Citizen Audit.org

DLN: 93493319002375

Form **990**

Department of the Treasury Internal Revenue Service

Return of Organization Exempt From Income Tax

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

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

▶ Information about Form 990 and its instructions is at <u>www.IRS.gov/form990</u>

OMB No 1545-0047

Open to Public Inspection

A Fo	rthe 2	014 ca	lendar year, or tax year beginnin	g 01-01-2014 , and ending 12-31-20	014		_	
B Che	ck if ap	plicable	C Name of organization National Association of Realtors			D Emplo	yer ider	ntification number
☐ Add	ress cha	ange	National Association of Realtons			36-1	520690)
┌ Nar	ne char	ge	Doing business as					
┌ Init	ıal retur	n						
Fina				nail is not delivered to street address) Room,	/suite	E Teleph	one num	ber
	ırn/term	ıınated	430 N Michigan Ave			(312)	329-8	200
┌ Am	ended r	eturn		ntry, and ZIP or foreign postal code				
┌ App	lication	pending	Chicago, IL 60611			G Gross	receipts \$	280,524,861
			F Name and address of pri	ncipal officer	H(a) 1			£
			Dale Stinton CEO	merpar officer		s this a group ubordinates?		ror
			430 N Michigan Ave Chicago, IL 60611					
			Cincago, IL 60011			re all subord	ınates	┌ Yes ┌ No
T Ta:	k-exem	pt status	5	(insert no)		ncluded? f "No." attach	n a list	(see instructions)
	- 114			(, (, (, (, (, (, (, (, (, (, (, (, (, (, (, (, (, (, (, (, (, (, (, (, (, (, (, (, (, (, (, (, (, (, (, (, (, (, (, (, (, (, (, (, (, (, (, (, (, (, (, (, (, (, (, (, (, (, (, (, (, (, (, (, (, (, (, (, (, (, (, (, (, (, (, (, (, (, (, (, (, (, (, (, (, (, (, (, (, (, (, (, (, (, (, (, (, (, (, (, (, (, (, (, (, (, (, (, (, (, (, (, (, (, (, (, (, (, (, (, (, (, (, (, (, (, (, (, (, (, (, (, (, (, (, (, (, (, (, (, (, (, (, (, (, (, (, (, (, (, (, (, (, (, (, (, (, (, (, (, (, (, (, (, (, (, (, (, (, (, (, (, (, (, (, (, (, (, (, (, (, (, (, (, (, (, (, (, (, (, (, (, (, (, (, (, (, (, (, (, (, (, (, (, (, (, (, (, (, (, (, (, (, (, (, (, (, (, (, (, (, (, (, (, (, (, (, (, (, (, (, (, (, (, (, (, (, (, (, (, (, (, (, (, (,, (, (, (, (, (, (, (, (, (, (, (, (, (, (, (, (, (, (, (, (, (, (, (, (, (, (, (, (, (, (, (,, (, (, (, (, (, (, (, (, (, (, (, (, (, (, (, (, (, (, (, (, (, (, (, (, (, (, (, (, (, (, (, (, (, (, (, (, (, (, (, (, (, (, (, (, (, (, (, (, (, (, (, (, (, (, (, (, (, (, (, (, (, (, (, (_			
			ww realtor org		H(c)	Group exemp	tion nur	nber 🗠
K Forr	n of org	anızatıor	n 🔽 Corporation 🗌 Trust 🦳 Association	on Other 🕨	L Year	of formation 19	908 M	State of legal domicile IL
Pa	rt I	Sum	nmary					
Governance	Т	he NA		on or most significant activities ALTORS (NAR) provides a facility following the second real parts and the second real parts related to real parts.		al developme	nt & exc	change of information
Ē.	3 0	hock t	this boy W if the organization di	scontinued its operations or dispose	d of more th	an 25% of its	netac	sets
3	2	ileck t	ins box F in the organization di	scontinued its operations of dispose	a or more th	all 25 70 Of its	net as	5615
	3 N	lumber	r of voting members of the goverr	ning body (Part VI, line 1a)			з	790
Activities &	4 N	lumber	r of independent voting members	of the governing body (Part VI, line 1	.b)		4	783
1	5 T	otal nu	umber of individuals employed in	calendar year 2014 (Part V, line 2a)			5	37!
a ब	6 T	otal nu	umber of volunteers (estimate if i	necessary)			6	2,100
	7 a ⊤	otal un	nrelated business revenue from P	art VIII, column (C), line 12			7a	7,766,456
	ьΝ	let unre	elated business taxable income t	rom Form 990-T, line 34			7b	2,843,567
						Prior Year		Current Year
	8	Contr	ributions and grants (Part VIII, l	ne 1 h)			0	0
	9	Progr	am service revenue (Part VIII, I	ıne 2g)		173,660,	691	184,075,821
Rayenue	10	Inves	stment income (Part VIII, colum	n (A), lines 3, 4, and 7d)		6,271,	813	18,893,316
<u> </u>	11			lines 5, 6d, 8c, 9c, 10c, and 11e)		10,241,	398	5,803,331
	12			(must equal Part VIII, column (A), l	ine	190,173,	902	208,772,468
	13			IX, column (A), lines 1-3)	_	160,		213,385
	14			IX, column (A), line 4)				0
	15			ee benefits (Part IX, column (A), line		40.004	422	
\$		5-10				48,384,	433	50,583,625
Expenses	16a	Profes	ssional fundraising fees (Part IX	column (A), line 11e)			0	0
<u>\$</u>	ь	Total fo	undraising expenses (Part IX, column (D	o), line 25) 🕨	.			
ш	17	Other	r expenses (Part IX, column (A).	lines 11a-11d, 11f-24e)		123,787,	156	144,405,151
	18			st equal Part IX, column (A), line 25		172,331,		195,202,161
	19		·	18 from line 12		17,842,		13,570,307
<u>አ</u> ኞ						nning of Curre	nt	End of Year
£ 20 €						Year		Eliu Oi Teal
Not Assets or Fund Balances	20					294,738,	867	294,947,391
至	21					111,361,		119,515,998
	22			line 21 from line 20		183,377,	049	175,431,393
Unde my kr	rowled	ties of ge and	belief, it is true, correct, and cor knowledge	amined this return, including accomp nplete Declaration of preparer (othei				
Sign		Sign	nature of officer			Date		
Here		• јон	IN PIERPOINT CFO					
			e or print name and title					
			Print/Type preparer's name	Preparer's signature	Date	Check I If	PTIN P00756	.015
Paid	i		Nicole Bencik Firm's name ► CROWE HORWATH LLI	Nicole Bencik	<u>I</u>	self-employed Firm's EIN 🕨 3		
Pre	pare	r						
	Onl		Firm's address > 225 West Wacker Driving Suite 2600	e		Phone no (31)	2) 899-70	000

Chicago, IL 606061224

✓ Yes ☐ No

Part TV	Chec	klist 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		Νo
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3	Yes	
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5	Yes	
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i>	7		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>	8		No
9	Did the organization report an amount in Part X, line 21 for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? 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? If "Yes," complete Schedule D, Part V	10	Yes	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	11a	Yes	
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		No
C	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c	Yes	
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		No
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	12b	Yes	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		No
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		No
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b	Yes	
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15	Yes	
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? <i>If "Yes," complete Schedule F, Parts III and IV</i>	16		No
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17		No
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>	18		No
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		No
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		No
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		

Par	t IV Checklist of Required Schedules (continued)			
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	Yes	
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		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? If "Yes," complete Schedule J	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? If "Yes," complete Schedule L, Part I	25a		
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25b		
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes," complete Schedule L, Part II	26		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		No
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		No
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b	Yes	
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		No
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		No
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? <i>If "Yes," complete Schedule R, Part I</i>	33		No
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	34	Yes	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	Yes	
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	
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36		
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O	38	Yes	
		F	orm 990	(2014)

art v				_
	Check if Schedule O contains a response or note to any line in this Part V	<u> </u>	 Yes	. No
.a En	iter the number reported in Box 3 of Form 1096 Enter -0- if not applicable 1a 308			140
	iter the number of Forms W-2G included in line 1a Enter-0- if not applicable 1b 0			
c Dı	d the organization comply with backup withholding rules for reportable payments to vendors and reportable			
ga	ming (gambling) winnings to prize winners?	1 c	Yes	
Τa	Iter the number of employees reported on Form W-3, Transmittal of Wage and IX Statements, filed for the calendar year ending with or within the year covered Ithis return			
•	at least one is reported on line 2a, did the organization file all required federal employment tax returns?	1		
	ote. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	2b	Yes	
a Di	d the organization have unrelated business gross income of \$1,000 or more during the year?	3a	Yes	
	"Yes," has it filed a Form 990-T for this year? <i>If "No" to line 3b, provide an explanation in Schedule O</i>	3b	Yes	
	any time during the calendar year, did the organization have an interest in, or a signature or other authority er, a financial account in a foreign country (such as a bank account, securities account, or other financial			
ac	count)?	4a	Yes	
ı If	"Yes," enter the name of the foreign country BD			
	e instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts BAR)			
	as the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		No
Di	d any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		No
Ιf	"Yes," to line 5a or 5b, did the organization file Form 8886-T?	F.		
	pes the organization have annual gross receipts that are normally greater than \$100,000, and did the ganization solicit any contributions that were not tax deductible as charitable contributions?	5c 6a		No
If	"Yes," did the organization include with every solicitation an express statement that such contributions or gifts ere not tax deductible?	6b		
	ganizations that may receive deductible contributions under section 170(c).			
	d the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and rvices provided to the payor?	7a		
Ιf	"Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
	d the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to e Form 8282?	7c		
Ιf	"Yes," indicate the number of Forms 8282 filed during the year			
	d the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit	7e		
	d the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		
	the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as			
re	quired?	7g		
	the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a rm 1098-C?	7h		
Dί	d a donor advised fund maintaining donor advised funds. d a donor advised fund maintained by the sponsoring organization have excess business holdings at any time			
	ring the year?	8		
	d the sponsoring organization make any taxable distributions under section 4966?	9a		
	d the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
	iction 501(c)(7) organizations. Enter Itiation fees and capital contributions included on Part VIII, line 12 10a			
Gr	ross receipts, included on Form 990, Part VIII, line 12, for public use of club			
	ection 501(c)(12) organizations. Enter			
	ross income from members or shareholders			
	ross income from other sources (Do not net amounts due or paid to other sources ainst amounts due or received from them)			
Se	ection 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
	"Yes," enter the amount of tax-exempt interest received or accrued during the ar			
•	ection 501(c)(29) qualified nonprofit health insurance issuers.	1		
Is	the organization licensed to issue qualified health plans in more than one state? See the instructions for additional information the organization must report on Schedule O	13a		
E n	iter the amount of reserves the organization is required to maintain by the states			
	which the organization is licensed to issue qualified health plans	_		
Dı	d the organization receive any payments for indoor tanning services during the tax year?	14a		No
	"Yes" has it filed a Form 720 to report these payments? If "No" provide an explanation in Schedule O	14b		

Section A. Governing Body and Management

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

Check if Schedule O contains a response or note to an	line in this Part VI	 	_	_	_	_	_	マ
check is believed to contains a response of note to an	mile in child i dic vi	 	•	•	•	•	•	-,

	<u> </u>				Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	1a	790			
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O					
b	Enter the number of voting members included in line 1a, above, who are independent	1b	783			
2	Did any officer, director, trustee, or key employee have a family relationship or a bus other officer, director, trustee, or key employee?		•	2	Yes	
3	Did the organization delegate control over management duties customarily performe supervision of officers, directors or trustees, or key employees to a management co			3		No
4	Did the organization make any significant changes to its governing documents since filed?	e the p	rıor Form 990 was	4		No
5	Did the organization become aware during the year of a significant diversion of the o	rganız	ation's assets? .	5		Νο
6	Did the organization have members or stockholders?			6		No
7a	Did the organization have members, stockholders, or other persons who had the pow more members of the governing body?		elect or appoint one or	7a		No
b	Are any governance decisions of the organization reserved to (or subject to approva or persons other than the governing body?	ıl by) r	nembers, stockholders,	7b		No
8	Did the organization contemporaneously document the meetings held or written active year by the following	ons ur	ndertaken during the			
а	The governing body?			8a	Yes	
b	Each committee with authority to act on behalf of the governing body?			8b	Yes	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, organization's mailing address? <i>If "Yes," provide the names and addresses in Schedule</i>			9		No
Se	ection B. Policies (This Section B requests information about policies not	requi	red by the Internal R	Reveni	ue Cod	e.)
						I
					Yes	No
10a	Did the organization have local chapters, branches, or affiliates?			10a	Yes	No
	Did the organization have local chapters, branches, or affiliates? If "Yes," did the organization have written policies and procedures governing the act affiliates, and branches to ensure their operations are consistent with the organization			10a 10b		No
b	If "Yes," did the organization have written policies and procedures governing the act	on's e	xempt purposes?	10b	Yes	No
b 11a	If "Yes," did the organization have written policies and procedures governing the act affiliates, and branches to ensure their operations are consistent with the organization. Has the organization provided a complete copy of this Form 990 to all members of it	on's e ts gov • •	xempt purposes? erning body before filing • • • • • •	10b	Yes	
b 11a b	If "Yes," did the organization have written policies and procedures governing the act affiliates, and branches to ensure their operations are consistent with the organization that the organization provided a complete copy of this Form 990 to all members of it the form?	on's e ts gov • • Form 9	xempt purposes? erning body before filing	10b	Yes	
b 11a b 12a	If "Yes," did the organization have written policies and procedures governing the act affiliates, and branches to ensure their operations are consistent with the organization. Has the organization provided a complete copy of this Form 990 to all members of it the form? Describe in Schedule O the process, if any, used by the organization to review this Form 990 to all members of its form?	on's e ts gov • • • Form 9	xempt purposes? erning body before filing	10b	Yes	
b 11a b 12a b	If "Yes," did the organization have written policies and procedures governing the act affiliates, and branches to ensure their operations are consistent with the organization. Has the organization provided a complete copy of this Form 990 to all members of it the form?	on's e ts gov • • Form 9 • • • •	xempt purposes? erning body before filing	10b 11a 12a	Yes Yes	
b 11a b 12a b	If "Yes," did the organization have written policies and procedures governing the act affiliates, and branches to ensure their operations are consistent with the organization. Has the organization provided a complete copy of this Form 990 to all members of it the form?	on's e ts gov • • Form 9 • • • •	xempt purposes? erning body before filing	10b 11a 12a 12b	Yes Yes Yes	
b 11a b 12a b	If "Yes," did the organization have written policies and procedures governing the act affiliates, and branches to ensure their operations are consistent with the organization. Has the organization provided a complete copy of this Form 990 to all members of it the form? Describe in Schedule O the process, if any, used by the organization to review this FD id the organization have a written conflict of interest policy? If "No," go to line 13. Were officers, directors, or trustees, and key employees required to disclose annual rise to conflicts? Did the organization regularly and consistently monitor and enforce compliance with in Schedule O how this was done.	on's e ts gov • • Form 9 • • • •	xempt purposes? erning body before filing	10b 11a 12a 12b	Yes Yes Yes Yes	
b 11a b 12a b c	If "Yes," did the organization have written policies and procedures governing the act affiliates, and branches to ensure their operations are consistent with the organization. Has the organization provided a complete copy of this Form 990 to all members of it the form? Describe in Schedule O the process, if any, used by the organization to review this FD id the organization have a written conflict of interest policy? If "No," go to line 13. Were officers, directors, or trustees, and key employees required to disclose annual rise to conflicts? Did the organization regularly and consistently monitor and enforce compliance with in Schedule O how this was done. Did the organization have a written whistleblower policy?	on's e ts gov Form 9 Iy inte the p iew an	xempt purposes? erning body before filing	10b 11a 12a 12b 12c 13	Yes Yes Yes Yes Yes	
b 11a b 12a c 13 14	If "Yes," did the organization have written policies and procedures governing the act affiliates, and branches to ensure their operations are consistent with the organization. Has the organization provided a complete copy of this Form 990 to all members of it the form? Describe in Schedule O the process, if any, used by the organization to review this FOId the organization have a written conflict of interest policy? If "No," go to line 13. Were officers, directors, or trustees, and key employees required to disclose annual rise to conflicts? Did the organization regularly and consistently monitor and enforce compliance with in Schedule O how this was done. Did the organization have a written whistleblower policy? Did the organization have a written document retention and destruction policy? Did the process for determining compensation of the following persons include a rev	on's ets gov Form 9 ly inte the p lew an	xempt purposes? erning body before filing	10b 11a 12a 12b 12c 13	Yes Yes Yes Yes Yes	
b 11a b 12a c 13 14	If "Yes," did the organization have written policies and procedures governing the act affiliates, and branches to ensure their operations are consistent with the organization. Has the organization provided a complete copy of this Form 990 to all members of it the form? Describe in Schedule O the process, if any, used by the organization to review this FD id the organization have a written conflict of interest policy? If "No," go to line 13. Were officers, directors, or trustees, and key employees required to disclose annual rise to conflicts? Did the organization regularly and consistently monitor and enforce compliance with in Schedule O how this was done Did the organization have a written whistleblower policy? Did the organization have a written document retention and destruction policy? Did the process for determining compensation of the following persons include a revindependent persons, comparability data, and contemporaneous substantiation of the	on's ets gov Form 9 ly inte the p lew an	xempt purposes? erning body before filing	10b 11a 12a 12b 12c 13 14	Yes Yes Yes Yes Yes Yes Yes Yes	
b 11a b 12a c 13 14 15	If "Yes," did the organization have written policies and procedures governing the act affiliates, and branches to ensure their operations are consistent with the organization. Has the organization provided a complete copy of this Form 990 to all members of it the form? Describe in Schedule O the process, if any, used by the organization to review this FD id the organization have a written conflict of interest policy? If "No," go to line 13. Were officers, directors, or trustees, and key employees required to disclose annual rise to conflicts? Did the organization regularly and consistently monitor and enforce compliance with in Schedule O how this was done. Did the organization have a written whistleblower policy? Did the organization have a written document retention and destruction policy? Did the process for determining compensation of the following persons include a revindependent persons, comparability data, and contemporaneous substantiation of the The organization's CEO, Executive Director, or top management official	on's ets gov Form 9 ly inte the p lew an	xempt purposes? erning body before filing	10b 11a 12a 12b 12c 13 14	Yes Yes Yes Yes Yes Yes Yes Yes	No
b 11a b 12a c 13 14 15 a b	If "Yes," did the organization have written policies and procedures governing the act affiliates, and branches to ensure their operations are consistent with the organization. Has the organization provided a complete copy of this Form 990 to all members of it the form? Describe in Schedule O the process, if any, used by the organization to review this FD id the organization have a written conflict of interest policy? If "No," go to line 13. Were officers, directors, or trustees, and key employees required to disclose annual rise to conflicts? Did the organization regularly and consistently monitor and enforce compliance with in Schedule O how this was done. Did the organization have a written whistleblower policy? Did the organization have a written document retention and destruction policy? Did the process for determining compensation of the following persons include a revindependent persons, comparability data, and contemporaneous substantiation of the The organization's CEO, Executive Director, or top management official. Other officers or key employees of the organization	on's e ts gov . Form 9 . ly inte . the p	xempt purposes? erning body before filing	10b 11a 12a 12b 12c 13 14	Yes Yes Yes Yes Yes Yes Yes Yes	No
b 11a b 12a c 13 14 15 a b	If "Yes," did the organization have written policies and procedures governing the act affiliates, and branches to ensure their operations are consistent with the organization. Has the organization provided a complete copy of this Form 990 to all members of it the form?	on's e ts gov Form 9 ly inte the p iew an e deli rsim	xempt purposes? erning body before filing	10b 11a 12a 12b 12c 13 14 15a 15b	Yes Yes Yes Yes Yes Yes Yes Yes	No
b 11a b 12a c 13 14 15 a b	If "Yes," did the organization have written policies and procedures governing the act affiliates, and branches to ensure their operations are consistent with the organization. Has the organization provided a complete copy of this Form 990 to all members of it the form? Describe in Schedule O the process, if any, used by the organization to review this FD id the organization have a written conflict of interest policy? If "No," go to line 13. Were officers, directors, or trustees, and key employees required to disclose annual rise to conflicts? Did the organization regularly and consistently monitor and enforce compliance with in Schedule O how this was done. Did the organization have a written whistleblower policy? Did the organization have a written document retention and destruction policy? Did the process for determining compensation of the following persons include a revindependent persons, comparability data, and contemporaneous substantiation of the The organization's CEO, Executive Director, or top management official. Other officers or key employees of the organization. If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions) Did the organization invest in, contribute assets to, or participate in a joint venture of taxable entity during the year? If "Yes," did the organization follow a written policy or procedure requiring the organization follows a written policy or procedure requiring the organization follows a written policy or procedure requiring the organization follows a written policy or procedure requiring the organization follows a written policy or procedure requiring the organization follows a written policy or procedure requiring the organization follows a written policy or procedure requiring the organization follows.	on's e ts gov Form 9 ly inte the p iew an e deli or sim sization e step	xempt purposes? erning body before filing	10b 11a 12a 12b 12c 13 14 15a 15b	Yes Yes Yes Yes Yes Yes Yes Yes	No
b 11a b 12a c 13 14 15 a b 16a b	If "Yes," did the organization have written policies and procedures governing the act affiliates, and branches to ensure their operations are consistent with the organization. Has the organization provided a complete copy of this Form 990 to all members of it the form? Describe in Schedule O the process, if any, used by the organization to review this FD id the organization have a written conflict of interest policy? If "No," go to line 13. Were officers, directors, or trustees, and key employees required to disclose annual rise to conflicts? Did the organization regularly and consistently monitor and enforce compliance with in Schedule O how this was done. Did the organization have a written whistleblower policy? Did the organization have a written document retention and destruction policy? Did the process for determining compensation of the following persons include a revindependent persons, comparability data, and contemporaneous substantiation of the The organization's CEO, Executive Director, or top management official. Other officers or key employees of the organization. If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions) Did the organization invest in, contribute assets to, or participate in a joint venture of taxable entity during the year? If "Yes," did the organization follow a written policy or procedure requiring the organ participation in joint venture arrangements under applicable federal tax law, and take	on's e ts gov Form 9 ly inte the p iew an e deli or sim sization e step	xempt purposes? erning body before filing	10b 11a 12a 12b 12c 13 14 15a 15b	Yes Yes Yes Yes Yes Yes Yes Yes	No
b 11a b 12a c 13 14 15 a b 16a b	If "Yes," did the organization have written policies and procedures governing the act affiliates, and branches to ensure their operations are consistent with the organization. Has the organization provided a complete copy of this Form 990 to all members of it the form? Describe in Schedule O the process, if any, used by the organization to review this F Did the organization have a written conflict of interest policy? If "No," go to line 13. Were officers, directors, or trustees, and key employees required to disclose annual rise to conflicts? Did the organization regularly and consistently monitor and enforce compliance with in Schedule O how this was done Did the organization have a written whistleblower policy? Did the organization have a written document retention and destruction policy? Did the process for determining compensation of the following persons include a revindependent persons, comparability data, and contemporaneous substantiation of the The organization's CEO, Executive Director, or top management official Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions) Did the organization invest in, contribute assets to, or participate in a joint venture of taxable entity during the year? If "Yes," did the organization follow a written policy or procedure requiring the organization in joint venture arrangements under applicable federal tax law, and take organization in joint venture arrangements under applicable federal tax law, and take organization's exempt status with respect to such arrangements?	on's e ts gov Form 9 ly inte ithe p iew an ne deli or sim	xempt purposes? erning body before filing	10b 11a 12a 12b 12c 13 14 15a 15b	Yes Yes Yes Yes Yes Yes Yes Yes	No

- Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c) (3)s only) available for public inspection. Indicate how you made these available. Check all that apply
 - Own website Another's website V Upon request Other (explain in Schedule O)
- Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year
- 20 State the name, address, and telephone number of the person who possesses the organization's books and records ►JOHN PIERPOINT

Form 990 (2014)	
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Check if Schedule O contains a response or note to any line in this Part VII

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

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

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

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

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

(A) Name and Title	(B) A verage 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 organization (W-	(E) Reportable compensation from related organizations (W-	(F) Estimated amount of other compensation from the
	for related organizations below dotted line)	Former Highest compensated employee Key employee Officer Institutional Trustee Individual trustee or chiector	2/1099-MISC)	2/1099-MISC)	organization and related organizations

Form **990** (2014)

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

(A) Name and Title	(B) A verage hours per week (list any hours	more t	han d n is l	ne l both	box, an d	officer stee)		(D) Reportable compensation from the organization (W-	(E) Reportable compensation from related organizations (W-	(F) Estimated amount of other compensation from the
	for related organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	2/1099-MISC)	2/1099-MISC)	organization and related organizations

1b	Sub-Total	►			
C	Total from continuation sheets to Part VII, Section A	٠			
d	Total (add lines 1b and 1c)	►	7,566,117	0	450,288

Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization►136

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

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
THE MOST ORGANIZATION 25 ENTERPRISE STE 250 ALISO, CA 92656	REALTOR MARKETING & BRANDING	34,132,075
TARGET SMART COMMUNICATIONS LLC 845 PAT LN ARNOLD, IL 21032	CONSULT & DIRECT MAILINGS SERV	13,585,470
WILLIAMSGERARD PRODUCTIONS 420 N WABASH CHICAGO, IL 60611	EVENT PLANNING AND MANAGEMENT	1,276,792
ARISTOTLE 205 PENNSYLVANIA AVE SE WASHINGTON, DC 20003	DATA MANAGEMENT	1,259,025
COBALT 2800 EISENHOWER AVE ALEXANDRIA, VA 22314	DATA MANAGEMENT	1,210,673
2 Total number of independent contractors (including but not limited to those listed above) who received more than	

		Check If Schedi	ule O contains a respoi	nse or note to any li	ne in this Part VIII (A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections
	1a	Federated cam	paigns 1a					512-514
<u>s</u>	 b		ies 1b					
Other Similar Amounts								
ξĒ	C	Fundraising eve						
<u> </u>	d		zations 1d					
ے و	е	Government grant	s (contributions) 1e					
continuations, ones, oranis and Other Similar Amounts	f	All other contribution	ons, gifts, grants, and 1f		İ			
₹	g		ons included in lines	-	i			
5 5 5	_	1a-1f \$						
and	h	Total. Add lines	s 1 a - 1 f	· · · · •	0			
<u> </u>				Business Code				
<u>.</u>	2a	MEMBER DUES		900099	162,205,161	162,205,161		
至	b	CONVENTIONS		900099	9,755,036	9,755,036		
ည်	С	ADVERTISING & SU	JBSCRIPTIONS	541800	5,397,134	173,010	5,224,124	
E TO	d	GOVERNMENT AFF	AIRS	900099	2,778,349	2,778,349		
<u> </u>	e	PUBLICATIONS & S	SERV MATERIALS	900099	509,651	509,651		
Program Service Revenue	f	All other progra	am service revenue		3,430,490	3,430,490	0	
ž	g	Total. Add lines	s 2a-2f		184,075,821			
	3		ome (including dividen		4,751,636		1,423,274	3,328,36
	4		ar amounts) stment of tax-exempt bond		.,, 51,000		1,125,27	
	5				3,853,576			3,853,57
		,	(ı) Real	(II) Personal				
	6a	Gross rents	7,939,187					
	ь	Less rental expenses	6,890,245					
	С	Rental income	1,048,942	0				
	d	or (loss) Net rental inco	me or (loss)		1,048,942		603,724	445,21
			(ı) Securities	(II) O ther				
	7a	Gross amount from sales of assets other than inventory	79,003,008	820				
	ь	Less cost or other basis and	64,862,122	26				
		sales expenses	14,140,886	794				
	c d	Gain or (loss)	SS)		14,141,680			14,141,68
ı	8a		rom fundraising		11,111,000			11,111,00
			s reported on line 1c) ne 18 a					
	b		penses b					
	c 9a	Gross income f	(loss) from fundraising From gaming activities	events 🛌				
		See Part IV, lin	ne 19 a					
	ь		penses b	L				
	102		(loss) from gaming acti	vities				
	10a	Gross sales of returns and allo						
	ь	Less cost of g	oods sold b					
	С	_	(loss) from sales of inv	entory 🛌				
	11a	Miscellaneous	s Revenue	Business Code 900003	261,711		261,711	
	ь	ENTITIES	M CONTROLLED	900003	211,646		211,646	
		ENTITIES - RO			, -		, -	
	с					205 :=:		
	d	All other reven			427,456	385,479	41,977	
	e	Total. Add lines			900,813			
	12	Total revenue.	See Instructions .	🕨	208,772,468	179,237,176	7,766,456	21,768,83

Form 990 (2014) Part IX Statement of Functional Expenses

Cut	
Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A)	
Chack if Schadula O contains a response or note to any line in this Part IX	

	Check if Schedule O contains a response or note to any line in this	Part IX	 (B)		· · · · · · · · · · · · · · · · · · ·
	ot include amounts reported on lines 6b, o, 9b, and 10b of Part VIII.	(A) Total expenses	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	213,385			
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	4,324,710			
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	35,940,838			
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	2,908,906			
9	Other employee benefits	4,782,737			
10	Payroll taxes	2,626,434			
11	Fees for services (non-employees)				
а	Management				
b	Legal	2,171,744			
c	Accounting	329,452			
d	Lobbying				
e	Professional fundraising services See Part IV, line 17				
f	Investment management fees	217,026			
g	Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	19,061,778	0	0	0
12	Advertising and promotion	38,292,283			
13	Office expenses	10,553,121			
14	Information technology	11,446,209			
15	Royalties				_
16	Occupancy	358,347			
17	Travel	9,093,127			
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	7,967,341			
20	Interest	207,021			
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	3,850,110			
23	Insurance	1,703,034			
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	PUBLIC POLICY EXPENSES	19,066,364			
b	TAXES	5,204,973			
c	MAINTENANCE AND REPAIRS	2,790,985			
d	RPR MEMBER SERVICES COSTS	9,307,619			
е	All other expenses	2,784,617	0	0	0
25	Total functional expenses. Add lines 1 through 24e	195,202,161	0	0	0
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation Check here ► ☐ if following SOP 98-2 (ASC 958-720)				
				Fo	rm 990 (2014)

Part X Balance Sheet

I GI	rt X	Check if Schedule O contains a response or note to any line in this Part X			
			(A) Beginning of year		(B) End of year
	1	Cash-non-interest-bearing		1	
	2	Savings and temporary cash investments	50,818,221	2	48,462,316
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net	1,642,007	4	1,749,197
	5	Loans and other receivables from current and former officers, directors, trustees, k employees, and highest compensated employees Complete Part II of Schedule L	ey o	5	
ts	6	Loans and other receivables from other disqualified persons (as defined under sect 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employe and sponsoring organizations of section 501(c)(9) voluntary employees' beneficial organizations (see instructions) Complete Part II of Schedule L	ers		
Assets	7	Notes and loans receivable, net		7	
ď	8	Inventories for sale or use		8	
	9	Prepaid expenses and deferred charges	2,287,834		2,880,647
	10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D 152,816,			2,000,011
	Ь	Less accumulated depreciation 10b 92,883,	168 63,318,463	10c	59,933,583
	11	Investments—publicly traded securities	113,982,805	11	94,962,452
	12	Investments—other securities See Part IV, line 11	6,308,988	12	5,995,167
	13	Investments—program-related See Part IV, line 11	48,733,146	13	72,014,000
	14	Intangible assets	5,074,927	14	4,222,687
	15	Other assets See Part IV, line 11	2,572,476	15	4,727,342
	16	Total assets. Add lines 1 through 15 (must equal line 34)	294,738,867	16	294,947,391
	17	Accounts payable and accrued expenses	47,775,381	17	49,192,175
	18	Grants payable		18	
	19	Deferred revenue	45,758,233	19	54,052,275
	20	Tax-exempt bond liabilities	0	20	
	21	Escrow or custodial account liability Complete Part IV of Schedule D		21	
Liabilities	22	Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified			
i Ģe		persons Complete Part II of Schedule L	0	22	
\exists	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties	15,750,000	24	14,000,000
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X of Schedule			
		D	2,078,204	25	2,271,548
<u></u>	26	Total liabilities. Add lines 17 through 25	111,361,818	26	119,515,998
Fund Balances		lines 27 through 29, and lines 33 and 34.			
<u>a</u>	27	Unrestricted net assets	183,377,049	27	175,431,393
ñ	28	Temporarily restricted net assets		28	
핕	29	Permanently restricted net assets		29	
or Fu		Organizations that do not follow SFAS 117 (ASC 958), check here ► ☐ and complete lines 30 through 34.			
ź	30	Capital stock or trust principal, or current funds		30	_
Assets or	31	Paid-in or capital surplus, or land, building or equipment fund		31	
Ą	32	Retained earnings, endowment, accumulated income, or other funds		32	
N et	33	Total net assets or fund balances	183,377,049	33	175,431,393
	34	Total liabilities and net assets/fund balances	294,738,867	34	294,947,391

Par	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		208,7	772,468
2	Total expenses (must equal Part IX, column (A), line 25)	2		195,2	202,161
3	Revenue less expenses Subtract line 2 from line 1	3		137	570,307
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))				
_		4		183,3	377,049
5	Net unrealized gains (losses) on investments	5		-9,5	595,112
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	$\stackrel{\prime}{-}$			
		8			
9	Other changes in net assets or fund balances (explain in Schedule O)	9		-11,9	900,851
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10		175,4	31,393
Par	t XII 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				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		Νo
	If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or review a separate basis, consolidated basis, or both	wed or	ן ו		
	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 separasis, consolidated basis, or both	rate			
	Separate basis Consolidated basis Both consolidated and separate basis				
c	If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversigh audit, review, or compilation of its financial statements and selection of an independent accountant?	t of th	e 2c	Yes	
	If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O	1			
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	9	3a		No
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the		3b		

Software ID: 14000329 **Software Version:** 2014v1.0

EIN: 36-1520690

Name: National Association of Realtors

Form 990, Part VII - Compensation Compensated Employees, and Inde				Iru	ste	es, i	Сеу	Employees, Higi	nest	
(A) Name and Title	(B) A verage hours per week (list any hours for related	Posit more th persoi and a	ion (nan o n is b	ne b oth ctor/	ox, u an of trus	inless fficer tee)		(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and
	organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former		2,2000 11000,	related organizations
(1) GARY THOMAS	15 00	х		х				110,559	0	0
IMMEDIATE PAST PRESIDENT (1) CHRIS POLYCHRON	20 00	, , , , , , , , , , , , , , , , , , ,		, , , , , , , , , , , , , , , , , , ,				350.046		
PRESIDENT-ELECT (2) STEVE BROWN	0 1 00	×		X				259,846	0	0
PRESIDENT	0 80	×		х				401,295	0	О
(3) MICHAEL MCGREW	15 00	х		х				168,473	0	0
TREASURER (4) THOMAS SALOMONE	0 30 15 00									
FIRST VICE PRESIDENT	0	X		Х				169,471	0	0
(5) WILLIAM ARMSTRONG Past Treasurer	1 00	x						0	0	0
(6) SHARON MILLETT	1 00	х						0	0	0
Past President (7) RICHARD MENDENHALL	20 00									
Past President (8) GINGER DOWNS	1 50 1 00	×						0	0	0
Executive Committee Representative	1 50	×						0	0	О
(9) RICHARD GAYLORD	1 00	х						0	0	0
Past President (10) MERLE WHITEHEAD	1 50 1 00									
Large Firm Representative	1 50	×						0	0	0
(11) MAURICE VEISSI Past President	1 00	×						0	0	0
(12) MARGARET ALLEN	1 00	х						0	0	0
Large Board Representative (13) BENJAMIN ANDERSON	1 00									
State Allocated Director	0	X						0	0	0
(14) JOHN ANDERSON State Allocated Director	1 00	×						0	0	О
(15) FRANCISCO ANGULO	1 00	х						0	0	0
Large Board Representative (16) FRANK ANTHONY	1 00									
Large Board Representative (17) CINDY ARIOSA	0	×						0	0	0
Large Firm Representative	1 00	×						0	0	О
(18) MARIO ARRIAGA	1 00	х						0	0	0
Large Board Representative (19) ADRIAN ARRIAGA	1 00	, v								
Committee Liaison (20) JOHN ASDOURIAN	0 1 00	×						0	0	0
DIRECTOR	0	×						0	0	o
(21) DONALD ASHER	1 00	х						0	0	0
State Allocated Director (22) STEVEN ASHER	1 00	<u> </u>						_	_	
State Allocated Director	0 1 00	×						0	0	0
(23) BRUCE AYDT DSA Recipient	0	×						0	0	0
(24) DOUGLAS AZARIAN	1 00	х						0	0	0
Large Board Representative	0									

Compensated Employees, and Independent Contractors											
(A) Name and Title	(B) A verage hours per week (list any hours for related	Posit more th persoi and a	ion (d nan o n is b	ne b oth ctor/	ox, u an of trus	ınless fficer tee)		(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and	
	organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	2,2333 11333,	2,2333 11333,	related organizations	
(26) COLLEEN BADAGLIACCO	1 00	х						0	0	0	
State Allocated Director (1) ROBERT BAILEY	1 00										
State Allocated Director	0	x						0	0	0	
(2) JAN BAKER	1 00	.,									
Large Firm Representative	0	Х						0	0	0	
(3) LOUIS BALDWIN	1 00	x						0	0	0	
State Allocated Director (4) JOAN BALLANTYNE	1 00										
		x						0	0	0	
DSA Recipient (5) CHRISTINA BANASIAK	1 00										
State Allocated Director	0	X						0	0	0	
(6) ANDREW BARBAR	1 00	х						0	0	0	
State Allocated Director	0							_			
(7) DAVID BARCA	1 00	x						0	0	0	
State Allocated Director (8) MELANIE BARKER	1 00										
State Allocated Director	0	X						0	0	0	
(9) RAYMOND BARKETT	1 00	х						0	0	0	
Large Firm Representative	0							Ů			
(10) JEFF BARNETT	1 00	x						0	0	О	
Executive Committee Representative (11) TRAY BATES	1 00										
State Allocated Director	0	X						0	0	0	
(12) BUDD BATTERSON	1 00	х						0	0	0	
Large Board Representative (13) DANA BAUGUSS	1 00							_	-		
State Allocated Director		x						0	0	0	
(14) MARY BAYAT	1 00										
Large Board Representative	0	Х						0	0	0	
(15) MALCOLM BENNETT	1 00	x						0	0	0	
State Allocated Director (16) RICHARD BERGDAHL	1 00										
Large Board Representative		x						0	0	0	
(17) ALLYSON BERNARD	1 00										
State Allocated Director	0	Х						0	0	0	
(18) TERESITA BERSACH	1 00	x						0	0	0	
Large Board Representative (19) BENJAMIN BLAIR	1 00										
DSA Recipient		х						0	0	0	
(20) EUGENE BLEFARI	1 00										
Large Firm Representative	0	Х						0	0	0	
(21) WILLIAM BOATMAN	1 00	x						0	0	0	
State Allocated Director (22) SHADRICK BOGANY	1 00						_				
Large Board Representative		×						0	0	0	
(23) CHARLES BONFIGLIO	1 00										
Large Board Representative	0	Х						0	0	0	
(24) RUSSELL BOOTH	1 00	х						0	0	0	
Past President	0			<u> </u>			<u> </u>			<u> </u>	

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors (F) (A) (B) (E) Name and Title Average Position (do not check Reportable Reportable Estimated amount hours per more than one box, unless compensation compensation of other week (list person is both an officer from related from the compensation any hours organization (Worganizations (Wand a director/trustee) from the for related 2/1099-MISC) 2/1099-MISC) organization and Highest employe Individual to or director organizations related nstitutional Trustee 夏 mer below employee organizations dotted line) t compensated ee trustee (51) DALE BORDNER 1 00 Χ 0 State Allocated Director (1) CARLTON BOUJAI 1.00 Х 0 0 0 State Allocated Director (2) KATHRYN BOVARD 1 00 Χ 0 0 n Large Firm Representative 0 (3) SHARON BOWLER 1 00 Χ 0 0 State Allocated Director (4) MONTIE BOX 1 00 Х 0 0 DSA Recipient (5) DAVID BRADLEY 1 00 Χ 0 0 DSA Recipient (6) SCOTT BRADY 1 00 0 Х 0 0 Large Board Representative (7) DARYL BRAHAM 1 00 0 Χ 0 State Allocated Director (8) ELIZABETH BRAZNELL 1 00 Χ 0 0 0 Large Board Representative 0 (9) DARLENE BREEN 1 00 0 0 Χ State Allocated Director (10) PAUL BREUNICH 1 00 Χ 0 0 0 Large Firm Representative (11) TIMOTHY BRIGHAM 1 00 Х 0 0 O State Allocated Director (12) BRUCE BRIGHT 1 00 Χ 0 0 0 State Allocated Director (13) MIKE BRODIE 1 00 Х 0 0 Past Treasurer (14) FRAN BROUDE 1 00 Х 0 0 0 Large Firm Representative (15) JOSEPH BROWN 1 00 Х 0 0 0 Large Firm Representative 0 (16) KEVIN BROWN 1 00 0 Х 0 0 State Allocated Director (17) ERIN BROWN 1 00 Χ 0 0 State Allocated Director 0 (18) BILL BROWN 1 00 Χ 0 0 Presidential Appointee Real Estate Specialty 0 Representative (19) THEODORE BRYANT 1 00 Χ DSA Recipient (20) DIANA BULL 1 00 Χ 0 0 0 State Allocated Director (21) CINDI BULLA 1 00 0 0 O Х State Allocated Director 0 (22) DAVID BURNETT 1 00 Х 0 0 State Allocated Director 0

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(23) ANDREA BUSHNELL

State Allocated Director

(24) MARILOU BUTCHER-ROTH

Presidential Appointee State Association Executive

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors (A) (B) (C) (D) (E) (F) Name and Title Average Position (do not check Reportable Reportable Estimated amount hours per more than one box, unless compensation compensation of other person is both an officer week (list from the from related compensation any hours and a director/trustee) organization (Worganizations (Wfrom the 2/1099-MISC) 2/1099-MISC) organization and for related Former Individual : or director 9 Highest compensated organizations related Institutional below organizations emplo) ee dotted line) trustie Trustee (76) DAVID CABOT 1 00 0 Х 0 Large Firm Representative (1) ROBERT CALDWELL 1 00 Χ 0 0 State Allocated Director (2) PAT CALLAN 1 00 Χ 0 0 Large Board Representative (3) WAYNE CAPLAN 1 00 Х 0 0 Large Board Representative (4) DOMINIC CARDONE 1 00 0 0 State Allocated Director (5) NANCY CARDONE 1 00 0 0 0 Х State Allocated Director 0 (6) CYNTHIA CARLEY 1 00 Χ 0 0 0 State Allocated Director (7) THOMAS CARNAHAN 1 00 Χ 0 0 Large Board Representative (8) VICKI CARPENTER 1 00 Χ 0 0 Λ Large Board Representative 0 (9) DOUGLAS CARPENTER 1 00 Χ 0 Large Firm Representative 0 (10) ADORNA CARROLL 1.00 0 0 0 Х DSA Recipient (11) STEPHEN CASPER 1 00 Χ 0 0 DSA Recipient 0 (12) OTTO CATRINA 1 00 Χ State Allocated Director (13) DEBRA CHAMBERLAIN 1 00 0 0 Х 0 State President (14) CINDY CHANDLER 1 00 Χ 0 0 State Allocated Director 0 (15) LORI CHAPMAN 1 00 0 0 0 Х State Allocated Director 0 (16) SOCAR CHATMON-THOMAS 1 00 0 0 Х State Allocated Director (17) WILLIAM CHEE 1 00 Χ 0 0 Past President (18) PHILIP CHILES 1 00 0 0 0 Х State President 0 (19) MIKE CLANCY Χ 0 0 Large Board Representative (20) VICKI CLEMAN 1 00 Χ 0 0 Large Board Representative (21) CHRISTINA CLEMANS 1 00 0 Χ 0 State Allocated Director (22) KIMBERLY CLIFTON 1 00 Х 0 0 Large Firm Representative (23) PATRICIA COAN 1 00 Х 0 0 0

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State President

DSA Recipient

(24) FRED COLBY

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors (A) (B) (C) (D) (E) (F) Name and Title Average Position (do not check Reportable Reportable Estimated amount hours per more than one box, unless compensation compensation of other person is both an officer week (list from the from related compensation any hours and a director/trustee) organization (Worganizations (Wfrom the for related 2/1099-MISC) 2/1099-MISC) organization and Former Individual : or director 9 Highest compensated organizations related Institutional below organizations emplo) ee dotted line) trustie Trustee (101) ALVIN COLLINS 1 00 0 Х 0 State Allocated Director (1) CATHY COLVIN 1 00 Χ 0 0 State Allocated Director (2) PAT COMBS 1 00 Χ 0 0 Past President (3) REBECCA CONNATSER 1 00 Х 0 0 Λ Large Board Representative (4) VIRGINIA COOK 1 00 0 0 DSA Recipient (5) BRIAN COPELAND 1 00 0 0 0 Х Committee Liaison 0 (6) LAURA COPERSINO 1 00 Χ 0 0 0 Large Board Representative (7) JAYNE COX 1 00 Χ 0 0 State Allocated Director (8) VICKI COX GOLDER 1 00 Χ 0 0 Λ Past President 0 (9) MIKE CRADDOCK 1 00 Χ 0 State Allocated Director (10) DENNIS CRONK 1.00 0 0 0 Х Past President (11) RONALD CROUSHORE 1 00 Χ 0 0 State Allocated Director 0 (12) DIANE CUMMINS 1 00 Χ Large Board Representative (13) CAROLYN DAGOSTA 1 00 0 0 Х 0 State Allocated Director (14) PATRICK DALESSANDRO 1 00 Χ 0 0 Large Board Representative 0 (15) JOSEPH D'AMATO 1 00 Χ 0 0 0 Large Board Representative (16) ANITA DAVIS 1 00 0 0 0 Х Affiliate Representative/WCR (17) WINNIE DAVIS 1 00 Χ 0 0 Large Board Representative (18) ALLAN DECHERT 1 00 0 0 0 Х State Allocated Director 0 (19) KATHERYN DECLERCK 1 00 Χ 0 0 Large Board Representative (20) MICHAEL DELEON 1 00 Χ 0 0 Large Board Representative (21) JULIE DELORENZO 1 00 0 0 Χ State Allocated Director (22) MARTHA DENT 1 00 Х 0 0 State Allocated Director (23) SUZANNE DESMARAIS 1 00 Х 0 0 0 State Allocated Director 0 (24) ALAN DESTEFANO 1 00

State President

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Compensated Employees, and Inde	ntracto	rs					1		1	
(A) Name and Title	(B) Average hours per week (list any hours	Posit more th perso and a	ion (nan o n is b	ne b	ox, u an o	ınless fficer	i	(D) Reportable compensation from the organization (W-	(E) Reportable compensation from related organizations (W-	(F) Estimated amount of other compensation from the
	for related organizations below dotted line)	Individual trustee or director	Institutional Trustee		Ke) emplojee	Highest compensated employee	Former	2/1099-MISC)	2/1099-MISC)	organization and related organizations
(126) JOHN DICKINSON	1 00	.,								
Regional Vice President	0	X						0	0	0
(1) GAY DILLASHAW	1 00	х						0	0	0
Large Firm Representative (2) JOHN DOHM	1 00									
Large Board Representative	0	x						0	0	0
(3) VICTORIA DORAN	1 00	V							0	
State Allocated Director	0	X						0	0	0
(4) MIKE DREWS	1 00	,,								
State Allocated Director (5) MARY DYKSTRA	0 1 00	×						0	0	0
		×						0	0	0
State Allocated Director (6) KEVIN EASTRIDGE	1 00	х						0	0	0
State Allocated Director (7) MARTIN EDWARDS	0 1 00							0	0	0
		×						0	0	0
Past President (8) ROBERT ELROD	1 00	x						0	0	0
Past President	0	^						Ŭ.	Ů	
(9) DANIEL ELSEA Executive Committee Representative	1 00	×						0	0	0
(10) STUART ELSEA	1 00	x						0	0	0
Large Firm Representative (11) TODD EMERSON	0 1 00									
Large Board Representative (12) JP ENDRES FEIN	0 1 00	X						0	0	0
State President	0	x						0	0	0
(13) PAUL EVERSON	1 00								0	
DSA Recipient (14) CAROL FACCIPONTI	0 1 00	X						0	0	0
	0	х						0	0	0
Large Board Representative (15) TREASURE FAIRCLOTH	1 00									
State Allocated Director	0	×						0	0	0
(16) DON FAUGHT	1 00	x						0	0	0
State Allocated Director (17) CHRISTOPHER FELIX	1 00									
State Allocated Director	0	Х						0	0	0
(18) LINDA FERCODINI	1 00	×						0	0	0
State Allocated Director (19) DAVID FIALK	1 00									
Large Board Representative	0	Х						0	0	0
(20) DAPHNA FIELDS Large Firm Representative	1 00	x						0	0	0
(21) STEVEN FISCHER	1 00	х						0	0	0
State Allocated Director (22) DREW FISHMAN	0 1 00									
State Allocated Director	0	Х						0	0	0
(23) PATRICIA FITZGERALD	1 00	х						0	0	0
State Allocated Director (24) BONNIE FITZGERALD	1 00		<u> </u>							
State Allocated Director	0	х						0	0	0
		_	_		_	_				_

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

Compensated Employees, and Independent Contractors (A) (B) (D) (E) (F) Name and Title Reportable Average Position (do not check Reportable Estimated amount hours per more than one box, unless compensation compensation of other week (list person is both an officer from the from related compensation any hours and a director/trustee) organization (Worganizations (Wfrom the 2/1099-MISC) 2/1099-MISC) for related organization and Highest employe Former Individual to director Office organizations Institutional related below organizations emplo) ee dotted line) t compensated ee talete Trustee (151) BOB FLETCHER 1 00 0 Х 0 Executive Committee Representative (1) JOHN FLOR 1 00 Χ 0 0 0 Committee Liaison (2) SUE FLUCKE 1 00 Χ 0 0 0 State Allocated Director 0 (3) MICHAEL FLYNN 1 00 0 0 State Allocated Director (4) NORMAN FLYNN 1 00 0 Past President (5) GREGORY FORD 1.00 0 0 Х 0 Large Board Representative (6) MICHAEL FORD 1 00 0 0 0 Χ Executive Committee Representative (7) MELROSE FORDE 1 00 0 0 0 Х Large Board Representative (8) DANNY FRANK 1 00 0 0 0 Χ Large Board Representative 0 (9) DAVID FREDERICKSON 1 00 Χ 0 0 0 Large Board Representative (10) PAMELA FRESTEDT 1 00 Χ 0 0 0 Large Board Representative (11) RICHARD FRYER 1 00 0 0 Large Board Representative (12) EVAN FUCHS 1 00 Χ 0 0 State President (13) VICKI FULLERTON 1 00 0 0 0 Χ Large Board Representative (14) JOSEPH FUNKHOUSER 1 00 0 Х 0 0 DSA Recipient (15) NANCY FURST 1 00 0 0 0 Χ Large Board Representative 0 (16) WILLIAM FURST 1 00 Х 0 0 0 State Allocated Director (17) WENDY FURTH 1 00 Χ 0 0 Large Board Representative (18) BRANDI GABBARD 1 00 Χ 0 0 Large Board Representative (19) PETE GALBRAITH 1 00 Χ 0 0 Large Board Representative (20) KATHLEEN GALLAGHER MCIVER 1 00 Χ 0 0 Large Board Representative (21) GLENN GARDNER 1 00 0 Х 0 0 Large Firm Representative (22) JOHN GATTERMEIR 1 00 Х 0 0 0 State Allocated Director 0 (23) MIKE GAUGHAN 1 00 Χ 0 0 0 Regional Vice President (24) ANNE GAULT 1 00 Χ 0 0 State Allocated Director 0

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors (A) (B) (C) (D) (E) (F) Name and Title Position (do not check Reportable Reportable Estimated amount Average hours per more than one box, unless compensation compensation of other week (list person is both an officer from the from related compensation any hours and a director/trustee) organization (Worganizations (Wfrom the 2/1099-MISC) 2/1099-MISC) organization and for related Individual to or director 9 Highest compensated employee Former organizations related Institutional below organizations emplo) ee dotted line) trustie Trustee (176) STEVE GODDARD 1 00 0 Х 0 State Allocated Director (1) ART GODI 1 00 Χ 0 0 Past President (2) JAY GOHIL 1 00 Χ 0 0 Large Board Representative (3) SUSAN GOLDY 1 00 Х 0 0 Λ State Allocated Director (4) STEVEN GRAGG 0 0 Large Board Representative (5) DEBRA GREENE 1 00 0 0 0 Х Large Board Representative 0 (6) SUMMER GREENE 1 00 Χ 0 0 0 State Allocated Director (7) FRANCOIS GREGOIRE 1 00 Χ 0 0 State Allocated Director (8) SHERYL GRIDER WHITEHURST 1 00 Χ 0 0 Λ State Allocated Director 0 (9) RITA GRIESS 1 00 Χ 0 State Allocated Director (10) SCOTT GRIFFITH 1 00 0 0 0 Х State Allocated Director (11) RUSSELL GROOMS 1 00 Χ 0 0 Large Firm Representative 0 (12) REBECCA GROSSMAN 1 00 Χ Large Board Representative (13) STEVE HABGOOD 1 00 0 0 Х 0 Large Board Representative (14) WARREN HABIB 1 00 Χ 0 0 Large Firm Representative 0 (15) KIT HALE 1 00 0 0 0 Х State Allocated Director (16) JONATHAN M HALL 1 00 0 0 0 Χ **DIRECTOR** (17) OWEN HALL 1 00 Χ 0 0 DSA Recipient (18) CHRISTOPHER HALL 1 00 0 0 0 Х State President 0 (19) EBBY HALLIDAY Χ 0 0 DSA Recipient (20) CINDY HAMANN 1 00 Χ 0 0 Large Board Representative (21) JIM HAMILTON 1 00 0 Χ 0 State Allocated Director (22) JOE HANAUER 1 00 Х 0 0 DSA Recipient (23) KENT HANLEY 1 00 Х 0 0 0

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Large Firm Representative

(24) WILLIAM HANLEY

Regional Vice President

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors (A) (B) (C) (D) (E) (F) Average Name and Title Position (do not check Reportable Reportable Estimated amount hours per more than one box, unless compensation compensation of other week (list person is both an officer from the from related compensation any hours and a director/trustee) organization (Worganizations (Wfrom the 2/1099-MISC) 2/1099-MISC) organization and for related Individual : or director 9 Former Highest compensated employee organizations related Institutional below organizations emplo) ee dotted line) trustie Trustee (201) CHRISTINE HANSEN 1 00 0 Х 0 State Allocated Director (1) LORRAINE HARDING 1 00 Χ 0 0 State Allocated Director (2) ROBERT HARMAN 1 00 Χ 0 0 State President (3) TIM HARRIS 1 00 Х 0 0 Λ Large Board Representative (4) RICK HARRIS 0 0 Regional Vice President (5) TINA HARRIS 1 00 0 0 0 Х State Allocated Director 0 (6) MEL HARRIS 1 00 Χ 0 0 0 State Allocated Director (7) IONA HARRISON 1 00 Χ 0 0 Committee Liaison (8) JOHN HARRISON 1 00 Χ 0 0 Λ Committee Liaison 0 (9) MARGARET HARTMAN 1 00 Χ 0 State Allocated Director (10) GEORGE HARVEY 1.00 0 0 0 Х State Allocated Director (11) DANIEL HATFIELD 1 00 0 Χ 0 State President 0 (12) MARY ANN HEBERT 1 00 Χ State Allocated Director (13) SALLY HEIMBROOK 1 00 0 0 Х 0 DSA Recipient (14) LYNN HEINTZ 1 00 Χ 0 0 Large Board Representative 0 (15) MEREDITH HELD 1 00 0 0 0 Х State Allocated Director (16) DORCAS HELFANT-BROWNING 1 00 0 0 0 Х Past President (17) GLENN HELLYER 1 00 Χ 0 0 Large Board Representative (18) JAMES HELSEL 1 00 0 0 0 Х Past Treasurer 0 (19) SUSAN HELSINGER Χ 0 0 Large Board Representative (20) DAVID HEMENWAY 1 00 Χ 0 0 State Allocated Director (21) GREGORY HERB 1 00 0 0 Χ Affiliate Representative/CRB (22) LEN HERMAN 1 00 Х 0 0 Large Board Representative (23) DOROTHY HERMAN 1 00 Х 0 0 0 Large Firm Representative 0

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(24) NOAH HERRERA

Large Board Representative

Compensated Employees, and Independent Contractors										
(A) Name and Title	(B) A verage hours per week (list any hours for related	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)		(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and				
	organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former			related organizations
(226) CONNIE HETTINGA	1 00					2				
		x						0	0	0
State Allocated Director (1) SHIRLEY HICKS	1 00									
State President	0	Х						0	0	0
(2) MAX HILL	1 00							0		
DSA Recipient	0	Х						U	0	0
(3) TASHIA HINCHLIFFE	1 00	l x						0	0	0
State Allocated Director	0									
(4) SHEILA HOLLEY	1 00	x						0	0	0
State Allocated Director (5) STEPHEN HOOVER	1 00									
		х						0	0	0
DSA Recipient (6) TOM HORMEL	1 00									
State Allocated Director	0	X						0	0	0
(7) JOHN HORNING	1 00	,,								
Large Firm Representative	0	Х						0	0	0
(8) GREGORY HRABCAK	1 00	x						0	0	0
State Allocated Director	0									
(9) BOB HUDGENS	1 00	x						0	0	0
State Allocated Director (10) W ALAN HUFFMAN	1 00									
	0	х						0	0	0
Executive Committee Representative (11) BROOKE HUNT	1 00									
State Allocated Director	0	X						0	0	0
(12) BUDGE HUSKEY	1 00	V						0	0	
Large Firm Representative	0	Х						U	U	0
(13) DOROTHY JACKSON	1 00	l x						0	0	0
Large Board Representative	0									
(14) R NEAL JACKSON	1 00	х						0	0	0
State Allocated Director (15) THOMAS JEFFERSON	1 00									
DSA Recipient	0	X						0	0	0
(16) PATRICIA JENSEN	1 00							_	_	
State Allocated Director	0	X						0	0	0
(17) JANET JERNIGAN	1 00	х						0	0	0
Large Board Representative	0	^						Ů	Ů	
(18) NATE JOHNSON	1 00	x						0	0	0
Large Board Representative (19) PHIL JONES	1 00									
		x						0	0	0
Large Board Representative (20) JUDY JONES	1 00									
Large Board Representative	0	х						0	0	0
(21) JOANNE JUSTICE	1 00									
State Allocated Director	0	Х	L_	L_			L	0	0	0
(22) HENRY KAMMANDEL	1 00	х						0	0	0
Regional Vice President	0							ļ		
(23) BRUCE KAMMER	1 00	×						0	0	0
State Allocated Director (24) JANET KANE	1 00									
		x						0	0	0
Large Board Representative	0	<u> </u>	<u> </u>	<u> </u>		<u> </u>	<u> </u>	<u> </u>	<u> </u>	

Compensated Employees, and Inde				· · · u	SIC	cs, r	(C y		lest	
(A) Name and Title	(B) A verage 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 organization (W-	(E) Reportable compensation from related organizations (W-	(F) Estimated amount of other compensation from the				
	for related organizations below dotted line)	Individual trustae or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	2/1099-MISC)	2/1099-MISC)	organization and related organizations
(251) KEITH KANEMOTO	1 00	×				-		0	0	0
State Allocated Director (1) PAT KAPLAN	0 1 00							0	0	
Past Treasurer	0	x						0	0	0
(2) HEIDI KASAMA	1 00	x						0	0	0
Large Board Representative (3) LARRY KEATING	1 00							_	-	
State Allocated Director		х						0	0	0
(4) SHARON KEATING	1 00	x						0	0	0
Committee Liaison (5) KOLLEEN KELLEY	0 1 00							, and the second		
State President		x						0	0	0
(6) DELILAH KENNEN	1 00	х						0	0	0
State Allocated Director (7) BARBARA KENNON	1 00									
Executive Committee Representative	0	х						0	0	0
(8) KIM KERBIS	1 00	х						0	0	0
Large Firm Representative (9) R SCOTT KESNER	1 00									
State Allocated Director	0	x						0	0	0
(10) ILENE KESSLER	1 00	х						0	0	0
State Allocated Director (11) ROBERT KIMBALL	1 00									
State Allocated Director	0	Х						0	0	0
(12) MYRNA KINGHAM	1 00	x						0	0	0
State Allocated Director (13) JAMES KINNEY	1 00									
State Allocated Director	0	Х						0	0	0
(14) KEVIN KIRKPATRICK	1 00	x						0	0	0
State Allocated Director (15) BETTY KISSOCK	1 00									
DSA Recipient	0	Х						0	0	0
(16) MARK KITABAYASHI	1 00	х						0	0	0
State Allocated Director (17) CHARLES KITCHEN	1 00									
State Allocated Director	0	Х						0	0	0
(18) JOHN KMIECIK	1 00	х						0	0	0
Regional Vice President (19) EVERETT KNIGHT	1 00									
State Allocated Director	0	Х						0	0	0
(20) ROSEMARY KOBERLEIN	1 00	х						0	0	0
Large Firm Representative (21) JOHN KODLICK	1 00									
Large Board Representative	0	Х						0	0	0
(22) ANGIE KOPKA	1 00	х						0	0	0
DSA Recipient (23) DONNA KOSTELECKY	1 00									
State Allocated Director	0	Х						0	0	0
(24) FRANK KOWALSKI	1 00	х						0	0	0
Large Board Representative	0	<u> </u>						<u> </u>		<u> </u>

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors (A) (B) (C) (D) (E) (F) Name and Title Average Position (do not check Reportable Reportable Estimated amount hours per more than one box, unless compensation compensation of other person is both an officer week (list from the from related compensation any hours and a director/trustee) organization (Worganizations (Wfrom the 2/1099-MISC) 2/1099-MISC) organization and for related Individual or director 9 Highest compensated Former organizations related Institutional below organizations emplo) ee dotted line) trustie Trustee (276) BARBARA KOZLOW 1 00 0 Х 0 Large Board Representative (1) ROBERT KULICK 1 00 Χ 0 0 State Allocated Director (2) CHRISTINE KUTZKEY 1 00 Χ 0 0 State Allocated Director (3) CONNIE KYLE 1 00 Х 0 0 Λ Large Firm Representative (4) BARBARA LACH 1 00 0 0 State Allocated Director (5) LANCE LACY 1 00 0 0 0 Х State Allocated Director 0 (6) JULIO LAGUARTA 1 00 Χ 0 0 0 Past President (7) ROBIN LANCE 1 00 Χ 0 0 State Allocated Director (8) NANCY LANE 1 00 Χ 0 0 Λ State Allocated Director 0 (9) SHARLA LAU 1 00 Χ 0 State Allocated Director (10) KARL LEE 1.00 0 0 0 Х Large Board Representative (11) LINDA LEE 1 00 0 Χ 0 Large Board Representative 0 (12) DAVID LEGAZ 1 00 Χ Large Board Representative (13) DANE LESLIE 1 00 0 0 0 Х Large Board Representative (14) JOHN LESNIEWSKI 1 00 Χ 0 0 Large Board Representative 0 (15) ANGELIA LEVESQUE 1 00 Χ 0 0 0 State President (16) JACK LEVINE 1 00 0 0 0 Χ Large Board Representative (17) D PATRICK LEWIS 1 00 Χ 0 0 Large Board Representative (18) JAMES LIPTAK 1 00 0 0 0 Х Regional Vice President 0 (19) THOMPSON LITCHFIELD Χ 0 0 State President (20) MARBURY LITTLE 1 00 Χ 0 0 DSA Recipient (21) ERIC LOCHER 1 00 0 0 Χ Large Board Representative (22) DAVID LOCKWOOD 1 00 Х 0 0 Affiliate Representative/SIOR (23) TED LORING 1 00 Х 0 0 0 State Allocated Director 0 (24) ALAN LOVITT 1 00

Large Board Representative

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Compensated Employees, and Independent Contractors										
(A) Name and Title	(B) Average hours per week (list	(C) Position (do not check more than one box, unless person is both an officer						(D) Reportable compensation from the	(E) Reportable compensation from related	(F) Estimated amount of other compensation
	any hours for related organizations below						Former	organization (W- 2/1099-MISC)	organizations (W- 2/1099-MISC)	from the organization and related organizations
	dotted line)	Individual trustee or director	Institutional Tru		Ke, emplojee	Highest compensated employee	*			
		ă;	Trustee			nsated				
(301) KAKI LYBBERT	1 00	x						0	0	0
State Allocated Director	0							_		
(1) HOLLY MABERY	1 00	x						0	0	0
State Allocated Director (2) ANTHONY MACALUSO	1 00									
State Allocated Director	0	х						0	0	0
(3) CAROLE MACLURE	1 00							_		
State Allocated Director	0	X						0	0	0
(4) GARY MAJORS	1 00	x						0	0	0
Large Board Representative	0	_ ^						Ů	0	
(5) VINCENT MALTA	1 00	x x						0	0	0
Executive Committee Representative (6) CAROL MANGAN	1 00	x						0	0	0
State Allocated Director	0									
(7) DIANE MANNS	1 00	x						0	0	0
Large Board Representative (8) L ALMA MANSELL	1 00									
DIRECTOR	0	×						0	0	0
(9) DONALD MARPLE	1 00									
State Allocated Director	0	X						0	0	0
(10) MARK MARQUEZ	1 00	, , ,								
Large Board Representative	0	Х						0	0	0
(11) CINDY MARSH TICHY	1 00	l x						0	0	0
State President (12) ROBERT MARTIN	0									
, ,	1 00	×						0	0	0
State President (13) FERNANDO MARTINEZ	1 00									
Large Board Representative	0	×						0	0	0
(14) DON MASON	1 00									
DSA Recipient	0	×						0	0	0
(15) KC MAURER	1 00	,,								
State Allocated Director	0	Х						0	0	0
(16) HAROLD MAXWELL	1 00	l x						0	0	0
Large Firm Representative	0								-	
(17) JOHN MCARDLE	1 00	×						0	0	0
Large Board Representative (18) KERSTIN MCCONNELL	1 00									
		×						0	0	0
State Allocated Director (19) PEGGYANN MCCONNOCHIE	1 00									
DSA Recipient	0	×						0	0	0
(20) CHRISTOPHER MCELROY	1 00							0	0	0
State Allocated Director	0	Х						0	0	0
(21) MICHAEL MCGREEVY	1 00	l x						0	0	0
Large Board Representative	0	''						<u> </u>		
(22) GEOFF MCINTOSH	1 00	x						0	0	0
State Allocated Director (23) DAVID MCKEY	1 00									
Regional Vice President		х						0	0	0
(24) CHARLES MCMILLAN	1 00									
Past President	0	X						0	0	0
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Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors (A) (B) (C) (D) (E) (F) Name and Title Average Position (do not check Reportable Reportable Estimated amount hours per more than one box, unless compensation compensation of other person is both an officer week (list from the from related compensation any hours and a director/trustee) organization (Worganizations (Wfrom the 2/1099-MISC) 2/1099-MISC) organization and for related Individual : or director 9 Highest compensated Former organizations related Institutional below organizations emplo) ee dotted line) trustie Trustee (326) ROBERT MCMILLAN 1 00 0 Х 0 State Allocated Director (1) KATHLEEN MCQUILKIN 1 00 Χ 0 0 Large Board Representative (2) BETTE MCTAMNEY 1 00 Χ 0 0 State Allocated Director (3) STEPHEN MCWILLIAM 1 00 Х 0 0 Λ Large Board Representative (4) SHERRI MEADOWS 1 00 0 0 State Allocated Director (5) KATHY MEHRINGER 1 00 0 0 0 Х Large Firm Representative 0 (6) ALAN MEHRWEIN 1 00 Χ 0 0 0 Large Firm Representative (7) BETTIE MEINEL 1 00 Χ 0 0 Large Board Representative (8) ELIZABETH MENDENHALL 1 00 Χ 0 0 Λ Regional Vice President 0 (9) LIZA MENDEZ 1 00 Χ 0 Large Board Representative 0 (10) PETER MERRITT 1.00 0 0 0 Х Large Firm Representative (11) REINALDO MESA 1 00 Χ 0 0 Large Firm Representative 0 (12) STEPHEN MESZAROS 1 00 Χ State Allocated Director (13) DEANNA MILLER 1 00 0 0 Х 0 DIRECTOR (14) TERRY MILLER 1 00 Χ 0 0 Large Firm Representative 0 (15) KATHLEEN MILLER 1 00 0 0 0 Х State President (16) ROBERT MILLER 1 00 0 0 0 Х State Allocated Director (17) WILLIAM MILLIKEN 1 00 Χ 0 0 State Allocated Director (18) KATHLEEN MINDEN 1 00 0 0 0 Х Large Board Representative 0 (19) KEVIN MIYAMA Χ 0 0 Large Board Representative (20) EMIL MONGEON 1 00 Χ 0 0 State Allocated Director (21) PAMELA MONROE 1 00 0 Χ 0 Committee Liaison (22) PERCY MONTAGUE 1 00 Х 0 0 State Allocated Director (23) TRUDY MOORE 1 00 Х 0 0 0 Large Firm Representative 0

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(24) WILLIAM MOORE

Past President

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors (A) (B) (C) (D) (E) (F) Average Name and Title Position (do not check Reportable Reportable Estimated amount hours per more than one box, unless compensation compensation of other week (list person is both an officer from the from related compensation any hours and a director/trustee) organization (Worganizations (Wfrom the 2/1099-MISC) 2/1099-MISC) organization and for related Individual : or director 9 Highest compensated employee Former organizations related Institutional below organizations emplo) ee dotted line) trustie Trustee (351) JUDY MOORE 1 00 0 Х 0 State Allocated Director (1) R MORRILL 1 00 Χ 0 0 Past President (2) EZEKIEL MORRIS 1 00 Χ 0 0 Large Board Representative (3) COLIN MULLANE 1 00 Х 0 0 State Allocated Director (4) THOMAS MURPHY 0 0 State Allocated Director (5) RONALD MYLES 1 00 0 0 0 Х DSA Recipient 0 (6) JOHN NICHOLS 1 00 Χ 0 0 0 Large Board Representative (7) TRUDY NISHIHARA 1 00 Χ 0 0 State President (8) SALLYE NORDLING 1 00 Χ 0 0 Λ State Allocated Director 0 (9) CHRIS NORTHWOOD 1 00 Χ 0 State Allocated Director 0 (10) PEYTON NORVILLE 1.00 0 0 0 Х State Allocated Director (11) ELIZABETH NUNAN 1 00 Χ 0 0 Large Firm Representative 0 (12) ALLEN OKAMOTO 1 00 Χ State Allocated Director (13) MICHAEL OLDENETTEL 1 00 0 0 Х 0 State Allocated Director (14) BRENDA OLIVER 1 00 Χ 0 0 Large Board Representative 0 (15) JENNY OLIVO 1 00 0 0 0 Х State Allocated Director (16) CHRISTIE O'NEIL 1 00 0 0 Х State Allocated Director (17) MICHAEL ONORATO 1 00 Χ 0 0 State Allocated Director (18) IGNACIO OSORIO 1 00 0 0 0 Х Large Firm Representative 0 (19) R CHRIS OSTEEN Χ 0 0 Large Board Representative (20) WILLIAM OVERACRE 1 00 Χ 0 0 DSA Recipient (21) MICHAEL OWEN 1 00 0 Χ 0 DSA Recipient (22) LINDA PAGE 1 00 Х 0 0 State Allocated Director (23) ROBERT PAHLKE 1 00

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Large Board Representative

(24) MICHAEL PAPPAS

State Allocated Director

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Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors (F) (A) (B) (E) Name and Title Average Position (do not check Reportable Reportable Estimated amount hours per more than one box, unless compensation compensation of other week (list person is both an officer from related from the compensation organization (Worganizations (Wanv hours and a director/trustee) from the for related 2/1099-MISC) 2/1099-MISC) organization and Highest employe Individual to or director organizations related nstitutional Trustee 夏 mer below employee organizations dotted line) t compensated trustee (376) SUSAN PATT 1 00 Χ 0 Large Firm Representative (1) DAVE PATTON 1 00 Х 0 0 0 State Allocated Director (2) GREGORY PAWLIK 1 00 Χ 0 0 n Large Board Representative 0 (3) GEORGE PEEK 1 00 Χ 0 0 DSA Recipient (4) BETH PEERCE 1 00 Х 26,008 0 (5) RONALD PELTIER 1 00 Χ 0 0 Large Firm Representative (6) DAVID PERETTI 1 00 0 Х 0 0 DSA Recipient (7) MARK PETERSON 1 00 0 Χ 0 Large Board Representative (8) ANN PETTIJOHN 1 00 Χ 0 0 0 State Allocated Director 0 (9) SANDI PFISTER 1 00 0 0 Х Large Board Representative (10) RONALD PHIPPS 1 00 Χ 0 0 0 Past President (11) LARRY PICKERING 1 00 Х 0 0 O Large Firm Representative (12) JENNIFER PIGLOWSKI-SAHRMANN 1 00 Χ 0 0 0 State Allocated Director 0 (13) PATRICIA PIPKIN 1 00 0 0 0 Х Presidential Appointee Real Estate Specialty 0 Representative (14) ROGER PIRO 1 00 Χ 0 0 Large Board Representative (15) BILL PLATTOS 1 00 Χ 0 0 Large Firm Representative (16) F TODD POLINCHOCK 1 00 0 Х 0 0 Large Board Representative 0 (17) MARTHA POMARES 1 00 0 0 Х O Large Board Representative (18) JOANNE POOLE 1 00 Χ 17,861 0 Director 0 (19) LINDA PORTERFIELD 1 00 Χ State President (20) NELL POSTELL 1 00 Χ 0 0 0 State Allocated Director (21) JOHN POWELL 1 00 0 0 O Х State Allocated Director 0 (22) FRED PRASSAS 1 00

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DSA Recipient

(23) JOE PRYOR

State Allocated Director
(24) HEIDI QUIGLEY-LARKE

Large Board Representative

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Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors (A) (B) (C) (D) (E) (F) Average Name and Title Position (do not check Reportable Reportable Estimated amount hours per more than one box, unless compensation compensation of other week (list person is both an officer from the from related compensation any hours and a director/trustee) organization (Worganizations (Wfrom the 2/1099-MISC) 2/1099-MISC) organization and for related Individual : or director 9 Former Highest compensated employee organizations related Institutional below organizations emplo) ee dotted line) trustie Trustee (401) JEANNE RADSICK 1 00 0 Х 0 State Allocated Director (1) CHAILLE RALPH 1 00 Χ 0 0 Large Board Representative (2) NANCI RANDS 1 00 Χ 0 0 State Allocated Director (3) TOM RAU 1 00 Х 0 0 Λ State Allocated Director (4) HENRY RAY 0 0 DSA Recipient 1 00 (5) CHARLEY RAY 0 0 0 Х Large Board Representative 0 (6) CHRIS READ 1 00 Χ 0 0 0 Large Board Representative (7) DON READINGER 1 00 Χ 0 0 Large Board Representative (8) EDWARD REDLICH 1 00 Χ 0 0 Λ Large Board Representative 0 (9) JAMES REESE 1 00 Χ 0 Large Firm Representative (10) GARY REGGISH 1.00 0 0 0 Х State Allocated Director (11) JOSEPH REIS JR 1 00 Χ 0 0 DIRECTOR 0 (12) THOMAS REMPSON 1 00 Χ Large Board Representative (13) SUSAN RENFREW 1 00 0 0 Х 0 State Allocated Director (14) ELLEN RENISH 1 00 Χ 0 0 State Allocated Director 0 (15) MICHAEL RIEDMANN 1 00 0 0 0 Х State Allocated Director (16) ED ROBERTS 1 00 0 0 0 Х Large Firm Representative (17) BRUCE ROBERTS 1 00 Χ 0 0 State Allocated Director (18) FAY ROBINSON 1 00 0 0 0 Х State Allocated Director 0 (19) D GARY ROGERS Χ 0 0 Regional Vice President (20) GREGORY ROKEH 1 00 Χ 0 0 Large Board Representative (21) VICKI ROLLER 1 00 0 Χ 0 State President (22) GRETCHEN ROSENBERG 1 00 Х 0 0 Large Board Representative (23) RICHARD ROSENTHAL 1 00 Х 0 0 0

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DSA Recipient
(24) DONALD ROTH

State Allocated Director

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors (A) (B) (C) (D) (E) (F) Name and Title Average Position (do not check Reportable Reportable Estimated amount hours per more than one box, unless compensation compensation of other week (list person is both an officer from the from related compensation any hours and a director/trustee) organization (Worganizations (Wfrom the 2/1099-MISC) 2/1099-MISC) organization and for related Individual or director Former 9 Highest compensated employee organizations related Institutional below organizations emplo) ee dotted line) trustie Trustee (426) DEAN ROUSO 1 00 0 Х 0 Large Board Representative (1) MARIO RUBIO 1 00 Χ 0 0 Large Board Representative (2) PETER RUFFINI 1 00 Χ 0 0 State President (3) JOHN RURKOWSKI 1 00 Х 0 0 Λ Large Firm Representative (4) LEIGH RUTLEDGE 1 00 0 0 Large Board Representative (5) MARK SADEK 1 00 0 0 0 Х Large Board Representative 0 (6) ERIC SAIN 1 00 Χ 0 0 0 State Allocated Director (7) EVA SANDERS 1 00 Χ 0 0 State Allocated Director (8) KATHRYN SANFORD 1 00 Χ 0 0 Λ Large Board Representative 0 (9) LEO SAUNDERS 1 00 Χ 0 DSA Recipient (10) PAULA SAVARD 1.00 0 0 0 Х DSA Recipient (11) DIANNE SCALZA 1 00 0 Χ 0 Large Board Representative 0 (12) DONALD SCANLON 1 00 Χ Large Board Representative (13) JANET SCAVO 1 00 0 0 Х 0 DSA Recipient (14) DIANE SCHERER 1 00 Χ 0 0 Large Board Representative 0 (15) MICHAEL SCHMELZER 1 00 0 0 0 Х DSA Recipient (16) BARBARA SCHMERZLER 1 00 0 0 0 Х State Allocated Director (17) DAVID SCHOEPF 1 00 Χ 0 0 DSA Recipient (18) PAUL SCOTT 1 00 0 0 0 Х DSA Recipient 0 (19) J LENNOX SCOTT Χ 0 0 Large Firm Representative (20) KEVIN SEARS 1 00 Χ 0 0 State Allocated Director (21) PAM SEGARS MORRIS 1 00 0 0 Χ State President (22) PAULA SERVEN 1 00 Х 0 0 State Allocated Director (23) MOSES SEURAM 1 00 Х 0 0 0

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Large Board Representative

(24) JAMES SEXTON

State Allocated Director

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors (F) (A) (B) (E) Average Name and Title Position (do not check Reportable Reportable Estimated amount hours per more than one box, unless compensation compensation of other week (list person is both an officer from the from related compensation organization (Wany hours organizations (Wand a director/trustee) from the for related 2/1099-MISC) 2/1099-MISC) organization and Highest employe Individual i or director organizations related 夏 estitutional Trustee mer below employee organizations dotted line) t compensated trustee (451) CYNTHIA SHELTON 1 00 Χ 0 0 State Allocated Director (1) SUZANNE SHERER 1 00 Х 0 0 0 State Allocated Director (2) TODD SHIPMAN 1 00 Χ 0 0 n Large Board Representative 0 (3) CHARLES SHOOK 1 00 Χ 0 0 State Allocated Director (4) GLORIA SICILIANO 1 00 Χ 0 0 Large Board Representative 0 (5) KENT SIMPSON 1 00 Χ 0 0 0 Large Board Representative (6) KIM SKUMANICK 1 00 0 Х 0 0 State President (7) CHRIS SLOAN 1 00 0 Χ 0 0 State Allocated Director 0 (8) JANICE SMARTO 1 00 Χ 0 0 0 State Allocated Director 0 (9) DONNA SMITH 1 00 0 0 Χ State Allocated Director (10) MICHAEL SMITH 1 00 Χ 0 0 0 State Allocated Director (11) LESLIE SMITH 1 00 Х 0 0 O State Allocated Director (12) DJ SNAPP 1 00 Χ 0 0 0 Executive Committee Representative (13) BOB SNOWDEN 1 00 Х 0 0 State Allocated Director (14) HARLEY SNYDER 1 00 Χ 0 0 0 Past President (15) DAVID SOMERS 1 00 Х 0 0 0 State Allocated Director 0 (16) DONNELL SPIVEY 1 00 Χ 0 0 Presidential Appointee Outside Organization 0 Representative (17) LINDA ST PETER 1 00 Х 0 0 0 Committee Liaison (18) PHILLIP STARK 1 00 Χ 0 0 DSA Recipient 0 (19) JEREMY STARR 1 00 Χ State Allocated Director (20) JOHN STEFFEY 1 00 Χ 0 0 0 DSA Recipient (21) KEN STEURY 1 00 0 0 O Х State Allocated Director 0

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(22) THOMAS STEVENS

(23) BARTON STEVENS

State Allocated Director
(24) JOE STEWART

Large Board Representative

Past President

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors (A) (B) (C) (D) (E) (F) Average Name and Title Position (do not check Reportable Reportable Estimated amount hours per more than one box, unless compensation compensation of other week (list person is both an officer from the from related compensation any hours and a director/trustee) organization (Worganizations (Wfrom the 2/1099-MISC) 2/1099-MISC) organization and for related Individual : or director 9 Highest compensated Former organizations related Institutional below organizations emplo) ee dotted line) trustie Trustee (476) SUE STINSON-TURNER 1 00 0 Х 0 State Allocated Director (1) LEWIS STIRLING 1 00 Χ 0 0 Affiliate Representative/CRE (2) JAMES STOFKO 1 00 Χ 0 0 Large Firm Representative (3) PATRICIA SUDAL 1 00 Х 0 0 Λ Large Board Representative (4) TERENCE SULLIVAN 0 0 State Allocated Director (5) TAMARA SUMINSKI 1 00 0 0 0 Х State Allocated Director 0 (6) JANET SWILLEY 1 00 Χ 0 0 0 Large Board Representative (7) ZSOLT SZERENCSES 1 00 Χ 0 0 Large Board Representative (8) MICHAEL TEER 1 00 Χ 0 0 Λ State Allocated Director 0 (9) JERRY TEESON 1 00 Χ 0 DSA Recipient (10) CHRISTOPHER TENGGREN 1.00 0 0 0 Х Affiliate Representative/CRS (11) PAMELA TESTROET 1 00 Χ 0 0 State Allocated Director 0 (12) ANN THROCKMORTON 1 00 Χ Large Board Representative (13) DAVID TINA 1 00 0 0 Х 0 Large Board Representative (14) JACK TORZA 1 00 Χ 0 0 State Allocated Director 0 (15) LINDA TREVOR 1 00 0 0 0 Х Large Board Representative (16) JOHN TRIPP 1 00 0 0 0 Х Large Board Representative (17) JAMES TSIGHIS 1 00 Χ 0 0 Large Board Representative (18) KIM TUCKER 1 00 0 0 0 Х Large Board Representative 0 (19) PETER TUCKER Χ 0 0 State Allocated Director (20) KATHY TUCKER 1 00 Χ 0 0 State Allocated Director (21) STEFANIE TUGAW-MADSEN 1 00 0 Χ 0 State Allocated Director (22) RICK TURLEY 1 00 Х 0 0 Large Firm Representative (23) BOB TURNER 1 00 Х 0 0 0

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Affiliate Representative/RLI (24) DUANE UHLIR

State Allocated Director

Compensated Employees, and Independent Contractors										
(A) Name and Title	(B) A verage hours per week (list any hours for related	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and
	organizations below dotted line)	Individual trustae or director	Institutional Trustee	Officei	Ke, emplojee	Highest compensated employee	Former			related organizations
(501) KAREN VALENTINE-POND	1 00	х						0	0	0
Regional Vice President (1) GLENN VATTEROTT	1 00									
Large Firm Representative	0	х						0	0	0
(2) LINDA VAUGHAN	1 00									
Large Firm Representative	0	Х						0	0	0
(3) MADELINE VEISSI	1 00	x						0	0	0
Large Board Representative	0							Ů	, , , , , , , , , , , , , , , , , , ,	
(4) RICK VIOLETT	1 00	x						0	0	0
State Allocated Director (5) DANIEL WAGNER	1 00									
		x						0	0	0
State Allocated Director (6) ADRIENNE WAGNER	1 00									
State Allocated Director	0	X						0	0	0
(7) ROBERT WALKER	1 00	,,								
State Allocated Director	0	Х						0	0	0
(8) STEPHANIE WALKER	1 00	l x						0	0	0
State Allocated Director	0									_
(9) CLARK E WALLACE	1 00	×						0	0	0
DIRECTOR (10) CLAIRE WALLACE	1 00									
State Allocated Director	0	X						0	0	0
(11) DAVID WALSH	1 00	,,								
Large Board Representative	0	Х						0	0	0
(12) FURHAD WAQUAD	1 00	×						0	0	0
State Allocated Director (13) EDWARD WARD	1 00									
		×						0	0	0
Large Board Representative (14) KENNETH WARDEN	1 00									
State Allocated Director	0	X						0	0	0
(15) JEANNETTE WAY	1 00	V						0	0	0
State Allocated Director	0	Х						0		0
(16) ERIK WEICHELT	1 00	x						0	0	0
Large Board Representative (17) JAMES WEICHERT	1 00									
		x						0	0	0
Large Firm Representative (18) WILLIAM WEIDACHER	1 00									
State Allocated Director	0	Х						0	0	0
(19) NESTOR WEIGAND	1 00	,,						0		
Past President	0	Х						0	0	0
(20) MARIA WELLS	1 00	×						0	0	0
State Allocated Director (21) LOUISA WESSLING	1 00									
State Allocated Director		×						0	0	0
(22) CATHERINE WHATLEY	1 00									
Past President		X						0	0	0
(23) ROBERT WHITE	1 00	,,								
Large Board Representative	0	Х						0	0	0
(24) STEVE WHITE	1 00	x						0	0	0
Executive Committee Representative	0									<u> </u>

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors (F) (A) (B) (E) Average Name and Title Position (do not check Reportable Reportable Estimated amount hours per more than one box, unless compensation compensation of other week (list person is both an officer from the from related compensation organization (Wany hours organizations (Wand a director/trustee) from the for related 2/1099-MISC) 2/1099-MISC) organization and Highest employe Individual i or director organizations related 夏 estitutional Trustee mer below employee organizations dotted line) t compensated trustee (526) PATRICE WILLETTS 1 00 Χ 0 0 State Allocated Director (1) MARY EDNA WILLIAMS 1 00 Х 0 0 0 State Allocated Director (2) BRUCE WILLIAMS 1 00 Χ 0 0 n State Allocated Director 0 (3) THOMAS WILLIAMS 1 00 Χ 0 0 State Allocated Director (4) VIRGINIA WILLIS 1 00 Х 0 0 Large Board Representative (5) MELVIN WILSON 1 00 Χ 0 0 0 State Allocated Director (6) KAY WIRTH 1 00 0 Х 0 0 State Allocated Director (7) DAVID WLUKA 1 00 0 Χ 0 Committee Liaison 0 (8) EVELYN WOLFORD 1 00 Χ 0 0 0 Large Board Representative 0 (9) JON WOLFORD 1 00 0 0 Χ Large Board Representative (10) JOHN WONG 1.00 Χ 0 0 State Allocated Director (11) JOHN WOOD 1 00 Х 0 0 O Past President 0 (12) PAM WOOD 1 00 0 0 Χ Local Leadership Idea Exchage Council- Small Board 0 Representative (13) O RANDALL WOODBURY 1 00 Χ 0 0 Affiliate Representative/IREM 0 (14) JACK WOODCOCK 1 00 Χ 0 0 Large Firm Representative (15) MARK WOODROOF 1 00 0 0 Χ Large Firm Representative (16) EDMUND WOODS 1 00 0 Х 0 0 Past President 0 (17) ROBERT WRIGHT 1 00 0 0 Х 0 Large Board Representative (18) AVIS WUKASCH 1 00 Χ 0 0 Large Firm Representative 0 (19) THERESE WUNDERLICH 1 00 Χ Large Board Representative (20) ALAN YASSKY 1 00 Χ 0 0 0 DSA Recipient (21) DOYLE YATES 1 00 0 0 O Х State Allocated Director 0 (22) JON YOCUM 1 00 Х 0 0 State Allocated Director 0

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(23) GREG ZADEL

State Allocated Director (24) JUDY ZEIGLER

State Allocated Director

Compensated Employees, and Independent Contractors										
(A) Name and Title	(B) A verage hours per week (list any hours	Posit more th person and a	ion (nan o n is b	ne booth a	ox, u an of trus	nless ficer tee)		(D) Reportable compensation from the organization (W-	(E) Reportable compensation from related organizations (W-	(F) Estimated amount of other compensation from the
	for related organizations below dotted line)	Individual trustae or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	2/1099-MISC)	2/1099-MISC)	organization and related organizations
(551) CAROL ZINGONE	1 00	x						0	0	0
Large Board Representative (1) MYRA ZOLLINGER	0 1 00	x						0	0	0
State Allocated Director (2) JAMES ABELE	0									
Presidential Appointee Regional MLS Association Executive	1 00	х						0	0	0
(3) LORRAINE ABERCROMBIE	1 00	x						0	0	0
Large Board Representative (4) AARON ADAMS	0 1 00									
State President	0	Х						0	0	0
(5) LORETTA ALONZO-DEUBEL	1 00	х						0	0	0
Large Board Representative (6) SONIA ANAYA	1 00	х						0	0	0
Large Board Representative (7) IAN ANDERSON	1 00									
Local Leadership Idea Exchage Council- Medium Board Representative	0	х						0	0	0
(8) ENNIS ANTOINE	1 00	x						0	0	0
Large Board Representative (9) MARTHA APPEL	1 00									
Large Firm Representative (10) JOE ATKINS	0 1 00	X						0	0	0
Large Board Representative	0	Х						0	0	0
(11) DEBORAH BAISDEN State Allocated Director	1 00	х						0	0	0
(12) SUE BARNES	1 00	x						0	0	0
Large Board Representative (13) KATHLEEN BECKMAN	1 00									
Large Board Representative (14) RUTHANNE BELUS	0 1 00	X						0	0	0
Large Board Representative	0	×						0	0	0
(15) LAURA BENJAMIN	1 00	х						0	0	0
Presidential Appointee Local Board Association Executive (16) TOM BERGE JR	1 00	X						0	0	0
Large Board Representative (17) RUSSELL BERRY	0 1 00							U	· · · · · · · · · · · · · · · · · · ·	
Large Board Representative	0	х						0	0	0
(18) CHRISTOPHER BISHOP	1 00	х						0	0	0
Large Board Representative (19) BARBARA BLACKWELL	1 00	x						0	0	0
State Allocated Director (20) BRADLEY BOLAND	0 1 00		l					U	•	
State President	0	×						0	0	o
(21) LINDA BONARELLI LUGO	1 00	х						0	0	0
State Allocated Director (22) EUGENIA BONILLA	1 00									
State Allocated Director	0	Х						0	0	0
(23) STEPHEN BOOTH	1 00	х						0	0	0
Large Firm Representative (24) J RUSSELL BOYCE	1 00	.								
State President	0	Х						0	0	0

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

Compensated Employees, and Independent Contractors										
(A) Name and Title	(B) A verage hours per week (list any hours for related	Posit more th persoi and a	tion (d han o n is b	ne bo ooth a ctor/	ox, u an of /trus	ınless fficer tee)		(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and
	organizations below dotted line)	Individual trustae or director	Institutional Trustee	Officei	Ke) emplojee	Highest compensated employee	Former	-,	_,,	related organizations
(576) JENNIFER BRANCHINI	1 00									
Local Leadership Idea Exchange Council- Large Board Representative (1) RYAN BRASHEAR	0 1 00	X			_			0	0	0
State Allocated Director		x						0	0	0
(2) ERIC BRAUNSTEIN	1 00	х						0	0	0
State Allocated Director (3) MARION BRIGGS	1 00					 	+			
Large Board Representative	0	Х						0	0	0
(4) MAREN BRISSON	1 00	х						0	0	0
Large Board Representative (5) WENDELL BULLARD	1 00	Х						0	0	0
State Leadership Idea Exchange Council- Chair (6) ANDREW BURKE	1 00	X	 					0	0	0
Large Board Representative (7) MARY FRANCES BURLESON	0 1 00	x						0	0	0
DSA Recipient (8) KENYA BURRELL	1 00	×			_			0	0	0
Large Board Representative (9) SCOTT CABALLERO	0 1 00	x						0	0	0
Large Board Representative (10) LAURIE CADIGAN	0 1 00	x	_		_		\parallel	0	0	
Large Board Representative (11) SARA CALO	0 1 00		_		_			0		
State Allocated Director (12) ARABEL CAMBLOR	0 1 00	X	_						0	0
State Allocated Director (13) RONALD CANNING	0 1 00	X	_		_			0	0	0
Affiliate President/CRS (14) MEG CASPER	0 1 00	X	_	_	<u> </u>			0	0	0
State Allocated Director (15) JOHN CASTELLI	0 1 00	Х	_					0	0	0
Large Board Representative	0	х						0	0	0
(16) GAYLE CHAPEL State President	1 00	х						0	0	0
(17) ALLEN CHIANG State Allocated Director	1 00	х						0	0	0
(18) IVAN CHOI Presidential Appointee Outside Organization	1 00	х						0	0	0
Representative (19) KEN CLARK	1 00	x			 			0	0	0
State Allocated Director (20) NEAL CLAYTON	0 1 00		_				\parallel			
State President (21) GEORGE CLIFT	0 1 00	X	 		_		 	0	0	0
Affiliate President/RLI (22) PAULA COLVIN	0 1 00	Х	_					0	0	0
Large Board Representative (23) CATHY CONEWAY	0 1 00	Х						0	0	0
Large Board Representative (24) CONSTANCE CONWAY	0	х						0	0	0
Large Board Representative	0	х						0	0	0

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors (F) (A) (B) (E) Average Name and Title Position (do not check Reportable Reportable Estimated amount hours per more than one box, unless compensation compensation of other week (list person is both an officer from the from related compensation organization (Wany hours organizations (Wand a director/trustee) from the for related 2/1099-MISC) 2/1099-MISC) organization and Highest employe Individual to or director organizations related nstitutional Trustee 夏 mer below employee organizations dotted line) t compensated ee trustee (601) DENNIS COOK 1 00 Χ 0 State President (1) PAULA COSENZA 1 00 Х 0 0 0 Large Board Representative (2) JUDY COVINGTON 1 00 Χ 0 0 n Large Board Representative 0 (3) JEAN CROSBY 1 00 Χ 0 0 Affiliate President/CRB (4) TIFFANY CURRY 1 00 Х 0 0 Committee Liaison 0 (5) DONNA CUSSON 1 00 Χ 0 0 State President (6) JOAO DA SILVA 1 00 Χ 0 0 Presidential Appointee Outside Organization 0 Representative (7) J NICHOLAS D'AMBROSIA 1 00 0 0 Х Executive Committee Representative (8) KRISTI DAVIS 1 00 0 0 Χ Large Board Representative (9) CHRIS DEAN 1 00 Χ 0 State Allocated Director 0 (10) ANN DEFRIES 1 00 0 0 Large Board Representative (11) MATTHEW DEUITCH 1.00 0 0 0 Х Large Firm Representative (12) D DEEMS DICKINSON 1 00 n Х 0 0 Large Firm Representative (13) MICHAEL DIMELLA 1 00 Χ 0 0 Large Board Representative (14) EMILY DISIMONE 1 00 Х 0 0 Large Board Representative (15) EDWARD DOWNS 1 00 0 0 Χ State Allocated Director (16) MARY DUFF 1 00 0 Х 0 0 Large Board Representative 0 (17) CAROLANN DURBON 1 00 0 0 Х 0 Large Board Representative (18) CHRISTINE DWIGGINS 1 00 Χ 0 0 Large Board Representative 0 (19) ROBINA ENGLISH 1 00 Χ Large Firm Representative (20) J PHILIP FARANDA 1 00 Χ 0 0 0 Large Board Representative (21) MATTHEW FARRELL 1 00

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Large Board Representative

Large Board Representative
(23) KIT FITZGERALD

Large Board Representative (24) JUDITH FITZGERALD

State Allocated Director

(22) JAMES FASE

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Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors (A) (D) (E) (F) Name and Title Average Position (do not check Reportable Reportable Estimated amount hours per more than one box, unless compensation compensation of other week (list person is both an officer from the from related compensation any hours and a director/trustee) organization (Worganizations (Wfrom the 2/1099-MISC) 2/1099-MISC) for related organization and Highest employe Individual 1 or director Former organizations Institutional related Ē below organizations emplo) ee dotted line) t compensated talete Trustee (626) CORINNE FITZGERALD 1 00 0 Х 0 State Allocated Director (1) MARIE FLAHERTY 1 00 Χ 0 0 State Allocated Director (2) ASA FLEMING 1 00 Χ 0 0 Large Board Representative (3) TRACIE FOGELSON 1 00 0 0 State Allocated Director (4) MAUREEN FRANCIS 1 00 0 Large Board Representative (5) ROBERT FREEMAN 1.00 0 Х 0 0 State Allocated Director (6) INGE FRERICHS 1 00 0 0 0 Χ Large Board Representative (7) VIRGIL FRIZZELL 1 00 0 0 0 Х Large Board Representative (8) ANJANETTE FRYE 1 00 0 Presidential Appointee Real Estate Specialty 0 Representative (9) MARY FUNK 1 00 0 0 Х 0 State Allocated Director 0 (10) JAMES GAMBLE 1 00 Х 0 0 0 State President (11) GREG GLOSSON 1 00 Χ 0 0 Large Board Representative (12) MAXINE GOODHUE Χ 0 0 State Allocated Director (13) AMY GRAHAM 1 00 0 Χ 0 State President (14) JOSEPH GREENBLATT 1 00 Χ 0 Affiliate President/IREM (15) JULIE GREENWOOD 1 00 0 0 Х 0 Large Board Representative (16) MARIE GRISMER 1 00 Х 0 0 0 Large Board Representative 0 (17) KATHY HADDOCK 1 00 Х 0 0 0 Large Board Representative (18) KATHY HALL 1 00 Χ 0 0 0 Large Board Representative (19) MATTHEW HALPERIN Χ 0 0 Large Board Representative 0 (20) BERTON HAMAMOTO 1 00 0 0 Х State Leadership Idea Exchange Council - Medium State 0 Representative (21) LENNY HARRIS 1 00 Χ 0 0 Large Board Representative 0 (22) BJ HARRIS 1 00 Χ 0 Regional Vice President 0 (23) HENRY HARRISON 1 00 Χ 0 0 State President

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(24) GAIL HARTNETT

State Allocated Director

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

Compensated Employees, and Inde	ependent Cor	ntracto	rs				1	1	l	l I
(A) Name and Title	(B) A verage hours per week (list any hours for related		ion (nan o	ne booth a	ox, u an of trus	ınless ffıcer tee)		(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and
	organizations below dotted line)	Individual trustae or director	Institutional Trustee	Office	Key employee	Highest compensated employee	Former		-,,	related organizations
			8			ated				
(651) MICHELLE HATMAKER	1 00									
Large Board Representative	0	X						0	0	0
(1) MARK HAYWARD Presidential Appointee Outside Organization	1 00	х						0	0	0
Representative (2) DEBORAH HEFFERNAN	1 00									
Large Board Representative	0	Х						0	0	0
(3) RODNEY HELM	1 00	x						0	0	0
State President (4) C DALE HILLARD	1 00									
Large Firm Representative	0	Х						0	0	0
(5) MIKE HILLIS	1 00	х						0	0	0
Affiliate President/SIOR (6) MATT HILTON	1 00							_	-	
Large Board Representative	0	х						0	0	0
(7) JAMIE HOLT State Allocated Director	1 00	х						0	0	0
(8) LUIS HONG	1 00	x						0	0	0
Large Board Representative (9) Hideiaki Hounma	1 00									
Presidential Appointee Outside Organization Representative	0	х						0	0	0
(10) KENNETH HUBBLE Local Leadership Idea Exchange Council - Chair	1 00	х						0	0	0
(11) MICHAEL HUGHES	1 00	x						0	0	0
Large Board Representative (12) RONALD HUGHES	0 1 00	,							-	
State President		x						0	0	0
(13) PETER HUNT	1 00								0	
Large Firm Representative	0	X						0	0	0
(14) CAROLINA JEMISON	1 00	x						0	0	О
Large Board Representative (15) JO JENKINS	1 00									
State Leadership Idea Exchange Council- Small State Representative	0	Х						0	0	0
(16) CAREY JENSEN	1 00	x						0	0	0
State Leadership Idea Exchange Council- Small State Representative (17) MARVIN JOLLY	1 00	^								<u> </u>
Large Board Representative	0	x						0	0	0
(18) BARBARA JORDAN	1 00	х						0	0	0
Large Board Representative (19) KENNETH JOYNER	1 00									
Large Board Representative	0	X						0	0	0
(20) JANET JUDD Large Board Representative	1 00	х						0	0	0
(21) KEITH KELLEY	1 00	x						0	0	0
State Allocated Director	0	^						Ü	· ·	
(22) JO KENNEY Affiliate Procident/WCP	1 00	x						0	0	0
Affiliate President/WCR (23) DREW KESSLER	1 00									
Large Board Representative	0	X						0	0	0
(24) ROBERT KEVANE	1 00	x						0	0	0
Large Board Representative	0	<u> </u>								

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors (F) (A) (B) (E) Average Name and Title Position (do not check Reportable Reportable Estimated amount hours per more than one box, unless compensation compensation of other week (list person is both an officer from the from related compensation organization (Wany hours organizations (Wand a director/trustee) from the for related 2/1099-MISC) 2/1099-MISC) organization and Highest employe Individual to or director organizations related nstitutional Trustee 夏 mer below employee organizations dotted line) t compensated ee trustee (676) LESLIE KILPATRICK 1 00 Χ 0 0 Large Board Representative (1) SUE KLIMA 1 00 Х 0 0 0 Large Board Representative (2) MARK KOTTMAN 1 00 Χ 0 0 n Large Board Representative 0 (3) THOMAS KRETTLER 1 00 Χ 0 0 Large Board Representative (4) DANIEL KRUSE 1 00 Х 0 0 State President 0 (5) JIMMY LA PETER 1 00 Χ 0 0 Large Board Representative (6) WILLIAM LADD 1 00 Х 0 0 0 State President (7) J KARL LANDRENEAU 1 00 0 Χ 0 Affiliate President/CCIM 0 (8) BRUCE LANE 1 00 Χ 0 0 0 State Allocated Director 0 (9) STEVEN LANE 1 00 0 Χ 0 State Allocated Director (10) ROBERT LARSON 1.00 Χ 0 0 Large Board Representative (11) JEREMY LEHMAN 1 00 Х 0 0 O Large Board Representative (12) KAREN LEONARDI 1 00 Χ 0 0 0 Large Firm Representative (13) KEVIN LEVENT 1 00 Х 0 0 Large Firm Representative 0 (14) LAURA LEYSER 1 00 Χ 0 0 Presidential Appointee Outside Organization 0 Representative (15) LOUIS LOLLIO 1 00 Χ 0 0 Large Board Representative (16) WILLIAM LUCKS 1 00 0 Х 0 0 State Allocated Director 0 (17) MILTON LUSTNAUER 1 00 0 0 Х 0 Large Board Representative 0 (18) JASON MADIEDO 1 00 0 0 Χ Presidential Appointee Outside Organization 0 Representative (19) PEG MANCUSO 1 00 Χ 0 0 Large Board Representative 0 (20) SCOTT MATTHIAS 1 00 Χ Large Board Representative (21) WALTER MC DONALD 1 00 Х 0 0 0 Past President (22) GEORGE MCGILLIARD 1 00 0 0 0 Х State President 0 (23) JULIE MEIER 1 00 Χ 0 0 Large Board Representative 0 (24) MATTHEW MEISTER 1 00 0 State President 0

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors (A) (B) (C) (D) (E) (F) Name and Title Average Reportable Reportable Estimated amount Position (do not check hours per more than one box, unless compensation compensation of other week (list person is both an officer from the from related compensation any hours and a director/trustee) organization (Worganizations (Wfrom the for related 2/1099-MISC) 2/1099-MISC) organization and 9 Highest employe Former Individual : or director organizations Institutional related below organizations employee dotted line) at compensated ∵ee trustee Trustee (701) CORWYN MELETTE 0 0 Large Board Representative (1) REBECCA MEREDITH 1 00 Χ 0 0 Large Firm Representative (2) THERESA MILLIKEN 1 00 Χ 0 0 Large Board Representative (3) JULIA MINTO 1 00 Χ State Allocated Director (4) BRAD MONROE 1 00 Χ 0 0 Large Board Representative (5) PAULA MONTHOFER 1.00 Χ 0 0 State Allocated Director (6) GLENN MOORE 1 00 Χ 0 0 Presidential Appointee Outside Organization 0 Representative (7) MARGARET MORRIS 1 00 Χ 0 0 Large Board Representative (8) JOSEPH MOSHE 1 00 Χ Large Firm Representative (9) ANGIE NELDEN 1.00 Χ 0 0 0 Large Board Representative (10) NANCY NEWMAN 1 00 Χ 0 0 Large Board Representative (11) DANIEL O NEILL 1 00 Х 0 0 0 Large Board Representative (12) KAREN O'DONNELL 1 00 0 0 0 Χ Large Board Representative (13) PIERO ORSI 1 00 0 Х 0 0 Large Board Representative (14) ANN MARIE PALLISTER 1 00 Х 0 0 0 Large Board Representative (15) KENNETH PARCHMAN 1 00 0 0 0 Х Large Board Representative (16) DAN PARMER 1 00 Х 0 0 0 Large Firm Representative (17) SANDYLEE PASQUALE 1 00 0 0 0 Х State President (18) NELS PETERSEN 1 00 0 0 Ω Χ Large Board Representative 0 (19) ALBERT PICCHI 1 00 Χ 0 0 0 Large Board Representative (20) PATRICIA PITOCCHI 1 00 Χ 0 0 0 Large Board Representative 0 (21) NIKKI POLYCHRON 1 00 Χ 0 0 Local Leadership Idea Exchage Council- Small Board 0 Representative (22) JAMES PORRITT 1 00 0 0 Х Large Board Representative (23) MARION PROFFITT 1 00 Χ 0 0 State Allocated Director 0

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(24) DR PSN RAO

Representative

Presidential Appointee Outside Organization

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors (A) (B) (C) (D) (E) (F) Average Name and Title Position (do not check Reportable Reportable Estimated amount hours per more than one box, unless compensation compensation of other week (list person is both an officer from the from related compensation any hours and a director/trustee) organization (Worganizations (Wfrom the 2/1099-MISC) 2/1099-MISC) organization and for related Individual or director 9 Former Highest compensated employee organizations related Institutional below organizations emplo) ee dotted line) trustie Trustee (726) CHRIS REESE 1 00 0 Х 0 Large Board Representative (1) LIZA REYES 1 00 Χ 0 0 Large Firm Representative (2) RANDY REYNOLDS 1 00 Χ 0 0 State Allocated Director (3) AMY RHODES 1 00 Х 0 0 Λ Large Board Representative (4) HUGH RIDER 0 0 Large Board Representative (5) MATTHEW RITCHIE 1 00 0 0 0 Х State President 0 (6) BONNIE ROBERTS-BURKE 1 00 Χ 0 0 0 State President (7) T DAVID ROGERS 1 00 Χ 0 0 State Allocated Director (8) CHRIS ROST 1 00 Χ 0 0 Λ State President 0 (9) CHRISTIE ROTHSCHILD 1 00 Χ 0 Large Board Representative 0 (10) JOLON RUCH 1.00 0 0 0 Х State President (11) ADAM RUIZ 1 00 Χ 0 0 Large Board Representative 0 (12) MARY ALICE RUPPERT 1 00 Х Large Board Representative (13) CARL SAN MIGUEL 1 00 0 0 Х 0 State Allocated Director (14) DAREN SAUTTER 1 00 Χ 0 0 Large Board Representative 0 (15) SANDRA SCHEDE 1 00 0 0 0 Х State Allocated Director (16) CHRISTIAN SCHLUETER 1 00 0 0 0 Х State Allocated Director (17) PATRICK SHEA 1 00 Χ 0 0 Large Firm Representative (18) JOSEPH SHEEHAN 1 00 0 0 0 Х Large Board Representative 0 (19) KRYSTAL SHERRY Χ 0 0 Large Board Representative (20) NOAH SHLAES 1 00 Χ 0 0 Affiliate President/CRE (21) JANICE SHOWS 1 00 0 Χ 0 State President (22) RONALD SHUFFIELD 1 00 Х 0 0 Large Firm Representative (23) ANGELA SICOLI 1 00

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Large Board Representative

Large Board Representative

(24) JO-ANN SLOAN

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Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors (A) (B) (C) (D) (E) (F) Name and Title Average Position (do not check Reportable Reportable Estimated amount hours per more than one box, unless compensation compensation of other week (list person is both an officer from the from related compensation any hours and a director/trustee) organization (Worganizations (Wfrom the 2/1099-MISC) 2/1099-MISC) organization and for related Individual : or director 9 Highest compensated Former organizations related Institutional below organizations emplo) ee dotted line) trustie Trustee (751) ED SMITH 1 00 0 Х 0 Large Board Representative (1) JAMES SMITH 1 00 Χ 0 0 State Allocated Director (2) NANCY SMITH 1 00 Χ 0 0 State Allocated Director (3) JEFFREY SMITH 1 00 Х 0 0 Λ State Allocated Director (4) RANDAL SMITH 0 0 Large Firm Representative (5) RICK SOUTHWICK 1 00 0 0 0 Х State President 0 (6) MELISSA STAGERS 1 00 Χ 0 0 0 Large Board Representative (7) HAGAN STONE 1 00 Χ 0 0 Large Board Representative (8) CHRIS STORY 1 00 Χ 0 0 Λ State Allocated Director 0 (9) PATRICIA SZEGO 1 00 Χ 0 State Allocated Director (10) EUGENE SZPEINSKI 1.00 0 0 0 Х State Allocated Director (11) ANGIE TALLANT 1 00 Χ 0 0 State Allocated Director 0 (12) RITA TAYENAKA 1 00 Х Large Board Representative (13) CHRISTOPHER TELLO 1 00 0 0 Х 0 Large Board Representative (14) MARY TERRY 1 00 Χ 0 0 State President 0 (15) DIANE THURBER-WAMSLEY 1 00 0 0 0 Х Large Board Representative (16) LOYDA TORRES - FONTNEZ 1 00 0 0 0 Х State Allocated Director (17) SONIA TORRES RIVERA 1 00 Χ 0 0 State President (18) BARBARA TRIA 1 00 0 0 0 Х Large Board Representative 0 (19) RICHARD TUCKER Χ 0 0 Large Board Representative (20) TODD UMBENHAUER 1 00 Χ 0 0 Large Board Representative (21) TANYA VANBLAKE-COLEMAN 1 00 0 Χ 0 State President (22) IRMA VARGAS 1 00 Х 0 0 State Allocated Director (23) MARY VASTOLA 1 00 Х 0 0 0 Large Board Representative 0

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(24) MICHAEL VERDONE

Large Board Representative

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors (A) (B) (D) (E) (F) Name and Title Average Position (do not check Reportable Reportable Estimated amount hours per more than one box, unless compensation compensation of other week (list person is both an officer from the from related compensation any hours and a director/trustee) organization (Worganizations (Wfrom the 2/1099-MISC) 2/1099-MISC) for related organization and Highest employe Former Individual trustee or director organizations Institutional related Ē below organizations emplo) ee dotted line) t compensated Trustee (776) SUE WALSH 1 00 0 Х 0 0 State Allocated Director (1) DUANE WASHKOWIAK 1 00 Χ 0 0 0 Large Board Representative (2) PAT WATTAM 1 00 Χ 0 0 0 Large Board Representative 0 (3) DOYLE WEBB 1 00 0 0 Large Board Representative (4) MARK WEHNER 1 00 Х 0 0 Large Board Representative (5) MICHAEL WELLSMORE 1 00 0 0 n Х Presidential Appointee Outside Organization 0 Representative (6) CRAIG WILBURN 1 00 0 0 0 Х State Leadership Idea Exchange Council- Large State 0 Representative (7) MARGO WILLIS 1 00 Χ 0 0 State Allocated Director 0 (8) JOHN WINTHER 1 00 Χ 0 0 Large Firm Representative (9) GEORGE WONICA 1 00 Χ 0 0 0 State Allocated Director (10) GEOFF WOOD 1.00 0 0 Х 0 Large Firm Representative (11) GWENDOLYN WYNN 1 00 Х 0 0 O Large Board Representative (12) KR ZABIELSKI 1 00 Χ 0 0 0 Large Firm Representative (13) PAT ZIGGY ZICARELLI 1 00 Χ 0 0 0 Large Board Representative (14) CHRISTOPHER ZOLLER 1 00 Χ 0 0 Large Board Representative 0 (15) DALE STINTON 35 50 1,601,202 37,524 CEO 2 00 (16) JOHN PIERPOINT 37 00 Х 356,028 0 37,524 VP FINANCE AND COMPTROLLER 0 50 (17) BOB GOLDBERG 37 50 0 Х 736,783 2 00 37,524 SVP MARKETING AND BUS DEV (18) DOUG HINDERER 37 50 Х 437,659 0 37,524 SVP HUMAN RESOURCES (19) WALT WITEK 37 50 0 Χ 523,281 37,524 SVP COMMUNITY & POL AFFAIRS 0 (20) KATIE JOHNSON 37 50 Χ 337,661 0 37,524 SVP General Counsel (21) STEPHANIE SINGER 37 50 Χ 264,893 0 37,524 SVP Communications 0 (22) JERRY GIOVANIELLO 37 50

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37 50

37 50

SVP GOVT AFFAIRS

(23) LAWRENCE YUN

SVP CHIEF ECONOMIST (24) MARK LESSWING

SVP CHIEF TECH OFFICER

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

(A) Name and Title	(B) A verage hours per week (list any hours for related organizations below dotted line)	Position a person a Individual trustee or director	ion (d ian oi n is b	ne booth a ctor/	ox, un an off trust (trust	nless ficer :ee)	Former	(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
(801) JANET BRANTON SVP Global Business	37 50					х		360,512	0	37,524
(1) LAURENE JANIK FORMER SVP GENERAL COUNSEL	0 00						х	298,112	0	37,524

DLN: 93493319002375

OMB No 1545-0047

SCHEDULE C

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Political Campaign and Lobbying Activities

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

Open to Public Inspection

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If the organization answered "Yes" to 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

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

- 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" to 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-B

If the organization answered "Yes" to 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** National Association of Realtors 36-1520690 Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization. Provide a description of the organization's direct and indirect political campaign activities in Part IV 2 Political expenditures Volunteer hours

1	Enter the amount of any excise tax incurred by the organization under section 4955	•	\$			
2	Enter the amount of any excise tax incurred by organization managers under section 4955	•	\$			
3	If the organization incurred a section 4955 tax, did it file Form 4720 for this year?			┌ Yes	┌ No	
4a	Was a correction made?			┌ Yes	┌ No	
b	If "Yes," describe in Part IV					
Par	t I-C Complete if the organization is exempt under section 501(c), except section	on 50	01(c))(3).		
1	Enter the amount directly expended by the filing organization for section 527 exempt function activities	•	\$	·		C

Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities Total exempt function expenditures Add lines 1 and 2 Enter here and on Form 1120-POL, line 17b 0 Did the filing organization file Form 1120-POL for this year?

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

(e) A mount of political (a) Name (b) Address (c) EIN (d) A mount paid from contributions received filing organization's and promptly and funds If none, enter directly delivered to a 0separate political organization If none, enter -0-(1) NAR FUND 430 N MICHIGAN 26-1725187 9,440,000 0 CHICAGO, IL 60611 (2) NAR CONGRESSIONAL FUND 430 N MICHIGAN 27-3388377 0 10,060,793 CHICAGO, IL 60611

5 c	hedule C (Form 990 or 990-EZ) 2014					Page 2
Ρ	art II-A Complete if the organization under section 501(h)).	is exempt under	section 501(c	:)(3) and file	d Form 5768	
	Check If the filing organization belongs to a expenses, and share of excess lobb	ying expenditures)		_	p member's nam	e, address, EIN,
	Limits on Lobbying E (The term "expenditures" means an	xpenditures			(a) Filing organization's totals	(b) Affiliated group totals
1a	Total lobbying expenditures to influence public o	pinion (grass roots lob	bying)			
b	Total lobbying expenditures to influence a legisla	ative body (direct lobby	ying)			
c	Total lobbying expenditures (add lines 1a and 1b	o)				
d	Other exempt purpose expenditures					
е	Total exempt purpose expenditures (add lines 1	c and 1d)				
f	Lobbying nontaxable amount Enter the amount fo	rom the following table	ın both			
	If the amount on line 1e, column (a) or (b) is:	The lobbying nontax				
	Not over \$500,000	20% of the amount on lir	ne 1e			
	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the	e excess over \$500,00	00		
	Over \$1,000,000 but not over \$1,500,000	00,000 but not over \$1,500,000 \$175,000 plus 10% of the excess over \$1,000,000				
	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the	excess over \$1,500,0	00		
	Over \$17,000,000	\$1,000,000				
g	Grassroots nontaxable amount (enter 25% of lin	ne 1f)				
h	Subtract line 1g from line 1a If zero or less, ente					
i	Subtract line 1f from line 1c If zero or less, ente	ır - 0 -				
j	If there is an amount other than zero on either lin section 4911 tax for this year?	ne 1h or line 1ı, did the	organızatıon file F	Form 4720 repo	rtıng	┌ Yes ┌ No
	4-Year Av (Some organizations that made a s columns below. See t		ection do not	have to com		ne five
	Lobbying Expe	enditures During	4-Year Avera	ging Period		
	Calendar year (or fiscal year beginning in)	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) Total
2a	Lobbying nontaxable amount					
ь	Lobbying ceiling amount (150% of line 2a, column(e))					
c	Total lobbying expenditures					
d	Grassroots nontaxable amount					
e	Grassroots ceiling amount (150% of line 2d, column (e))					

Grassroots lobbying expenditures

Pa	rt II-B Complete if the organization is exempt under section 501(c)(3) and has N filed Form 5768 (election under section 501(h)).	ЮТ				
For a	each "Yes" response to lines 1a through 1i below, provide in Part IV a detailed description of the lobbying	(a)		(b)	
activ		Yes	No	,	Amou	nt
1	During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of					
а	Volunteers?			ĺ		
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?			ĺ		
С	Media advertisements?					
d	Mailings to members, legislators, or the public?					
е	Publications, or published or broadcast statements?					
f	Grants to other organizations for lobbying purposes?			L		
g	Direct contact with legislators, their staffs, government officials, or a legislative body?					
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?					
i	O ther activities?					
j	Total Add lines 1c through 1i					
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?					
b	If "Yes," enter the amount of any tax incurred under section 4912	•		ĺ		
c	If "Yes," enter the amount of any tax incurred by organization managers under section 4912					
d	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?					
Par	t III-A Complete if the organization is exempt under section 501(c)(4), section 5501(c)(6).	01(c)	(5), o	rs	ectio	on
			_		Yes	No
1	Were substantially all (90% or more) dues received nondeductible by members?			1		No
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?			2		No
3	Did the organization agree to carry over lobbying and political expenditures from the prior year?			3	Yes	
Par	tIII-B Complete if the organization is exempt under section 501(c)(4), section 5 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "line 3, is answered "Yes."					
1	Dues, assessments and similar amounts from members	1		1	62,20	161,50
2	Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).					
а	Current year	2a			54,97	71,792
b	Carryover from last year	2b			-6,25	51,938
С	Total	2c			48,71	854, 9
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	3			54,92	26,452
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and					
_	political expenditure next year?	5			C 20	0 96,598
5	Taxable amount of lobbying and political expenditures (see instructions)] 3]			-6,20	ספכ, סו
	Supplemental Information ovide the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, Part II-A (affiliated ground)	p lıst),	Part II	<u>-</u>	ınes :	 1 and
2 (see instructions), and Part II-B, line 1 Also, complete this part for any additional information					
	Return Reference Explanation					
DES	THE ORGANIZATION COLLECTS MEMBER DUES EARMARKED FOR A CRIPTION OF POLITICAL IPAIGN ACTIVITIES THE ORGANIZATION COLLECTS MEMBER DUES EARMARKED FOR A FUND AND PROMPTLY AND DIRECTLY TRANSFERS THEM TO THAT DETAILED DESCRIPTION OF DIRECT AND INDIRECT POLITICAL C NOT APPLICABLE	FUND	AS SU	CH,	Д	

Part IV Supplemental Info	ormation (continued)
Return Reference	Explanation

Schedule C (Form 990 or 990EZ) 2014

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DLN: 93493319002375

OMB No 1545-0047

SCHEDULE D (Form 990)

Department of the Treasury

Supplemental Financial Statements

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

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

Open to Public Inspection

tema	l Revenue Service	Information about Schedule D (Form	n 990) and its instructions is at <u>www.ir</u>	rs.gov/	<u>form990</u> .	Inspec	tion
	me of the organiza			Emp	loyer identifica	tion numbe	er ====
al	ional Association of Re	aitoi 3		36-	1520690		
ē			ised Funds or Other Similar F	unds	or Accounts	. Comple	te ıf th
_	organiza	tion answered "Yes" to Form 990			(I) For de and		
	Total number at a	and of year	(a) Donor advised funds		(b) Funds and o	other accou	ınts
	Total number at e	of contributions to (during year)					
		of grants from (during year)					
	Aggregate value						
		·		nor adv	uc o d		
	funds are the org	anızatıon's property, subject to the or				☐ Yes	┌ No
	used only for cha		onor advisors in writing that grant fund: it of the donor or donor advisor, or for a			┌ Yes	┌ No
			the organization answered "Yes"	to Forr	n 990, Part IV	, line 7.	
	Preservation Protection of Preservation Complete lines 2	natural habitat of open space a through 2d if the organization held a	anization (check all that apply) or education)	certifie	d historic struc	ture	
	easement on the	last day of the tax year			T		
	Total number of	conservation easements		<u> </u>	Held at the	End of the	Year
,		stricted by conservation easements		2a			
	-	rvation easements on a certified histo	oric structure included in (a)	2b			
		rvation easements included in (c) acc	• •	2c			
		e listed in the National Register	uned after 3/17/00, and not on a	2d			
	Number of conse	rvation easements modified, transferr	ed, released, extinguished, or terminat	ed by tl	ne organization	during	
	the tax year 🛌						
	Number of states	where property subject to conservat	on easement is located 🕨				
			the periodic monitoring, inspection, har	ndlina o	f violations, and		
		ne conservation easements it holds?	me periodic momeoring, mopeetion, nar	iumig o	violations, and	☐ Yes	┌ No
	Staff and volunte	er hours devoted to monitoring, inspe	cting, and enforcing conservation ease	ments (during the year		
	·	ses incurred in monitoring, inspecting	, and enforcing conservation easement	ts durın	g the year		
	► \$ Does each conse and section 170(d) above satisfy the requirements of se	ction 1	70(h)(4)(B)(ı)	☐ Yes	┌ No
	balance sheet, ar		nservation easements in its revenue ar e footnote to the organization's financia ents				
I	t IIII Organiz		s of Art, Historical Treasures,	or Ot	her Similar <i>i</i>	Assets.	
1	works of art, hist	orıcal treasures, or other sımılar asse	16 (ASC 958), not to report in its reve ts held for public exhibition, education, to its financial statements that describe	, or rese	earch in furthera		
)	If the organizatio works of art, hist	on elected, as permitted under SFAS 1	16 (ASC 958), to report in its revenue ts held for public exhibition, education,	staten	nent and balance		lıc
	(i) Revenue inclu	uded in Form 990, Part VIII, line 1			► \$_		
		ded in Form 990, Part X					
	If the organizatio	on received or held works of art, histor	ical treasures, or other similar assets f 116 (ASC 958) relating to these items				
	_		, ,		L . #		
		d in Form 990, Part VIII, line 1					
)	Assets included	ın Form 990, Part X			▶ \$		

Part	Organizations Maintaining Co	llections of Art, H	istorica	l Treas	ures, or Otl	ner Similar As	sets (continued)
3	Using the organization's acquisition, access collection items (check all that apply)	ion, and other records,	_		_	-	of its
а	Public exhibition	d		oan or ex	change progra	ms	
b	Scholarly research	e	· 「 c	ther			
c	Preservation for future generations						
4	Provide a description of the organization's c Part XIII	ollections and explain h	now they f	urther the	organızatıon's	exempt purpose I	n
5	During the year, did the organization solicit						
Dar	assets to be sold to raise funds rather than to the transfer to be sold to raise funds rather than to the transfer to be sold to raise funds rather than the transfer to be sold to raise funds rather than the transfer to be sold to raise funds rather than the transfer to be sold to raise funds rather than the transfer to be sold to raise funds rather than the transfer to be sold to raise funds rather than the transfer to be sold to raise funds rather than the transfer to be sold to raise funds rather than the transfer to be sold to raise funds rather than the transfer to be sold	· ·					Yes No
Fell	Part IV, line 9, or reported an ar				ni aliswered	163 (01011113	
1a	Is the organization an agent, trustee, custoo included on Form 990, Part X?	lian or other intermedia	ry for con	trıbutıons	or other asse		⊤Yes
b	If "Yes," explain the arrangement in Part XI	II and complete the foll	lowing tab	le	_	_	
					<u> </u>		nount
с	Beginning balance					c	
d	Additions during the year				1		
e •	Distributions during the year					e e	
f	Ending balance		4 6		1	_	
2a	Did the organization include an amount on F	orm 990, Part X, line 2:	1, for esci	ow or cus	todial account	liability?	「Yes
ь	If "Yes," explain the arrangement in Part XI		-		-		<u> ' </u>
Pa	rt V Endowment Funds. Complete		nswered b)Prior year				(e)Four years back
1a	Beginning of year balance	66,031,387	58,360		52,069,237	48,455,324	34,936,973
ь	Contributions	14,228,012	7,671	,260	6,290,890	3,613,913	13,518,351
c	Net investment earnings, gains, and losses						
d	Grants or scholarships						
e	Other expenditures for facilities						
_	and programs						
f	Administrative expenses						
g	End of year balance	80,259,399	66,031	,387	58,360,127	52,069,237	48,455,324
2	Provide the estimated percentage of the cur	rent year end balance (line 1g, c	olumn (a)) held as		
а	Board designated or quasi-endowment 🕨	100 %					
b	Permanent endowment ►						
С	Temporarily restricted endowment ► The percentages in lines 2a, 2b, and 2c sho	uld equal 100%					
За	Are there endowment funds not in the posse	ssion of the organizatio	n that are	held and	administered	for the	
	organization by					2-7	Yes No
	(i) unrelated organizations(ii) related organizations					3a(
ь	If "Yes" to 3a(II), are the related organization			 e R? .		3t	
4	Describe in Part XIII the intended uses of the	· ·					
Par	t VI Land, Buildings, and Equipme		organiza	ation ans	wered 'Yes'	to Form 990, Pa	rt IV, line
	11a. See Form 990, Part X, line Description of property	10.		st or other nvestment)	(b)Cost or other)		(d) Book value
1-	and				10 313 0	75	10 242 075
	Land				19,212,8 45,241,8		19,212,875 29,901,094
	Leasehold improvements				45,241,8		
	Equipment				46,808,5	<u> </u>	+
	Other				176,9		176,967
	I. Add lines 1a through 1e (Column (d) must e		olumn (B),	line 10(c)	<u> </u>	· .	59,933,583
	• •	·		. ,		Schedule D	(Form 990) 2014

Part VII Investments—Other Securities. Com	olete if the organization a	nswered 'Yes' to For	m 990, Part IV, line 11b.
See Form 990, Part X, line 12. (a) Description of security or category	(b)Book value	(c) Method of va	
(including name of security)		Cost or end-of-year	market value
(1)Financial derivatives			
(2)Closely-held equity interests Other			
-			
Total. (Column (b) must equal Form 990, Part X, col (B) line 12)		anamanad Waal ta Fa	was OOO Down IV line 11 a
Part VIII Investments—Program Related. Con See Form 990, Part X, line 13.	ipiete ii tile organization	allswered tes to re	orm 990, Part IV, line IIC.
(a) Description of investment	(b) Book value	(c) Method of va	luation
		Cost or end-of-year	market value
(1) INVST - NARBAC	34,253,746	С	
(2) INVST - REALTORS RELIEF FDN	2,028,791	С	
(3) INVST - REALTORS INFO NETWORK	17,604,474	С	
(4) INVST - Council for Specialized Realtor Education	18,126,989	С	
Total. (Column (b) must equal Form 990, Part X, col (B) line 13) Part IX Other Assets. Complete if the organization	. = / /	Dart IV June 11 d Cool	Form 000 Part V line 1 F
(a) Descrip		, Partiv, ille 110 See i	(b) Book value
			, ,
Total. (Column (b) must equal Form 990, Part X, col.(B) line 15.			
Part X Other Liabilities. Complete if the organ			ine 11e or 11f. See
Part X Other Liabilities. Complete if the organ Form 990, Part X, line 25.	ızatıon answered 'Yes' to		ıne 11e or 11f. See
Part X Other Liabilities. Complete if the organization of part X, line 25. 1 (a) Description of liability			ine 11e or 11f. See
Part X Other Liabilities. Complete if the organ Form 990, Part X, line 25. 1 (a) Description of liability Federal income taxes	(b) Book value		ıne 11e or 11f. See
Part X Other Liabilities. Complete if the organization of part X, line 25. 1 (a) Description of liability	ızatıon answered 'Yes' to		ine 11e or 11f. See
Part X Other Liabilities. Complete if the organ Form 990, Part X, line 25. 1 (a) Description of liability Federal income taxes	(b) Book value		ine 11e or 11f. See
Part X Other Liabilities. Complete if the organ Form 990, Part X, line 25. 1 (a) Description of liability Federal income taxes	(b) Book value		ine 11e or 11f. See
Part X Other Liabilities. Complete if the organ Form 990, Part X, line 25. 1 (a) Description of liability Federal income taxes	(b) Book value		ine 11e or 11f. See
Part X Other Liabilities. Complete if the organ Form 990, Part X, line 25. 1 (a) Description of liability Federal income taxes	(b) Book value		ine 11e or 11f. See
Part X Other Liabilities. Complete if the organ Form 990, Part X, line 25. 1 (a) Description of liability Federal income taxes	(b) Book value		ine 11e or 11f. See
Part X Other Liabilities. Complete if the organ Form 990, Part X, line 25. 1 (a) Description of liability Federal income taxes	(b) Book value		ine 11e or 11f. See
Part X Other Liabilities. Complete if the organ Form 990, Part X, line 25. 1 (a) Description of liability Federal income taxes	(b) Book value		ine 11e or 11f. See
Part X Other Liabilities. Complete if the organ Form 990, Part X, line 25. 1 (a) Description of liability Federal income taxes	(b) Book value		ine 11e or 11f. See
Part X Other Liabilities. Complete if the organ Form 990, Part X, line 25. 1 (a) Description of liability Federal income taxes	(b) Book value		ine 11e or 11f. See
Part X Other Liabilities. Complete if the organ Form 990, Part X, line 25. 1 (a) Description of liability Federal income taxes	(b) Book value		ine 11e or 11f. See
Part X Other Liabilities. Complete if the organ Form 990, Part X, line 25. 1 (a) Description of liability Federal income taxes	(b) Book value		ine 11e or 11f. See
Part X Other Liabilities. Complete if the organ Form 990, Part X, line 25. 1 (a) Description of liability Federal income taxes	(b) Book value		ine 11e or 11f. See

Part >		evenue per Audited Financial State vered 'Yes' to Form 990, Part IV, line 12		ts With Revenue p	er Re	turn Complete if
1		r support per audited financial statements			1	
		t not on Form 990, Part VIII, line 12				
		on investments	2a			
		acilities	2b		1	
		5	2c		1	
			2d		1	
	Add lines 2a through 2d				2e	
	· · · · · · · · · · · · · · · · · · ·				3	
		0, Part VIII, line 12, but not on line 1			Ť	
		uded on Form 990, Part VIII, line 7b	4a			
	·		4b			
	·				4c	
		4c. (This must equal Form 990, Part I, line			5	
Part X	Reconciliation of E	kpenses per Audited Financial Starswered 'Yes' to Form 990, Part IV, line	teme		_	Return. Complete
1		audited financial statements			1	
2 /	Amounts included on line 1 bu	t not on Form 990, Part IX, line 25				
a [Donated services and use of fa	icilities	2a			
b F	Prior year adjustments		2b			
c (Otherlosses		2c			
d (Other (Describe in Part XIII)		2d			
e /	Add lines 2a through 2d				2e	
3 9	Subtract line 2e from line 1 .				3	
4	Amounts included on Form 99	O, Part IX, line 25, but not on line 1:				
a I	nvestment expenses not incl	uded 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 ar	nd 4c. (This must equal Form 990, Part I, line	18)		5	
Part X	Supplemental Inf	ormation				
	line 4, Part X, line 2, Part XI,	Part II, lines 3, 5, and 9, Part III, lines 1a a lines 2d and 4b, and Part XII, lines 2d and				e any additional
	Return Reference	Explanation				
	e D, Part V, Line 4 Intended endowment funds	The amounts in the quasi-endowment are u activities as authorized by the Board of Dire monies for budgeted core reserves, REALT campaign funds	ectors	As of December 31, 20	014,th	is amount includes
	e D, Part X, Line 2 FIN 48 0) footnote	The Association and its consolidated and c respect to accounting for uncertainty in inc it is "more likely than not" that the tax posi examination being presumed to occur. The is greater than 50% likely of being realized likely than not" test, no tax benefit is recor- related to unrecognized tax benefits in inter Association has no amounts accrued for int	ome ta tion wo amoun on exa ded Tl rest an	xes A tax position is rould be sustained in a to t recognized is the larg amination Fortax posit he Association recognized income tax expense,	ecogniz ax exar est am ions no ces inte respec	zed as a benefit only if mination, with a tax ount of tax benefit that it meeting the "more erest and penalties tively The

Jenedale 2 (1 31111 33 3) 23 13		i age 💆
Part XIII Supplemental Information	on (continued)	
Return Reference	Explanation	
l		
-		

Schedule D (Form 990) 2014

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SCHEDULE F

Department of the Treasury

Internal Revenue Service

(Form 990)

As Filed Data -

DLN: 93493319002375

Statement of Activities Outside the United States

► Complete if the organization answered "Yes" to Form 990,
Part IV, line 14b, 15, or 16.

► Attach to Form 990.

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

OMB No 1545-0047

2014

Open to Public Inspection

	e of the organization				Employer ident	ification number
Natio	onal Association of Realtors				36-1520690	
Pa	rt I General Information "Yes" to Form 990, Par			ne United States. Co	omplete if the organiz	ation answered
1	For grantmakers. Does the o	-			_	
	and other assistance, the gra	_		•		-
	used to award the grants or a	issistance?				✓ Yes
2	For grantmakers. Describe in assistance outside the United		ganızatıon's pı	rocedures for monitorin	ng the use of its grant	s and other
3	Activites per Region (The follow	ing Part I, line 3	table can be du	iplicated if additional spa	ce is needed)	
						40 = 1.1
	(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in region	(d) Activities conducted in region (by type) (e.g., fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for and investments in region
(1)	See Add'l Data					
(2)						
(3)						
(4)						
(5)						
За	Sub-total	0	0			5,839,999
b	Total from continuation sheets to Part I	0	0			0
c	Totals (add lines 3a and 3b)	0	0			5,839,999

Pē				izations or Entitie aved more than \$5,0		•			to Form 990,
1	(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) A mount of cash grant	(f) Manner of cash disbursement	(g) A mount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
(1)								
(2)								
(3)								
(4)								
2				ed above that are re or counsel has pro					
3	Enter total nun	nher of other or	nanizations or ent	rities			▶		

Schedule F (Form 990) 2014

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

Part III can be	<u>e duplicated if addit</u>	cional space is no	eded.				
(a) Type of grant or assistance	(b) Region	(c) Number of recipients		(e) Manner of cash disbursement	(f) A mount of non-cash assistance	(g) Description of non-cash assistance	(h) Method of valuation (book, FMV, appraisal, other)
(1)					7		1
(2)		+			<u> </u>		<u> </u>
(3)		+ +			<u> </u>		<u>'</u>
(4)		+ +					<u> </u>
(5)		+ +			†		
(6)		+ +	·		+		
(7)		+ +			+		
(8)	+	+			+		+
(9)					 		
(10)	+				+		-
(11)	+	+			+		
(12)					 		
(13)					 		
(14)					 		
(15)	+		·		 		
(16)		+	1				
(17)	+	+					
(18)	+	+ +					

Part IV Foreign Forms

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

Schedule F (Form 990) 2014

Additional Data

Software ID: 14000329

Software Version: 2014v1.0

EIN: 36-1520690

Name: National Association of Realtors

Schedule F (Form 990) 2014

Page **5**

Part V Supplemental Information

Provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method; amounts of investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information (see instructions).

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

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i e , fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for region
Europe (Including Iceland and Greenland)	0	0	Program Services	NAR REPRESENTATION AT AND PARTICIPATION IN THE FIABCI WORLD CONGRESS MEETINGS	93,738
East Asia and the Pacific	0	0	Program Services	NAR REPRESENTATION AT GLOBAL REAL ESTATE SUMMIT	15,032
Europe (Including Iceland and Greenland)	0	0	Program Services	NAR REPRESENTATION AT THE LARGE COMMERCIAL PROPERTY EXPO IN FRANCE	32,849

Form 990 Schedule F	<u> Part I - Activi</u>	<u>ties Outside T</u>	he United States		
(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i e , fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for region
Central America and the Caribbean	0	0	Investments	PASSIVE INVESTMENTS	4,404,537
North America (Canada & Mexico only)	0	0	Investments	PASSIVE INVESTMENTS	943,453
North America (Canada & Mexico only)	0	0		NAR REPRESENTATION AT AND PARTICIPATION IN CANADIAN REAL ESTATE ASSOCIATION MEETINGS	20,506

Form 990 Schedule F Part I - Activities Outside The United States								
(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i e , fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for region			
Central America and the Caribbean	0	0	Program Services	NAR STUDY TOUR TO MEET WITH CUBAN REAL ESTATE PROFESSIONALS AND ATTORNEYS TO ASSESS TRANSACTION AND BUSINESS PRACTICES	69,692			
Central America and the Caribbean	0	0	Program Services	SIGNING OF AGREEMENT WITH NEW DOMINICAN REPUBLIC PARTNER AND PARTICIPATION IN THE INTERNATIONAL REALTOR MEMBER CEREMONY	10,035			
South America	0	0	Program Services	NAR REPRESENTATION AT THE PERU RE CONFERENCE	20,026			

Form 990 Schedule F	Part I - Activi	ties Outside T	he United States	_	
(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i e , fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for region
Europe (Including Iceland and Greenland)	0	0	Program Services	NAR STUDY TOUR TO MEET WITH AUSTRALIAN REAL ESTATE PROFESSIONALS	101,925
Europe (Including Iceland and Greenland)	0	0	Program Services	NAR REPRESENTATION AT AND PARTICIPATION IN EXPO REAL COMMERCIAL TRADE SHOW	50,959
Europe (Including Iceland and Greenland)	0	0	Program Services	NAR REPRESENTATION AT KVL FINLAND CONFERENCE	32,728

Form 990 Schedule F	<u> Part I - Activi</u>	<u>ties Outside T</u>	he United States		
(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i e , fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for region
Europe (Including Iceland and Greenland)	0	0		NAR REPRESENTATION AT ANNUAL MEETING OF FRENCH COOPERATING ASSOCIATION	44,519

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DLN: 93493319002375

Schedule I (Form 990)

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

OMB No 1545-0047

Department of the Treasury

National Association of Realtors

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

Open to Public **Inspection**

Internal Revenue Service ► Information about Schedule I (Form 990) and its instructions is at www.irs.gov/form990. Name of the organization

Employer identification number

36-1520690

Dart T	General Information on Grants and Assistance	
	delieral fillorillation on drailts and Assistance	

Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and

Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1) REALTOR UNIVERSITY 430 N MICHIGAN CHICAGO,IL 60611	45-2102449	501(C)3	150,000	0	NA		EDUCATIONAL SUPPORT
(2) HABITAT FOR HUMANITY 2900 ELYSIAN FIELDS AVE NEW ORLEANS LA 70122	72-0973161	501(C)3	42,500	0	NA		HOUSING ASSISTANCE

2	Enter total number of section 501(c)(3) and government organizations listed in the line 1 table	2
3	Enter total number of other organizations listed in the line 1 table	0

Schedule I	(Form 990) 2014
Part III	Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" to Form 990, Part IV, line 22.
	Part III can be duplicated if additional space is needed.

(a)Type of grant or assistance	(b) Number of recipients	(c) A mount of cash grant	(d)A mount of non-cash assistance	(e)Method of valuation (book, FMV, appraisal, other)	(f)Description of non-cash assistance

Part IV Supplemental Ir	nformation. Provide the information required in Part I, line 2, Part III, column (b), and any other additional information.
Return Reference	Explanation
	Grants are made to organizations to support their various exempt activities. Any funds donated for specific projects are monitored on an as needed basis to ensure that funds are used for their intended purpose
	Grants are made to organizations to support their various exempt activities. Any funds donated for specific projects are monitored on an as needed basis to ensure that funds are used for their intended purpose

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DLN: 93493319002375

OMB No 1545-0047

Schedule J (Form 990)

Department of the Treasury

Internal Revenue Service

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

► Complete if the organization answered "Yes" to Form 990, Part IV, line 23. ► Attach to Form 990. ► Information about Schedule J (Form 990) and its instructions is at www.irs.gov/form990.

Compensation Information

Open to Public Inspection

Name of the organization National Association of Realtors **Employer identification number**

				36-1520690			
Pa	rt I	Questions Regarding Compensation					
						Yes	No
1a		ck the appropiate box(es) if the organization provid , Part VII, Section A, line 1a Complete Part III to					
	굣	First-class or charter travel	Γ	Housing allowance or residence for personal use			
	굣	Travel for companions	~	Payments for business use of personal residence			
	굣	Tax idemnification and gross-up payments	<u></u>	Health or social club dues or initiation fees			
	Γ	Discretionary spending account	<u> </u>	Personal services (e g , maid, chauffeur, chef)			
b		ny of the boxes in line 1a are checked, did the organ nbursement or provision of all of the expenses desc			1b	Yes	
2		the organization require substantiation prior to rein ctors, trustees, officers, including the CEO/Executi			2	Yes	
3	orga	cate which, if any, of the following the filing organiza anization's CEO/Executive Director Check all that d by a related organization to establish compensati	appl				
	굣	Compensation committee	Γ	Written employment contract			
	굣	Independent compensation consultant	<u></u>	Compensation survey or study			
	Γ	Form 990 of other organizations	<u> </u>	Approval by the board or compensation committee			
4		ing the year, did any person listed in Form 990, Par related organization	t VII	, Section A, line 1a with respect to the filing organization			
а	Rec	eive a severance payment or change-of-control pay	men	it?	4a		Νo
b	b Participate in, or receive payment from, a supplemental nonqualified retirement plan?				4b		Νo
С							Νο
		es" to any of lines 4a-c, list the persons and provi					
	Onl	y 501(c)(3), 501(c)(4), and 501(c)(29) organization	ıs mı	ust complete lines 5-9.			
5	For	persons listed in Form 990, Part VII, Section A, lin ipensation contingent on the revenues of					
а	The	organization?			5a		
b	Any	related organization?			5b		
	If"	es," to line 5a or 5b, describe in Part III					
6		persons listed in Form 990, Part VII, Section A, lin opensation contingent on the net earnings of	e 1 a	, did the organization pay or accrue any			
а	The	organization?			6a		
ь	Any	related organization?			6b		
	If"	es," to line 6a or 6b, describe in Part III					
7	For	persons listed in Form 990, Part VII, Section A, lin ments not described in lines 5 and 6? If "Yes," des			7		
8		e any amounts reported in Form 990, Part VII, paic					
	sub	ject to the initial contract exception described in Re					
	ın P	art III			8		
9		es" to line 8, did the organization also follow the re tion 53 4958-6(c)?	butt	able presumption procedure described in Regulations	9		

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

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

Note. The sum of columns (B)(1)-(111) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual

(A) Name and Title	(B) Breakdown o	f W-2 and/or 1099-MI	SC compensation	(C) Retirement and	(D) Nontaxable	(E) Total of	(F) Compensation in
	(i) Base compensation	(ii) Bonus & ıncentive compensation	(iii) Other reportable compensation	other deferred compensation	benefits	columns (B)(ı)-(D)	column(B) reported as deferred in prior Form 990
See Additional Data Table							

Schedule J (Form 990) 2014

Part III Supplemental Information

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II

Also complete this part for any additional information

Return Reference	Explanation
Schedule J, Part I, Line 1a First- class or charter travel	Interested persons listed on Part VII, Section A, Line 1a have received or have the option to receive the benefits identified on Schedule J, Part I, Line 1a These benefits include companion travel and tax indemnification and gross up payments. For some, benefits also include first-class air travel, as well as payments for health and social club dues. As a national association serving more than 1,000,000 members, NAR requires extensive travel for individuals holding the responsibility of an Officer of the Board of Directors or a Senior Vice President (SVP). This travel requirement ranges from 2 to 6 trips a month and, in some cases, in excess of 200 days a year per Officer or SVP. NAR reviews all benefits provided to interested persons, and where appropriate, additional taxable compensation is imputed.
Schedule J, Part I, Line 1a Travel for companions	See narrative above
Schedule J, Part I, Line 1a Tax indemnification and gross-up payments	See narrative above
Schedule J, Part I, Line 1a Payments for business use of personal residence	See narrative above
Schedule J, Part I, Line 1a Health or social club dues or initiation fees	See narrative above
Schedule J, Part I, Line 1a Personal services	During 2014, NAR paid for tax services related to the preparation of the CEO's personal income tax return. NAR also paid for tax or legal services for certain Senior Vice Presidents of the organization. The related benefits were treated as taxable compensation to the recipients.

Schedule J (Form 990) 2014

Software ID: 14000329

Software Version: 2014v1.0

EIN: 36-1520690

Name: National Association of Realtors

Form 990, Schedule J, Part II - Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

(A) Name and Title	c	(B) Breakdown of (i) Base Compensation	f W-2 and/or 1099-MIS (ii) Bonus & Incentive compensation		(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(ı)-(D)	(F) Compensation in column (B) reported as deferred in prior Form 990
1 CHRIS POLYCHRON PRESIDENT-ELECT	(I) (II)	259,846 0	0 0	0 0	0	0 0	259,846 0	0
1 STEVE BROWN PRESIDENT	(I) (II)	0	0	401,295 0	0	0	401,295 0	0
2 MICHAEL MCGREW TREASURER	(I) (II)	168,473 0	0	0	0	0	168,473 0	0
3 THOMAS SALOMONE FIRST VICE PRESIDENT	(I) (II)	169,471 0	0	0	0	0	169,471 0	0
4 LAURENE JANIK FORMER SVP GENERAL COUNSEL	(I) (II)	296,379 0	0	1,733 0	26,000 0	11,524 0	335,636 0	0
5 DALE STINTON CEO	(I) (II)	1,595,138 0	520 0	5,544 0	26,000 0	11,524 0	1,638,726 0	0
6 JOHN PIERPOINT VP FINANCE AND COMPTROLLER	(I) (II)	275,727 0	77,298 0	3,003	26,000 0	11,524 0	393,552 0	0
7 BOB GOLDBERG SVP MARKETING AND BUS DEV	(I) (II)	504,486 0	228,685 0	3,612 0	26,000 0	11,524 0	774,307 0	0
8 DOUG HINDERER SVP HUMAN RESOURCES	(I) (II)	337,090 0	96,957 0	3,612 0	26,000 0	11,524 0	475,183 0	0
9 WALT WITEK SVP COMMUNITY & POL AFFAIRS	(I) (II)	399,804 0	117,933 0	5,544 0	26,000 0	11,524 0	560,805 0	0
10 KATIE JOHNSON SVP General Counsel	(I) (II)	231,552 0	105,920	189 0	26,000 0	11,524 0	375,185 0	0
11 STEPHANIE SINGER SVP Communications	(I) (II)	205,297 0	46,193 0	13,403 0	26,000 0	11,524 0	302,417 0	0
12 JERRY GIOVANIELLO SVP GOVT AFFAIRS	(I) (II)	414,290 0	139,966 0	7,144 0	26,000 0	11,524 0	598,924 0	0
13 LAWRENCE YUN SVP CHIEF ECONOMIST	(I) (II)	368,790 0	104,334 0	2,835 0	26,000 0	11,524 0	513,483 0	0
14 MARK LESSWING SVP CHIEF TECH OFFICER	(I) (II)	365,440 0	90,062	3,612 0	26,000 0	11,524 0	496,638 0	0
15 JANET BRANTON SVP Global Business	(I) (II)	282,323 0	72,645 0	5,544 0	26,000	11,524 0	1	0

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DLN: 93493319002375

Employer identification number

OMB No 1545-0047

Schedule L

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Name of the organization

Transactions with Interested Persons

► Complete if the organization answered "Yes" on Form 990, Part IV, lines 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b. ► Attach to Form 990 or Form 990-EZ.

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

Open to Public Inspection

art I Excess Benefit Transa Complete if the organization 1 (a) Name of disqualified person 2 Enter the amount of tax incurred by	answered "Yes" (b) Relations persor		Part IV, line squalified		r Form	990-	Z, Part	V, line	40b (d) Corr Yes	ected [*]
1 (a) Name of disqualified person	(b) Relations person	hıp between dı	squalified						(d) Corr	
2 Enter the amount of tax incurred b		and organizati	Ion						Yes	No
2 Enter the amount of tax incurred b										
₹ Enter the amount of tax incurred b										
4958	in line 2, above, research	eimbursed by th	e organizatio	on	· ·	· ·	▶ \$		anization	
(b) Relationship untherested with organization Pur		2 2 an to i the	(e)Original principal amount	(f) Balance due	(g) defau	In	(h) Approv by boar commit	/ed d or	(i)Writ agreem	ten
	То	From			Yes	No	Yes	No	Yes	No

Part IV Business Transactions Involving Interested Persons.						
Complete if the organizatio	<u>n answered "Yes" on I</u>	Form 990, Part IV, lın	e 28a, 28b, or 28c.			
(a) Name of Interested person	(b) Relationship between interested person and the organization	(c) A mount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?		
				Yes	No	
, ,	FAMILY MEMBER- D STINTON	73,886	NAR EMPLOYEE		No	

Part V	Supplemental	Information

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

Return Reference	Explanation

Schedule L (Form 990 or 990-EZ) 2014

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SCHEDULE O

(Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

As Filed Data -

DLN: 93493319002375

OMB No 1545-0047

2014

Open to Public Inspection

Supplemental Information to Form 990 or 990-EZ

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

► Attach to Form 990 or 990-EZ.

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

Name of the organization
National Association of Realtors

Employer identification number

36-1520690

Return Reference	Explanation	
Form 990, Part VI, Line 15b PROCESS USED TO DETERMINE COMPENSATION	NAR USES AN OUTSIDE COMPENSATION CONSULTANT TO HELP DETERMINE THE COMPENSATION PACKAGES FOR THE ORGANIZATION'S OTHER OFFICERS AND KEY EMPLOYEES ONCE NAR'S INDEPENDENT COMPENSATION CONSULTANT DETERMINES THE FINAL COMPENSATION PACKAGES FOR THE ORGANIZATIONS OTHER OFFICERS AND KEY EMPLOYEES, THEY ARE REVIEWED AND APPROVED BY THE CEO IN SUBSEQUENT YEARS, THE ORGANIZATION WILL USE AN INDEPENDENT CONSULTANT ON AN AS NEEDED BASIS THIS PROCESS WAS LAST UNDERTAKEN IN THE FOURTH QUARTER OF 2011 FOR THE 2012 COMPENSATION PACKAGES FOR THE POSITIONS OF *VP FINANCE & COMPTROLLER, *SVP COMMUNICATIONS, *SVP & GENERAL COUNSEL, *SVP HUMAN RESOURCES & OFFICE SERVICES, *SVP MARKETING & BUSINESS DEVELOPMENT	

Return Reference	Explanation
Form 990, Part VI, Line 6 Members or Stockholders	Per the instructions to the Form 990, a member, as referred to in Part VI, Line 6, is defined as any person who has the right to 1 Elect the members of the governing body (but not if the members of the governing body are the organization's only members) or their delegates, 2 Approve or deny significant decisions of the governing body, or 3 Receive a share of the organization's profits or excess dues or a share of the organization's net assets upon the organization's dissolution NAR's members do not possess the kinds of rights outlined above. As such, the organization has checked "no" to the respective questions in the Form 990, Part VI, Lines 6 through 7b

Return Reference	Explanation
Retention and destruction	Currently, many divisions and departments of NAR have procedures in place for document retention and destruction. Furthermore, the Legal, Finance and Human Resources divisions all have specific procedures and policies in place to ensure the proper retention and destruction of documents.

Return Reference	Explanation
Form 990, Part VI, Line 1a Delegate broad authority to a committee	The organization's board delegates authority to act on behalf of the governing body to the executive committee. The executive committee shall consist of the President, the President, the First Vice President, the Treasurer, the Regional Vice Presidents, the immediate Past President, the Past President twice-removed, the Vice President and Liaison to Committees, the Vice President and Liaison to Government Affairs, four other Past Presidents, twelve members who have not served as President, two members from the Real Estate Services Advisory Board, one Member Board Executive Officer, and one appointee of each of the Institutes, Societies and Councils of the National Association. The Political Fundraising Chairman and the Member Mobilization Chairman shall also serve as non-voting members of the Executive Committee. The President shall appoint, each year, two Past Presidents to serve two year terms, to succeed those whose terms expire. At the meeting of the Board of Directors during the National Convention, the President-elect shall submit to the Board of Directors six nominees, at least four of whom are Directors, one of whom may be a member who has previously served as a Director, and one of whom may be a member who has not previously served as a Director, to serve as members of the Executive Committee. The Board of Directors shall elect members of the Executive Committee from such nominations. The Executive Committee shall conduct the affairs of the National Association in accordance with the policies and instruction of the Board of Directors. The Executive Committee shall meet on the call of the President, the Board of Directors or any eleven of its members. The President shall act as Chairman of the Executive Committee Seventeen members shall constitute a quorum. A Member who has served as a member of the Executive Committee for terms aggregating twenty (20) years shall be a member of the Executive Committee for life unless sooner terminated by resignation from the Committee or the National Association.

Return Reference	Explanation
Form 990, Part VI, Line 2 Family/business relationships amongst interested persons	MAURICE VEISSI - Family relationship, MADELINE VEISSI - Family relationship, ROBERT GOLDBERG - Business relationship, MARTIN EDWARDS - Business relationship, DON ASHER - Family relationship, STEVE ASHER - Family relationship, MARIO ARRIAGA - Family relationship, ADRIAN ARRIAGA - Family relationship, NORMAN FLYNN - Family relationship, MICHAEL FLYNN - Family relationship, OWEN HALL - Family relationship, CHRISTOPHER HALL - Family relationship, TIM HARRIS - Family relationship, LARRY KEATING - Family relationship, SHARON KEATING - Family relationship, ELIZABETH MENDENHALL - Family relationship, RICHARD MENDENHALL - Family relationship, JONATHAN HALL - Family relationship, BENJAMIN ANDERSON - Family relationship, IAN ANDERSON - Family relationship, STEPHEN CASPER - Family relationship, MEG CASPER - Family relationship, STUART ELSEA - Family relationship, DANIEL ELSEA - Family relationship, CAREY JENSEN - Family relationship, PATRICIA JENSEN - Family relationship, LINDA LEE - Family relationship, KARL LEE - Family relationship, BRUCE WILLIAMS - Family relationship, MARY WILLIAMS - Family relationship, GREGORY FORD - Family relationship

T

Return Reference	Explanation	
	The National Association of Realtors' Form 990 review process included 1) A detailed review by the CEO, Treasurer and Comptroller of the organization, 2) A review by the organization's finance committee, including a presentation by the paid tax preparer, and 3) A Finance Committee report to the Executive Committee and Board of Directors	

Return Reference	Explanation
Form 990, Part VI, Line 12c Conflict of interest policy	On an annual basis, the executive committee of the board of directors, officers, and key employees of NATIONAL ASSOCIATION OF REALTORS (NAR) receive a copy of the conflict of interest policy. This policy requires them to disclose annually interests that could give rise to potential or actual conflicts. Any potential or actual conflicts of interest are reviewed and evaluated by the NAR legal department, followed up on by the Association's General Counsel, and shared with NAR's Leadership. NAR's leadership determines the appropriate steps necessary to alleviate, monitor, and deal with conflicts, such as restricting the actions of persons with a conflict by prohibiting them from participating in the governing body's deliberations and decisions for a particular transaction.

Return Reference	Explanation
Form 990, Part VI, Line 15a Process to establish compensation of top management official	NAR relies on a Compensation Team to determine, review, and approve the compensation of the CEO. The team consists of the following NAR independent board members. President and Treasurer. Additionally, the compensation team is supported by NAR's Senior Vice President of Human Resources. Comparability data is used by the compensation team to help determine compensation. On an annual basis, the CEO has a performance evaluation which is used in part to determine any changes in pay (ex. bonuses and merit increases). The deliberations and decision making with respect to the CEO's compensation are documented on a timely basis by the compensation team. The process for determining the compensation of the organization's CEO was last undertaken in of October, 2013 for the 2014 calendar year compensation.

Return Reference	Explanation
Form 990, Part VI, Line 19 Required documents available to the public	The Governing documents are not disclosed to the public, the Conflict of interest policy is available upon request, and the financial statements are provided as deemed appropriate by the Comptroller within the guidelines of NAR's Financial Disclosure Policy

Return Reference	Explanation
Form 990, Part VIII, Line 2f Other Program Service Revenue	- Total Revenue 3430490, Related or Exempt Function Revenue 3430490, Unrelated Business Revenue , Revenue Excluded from Tax Under Sections 512, 513, or 514 ,

Return Reference	Explanation
Form 990, Part VIII, Line 11d Other Miscellaneous Revenue	OTHER INCOME - Total Revenue 427456, Related or Exempt Function Revenue 385479, Unrelated Business Revenue 41977, Revenue Excluded from Tax Under Sections 512, 513, or 514,

Return Reference	Explanation
, ,	LOSS FROM INVESTMENT IN SUBSIDIARIES7630851, CHANGE IN RETIREMENT OBLIGATION4270000,

or more related tax-exempt organizations during the tax year.

DLN: 93493319002375

OMB No 1545-0047

Open to Public Inspection

(g)

SCHEDULE R (Form 990)

Department of the Treasury Internal Revenue Service

Related Organizations and Unrelated Partnerships

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

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

Name of the organization National Association of Realtors **Employer identification number**

36-1520690

(e)

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

Name, address, and EIN of related organization Primary activity Legal domicile (state Exempt Code section Public charity status Direct controlling Section 512(b) or foreign country) (if section 501(c)(3)) (13) controlled entity entity? Yes (1) REALTORS RELIEF FOUNDATION DISASTER RELIEF IL 501(c)(3 NAR Yes 430 N MICHIGAN AVE CHICAGO, IL 60611 36-4468109 (2) LEONARD P REAUME MEMORIAL FOUNDATION EDUCATION ΙL 501(c)(3 PF NAR Yes 430 N MICHIGAN AVE CHICAGO, IL 60611 36-3495865 (3) CENTER FOR SPECIALIZED REALTOR EDUCATION MEMBER SERVICES IL 501(c)(6 NAR Yes 430 N MICHIGAN AVE CHICAGO, IL 60611 36-4173556 (4) REALTORS POLITICAL ACTION COMMITTEE POLITICAL ACTIVITY ΙL 527 NAR Yes 430 N MICHIGAN AVE CHICAGO, IL 60611 36-2795122 (5) NAR FUND NON-FED ELECTION IL 527 NAR Yes SUPPORT 430 N MICHIGAN AVE CHICAGO, IL 60611 26-1725187 (6) NAR CONGRESSIONAL FUND POLITICAL ACTIVITY ΙL 527 NAR Yes 430 N MICHIGAN AVE CHICAGO, IL 60611 27-3388377 (7) REALTOR UNIVERSITY EDUCATION IL CSRE 501(c)(3 No 430 N MICHIGAN CHICAGO, IL 60611 45-2102449 For Paperwork Reduction Act Notice, see the Instructions for Form 990. Cat No 50135Y Schedule R (Form 990) 2014

Part II Identification of Related Tax-Exempt Organizations Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one

(c)

(d)

(b)

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

(a)	(b)	(c)	(d)	(e)	(f)	(g)	(h)	(i)	(j)		(k)
Name, address, and EIN of	Primary activity	Legal	Direct	Predominant	Share of	Share of	Disprop	rtionate	Code V-UBI	Genera	al or	Percentage
related organization		domicile	controlling	ıncome(related,	total income	end-of-year	allocat	ions?	amount in box	manag	jing	ownership
		(state or	entity	unrelated,		assets			20 of	partne	er?	
		foreign		excluded from					Schedule K-1			
		country)		tax under					(Form 1065)			
				sections 512-								
				514)								
				ĺ ,			Yes	No		Yes	No	
		$\overline{}$										

Part IV

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total Income	(g) Share of end-of- year assets	(h) Percentage ownership	Section (b)(i contro	n 512 13) olled
								Yes	No
(1) REALTORS INFORMATION NETWORK INC 430 N MICHIGAN AVE CHICAGO, IL 60611 36-3981966	REAL ESTATE INFO	ΙL	NAR	C Corporation	2,117,622	17,725,132	100 %	Yes	
(2) NATL ASSOCIATION OF REALTORS BUSINESS ACTIVITIES 430 N MICHIGAN AVE CHICAGO, IL 60611 20-3467306	REAL ESTATE INFO AND SERVICES	IL	NAR	C Corporation	27,060,518	43,520,044	100 %	Yes	

eneddie K (Ferm 555) 2011					ıαş	ge 3
Part V Transactions With Related Organizations Complete if the organization answ	ered "Yes" on Form	990, Part IV, lin	e 34, 35b, 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 orgranization engage in any of the following transactions with one or more r	elated organizations lis	sted in Parts II-IV?	·			
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity			<u>:</u>	1a	Yes	
b Gift, grant, or capital contribution to related organization(s)			[1b	Yes	
c Gift, grant, or capital contribution from related organization(s)				1c	Yes	
d Loans or loan guarantees to or for related organization(s)			[1d		
e Loans or loan guarantees by related organization(s)				1e		No
f Dividends from related organization(s)			[:	1f		No
g Sale of assets to related organization(s)				1g		No
h Purchase of assets from related organization(s)				1h		No
i Exchange of assets with related organization(s)				1i		No
j Lease of facilities, equipment, or other assets to related organization(s)				1j	Yes	
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)				1 I	Yes	
$m{m}$ 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)				10	Yes	
p Reimbursement paid to related organization(s) for expenses				1p		No
q Reimbursement paid by related organization(s) for expenses				1q	Yes	
r Other transfer of cash or property to related organization(s)				1r	Yes	
s Other transfer of cash or property from related organization(s)				1s	Yes	
2 If the answer to any of the above is "Yes," see the instructions for information on who must complete	this line, including co	vered relationships	and transaction thresholds			
	(b)	(c)	(d)			
Managara of malakad annan makan	T	Amazunt musikus -	I Madead of data			

2 If the answer to any of the above is tres, see the instructions for information on who must complete this line, including covered relationships and transaction thresholds										
(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved							
See Additional Data Table										

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

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

I													
(a) Name, address, and EIN of entity	(b) Primary activity	domicile (state or foreign	(d) Predominant income (related, unrelated, excluded from tax under sections 512-	s 50 orgai	(e) all partners section i01(c)(3) anizations?	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproprtionat allocations?	7	(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
		<u> </u>	514)	Yes	No	<u> </u>	<u> </u>	Yes	No		Yes	No	
				\Box				,	\Box				

Part VII Supplemental Information

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

Return Reference	Explanation
	THE NATIONAL ASSOCIATION OF REALTORS (NAR) FUND HAS BEEN SET UP AS SEPARATE SEGREGATED FUNDS AS DEFINED IN REG 1 527-2 (B) AND IRC 527(F)(3) THE FUND IS TREATED AS AN INDEPENDENT POLITICAL ORGANIZATION NAR PROMPTLY TRANSFERS MEMBERSHIP DUES DIRECTLY TO THE FUND, AND ACCORDINGLY, THESE TRANSFERS ARE NOT TREATED AS EXPENDITURES FOR EXEMPT FUNCTIONS ADDITIONALLY, POLITICAL CONTRIBUTIONS AND MEMBERSHIP DUES ARE NOT USED TO EARN INVESTMENT INCOME

Schedule R (Form 990) 2014

Software ID: 14000329

Software Version: 2014v1.0

EIN: 36-1520690

Name: National Association of Realtors

Form 990, Schedule R, Part II - Identification of Related Ta	ax-Exempt Organizations
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(a)	(b)		(d)	(e)	(f)	1	g)
(a) Name, address, and EIN of related organization	Primary activity	(c) Legal domicile (state or foreign country)	Exempt Code section	Public charity status (if section 501(c) (3))	Direct controlling entity	Section (b)(:	on 512 (13) rolled
(1) REALTORS RELIEF FOUNDATION	DISASTER RELIEF	IL	501(c)(3	l z	NAR	Yes Yes	No
(1) REALTORS RELIEF FOUNDATION	DISASIEK KLLILI	16	201(c)(2	'	NAK	ies	r
430 N MICHIGAN AVE CHICAGO, IL 60611 36-4468109							
(1) LEONARD P REAUME MEMORIAL FOUNDATION	EDUCATION	IL	501(c)(3	PF	NAR	Yes	7
430 N MICHIGAN AVE CHICAGO, IL 60611 36-3495865							
(2) CENTER FOR SPECIALIZED REALTOR EDUCATION	MEMBER SERVICES	IL	501(c)(6		NAR	Yes	<u> </u>
430 N MICHIGAN AVE CHICAGO, IL 60611 36-4173556							
(3) REALTORS POLITICAL ACTION COMMITTEE	POLITICAL ACTIVITY	IL	527		NAR	Yes	<u> </u>
430 N MICHIGAN AVE CHICAGO, IL 60611 36-2795122							
(4) NAR FUND	NON-FED ELECTION SUPPORT	IL	527		NAR	Yes	
430 N MICHIGAN AVE CHICAGO, IL 60611 _26-1725187							
(5) NAR CONGRESSIONAL FUND	POLITICAL ACTIVITY	IL	527		NAR	Yes	
430 N MICHIGAN AVE CHICAGO, IL 60611 27-3388377							
(6) REALTOR UNIVERSITY	EDUCATION	IL	501(c)(3	2	CSRE		Νo
430 N MICHIGAN CHICAGO, IL 60611 45-2102449							

Form 990, Schedule R, Part V - Transactions With Related Organizations			
(a) Name of related organization	(b) Transaction type(a-s)	(c) A mount Involved	(d) Method of determining amount involved
NATIONAL ASSOCIATION OF REALTORS	R	9,440,000	CASH
NAR CONGRESSIONAL FUND	R	10,060,793	CASH
REALTORS INFORMATION NETWORK	А	15,412	CASH
REALTORS INFORMATION NETWORK	L	224,103	CASH
REALTORS INFORMATION NETWORK	S	654,810	CASH
CENTER FOR SPECIALIZED REALTOR EDUCATION	А	137,328	CASH
CENTER FOR SPECIALIZED REALTOR EDUCATION	L	135,035	CASH
CENTER FOR SPECIALIZED REALTOR EDUCATION	S	2,371,633	CASH
NATIONAL ASSOCIATION OF REALTORS BUSINESS ACTIVITIES	A	457,343	CASH
NATIONAL ASSOCIATION OF REALTORS BUSINESS ACTIVITIES	L	90,050	CASH
NATIONAL ASSOCIATION OF REALTORS BUSINESS ACTIVITIES	S	974,135	CASH
NATIONAL ASSOCIATION OF REALTORS BUSINESS ACTIVITIES	S	9,307,000	ESTIMATED FAIR VALUE
NATIONAL ASSOCIATION OF REALTORS BUSINESS ACTIVITIES	D	1,000,000	CASH
NATIONAL ASSOCIATION OF REALTORS BUSINESS ACTIVITIES	S	331,000	CASH
REALTORS INFORMATION NETWORK	В	9,300,000	CASH
REALTOR UNIVERSITY	L	191,000	ESTIMATED FAIR VALUE
REALTOR UNIVERSITY	В	150,000	CASH
NATIONAL ASSOCIATION OF REALTORS BUSINESS ACTIVITIES	С	150,000	CASH
REALTORS INFORMATION NETWORK	С	100,000	CASH
NATIONAL ASSOCIATION OF REALTORS BUSINESS ACTIVITIES	В	21,900,000	CASH
1		1	'