Return of Organization Exempt From Income Tax

DLN: 93493249001289

OMB No 1545-0047

Department of the Treasury

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

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

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

Interna	l Revenue S	ervice	▶ Information abo	out Form 990 and its instructions	15 at <u>WWV</u>	V IKS YOV,	<u> </u>		Inspection	
A F	or the 20	17 ca		inning 11-01-2017 , and end	ling 10-3	1-2018				
	ck if applications of the contraction of the contra		C Name of organization MARYLAND ASSOCIATION OF REA	LTORS INC					ication number	
□ Na	me change	-	Doing business as				52-0728 ——	385		
	tial return al return/tern	ninated	Doing business as							
☐ Amended return ☐ Application pending			Number and street (or P O box if 200 HARRY S TRUMAN PARKWAY I	mail is not delivered to street address) Room/su	ite	E Telephone			
		enaing	City or town, state or province, co	(800) 63	8-6425					
			ANNAPOLIS, MD 214017348	G Gross rec	eipts \$ 10	0,778,443				
			F Name and address of princip CHARLES A KASKY	pal officer		H(a) I	s this a group ret	urn for		
			200 HARRY S TRUMAN PARKW. ANNAPOLIS, MD 214017348	AY NO 200			ubordinates? ire all subordinate	es	□Yes ☑No	
I Tax	k-exempt s	tatus	<u> </u>	■ (insert no)		† `´ ''	ncluded? f "No," attach a lii		Yes No	
J W	ebsite: ▶	MDF	REALTOR ORG	1 (msercino) — 13 m(a)(1) or	327	1	Group exemption		•	
						I Voar of	formation 1955	M State	of legal domicile	
K Forn	n of organi	zation	Corporation Trust Ass	sociation ☐ Other ►		Litear or		MD	or legal doffliche	
Pa		Sumr	-				<u>'</u>			
Governance	THE THRO DEVE THE ETHI PRES BUSI PRAC	MARYI DUGH ELOPS REAL I CALLY SERVES INESS CTICE,	COLLECTIVE EFFORTS WITH TH AND DELIVERS PROGRAMS, SE ESTATE BUSINESS AND THE PR AND SUCCESSFULLY WITH THE STHE RIGHT TO OWN, TRANSFI WITHIN A FRAMEWORK OF FAIL THE MARYLAND ASSOCIATION	RS EXISTS TO SUPPORT ALL SECTION OF THE PROPERTY OF THE PROPER	NS AND THE TS THAT IN PRACTITIC SIONAL ABOUT THE GOVERNMERS DIVER	HE NATION MAINTAIN DNERS, AS JILITY IN FECTS THE MENTAL RE SITY AND	NAL ASSOCIATION AND ELEVATE THE SSISTS MEMBERS REAL ESTATE MATE RIGHT OF MEMBE EGULATIONS IN F	N OF RE HE HIGH IN SER ITERS, ERS TO PRINCIPI	ALTORS, MAR I STANDARDS OF VING THE PUBLIC PROMOTES AND CONDUCT LE AND IN	
9										
Activities &				iscontinued its operations or disp						
ĬŽ.	2 Che 3 Nun	sets 3	40							
Act				4	40					
	5 Tota			5 6	22 40					
			•	rt VIII, column (C), line 12				7a	-12,734	
	b Net	unrela	ated business taxable income fro	om Form 990-T, line 34				7b	-59,817	
							Prior Year		Current Year	
Ģ			ions and grants (Part VIII, line 1 service revenue (Part VIII, line 2		6,257,7	0	6,019,502			
Rəvenue	Ι .	•	, ,	, lines 3, 4, and 7d)			231,3		242,224	
ш	11 Oth	er rev	enue (Part VIII, column (A), line	-116,4		-94,989				
			enue—add lines 8 through 11 (m	6,372,5	_	6,166,737				
				column (A), lines 1–3) column (A), line 4)			44,9	0	81,607 37,563	
ς.		-	·	penefits (Part IX, column (A), line			2,241,2	_	2,251,209	
Expenses	16a Pro	fession	nal fundraising fees (Part IX, col	umn (A), line 11e)				0	0	
φdx			aising expenses (Part IX, column (D),	· -						
ш				s 11a-11d, 11f-24e)		2,033,242 2,529,				
				qual Part IX, column (A), line 25) Trom line 12			4,319,4 2,053,0	_	4,900,309 1,266,428	
8 8			·			Begin	ning of Current Ye		End of Year	
Net Assets or Fund Balances	20 Tot	ما عدده	ets (Part X, line 16)				25,842,2	50	26,879,634	
t Ase			lities (Part X, line 26)				11,151,6	_	11,037,562	
ξŢ			s or fund balances Subtract line				14,690,6	_	15,842,072	
Par			ature Block	mined this return, including acco	mnanvina	schodulo	s and statements	and to	the best of my	
knowl		belief		e Declaration of preparer (other						
ally K	nowieage L									
Sign		• * * * * * Signatu	re of officer				2019-09-05 Date			
Sign Here		<u>CH</u> ARLE	es a Kasky Ceo							
	1 1111-	Type or	print name and title							
Doid	1		nnt/Type preparer's name ANDREW POWELL	Preparer's signature W ANDREW POWELL		ate 019-09-05	Check L If P	TIN 01318399	9	
Paid Prei	a parer	Fil	rm's name	ELL LTD			self-employed Firm's EIN ► 26-0	0004395		
-	Only	Fii	rm's address ▶ 1199 N FAIRFAX ST 1	OTH FLOOR			Phone no (703) 8	36-1350		
			ALEXANDRIA, VA 22							
Mav t	he IRS di	scuss :	this return with the preparer sho	own above? (see instructions) .				<u> </u>	′es □No	

Cat No 11282Y

Form **990** (2017)

For Paperwork Reduction Act Notice, see the separate instructions.

Form	990 (2	(017)				Page 2
Par	HII	Statement of P	rogram Service Ac	complishments		
		Check if Schedule (O contains a response o	r note to any line in this Part III		🗹
1	Briefly	describe the organi		,		
COLL SELIY AND THE I AND	ECTIVE /ERS PI THE PR HIGHES REAL PI GOVERI	EFFORTS WITH THE ROGRAMS, SERVICE: OFESSIONAL CONDU TOTE DEGREE OF PROFE ROPERTY, AND PROT NMENTAL REGULATI	E LOCAL BOARDS/ASSO S, AND RELATED PRODI JCT OF ITS PRACTITION ESSIONAL ABILITY IN R ECTS THE RIGHT OF MI ONS IN PRINCIPLE AND	CIATIONS AND THE NATIONAL A UCTS THAT MAINTAIN AND ELEV VERS, ASSISTS MEMBERS IN SEF EAL ESTATE MATTERS, PROMOT EMBERS TO CONDUCT BUSINESS IN PRACTICE, THE MARYLAND A	IS MEMBERSHIP AND THEIR SPECIAL SSOCIATION OF REALTORS, MAR DEATE THE HIGH STANDARDS OF THE RIVING THE PUBLIC ETHICALLY AND SES AND PRESERVES THE RIGHT TO COMMITTE AND SESOCIATION OF REALTORS VALUES SEACH MEMBER AS A UNIQUE INDIVIOUS MEMBER AS A UNIQUE INDIVIOUS SEACH MEMBER AS A UNIQUE INDIVIDUAL SEACH AS A UNIQUE SEACH AS A UN	EVELOPS AND REAL ESTATE BUSINESS SUCCESSFULLY WITH DWN, TRANSFER, AND ID REASONABLE LAWS AND SEEKS DIVERSITY
_	5 1.1			ogram services during the year w		
2						
						☐ Yes 🗹 No
		•	w services on Schedule			
3		-	- '	ignificant changes in how it condi	ucts, any program	
						🗌 Yes 🗹 No
	If "Yes	s," describe these ch	anges on Schedule O			
4	Sectio	on 501(c)(3) and 501		e required to report the amount o	largest program services, as measur of grants and allocations to others, th	
4a	(Code) (Expenses \$	including grants of \$) (Revenue \$)
	See Ad	ldıtıonal Data				
4b	(Code) (Expenses \$	including grants of \$) (Revenue \$)
4c	(Code) (Expenses \$	including grants of \$) (Revenue \$)
4d		program services (D	Describe in Schedule 0) including	grants of \$) (Revenue \$)

or X as applicable

Checklist of Required Schedules

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?

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

12a Did the organization obtain separate, independent audited financial statements for the tax year?

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

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

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

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

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

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

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

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

Page 3

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11a

11b

11c

11d

11e

11f

12a

12b

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14a

14b

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Yes

Yes

Yes

Yes

Yes

Yes

No

Nο

Nο

Nο Nο Nο Nο Nο Nο Nο Nο Nο Νo Nο No

Nο

Form **990** (2017)

29

Part IV	Checklist of Required Schedules (continued)

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

instructions for applicable filing thresholds, conditions, and exceptions)

	Circumst of Reduired Schedules (continued)		
20	Did the constant of the control of t		
∠∪a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H		

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 Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX.

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,"

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

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

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

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

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

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

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

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

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

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

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

a A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L,

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

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

Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons?

Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member

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

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

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

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

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

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

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

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

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

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

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

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

b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?

column (A), line 2? If "Yes," complete Schedule I, Parts I and III

20a

20b

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24a

24b

24c

24d

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25b

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28a

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Yes

Yes

Form 990 (2017)

Yes

Yes

Yes

No

Nο

Νo

Nο

orm	990 (2017)			Page 5					
Par	t V Statements Regarding Other IRS Filings and Tax Compliance								
	Check if Schedule O contains a response or note to any line in this Part V								
			Yes	No					
	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable 1a 72								
	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable 1b 0								
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c							
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return								
h	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Yes						
U	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)								
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	Yes						
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b	Yes						
4a	a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?								
b	If "Yes," enter the name of the foreign country See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)								
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		No					
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?			No					
		5b		110					
С	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c							
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6a		No					
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b							
7	Organizations that may receive deductible contributions under section 170(c).								
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a							
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b							
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c							
d	If "Yes," indicate the number of Forms 8282 filed during the year								
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e							
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f							
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g							
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h							
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	8							
9a	Did the sponsoring organization make any taxable distributions under section 4966?	9a							
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b							
0	Section 501(c)(7) organizations. Enter								
а	Initiation fees and capital contributions included on Part VIII, line 12 10a								
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b								
1	Section 501(c)(12) organizations. Enter								
	Gross income from members or shareholders								
	Gross income from other sources (Do not net amounts due or paid to other sources								
_	against amounts due or received from them)								
.2a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a							
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year								
.3	Section 501(c)(29) qualified nonprofit health insurance issuers.								
а	Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O	13a							
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans								
С	Enter the amount of reserves on hand								
	Did the agreement on group and market for indeed to make a surface distinct the training	14a		No					
.4a	Did the organization receive any payments for indoor tanning services during the tax year?	_14a							

orm	990 (2017)			Page 6
ar	Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O See instructions		nse to li	
Se	Check if Schedule O contains a response or note to any line in this Part VI	<u> </u>		✓
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 40			
	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 40			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2		No
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? .	3		No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		No
5	Did the organization become aware during the year of a significant diversion of the organization's assets? .	5		No
6	Did the organization have members or stockholders?	6	Yes	
	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more			
	members of the governing body?	7a	Yes	
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b	Yes	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following			
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, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		No
Se	ction B. Policies (This Section B requests information about policies not required by the Internal Revenu	e Code	∍.)	
			Yes	No
.0a	Did the organization have local chapters, branches, or affiliates?	10a	Yes	
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b	Yes	
.1a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Yes	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990			
.2a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Yes	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? <i>If "Yes," describe in Schedule O how this was done</i>	12c	Yes	
.3	Did the organization have a written whistleblower policy?	13	Yes	
.4	Did the organization have a written document retention and destruction policy?	14	Yes	
.5	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a	Yes	
ь	Other officers or key employees of the organization	15b	Yes	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)			
.6a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a		No
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt			
	status with respect to such arrangements?	16b		
Se	ction C. Disclosure			
.7	List the States with which a copy of this Form 990 is required to be filed▶ MD			
.8	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 🗌 Upon request 🗎 Other (explain in Schedule O)			
.9	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 THE ORGANIZATION 200 HARRY S TRUMAN PARKWAY NO 200 ANNAPOLIS, MD 214017348 (800) 638-6425			

orm 990 (2	and Independent Contractors Check if Schedule O contains a response or note to any line in this Part VII											
Part VII			Truste	es,	Key	En	ıploy	ees	, Highest Comp	ensated Employ	rees,	
	Check if Schedule O contains a	response or no	te to an	y line	ın t	his	Part V	Ι.			<u> </u>	
Section	A. Officers, Directors, Tru	stees, Key E	mploy	ees	, an	d H	lighe	st C	Compensated En	nployees		
ear											-	
of compensa	tion Enter -0- in columns (D), (E), and (F) if no	compe	nsatı	on v	vas į	paid			-		
	•		•									
vho received organization	d reportable compensation (Box and any related organizations	5 of Form W-2	and/or E	Зох 7	of F	orm	1099	-MIS	SC) of more than \$1	00,000 from the		
of reportable	of the organization's former office compensation from the organiz	ation and any r	elated o	rganı	zatı	ons	-					
List all operation	of the organization's former dire , more than \$10,000 of reportab	ectors or trust le compensation	ees that n from t	t rece the or	gan	l, ın ızatı	the ca	paci any	ty as a former direc v related organization	tor or trustee of the ons	9	
	in the following order individua d employees, and former such p		ectors, i	ınstıtı	utior	nal t	rustee	s, of	ficers, key employe	es, highest		
☐ Check t	his box if neither the organizatio	n nor any relate	ed orgar	nizatio	on c	omp	ensate	d ar	ny current officer, di	rector, or trustee		
	(A) Name and Title	(B) Average 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)					on	(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-	(F) Estimated amount of other compensation from the organization and	
		organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officer	key employee	Highest compensated employee	Former		MISC)	related organizations	
See Additiona	al Data Table											

Form 990 (2017) Page 8 Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

(A) Name and Title	(B) Average hours per week (list any hours		ne bo	ox, t n off or/t	t che inles ficer ruste	ss pers	on	(D) Reportable compensation from the organization (W-	(E) Reportable compensation from related organizations (W-	(F) Estimated amount of other compensation from the organization and			
	for related organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officer	Highest compensated employee Key employee Officer		Former	2/1099-MISC)	2/1099-MISC)	organization and related organizations			
See Additional Data Table													
										_			
1b Sub-Total						>							
c Total from continuation sheets to P d Total (add lines 1b and 1c)	•					>		618,805	0	117,962			
Total number of individuals (including of reportable company from the	but not limited	to thos				e) who	rece	eived more than \$10	00,000				

3	Did the organization list any former of

Section B. Independent Contractors

compensation from the organization ▶ 1

ACCESS MARKETING SERVICES LLC

2801 CENTERVILLE ROAD WILMINGTON, DE 19808

d	Total (add lines 1b and 1c)	0		117,962
2	Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization \triangleright 4			
			Yes	No
3	Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>	3		No
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 individual	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 J for such person	5		No

	line 1a? If "Yes," complete Schedule J for such individual .						•
4	For any individual listed on line 1a, is the sum of reportable organization and related organizations greater than \$150,00 individual	00? <i>If "Y∈</i>	es," com	plete Schedu	ile J for such	ר	
5	Did any person listed on line 1a receive or accrue compensal	tion from	n any un	related orga	nızatıon or ı	ndıvıdual	for

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

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

(A)

Name and business address

No Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation

(C)

Compensation

Form 990 (2017)

165,720

(B)

Description of services

MARKETING

Part \	7.7.			a respo	onse or note to any	line in this	Part VIII				🗆
						(A) Total reve	enue	Relat exe fund	ed or mpt ction	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
10	1a	Federated campaig	ns	1a				Teve	enue		512-514
ants	b Membership dues 1b										
ב <u></u> ב	c	Fundraising events		1c							
ffs.	d	l Related organizatio	ns	1 d							
<u>ڇَ</u> ٰ ِتَ	e	Government grants (co	ontributions)	1e							
Contributions, Gifts, Grants and Other Similar Amounts	f	All other contributions and similar amounts n above	, gıfts, grants, ot ıncluded	1f							
ntige A Otto	g Noncash contributions included in lines 1a-1f \$										
	h	Total.Add lines 1a-1	f		•						
rle Lle	_				Business	Code					
rey.	_	MEMBERSHIP DUES				900099		2,351	5,412,3		
Program Service Revenue		ANNUAL CONFERENCE EDUCATION PROGRAMS				900099		9,799	401,20		
		MAGAZINE ADVERTISIN				541800		6,088	103,7	96,0	88
ઝુ	e										
gran		All other program se	rvice revenue								
δ		Fotal. Add lines 2a-2i			▶ 6,0	019,502					
		investment income (i			interest, and other	1					
	S	ımılar amounts) .			•	•	182,739				182,739
		income from investma Royalties				`	21,057				21,057
	J F	Coyalties	(ı) Rea		(II) Personal	1					
	6a	Gross rents	(,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		(*,						
	h	Less rental expenses		.36,478		_					
	U	Less Terred expenses		.50, 170							
	С	Rental income or (loss)	-1	27,471							
	d	Net rental income o	lr (loss)			-	-127,471			-108,822	-18,649
			(ı) Securi	ies	(II) Other						
		Gross amount from sales of assets other than inventory	3,5	34,713							
		Less cost or other basis and	3,4	75,228		1					
	c	sales expenses Gain or (loss)		59,485							
		Net gain or (loss)			>	1	59,485				59,485
Other Revenue		Gross income from f (not including \$	ed on line 1c)	of							
Je <		Less direct expense		ь		-					
er		Net income or (loss)		ing ev	rents	_					
Ott		Gross income from g See Part IV, line 19		es a							
		Less direct expense		b							
		Net income or (loss) Gross sales of invent		activit	ies 📂	1					
		returns and allowand		a							
	b	Less cost of goods s	sold	b							
	С	Net income or (loss)		inven							
-	11:	Miscellaneous aMISCELLANEOUS	Kevenue		Business Code 90009	9	11,425				11,425
		-MISCELLANEOUS					,				
	b										
	C										
	'n	All other revenue .									
		Total. Add lines 11a			•						
	12	Total revenue. See	Instructions				11,425		F.005 :		_
							6,166,737		5,923,414	-12,734	256,057

Forr	n 990 (2017)				Page 10
	Statement of Functional Expenses tion 501(c)(3) and 501(c)(4) organizations must complete all col	lumns All other orga	ınızatıons must com	plete column (A)	
	Check if Schedule O contains a response or note to any	line in this Part IX			<u> </u>
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraisingexpenses
1	Grants and other assistance to domestic organizations and domestic governments See Part IV, line 21	81,607	·		
2	Grants and other assistance to domestic individuals See Part IV, line 22				
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, line 15 and 16				
4	Benefits paid to or for members	37,563			
5	Compensation of current officers, directors, trustees, and key employees	270,417			
6	Compensation not included above, to disqualified persons (as defined under section $4958(f)(1)$) and persons described in section $4958(c)(3)(B)$				
7	Other salaries and wages	1,608,694			
8	Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions)	100,555			
9	Other employee benefits	136,645			
10	Payroll taxes	134,898			
11	Fees for services (non-employees)				
ä	a Management				
ı	Legal	23,741			
	Accounting	50,446			
	l Lobbying				
	Professional fundraising services See Part IV, line 17				
1	Investment management fees	33,713			
9	Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	67,470			
12	Advertising and promotion	47,083			
13	Office expenses	373,633			
14	Information technology	52,811			
	Royalties				
16	Occupancy	86,255			
	Travel	37,180			
	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	658,170			
	Interest	105,109			
	Payments to affiliates	·			
	Depreciation, depletion, and amortization	203,907			
	Insurance	23,397			
	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 LEGISLATIVE EXPENSES	606,098			
	b EDUCATION EXPENSES	113,577			
	c CAMPAIGN EXPENSES	45,250			
	d MISCELLANEOUS	2,090			
	e All other expenses				
25	Total functional expenses. Add lines 1 through 24e	4,900,309			
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)				

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Liabilities 22

Fund Balances

Assets or 30

Net

Investments—publicly traded securities .

Intangible assets

Grants payable . . .

Deferred revenue . . .

Complete Part X of Schedule D

Temporarily restricted net assets

Permanently restricted net assets

Total net assets or fund balances

Total liabilities and net assets/fund balances .

Unrestricted net assets

Accounts payable and accrued expenses

Investments—other securities See Part IV, line 11 .

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

Other assets See Part IV, line 11

Tax-exempt bond liabilities

persons Complete Part II of Schedule L .

and other liabilities not included on lines 17-24)

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

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

and complete lines 30 through 34.

Capital stock or trust principal, or current funds

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

Retained earnings, endowment, accumulated income, or other funds

Total liabilities. Add lines 17 through 25 .

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

Escrow or custodial account liability Complete Part IV of Schedule D

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

Unsecured notes and loans payable to unrelated third parties .

Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified

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

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

Page **11**

3.364.439

4,757,444

63.918

520,905

1,067,056

9.392.657

11,037,562

15.842.072

15,842,072

26.879.634

Form **990** (2017)

56.944

26.879.634

		(A) Beginning of year		(B) End of year
1	Cash-non-interest-bearing	828,498	1	944,035
2	Savings and temporary cash investments	3,674,056	2	5,136,998
~	Diadaca and annuts recovered and		_	

Pledges and grants receivable, net . . 329.571 4 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part 5 II of Schedule L

292,415 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) 6 voluntary employees' beneficiary organizations (see instructions) Complete Part II of Schedule L Notes and loans receivable, net . . 7 Inventories for sale or use . 8

Assets 148.664 187.098 9 Prepaid expenses and deferred charges . 10a Land, buildings, and equipment cost or other 18,661,951 10a basis Complete Part VI of Schedule D 12,492,453 6,528,664 10c 12,133,287 b Less accumulated depreciation 10b

3.338.039

4.995.641

35.337

286,529

1,037,233

9.770.937

56.944

11,151,643

14.690.616

14,690,616

25.842.259

25.842.259

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7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	0
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	15,842,072
Par	XII Financial Statements and Reporting		

9	Other changes in net assets or fund balances (explain in Schedule O)	9		U
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	15,	842,072
Pari	XII Financial Statements and Reporting			
	Check if Schedule O contains a response or note to any line in this Part XII		 	✓
			Yes	No

☐ Both consolidated and separate basis

☐ Both consolidated and separate basis

2a

2b

2c

3a

3b

Yes

Yes

No

No

Form 990 (2017)

_	i iioi p		"		
9	Other	changes in net assets or fund balances (explain in Schedule O)	9		0
10	Net as	sets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (E)) 10	15	,842,072
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	Accour	nting method used to prepare the Form 990 🔲 Cash 🗹 Accrual 🔲 Other			

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

c If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?

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

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

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

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

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

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

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

Consolidated basis

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

Consolidated basis

Schedule O

separate basis, consolidated basis, or both

Separate basis

consolidated basis, or both

Audit Act and OMB Circular A-133?

Separate basis

Additional Data

Software ID:

Software Version:

EIN: 52-0728385

Name: MARYLAND ASSOCIATION OF REALTORS INC.

Form 990 (2017)

Form 990, Part III, Line 4a:

THE LEGAL DEPARTMENT PROVIDES LEGAL HOTLINE SERVICES TO MEMBERS. STAFFS THE STATEWIDE FORMS. COMMERCIAL AND REAL PROPERTY OPERATIONS

COMMITTEES AND DELIVERS PROFESSIONAL STANDARDS TRAINING TO LOCAL BOARDS. THE LEGAL DEPARTMENT STAFF ALSO VISITS COMPANY OFFICES FOR INFORMAL MEETINGS TO PROVIDE UPDATES AND SUPPLIES INSTRUCTORS FOR CONTINUING EDUCATION CLASSES REQUIRED BY MARYLAND REAL ESTATE LICENSE LAW THE FOLICATION DEPARTMENT ADMINISTERS AND MONITORS THE REAL TOR INSTITUTE PROGRAM THROUGHOUIT THE STATE. THE LEADERSHIP ACADEMY AND ASSISTED

EDUCATION DEPARTMENT ADMINISTERS AND MONITORS THE REALTOR INSTITUTE PROGRAM THROUGHOUT THE STATE, THE LEADERSHIP ACADEMY, AND ASSISTED MAR'S MEDIATION PROVIDER WITH EDUCATIONAL SUPPORT THE EDUCATION DEPARTMENT CONTINUES TO PARTNER WITH THE ANNUAL CONFERENCE COMMITTEE TO PROVIDE AND TRACK EDUCATION PROGRAMS DURING MAR'S CONFERENCE AND WITH THE LEGAL DEPARTMENT TO ASSIST IN THE SCHEDLING AND MONITORING OF THE IN-HOUSE LOCAL PROFESSIONAL STANDARDS TRAINING SEMINARS, AND ASSISTS IN OTHER ACTIVITIES TO HELP SUPPORT EDUCATION INITIATIVES WITHIN MAR THE COMMUNICATIONS AND MEMBER SERVICES DEPARTMENT PROVIDES FREE WEBINARS AND THE MAR REALTOR MAGAZINE TO MEMBERS IN ORDER TO KEEP THEM INFORMED ON THE MOST UP-TO-DATE ISSUES INVOLVING THE INDUSTRY THE PUBLIC POLICY DEPARTMENT CONTINUES TO MONITOR REALTOR ISSUES BEFORE THE MARYLAND STATE LEGISLATURE AND PROVIDES GOVERNMENT AFFAIRS SERVICES TO ALL LOCAL ASSOCIATIONS/BOARDS TO MONITOR ISSUES BEFORE LOCAL IURISDICTIONS

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

	any hours	l		ecto	r/tr	ustee)	organization	organizations	from the
	for related organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officer	key employee	Highest compensated employee	Former	(W- 2/1099- MISC)	(W- 2/1099- MISC)	organization and related organizations
DEANNA 'DEE DEE' MILLER TREASURER	3 00	×		×				0	0	0
JOHN A HARRISON SECRETARY	3 00	x		x				0	0	0
CRAIG WOLF PRESIDENT-ELECT APPOINTMENT	3 00	x						0	0	0
PEG MANCUSO	3 00	х						0	0	0

VP - DISTRICT 2 3 00 PAT DOWTIN Х

3 00

3 00

......

VP - DISTRICT 3 3 00 LARRY SMITH Χ VP - DISTRICT 4

and Independent Contractors

DENISE LEWIS

VP - DISTRICT 5

PAM HARRISON

VP - DISTRICT 6

VP - DISTRICT 7

VP - DISTRICT 8

SHEILA WASHBURN

TERRENCE MCGOWAN

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

	any hours	and	a dır	ecto	r/tr	ustee))	organization	organizations	from the	
	for related organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officer	key employee	Highest compensated	Former	(W- 2/1099- MISC)	(W- 2/1099- MISC)	organization and related organizations	
KEVIN TURNER VP - DISTRICT 9	3 00	×						0	0	0	
SHELLY MURRAY IMMEDIATE PAST PRESIDENT	3 00	х		х				0	0	0	
BOYD CAMPBELL PRESIDENT-ELECT	3 00	x		х				0	0	0	
JOHN J HARRISON NAR REPRESENTATIVE	3 00	x						0	0	0	
JOANNE POOLE NAR REPRESENTATIVE	3 00	x						0	0	0	
LORI LUKEMAN	3 00										

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JOHN J HARRISON
NAR REPRESENTATIVE
JOANNE POOLE
NAR REPRESENTATIVE
LORI LUKEMAN

LOCAL BOARD REP

LOCAL BOARD REP

LOCAL BOARD REP

YOLANDA MUCKLE

PRESIDENT-ELECT

AT LARGE REP

MERRY TOBIN

KIM MILLS

ANITA DAVIS

and Independent Contractors

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

	any hours	and	a dır	ecto	or/tr	ustee)	organization	organizations	from the	
	for related organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officer	key employee	Highest compensated employee	Former	(W- 2/1099- MISC)	(W- 2/1099- MISC)	organization and related organizations	
CHERYL ABRAMS DAVIS PRESIDENTIAL APPOINTMENT	3 00	×						0	0	0	
MICHELE CORDLE LOCAL BOARD REP	3 00	х						0	0	0	
ALYSSIA ESSIG LOCAL BOARD REP	3 00	х						0	0	0	
RETHA ARRABAL LOCAL BOARD REP	3 00	х						0	0	0	
TOM DALEY	3 00										

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RETHA ARRABAL
LOCAL BOARD REP
TOM DALEY
LOCAL BOARD REP

PHYLLIS ADAM

JOEL MAHER

GREG PHILLIPS

LOCAL BOARD REP

LOCAL BOARD REP

LOCAL BOARD REP

JOHN PUCCIANO

MARIAN STAAB

LOCAL BOARD REP

..... LOCAL BOARD REP

and Independent Contractors

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

	any nours	i and	. a dir	ecto		rustee)	' 1	organization	organizations	from the
	for related organizations below dotted line)		Institutional Trustee	10	key employee	Highest compensated employee	Former	(W- 2/1099- MISC)	(W- 2/1099- MISC)	organization and related organizations
CONNIE LEPREVOST LOCAL BOARD REP	3 00							0	0	0
JOANN ALEXANDER LOCAL BOARD REP	3 00	X						0	0	0
DAPHNE CAWLEY LOCAL BOARD REP	3 00	I .						0	0	0
KRISTYN MARTIN LOCAL BOARD REP	3 00							0	0	0
VEERA PHILLIPS	3 00						\Box			

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DAFTINE CAWLET
LOCAL BOARD REP
KRISTYN MARTIN
LOCAL BOARD REP
VEERA PHILLIPS
LOCAL BOARD REP

KATHY SUITE

DANIEL HOFF

LOCAL BOARD REP

LOCAL BOARD REP

DONTAE CARROLL

LOCAL BOARD REP

LOCAL BOARD REP

DAVID MICHALSKI

LOCAL BOARD REP

PAM BIANCO

......

and Independent Contractors

and Independent Contractors (A) (B) Name and Title Average

CHARLES A KASKY

WILLIAM A CASTELLI

KATHLEEN DARTEZ

PATRICIA D SCHMITT

VP FINANCE

SR VP-LEGISLATIVE AFFAIRS

DIRECTOR OF LEGAL AFFAIRS

CEO

any hours for related organizations below dotted line)
35 00
35 00
35 00

hours per

week (list

Individual

35 00

.

than one box, unless

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

Institutional

(C)

Position (do not check more

person is both an officer and a director/trustee)

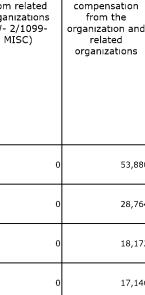
Repor comper from organi (W- 2/ MIS	table sation the zation 1099-
	252,03
	147,95
	118,35
	100,46

(D)

n -	compensation from related organizations (W- 2/1099- MISC)
030	
952	
356	
467	

(E)

Reportable



(F)

Estimated

amount of other

53,880

28,764

18,172

17,146

SCHEDULE C

(Form 990 or 990-

EZ)

Political Campaign and Lobbying Activities

▶Complete if the organization is described below. ▶Attach to Form 990 or Form 990-EZ.

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

OMB No 1545-0047

DLN: 93493249001289

Open to Public Inspection

Department of the Treasury ▶Information about Schedule C (Form 990 or 990-EZ) and its instructions is at Internal Revenue Service www.irs.gov/form990. If the organization answered "Yes" on Form 990, Part IV, Line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then

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

• Section 501(c) (other than section 501(c)(3)) organizations Complete Parts I-A and C below Do not complete Part I-B Section 527 organizations Complete Part I-A only If the organization answered "Yes" on Form 990, Part IV, Line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then • Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)) Complete Part II-A Do not complete Part II-B Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)) Complete Part II-B Do not complete Part II-A If the organization answered "Yes" on Form 990, Part IV, Line 5 (Proxy Tax) (see separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (see separate instructions), then • Section 501(c)(4), (5), or (6) organizations Complete Part III Name of the organization **Employer identification number** MARYLAND ASSOCIATION OF REALTORS INC 52-0728385 Complete if the organization is exempt under section 501(c) or is a section 527 organization. Part I-A 1 Provide a description of the organization's direct and indirect political campaign activities in Part IV (see instructions for definition of "political campaign activities") 2 Political campaign activity expenditures (see instructions) 3 Volunteer hours for political campaign activities (see instructions) Complete if the organization is exempt under section 501(c)(3). Enter the amount of any excise tax incurred by the organization under section 4955 1 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 Was a correction made? 4a ☐ Yes ☐ No If "Yes," describe in Part IV Complete if the organization is exempt under section 501(c), except section 501(c)(3). Enter the amount directly expended by the filing organization for section 527 exempt function activities 1 2 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt 3 Total exempt function expenditures Add lines 1 and 2 Enter here and on Form 1120-POL, line 17b Did the filing organization file Form 1120-POL for this year? 5 Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments For each organization listed, enter the amount paid from the filing organization's funds Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC) If additional space is needed, provide information in Part IV

•				
(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds If none, enter -0-	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization. If none, enter -0-
1				
2				
3				
4				
5				
6				
For Paperwork Reduction Act Notice, see t	the instructions for Form 990 or 990-EZ.	Cat	No 50084S Schedule C (Form 990 or 990-EZ) 2017

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

Grassroots nontaxable amount

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

Schedule C (Form 990 or 990-EZ) 2017

Part II-B

Volunteers?

Media advertisements?

activity

1

2

c Total

Part IV

3

Current year

Carryover from last year

expenditure next year?

Return Reference

(b)

Amount

(a)

No

2

2a

2b

2c

3

4 5 No

No

529,040

529,040

461,515

67,525

Yes

u	Mailings to members, registators, or the public?				
е	Publications, or published or broadcast statements?				
f	Grants to other organizations for lobbying purposes?				
g	Direct contact with legislators, their staffs, government officials, or a legislative body?				
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?				
i	Other activities?				
j	Total Add lines 1c through 1i				
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?				
b	If "Yes," enter the amount of any tax incurred under section 4912				
С	If "Yes," enter the amount of any tax incurred by organization managers under section 4912		•		
d	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?				
Pai	t III-A Complete if the organization is exempt under section 501(c)(4), section 501(c 501(c)(6).)(5), o	r sectio	n	
		•		Yes	No
1	Were substantially all (90% or more) dues received nondeductible by members?		1		No

Complete if the organization is exempt under section 501(c)(3) and has NOT filed

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

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

Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6)Part III-B and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No" OR (b) Part III-A, line 3, is answered "Yes." Dues, assessments and similar amounts from members 5,412,351 1 1 2 Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political

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

Did the organization make only in-house lobbying expenditures of \$2,000 or less?

Did the organization agree to carry over lobbying and political expenditures from the prior year?

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

expenses for which the section 527(f) tax was paid).

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

Supplemental Information

Taxable amount of lobbying and political expenditures (see instructions)

instructions), and Part II-B, line 1 Also, complete this part for any additional information Explanation Schedule C (Form 990 or 990EZ) 2017 SCHEDULE D Supplemental Fina

Supplemental Financial Statements

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

Open to Public

DLN: 93493249001289OMB No 1545-0047

Department of the Treasury Internal Revenue Service

(Form 990)

► Attach to Form 990.

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

s.gov/form990. Inspection

| Fmployer identification number

	RYLAND ASSOCIATION OF REALTORS INC				p	loyer identification fidiliber
						728385
Pa	rt I Organizations Maintaining Donor Advi Complete if the organization answered "Ye				r Acc	ounts.
	complete if the organization answered Te	(a) Dono				(b)Funds and other accounts
1	Total number at end of year	(u) being		Jed Tallids		(b), and and other decounts
- 2	Aggregate value of contributions to (during year)					
3	Aggregate value of grants from (during year)					
4	Aggregate value at end of year					
5	Did the organization inform all donors and donor adviso	ro in writing that th	0.255	ts hold in donor ad	lyusad fi	unds are the
9	organization's property, subject to the organization's ex	clusive legal contro	1 ?			☐ Yes ☐ No
6	Did the organization inform all grantees, donors, and do charitable purposes and not for the benefit of the donor private benefit?					
Pa	rt II Conservation Easements. Complete if th	ne organization a	nswe	red "Yes" on Forr	n 990,	Part IV, line 7.
1	Purpose(s) of conservation easements held by the organ	nızatıon (check all t	hat a	pply)		
	Preservation of land for public use (e.g., recreation	or education)		Preservation of an	histori	cally important land area
	Protection of natural habitat	•	П			historic structure
				i reservation or a t	.ci uneu	i matoric aducture
_	Preservation of open space	16.1			_	
2	Complete lines 2a through 2d if the organization held a easement on the last day of the tax year	qualified conservat	ion co	ntribution in the for	m of a	Held at the End of the Year
а	Total number of conservation easements				2a [Heid at the Liid of the Teal
b	Total acreage restricted by conservation easements				2b	
c	Number of conservation easements on a certified histori	c structure included	lın (a)	2c	
d	Number of conservation easements included in (c) acqui		•	'	2d	
	structure listed in the National Register				I	
3	Number of conservation easements modified, transferre tax year ▶	a, released, exting	uisned	, or terminated by	tne org	anization during the
4	Number of states where property subject to conservatio	n easement is loca	ted 🕨			
5	Does the organization have a written policy regarding the and enforcement of the conservation easements it holds		ing, in	spection, handling	of viola	tions,
6	Staff and volunteer hours devoted to monitoring, inspec	ting, handling of vi	olatio	ns, and enforcing co	onserva	
7	Amount of expenses incurred in monitoring, inspecting, \$ \\$	handling of violation	ns, a	nd enforcing conser	vation e	easements during the year
8	Does each conservation easement reported on line 2(d) and section 170(h)(4)(B)(ii)?	above satisfy the r	equire	ements of section 1	70(h)(4	l)(B)(I)
9	In Part XIII, describe how the organization reports cons balance sheet, and include, if applicable, the text of the the organization's accounting for conservation easemen	footnote to the org				
Par	Complete if the organization answered "Ye				er Sin	nilar Assets.
1a	If the organization elected, as permitted under SFAS 11 art, historical treasures, or other similar assets held for provide, in Part XIII, the text of the footnote to its finan	public exhibition, e	ducat	on, or research in f		
b	If the organization elected, as permitted under SFAS 11 historical treasures, or other similar assets held for pub following amounts relating to these items					
(i) Revenue included on Form 990, Part VIII, line 1					> \$
(i	i)Assets included in Form 990, Part X					▶ \$
2	If the organization received or held works of art, historic following amounts required to be reported under SFAS:				ncıal ga	
а	Revenue included on Form 990, Part VIII, line 1	113 (NGC 990) Tela	ang u	. Grese items		> \$
b	Assets included in Form 990, Part X					▶ \$
For I	Paperwork Reduction Act Notice, see the Instruction	s for Form 990.		Cat No	52283	D Schedule D (Form 990) 201

d Equipment .

Par	3111	Organizations Ma	aintaining Col	lections of	Art, Histo	orical T	reasu	res, or Ot	her Similar A	Assets (cor	ntınued)
3		g the organization's acq s (check all that apply)	uisition, accessior	n, and other r	ecords, che	ck any of	the foll	lowing that	are a significant	use of its co	ollection
а		Public exhibition			C		Loan	or exchange	programs		
b		Scholarly research			•	: 🗆	Other				
С		Preservation for future	e generations								
4	Provi Part :	de a description of the	organızatıon's coll	lections and e	explain how	they furt	her the	organizatio	n's exempt purp	ose in	
5		ng the year, did the orga ts to be sold to raise fur								☐ Yes	□ No
Par	t IV	Escrow and Cust	odial Arrange	ments.							
		Complete if the org X, line 21.			on Form 9	90, Pari	IV, lır	ne 9, or rep	oorted an amo	ount on For	m 990, Part
1a		e organization an agent ded on Form 990, Part X		an or other Ir	termediary	for contr	ibutions	s or other as	sets not	☐ Yes	□ No
ь	If "Y∈	es," explain the arrange	ement in Part XIII	and complet	e the follow	na table				Amount	
c		nning balance		,		-		10	:		
d	_	tions during the year						1d			
е		ibutions during the year	r					1e			
f		ng balance						1f	:		
2a		he organization include	an amount on Fo	rm 990. Part	X, line 21, f	or escro	v or cus	todial accou	ınt lıabılıty?		
b		es," explain the arrange		•					•	⊔ Yes 	⊔ No □
Pa	rt V	Endowment Fund	ds. Complete ıf	the organiz	ation answ	ered "Y	'es" on	Form 990	, Part IV, lıne	10.	
				(a)Current	year (I	Prior yea	ar ((c)Two years	back (d)Three ye	ears back (e	Four years back
	_	ning of year balance .									
		butions									
С	Net inv	vestment earnings, gair	ns, and losses								
d	Grants	s or scholarships	•								
		expenditures for facilitie rograms	es								
f	Admını	istrative expenses .									
g	End of	year balance									
2	Provi	de the estimated percei	ntage of the curre	ent year end l	balance (line	1g, colu	ımn (a)) held as			
а	Board	d designated or quasi-e	ndowment 🟲								
b	Perm	nanent endowment 🟲									
С	Temp	porarily restricted endov	wment ►								
	The p	percentages on lines 2a	, 2b, and 2c shou	ld equal 100°	%						
3а		here endowment funds nızatıon by	not in the posses	sion of the oi	rganization t	hat are h	neld and	d administer	ed for the		Yes No
	(i) uı	nrelated organizations								3a(i	`
		related organizations .								3a(ii	i)
		es" on 3a(II), are the rel	-		•		₹? .			. 3b	
4	_	ribe in Part XIII the inte			s endowmei	nt funds					
Pa	t VI	Land, Buildings, Complete if the ord			on Form O	90 Davi	- T\/ ur	na 11a So	e Form 990 D	art Y lino	10
	Descri	ription of property	(a) Cost or oth		(b) Cost or ot				ated depreciation		Book value
	_ 55671	, FF-1-1	(investme				· ′			(3)	
12	Land					1 9	25,810				1,925,810
	Buildin					•	99,826		5,082,315		7,817,511
	Junuill	'9° ' ' ' '	l			,0	- ,		-,,515	1	. , ,

403,910

303,806

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

5,723

77,511

12,133,287

398,187

226,295

Part VII	Investments—Other Securities. Complete if th See Form 990, Part X, line 12.	e organization answe	ered "Yes" on Form 990	, Part IV, line 11b.
	(a) Description of security or category (including name of security)	(b) Book value		of valuation vear market value
	l derivatives			real market raide
(3) Other _	held equity interests			
(A) CERTIFI	CATES OF DEPOSIT	4,757,444		F
(C)				
(D)				
(E)				
(F)				
(G)				
(H)				
Total. (Colum Part VIIII	n (b) must equal Form 990, Part X, col (B) line 12) Investments—Program Related.	4,757,444		
	Complete if the organization answered 'Yes' on F (a) Description of investment	orm 990, Part IV, lin		art X, line 13.
	(a) Description of Investment	(b) Book Value		year market value
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
Total. (Colum	n (b) must equal Form 990, Part X, col (B) line 13)	•		
Part IX	Other Assets. Complete if the organization answered (a) Description		: IV, line 11d See Form 99	0, Part X, line 15 (b) Book value
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
	mn (b) must equal Form 990, Part X, col (B) line 15)			>
Part X	Other Liabilities. Complete if the organization a			
1.	See Form 990, Part X, line 25. (a) Description of liability	(b) Bo	ok value	
	ncome taxes			
SECURITY D	EPOSITS PAYABLE		56,944	
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
	n (b) must equal Form 990, Part X, col (B) line 25)	•	56,944	
	or uncertain tax positions In Part XIII, provide the text of 's liability for uncertain tax positions under FIN 48 (ASC 7	=		_

d 2d 1.136.478 2e e 3 3

Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

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

Total revenue, gains, and other support per audited financial statements

4 Amounts included on Form 990, Part VIII, line 12, but not on line 1 Investment expenses not included on Form 990, Part VIII, line 7b . 4a 4b b

Add lines **4a** and **4b** 4c c Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12) 5 5

Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return. Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.

Other (Describe in Part XIII) d Add lines 2a through 2d

Donated services and use of facilities . . .

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

Schedule D (Form 990) 2017

Part XI

1

1

2

c

3 4

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

Investment expenses not included on Form 990, Part VIII, line 7b . . b

Return Reference

See Additional Data Table

Supplemental Information

5 Part XIII

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

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

2a 2b

2c

2d

4a

4b

Explanation

Provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b, Part V, line 4, Part X, line 2, Part

1,136,478

2e

3

4c

5

4.900.310

Schedule D (Form 990) 2017

Page 4

7,188,244

1,021,507

6,166,737

6,166,737

6,036,788

1,136,478

4,900,310

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

Schedule D (Form 990) 2017

Additional Data

Software ID: Software Version:

EIN: 52-0728385

Name: MARYLAND ASSOCIATION OF REALTORS INC

Supplemental Information

Return Reference	Explanation
PART X, LINE 2	THE MARYLAND ASSOCIATION OF REALTORS, INC IS EXEMPT FROM FEDERAL AND LOCAL INCOME TAXES U NDER SECTION 501(C)(6) OF THE INTERNAL REVENUE CODE ON INCOME DERIVED FROM ACTIVITIES RELA TED TO ITS EXEMPT PURPOSE FOR THE YEARS ENDED OCTOBER 31, 2018 AND 2017, THE ORGANIZATION DID NOT RECOGNIZE INCOME TAX EXPENSE IN THE ACCOMPANYING CONSOLIDATED FINANCIAL STATEMENT S AS THERE WAS NO UNRELATED BUSINESS TAXABLE INCOME M A R 200, LLC IS WHOLLY OWNED BY THE EMARYLAND ASSOCIATION OF REALTORS, INC AND ITS OPERATING RESULTS FLOW THROUGH TO THE MARYLAND ASSOCIATION OF REALTORS, INC FOR TAX REPORTING PURPOSES FOR THE YEARS ENDED OCTOBE R 31, 2018 AND 2017, M A R 200, LLC DID NOT HAVE ANY ACTIVITY CONSIDERED TO BE UNRELATED BUSINESS ACTIVITY, AND AS A RESULT, NO TAX PROVISION WAS RECOGNIZED IN THE ACCOMPANYING CO NSOLIDATED FINANCIAL STATEMENTS 200 HST BUSINESS TRUST IS A DISREGARDED ENTITY OF WHICH M A R 200, LLC IS A SOLE BENEFICIARY, AND ITS OPERATING RESULTS FLOW THROUGH TO THE MARYLA ND ASSOCIATION OF REALTORS, INC FOR TAX REPORTING PURPOSES FOR THE YEARS ENDED OCTOBER 3 1, 2018 AND 2017, THE TRUST DID NOT RECOGNIZE INCOME TAX EXPENSE IN THE ACCOMPANYING CONSOLIDATED FINANCIAL STATEMENTS AS THERE WAS NO UNRELATED BUSINESS TAXABLE INCOME THE ORGANI ZATION IS NOT AWARE OF ANY ACTIVITIES THAT WOULD JEOPARDIZE THEIR TAX-EXEMPT STATUS THAT WOULD REQUIRE RECOGNITION IN THE ACCOMPANYING CONSOLIDATED FINANCIAL STATEMENTS GENERALLY, TAX RETURNS ARE SUBJECT TO EXAMINATION BY TAXING AUTHORITIES FOR UP TO THREE YEARS FROM THE DATE A COMPLETED RETURN IS FILED IF MATERIAL OMISSIONS OF INCOME EXISTED, TAX RETURNS MAY BE SUBJECT TO EXAMINATION FOR UP TO SIX YEARS IT IS THE ORGANIZATION'S POLICY TO RECOGNIZE INTEREST AND/OR PENALTIES RELATED TO UNCERTAIN TAX POSITIONS, IF ANY, IN THE ACCOMPANYING CONSOLIDATED FINANCIAL STATEMENTS AS OF OCTOBER 31, 2018 AND 2017, THE ORGANIZATION HAD NO UNCERTAIN TAX POSITIONS WHICH SHOULD BE RECOGNIZED AS A LIABILITY

Supplemental Information	
Return Reference	Explanation
PART XI, LINE 2D - OTHER ADJUSTMENTS	RENTAL EXPENSES REPORTED ON FORM 990, PART VIII, LINE 6B 1,136,478

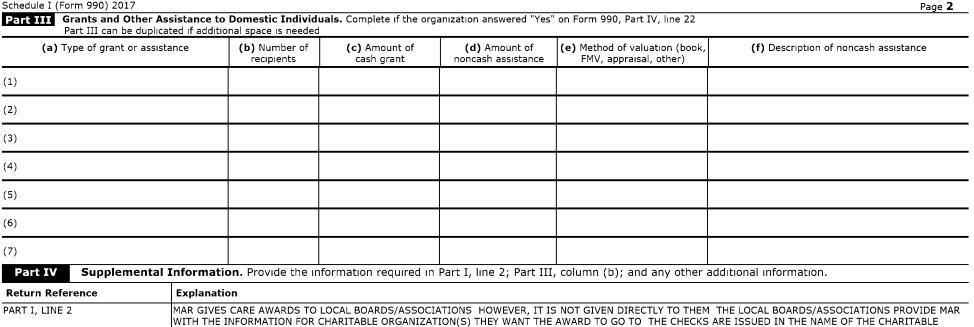
S

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Supplemental Information	
Return Reference	Explanation
PART XII, LINE 2D - OTHER ADJUSTMENTS	RENTAL EXPENSES REPORTED ON FORM 990, PART VIII, LINE 6B 1,136,478

Sı

efile GRAPHIC print - DO NOT PROCESS As Filed Data DLN: 93493249001289 OMB No 1545-0047 Schedule I **Grants and Other Assistance to Organizations,** (Form 990) Governments and Individuals in the United States Complete if the organization answered "Yes," on Form 990, Part IV, line 21 or 22. Open to Public Attach to Form 990. Department of the Inspection ▶ Information about Schedule I (Form 990) and its instructions is at www.irs.gov/form990. Treasury Internal Revenue Service Name of the organization **Employer identification number** MARYLAND ASSOCIATION OF REALTORS INC 52-0728385 Part I **General Information on Grants and Assistance** Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and ✓ Yes Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States Part III Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000 Part II can be duplicated if additional space is needed (c) IRC section (a) Name and address of (b) EIN (d) Amount of cash (e) Amount of non-(f) Method of valuation (q) Description of (h) Purpose of grant (if applicable) (book, FMV, appraisal, noncash assistance organization grant cash or assistance or government assistance other) (1) See Additional Data (3) (5) (6)(7) (8)(9)(10)(11)(12)Enter total number of section 501(c)(3) and government organizations listed in the line 1 table . . . For Paperwork Reduction Act Notice, see the Instructions for Form 990. Cat No 50055P Schedule I (Form 990) 2017



PERSON WE ALSO MAKE CHARITABLE DONATIONS OR SPONSORSHIPS TO REALTOR ORGANIZATIONS

Schedule I (Form 990) 2017

Additional Data

PARKWAY SUITE

CIVIL RIGHTS 6 ST PAUL ST MARYLAND, MD 21202

ANNAPOLIS, MD 21401 MARYLAND COMMISSION

200

Software ID: Software Version: **EIN:** 52-0728385 Name: MARYLAND ASSOCIATION OF REALTORS INC Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments. (a) Name and address of **(b)** EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant if applicable organization grant cash (book, FMV, appraisal, non-cash assistance or assistance or government other) assistance MARYLAND REALTORS 52-1331916 527 10,000 GOLDEN R STATUS

10,000

DONATIONDONATION

POLITICAL ACTION COMMITTEE 200 HARRY S TRUMAN

52-6002033

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant organization ıf applıcable grant cash (book, FMV, appraisal, non-cash assistance or assistance other) or government assistance 5.000 HOGAN FOR GOVERNOR DONATION 91 MAIN STREET 2ND FLOOR ANNAPOLIS, MD 21401 PUERTO RICO ASSOC OF 66-0367373 5,000 DISASTER RELIEF

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

REALTORS

2022 CALLE CELESTIAL CAROLINA, PR 00979

efil	e GRAPHIC pi	rint - DO NOT PROCESS	As Filed Data	a -	DLN: 934	19324	9001	289
Schedule J (Form 990)		Compensation Information				1B No	1545-0	0047
		▶ Attach to Form 990.					2017 Open to Public	
•	Department of the Treasury Internal Revenue Service Internal Revenue Service Internal Revenue Service Internal Revenue Service							n
Nar	ne of the organiz				Employer identificat			
MAF	RYLAND ASSOCIATIO	ON OF REALTORS INC			 52-0728385			
Pa	rt I Questi	ons Regarding Compensa	tion		01 071000			
							Yes	No
1a				the following to or for a person liste y relevant information regarding the				_
	First-class	s or charter travel		Housing allowance or residence for	personal use			
		companions	님	Payments for business use of perso				
		nification and gross-up payments	s ∐ □	Health or social club dues or initiati				
	□ Discretion	nary spending account	Ш	Personal services (e g , maid, chauf	feur, chef)			
b	If any of the boxes in line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain							
2				or allowing expenses incurred by all	- 1-2	2	Yes	
	airectors, truste	es, officers, including the CEO/E	xecutive Director	r, regarding the items checked in line	e la'			
3	organization's C	EO/Executive Director Check all	I that apply Don	d to establish the compensation of the check any boxes for methods CEO/Executive Director, but explain				
	☐ Compens	ation committee	✓	Written employment contract				
		ent compensation consultant	\checkmark	Compensation survey or study				
	☐ Form 990	of other organizations	\checkmark	Approval by the board or compensa	ition committee			
4	During the year related organiza		990, Part VII, Sed	ction A, line 1a, with respect to the f	iling organization or a			
а	Receive a sever	ance payment or change-of-cont	rol payment?			4a		No
b		r receive payment from, a suppl		fied retirement plan?		4b		No
С	Participate in, o	Participate in, or receive payment from, an equity-based compensation arrangement?			4c		No	
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III							
	Only 501(c)(3), 501(c)(4), and 501(c)(29)	organizations	must complete lines 5-9.				
5	For persons liste		n A, line 1a, did t	the organization pay or accrue any				
а	The organization	n?				5a		
b	Any related orga					5b		
	If "Yes," on line	5a or 5b, describe in Part III						
6		ed on Form 990, Part VII, Sectio ontingent on the net earnings of		the organization pay or accrue any				
а	The organization	n?				6a		
b	Any related orga					6b		
	If "Yes," on line	6a or 6b, describe in Part III						
7		ns listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed not described in lines 5 and 67 If "Yes," describe in Part III						
8	Were any amounts reported on Form 990, Part VII, paid or accured pursuant to a contract that was subject to the initial contract exception described in Regulations section 53 4958-4(a)(3)? If "Yes," describe in Part III					8		
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53 4958-6(c)?							
For F	Panerwork Redu	iction Act Notice, see the Ins	tructions for Fo	rm 990. Cat No 5	50053T Schedule J	(Form	1990)	2017

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

instructions, on row (ii) I	Do no	ot list any individuals that	rted on Schedule J, report t are not listed on Form 9 dividual must equal the to	90, Part VII	-	-		t ındıvıdual	
(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation (i) Base (ii) Bonus & incentive compensation reportable compensation		C compensation (iii) Other reportable	(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(I)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990	
1 CHARLES A KASKY CEO	(i)	243,030	9,000	0	14,689	39,191	305,910	0	
	(ii)	0	0	0	0	0	0	0	
2 WILLIAM A CASTELLI SR VP-LEGISLATIVE AFFAIRS	(i)	144,952	3,000	0	6,687	22,077	176,716	0	
	(ii)	0	0	0	0	0	0	0	

Schedule J (Form 990) 2017 Page 3						
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					
PART I, LINE 1B	TRAVEL REIMUBRSEMENT FOR MAR BUSINESS PER EXPENSE ACCOUNT SUBMISSIONS WE DO NOT ALLOW ANY OF THE ABOVE					

201 Schedule 1

efile GRAPH	IC print - DO NO	OT PROCESS	As Filed Data -		DLN:	93493249001289			
SCHEDUL (Form 990 or EZ)	990- reasur. ► In	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.							
	anization IATION OF REALTORS I		n		Employer identi 52-0728385	fication number			
Return Reference		Explanation							
FORM 990, PART VI, SECTION A, LINE 6		N MEMBERS, (C)	INDIVIDÙÁL MEMBE	S (A) LOCAL BOARD/ASSOCI. :RS, (D) INSTITUTE AFFILIATE					

Return Explanation
Reference

FORM 990, THE ELECTION OF THE OFFICERS AND DISTRICT VICE PRESIDENTS IS HELD AT THE ANNUAL MEMBERSHIP MEETING OF MAR VOTING IS LIMITED TO THE LOCAL BOARDS/ASSOCIATIONS AND TO INDIVIDUAL MEMB SECTION A, ERS

990 Schedule O, Supplemental Information Return Explanation

Reference

FORM 990,
PART VI,
SECTION A,
INF 7B

THE MAR BOD IS THE GOVERNING BODY UNDER THE BYLAWS THE MAR BOD MEETS AT LEAST THREE TIMES
A YEAR MEMBERS ARE REPRESENTED ON THE BOARD OF DIRECTORS THROUGH THEIR LOCAL BOARDS AND
THROUGH "AT LARGE POSITIONS" OPEN TO ANY MEMBER IN GOOD STANDING MEETING QUALIFICATIONS O
FEICERS ARE ELECTED AND BY AWS AMENDED BY MEMBERS AT THE ANNUAL GENERAL MEMBERSHIP MEETING

AT WHICH MEMBERS ARE ELECTED BY THE PRESIDENTS OF THE LOCAL BOARDS REPRESENTING THEM

Return Explanation
Reference

FORM 990, PART VI, SECTION B, LINE 11B

990 Schedule O, Supplemental Information Return Reference Explanation

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

COMMITTEE MEMBERS ARE CHOSEN ON A YEARLY BASIS BY THE CURRENT PRESIDENT-ELECT, SECRETARY,
AND CEO FOR COMMITTEE POSITIONS FOR THE NEXT FISCAL YEAR ALL OFFICER POSITIONS ARE ELECTE
D POSITIONS BY THE MAR BOD RESUMES MUST BE PRESENTED ALONG WITH QUALIFICATIONS THAT PROHI
BIT CONFLICT OF INTEREST STAFF IS INSTRUCTED UPON HIRE AND REMINDED IN THE STAFF HANDBOOK
AND AT PERIODIC MEETINGS THAT THEY MAY NOT PARTICIPATE IN ANY ACTIVITY THAT CONSTITUTES A
CONFLICT OF INTEREST COMMITTEE MEMBERS AND MEMBERS OF THE BOARD MUST SIGN A CONFLICT OF
INTEREST POLICY PLEDGE ANNUALLY

Return Explanation
Reference

FORM 990,	PER THE CEO'S CONTRACT, THE MAR EXECUTIVE COMMITTEE MAY DETERMINE AN INCREASE IN SALARY OR
PART VI,	MERIT BONUS SUBJECT TO THE ANNUAL BUDGET ANNUALLY, THE PRESIDENT APPOINTS A TEAM OF OFFI
SECTION B,	CERS OR MEMBERS OF THE EXECUTIVE COMMITTEE TO REVIEW THE CEO'S PERFORMANCE AND LOOK AT COM
LINE 15	PARABLE SALARY COMPARISONS BEFORE INITIATING ANY DISCUSSION/ACTION AT A MEETING OF THE EXE
	CUTIVE COMMITTEE IN CLOSED SESSION ALL STAFF SALARIES ARE DETERMINED BY THE CEO BASED ON
	COMPARABLE POSITIONS IN THE AREA, INDUSTRY, AND PERFORMANCE

Return Explanation
Reference

FORM 990, THE ORGANIZATION MAKES SUCH DOCUMENTS AVAILABLE TO THE PUBLIC ON WWW GUIDESTAR ORG PART VI, SECTION C.

990 Schedule O, Supplemental Information

LINE 18

Return Explanation
Reference

FORM 990, PART VI, SECTION C, LINE 19

Return Explanation
Reference

FORM 990, PART XII, LINE 2C efile GRAPHIC print - DO NOT PROCESS | As Filed Data - SCHEDULE R | Related

(Form 990)

Department of the Treasury

Internal Revenue Service

Name of the organization

Related Organizations and Unrelated Partnerships

Complete if the consciention annual "Ves" on Four 000 Post IV line 23, 24, 35h

► 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.

2017

Employer identification number

DLN: 93493249001289OMB No 1545-0047

Open to Public Inspection

ARYLAND ASSOCIATION OF REALTORS INC				52-0728385			
Part I Identification of Disregarded Entities Comple	ete if the organization answer	red "Yes" on Form 9	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		
1) MAR 200 LLC 00 HARRY S TRUMAN DRIVE NNAPOLIS, MD 214017348 6-2232219	200 HST TRUSTEE	MD			MARYLAND ASSOCIATION OF INC	REALTOR!	- S
(2) 200 HST BUSINESS TRUST 200 HARRY S TRUMAN DRIVE ANNAPOLIS, MD 214017348 26-6441606	RENTAL REAL ESTATE	MD			MARYLAND ASSOCIATION OF INC	REALTORS	5
							_
							_
Part II Identification of Related Tax-Exempt Organizations during the tax years. (a) Name, address, and EIN of related organization		(c) Legal domicile (state or foreign country)	Yes" on Form 990 (d) Exempt Code section	(e)	(f) tus Direct controlling	Section (13) co	
(1)MAR 200 LLC	OWNER OF 200 HST	MD				Yes	No No
	BUSINESS TRUST						
						_	
							_
For Paperwork Reduction Act Notice, see the Instructions for Fo	prm 990.	Cat No 50135	Y		Schedule R (Form	990) 2	017

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

Schedule R (Form 990) 2017		Pa	age 3
Part V Transactions With Related Organizations Complete if the organization answered "Yes" on Form 990, Part IV, line 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 related organizations listed in Parts II-IV?		1	
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or(iv) rent from a controlled entity	. 1a		No
b Gift, grant, or capital contribution to related organization(s)	. 1b	,	No
c Gift, grant, or capital contribution from related organization(s)	<u> </u>	:	No
d Loans or loan guarantees to or for related organization(s)	. 1d	1	No
e Loans or loan guarantees by related organization(s)	1e	•	No
f Dividends from related organization(s)	1f	f	No
g Sale of assets to related organization(s)	1 g	,	No
h Purchase of assets from related organization(s)	1h	1	No
i Exchange of assets with related organization(s)	11		No
j Lease of facilities, equipment, or other assets to related organization(s)	1j	1	No

е	Loans or loan guarantees by related organization(s)	1e	No
f	Dividends from related organization(s)	1f	No
g	Sale of assets to related organization(s)	1 g	No
h	Purchase of assets from related organization(s)	1h	No
i	Exchange of assets with related organization(s)	1i	No
j	Lease of facilities, equipment, or other assets to related organization(s)	1j	No
k	Lease of facilities, equipment, or other assets from related organization(s)	1k	No
- 1	Performance of services or membership or fundraising solicitations for related organization(s)	11	No
n	Performance of services or membership or fundraising solicitations by related organization(s)	1m	No
_	Charges of facilities arranged mariling light or other cases with valetad arranged (a)	1n	No

i	Exchange of assets with related organization(s)	1i	No
j	Lease of facilities, equipment, or other assets to related organization(s)	1j	No
k	Lease of facilities, equipment, or other assets from related organization(s)	1k	No
ı	Performance of services or membership or fundraising solicitations for related organization(s)	11	No
m	Performance of services or membership or fundraising solicitations by related organization(s)	1m	No
n	Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n	No
0	Sharing of paid employees with related organization(s)	10	No
р	Reimbursement paid to related organization(s) for expenses	1 p	No
q	Reimbursement paid by related organization(s) for expenses	1q	No
r	Other transfer of cash or property to related organization(s)	1r	No
s	Other transfer of cash or property from related organization(s)	1s	No
	If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds		

I Exchange of assets with related organization(s)			•	+	NO
${f j}$ Lease of facilities, equipment, or other assets to related organization(s)				1j	No
k Lease of facilities, equipment, or other assets from related organization(s)				1k	No
l Performance of services or membership or fundraising solicitations for related organization(s)				11	No
f 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	No
o Sharing of paid employees with related organization(s)				10	No
p Reimbursement paid to related organization(s) for expenses				1p	No
q Reimbursement paid by related organization(s) for expenses				1q	No
r Other transfer of cash or property to related organization(s)				1r	No
f s Other transfer of cash or property from related organization(s)				1s	No
2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line	e, including covered r	elationships and trar	nsaction thresholds	•	
(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining a	amount involv	ved
	1				

Schedule R (Form 990) 2017

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

was not a related organization. See instructions regarding exclusion of certain investment partnerships													
(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512- 514)		(e) e all partners section 501(c)(3) ganizations?	(f) Share of total Income	(g) Share of end-of-year assets	(h) Disproprtiona allocations?		(1) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)			(k) Percentage ownership
			514)	Yes	No			Yes	No		Yes	No	
										Schedul	e R (Forn	1 99	0) 2017

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