			1 .	
1	•	lited financial statements			1	
2	Amounts included on line 1 but no	, , ,		1		
а		cies	2a			
b	Prior year adjustments		2b		_	
С	Other losses		2c			
d	Other (Describe in Part XIII.) .		2d]	
е	Add lines 2a through 2d				2e	
3	Subtract line 2e from line 1				3	
4	Amounts included on Form 990, P	art IX, line 25, but not on line 1:				
а	Investment expenses not included	l on Form 990, Part VIII, line 7b 🔒 🔒	4a			
b	Other (Describe in Part XIII.) .		4b			
C	Add lines 4a and 4b				4c	
5	Total expenses. Add lines 3 and 4	c. (This must equal Form 990, Part I, line 18.	.) .		5	
Pai	t XIII Supplemental Info	rmation				
		art II, lines 3, 5, and 9; Part III, lines 1a and a 2d and 4b. Also complete this part to provide			t V, line	4; Part X, line 2; Part
	Return Reference		Ex	olanation		
See A	Additional Data Table					

Page 4

chedule D (Form 990) 2019	Page 5
Part XIII Supplemental Info	ormation (continued)
Return Reference	Explanation

Schedule D (Form 990) 2019

Additional Data

Software ID: Software Version:

EIN: 38-0829980

Name: MICHIGAN ASSOCIATION OF REALTORS

Supplemental Information

Return Reference Explanation PART X. LINE 2: IN THE PREPARATION OF TAX RETURNS, TAX POSITIONS ARE TAKEN BASED ON INTERPRETATION OF FEDE

PART X, LINE 2:

IN THE PREPARATION OF TAX RETURNS, TAX POSITIONS ARE TAKEN BASED ON INTERPRETATION OF FEDE RAL, STATE AND LOCAL INCOME TAX LAWS. MANAGEMENT PERIODICALLY REVIEWS AND EVALUATES THE ST ATUS OF UNCERTAIN TAX POSITIONS AND MAKES ESTIMATES OF AMOUNTS, INCLUDING INTEREST AND PEN ALTIES, ULTIMATELY DUE OR OWED. NO AMOUNTS HAVE BEEN IDENTIFIED, OR RECORDED, AS UNCERTAIN TAX POSITIONS. FEDERAL, STATE, AND LOCAL TAX RETURNS GENERALLY REMAIN OPEN FOR EXAMINATIO

N BY THE VARIOUS TAXING AUTHORITIES FOR A PERIOD OF THREE TO FOUR YEARS.

efile GRAPHIC print - DO	NOT PROCESS	As Filed Data -					DL	N: 934932880)16410			
Note: To capture the full	content of this de	ocument, please se	lect landscape mode	e (11" x 8.5") whe	en printing.		1					
Schedule I (Form 990)		Governments :	Other Assistand	s in the Unite	d States			2019				
Department of the Treasury Internal Revenue Service	Col		tion answered "Yes," o ▶ Attach to Form w.irs.gov/Form990 for	990.				Open to Public Inspection				
Name of the organization MICHIGAN ASSOCIATION OF RE	ALTORS						Employer identific	ation number				
							38-0829980					
Part I General Inform	nation on Grants	and Assistance										
1 Does the organization ma the selection criteria used					for the grants or assistant	ce, and		 ✓ Yes	□ No			
2 Describe in Part IV the or	<u>'</u>											
		estic Organizations ar can be duplicated if add		nts. Complete if the o	rganization answered "Yes	" on Forn	n 990, Part IV, line	e 21, for any recip	ient			
(a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)		Description of cash assistance	(h) Purpose o or assistance	f grant			
(1) MI GREAT PLACES 720 N WASHINGTON AVE LANSING, MI 48906	82-1414608	501(C)(3)	46,373					TO ADVANCE TO GENERAL HEAD WELL-BEING OR REAL ESTATE IN MICHIGAN AFOSTER POSITICOMMUNITY DEVELOPMENT ENGAGEMENT.	LTH AND DE THE MARKET AND TVE			
2 Enter total number of sec	tion 501(c)(3) and go	vernment organizations	listed in the line 1 table .				•		1			
3 Enter total number of other	er organizations listed	d in the line 1 table					>					
For Paperwork Reduction Act Not	ice, see the Instruction	ns for Form 990.		Cat. No. 50055	5P		Sch	edule I (Form 990	1) 2019			

GRANTS AND SCHOLARSHIPS ARE MONITORED BY THE VP OF FINANCE FOR APPLICABLE RULES AND REGULATIONS AS PROVIDED WITHIN THE GRANT OR

Schedule I (Form 990) 2019

Return Reference

PART I, LINE 2:

Explanation

ISCHOLARSHIP.

efil	e GRAPHIC pr	int - DO NOT PROCESS	As Filed Data	a -	DLN: 93	49328	88016	410
Sch	nedule J	Co	mpensati	ion Information	0	MB No.	1545-0	0047
(For	m 990)	For certain Office		rustees, Key Employees, and Hig	hest			
		► Complete if the orga		ated Employees vered "Yes" on Form 990, Part IV,	, line 23.	20)] ()
D			▶ Attach	to Form 990. instructions and the latest inforn		Open		
•	tment of the Treasury al Revenue Service	P do to <u>www.ms.gov</u>	101 1111 19 101	mistractions and the latest mion		Insp	ectio	n
	me of the organiza HIGAN ASSOCIATIO				Employer identifica	tion nu	ımber	
					38-0829980			
Pa	rt I Questi	ons Regarding Compensat	ion					
1 a	Check the appro	oniate hov(es) if the organization	provided any of	the following to or for a person liste	d on Form		Yes	No
				y relevant information regarding the				
	✓ First-class	or charter travel		Housing allowance or residence for	personal use			
		companions		Payments for business use of person	nal residence			
		nification and gross-up payments	$\mathbf{\underline{\vee}}$	Health or social club dues or initiation				
	Discretion	ary spending account	Ш	Personal services (e.g., maid, chauf	feur, chef)			
b	If any of the box	xes on Line 1a are checked, did t	he organization	follow a written policy regarding pay	ment or			
		· ·		ve? If "No," complete Part III to expl	ain	1 b	Yes	
2				or allowing expenses incurred by all r, regarding the items checked on Lir	ne 1a? . .	2	Yes	
_	To discuss collection	is annual series of the series of the series of		d has a shall tall the account of the				
3				ed to establish the compensation of the not check any boxes for methods	ne			
	used by a relate	d organization to establish comp	ensation of the	CEO/Executive Director, but explain i	n Part III.			
	✓ Compensa	ation committee	✓	Written employment contract				
		ent compensation consultant		Compensation survey or study				
	✓ Form 990	of other organizations	\checkmark	Approval by the board or compensa	tion committee			
4	During the year, related organiza		90, Part VII, Se	ction A, line 1a, with respect to the fi	iling organization or a			
а	Receive a sever	ance payment or change-of-cont	rol payment? .			4a		No
b		• • •		ified retirement plan?		4b		No
C		. ,	,	nsation arrangement?		4c		No
	If "Yes" to any o	of lines 4a-c, list the persons and	provide the app	olicable amounts for each item in Part	t III.			
	Only 501(c)(3), 501(c)(4), and 501(c)(29)	organizations	must complete lines 5-9.				
5			_	the organization pay or accrue any				
	compensation co	ontingent on the revenues of:						
а	=	1?				5a		
b		anization?				5b		
6	,	,	ι Λ line 15 did i	the organization pay or accrue any				
Ū		ontingent on the net earnings of:		the organization pay or accrue any				
а	The organization	1?				6a		
b						6b		
	•	6a or 6b, describe in Part III.						
7	For persons liste payments not de	ed on Form 990, Part VII, Sectior escribed in lines 5 and 6? If "Yes,	n A, line 1a, did t ," describe in Pa	the organization provide any nonfixed rt III	d 	7		
8	subject to the in	nitial contract exception described	in Regulations	red pursuant to a contract that was section 53.4958-4(a)(3)? If "Yes," de				
	in Part III . .					8		
9				presumption procedure described in		9		
For F	Paperwork Redu	ction Act Notice, see the Inst	ructions for Fo	orm 990. Cat. No. 5	50053T Schedule	(Forn	990)	2019

instructions, on row (ii).	Do no	ot list any individuals that	t are not listed on Form 9	90, Part VII.		_		t individual.
(A) Name and Title					(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
1 ROBERT M CAMPAU CEO/COO	(i)	317,000	26,250	24,013	42,000	26,565	435,828	0
020,000	(ii)	(i) Base compensation (ii) Bonus & incentive compensation (iii) Other reportable compensation other deferred compensation benefits (B)(i)-(D) cold as a second compensation 317,000 26,250 24,013 42,000 26,565 435,828 0 0 0 0 0 0 225,000 14,728 260,827 39,000 17,324 556,879 0 0 0 0 0 0 182,000 21,781 124,714 31,656 4,500 364,651 0 0 0 0 0 0 136,000 13,495 0 16,119 20,037 185,651	0					
2 KATHLEEN C FELDPAUSCH	(i)	225,000	14,728	260,827	39,000	17,324	556,879	0
CFO	(ii)	0	0	0	0	0	0	0
3 BRADLEY WARD VP OF PUBLIC POLICY &	(i)	182,000	21,781	124,714	31,656	4,500	364,651	0
LEGA	(ii)	0	0	0	0	0	0	0
4 BRIAN WESTRIN DIRECTOR OF PUBLIC	(i)	136,000	13,495	0	16,119	20,037	185,651	0
POLICY	(ii)	0	0	0	0	0	0	0
_								
_								

Schedule J (Form 990) 2019	Page 3
Part III 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 FOR SPOUSES/GUESTS WAS PROVIDED TO MAR OFFICERS & SENIOR STAFF TO ATTEND ANNUAL BUSINESS MEETINGS. THESE TRAVEL AMOUNTS WERE REPORTED ON THEIR FORM W-2S AND/OR 1099S. FIRST-CLASS OR CHARTER TRAVEL WAS PROVIDED FOR LEGAL UPDATES. UPGRADES WERE PROVIDED FOR TRAVELING COMPANIONS. TAX INDEMNIFICATION AND GROSS-UP PAYMENTS WERE PROVIDED TO GROSS UP TRAVEL REIMBURSEMENTS TO COVER TAXES OWED BY STAFF AND/OR OFFICERS. THE COUNTRY CLUB OF LANSING DUES WERE PAID BY THE ORGANIZATION ON BEHALF OF SENIOR STAFF FOR SOCIAL AND BUSINESS NETWORKING PURPOSES.

Schedule 1 (Form 990) 2019

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SCHEDUL	ΕO	Cumplement	lal lufa was atta	to Farms 000 and	00 F7	OMB No. 1545-0047					
(Form 990 or EZ)		Complete to pro	ovide information fo or 990-EZ or to prov	On to Form 990 or 9 r responses to specific questi ide any additional informatio n 990 or 990-EZ.	ons on	2019					
Department of the T	reasury		Open to Public Inspection								
Name l Brthe ነତ የ g MICHIGAN ASSOCI		Employer identi 38-0829980	fication number								
990 Schedule	e O, Suppl	emental Informatio	n			_					
Return Reference				Explanation							
FORM 990, PART VI, SECTION A, LINE 6	LIATE MEN	HE MEMBERS OF THIS ASSOCIATION SHALL CONSIST OF LOCAL ASSOCIATIONS, REALTOR MEMBERS, AFFI IATE MEMBERS, EMPLOYEE MEMBERS, HONORARY MEMBERS, REALTOR EMERITUS, INSTITUTE AFFILIATE M MBERS, AND COMMERCIAL AFFILIATE MEMBERS.									

Return

Reference	Explanation
FORM 990,	MEMBERS FROM EACH DISTRICT ELECT THEIR REPRESENTATIVE TO SERVE ON THE BOARD OF DIRECTORS.
PART VI,	THE GOVERNMENT OF THE ASSOCIATION SHALL BE INVESTED IN THE BOARD OF DIRECTORS. THE RESPONS
SECTION A,	IBILITIES AND DUTIES OF THE BOARD OF DIRECTORS SHALL INCLUDE ELECTION OF OFFICERS, THE EST
LINE 7A	ABLISHMENT OF INTERNAL POLICIES, APPROVAL OF COMMITTEE APPOINTMENTS AS RECOMMENDED BY THE
	PRESIDENT AND PRESIDENT-ELECT, EMPLOYMENT OF A CHIEF EXECUTIVE OFFICER, APPROVAL OF PROGRA
	MS AND SERVICES TO BE IMPLEMENTED BY THE CHIEF EXECUTIVE OFFICER, DEVELOPMENT OF EXTERNAL
	POLICIES SUBJECTS TO APPROVAL BY THE DELEGATE BODY, PRELIMINARY REVIEW AND APPROVAL OF NAT

IONAL ASSOCIATION OF REALTORS COMMITTEE RECOMMENDATIONS AS SUBMITTED BY THE PRESIDENT.

Evolunation

990 Schedule O, Supplemental Information Return Explanation

Reference

FORM 990,	THE MEMBERS OF THE ASSOCIATION SHALL BE REPRESENTED BY A DELEGATE BODY. THE DELEGATE BODY
PART VI,	SHALL HAVE SOLE AUTHORITY TO APPROVE AMENDMENTS TO THESE BYLAWS, APPROVE THE ANNUAL BUDGET
SECTION A,	OF THE ASSOCIATION, APPROVE THE LEVEL OF DUES AND ASSESSMENTS FOR ALL CLASSES OF MEMBERSH
LINE 7B	IPS, APPROVE THE PUBLIC POLICIES OF THE ASSOCIATION, AND ELECT THE EX-OFFICIO DIRECTORS FO
	R THE NATIONAL ASSOCIATION OF REALTORS.

Return Explanation
Reference

FORM 990, PART VI, IS MADE AVAILABLE TO THE BOARD OF DIRECTORS FOR THEIR REVIEW. AFTER ANY CONCERNS PRESENTE SECTION B, LINE 11B

Return Explanation

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

Return Explanation
Reference

FORM 990, THE PERSONNEL COMMITTEE VIA THE PRESIDENT USES COMPARABLE DATA THROUGH MARKET STUDIES, THE ASAE, AND THE MSAE TO DETERMINE COMPENSATION OF THE ORGANIZATION'S OFFICERS AND KEY EMPLO SECTION B, LINE 15

Return Explanation
Reference

FORM 990, PART VI, SECTION C, LINE 19

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

(Form 990)

Department of the Treasury

Internal Revenue Service

As Filed Data -

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 www.irs.gov/Form990 for instructions and the latest information.

DLN: 93493288016410 OMB No. 1545-0047

Open to Public Inspection

Name of the organization MICHIGAN ASSOCIATION OF REALTORS										Employer identification number 38-0829980							
Part I Identification of Disregarded Entities. Compl	lete if the orga	nization answe	red "Yes	s" on Form	990, Part	IV, line 3	1										
(a) Name, address, and EIN (if applicable) of disregarded entity		(b) Primary acti	vity	(c Legal domi or foreign	cile (state	(d) Total inco	me l	(e) End-of-year	assets	(f) Direct cont entity							
Part II Identification of Related Tax-Exempt Organiz related tax-exempt organizations during the tax years.		ete if the orga	nization	answered	"Yes" on F	orm 990,	Part IV	, line 34 l	because	it had one or r	nore						
(a) Name, address, and EIN of related organization		(b) ry activity	Legal do	(c) micile (state gn country)	(d) Exempt Cod	le section	(e Public char if section !	e) rity status 501(c)(3))	Dire	(f) ect controlling entity	Sectio (b)(contr	g) on 512 (13) rolled ity?					
(1)REALTORS POLITICAL ACTION COMMITTEE II 720 N WASHINGTON	TO ENCOURAG ACTIVE PARTI GOVERNMENT	CIPATION IN	MI		501(C)(4)		N/A		MICHIGAI REALTOR:	ICHIGAN ASSOCIATION OF EALTORS		No No					
LANSING, MI 48906 82-3878726 (2) REALTORS POLITICAL ACTION COMMITTEE I	TO PROTECT A	AND PROMOTE		MI	527	N	/Δ		MICHIGA	N ASSOCIATION OF		No					
720 N WASHINGTON LANSING, MI 48906	THE TRADITIO				327		N/A		REALTORS								
38-6301949 (3)MICHIGAN ASSOCIATION OF REALTORS SCHOLARSHIP TRUST 720 N WASHINGTON	TO PROVIDE S	SCHOLARSHIPS		MI	501(C)(3)	Ľ	INE 12C, I	II-FI	MICHIGAI REALTOR:	N ASSOCIATION OF S		No					
LANSING, MI 48906 38-3145162 (4)MICHIGAN ASSOCIATION OF REALTORS PAC 720 N WASHINGTON LANSING, MI 48906		AN FEXPENDITURE TION COMMITTEE		MI	527		N/A		MICHIGAI REALTOR:	N ASSOCIATION OF S		No					
27-3600997 (5)MICHIGAN REALTORS RELIEF FUND 720 N WASHINGTON	TO SUPPORT A CHARITABLE A FLINT WATER			MI	501(C)(3)	P	F		MICHIGAI REALTOR:	N ASSOCIATION OF S		No					
LANSING, MI 48906 81-1284097 (6)MI GREAT PLACES		GHBORHOODS		MI	501(C)(3)	11:	INE 12C, I	II-FI	місніва	N ASSOCIATION OF		No					
720 N WASHINGTON LANSING, MI 48906 82-1414608	AND CITIES T PACEMAKING				301(0)(0)		120, 1		REALTOR:			140					
For Paperwork Reduction Act Notice, see the Instructions for F	000			t. No. 5013!	EV				e-t-	edule R (Form 9	00) 20	110					

Part III Identification of Related Organ one or more related organizations	nizations Taxable as a P treated as a partnership	artnership. during the ta	Comple x year.	ete if the	organization	answered "Y	es" on Forn	า 990,	Part I	V, line 34,	because	it hac	l
(a) Name, address, and EIN o related organization	of	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controllii entity	ng income(rela	ated, total incom d, rom er	(g) Share of end-of-year assets	(I Disprop alloca	h) ortionate itions?	(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)		r Perce	k) entage ership
					314)			Yes	No		Yes No	-	
Part IV Identification of Related Organ because it had one or more relate							swered "Yes	s" on F	Form 9	90, Part IV	, line 34		
(a) Name, address, and EIN of related organization	(b) Primary activity	L do (state	(c) Legal domicile (state or foreign country)		(d) Pirect controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income		(g) e of end- year assets	of-Perce	ntage	(b)(contr	n 512 [13]
(1)700 MR PRIME PROPERTIES LLC	FACILITATE		MI	М	CHIGAN	C	-11,59	e		100.00	00.0/-	Yes	No No
720 N WASHINGTON AVE LANSING, MI 48906 47-1229677	ADMINISTRATION OF PROPERTY FOR PARENT CORPORATION		1411	AS	SSOCIATION OF EALTORS	C	-11,35			100.00	JO 70		NO

Schedule R (Form 990) 2019				Р	age 3
Part V Transactions With Related Organizations. Complete if the organization answered "You	es" on Form 990, Pa	rt IV, line 34, 35l	o, or 36.		
Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.				Yes	No
1 During the tax year, did the organization engage in any of the following transactions with one or more related	l organizations listed in	Parts II-IV?			
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity				1a	No
b Gift, grant, or capital contribution to related organization(s)				1b Yes	
${f c}$ Gift, grant, or capital contribution from related organization(s)				1c	No
d Loans or loan guarantees to or for related organization(s)				1d	No
e Loans or loan guarantees by related organization(s)				1e	No
f Dividends from related organization(s)				1f	No
g Sale of assets to related organization(s)				1 g	No
h Purchase of assets from related organization(s)				1h	No
i Exchange of assets with related organization(s)				1i	No
${f j}$ Lease of facilities, equipment, or other assets to related organization(s)				1j	No
k Lease of facilities, equipment, or other assets from related organization(s)				1k	No
l Performance of services or membership or fundraising solicitations for related organization(s)				11	No
m Performance of services or membership or fundraising solicitations by related organization(s)				1m	No
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)				1n Yes	
o Sharing of paid employees with related organization(s)				1o Yes	
p Reimbursement paid to related organization(s) for expenses				1 p	No
q Reimbursement paid by related organization(s) for expenses				1 q	No
r Other transfer of cash or property to related organization(s)				1r	No
$oldsymbol{s}$ 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 li	ne, including covered r	elationships and tra	nsaction thresholds.		
(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining a	mount involve	ed
(1)REALTORS POLITICAL ACTION COMMITTEE	N	239,680	FAIR MARKET VALUE		

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 exc	clusion for certain inv	estment p	partnerships.			· .									
(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512- 514)	Ar o	(e) re all partners section 501(c)(3) rganizations?	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproprtionate allocations?		(h) Disproprtionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	partner?		(k) Percentage ownership
			514)	Yes	No			Yes	No		Yes	No			
										Schedul	e R (Forn	n 99	0) 2019		

Schedule R (Form 990) 2019			Page 5
Part VII	Supplemental Info	emental Information	
	Provide additional information for responses to questions on Schedule R. (see instructions).		
Return Reference		Explanation	