DLN: 93493318083419 OMB No. 1545-0047 Return of Organization Exempt From Income Tax Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations) ▶ Do not enter social security numbers on this form as it may be made public Open to Public Department of the ▶ Go to www.irs.gov/Form990 for instructions and the latest information. Treasury Inspection Internal Revenue Service For the 2019 calendar year, or tax year beginning 01-01-2018 , and ending 12-31-2018 D Employer identification number B Check if applicable CALIFORNIĂ ASSOCIATION OF REALTORS □ Address change ☐ Name change Doing business as ☐ Initial return ☐ Final return/terminated E Telephone number Number and street (or P O box if mail is not delivered to street address) Room/suite 525 SOUTH VIRGIL AVENUE ☐ Amended return ☐ Application pending (213) 739-8200 City or town, state or province, country, and ZIP or foreign postal code LOS ANGELÉS, CA 90020 G Gross receipts \$ 101,598,070 Name and address of principal officer H(a) Is this a group return for JOEL S SINGER ☐Yes **☑**No subordinates? 525 SOUTH VIRGIL AVENUE H(b) Are all subordinates LOS ANGELES, CA 90020 ☐ Yes ☐No ıncluded? 501(c)(3) **✓** 501(c) (6) **◄** (insert no) 4947(a)(1) or If "No," attach a list (see instructions) **H(c)** Group exemption number ▶ Website: ► WWW CAR ORG L Year of formation 1978 M State of legal domicile CA Summary 1 Briefly describe the organization's mission or most significant activities ENHANCE MEMBERS' ABILITY TO CONDUCT THEIR BUSINESSES SUCCESSFULLY WITH INTEGRITY AND COMPETENCY Activities & Governance 2 Check this box ► ☐ if the organization discontinued its operations or disposed of more than 25% of its net assets 3 857 Number of voting members of the governing body (Part VI, line 1a) . 4 745 4 Number of independent voting members of the governing body (Part VI, line 1b) . Total number of individuals employed in calendar year 2018 (Part V, line 2a) 5 154 **6** Total number of volunteers (estimate if necessary) 6 745 Total unrelated business revenue from Part VIII, column (C), line 12 7a 1,166,766 **b** Net unrelated business taxable income from Form 990-T, line 34 101,838 **Current Year Prior Year** 8 Contributions and grants (Part VIII, line 1h) . 50,000 Ravenua 31,603,494 35,464,184 9 Program service revenue (Part VIII, line 2g) . 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 2,053,703 3,094,086 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 5,440,458 6,965,311 39,097,655 45,573,581 12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12) 13 Grants and similar amounts paid (Part IX, column (A), lines 1-3). 147,750 1,931,226 **14** Benefits paid to or for members (Part IX, column (A), line 4) 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10) 18,384,871 18,593,360 Expenses **16a** Professional fundraising fees (Part IX, column (A), line 11e) . . **b** Total fundraising expenses (Part IX, column (D), line 25) ▶0 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) . 16,402,134 17,472,941 34,934,755 37,997,527 18 Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25) 7,576,054 Revenue less expenses Subtract line 18 from line 12 . 4,162,900 Net Assets or Fund Balances Beginning of Current Year End of Year 84,875,969 85,885,977 20 Total assets (Part X, line 16) . 21 Total liabilities (Part X, line 26) . 16,447,920 14,144,285 22 Net assets or fund balances Subtract line 21 from line 20 . 68,428,049 71,741,692 Signature Block Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge 2019-11-12 Signature of officer Sign Here IQBAL BHOLAT CHIEF FINANCIAL OFFICER Type or print name and title Print/Type preparer's name Preparer's signature Check 🔲 ıf P00637812 Paid self-employed Firm's name ARMANINO LLP Firm's EIN ▶ 94-6214841 Preparer Use Only Firm's address ► 11766 WILSHIRE BLVD 9TH FLOOR Phone no (310) 478-4148 LOS ANGELES, CA 90025 ✓ Yes □ No May the IRS discuss this return with the preparer shown above? (see instructions) . For Paperwork Reduction Act Notice, see the separate instructions. Cat No 11282Y Form 990 (2018)

| Form | 990 (2018) | | | | Page 2 | | | | | | |
|--------------|--|--|---|---|-----------------------------|--|--|--|--|--|--|
| Pa | t III Statemen | t of Program Service Acc | omplishments | | | | | | | | |
| | Check if Sch | edule O contains a response or | note to any line in this Part III | | 🗹 | | | | | | |
| 1 | | organization's mission | · | | | | | | | | |
| SERV INTE | ICES THAT WILL ENI | HANCE THE MEMBERS' FREEDO | ALTORS IS TO SERVE ITS MEMBERS M AND ABILITY TO CONDUCT THEIR IVE ACTION, TO PROMOTE REAL PRO | INDIVIDUAL BUSINESSES SUC | CESSFULLY WITH | | | | | | |
| 2 | Did the organization | n undertake any significant pro | gram services during the year which | were not listed on | | | | | | | |
| | the prior Form 990 | or 990-EZ? | | | ☐ Yes ☑ No | | | | | | |
| | If "Yes," describe th | nese new services on Schedule | 0 | | | | | | | | |
| 3 | Did the organization cease conducting, or make significant changes in how it conducts, any program | | | | | | | | | | |
| | | nese changes on Schedule O | | | ☐ Yes 🗹 No | | | | | | |
| 4 | Describe the organi Section 501(c)(3) a | zation's program service accom | plishments for each of its three large required to report the amount of gra ervice reported | est program services, as measui ants and allocations to others, th | red by expenses ne total | | | | | | |
| 4a | (Code |) (Expenses \$ | including grants of \$ |) (Revenue \$ |) | | | | | | |
| Tu | See Additional Data | , (Expenses ¢ | merading grants of \$ | , (Nevende \$ | , | | | | | | |
| | - See Additional Batta | | | | | | | | | | |
| 4b | (Code |) (Expenses \$ | including grants of \$ |) (Revenue \$ |) | | | | | | |
| | | | | | | | | | | | |
| 4c | (Code |) (Expenses \$ | including grants of \$ |) (Revenue \$ |) | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| 4.1 | Other was | was (Dassiba iii Cabadid CA | | | | | | | | | |
| 4d | Other program serv | vices (Describe in Schedule O) including (| avante of t | (Revenue \$ | | | | | | | |

| Par | Checklist of Required Schedules | | Yes | No |
|-----|---|---------|-----|----------|
| 1 | Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A | 1 | 163 | No |
| 2 | Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? 💆 | 2 | Yes | |
| | 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, | | | N. |
| 8 | 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? | 7 8 | | No No |
| 9 | If "Yes," complete Schedule D, Part III | | | No No |
| 10 | services? If "Yes," complete Schedule D, Part IV 2 | 9 10 | | No No |
| 11 | permanent endowments, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i> | | | |
| | or X as applicable | | | |
| | Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI 2 | 11a | Yes | |
| | Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII | 11b | | No |
| | total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII 🥞 | 11c | | No |
| | Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX " | 11d | Yes | |
| 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 | | No |
| | 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 | | No |
| 15 | Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV | 15 | | No |
| 16 | Did the organization report on Part IX, column (A), line 3, more than $$5,000$ of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV | 16 | | No |
| 17 | Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions) | 17 | | No |
| 18 | Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II | 18 | | No |
| 19 | Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III | 19 | | No |
| 20a | Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H | 20a | | No |
| b | If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? | 20ь | | |
| 21 | Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1° If "Yes," complete Schedule I, Parts I and II | 21 | 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 |

| | Checklist of Required Schedules (continued) | | | |
|-----|---|-----|-----|----|
| | | | Yes | No |
| | Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J | 23 | Yes | |
| | Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K If "No," go to line 25a | 24a | | No |
| b | Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? | 24b | | |
| | Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? | 24c | | |
| d | Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? | 24d | | |
| | Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I | 25a | | |
| | Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I | 25b | | |
| | Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes," complete Schedule L, Part II | 26 | | No |
| | Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III | 27 | | No |
| | Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions) | | | |
| | A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L,</i> | | | |
| | | 28a | | No |
| | A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV | 28b | | No |
| | An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV | 28c | | No |
| 29 | Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M | 29 | | No |
| | Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M | 30 | | No |
| 31 | Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I . | 31 | | No |
| 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 |
| | Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I | 33 | | No |
| | Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1 | 34 | Yes | |
| 35a | Did the organization have a controlled entity within the meaning of section 512(b)(13)? | 35a | Yes | |
| | If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 | 35b | Yes | |
| 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 | | |
| | 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 |
| | Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 197 Note. All Form 990 filers are required to complete Schedule O | 38 | Yes | |

Check if Schedule O contains a response or note to any line in this Part V $\,$.

1a Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable .

b Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable

278

0

1a

1b

Yes

No

| 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? | 6а | Yes | |
| b | If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? | 6b | Yes | |
| 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 | | |
| ь | If "Yes." did the organization notify the donor of the value of the goods or services provided? | 7b | | |

| - | solicit any contributions that were not tax deductible as charitable contributions? | | | |
|---|---|------------|-----|----|
| b | If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? | 6 b | Yes | |
| 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 | | No |

| 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 | |
| Ь | If "Yes," did the organization notify the donor of the value of the goods or services provided? | 7b | |
| c | 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 | No |
| f | Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? | 7f | No |
| g | If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? | 7g | |

7h

8

9a

9b

12a

13a

14a

14b

15

No

No

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10a

10b

11a

11b

12b

13b

13c

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

Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during

9a Did the sponsoring organization make any taxable distributions under section 4966? . . .

b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities

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

b If "Yes," enter the amount of tax-exempt interest received or accrued during the year

a Is the organization licensed to issue qualified health plans in more than one state?

which the organization is licensed to issue qualified health plans

Enter the amount of reserves the organization is required to maintain by the states in

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

b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? .

12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?

Note. See the instructions for additional information the organization must report on Schedule O

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

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

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

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

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

Sponsoring organizations maintaining donor advised funds.

a Initiation fees and capital contributions included on Part VIII, line 12 . . .

Section 501(c)(7) organizations. Enter

11 Section 501(c)(12) organizations. Enter a Gross income from members or shareholders .

Enter the amount of reserves on hand .

| Pa | de tyle Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "N | o" resp | onse 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 any line in this Part VI | | | ✓ | |
| Se | ction A. Governing Body and Management | | | | |
| | | | Yes | No | |
| 1a | Enter the number of voting members of the governing body at the end of the tax year as 1a 85 | 7 | | | |
| | 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 74: | 5 | | | |
| 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 | Yes | | |
| 3 | Did the organization delegate control over management duties customarily performed by or under the direct supervisio of officers, directors or trustees, or key employees to a management company or other person? . | n 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 | | |
| 7a | 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? | 7 b | 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? | 8 b | 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 | ection B. Policies (This Section B requests information about policies not required by the Internal Revenu | ie Code | | | |
| | | 40 | Yes | No | |
| | Did the organization have local chapters, branches, or affiliates? | 10a 10b | Yes Yes | | |
| and branches to ensure their operations are consistent with the organization's exempt purposes? 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the | | | | | |
| h | form? | 11a | | No | |
| | Did the organization have a written conflict of interest policy? If "No," go to line 13 | 12a | Yes | | |
| | Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? | 12b | Yes | | |
| c | Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done | 12c | Yes | | |
| 13 | Did the organization have a written whistleblower policy? | 13 | Yes | | |
| 14 | Did the organization have a written document retention and destruction policy? | 14 | Yes | | |
| 15 | 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 | | |
| b | 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) | | | | |
| 16a | 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? | | | | |
| C - | | 16b | | | |
| <u>5e</u> 17 | ection C. Disclosure List the States with which a copy of this Form 990 is required to be filed | | | | |
| 18 | Section 6104 requires an organization to make its Form 1023 (or 1024-A 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 0) | | | | |
| 19 | 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 ►IQBAL BHOLAT 525 SOUTH VIRGIL AVENUE LOS ANGELES, CA 90020 (213) 739-8200 | | | | |

| 101111 330 (2 | 010) | | | | | | | | | | Page / |
|-------------------------|--|--|-----------------------------------|---------------------------|---------------------|---------------------------------|------------------------------|--------|--|--|--|
| Part VII | Compensation of Officer and Independent Contra | | Truste | es, | Key | En | nploy | ees | , Highest Comp | ensated Employ | ees, |
| | Check if Schedule O contains a | response or no | te to an | y line | ≘ ın t | hıs | Part VI | ١. | | | 🗆 |
| Section | A. Officers, Directors, Tru | ıstees, Key E | mploy | ees | , an | d F | lighe | st (| Compensated En | nployees | |
| year . | this table for all persons requir of the organization's current of | | · | | | | | | , , | | • |
| of compensa | tion Enter -0- in columns (D), (if the organization's current key | E), and (F) if no | compe | nsatı | on w | vas į | paid | | - ,, | | |
| • List the who received | organization's five current high direportable compensation (Box and any related organizations | est compensate | d emplo | yees | (oth | ner t | than a | n off | icer, director, truste | e or key employee) | 1 |
| • List all o | of the organization's former office compensation from the organization | | | | | | pensat | ed e | employees who rece | ived more than \$10 | 0,000 |
| | f the organization's former dir e , more than \$10,000 of reportat | | | | | | | | | | e |
| compensated | in the following order individual demployees, and former such p | ersons | | | | | | | | | |
| ☐ Check tl | nis box if neither the organization | n nor any relate | ed organ | nizatio | on co | omp | ensate | d ar | ny current officer, di | rector, or trustee | Т |
| | (A) Name and Title | (B) Average hours per week (list any hours for related | than o | one bo oth a direct | ox, un off tor/t | t cho unles ficer rust | and a | on | (D) Reportable compensation from the organization (W- 2/1099-MISC) | (E) Reportable compensation from related organizations (W- 2/1099- | (F) Estimated amount of other compensation from the organization and |
| | | organizations below dotted line) | Individual trustee or director | Institutional Trustee | Officer | key employee | Highest compensated employee | Former | 2/1099-MI3C) | (W- 2/1099- MISC) | related organizations |
| See Additiona | al Data Table | | | | | | | | | | |
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11766 WILSHIRE BLVD SUITE 900 LOS ANGELES, CA 90025

compensation from the organization ▶ 9

REED & DAVIDSON LLP

3699 WILSHIRE BLVD 1290 LOS ANGELES, CA 90010 Page 8

| r ai | Section A. Officers, Direct | - Trustees | // ICY | LIIIP | Oye | <u>,cs,</u> | | <u>g.</u> | Test comp | CHISCIC | d Employees (| COTTE | mucuj | |
|-------|--|---|-----------------------------------|-----------------------|-----------------|----------------|--|-----------|---------------------------------------|---------------------------------|---|------------------------|----------------------------------|----------------------------------|
| | (A) Name and Title | (B) Average hours per week (list any hours | than c | one b | ox, u an off | t che unles | eck moss ss pers r and a tee) | son | (D) Reporta compense from tl | able sation :he on (W- | (E) Reportable compensation from related organizations (V | compensa V- from th | | ated f other sation the |
| | | for related organizations below dotted line) | individu or direc | Institut | Officer | key employee | Highest employ | Former | - 2/1099-№ | 4ISC) | 2/1099-MISC) | | organizati relate organiza | ed |
| | | , | Individual trustee or director | Institutional Trustee | | ployee | Highest compensat employee | | | | | | | |
| | | | ű. | डॉ व | | | nsated | | | | | | | |
| See A | Additional Data Table | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | |
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| | | | | | \Box | | | | | | | | | |
| | | | | | | | | | | 工 | | Ľ | | |
| | Total from continuation sheets to Pa Total (add lines 1b and 1c) | | | | | | > | | 4,744, | 459 | (| | | 581,921 |
| 2 | Total number of individuals (including | but not limited | to thos | | | | | o rec | | | | 1 | | |
| | of reportable compensation from the | organization 🕨 | 35 | | | | | | | | | | · · | |
| _ | 5 1 11 | | | | | -1 | | L. | | | Г | | Yes | No |
| 3 | Did the organization list any former of line 1a? <i>If "Yes," complete Schedule J</i> | | | | | | | | | | employee on | 3 | | No |
| 4 | For any individual listed on line 1a, is | | | | | | | | | | n the | _ | + + | |
| | organization and related organizations | s greater than \$ | ;150,00 | 0? <i>If</i> | "Yes | i," co | omplet • | te Sc | :hedule J for | such | | 4 | Yes | |
| 5 | Did any person listed on line 1a receiv | ve or accrue cor | mpensa [,] | tion f | rom | any | unrela | ated | organizatior | n or ındı | vidual for | | 165 | |
| l | services rendered to the organization | | | | | | | | | | | 5 | | No |
| | ection B. Independent Contract | | | _ | _ | _ | | | | | | | | |
| 1 | Complete this table for your five higher from the organization Report comper | | | | | | | | | | | pen | sation | |
| | Name ? | (A) and business addre | ess | | | | | | | Desc | (B) ription of services | | (C) Compen | |
| RAND | LE COMMUNICATIONS | | | | | | | | PUE | BLIC RELA | • | | | 837,382 |
| | STREET SUITE 1275 AMENTO, CA 95814 | | | | | | | | | | | | İ | |
| | ARTH SHAW LLP | | | | | | | | LEG | GAL CONS | SULTING | | | 506,116 |
| | 233 S WACKER DRIVE STE 8000 CHICAGO, IL 606006448 | | | | | | | | | | | | | |
| | VIDEO | | | | | | | | VID | DEO SERV | ICES | | | 357,066 |
| | DX 580013 GROVE, CA 95758 | | | | | | | | | | | | ı | |
| ARMA | NINO LLP | | | | | | | | CON AUE | | G/AUDIT/TAX/PENSI | ON | | 350,149 |
| 1176€ | 5 WILSHIRE BLVD SUITE 900 | | | | | | | | | | | | i | |

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

303,106

ATTORNEYS

| Part | | Statement of | Revenue | | | | | | | | | rage 3 |
|---|------------|---|----------------|---------------------|---------------------|-------------|---------------|----------|-------------------------------------|------------|-----------------------------------|--|
| | | | | a respo | onse or note to any | / line in t | hıs Part VIII | | | | | 🗆 |
| | | | | | | (| A) revenue | Re e: | (B) lated or xempt inction | Unr bus | (C) related siness venue | (D) Revenue excluded from tax under sections |
| | 1: | a Federated campaig | ns | 1a | | | | re | venue | | | 512 - 514 |
| nts ints | | b Membership dues | | 1b | <u> </u> | | | | | | | |
| Gra nou | | c Fundraising events | | 1c | | | | | | | | |
| ts, (| | d Related organizatio | | 1d | | | | | | | | |
| ia ii | | e Government grants (co | ontributions) | 1e | | | | | | | | |
| ıns, Sir | | f All other contributions | | | | | | | | | | |
| tributions, Gifts, Grants Other Similar Amounts | | and similar amounts n above | ot included | 1f | 50,000 | | | | | | | |
| Contributions, Gifts, Grants and Other Similar Amounts | | g Noncash contribution in lines 1a - 1f \$ | ons included | | | | | | | | | |
| Cont | | h Total. Add lines 1a | -1f | | • | | 50.000 | | | | | |
| | | | | | Business | S Code | 50,000 | | | | | |
| પ્રાહ | 2 a | MEMBERSHIP DUES & A | SSE | | | 812900 | 24,6 | 03,941 | 24,603 | 3,941 | | |
| Program Service Revenue | b | REVENUE FROM ALF AC | TIV | | | 900099 | 3,1 | 60,546 | 3,160 |),546 | | |
| F. B. | c | MANAGEMENT FEES | | | | 561000 | 2,7 | 44,986 | 2,744 | 1,986 | | |
| er vi(| d | PAF CONTRIBUTIONS | | | | 900099 | 1,7 | 94,438 | 1,794 | 1,438 | | |
| S | e | ADVERTISING | | | | 541800 | 1,1 | 66,766 | | | 1,166,7 | '66 |
| gra | f | All other program se | rvice revenue | | | | 1,9 | 93,507 | 1,993 | 3,507 | | |
| ď | | Total. Add lines 2a-2 | | | 35, | 464,184 | | | | | | |
| | | Investment income (i | | ends, i | nterest, and other | 1 | | Т | | | | |
| | 9 | sımılar amounts) . ` | | | • | • | 1,795,82 | 6 | | | | 1,795,826 |
| | | Income from investment Royalties | ent of tax-exe | | ond proceeds | <u> </u> | 1,405,22 | 5 | | | | 1,405,225 |
| | Ĭ | Royaldes I I I | (ı) Rea | | (II) Personal | | | | | | | · · |
| | 6 | Gross rents | | | | 1 | | | | | | |
| | ŀ | b Less rental expenses | | | | | | | | | | |
| | | | | | | _ | | | | | | |
| | (| c Rental income or (loss) | | | | | | | | | | |
| | • | d Net rental income o | r (loss) | • | <u> </u> | | | | | | | |
| | 7- | Gross amount | (ı) Securit | ties | (II) Other | _ | | | | | | |
| | / c | from sales of assets other | 57,3 | 322,749 | | | | | | | | |
| | | than inventory | | | | | | | | | | |
| | ł | b Less cost or other basis and | 56,0 | 24,489 | | | | | | | | |
| | | sales expenses Gain or (loss) | | 98,260 | | - | | | | | | |
| | | d Net gain or (loss) | | | <u> </u> | ┪ | 1,298,26 | О | | | | 1,298,260 |
| _ | 8a | Gross income from f | - | _ | | | | | | | | |
| nne | | contributions reporte | ed on line 1c) | of | | | | | | | | |
| eve | | See Part IV, line 18 | | | | _ | | | | | | |
| r R | | b Less direct expense c Net income or (loss) | | b sina ev | ents 🕨 | | | | | | | |
| Other Revenue | | Gross income from g | jaming activit | | | | | | | | | |
| 0 | | See Part IV, line 19 | | а | } | | | | | | | |
| | ŀ | b Less direct expense | s | ь | | - | | | | | | |
| | (| c Net income or (loss) | from gaming | activit | les | | | | | | | |
| | 10 | a Gross sales of invent returns and allowand | | | | | | | | | | |
| | | | | а | } | | | | | | | |
| | ł | Less cost of goods s | sold | b | | | | | | | | |
| | • | Net income or (loss) Miscellaneous | | invent | Business Code | | | + | | | | |
| | 11 | LaINCOME FROM SUB | | | 53139 | 00 | 5,400,09 | 2 | 5,400,092 | | | |
| | | | | | | | | | | | | |
| | ł | MISCELLANEOUS | | | 90009 | 19 | 107,30 | 6 | | | | 107,306 |
| | | | | | | | | | | L | | |
| | (| REVERSE PY IMPAIR | MENT | | 90009 | 19 | 52,68 | 8 | 52,688 | | | |
| | | | | | | | | | | | | |
| | | d All other revenue | | | | | | 1 | | | | |
| | | e Total. Add lines 11a | | • • | • | | 5,560,08 | 6 | | | | |
| | 14 | 2 Total revenue. See | instructions | • • | • | | 45,573,58 | 1 | 39,750,198 | | 1,166,766 | 4,606,617 |
| | | | | | | | | | | | | Form 990 (2018) |

| orm 990 (2018) | | | | Page 10 |
|--|------------------------|------------------------------------|---|-----------------------------------|
| Part IX Statement of Functional Expenses Section 501(c)(3) and 501(c)(4) organizations must complete all co | 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> | <u> \square</u> |
| Oo not include amounts reported on lines 6b, b, 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 | 1,931,226 | | | |
| 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 | | | | |
| 5 Compensation of current officers, directors, trustees, and key employees | 3,776,514 | | | |
| 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 | 10,440,611 | | | |
| 8 Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions) | 1,939,971 | | | |
| 9 Other employee benefits | 1,418,587 | | | |
| LO Payroll taxes | 1,017,677 | | | |
| L1 Fees for services (non-employees) | | | | |
| a Management | | | | |
| b Legal | 243,354 | | | |
| c Accounting | 149,934 | | | |
| d Lobbying | | | | |
| e Professional fundraising services See Part IV, line 17 | | | | |
| f Investment management fees | 190,185 | | | |
| g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O) | 2,016,411 | | | |
| L2 Advertising and promotion | 2,739,533 | | | |
| L3 Office expenses | 2,162,762 | | | |
| L4 Information technology | 57,382 | | | |
| L5 Royalties | 1,298,551 | | | |
| L 6 Occupancy | 388,128 | | | |
| L 7 Travel | 2,937,665 | | | |
| L8 Payments of travel or entertainment expenses for any federal, state, or local public officials | , . | | | |
| 19 Conferences, conventions, and meetings | 929,535 | | | |
| 20 Interest | | | | |
| 21 Payments to affiliates | | | | |
| 22 Depreciation, depletion, and amortization | 326,453 | | | |
| 23 Insurance | 271,392 | | | |
| 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 ZIPFORMS FEE | 946,899 | | | |
| b BANK AND ADP FEES | 678,601 | | | |
| c MEETING ROOM | 591,263 | | | |
| d SERVICE CONTRACTS | 257,026 | | | |
| e All other expenses | 1,287,867 | | | |
| 25 Total functional expenses. Add lines 1 through 24e | 37,997,527 | | | |
| Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation | | | | |
| Check here ▶ ☐ If following SOP 98-2 (ASC 958-720) | | | | |

Page **11**

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22 23

24

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31 32

33

34

517.415

14.144.285

70.460.208

1,281,484

71,741,692

85,885,977

Form **990** (2018)

47.566

16.447.920

67.086.537

1,341,512

68,428,049

84,875,969

| | Beginning of year | | End of year |
|--|-------------------|---|-------------|
| 1 Cash-non-interest-bearing | 7,235,213 | 1 | 6,760,825 |
| 2 Savings and temporary cash investments | 100,000 | 2 | |
| 3 Pledges and grants receivable, net | | 3 | |
| 4 Accounts receivable, net | 85,399 | 4 | 221,516 |
| 5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L | | 5 | |
| 6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and | | | |

| | | trustees, key employees, and highest compensa Part II of Schedule L | | · · · · · | | 5 | |
|-------|--------|--|--------------------------------|---|------------|-------------|------|
| ssets | 6 7 | Loans and other receivables from other disquali section 4958(f)(1)), persons described in sectio contributing employers and sponsoring organization voluntary employees' beneficiary organizations Part II of Schedule L | n 4958 ations o (see in: | (c)(3)(B), and f section 501(c)(9) structions) Complete | | 6 | |
| 88(| 8 | Inventories for sale or use | | | | 8 | |
| 4 | 9 | Prepaid expenses and deferred charges | | | 773,400 | 9 | 5 |
| | 10a | Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D | 10a | 12,233,415 | | | |
| | b | Less accumulated depreciation | 10b | 10,815,491 | 1,510,769 | 10 c | 1,4 |
| | 11 | Investments—publicly traded securities . | | | 55,915,335 | 11 | 52,4 |
| | 12 | Investments—other securities See Part IV, line | 11 . | | | 12 | |
| | 13 | Investments—program-related See Part IV, line | 11 . | | | 13 | |
| | | | | | | | |

| ets 7 | | Notes and loans receivable, net | | 7 | | | |
|-------|-----|---|-------------|------------|------------|-------------|------------|
| SS | 1 | Inventories for sale or use | | 8 | | | |
| ٨ | 9 | Prepaid expenses and deferred charges | 773,400 | 9 | 561,606 | | |
| | 10a | Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D | 10a | 12,233,415 | | | |
| | ь | Less accumulated depreciation | 10 b | 10,815,491 | 1,510,769 | 10 c | 1,417,924 |
| | 11 | Investments—publicly traded securities . | 55,915,335 | 11 | 52,465,329 | | |
| | 12 | Investments—other securities See Part IV, line | | 12 | | | |
| | 13 | Investments—program-related See Part IV, line | e 11 . | | | 13 | |
| | 14 | Intangible assets | | 14 | 236,475 | | |
| | 15 | Other assets See Part IV, line 11 | | | 19,255,853 | 15 | 24,222,302 |
| | 16 | Total assets.Add lines 1 through 15 (must equ | ial line | 34) | 84,875,969 | 16 | 85,885,977 |

| 7 | Prepaid expenses and deferred charges | | • • | 773,400 | 9 | 301,000 |
|-----|---|-------------|------------|------------|-----|------------|
| 10a | Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D | 10a | 12,233,415 | | | |
| b | Less accumulated depreciation | 10 b | 10,815,491 | 1,510,769 | 10c | 1,417,924 |
| 11 | Investments—publicly traded securities . | | | 55,915,335 | 11 | 52,465,329 |
| 12 | Investments—other securities See Part IV, line | 11 . | | | 12 | |
| 13 | Investments—program-related See Part IV, line | | 13 | | | |
| 14 | Intangible assets | | | | 14 | 236,475 |
| 15 | Other assets See Part IV, line 11 | | | 19,255,853 | 15 | 24,222,302 |
| 16 | Total assets. Add lines 1 through 15 (must equ | al line | 34) | 84,875,969 | 16 | 85,885,977 |
| 17 | Accounts payable and accrued expenses | | | 5,100,169 | 17 | 5,081,561 |
| 18 | Grants payable | | | | 18 | |
| 19 | Deferred revenue | | | 11,300,185 | 19 | 8,545,309 |

20

21

23

24

26

Net

33

34

Liabilities 22 Tax-exempt bond liabilities

Complete Part X of Schedule D

Total net assets or fund balances

Total liabilities and net assets/fund balances

Unrestricted net assets

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.

Total liabilities. Add lines 17 through 25 .

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

Form 990 (2018)

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

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

3a

3b

No

Form 990 (2018)

Audit Act and OMB Circular A-133?

Additional Data

Software ID:

Software Version:

EIN: 95-0594790

Name: CALIFORNIA ASSOCIATION OF REALTORS

Form 990 (2018)

Form 990, Part III, Line 4a:

THE PURPOSE OF THE CALIFORNIA ASSOCIATION OF REALTORS IS TO SERVE ITS MEMBERSHIP IN DEVELOPING AND PROMOTING PROGRAMS AND SERVICES THAT WILL ENHANCE THE MEMBERS' FREEDOM AND ABILITY TO CONDUCT THEIR INDIVIDUAL BUSINESSES SUCCESSFULLY WITH INTEGRITY AND COMPETENCY, AND THROUGH COLLECTIVE ACTION, TO PROMOTE REAL PROPERTY OWNERSHIP AND THE PRESERVATION OF REAL PROPERTY RIGHTS THE CALIFORNIA ASSOCIATION OF REALTORS IS A STATEWIDE TRADE ASSOCIATION DEDICATED TO THE ADVANCEMENT OF PROFESSIONALISM IN REAL ESTATE. THE ASSOCIATION DEVELOPS AND PROMOTES PROGRAMS

AND SERVICES THAT WILL ENHANCE THE MEMBERS' FREEDOM AND ABILITY TO CONDUCT THEIR INDIVIDUAL BUSINESSES SUCCESSEULLY WITH INTEGRITY AND

COMPETENCY (SEE SCH O) AND, THROUGH COLLECTIVE ACTION, PROMOTES THE PRESERVATION OF REAL PROPERTY RIGHTS

(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 | and a director/trustee) | | | | | | 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 | |
| PEDRO ACEITUNO DIRECTOR | 2 00 | × | | | | | | 0 | 0 | 0 | |
| MARIO ACEVEDO DIRECTOR | 2 00 | Х | | | | | | 0 | 0 | 0 | |
| SANDI ADELSON DIRECTOR | 2 00 | × | | | | | | 0 | 0 | 0 | |

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| TIMILO MELVEDO |
|----------------|
| DIRECTOR |
| SANDI ADELSON |
| DIRECTOR |
| LYNN AGLIPAY |
| DIRECTOR |
| |

......

EUGENIA AGUILAR

ANDY ALEXANDER

NORMAN ALEXANDER

LILIANA ALFONSO

.....

DIRECTOR

DIRECTOR

DIRECTOR

DIRECTOR

KURT ALLAN

NANCIE ALLEN

DIRECTOR

DIRECTOR

(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 director/trustee) organization organizations from the

| | 6 | | <u> </u> | | | usice, | | /W 2/1000 | (14/ 2/1000 | eventuation and | |
|--------------------------|---|-----------------------------------|-----------------------|----|--------------|------------------------------|--------|------------------------|----------------------|--|--|
| | for related organizations below dotted line) | Individual trustee or director | Institutional Trustee | 10 | key employee | Highest compensated employee | Former | - (W- 2/1099- MISC) | (W- 2/1099- MISC) | organization and related organizations | |
| HAL ALPERT DIRECTOR | 2 00 | × | | | | | | 0 | 0 | 0 | |
| TIMOTHY AMBROSE DIRECTOR | 2 00 | x | | | | | | 0 | 0 | 0 | |
| ANTHONY ANDAYA DIRECTOR | 2 00 | x | | | | | | 0 | 0 | 0 | |
| ASHLEY ANDERSON DIRECTOR | 2 00 | × | | | | | | o | 0 | 0 | |

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| DIRECTOR |
|-----------------|
| ASHLEY ANDERSON |
| DIRECTOR |
| CHRIS ANDERSON |
| DIRECTOR |
| |

CLARK ANDERSON

JEANNIE ANDERSON

JOE ANNUNZIATO III

..........

DIRECTOR

DIRECTOR

DIRECTOR

DIRECTOR

JIM ANTT

DIRECTOR

SHERI ANTHES

(A) (D) (B) (C) (E) (F) Name and Title Position (do not check more Reportable Reportable Estimated Average 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 director/trustee) organization organizations from the

and Independent Contractors

DIRECTOR

RYAN ASAO

DIRECTOR

DIRECTOR

DIRECTOR

RAY AULT

DIRECTOR

DIRECTOR

NANCY AURAND

JOHN ASDOURIAN

DARNELLA AULANI

.........

| | 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 |
|------------------------------|---|-----------------------------------|-----------------------|---------|--------------|------------------------------|--------|----------------------|----------------------|--|
| BOB ARCHULETA DIRECTOR | 2 00 | x | | | | | | 0 | 0 | 0 |
| JESSE ARMENDAREZ DIRECTOR | 2 00 | х | | | | | | 0 | 0 | 0 |
| EVELYN ARNOLD DIRECTOR | 2 00 | х | | | | | | 1,000 | 0 | 0 |
| | | | | | | | | | | |

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| EVELYN ARNOLD | 2 00 | V | | | | | |
|--------------------|--------|---|--|--|-------|--|--|
| DIRECTOR | •••••• | × | | | 1,000 | | |
| KATHERINE ARONSSON | 2 00 | | | | | | |
| DIRECTOR | ••••• | X | | | 0 | | |
| ROB ARRIETTA | 2 00 | | | | 0 | | |

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

| | 4117 110415 | | | | | | | arganization | (14) 2/4000 | | |
|-----------------------------|---|-----------------------------------|-----------------------|---------|--------------|------------------------------|--------|----------------------|----------------------|--|--|
| | for related organizations below dotted line) | Individual trustee or director | Institutional Trustee | Officer | key employee | Highest compensated employee | Former | (W- 2/1099- MISC) | (W- 2/1099- MISC) | organization and related organizations | |
| JUDITH AUSTIN DIRECTOR | 2 00 | × | | | | | | 0 | 0 | 0 | |
| JAY AVIROM DIRECTOR | 2 00 | × | | | | | | 0 | 0 | 0 | |
| CHRISTOPHER BACKER DIRECTOR | 2 00 | × | | | | | | 0 | 0 | 0 | |
| COLLEEN BADAGLIACCO | 2 00 | × | | | | | | 4,500 | 0 | 0 | |

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| CHRISTOPHER BACKER |
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| DIRECTOR |
| COLLEEN BADAGLIACCO |
| DIRECTOR |
| DENNIS BADAGLIACCO |

DIRECTOR

DIRECTOR

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DIRECTOR

DIRECTOR

DIRECTOR

ROB BALDWIN

ROBERT BAILEY

JAMES BAISERI

MICHAEL BALDASARRA

NICHOLAS BALDRY

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

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

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| | 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 | |
| MARNIE BALOG DIRECTOR | 2 00 | × | | | | | | 0 | 0 | 0 | |
| MARIA ELENA BANKS DIRECTOR | 2 00 | × | | | | | | 0 | 0 | 0 | |
| ALAN BARBIC DIRECTOR | 2 00 | × | | | | | | 0 | 0 | 0 | |
| MELANIE BARKER DIRECTOR | 2 00 | × | | | | | | 4,950 | 0 | 0 | |
| JACKIE BARNDOLLAR LANDRY | 2 00 | | | | | | | | | | |

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DIRECTOR

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JEFF BARNETT

SEVAN BARONI

JOHN BARRENTINE

EDWARD BARRIOS

JOSUE BARRIOS

(A) (D) (B) (C) (E) (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

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| | for related organizations below dotted line) | | Institutional Trustee | 101 | key employee | Highest compensated employee | Former | - (W- 2/1099- MISC) | (W- 2/1099- MISC) | organization and related organizations | |
| SHARON BARRON DIRECTOR | 2 00 | × | | | | | | 4,950 | 0 | 0 | |
| ERIN BARRY DIRECTOR | 2 00 | 1 1 | | | | | | 0 | 0 | 0 | |
| DWAYNE BARTELS DIRECTOR | 2 00 | 1 1 | | | | | | 0 | 0 | 0 | |
| DANIEL BATHURST | 2 00 | 1 1 | | | | | | 0 | 0 | 0 | |

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| DIRECTOR |
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| DWAYNE BARTELS |
| DIRECTOR |
| DANIEL BATHURST |
| DIRECTOR |

SANDI BAUMAN

KATHERINE BEACOCK

DIRECTOR

DIRECTOR

DIRECTOR

DIRECTOR

JEFF BELL

DIRECTOR

DIRECTOR

ANDY BENCOSME

KIMBERLY BEAL

ADDORA BEALL

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

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| | for related organizations below dotted line) | | Institutional Trustee | Officer | Key employee | Highest compensated | Former | (W- 2/1099- MISC) | (W- 2/1099- MISC) | organization and related organizations | |
| JULIE BENCOSME DIRECTOR | 2 00 | × | | | | | | 0 | 0 | 0 | |
| BARRY BENNETT DIRECTOR | 2 00 | × | | | | | | 0 | 0 | 0 | |
| GLENN BENNETT | 2 00 | | | | | | | | | | |

| DIRECTOR | | | | | | | | |
|-----------------|------|---|--|-----|---|-----|-------|--|
| BARRY BENNETT | 2 00 | _ | | | | | 0 | |
| DIRECTOR | | ^ | | | | | 0 | |
| GLENN BENNETT | 2 00 | × | | | | | 0 | |
| DIRECTOR | | ^ | | | | | Ŭ | |
| MALCOLM BENNETT | 2 00 | V | | | | | 4.050 | |
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and Independent Contractors

DIRECTOR

DIRECTOR

DIRECTOR

DIRECTOR

DIRECTOR

DIRECTOR

DIRECTOR

MARY BENSON

THOMAS BERGE

TOM BERGE JR

ERIC BERGGREN

MARGELEY BERNAL

.......

PATRICIA BENNETT

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

and Independent Contractors

DIRECTOR

IRA BLAND

DIRECTOR

DIRECTOR

ROY BLUME

DIRECTOR

DIRECTOR

DIRECTOR

VAZRIK BONYADI

MATTHEW BORLAND

MICHELLE BLUE-BENEDICT

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|----------------------------|---|-----------------------------------|-----------------------|----------|--------------|------------------------------|--------|----------------------|----------------------|--|--|
| | for related organizations below dotted line) | Individual trustee or director | Institutional Trustee | <u>1</u> | Key employee | Highest compensated employee | Former | (W- 2/1099- MISC) | (W- 2/1099- MISC) | organization and related organizations | |
| BARBARA BETTS DIRECTOR | 2 00 | | | | | | | 4,950 | 0 | 0 | |
| BARBARA BIERIG DIRECTOR | 2 00 | | | | | | | 0 | 0 | 0 | |
| YIN BIHR DIRECTOR | 2 00 | | | | | | | 0 | 0 | 0 | |
| KEVIN BIRMINGHAM | 2 00 | | | | | | | 0 | 0 | 0 | |

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|------------------|------|-----|---|---|-------|-------|--|
| YIN BIHR | 2 00 | l 🗸 | | | | n | |
| DIRECTOR | | _ ^ | | | | Ŭ | |
| KEVIN BIRMINGHAM | 2 00 | × | | | | 0 | |
| DIRECTOR | | ^ | | | | Ŭ | |
| LARRY BLACK | 2 00 | | | | | 4.050 | |
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and Independent Contractors

SCOTT BRADY

ROBIN BRAMSON-VEIL

JENNIFER BRANCHINI

DIRECTOR

DIRECTOR

DIRECTOR

DIRECTOR

DIRECTOR

DIRECTOR

RONNA BRAND

TIMOTHY BRIGHAM

DEBORA BRIGHT-LANEY

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|--------------------------|---|-----------------------------------|-----------------------|---------|--------------|------------------------------|--------|----------------------|----------------------|--|
| | 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 |
| SHARON BOWLER DIRECTOR | 2 00 | × | | | | | | 4,950 | 0 | 0 |
| WILLIAM BOWLING DIRECTOR | 2 00 | × | | | | | | 0 | 0 | 0 |
| ROBERT BOZANIC DIRECTOR | 2 00 | × | | | | | | 0 | 0 | 0 |
| TOBY BRADLEY DIRECTOR | 2 00 | Х | | | | | | 0 | 0 | 0 |

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(A) (D) (B) (C) (E) (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

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| | for related organizations below dotted line) | | Institutional Trustee | Officer | Key employee | Highest compensated employee | Former | (W- 2/1099- MISC) | (Ŵ- 2/1099- MISC) | organization and related organizations |
| ROBERT BRISBANE DIRECTOR | 2 00 | × | | | | | | 0 | 0 | 0 |
| JAMES BRITTO DIRECTOR | 2 00 | х | | | | | | 0 | 0 | 0 |
| JILL BROADHURST | 2 00 | х | | | | | | 0 | 0 | 0 |

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|-----------------|------|-----|---|------|---|---------|--|
| DIRECTOR | | ., | | | | | |
| JAMES BRITTO | 2 00 | × | | | | 0 | |
| DIRECTOR | | ^ | | | | 0 | |
| JILL BROADHURST | 2 00 | × | | | | 0 | |
| DIRECTOR | | ^ | | | | 0 | |
| DAVID BRONSON | 2 00 | × | · | | | 0 | |
| DIRECTOR | | ^ | | | | ١ | |

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and Independent Contractors

EMILIE BROUGHTON

TYLER BROUSSEAU

DIRECTOR

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DIRECTOR

BILL BROWN

JOANNE BROWN

KEVIN BROWN

BARRY BROWN

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(A) (D) (B) (C) (E) (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

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| | for related organizations below dotted line) | | Institutional Trustee | 101 | key employee | Highest compensated employee | Former | - (W- 2/1099- MISC) | (W- 2/1099- MISC) | organization and related organizations | |
| RON BROWNELL DIRECTOR | 2 00 | 1 1 | | | | | | 0 | 0 | 0 | |
| ALEC BRUICE DIRECTOR | 2 00 | 1 1 | | | | | | 0 | 0 | 0 | |
| RAYLENE BRUNDAGE DIRECTOR | 2 00 | 1 1 | | | | | | 0 | 0 | 0 | |

| ALEC BRUICE | 2 00 | | | | 0 | |
|------------------|------|---|--|--|-----|--|
| DIRECTOR | | ^ | | | | |
| RAYLENE BRUNDAGE | 2 00 | | | | | |
| DIRECTOR | | ^ | | | J | |
| MARK BRUNO | 2 00 | | | | | |
| DIRECTOR | | * | | | l " | |

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and Independent Contractors

SEAN BUELL

DIRECTOR

DIANA BULL

DIRECTOR

DIRECTOR

DIRECTOR

DIRECTOR

DIRECTOR

KEVIN BURKE

KIMM BULLARD

STEPHEN BURCHARD

KATHRYN BURDETT

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

and Independent Contractors

DIRECTOR

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DAVID CABOT

STEVE BUSSMAN

SHARON BUTLER

VIRGINIA BUTLER

ROBERT CALLOWAY

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| | any hours | | | | | ustee | | organization | organizations | from the | |
|-------------|---|-----------------------------------|-----------------------|---------|--------------|------------------------------|--------|----------------------|----------------------|--|--|
| | for related organizations below dotted line) | Individual trustee or director | Institutional Trustee | Officer | Key employee | Highest compensated employee | Former | (W- 2/1099- MISC) | (W- 2/1099- MISC) | organization and related organizations | |
| MARK BURNES | 2 00 | x | | | | | | 0 | 0 | 0 | |
| DIRECTOR | | ^ | | | | | | | 0 | | |
| JACK BURNS | 2 00 | × | | | | | | 0 | 0 | 0 | |
| DIRECTOR | | ^ | | | | | | ١ | 0 | ٥ | |
| KAMA BURTON | 2 00 | х | | | | | | 0 | 0 | 0 | |
| DIRECTOR | | _ ^ | | | | | | | 0 | | |
| DIANE BUSCH | 2 00 | | | | | | | | | | |

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(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 person is both an officer week (list from the from related compensation and a director/trustee) any hours organization organizations from the

and Independent Contractors

STACI CAPLAN

MATT CAPRITTO

CYNTHIA CARLEY

GREG CARLSTED

PHYLLIS CARMICHAEL

DIRECTOR

DIRECTOR

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DIRECTOR

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| | for related organizations below dotted line) | | Institutional Trustee | Officer | key employee | Highest compensated employee | Former | (W- 2/1099- MISC) | (W- 2/1099- MISC) | organization and related organizations |
| ELLEN CAMACHO | 2 00 | × | | | | | | 0 | C | 0 |
| DIRECTOR | | ^ | | | | | | 3 |) | |
| MARY JANE CAMBRIA | 2 00 | × | | | | | | 0 | 0 | 0 |
| DIRECTOR | | | | | | | | 3 | ì | |
| JEFF CAMPBELL DIRECTOR | 2 00 | x | | | | | | 0 | 0 | 0 |

| JEFF CAMPBELL | 2 00 | _ | | | 0 | 0 | |
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| DIRECTOR | | _ ^ | | | | 0 | |
| ELIZABETH CAMPBELL-CHASE | 2 00 | l | | | | | |
| DIRECTOR | •••••• | × | | | 0 | O | |
| FRANK CANCILLA | 2 00 | Ų | | | 0 | 0 | |
| DIRECTOR | | ^ | | | ľ | 0 | |

| DIRECTOR | | | | | | | l |
|--------------------------|------|-----|--|--|---|---|---|
| ELIZABETH CAMPBELL-CHASE | 2 00 | × | | | 0 | C | |
| DIRECTOR | | , , | | | | • | |
| FRANK CANCILLA | 2 00 | | | | | 0 | |
| DIRECTOR | | × | | | | U | |
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| | | | | |) | organization | organizations | from the | | |
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| | for related organizations below dotted line) | | Institutional Trustee | Officer | key employee | Highest compensated | Former | (W- 2/1099- MISC) | (W- 2/1099- MISC) | organization and related organizations |
| THOMAS CARNAHAN DIRECTOR | 2 00 | × | | | | | | 4,950 | 0 | 0 |
| VICKI CARPENTER DIRECTOR | 2 00 | × | | | | | | 0 | 0 | 0 |
| NELSON CARRILLO | 2 00 | × | | | | | | 0 | 0 | 0 |

| VICKI CARPENTER | 2 00 | l | | | 0 | |
|-----------------|------|-----|--|--|---|--|
| DIRECTOR | | _ ^ | | | | |
| NELSON CARRILLO | 2 00 | l | | | _ | |
| DIRECTOR | | × | | | 0 | |
| LINDA CARROLL | 2 00 | | | | 0 | |
| DIRECTOR | | × | | | ١ | |

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and Independent Contractors

BILLY CARTER

GARY CARTER

MICHAEL CARUNCHIO

MICHAEL CASACELI

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DIRECTOR

DIRECTOR

DIRECTOR

DIRECTOR

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DIRECTOR

JOSE CASAREZ

DAVID CASAS

(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 person is both an officer week (list from the from related compensation and a director/trustee) any hours organization organizations from the

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| | for related organizations below dotted line) | | Institutional Trustee | Officer | key employee | Highest compensated | Former | (W- 2/1099- MISC) | (W- 2/1099- MISC) | organization and related organizations |
| BRIANA CASTELLANOS DIRECTOR | 2 00 | × | | | | | | 0 | 0 | 0 |
| OTTO CATRINA DIRECTOR | 2 00 | x | | | | | | 4,950 | 0 | 0 |
| DONALD CAUDILL DIRECTOR | 2 00 | × | | | | | | 0 | 0 | 0 |
| LESLIE CHANEY | 2 00 | × | | | | | | 0 | 0 | 0 |

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| DONALD CAUDILL |
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| DIRECTOR |
| LESLIE CHANEY |
| DIRECTOR |
| KELVIN CHANG |

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DIRECTOR

WILLIAM CHEA

ALLEN CHIANG

MELISSA CHAPMAN

COLLEEN CHATOFF

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(A) (D) (B) (C) (E) (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

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| | for related organizations below dotted line) | | Institutional Trustee | Officer | key employee | Highest compensated | Former | (W- 2/1099- MISC) | (W- 2/1099- MISC) | organization and related organizations |
| KASEY CHRISTENSEN DIRECTOR | 2 00 | × | | | | | | 0 | 0 | 0 |
| FANNY CHU DIRECTOR | 2 00 | x | | | | | | 0 | 0 | 0 |
| SERETA CHURCHILL DIRECTOR | 2 00 | х | | | | | | 0 | 0 | 0 |
| ROBERT CIPOLLONI | 2 00 | × | | | | | | 0 | 0 | 0 |

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| FANNY CHU |
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| DIRECTOR |
| SERETA CHURCHILL |
| DIRECTOR |
| ROBERT CIPOLLONI |
| DIRECTOR |

KARA CLARK

LORRAINE CLARK

TRACEY CLARKE

MATT CLEMENTS

BARBARA CLEMONS

JOSHUA CLEMONS

DIRECTOR

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DIRECTOR

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

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

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| | 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 | |
| LINDA CLINTON DIRECTOR | 2 00 | × | | | | | | 0 | 0 | 0 | |
| KEVIN COLE DIRECTOR | 2 00 | × | | | | | | 0 | 0 | 0 | |
| ATHENA COLLUP DIRECTOR | 2 00 | × | | | | | | 0 | 0 | 0 | |
| | 2.00 | | | T | \Box | | | | | | |

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|---------------|------|-----|--|--|----------|--|
| DIRECTOR | | | | | Ů | |
| ATHENA COLLUP | 2 00 | × | | | 0 | |
| DIRECTOR | | _ ^ | | | | |
| PAULA COLOMBO | 2 00 | × | | | 0 | |
| DIRECTOR | | , , | | | | |
| LISA COMBS | 2 00 | | | | | |

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and Independent Contractors

DIRECTOR

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NIKKI COPPA

WAYNE CORY

PAULA COSENZA

JEFF COMSTOCK

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

and Independent Contractors

DIRECTOR

JOHN CRIBB

DIRECTOR

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DIRECTOR

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DIRECTOR

DAVID CSIRA

SHEILA CUNHA

MARILYN CUNNINGHAM

THOMAS CURTISS

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|----------------------------|---|-----------------------------------|-----------------------|---------|--------------|------------------------------|--------|----------------------|----------------------|--|--|
| | 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 | |
| RICK COSENZA | 2 00 | × | | | | | | 0 | 0 | 0 | |
| DIRECTOR | | | | | | | | | | | |
| DOUGLAS COVILL DIRECTOR | 2 00 | x | | | | | | 0 | 0 | 0 | |
| JUDY COVINGTON DIRECTOR | 2 00 | × | | | | | | 2,600 | 0 | 0 | |
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| DIRECTOR | | | | | | |
|----------------|------|-----|--|--|-------|--|
| JUDY COVINGTON | 2 00 | l ↓ | | | 2,600 | |
| DIRECTOR | | ^ | | | 2,000 | |
| MICHAEL COWANS | 2 00 | × | | | 0 | |
| DIRECTOR | | _ ^ | | | | |
| SALLY CRAIN | 2 00 | | | | | |

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

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| | for related organizations below dotted line) | | Institutional Trustee | | Key employee | Highest compensated employee | Former | (W- 2/1099- MISC) | (W- 2/1099- MISC) | organization and related organizations | |
| JOE CUSUMANO DIRECTOR | 2 00 | × | | | | | | 0 | 0 | 0 | |
| CRYSTAL DACOSTA DIRECTOR | 2 00 | × | | | | | | 1,000 | 0 | 0 | |
| CAROLYN DAGOSTA DIRECTOR | 2 00 | × | | | | | | 4,950 | 0 | 0 | |
| LINDA DARASKAVICH | 2 00 | 1 | | | | | | 0 | 0 | 0 | |

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| DIRECTOR |
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| CAROLYN DAGOSTA |
| DIRECTOR |
| LINDA DARASKAVICH |
| DIRECTOR |
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SANDY DARLING

KELLEE DAVENPORT

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KENNETH DAVIS

WINNIE DAVIS

TINA DE LEON

MANNY DE SILVIA

DIRECTOR

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DIRECTOR

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DIRECTOR

(A) (D) (B) (C) (E) (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 | | a dır | recto | or/tr | ustee) |) | organization | organizations | from the | |
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| | for related organizations below dotted line) | | Institutional Trustee | Officer | Key employee | Highest compensated employee | Former | (W- 2/1099- MISC) | (W- 2/1099- MISC) | organization and related organizations | |
| WEST DE YOUNG DIRECTOR | 2 00 | × | | | | | | 0 | 0 | 0 | |
| JORGE DELEON DIRECTOR | 2 00 | × | | | | | | 0 | 0 | 0 | |
| MICHAEL DELEON DIRECTOR | 2 00 | х | | | | | | 0 | 0 | 0 | |
| PAUL DEMBOSKI | 2 00 | | | | | | | | | | |

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| JORGE DELEON | 2 00 | × | | | n | |
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| DIRECTOR | | ^^ | | | Ĭ | |
| MICHAEL DELEON | 2 00 | × | | | 0 | |
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| PAUL DEMBOSKI | 2 00 | > | | | | |
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and Independent Contractors

JULIE DEMPSEY

PHILLIP DEUTSCHER

KIMBERLY DI BENEDETTO

DIRECTOR

DIRECTOR

DIRECTOR

DIRECTOR

DIRECTOR

DIRECTOR

BRITTA DIAZ

DEBRA DIBBLE

MARC DICKOW

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

| | any hours | ny hours and a director/trustee) organization organization | | | | | | organizations | from the | |
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| | for related organizations below dotted line) | | Institutional Trustee | 1.0 | Key employee | Highest compensated employee | Former | (W- 2/1099- MISC) | (W- 2/1099- MISC) | organization and related organizations |
| ROBIN DICKSON DIRECTOR | 2 00 | × | | | | | | 4,950 | 0 | 0 |
| TERESA DIETRICH DIRECTOR | 2 00 | × | | | | | | 0 | 0 | 0 |
| EMILY DISIMONE | 2 00 | × | | | | | | 0 | 0 | 0 |

| DIRECTOR | | | | | | | | · | |
|-----------------|------|-----|-----|-----|-----|-----|-----|-------|--|
| TERESA DIETRICH | 2 00 | l . | | | | | | 0 | |
| DIRECTOR | | _ ^ | | | | | | | |
| EMILY DISIMONE | 2 00 | v | | | | | | 0 | |
| DIRECTOR | | ^ | | | | | | | |
| LINDA DISTEFANO | 2 00 | V | | | | | | 2,600 | |
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and Independent Contractors

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CARYLON DOPP

JANET DORSEY

NINA DOSANJH

ELYSE DITTRICH

WILL DOERLICH

NANCY D'ONOFRIO

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

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| | 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 | |
| CURTIS DOSS DIRECTOR | 2 00 | × | | | | | | 0 | 0 | 0 | |
| PATRICIA DOUGLAS DIRECTOR | 2 00 | × | | | | | | 0 | 0 | 0 | |
| YVONNE DOWLAND DIRECTOR | 2 00 | х | | | | | | 0 | 0 | 0 | |
| RENIER DRESSER DIRECTOR | 2 00 | × | | | | | | 0 | 0 | 0 | |

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| RENIER DRESSER | |
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| SAMUEL S DRURY JR | |
| DIRECTOR | |
| STEVEN DRUST | |

DIRECTOR

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DIRECTOR

DIRECTOR

BARBARA DUDECK

ROBIN DUFAULT

MARY JANE DUKELLIS

LISA DUKELLIS-MITCHENE

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(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

and Independent Contractors

DIRECTOR

DIRECTOR

JUDY ELLIS

. DIRECTOR

JOYCE ENDO

BRUCE ENGLES

TAUNEE ENGLISH

DIRECTOR

DIRECTOR

DIRECTOR

LYLE ELLIOTT

| | any nours | and | a dir | recto | or/tr | ustee, |) | organization | organizations | from the | |
|------------------------------|---|-----|-----------------------|---------|--------------|------------------------------|--------|----------------------|----------------------|--|--|
| | for related organizations below dotted line) | | Institutional Trustee | Officer | key employee | Highest compensated employee | Former | (W- 2/1099- MISC) | (W- 2/1099- MISC) | organization and related organizations | |
| SUZI DUNKEL-SOTO DIRECTOR | 2 00 | × | | | | | | 0 | 0 | 0 | |
| LISA DUNN DIRECTOR | 2 00 | × | | | | | | 4,950 | 0 | 0 | |
| MEGHAN DURBIN DIRECTOR | 2 00 | х | | | | | | 0 | 0 | 0 | |
| | 2.00 | | | | | | | | | | |

| DIRECTOR | | | | | , | |
|----------------|------|-----|--|--|---|--|
| MEGHAN DURBIN | 2 00 | | | | 0 | |
| DIRECTOR | | ^ | | | 0 | |
| ROBERT DUTCHER | 2 00 | | | | 0 | |
| DIRECTOR | | _ ^ | | | | |
| MARK EDWARDS | 2 00 | | | | | |

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(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 person is both an officer week (list from the from related compensation from the

and Independent Contractors

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DIRECTOR

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JAN FARLEY

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DON FAUGHT

CAROL FARRAR

CARLA FARLEY

LAWRENCE FARGHER

| | any hours | and | a dir | ecto | or/tr | ustee) |) | organization | organizations | from the | |
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| | for related organizations below dotted line) | | Institutional Trustee | Officer | Key employee | Highest compensated | Former | (W- 2/1099- MISC) | (W- 2/1099- MISC) | organization and related organizations | |
| MERRIE ESPINA DIRECTOR | 2 00 | х | | | | | | 0 | 0 | 0 | |
| BEN EUBANKS DIRECTOR | 2 00 | Х | | | | | | 0 | 0 | 0 | |
| JAMES EZELL DIRECTOR | 2 00 | Х | | | | | | 0 | 0 | 0 | |

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| DIRECTOR | | ^ | | | | |
| JAMES EZELL | 2 00 | V | | | | |
| DIRECTOR | | Χ | | | J | |
| CAROL FACCIPONTI | 2 00 | × | | | 2.350 | |
| DIRECTOR | | _ ^ | | | 2,330 | |
| VICKIE FAGEOL | 2 00 | | | | | |

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(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 person is both an officer week (list from the from related compensation and a director/trustee) any hours organization organizations from the

and Independent Contractors

DIRECTOR

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LISA FORE

DIRECTOR

GERRI-LYNN FIVES

STEPHEN FLACH

DANIELLE FONTES

MELROSE FORDE

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| | for related | | a un | | | usice | | (M 2/1000 | /M/ 3/1000 | organization and | |
|---------------------------|---|---|-----------------------|---------|--------------|------------------------------|--------|----------------------|----------------------|--|--|
| | for related organizations below dotted line) | | Institutional Trustee | Officer | key employee | Highest compensated employee | Former | (W- 2/1099- MISC) | (W- 2/1099- MISC) | organization and related organizations | |
| MAXINE FEIL DIRECTOR | 2 00 | x | | | | | | 0 | 0 | 0 | |
| RAY FERNANDEZ DIRECTOR | 2 00 | х | | | | | | o | 0 | 0 | |
| JOSEPH FILIPKO DIRECTOR | 2 00 | х | | | | | | o | 0 | 0 | |

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| JOSEPH FILIPKO | 2 00 | × | | | 0 | C | 0 |
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(A) (D) (B) (C) (E) (F) Name and Title Position (do not check more Reportable Reportable Estimated Average amount of other than one box, unless hours per compensation compensation person is both an officer week (list from the from related compensation and a director/trustee) any hours organization organizations from the

and Independent Contractors

DIRECTOR

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JAMES FREE

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JIM FRANKLIN

LYNN FRANKLIN

DANIEL FREDERICKS

PAT FREDERICKS

| ANNE FOREMAN DIRECTOR WENDY FORMICA DIRECTOR BRYAN FORREST Organizations below dotted line) Organizations below dotted line) ANISC) MISC) MISC) MISC) MISC) O O O O O O O O O O O O O | | 1 4117 110413 | "" | u un | CCCC | ,, ., | usice, | , | (11, 2,4,000 | (14/ 2/4 200 | 110111 the | |
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| X 0 0 0 0 0 0 0 0 0 | ANNE FOREMAN DIRECTOR | | l | | | | | | 0 | 0 | 0 | |
| X 0 0 0 | WENDY FORMICA DIRECTOR | | l | | | | | | 0 | 0 | 0 | |
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| DIRECTOR | | | | | | |
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| BRYAN FORREST | 2 00 | V | | | | |
| DIRECTOR | | ^ | | | 0 | |
| MIKE FRACISCO | 2 00 | | | | 0 | |
| DIRECTOR | | _ ^ | | | | |
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(A) (D) (E) (B) (C) (F) Name and Title Position (do not check more Reportable Reportable Estimated Average than one box, unless compensation amount of other hours per compensation person is both an officer week (list from the from related compensation from the any hours and a director/trustee) organization organizations

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|-------------------------|---|-----------------------------------|--------------------------|---------|--------------|---------------------|--------|----------------------|----------------------|--|--|
| | 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 | |
| LORRIE FRENCH DIRECTOR | 2 00 | x | | | | | | 0 | 0 | 0 | |
| KATHERINE FREY DIRECTOR | 2 00 | x | | | | | | 0 | 0 | 0 | |
| SEBASTIAN FREY DIRECTOR | 2 00 | х | | | | | | 0 | 0 | 0 | |
| ED FULLER DIRECTOR | 2 00 | × | | | | | | 0 | 0 | 0 | |
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| DIRECTOR |
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| ED FULLER |
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MARY FUNK

DIRECTOR

DIRECTOR

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GREG GALLI

DIRECTOR

DIRECTOR

ANTHONY GAMBER

JILL FURTADO

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WENDY FURTH

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

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| | for related organizations below dotted line) | Individual trustee or director | Institutional Trustee | 10 | key employee | Highest compensated employee | Former | (W- 2/1099- MISC) | (W- 2/1099- MISC) | organization and related organizations | |
| CHARLENE GAMET DIRECTOR | 2 00 | 1 1 | | | | | | 0 | О | 0 | |
| ALCY GARCIA DIRECTOR | 2 00 | 1 1 | | | | | | 0 | 0 | 0 | |
| EVA GARCIA DIRECTOR | 2 00 | 1 1 | | | | | | 0 | 0 | 0 | |
| FRANK GARCIA DIRECTOR | 2 00 | | | | | | | 4,950 | 0 | 0 | |
| JAMES GARCIA | 2 00 | 1 1 | | | | | | 0 | 0 | 0 | |

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JOHN GARONE

JENNA GARZA

JEANNE GARDE

JILL GARDNER

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MARGARET GAREMORE

(A) (D) (B) (C) (E) (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

and Independent Contractors

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DEBORAH GIOMETTI

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DIRECTOR

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ART GODI

DIRECTOR

SARAH GLAVAN

STEVE GODDARD

MICHAEL GODFREY

| | any hours | and | a dır | ecto | r/tr | ustee) |) | organization | organizations | from the | |
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| | 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 | |
| RICHARD GAYLORD DIRECTOR | 2 00 | × | | | | | | 0 | 0 | 0 | |
| DONALD GEBHARD DIRECTOR | 2 00 | х | | | | | | 0 | 0 | 0 | |
| MARTIN GEIMER | 2 00 | х | | | | | | 0 | 0 | 0 | |

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| DIRECTOR | | | | | | J | |
| DONALD GEBHARD | 2 00 | × | | | | 0 | |
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| MARTIN GEIMER | 2 00 | × | | | | 0 | |
| DIRECTOR | | | | | | 9 | |
| SCOTT GIESER | 2 00 | × | | | | 4,950 | |
| DIRECTOR | | _ ^ | | | | 4,950 | |
| BRIAN GILBERT | 2 00 | | | | | | |

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(A) (D) (B) (C) (E) (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

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| CORY GOLD | 2 00 | X | | | | | | 0 | 0 | 0 | |
| DIRECTOR | | · | | | | | | Ŭ |) | | |
| DOLORES GOLDEN | 2 00 | × | | | | | | 0 | 0 | 0 | |
| DIRECTOR | | | | | | | | Ŭ | , | , | |
| EDWARD GOMES | 2 00 | X | | | | | | 0 | 0 | 0 | |

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| DIRECTOR | | | | | J | |
| EDWARD GOMES | 2 00 | × | | | 0 | |
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and Independent Contractors

BLANCHE GOMEZ

BRANDON GONZALES

GUSTAVO GONZALEZ

MATILDE GONZALEZ

DIRECTOR

DIRECTOR

DIRECTOR

DIRECTOR

DIRECTOR

DIRECTOR

CRAIG GORMAN

DIANA GORSISKI

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(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 person is both an officer week (list from the from related compensation and a director/trustee) any hours organization organizations from the

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| | 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 |
| DOUGLAS GOSS DIRECTOR | 2 00 | × | | | | | | 0 | 0 | 0 |
| NICHOLAS GOUGH DIRECTOR | 2 00 | × | | | | | | 0 | 0 | 0 |
| GINGER GOVETT DIRECTOR | 2 00 | × | | | | | | 0 | 0 | 0 |
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TONJA GRAFF

DIRECTOR

DIRECTOR

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DIRECTOR

CARY GRIFFITH

STACEY GRANDE

THERESA GRANT

ANNETTE GRAW

ROBIN GREENBERG

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

and Independent Contractors

DIRECTOR

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| | for related organizations below dotted line) | Individual trustee or director | Institutional Trustee | | key employee | Highest compensated employee | Former | (W- 2/1099- MISC) | (W- 2/1099- MISC) | organization and related organizations |
| MARY KAY GROTH | 2 00 | x | | | | | | 0 | 0 | 0 |
| DIRECTOR | | ^ | | | | | | ١ | 0 | j |
| LUIS GUEVARA | 2 00 | x | | | | | | 0 | 0 | 0 |
| DIRECTOR | | ^ | | | | | | | 0 | Ĭ |
| JESSE GUTIERREZ DIRECTOR | 2 00 | х | | | | | | 0 | 0 | 0 |

2 00 MARC GUZMAN Х DIRECTOR 2 00 **GREG HAAS**

Х 2 00 Х

DIRECTOR

DEBBIE HAKE DIRECTOR 2 00 BETH HALL Х

DIRECTOR

2 00 9,450 Х

JIM HAMILTON

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DIRECTOR 2 00

SALLY HAN

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DIRECTOR

2 00 ROGER HANCE

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

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| | 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 | |
| RACHAEL HAND | 2 00 | x | | | | | | 0 | 0 | 0 | |
| DIRECTOR | | ^ | | | | | | 3 | 0 | | |
| TINA HAND DIRECTOR | 2 00 | х | | | | | | 0 | 0 | 0 | |
| ASHLEY HANEY DIRECTOR | 2 00 | х | | | | | | 0 | 0 | 0 | |
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| DIRECTOR |
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| ASHLEY HANEY |
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| STEPHEN HANLEIGH |
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MIKE HANLEY

ANNE HANSEN

TRAUDI HANSEN

VERNON HANSEN

ARLEEN HARDENSTEIN

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DIRECTOR

DIRECTOR

DIRECTOR

DIRECTOR

DIRECTOR

DIRECTOR

MARY HARMAN

(A) (D) (B) (C) (E) (F) Name and Title Position (do not check more Reportable Reportable Estimated Average 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 director/trustee) organization organizations from the

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| | 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 | |
| MICHELE HARRINGTON DIRECTOR | 2 00 | × | | | | | | 0 | 0 | 0 | |
| CRAIG HART DIRECTOR | 2 00 | x | | | | | | 0 | 0 | 0 | |
| BOB HARTMAN DIRECTOR | 2 00 | × | | | | | | 0 | 0 | 0 | |
| RYAN HASS DIRECTOR | 2 00 | × | | | | | | 0 | 0 | 0 | |
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| DOB HARTIMAN |
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| DIRECTOR |
| RYAN HASS |
| DIRECTOR |
| CHRIS HASVOLD |
| DIRECTOR |

SANDRA HAUGEN

DIRECTOR

TIM HAYDEN

......... DIRECTOR

YVONNE HAYES

RUTH HAYLES

DIRECTOR

DIRECTOR

TODD HAYS

DIRECTOR

(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 | and | a dir | recto | | ustee |) | organization | organizations | from the |
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| | for related organizations below dotted line) | Individual trustee or director | Institutional Trustee | Officer | key employee | eavoldine Highest compensated | Former | (W- 2/1099- MISC) | (W- 2/1099- MISC) | organization and related organizations |
| SHER HEARD DIRECTOR | 2 00 | X | | | | | | 0 | 0 | 0 |
| DAVINDER HEER DIRECTOR | 2 00 | X | | | | | | 0 | 0 | 0 |
| LYNN HEINTZ DIRECTOR | 2 00 | × | | | | | | 0 | 0 | 0 |
| GLENN HELLYER DIRECTOR | 2 00 | X | | | | | | 4,950 | 0 | 0 |
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| GLENN HELLYER |
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| DIANE HELMS |
| DIRECTOR |

STEVEN HENNECKE

KATHERYN HENRY

DIRECTOR

DIRECTOR

BEN HERB

DIRECTOR

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ED HEROLD

DIRECTOR

GARY HERMAN

(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 person is both an officer week (list from the from related compensation and a director/trustee) any hours organization organizations from the

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| | for related organizations below dotted line) | Individual trustee or director | Institutional Trustee | | key employee | Highest compensated employee | Former | - (W- 2/1099- MISC) | (W- 2/1099- MISC) | organization and related organizations | |
| EDWARD HERON DIRECTOR | 2 00 | × | | | | | | 0 | 0 | 0 | |
| BENJAMIN HERRERA DIRECTOR | 2 00 | x | | | | | | 0 | 0 | 0 | |
| DANIEL HERSHKOWITZ DIRECTOR | 2 00 | x | | | | | | 0 | 0 | 0 | |
| PATRICIA HICKS DIRECTOR | 2 00 | × | | | | | | 4,950 | 0 | 0 | |
| 1ENNIFER HIGGINS | 2 00 | | | | | | \Box | , | | | |

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| - DIRECTOR |
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| PATRICIA HICKS |
| DIRECTOR |
| JENNIFER HIGGINS |
| DIRECTOR |

JULIE HILE

DIRECTOR

DIRECTOR

TOM HILLER

DIRECTOR

LORI HITT

DIRECTOR

DIRECTOR

STEVE HIXENBAUGH

ELIZABETH HILLENBRAND

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(A) (D) (B) (C) (E) (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 | or/tr | ustee |) | organization | organizations | from the | |
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| ROY HODGES DIRECTOR | 2 00 | × | | | | | | 0 | 0 | 0 | |
| MELINDA HOFF DIRECTOR | 2 00 | х | | | | | | 0 | 0 | 0 | |
| RICK HOFFMAN | 2 00 | | | | | | | | | | |

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| DIRECTOR | | | | | Ĭ | |
| MELINDA HOFF | 2 00 | | | | | |
| DIRECTOR | | × | | | 0 | |
| RICK HOFFMAN | 2 00 | × | | | 0 | |
| DIRECTOR | | ^ | | | | |
| ROGER HOLTSCLAW | 2 00 | | | | | |
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and Independent Contractors

DIRECTOR

DIRECTOR

JUDY HORN

DIRECTOR

DIRECTOR

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DIRECTOR

JAN HUDSON

JOHN HUGHES

PATRICIA HOPKINS

ROSANNE HOWARD

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|-----------------|------|-----|---|--|--|---|-----|--|
| DIRECTOR | | | | | | C | | |
| RICK HOFFMAN | 2 00 | × | | | | 0 | 0 | |
| DIRECTOR | | _ ^ | | | | | | |
| ROGER HOLTSCLAW | 2 00 | l 🗸 | | | | 0 | 0 | |
| DIRECTOR | | _ ^ | | | | | | |
| SPENCER HOO | 2 00 | | | | | | | |

(A) (D) (B) (C) (E) (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

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| | for related organizations below dotted line) | | Institutional Trustee | Officer | key employee | ee voldme Highest compensated | Former | (W- 2/1099- MISC) | (W- 2/1099- MISC) | organization and related organizations | |
| TIA HUNNICUTT DIRECTOR | 2 00 | × | | | | | | 0 | 0 | 0 | |
| LEANNAH HUNT DIRECTOR | 2 00 | × | | | | | | 4,950 | 0 | 0 | |
| NANCY HUNT DIRECTOR | 2 00 | х | | | | | | 0 | 0 | 0 | |
| ELIZABETH HURST | 2 00 | × | | | | | | 0 | 0 | 0 | |

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DIRECTOR JOAN IRISH

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DIRECTOR

DIRECTOR

DIRECTOR

PHILLIP JAGO

SANDY JAMISON

CHRIS ISAACSON

DOROTHY JACKSON

JEFFREY JACKSON

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

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| WILLIAM JANSEN DIRECTOR | 2 00 | × | | | | | 0 | 0 | 0 |
| MARIE JEBAVY DIRECTOR | 2 00 | х | | | | | 4,950 | 0 | 0 |
| ROBERT JENNINGS DIRECTOR | 2 00 | х | | | | | 0 | 0 | 0 |
| STEFAN JEZYCKI DIRECTOR | 2 00 | × | | | | | 0 | 0 | 0 |
| MIDGE JIMERSON DIRFCTOR | 2 00 | × | | | | | 0 | 0 | 0 |

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| DIRECTOR |
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| MIDGE JIMERSON |
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JOAN JOLLY

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DIRECTOR

JULIE JONES

PAULA JOHNSEN

CARRIE JOHNSON

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

and Independent Contractors

SANDY KAPLAN

HOWARD KATCHEN

ERIKA KAUZLARICH-BIRD

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DIRECTOR

DIRECTOR

DIRECTOR

DIRECTOR

DIRECTOR

DIRECTOR

KIRI KEEFER

AMBER KEENE

CONNIE KAUTZ

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|--------------------------|---|-----------------------------------|-----------------------|---------|--------------|------------------------------|--------|----------------------|----------------------|--|
| | for related organizations below dotted line) | Individual trustee or director | Institutional Trustee | Officer | key employee | Highest compensated employee | Former | (W- 2/1099- MISC) | (Ŵ- 2/1099- MISC) | organization and related organizations |
| PHIL JONES DIRECTOR | 2 00 | × | | | | | | 4,950 | 0 | 0 |
| RACHEL JONES DIRECTOR | 2 00 | × | | | | | | 0 | 0 | 0 |
| RICK JONES DIRECTOR | 2 00 | × | | | | | | 1,000 | 0 | 0 |
| JEFFREY KAHN DIRECTOR | 2 00 | × | | | | | | 0 | 0 | 0 |

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(A) (D) (E) (B) (C) (F) Name and Title Position (do not check more Reportable Reportable Estimated Average 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 director/trustee) organization organizations from the

and Independent Contractors

AARON KERPER

DIRECTOR

DIRECTOR

DIRECTOR

DIRECTOR

DIRECTOR

ANGELA KING

DAVID KERR

ROBERT KEVANE

BAKHSISH KHALSA

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|-----------------------|---|-----------------------------------|-----------------------|---------|--------------|------------------------------|--------|----------------------|----------------------|--|--|
| | for related organizations below dotted line) | Individual trustee or director | Institutional Trustee | Officer | key employee | Highest compensated employee | Former | (W- 2/1099- MISC) | (Ŵ- 2/1099- MISC) | organization and related organizations | |
| JIM KEITH DIRECTOR | 2 00 | × | | | | | | 0 | 0 | 0 | |
| CHERI KELLEY DIRECTOR | 2 00 | × | | | | | | 0 | 0 | 0 | |
| MIKE KELLY DIRECTOR | 2 00 | × | | | | | | 0 | 0 | 0 | |
| SPYRO KEMBLE DIRECTOR | 2 00 | × | | | | | | 0 | 0 | 0 | |
| | | | | | | | | | | | |

| MIKE KELLY | 2 00 | | | | 0 | 0 | |
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| DIRECTOR | | _ ^ | | | | Ŭ | l |
| SPYRO KEMBLE | 2 00 | | | | 0 | 0 | |
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| STEVE KENDALL | 2 00 | , | | · | 0 | 0 | |
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and Independent Contractors

DIRECTOR

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DIRECTOR

DEBBIE KOSUM

ELIZABETH KRISTENSEN

JOYCE KRISTENSSON

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|--------------|---|-----------------------------------|-----------------------|---------|--------------|------------------------------|--------|----------------------|----------------------|--|--|
| | 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 | |
| KRIS KLAIR | 2 00 | × | | | | | | 0 | 0 | 0 | |
| DIRECTOR | | ., | | | | | | | , | | |
| BESS KLINE | 2 00 | × | | | | | | 0 | 0 | 0 | |
| DIRECTOR | | _ ^ | | | | | | | 0 | | |
| SARA KNADLER | 2 00 | Х | | | | | | 0 | 0 | 0 | |

| BESS KLINE | 2 00 | l . | | | 0 | 0 |
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| DIRECTOR | | ^ | | | | |
| SARA KNADLER | 2 00 | × | | | 0 | 0 |
| DIRECTOR | | ^ | | | 9 | O |
| DAVID KNOEB | 2 00 | l ↓ | | | 0 | 0 |
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| SARA KNADLER | 2 00 | | | | | 0 | 0 | |
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| DIRECTOR | | ^ | | | | 0 | 0 | |
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| SCOTT KNOEB | 2 00 | V | | | Ī | 0 | 0 | |
| DIRECTOR | | ^ | | | | ٥ | U | |

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| SCOTT KNOEB DIRECTOR | 2 00 | X | | | 0 | 0 | 0 |
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| KAROL KOCHOVA DIRECTOR | 2 00 | х | | | 0 | 0 | 0 |

| COURTNEY KORB | 2 00 | × | | | | 0 | , | Λ |
|---------------|------|---|--|--|---|---|---|--------|
| DIRECTOR | | ^ | | | | 0 | | _ |
| KAROL KOCHOVA | 2 00 | × | | | 0 | C | | _ n |
| DIRECTOR | | | | | | | | |

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

and Independent Contractors

ROBERT KULICK

CHRISTINE KUTZKEY

DIRECTOR

DIRECTOR

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DIRECTOR

DIRECTOR

DIRECTOR

DIRECTOR

JEFFREY LAMONT

CHUCK LAMB

BLAINE LAMBERTSON

JIMMY LA PETER

BRANDI LAFFINS

| | 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 |
|----------------------------|---|-----------------------------------|-----------------------|---------|--------------|------------------------------|--------|----------------------|----------------------|--|
| DEBBIE KROGMAN DIRECTOR | 2 00 | × | | | | | | 0 | 0 | C |
| ROBERT KRONOVET DIRECTOR | 2 00 | × | | | | | | 0 | 0 | C |
| KEVIN KUBIAK DIRECTOR | 2 00 | × | | | | | | 0 | 0 | C |

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(A) (D) (B) (C) (E) (F) Name and Title Position (do not check more Reportable Reportable Estimated Average 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 director/trustee) organization organizations from the

and Independent Contractors

DIRECTOR

KARL LEE

DIRECTOR

SANNE LEE

. DIRECTOR

DIRECTOR

DIRECTOR

DIRECTOR

DEREK LEISTRA

AARON LEIDER

ROBERT LEIGHTON

| | for related organizations below dotted line) | Individual trustee or director | Institutional Trustee | key employee | Highest compensated employee | Former | (W- 2/1099- MISC) | (W- 2/1099- MISC) | organization and related organizations |
|----------------------------|---|-----------------------------------|-----------------------|--------------|------------------------------|--------|----------------------|----------------------|--|
| NANCY LAYNE DIRECTOR | 2 00 | × | | | | | 0 | 0 | 0 |
| TIFFANY LEAVERTON DIRECTOR | 2 00 | х | | | | | 0 | 0 | 0 |
| CHARLES LECH DIRECTOR | 2 00 | × | | | | | 0 | 0 | 0 |
| JASMINE LEE | 2 00 | Х | | | | | 0 | 0 | 0 |

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| DIRECTOR | | | | | | |
|--------------|------|----|-------|--|------|--|
| CHARLES LECH | 2 00 | 1 | | | n | |
| DIRECTOR | | ^ | | | Ŭ | |
| JASMINE LEE | 2 00 | 1 | | | 0 | |
| DIRECTOR | | ^ | | | | |
| JOHN LEE | 2 00 | | | | | |
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| | organizations below dotted line) | | Institutional Trustee | Officer | key employee | Highest compensated employee | Former | (W- 2/1099- MISC) | (W- 2/1099- MISC) | related organizations |
| JULIE LEMOS DIRECTOR | 2 00 | × | | | | | | 0 | 0 | 0 |
| GENE LENTZ DIRECTOR | 2 00 | х | | | | | | 0 | 0 | 0 |
| KARI LEON DIRECTOR | 2 00 | х | | | | | | 0 | 0 | 0 |
| NATALIF LEON | 2 00 | | | | | | | | | |

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| DIRECTOR | ••••• | × | | | 0 | |
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| JOYCE LEONARD | 2 00 | | | | | |

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and Independent Contractors

DIRECTOR

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LIZ LEWIS

DIRECTOR

PACO LICEA

DIRECTOR

PAUL LEPAGE

VILMA LETOSKY

TANGIE LEVERETT

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

and Independent Contractors

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CHRISTOPHER LITTLE

BRENDA LOCKHART

HARRISON LONG

DIRECTOR

DIRECTOR

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DIRECTOR

DIRECTOR

DIRECTOR

TED LORING

TONY LOBUE

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| LEE LELAND LIEBERG DIRECTOR | 2 00 | × | | | | | | 0 | 0 | 0 |
| PATRICK LIEUW DIRECTOR | 2 00 | × | | | | | | 0 | 0 | 0 |
| RANA LINKA DIRECTOR | 2 00 | × | | | | | | 0 | 0 | 0 |
| CHUCK LINN | 2 00 | | | | | | | | | |

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| DIRECTOR | | × | | | 0 | |
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| RANA LINKA | 2 00 | , | | | 0 | |
| DIRECTOR | | _ ^ | | | ٥ | |
| CHUCK LINN | 2 00 | | | | 0 | |
| DIRECTOR | | _ ^ | | | 0 | |
| JAMES LIPTAK | 2 00 | | | | | |

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(A) (D) (B) (C) (E) (F) Name and Title Position (do not check more Reportable Reportable Estimated Average 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 director/trustee) organization organizations from the

and Independent Contractors

DIRECTOR

DAVID LYNG

RONALD LYSTER

JEANNIE MACDONALD

THOMAS MACDONALD

KRISTIN MACHADO

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DIRECTOR

DIRECTOR

DIRECTOR

DIRECTOR

DIRECTOR

| | 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 |
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| JANICE LOVENDAHL DIRECTOR | 2 00 | × | | | | | | 0 | 0 | 0 |
| CAROL LUCKENBACH DIRECTOR | 2 00 | х | | | | | | 0 | 0 | 0 |
| GARY LUDWIG DIRECTOR | 2 00 | х | | | | | | 0 | 0 | 0 |
| MORGAN LUKINA | 2 00 | | | | | | | | | |

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| DIRECTOR | | _ ^ | | | | | 0 | |
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| GARY LUDWIG | 2 00 | × | | | | | 0 | |
| DIRECTOR | | | | | | | Ĭ | |
| MORGAN LUKINA | 2 00 | l 🗸 | | | | | | |
| DIRECTOR | | _ ^ | | | | | 0 | |
| BARBARA LYMBERIS | 2 00 | | | | | | 1,000 | |
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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 from the

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| | 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 | |
| MARK MACHADO DIRECTOR | 2 00 | × | | | | | | 0 | 0 | 0 | |
| DEBI MACKEY DIRECTOR | 2 00 | х | | | | | | 0 | 0 | 0 | |
| GORDON MADDOCK DIRECTOR | 2 00 | Х | | | | | | 0 | 0 | 0 | |
| EDWIN MAEDA | 2 00 | × | | | | | | 0 | 0 | 0 | |

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| DIRECTOR | | | | | | |
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| GORDON MADDOCK | 2 00 | V | | | 0 | |
| DIRECTOR | | ^ | | | U | |
| EDWIN MAEDA | 2 00 | × | | | 0 | |
| DIRECTOR | | ^ | | | | |
| SHARON MAHARRY | 2 00 | | | | | |

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and Independent Contractors

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LEN MALENA

VINCENT MALTA

STEVE MANDOLFO

CAROLYNN MANNA

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

| | | | | | | | | (14, 2/4,000 | (14) 2/4/000 | overniertion and | |
|----------------------------|---|---|-----------------------|---------|--------------|------------------------------|--------|----------------------|----------------------|--|--|
| | for related organizations below dotted line) | | Institutional Trustee | Officer | key employee | Highest compensated employee | Former | (W- 2/1099- MISC) | (W- 2/1099- MISC) | organization and related organizations | |
| DIANE MANNS DIRECTOR | 2 00 | × | | | | | | 4,950 | 0 | 0 | |
| ALEXANDER MANOS DIRECTOR | 2 00 | х | | | | | | 0 | 0 | 0 | |
| LESLIE MANZONE DIRECTOR | 2 00 | х | | | | | | 0 | 0 | 0 | |
| MICHELE MANZONE | 2 00 | | | | | | | | | | |

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| LESLIE MANZONE |
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| DIRECTOR |
| MICHELE MANZONE |
| DIRECTOR |
| MARK MAROUEZ |

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DIRECTOR

DIRECTOR

DIRECTOR

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LANCE MARTIN

SUSAN MARSHALL

HELEN MARSTON

JARED MARTIN

JENNIFER MARTIN

(A) (D) (B) (C) (E) (F) Name and Title Position (do not check more Reportable Reportable Estimated Average amount of other than one box, unless hours per compensation compensation person is both an officer week (list from the from related compensation and a director/trustee) any hours 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 |
|----------------------------|---|-----------------------------------|-----------------------|---------|--------------|------------------------------|--------|----------------------|----------------------|--|
| ELMER MARTINEZ DIRECTOR | 2 00 | × | | | | | | 0 | 0 | 0 |
| JOSE MARTINEZ DIRECTOR | 2 00 | × | | | | | | 0 | 0 | 0 |
| STEVE MARVIN DIRECTOR | 2 00 | х | | | | | | 0 | 0 | 0 |
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| STEVE MARVIN |
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| DIRECTOR |
| DEBORAH MASON |
| DIRECTOR |
| DENNIS MASON |

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DIRECTOR

PEPPY MAYER

MARY AILEEN MATHEIS

WILLIAM MATHERLY

WILLIAM MC CUTCHEON

WALTER MC DONALD

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(A) (D) (B) (C) (E) (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

and Independent Contractors

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CHRISTINE MCGOWAN

TERRIANN MCGOWAN

GEOFF MCINTOSH

MICHELLE MCKAY

DIRECTOR

DIRECTOR

DIRECTOR

DIRECTOR

DIRECTOR

DIRECTOR

LARRY MCKEE

| | any hours | and | a dır | ecto | r/tr | ustee) |) | organization | organizations (W- 2/1099- MISC) | from the | |
|--------------------|---|-----|-----------------------|---------|--------------|---------------------|--------|----------------------|---------------------------------------|--|--|
| | for related organizations below dotted line) | | Institutional Trustee | Officer | Key employee | Highest compensated | Former | (W- 2/1099- MISC) | | organization and related organizations | |
| ALICE MCCAIN | 2 00 | Х | | | | | | 1,000 | 0 | 0 | |
| DIRECTOR | | ^ | | | | | | 1,000 | 3 | | |
| BARBARA MCCLELLAND | 2 00 | × | | | | | | 0 | 0 | 0 | |
| DIRECTOR | | ^ | | | | | | 0 | U | 0 | |
| KEVIN MCDONALD | 2 00 | | | | | | | 0 | 0 | | |
| DIRECTOR | | X | | | | | | ' | 0 | 0 | |
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| BARBARA MCCLELLAND | 2 00 | _ | | | 0 | , |
|--------------------|------|-----|--|--|-------|---|
| DIRECTOR | | , x | | | U | |
| KEVIN MCDONALD | 2 00 | V | | | 0 | |
| DIRECTOR | | , x | | | U | |
| CHERYL MCFALL | 2 00 | V | | | 4.950 | , |
| DIRECTOR | | ^ | | | 4,930 | |
| MOLLY MCGEE | 2 00 | | | | | |

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

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|------------------------------|---|-----------------------------------|-----------------------|---------|--------------|---------------------|--------|----------------------|----------------------|--|--|
| | 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 | |
| ANNE MCKEREGHAN DIRECTOR | 2 00 | × | | | | | | 0 | 0 | 0 | |
| LEE MCLEOD DIRECTOR | 2 00 | х | | | | | | 0 | 0 | 0 | |
| CASEY MCLOED DIRECTOR | 2 00 | х | | | | | | 0 | 0 | 0 | |
| ROSEMARIE MCNAIR DIRECTOR | 2 00 | × | | | | | | 0 | 0 | 0 | |
| RUTH MCNEVIN | 2 00 | | | | | | | | | | |

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RUTH MCNEVIN DIRECTOR

MELANIE MCSHANE

STEPHEN MEADE

STEVE MEDEIROS

DIRECTOR

DIRECTOR

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GEORGE MEES

KATHY MEHRINGER

(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

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| | 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 |
| LISA MEJRI DIRECTOR | 2 00 | × | | | | | | 0 | 0 | 0 |
| RENEE MELLO DIRECTOR | 2 00 | × | | | | | | 0 | 0 | 0 |
| JODI MELTON DIRECTOR | 2 00 | х | | | | | | 0 | 0 | 0 |
| TODD MENDOZA DIRECTOR | 2 00 | X | | | | | | 0 | 0 | 0 |

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2 00 JOLAINE MERRILL Х

and Independent Contractors

DIRECTOR

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DEBRA MILLER

TERRY MEYER

ERIC MEYERS

BRUCE MIDDLETON

BRENDA MEYER

(A) (D) (B) (C) (E) (F) Name and Title Position (do not check more Reportable Reportable Estimated Average amount of other than one box, unless hours per compensation compensation person is both an officer week (list from the from related compensation and a director/trustee) any hours 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) | (Ŵ- 2/1099- MISC) | organization and related organizations |
|--------------------------|---|-----------------------------------|-----------------------|---------|--------------|------------------------------|--------|----------------------|----------------------|--|
| SANDRA MILLER DIRECTOR | 2 00 | × | | | | | | 4,950 | 0 | 0 |
| ROBERT MILLIKEN DIRECTOR | 2 00 | х | | | | | | 0 | 0 | 0 |
| AMANDA MILLS DIRECTOR | 2 00 | × | | | | | | 0 | 0 | 0 |
| RON MINTZ | 2 00 | × | | | | | | 0 | 0 | 0 |

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| AMANDA MILLS |
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| DIRECTOR |
| RON MINTZ |
| DIRECTOR |
| KAREN MISRAJE |

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DIRECTOR

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DIRECTOR

DIRECTOR

BILL MOODY

ROBERT MOREL

KIERSTEN MORGAN

CHRISTINE MORRELL

TERESA MOLINA

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

and Independent Contractors

KIMBERLY MURPHY

MARQUISE MURPHY

NADIM MUSTAFA

JUDITH MYERS

JAMES MYRICK

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DIRECTOR

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| | | l | | | | | | 1 (1) 2 (4 0 0 0 | (14, 24,000 | 1 |
|-----------------------------|---|-----------------------------------|-----------------------|---------|--------------|------------------------------|--------|----------------------|----------------------|--|
| | 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 |
| BLAINE MORRIS DIRECTOR | 2 00 | × | | | | | | 1,000 | 0 | 0 |
| DE WAYNE MORTENSEN DIRECTOR | 2 00 | x | | | | | | 0 | 0 | 0 |
| ANNETTE MOTT DIRECTOR | 2 00 | х | | | | | | 0 | 0 | 0 |

| ANNETTE MOTT | 2 00 | l | | | 0 | |
|---------------|------|-----|--|--|---|--|
| DIRECTOR | | _ ^ | | | Ŭ | |
| LANNIE MOTT | 2 00 | × | | | 0 | |
| DIRECTOR | | _ ^ | | | ŭ | |
| TRISHA MOTTER | 2 00 | | | | | |
| DIRECTOR | | ^ | | | ٥ | |

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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 compensation hours per amount of other person is both an officer week (list from the from related compensation

and Independent Contractors

DIRECTOR

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DIRECTOR

ART NELLESSEN

FRANK NELSON

KAREN NELSON

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|------------------------------|---|-----------------------------------|-----------------------|-------|--------------|------------------------------|--------|----------------------|----------------------|--|
| | for related organizations below dotted line) | Individual trustee or director | Institutional Trustee | | key employee | Highest compensated employee | Former | (W- 2/1099- MISC) | (W- 2/1099- MISC) | organization and related organizations |
| ADRIANA NAGEL DIRECTOR | 2 00 | x | | | | | | 0 | 0 | 1 |
| CLARISSA NAKAIMA DIRECTOR | 2 00 | х | | | | | | 0 | 0 | 1 |
| LORI NAMAZI | 2 00 | × | | | | | | 0 | 0 | 1 |

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| DIRECTOR | | ^ | | | | | | | , and the second | |
| CLARISSA NAKAIMA | 2 00 | V | | | | | | | 0 | |
| DIRECTOR | | ^ | | | | | | l o | Ŭ | |
| LORI NAMAZI | 2 00 | | | | | | | | | |
| DIRECTOR | | X | | | | | | 0 | 0 | |
| CRYSTAL NARRAMORE | 2 00 | | | | | | | | | |
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| LORI NAMAZI | 2 00 | V | | | , | 0 | |
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| DIRECTOR | | ^ | | | ١ | 0 | |
| CRYSTAL NARRAMORE | 2 00 | , | | | | | |
| DIRECTOR | | × | | | 0 | U | |
| JUDITH NASEEF-PALMER | 2 00 | | | | 0 | 0 | |
| DIRECTOR | | ^ | | | ١ | 0 | |

| DIRECTOR | | | | | | | i |
|----------------------|------|----|--|--|-----|---|---|
| CRYSTAL NARRAMORE | 2 00 | ., | | | | | |
| DIRECTOR | | \ | | | o o | U | 0 |
| JUDITH NASEEF-PALMER | 2 00 | V | | | 0 | 0 | 0 |
| DIRECTOR | | ^ | | | 9 | 0 | l |
| ROY NAVARRO | 2 00 | | | | | | |

| DIRECTOR | •••••• | × | | | 0 | 0 | 0 | |
|----------------------|--------|---|--|--|---|---|---|--|
| JUDITH NASEEF-PALMER | 2 00 | | | | 0 | 0 | 0 | |
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| ROY NAVARRO | 2 00 | | | | 0 | 0 | 0 | |
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| DIRECTOR | | ^ | | | | | Ö | |
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| ROY NAVARRO | 2 00 | | | | 0 | 0 | 0 | |
| DIRECTOR | | ^ | | | | 0 | , | _ |
| PAT NEAL | 2 00 | | | | | | | |

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(A) (D) (B) (C) (E) (F) Name and Title Position (do not check more Reportable Reportable Estimated Average 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 | or/tr | ustee) |) | organization | organizations | from the |
|-----------------------------|---|-----|-----------------------|------|--------------|---------------------|--------|----------------------|----------------------|--|
| | for related organizations below dotted line) | | Institutional Trustee | 10 | key employee | Highest compensated | Former | (W- 2/1099- MISC) | (W- 2/1099- MISC) | organization and related organizations |
| KENNETH NEUFELD DIRECTOR | 2 00 | × | | | | | | 1,500 | 0 | 0 |
| LISA NEUGEBAUER DIRECTOR | 2 00 | × | | | | | | 0 | 0 | 0 |
| DAN NEVAREZ | 2 00 | × | | | | | | 0 | 0 | 0 |

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| KENNETH NEUFELD | 2 00 | ¥ | | | l |
|-----------------|------|---|--|--|---|
| DIRECTOR | | ^ | | | |
| LISA NEUGEBAUER | 2 00 | × | | | Γ |
| DIRECTOR | | ^ | | | |
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and Independent Contractors

TAMMY NEWLAND-SHISHIDO

DIRECTOR

DIRECTOR

DIRECTOR

DIRECTOR

DIRECTOR

DIRECTOR

DIRECTOR

MARY NISSEN

RONDA NEWPORT

DEBBIE NEWTON

SCOTT NEWTON

TUNG NGUYEN

JANINE NIELSEN

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

and Independent Contractors

DIRECTOR

DIRECTOR

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DENNIS O'CONNOR

DONNA O'DONNELL

MATTHEW OGDEN

ALLEN OKAMOTO

CHRISTOPHER OKAMURA

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|-----------------------|---|-----------------------------------|-----------------------|------|--------------|------------------------------|--------|----------------------|----------------------|--|
| | for related organizations below dotted line) | Individual trustee or director | Institutional Trustee | 101 | Key employee | Highest compensated employee | Former | (W- 2/1099- MISC) | (W- 2/1099- MISC) | organization and related organizations |
| CANDIE NOEL DIRECTOR | 2 00 | x | | | | | | 0 | 0 | 0 |
| ROB NORQUIST DIRECTOR | 2 00 | х | | | | | | 0 | 0 | 0 |
| RYAN NUNNALLY | 2 00 | x | | | | | | 0 | 0 | 0 |

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| ROB NORQUIST | | X | | | 0 | |
|---------------|------|---|--|--|---|--|
| DIRECTOR | | ^ | | | | |
| RYAN NUNNALLY | 2 00 | X | | | 0 | |
| DIRECTOR | | ^ | | | | |
| CHIKE NWEKE | 2 00 | ~ | | | | |
| DIRECTOR | | ^ | | | | |
| ERNESTO OCHOA | 2 00 | | | | | |

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

| | for related | | | | | | | 1 /_ 2/1000_ | /_ 2/1000_ | organization and | |
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| | 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 | |
| EILEEN OLDROYD DIRECTOR | 2 00 | × | | | | | | 0 | 0 | 0 | |
| RUBEN OLGUIN DIRECTOR | 2 00 | х | | | | | | 0 | 0 | 0 | |
| LINDA OLIN DIRECTOR | 2 00 | х | | | | | | 0 | 0 | 0 | |
| ROBERT OLIVIERI DIRECTOR | 2 00 | × | | | | | | 0 | 0 | 0 | |

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| LINDA OLIN |
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| DIRECTOR |
| ROBERT OLIVIERI |
| DIRECTOR |
| CAROL OLNEY |

DIRECTOR

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DIRECTOR

DEBBIE OLSON

THERESA OLSON

PATRICIA TI O'NEILL

JOSHUA ORRANTIA

R CHRIS OSTEEN

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

and Independent Contractors

DIRECTOR

DIRECTOR

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DIRECTOR

DIRECTOR

EUGENE PAK

JANET PALACIO

BARBARA J PALMER

JOSEPH PACILIO

ROBERT PAHLKE

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| | for related organizations below dotted line) | individual trustee or director | Institutional Trustee | 10 | key employee | Highest compensated | Former | (W- 2/1099- MISC) | (W- 2/1099- MISC) | organization and related organizations |
|--------------------------------|---|-----------------------------------|-----------------------|----|--------------|---------------------|--------|----------------------|----------------------|--|
| FRANK OTI DIRECTOR | 2 00 | × | | | | | | 0 | 0 | 0 |
| KIM OTT DIRECTOR | 2 00 | х | | | | | | 0 | 0 | 0 |
| RICHARD OTTERSTROM DIRECTOR | 2 00 | × | | | | | | 0 | 0 | 0 |

| кім отт | 2 00 | × | | | 0 | |
|--------------------|------|---|--|--|-------|--|
| DIRECTOR | | | | | | |
| RICHARD OTTERSTROM | 2 00 | × | | | 0 | |
| DIRECTOR | | | | | _ | |
| MIKE OYOQUE | 2 00 | | | | | |
| DIRECTOR | | X | | | 0 | |
| HEATHER OZUR | 2 00 | | | | | |
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(A) (D) (B) (C) (E) (F) Name and Title Position (do not check more Reportable Reportable Estimated Average 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 director/trustee) organization organizations from the

| | for related organizations below dotted line) | Individual trustee or director | Institutional Trustee | key employee | Highest compensated employee | Former | (W- 2/1099- MISC) | (W- 2/1099- MISC) | organization and related organizations |
|---------------------------|---|-----------------------------------|-----------------------|--------------|------------------------------|--------|----------------------|----------------------|--|
| DAVID PARRY DIRECTOR | 2 00 | × | | | | | 0 | 0 | 0 |
| ELIZABETH PARVEX DIRECTOR | 2 00 | х | | | | | 0 | 0 | 0 |
| GREGORY PAWLIK DIRECTOR | 2 00 | х | | | | | 4,950 | 0 | 0 |
| DAME A DEDECO | 2 00 | | | | | | | | |

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| GREGORY PAWLIK |
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| DIRECTOR |
| PAMELA PEDEGO |
| DIRECTOR |
| BETH PEERCE |

DIRECTOR

DIRECTOR

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DIRECTOR

DIRECTOR

MELANIE PENNINO

MICHAEL PERCIFUL

GABRIELLE PEREZ

MARK PETERSON

PATRICIA PETRALIA

(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 person is both an officer week (list from the from related compensation and a director/trustee) any hours organization organizations from the

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| | for related organizations below dotted line) | | Institutional Trustee | Officer | key employee | Highest compensated | Former | (W- 2/1099- MISC) | (W- 2/1099- MISC) | organization and related organizations |
| ANN PETTIJOHN DIRECTOR | 2 00 | × | | | | | | 4,500 | 0 | 0 |
| SANDI PFISTER DIRECTOR | 2 00 | x | | | | | | 4,950 | 0 | 0 |
| JACK PHARRIS DIRECTOR | 2 00 | х | | | | | | 0 | 0 | 0 |
| JEFFERY PHILLIPS DIRECTOR | 2 00 | × | | | | | | 0 | 0 | 0 |

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| JACK PHARRIS |
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| DIRECTOR |
| JEFFERY PHILLIPS |
| DIRECTOR |
| MARY PICCIONE |

DIRECTOR

DIRECTOR

JOHN PINTO

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DIRECTOR

DIRECTOR

DIRECTOR

BILL PLATTOS

RICHARD PISANI

CAMERON PLATT

MELISSA PICKETT

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(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

and Independent Contractors

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DIRECTOR

DIRECTOR

DIRECTOR

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DIRECTOR

DIRECTOR

CORINA PREECE

JOSEPH PRIAN

PATRICK PRINCE

MARION PROFFITT

ABRAHAM PRATTELLA

| | any nours | and | a dir | ecto | or/tr | ustee, |) | organization | organizations | from the | |
|----------------|---|------|-----------------------|------|--------------|---------------------|--------|----------------------|----------------------|--|--|
| | for related organizations below dotted line) | | Institutional Trustee | | key employee | Highest compensated | Former | (W- 2/1099- MISC) | (W- 2/1099- MISC) | organization and related organizations | |
| JIM POJDA | 2 00 | x | | | | | | 0 | 0 | 0 | |
| DIRECTOR | | | | | | | | | | | |
| JEFFREY POLAND | 2 00 | × | | | | | | 0 | 0 | 0 | |
| DIRECTOR | | ^ | | | | | | | 3 | | |
| DAVID POTTER | 2 00 | × | | | | | | 0 | 0 | 0 | |
| DIRECTOR | l | l '' | l | 1 | I | I | I | l "I | _ | _ | |

| JEFFREY POLAND | 2 00 | × | | | 0 | 0 | |
|-----------------|------|----|--|--|-------|---|---|
| DIRECTOR | | ^^ | | | | | |
| DAVID POTTER | 2 00 | | | | | | Γ |
| DIRECTOR | | × | | | o o | | |
| GEOFFREY POULOS | 2 00 | | | | | | |
| DIRECTOR | | X | | | 2,600 | 0 | |

| | | Ιx | l | l | 1 | l | 1 0 | l ol | |
|-----------------|------|----|---|---|---|---|-------|------|--|
| DIRECTOR | | | | | | | Ĭ | | |
| DAVID POTTER | 2 00 | × | | | | | 0 | O. | |
| DIRECTOR | | | | | | | | Ŭ | |
| GEOFFREY POULOS | 2 00 | × | | | | | 2.600 | 0 | |
| DIRECTOR | | ^ | | | | | 2,000 | Ĭ | |
| JEAN POWERS | 2 00 | | | | | | | | |

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(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 person is both an officer week (list from the from related compensation and a director/trustee) any hours organization organizations from the

| | any nours | | a uii | ecto | | ustee) | ' | Organization | Organizations | Irom the |
|----------------------------|---|---|-----------------------|---------|--------------|------------------------------|--------|----------------------|----------------------|--|
| | for related organizations below dotted line) | | Institutional Trustee | Officer | key employee | Highest compensated employee | Former | (W- 2/1099- MISC) | (W- 2/1099- MISC) | organization and related organizations |
| JOHN PROUTY DIRECTOR | 2 00 | × | | | | | | 0 | 0 | 0 |
| ARTURO QUINTERO DIRECTOR | 2 00 | × | | | | | | 0 | 0 | 0 |
| JEANNE RADSICK DIRECTOR | 2 00 | × | | | | | | 2,600 | 0 | 0 |
| CRAIG RAGG DIRECTOR | 2 00 | × | | | | | | 4,950 | 0 | 0 |
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| JEANNE RADSICK |
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| DIRECTOR |
| CRAIG RAGG |
| DIRECTOR |
| GAYE RAINEY |
| |

DIRECTOR

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DIRECTOR

DIRECTOR

DIRECTOR

DIRECTOR

EUGENE RAY

DON READINGER

SYLVIA RAMOS

DIANNE RATH

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PRISCILLA RAWLINGS

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

| | for related organizations | Q fi | ln s | Officer | X ₀ | Highest employe | Forme | (W- 2/1099- MISC) | (W- 2/1099- MISC) | organization and related |
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| | below dotted line) | Individual trustee or director | Institutional Trustee | <u>0</u> | employee | hest compensated doviee | ner | | | organizations |
| BILL REDMOND | 2 00 | × | | | | | | 0 | 0 | 0 |
| DIRECTOR | | , , | | | | | | - | | |
| IRENE REINSDORF DIRECTOR | 2 00 | × | | | | | | 0 | 0 | 0 |
| JOEL REZNICK | 2 00 | × | | | | | | 0 | 0 | 0 |
| DIRECTOR | | ^ | | | | | | Ŭ | 0 | |
| CLIEFORD BHEA | 2 00 | | | | | | | | | |

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| DIRECTOR |
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| JOEL REZNICK |
| DIRECTOR |
| CLIFFORD RHEA |
| DIRECTOR |
| |

GEORGE RIDER

MICHAEL RILEY

NANCY RIPLEY TRIANTOS

DIRECTOR

DIRECTOR

DIRECTOR

DIRECTOR

DIRECTOR

DIRECTOR

HEIDI RIZZO

DOREEN ROBERTS

J MICHAEL ROBERTS

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

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| | for related organizations below dotted line) | Individual trustee or director | Hastitutional Trustee | 101 | | Highest compensated employee | Former | (W- 2/1099- MISC) | (W- 2/1099- MISC) | organization and related organizations |
| ADAM RODELL DIRECTOR | 2 00 | 1 1 | | | | | | 0 | 0 | 0 |
| PAUL RODRIGUEZ DIRECTOR | 2 00 | 1 1 | | | | | | 0 | 0 | 0 |
| KIMBER ROGINA DIRECTOR | 2 00 | X | | | | | | o | 0 | 0 |
| RONALD ROMANOWICH DIRECTOR | 2 00 | 1 1 | | | | | | 0 | 0 | 0 |

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| DIRECTOR |
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| RONALD ROMANOWICH |
| DIRECTOR |
| CHERYL ROMIG |
| DIRECTOR |

STEVE ROSCO

RICHARD ROSENTHAL

DENIECE ROSS-FRANCOM

JEANNE ROWDEN DANSBY

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DIRECTOR

DIRECTOR

DIRECTOR

DIRECTOR

DIRECTOR

MARCO RUFO

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

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| | for related organizations below dotted line) | Individual trustee or director | Institutional Trustee | | key employee | Highest compensated employee | Former | (W- 2/1099- MISC) | (Ŵ- 2/1099- MISC) | organization and related organizations | |
| ADAM RUIZ DIRECTOR | 2 00 | × | | | | | | 0 | 0 | 0 | |
| MARK ANTHONY RUIZ DIRECTOR | 2 00 | X | | | | | | 0 | 0 | 0 | |
| MIREYA RUIZ DIRECTOR | 2 00 | × | | | | | | 0 | 0 | 0 | |
| BOOTS RUSK DIRECTOR | 2 00 | × | | | | | | 0 | 0 | 0 | |
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| MINETA NOIZ |
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| DIRECTOR |
| BOOTS RUSK |
| DIRECTOR |
| ANNE RUSSELL |

DIRECTOR

BILL RUTH

DIRECTOR

DIRECTOR

TERRY RYAN

FRED SABINE

ERICKA SAENZ

DIRECTOR

DIRECTOR

DIRECTOR

LEIGH RUTLEDGE

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

and Independent Contractors

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DIRECTOR

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RICHARD SAX

GLEN SCALISE

NORMA SCANTLIN

PHILLIP SCHAEFER

LEO SAUNDERS

| | 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 | 10 | key employee | eavoldine Highest compensated | Former | (W- 2/1099- MISC) | (W- 2/1099- MISC) | organization and related organizations |
| DOUG SAGER DIRECTOR | 2 00 | × | | | | | | 0 | 0 | 0 |
| TRACEY SAIZAN DIRECTOR | 2 00 | × | | | | | | 0 | 0 | 0 |
| JAMIE SALTMAN | 2 00 | × | | | | | | 0 | 0 | 0 |

| TRACEY SAIZAN | | _v | | | 0 | |
|-----------------|------|--------------|--|--|-------|--|
| DIRECTOR | | ^ | | | 0 | |
| JAMIE SALTMAN | 2 00 | l | | | 9 | |
| DIRECTOR | | _ ^ | | | 9 | |
| CARL SAN MIGUEL | 2 00 | l ↓ | | | 4,950 | |
| DIRECTOR | | ^ | | | 4,930 | |
| MICHAEL SANNES | 2 00 | | | | | |

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

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| | 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 |
| LIL SCHALLER DIRECTOR | 2 00 | × | | | | | | 0 | 0 | 0 |
| ADRIENNE SCHUELE DIRECTOR | 2 00 | x | | | | | | 0 | 0 | 0 |
| JOHN SCHULTE DIRECTOR | 2 00 | x | | | | | | 0 | 0 | 0 |
| LISA SCHIII 7 | 2 00 | | | | | \Box | П | | | |

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| ADRIENNE SCHUELE DIRECTOR | 2 00 | х | | | 0 | |
|---------------------------|------|---|--|--|---|--|
| JOHN SCHULTE DIRECTOR | 2 00 | × | | | 0 | |
| LISA SCHULZ DIRECTOR | 2 00 | X | | | 0 | |
| DON SCORDINO | 2 00 | | | | | |

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and Independent Contractors

DIRECTOR

KEN SCOTT

DIRECTOR

DEBI SEITZ

DIRECTOR

DIRECTOR

DIRECTOR

DIRECTOR

ANTHONY SELF

MINA SEMENZA

SHARI SETSER

(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 and a director/trustee) any hours organization organizations from the

and Independent Contractors

KARAH SHAW

JANINE SHEDLOCK

DIRECTOR

DIRECTOR

DIRECTOR

DIRECTOR

DIRECTOR

DIRECTOR

CORY SHEPARD

DOUG SHEPHERD

LARISSA SHERMAN

MICHAEL SIBILIA

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| | any hours | and | a dir | ecto | r/tr | ustee |) | organization | organizations | from the |
|---------------------------|---|-----------------------------------|-----------------------|------|--------------|------------------------------|--------|----------------------|----------------------|--|
| | for related organizations below dotted line) | Individual trustee or director | Institutional Trustee | Cēl | Key employee | Highest compensated employee | Former | (W- 2/1099- MISC) | (W- 2/1099- MISC) | organization and related organizations |
| JOHN SEYMOUR DIRECTOR | 2 00 | × | | | | | | 0 | 0 | 0 |
| JP SHAMSHOIAN DIRECTOR | 2 00 | х | | | | | | 0 | 0 | 0 |
| RICHARD SHANNON | 2 00 | х | | | | | | 0 | 0 | 0 |

| JP SHAMSHOIAN | | | | | | 0 | |
|-----------------|--------|---|---|--|--|---|--|
| DIRECTOR | | " | (| | | | |
| RICHARD SHANNON | 2 00 | | | | | | |
| DIRECTOR | •••••• | × | | | | 0 | |
| JUDY SHARP | 2 00 | | | | | | |
| DIRECTOR | | * | | | | | |

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

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| | for related organizations below dotted line) | Individual trustee or director | Institutional Trustee | 10 | Key employee | Highest compensated | Former | (W- 2/1099- MISC) | (W- 2/1099- MISC) | organization and related organizations |
| CHARLENE SIEMON DIRECTOR | 2 00 | × | | | | | | 0 | 0 | 0 |
| ALLEN SIETSEMA DIRECTOR | 2 00 | х | | | | | | 0 | 0 | 0 |
| CLAY SIGG | 2 00 | х | | | | | | 1,000 | 0 | 0 |

| DIRECTOR | | × | | | U | |
|----------------|------|---|--|--|-------|--|
| ALLEN SIETSEMA | 2 00 | х | | | 0 | |
| DIRECTOR | 2.00 | | | | | |
| CLAY SIGG | 2 00 | × | | | 1,000 | |
| DIRECTOR | | | | | · | |
| DANIEL SIGNANI | 2 00 | × | | | 0 | |

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and Independent Contractors

DIRECTOR

DIRECTOR

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DIRECTOR

DIRECTOR

DIRECTOR

RICK SMITH

DIRECTOR

DONNA SILVA

STAN SILVERSTEIN

MARGI SIMPKINS

CHARLENE SINGLEY

RODNEY SMEESTER

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(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 | and | a dir | ecto | or/tr | ustee, |) | organization | organizations | from the | |
|-------------------------|---|-----|-----------------------|---------|--------------|------------------------------|--------|----------------------|----------------------|--|--|
| | for related organizations below dotted line) | | Institutional Trustee | Officer | Key employee | Highest compensated employee | Former | (W- 2/1099- MISC) | (W- 2/1099- MISC) | organization and related organizations | |
| STAN SMITH DIRECTOR | 2 00 | × | | | | | | 0 | 0 | 0 | |
| RICHARD SNYDER DIRECTOR | 2 00 | х | | | | | | 5,500 | 0 | 0 | |
| SCOTT SODER DIRECTOR | 2 00 | × | | | | | | 0 | 0 | 0 | |

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| RICHARD SNYDER DIRECTOR | 2 00 | × | | | 5,500 | |
|----------------------------|------|---|--|--|-------|--|
| SCOTT SODER DIRECTOR | 2 00 | × | | | 0 | |
| NICHOLAS SOLIS DIRECTOR | 2 00 | × | | | 0 | |
| ROSIE SOLTERO | 2 00 | | | | | |

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DIRECTOR

LUPE SOTO

DIRECTOR

DIRECTOR

DIRECTOR

DIRECTOR

DIRECTOR

THERESA SOUERS

SHERRI SOUZA

FRANK SPENCER

LARRY SPITERI

(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 and a director/trustee\ any hours organizations from the organization

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| | for related organizations below dotted line) | | Institutional Trustee | Officer | Key employee | Highest compensated employee | Former | - (W- 2/1099- MISC) | (W- 2/1099- MISC) | organization and related organizations | |
| JEFF SPOSITO DIRECTOR | 2 00 | x | | | | | | 0 | 0 | 0 | |
| DEREK SPRAGUE DIRECTOR | 2 00 | x | | | | | | 0 | 0 | 0 | |
| DOUG SPRAGUE | 2 00 | х | | | | | | 0 | 0 | 0 | |

| DIRECTOR | | | | | | |
|----------------|------|-----|---|--|-----|--|
| DEREK SPRAGUE | 2 00 | l | | | 9 | |
| DIRECTOR | | ^ | | | 0 | |
| DOUG SPRAGUE | 2 00 | × | | | 0 | |
| DIRECTOR | | ^ | | | 9 | |
| JENNIE STABILE | 2 00 | V | Ī | | | |
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and Independent Contractors

DIRECTOR

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SEB STERPA

DIRECTOR

TAMARA STAFFORD

JEREMY STANFIELD

REYNE STAPELMANN

NANCY STARCZYK

ROBERT STELZER

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(A) (D) (B) (C) (E) (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 director/trustee) organization organizations from the

| | 1 611, 110413 | 1 | u un | | J. / C. | ascec, | | (14, 2,4,000 | (14, 2/4,000 | | |
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| | 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 | |
| CURTIS STOCKING DIRECTOR | 2 00 | × | | | | | | 0 | 0 | 0 | |
| MICHAEL STOFFEL DIRECTOR | 2 00 | x | | | | | | 1,000 | 0 | 0 | |
| BARRY STORCH DIRECTOR | 2 00 | x | | | | | | 0 | 0 | 0 | |
| JESSE STREETER DIRECTOR | 2 00 | × | | | | | | 0 | 0 | 0 | |

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| DIRECTOR |
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| JESSE STREETER |
| DIRECTOR |
| ERIN STUMPF |
| DIRECTOR |

TAMARA SUMINSKI

DAYNA SUMMERS

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DIRECTOR

DIRECTOR

DIRECTOR

AMY SUNG

DIRECTOR

DIRECTOR

GAYLE SUTTON

LUIS SUMPTER

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

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| | for related organizations below dotted line) | | Institutional Trustee | Officer | key employee | Highest compensated employee | Former | (W- 2/1099- MISC) | (W- 2/1099- MISC) | organization and related organizations | |
| KELLIE SWAYNE DIRECTOR | 2 00 | × | | | | | | 0 | 0 | 0 | |
| PAULA SWAYNE DIRECTOR | 2 00 | х | | | | | | 0 | 0 | 0 | |
| DIANE SYDELL DIRECTOR | 2 00 | × | | | | | | 0 | 0 | 0 | |
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| PAULA SWAYNE | 2 00 | l x | | | 0 | |
|----------------|------|-----|--|--|---|--|
| DIRECTOR | | ^ | | | Ĭ | |
| DIANE SYDELL | 2 00 | × | | | 0 | |
| DIRECTOR | | | | | Ĭ | |
| FRANCIS SYMONS | 2 00 | l | | | 0 | |
| DIRECTOR | | _ ^ | | | | |

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and Independent Contractors

LEHEL SZUCS

BETTY TAISCH

RITA TAYENAKA

JEREL TAYLOR

JOSEPHINE TAYLOR

DIRECTOR

DIRECTOR

DIRECTOR

DIRECTOR

DIRECTOR

DIRECTOR

JUDY TAYLOR

(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 person is both an officer week (list from the from related compensation any hours and a director/trustee) organizations from the

and Independent Contractors

DIRECTOR

DIRECTOR

DIRECTOR

DIRECTOR

DIRECTOR

DIRECTOR

GARY THOMAS

NIKKI THOMAS

JULITA THOMPSON

ANN THROCKMORTON

DENNIS THOMAS

| | 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 | 10 | Key employee | Highest compensated employee | Former | (W- 2/1099- MISC) | (W- 2/1099- MISC) | organization and related organizations |
| LYNN TAYLOR AZEVEDO DIRECTOR | 2 00 | × | | | | | | 0 | 0 | 0 |
| MICHAEL TEER DIRECTOR | 2 00 | х | | | | | | 0 | 0 | 0 |
| MICHAEL TESSARO DIRECTOR | 2 00 | × | | | | | | 0 | 0 | 0 |

| MICHAEL TEER DIRECTOR | 2 00 | × | | | 0 | |
|-----------------------|------|----|--|--|---|--|
| MICHAEL TESSARO | 2 00 | × | | | 0 | |
| DIRECTOR | | | | | | |
| ROBERT THAYER | 2 00 | × | | | 0 | |
| DIRECTOR | | ,, | | | | |
| FIONA THESEIRA | 2 00 | × | | | 0 | |

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

| | for related | | | /W_ 2/1000_ | /_ 2/1000_ | organization and | | | | |
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| | 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) | related organizations |
| JEAN TIETGEN DIRECTOR | 2 00 | × | | | | | | 0 | 0 | 0 |
| SUSAN TILLING DIRECTOR | 2 00 | × | | | | | | 0 | 0 | 0 |
| HARRY TIMURYAN DIRECTOR | 2 00 | × | | | | | | 0 | 0 | 0 |
| VECHA TOLED | 2 00 | | | | | | | | | |

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| DIRECTOR |
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| HARRY TIMURYAN |
| DIRECTOR |
| KESHA TOLER |
| DIRECTOR |

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DAVID TONNA

JOHN TORRES

TIM TOWNLEY

IRENE TOWSE

DANIEL TRESIERRAS

CAROLYN TRIEBOLD

DIRECTOR

DIRECTOR

DIRECTOR

DIRECTOR

DIRECTOR

DIRECTOR

(A) (D) (B) (C) (E) (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 from the week (list from related compensation

and Independent Contractors

RANDY TURNQUIST

STEPHEN UDOFF

EDWARD UGARTE

GRAHAM UPDEGROVE

CHERYLE USHKOW

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DIRECTOR

DIRECTOR

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| | for related organizations below dotted line) | | Institutional Trustee | Officer | Key employee | Highest compensated employee | Former | (W- 2/1099- MISC) | (W- 2/1099- MISC) | organization and related organizations |
| KAREN TROLAN DIRECTOR | 2 00 | × | | | | | | 0 | 0 | 0 |
| NANCY TROXELL CARNAHAN DIRECTOR | 2 00 | х | | | | | | 0 | 0 | 0 |
| ANN TRUSSELL | 2 00 | х | | | | | | 0 | 0 | 0 |

| NANCY TROXELL CARNAHAN | 2 00 | × | | | 0 | |
|------------------------|------|-----|--|--|-------|--|
| DIRECTOR | | _ ^ | | | | |
| ANN TRUSSELL | 2 00 | l | | | 9 | |
| DIRECTOR | | ^ | | | 0 | |
| KIM TUCKER | 2 00 | | | | | |
| DIRECTOR | | X | | | 4,950 | |
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| ANN TRUSSELL | | | | | 0 | ٥ | l |
|--------------|------|-----|--|--|-------|----|---|
| DIRECTOR | | _ ^ | | | | I | |
| KIM TUCKER | 2 00 | × | | | 4.950 | 0 | |
| DIRECTOR | | _ ^ | | | 4,530 | Į. | |
| RICK TURLEY | 2 00 | I ↓ | | | 9 | 0 | |
| DIRECTOR | | ^ | | | 0 | ı | |

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| DIRECTOR | | × | | | 0 | 0 | |
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| ANN TRUSSELL DIRECTOR | 2 00 | × | | | 0 | 0 | |
| KIM TUCKER DIRECTOR | 2 00 | × | | | 4,950 | 0 | |
| BY OLV TUBLETY | 2.00 | | | | | | |

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

and Independent Contractors

DIRECTOR

DIRECTOR

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DIRECTOR

DIRECTOR

DIRECTOR

BILL VINCENT

IRMA VARGAS

SUSAN VATERLAUS

GIUSEPPE VENEZIANO

MICHAEL G VERDONE

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| | 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 |
|------------------------------|---|-----------------------------------|-----------------------|---------|--------------|------------------------------|--------|----------------------|----------------------|--|
| ALAINE UTHUS DIRECTOR | 2 00 | × | | | | | | 0 | 0 | 0 |
| VERZHINE UZUNYAN DIRECTOR | 2 00 | х | | | | | | 4,950 | 0 | 0 |
| JOHN VALDEZ DIRECTOR | 2 00 | × | | | | | | 0 | 0 | 0 |
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| JOHN VALDEZ | 2 00 | 1 | | | 0 | |
| DIRECTOR | | _ × | | | U | |
| ANNELINE VAN DYKE | 2 00 | 1 | | | | |
| DIRECTOR | •••••• | × | | | 0 | |
| CHERLYN VANDERVORT | 2 00 | | | | | |
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and Independent Contractors

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MYRON VON RAESFELD

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DIRECTOR

DIRECTOR

DIRECTOR

DIRECTOR

DIRECTOR

DIRECTOR

BRETT WAITE

JOHNNY WALKER

ANTHONY VULIN

JUDY VON ARB

| | 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 |
|-----------------------------|---|--------------------------------|-----------------------|---------|--------------|------------------------------|--------|----------------------|----------------------|--|
| MICHAEL VINCENT DIRECTOR | 2 00 | × | | | | | | 0 | 0 | 0 |
| RICK VIOLETT DIRECTOR | 2 00 | × | | | | | | 0 | 0 | 0 |
| QUINCY VIRGILIO DIRECTOR | 2 00 | × | | | | | | 0 | 0 | 0 |
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| DIRECTOR | | ^ | | | J J | |
|-----------------|------|-----|--|--|-----|--|
| QUINCY VIRGILIO | 2 00 | 1 | | | 0 | |
| DIRECTOR | | ^ | | | | |
| DIANE VIVIANI | 2 00 | , | | | 0 | |
| DIRECTOR | | _ ^ | | | J G | |
| CECIL VOLSCH | 2 00 | | | | | |

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| | 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 | |
| TEMMY WALKER DIRECTOR | 2 00 | × | | | | | | 0 | 0 | 0 | |
| CLARK E WALLACE DIRECTOR | 2 00 | х | | | | | | 1,500 | 0 | 0 | |
| SUZAN WALLACE DIRECTOR | 2 00 | × | | | | | | 0 | 0 | 0 | |
| DAVID WALSH | 2 00 | × | | | | | | 0 | 0 | 0 | |

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| DIRECTOR | | | | | 1,000 | |
|---------------|------|---|--|--|-------|---|
| SUZAN WALLACE | 2 00 | , | | | 0 | • |
| DIRECTOR | | × | | | Ŭ | |
| DAVID WALSH | 2 00 | × | | | ٥ | |
| DIRECTOR | | ^ | | | ŭ | |
| SUE WALSH | 2 00 | | | | | |

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and Independent Contractors

DIRECTOR

BJ WARD

DIRECTOR

DIRECTOR

DIRECTOR

DIRECTOR

DIRECTOR

JAMES WEBB

THEODORE WEBER

GARY WASHBURN

JEANNETTE WAY

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

| | 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) | (Ŵ- 2/1099- MISC) | organization and related organizations | |
| ROBERT WEICHELT DIRECTOR | 2 00 | × | | | | | | 0 | 0 | 0 | |
| DENISE WELSH DIRECTOR | 2 00 | × | | | | | | 0 | 0 | 0 | |
| MARCIA WESKE DIRECTOR | 2 00 | × | | | | | | 0 | 0 | 0 | |
| CRYSTAL WEST DIRECTOR | 2 00 | х | | | | | | 0 | 0 | 0 | |

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MELANIE WESTBROOK

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DIRECTOR

DIRECTOR

DIRECTOR

DIRECTOR

DIRECTOR

DIRECTOR

SCOTT WHITE

STEVE WHITE

SERENA WHYTE

LINDA WILCOX

FARRAH WILDER

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

and Independent Contractors

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DIRECTOR

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DIRECTOR

JOHN WINTHER

JOHN WILSON

LAURA WILSON

LYNNE WILSON

MELVIN WILSON

WALTER WILSON

PAM WINTERBAUER

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|------------------------|---|-----|-----------------------|-------|--------------|---------------------------------|--------|----------------------|----------------------|--|
| | for related organizations below dotted line) | | Institutional Trustee | 10 | key employee | eavoldme Highest compensated | Former | (W- 2/1099- MISC) | (W- 2/1099- MISC) | organization and related organizations |
| ADAM WILSON DIRECTOR | 2 00 | × | | | | | | 0 | 0 | 0 |
| DENYSE WILSON DIRECTOR | 2 00 | × | | | | | | 0 | 0 | 0 |
| DIANE WILSON | 2 00 | x | | | | | | 0 | 0 | 0 |

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and Independent Contractors

DIRECTOR

DIRECTOR

DIRECTOR

DIRECTOR

DIRECTOR

DIRECTOR

KELVIN WONG

JEFFERY WOO

DIANA WOOD

LINDA WOOD

WAYNE WOODYARD

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|-----------------------------|---|-----------------------------------|-----------------------|------|--------------|------------------------------|--------|----------------------|----------------------|--|
| | for related organizations below dotted line) | Individual trustee or director | Institutional Trustee | 10 | key employee | Highest compensated employee | Former | (W- 2/1099- MISC) | (W- 2/1099- MISC) | organization and related organizations |
| NOVELETTE WITT DIRECTOR | 2 00 | × | | | | | | 0 | 0 | 0 |
| PAULINE WOELKY DIRECTOR | 2 00 | × | | | | | | 0 | 0 | 0 |
| HEIDE WOLF-REID DIRECTOR | 2 00 | х | | | | | | 0 | 0 | 0 |
| JENNITED WONG | 2 00 | | | | | | | | | |

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4,950

| PAULINE WOELKY | 2 00 | l | | | , | |
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| DIRECTOR | | _ ^ | | | | |
| HEIDE WOLF-REID | 2 00 | | | | | |
| DIRECTOR | | ^ | | | Ü | |
| JENNIFER WONG | 2 00 | I ↓ | | | 0 | |
| DIRECTOR | | _ ^ | | | 0 | |
| 10HN WONG | 2 00 | | | | | |

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

and Independent Contractors

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DIRECTOR

DIRECTOR

DIRECTOR

DIRECTOR

DIRECTOR

LIDIA YUN

DIRECTOR

CARI YOUNG

BRYAN YEATS

SUZANNE YOST

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CAROL YEATER

| | any nours | "" | u un | CCCC | ,, с | usice, | ′ | diganization | organizations | monrene | |
|-----------------------------|---|----|-----------------------|---------|--------------|---------------------|--------|----------------------|----------------------|--|--|
| | for related organizations below dotted line) | | Institutional Trustee | Officer | key employee | Highest compensated | Former | (W- 2/1099- MISC) | (W- 2/1099- MISC) | organization and related organizations | |
| CHRISTOPHER WOOKEY DIRECTOR | 2 00 | × | | | | | | 0 | 0 | 0 | |
| TYRA WRIGHT DIRECTOR | 2 00 | х | | | | | | 0 | 0 | 0 | |
| GENE WUNDERLICH DIRECTOR | 2 00 | х | | | | | | 0 | 0 | 0 | |
| THEREOF WHINDERLICH | 2 00 | | | | | | | | | | |

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| DIRECTOR | | | | | J | |
| GENE WUNDERLICH | 2 00 | × | | | 0 | |
| DIRECTOR | | ^ | | | Ü | |
| THERESE WUNDERLICH | 2 00 | I ↓ | | | 4.950 | |
| DIRECTOR | | _ ^ | | | 4,930 | |
| MARY KAY YAMAMOTO | 2 00 | | | | | |

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

and a director/trustee)

organization

organizations

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59,535

52,083

62,142

0

1,241,816

169,906

428,662

from the

and Independent Contractors

DAVID ZIGAL

GLENN ZIMMERMAN

BARRY ZWAHLEN

JOEL S SINGER

MOHAMED BHOLAT

JOSHUA SHARFMAN

DIRECTOR

DIRECTOR

DIRECTOR

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CHIEF EXECUTIVE OFFICER

CHIEF FINANCIAL OFFICER

CHIEF TECHNOLOGY & INNOVAT

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

| | any nours | "" | u u | CCCC | J1 / C1 | astee | , | diganization | organizations | I moniture |
|-------------------------------|---|-----------------------------------|-----------------------|---------|--------------|------------------------------|--------|----------------------|----------------------|---|
| | 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 an related organizations |
| RUDY ZAMORA DIRECTOR | 2 00 | x | | | | | | 0 | 0 | |
| MARIANNE ZANONE RUSH DIRECTOR | 2 00 | × | | | | | | 0 | 0 | |
| JUDY ZEIGLER DIRECTOR | 2 00 | х | | | | | | 4,950 | 0 | |
| PAT ZIGGY ZICARELLI | 2 00 | | | | | | | | | |

| DIRECTOR | | | | | | |
|---------------------|--------|---|--|--|-------|--|
| JUDY ZEIGLER | 2 00 | 1 | | | | |
| DIRECTOR | ••••• | × | | | 4,950 | |
| PAT ZIGGY ZICARELLI | 2 00 | | | | | |
| DIRECTOR | •••••• | × | | | 9,450 | |

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

any hours

and Independent Contractors

DIRECTOR III LOCAL ASSISTANT

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

and a director/trustee)

organization

organizations

from the

53,467

48,759

46,002

47,293

61,461

66,348

47,537

| | for related (W- | | | | | | | (14) 2/1000 | (14) 2/1000 | organization an | | |
|---|--|-----------------------------------|-----------------------|--|--------------|------------------------------|--------|----------------------|----------------------|--------------------------|--|--|
| | organizations below dotted line) | Individual trustee or director | Institutional Trustee | | key employee | Highest compensated employee | Former | (W- 2/1099- MISC) | (W- 2/1099- MISC) | related organizations | | |
| ALEXANDER CREEL SENIOR VICE PRESIDENT | 40 00 | | | | × | | | 424,952 | 0 | 53,46 | | |
| JUNE BARLOW VICE PRESIDENT & GENERAL C | 40 00 | | | | × | | | 411,464 | 0 | 48,75 | | |
| GOV HUTCHINSON ASSISTANT GENERAL COUNSEL | 40 00 | | | | × | | | 236,321 | 0 | 46,00 | | |
| LESLIE YOUNG SENIOR VICE PRESIDENT | 40 00 | | | | | х | | 346,937 | 0 | 47,29 | | |
| RICHARD SHUMACHER SENIOR VICE PRESIDENT | 40 00 | | | | | х | | 307,888 | 0 | 61,46 | | |

40 00

MAYANNA FRAMZONE 294,781 Χ

SENIOR VICE PRESIDENT

40 00

...... 198,480 Х

SARA SUTACHAN VICE PRESIDENT

40 00 LOTTIE ELAM

............... Х 184,152 37,294

Political Campaign and Lobbying Activities

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

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

OMB No 1545-0047

DLN: 93493318083419

Department of the Treasury

SCHEDULE C (Form 990 or 990-

EZ)

5

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

Open to Public Inspection

Internal Revenue Service 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** CALIFORNIA ASSOCIATION OF REALTORS 95-0594790 Complete if the organization is exempt under section 501(c) or is a section 527 organization. Part I-A Provide a description of the organization's direct and indirect political campaign activities in Part IV (see instructions for definition of "political campaign activities") 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 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? Was a correction made? ☐ Yes □ No If "Yes," describe in Part IV Complete if the organization is exempt under section 501(c), except section 501(c)(3). Enter the amount directly expended by the filing organization for section 527 exempt function activities Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt 3 Total exempt function expenditures Add lines 1 and 2 Enter here and on Form 1120-POL, line 17b Did the filing organization file Form 1120-POL for this year? 5 Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments For each organization listed, enter the amount paid from the filing organization's funds. Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC) If additional space is needed, provide information in Part IV (a) Name (b) Address (c) EIN (d) Amount paid from (e) Amount of political filing organization's contributions received funds If none, enter and promptly and -0directly delivered to a separate political organization If none, enter -0-2

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

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

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

Lobbying nontaxable amount Lobbying ceiling amount (150% of line 2a, column(e))

Total lobbying expenditures Grassroots nontaxable amount

Grassroots ceiling amount (150% of line 2d, column (e))

Grassroots lobbying expenditures

Part III-A

501(c)(6).

Schedule C (Form 990 or 990EZ) 2018

| Foro | ach "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying | (a |) | (b) |
|--------|--|-----|----|--------|
| activi | | Yes | No | Amount |
| 1 | During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of | | | |
| а | Volunteers? | | | |
| b | Paid staff or management (include compensation in expenses reported on lines 1c through 1i)? | | | |
| С | Media advertisements? | | | |
| d | Mailings to members, legislators, or the public? | | | |
| е | Publications, or published or broadcast statements? | | | |
| f | Grants to other organizations for lobbying purposes? | | | |
| g | Direct contact with legislators, their staffs, government officials, or a legislative body? | | | |
| h | Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means? | | | |
| i | Other activities? | | | |
| j | Total Add lines 1c through 1i | | | |
| 2a | Did the activities in line 1 cause the organization to be not described in section 501(c)(3)? | | | |
| b | If "Yes," enter the amount of any tax incurred under section 4912 | | | |
| 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? | | | |

| | | | Yes | No | | |
|---|--|---|-----|----|--|--|
| 1 | Were substantially all (90% or more) dues received nondeductible by members? | 1 | | No | | |
| 2 | 2 Did the organization make only in-house lobbying expenditures of \$2,000 or less? | | | | | |
| 3 | 3 Did the organization agree to carry over lobbying and political expenditures from the prior year? 3 | | | | | |
| Part III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 50 | | | | | | |
| and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No" OR (b) Part III-A, line 3, is | | | | | | |

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

| _ | bia the organization agree to early over lobbying and political expenditures from the | prior year | | |
|----|--|---------------------|---------------|-------|
| Pa | Part III-B Complete if the organization is exempt under section 501(c and if either (a) BOTH Part III-A, lines 1 and 2, are answer answered "Yes." | | 01(c) |)(6) |
| 1 | 1 Dues, assessments and similar amounts from members | 1 | 55,26 | 5,500 |
| 2 | 2 Section 162(e) nondeductible lobbying and political expenditures (do not include an expenses for which the section 527(f) tax was paid). | nounts of political | | |

| answered "Yes." | | |
|--|---|------------|
| 1 Dues, assessments and similar amounts from members 1 | L | 55,265,500 |
| 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). | | |
| a Current year | a | 1,652,063 |
| b Carryover from last year 2b | b | |

| b | Carryover from last year | 2b | |
|---|--|------------|------------|
| c | Total | 2 c | 1,652,063 |
| 3 | Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues | 3 | 34,173,163 |
| 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? | 4 | |

| Pa | Part IV Supplemental Information | | | | | | |
|----|--|---|--|-------------|--|--|--|
| 5 | Taxable amount of lobbying and political expenditures (see instructions) | 5 | | -32,521,100 | | | |
| | expenditure next year? | 4 | | | | | |
| | the organization agree to carryover to the reasonable estimate of nondeductible lobbying and 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

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

PART I-A, LINE 1 CALIFORNIA ASSOCIATION OF REALTORS MAINTAINS A FULL TIME GOVERNMENTAL AFFAIRS PRESENCE IN SACRAMENTO MONITORING LEGISLATION INCLUDING AND AFFECTING THE REAL ESTATE INDUSTRY AND PROPERTY OWNERSHIP INCLUDING REAL ESTATE BROKER AND SALESPERSON LICENSING AND REGULATION, CONDOMINIUM AND SHARED OWNERSHIP HOUSING, GOVERNMENT-SPONSORED HOUSING,

CONSUMER PROTECTION, LAND USE AND ENVIRONMENTAL LAW, LANDLORD/TENANT, AND REAL ESTATE FINANCE AND TAXATION AND OTHER REAL ESTATE RELATED ISSUES IN ADDITION TO THE STATE LEGISLATURE, CALIFORNIA ASSOCIATION OF REALTORS ALSO WORKS WITH A VARIETY OF ADMINISTRATIVE AND REGULATORY BODIES AND AGENCIES TO INCLUDE THE BUSINESS TRANSPORTATION AND HOUSING AGENCY, THE DEPARTMENT OF REAL ESTATE, THE DEPARTMENT OF CORPORATIONS, THE DEPARTMENT OF INSURANCE, ETC.

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

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

(Form 990)

Department of the Treasury

Internal Revenue Service

Supplemental Financial Statements

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

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

DLN: 93493318083419 OMB No 1545-0047

Open to Public **Inspection**

| | me of the organization IFORNIA ASSOCIATION OF REALTORS | | | Employer identification number | | | | | |
|--------|--|--|--|---|--|--|--|--|--|
| CAL | IFORNIA ASSOCIATION OF REALTORS | | | 95-0594790 | | | | | |
| Pa | organizations Maintaining Donor Advis | | | or Accounts. | | | | | |
| | Complete if the organization answered "Yes" on Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts | | | | | | | | |
| 1 | Total number at end of year | (a) Donor | auviseu iulius | (b)Funds and other accounts | | | | | |
| 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 | rs in writing that the | assets held in donor ad | lyised funds are the | | | | | |
| | organization's property, subject to the organization's ex | clusive legal control | > | ☐ 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 | e organization an | swered "Yes" on Forr | n 990, Part IV, line 7. | | | | | |
| 1 | Purpose(s) of conservation easements held by the organ | nization (check all th | at apply) | | | | | | |
| | \square Preservation of land for public use (e g , recreation | or education) | Preservation of an | historically important land area | | | | | |
| | Protection of natural habitat | | Preservation of a d | certified historic structure | | | | | |
| | Preservation of open space | | | | | | | | |
| 2 | Complete lines 2a through 2d if the organization held a easement on the last day of the tax year | qualified conservation | on contribution in the for | rm of a conservation Held at the End of the Year | | | | | |
| а | Total number of conservation easements | | | 2a | | | | | |
| Ь | Total acreage restricted by conservation easements | | | 2b | | | | | |
| С | Number of conservation easements on a certified historic | structure included | ın (a) | 2c | | | | | |
| d | Number of conservation easements included in (c) acquistructure listed in the National Register | red after 7/25/06, a | nd not on a historic | 2d | | | | | |
| 3 | Number of conservation easements modified, transferre tax year ▶ | d, released, extingu | ished, or terminated by | the organization during the | | | | | |
| 4 | Number of states where property subject to conservation | n easement is locate | ed ▶ | | | | | | |
| 5 | Does the organization have a written policy regarding the and enforcement of the conservation easements it holds | ne periodic monitorir | - | | | | | | |
| 6 | Staff and volunteer hours devoted to monitoring, inspec | | lations, and enforcing co | ☐ Yes ☐ No onservation easements during the year | | | | | |
| | <u> </u> | | | | | | | | |
| 7 | Amount of expenses incurred in monitoring, inspecting, \$ \bigset\$ \$ | nandling of violation | is, and enforcing conser | vation easements during the year | | | | | |
| 8 | Does each conservation easement reported on line 2(d) and section $170(h)(4)(B)(II)$? | above satisfy the re | quirements of section 1 | 70(h)(4)(B)(ı) | | | | | |
| 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 orga | | nse statement, and | | | | | |
| Par | t III Organizations Maintaining Collections Complete if the organization answered "Ye | of Art, Historica | | er Similar 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 | 6 (ASC 958), not to public exhibition, ed | report in its revenue sta ucation, or research in f | | | | | | |
| b | TC:1 | 6 (ASC 958), to repo | ort in its revenue statem | | | | | | |
| (| 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: | | | | | | | | |
| а | Revenue included on Form 990, Part VIII, line 1 | 110 (A3C 330) Telati | ng to these items | ▶ \$ | | | | | |
| Ь | Assets included in Form 990, Part X | | | ▶\$ | | | | | |

Cat No 52283D

Schedule D (Form 990) 2018

| Par | t II | Organizations Ma | aintaining Col | lections o | f Art, H | istori | cal Tı | reası | ıres, oı | Other | Similar As | ssets (co | ntinued) | |
|-----|---|---|------------------------------|------------------------|-------------------|----------|----------|----------------|-----------------|-----------|---------------|---------------------------------------|---|-----------|
| 3 | | sing the organization's acq ems (check all that apply) | uisition, accessior | n, and other | records, | check a | any of | the fo | llowing t | hat are a | significant i | use of its o | :ollection | |
| а | | Public exhibition | | | | d | | Loan | or excha | ange prog | ırams | | | |
| b | | Scholarly research | | | | e | | Othe | r | | | | | |
| c | | Preservation for future | generations | | | | | | | | | | | |
| 4 | | ovide a description of the | organızatıon's col | ections and | explain h | ow the | y furth | ner the | e organız | ation's e | xempt purpo | se in | | |
| 5 | | uring the year, did the org sets to be sold to raise fur | | | | | | | | | nılar | ☐ Yes | | lo |
| Pa | rt I\ | V Escrow and Cust Complete if the ord X, line 21. | | | ' on Forr | n 990 | , Part | IV, lı | ne 9, o | r reporte | ed an amou | | | |
| 1a | | the organization an agent cluded on Form 990, Part : | | an or other | ntermedia | ary for | contril | bution | s or othe | er assets | not | ☐ Yes | | lo |
| ь | Τf | "Yes," explain the arrange | ement in Part XIII | and comple | te the foll | lowina | table | | | | Α | mount | | _ |
| c | | eginning balance | mene in ruit XIII | una compic | ite the fon | owing | Cabic | | | 1c | | | | _ |
| d | | dditions during the year | | | | | | | | 1d | | | | |
| е | | stributions during the year | - | | | | | | | 1e | | | | _ |
| f | | nding balance | | | | | | | | 1f | | | | _ |
| 2- | | d the organization include | | 000 D | + V | 1 6 | | | ا - اداد حدد | | . h. l. t | | | |
| 2a | | | | | | | | | | | | _ | ∐ N | 10 |
| | | "Yes," explain the arrange | | | | | | | | | | | | |
| Pe | rt V | Endowment Fund | as. Complete if | tne organ (a)Curren | | | rior yea | | | | (d)Three year | | e) Four yea | re back |
| 1a | Bea | unning of year balance . | | (a)Curren | t year | (0)- | погуеа | ' | (C) I WO y | ears back | (d)Tillee yea | ars back (| e ji our yea | II'S DACK |
| | _ | ntributions | | | | | | | | | | | | |
| | | investment earnings, gair | ns, and losses | | | | | | | | | | | |
| | | nts or scholarships | • | | | | | | | | | | | |
| | Othe | er expenditures for facilities programs | | | | | | | | | | | | |
| f | Adm | ninistrative expenses . | | | | | | | | | | | | |
| g | End | l of year balance | | | | | | | | | | | | |
| 2 | Pro | ovide the estimated perce | ntage of the curre | nt year end | balance (| (line 1g | g, colu | mn (a |)) held a | s | | | | |
| а | Во | oard designated or quasi-e | ndowment 🟲 | | | | | | | | | | | |
| b | Pe | ermanent endowment 🕨 | | | | | | | | | | | | |
| С | Te | emporarily restricted endov | wment 🟲 | | | | | | | | | | | |
| | The percentages on lines 2a, 2b, and 2c should equal 100% | | | | | | | | | | | | | |
| 3а | | e there endowment funds ganızatıon by | not in the posses | sion of the o | organizatio | on that | t are h | eld an | d admini | stered fo | r the | | Yes | No |
| | (i) |) unrelated organizations | | | | | | | | | | 3a(| i) | |
| | • | i) related organizations | | | | | | | | | | 3a(| | |
| b | | "Yes" on 3a(II), are the rel | _ | | • | | | · . | • • | | | 31 | <u>, </u> | |
| 4 | | escribe in Part XIII the inte | | | ı s endow | rnent f | unas | | | | | | | |
| Рα | rt V | Land, Buildings, Complete if the or | | | ' on Forn | n 990 | Part | TV lı | ne 11a | See Fo | rm 990 Pa | rt X line | 10 | |
| | Des | scription of property | (a) Cost or oth (investme | er basıs | (b) Cost o | | | | | | depreciation | · · · · · · · · · · · · · · · · · · · |) Book valu | ie |
| 12 | Land | d | | | | | 50 | 00,000 | | | | | | 500,000 |
| | | dings | | | | | | 73,526 | | | 6,240,958 | | | 132,568 |
| | | sehold improvements | | | | | | 36,510 | | | 107,169 | | | 129,341 |
| | | unment | | | | | | 23.379 | | | 4.467.364 | | | 656.015 |

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

| | (Form 990) 2018 | | | | Page 3 |
|---------------------------|--|---------------|-----------------------------|--------------------------|--|
| Part VII | Investments—Other Securities. Complete if the organise Form 990, Part X, line 12. | anızat | tion answ | vered "Yes" on Form 9 | 90, Part IV, line 11b. |
| | (a) Description of security or category (including name of security) | | (b) Book value | | nod of valuation of-year market value |
| | ll derivatives | | | | |
| (A) | | | | | |
| (B) | | | | | _ |
| (C) | | | | | |
| (D) | | | | | |
| (E) | | | | | |
| (F) | | | | | |
| (G) | | | | | |
| (H) | | | | | |
| | n (b) must equal Form 990, Part X, col (B) line 12) | Þ | | | |
| Part VIII | Investments—Program Related. Complete if the organization answered 'Yes' on Form 9 | | | | |
| | (a) Description of investment | (b) Bo | ook value | | nod of valuation of-year market value |
| (1) | | | | | |
| (2) | | | | | |
| (3) | | | | | |
| (4) | | | | | |
| (5) | | | | | |
| (6) | | | | | |
| (7) | | | | | |
| (8) | | | | | |
| (9) | | | | | |
| Total. (Colum Part IX | n (b) must equal Form 990, Part X, col (B) line 13) Other Assets. Complete if the organization answered 'Yes' of | on For | m 990, Pa | rt IV, line 11d See Form | 990, Part X, line 15 |
| | (a) Description MENT IN SUBSIDIARY (REBS, INC,) | | | | (b) Book value 23,382,255 |
| (2) INCOME (3) DUE FRO | TAXES RECEIVABLE OM RELATED PARTIES MENTS REPORTED AT COST | | | | 27,655 503,892 308,500 |
| (6) | | | | | |
| (7) | | | | | |
| (8) | | | | | |
| (9) | | | | | |
| Total. (Colu | mn (b) must equal Form 990, Part X, col (B) line 15) | | | | ▶ 24,222,302 |
| Part X | Other Liabilities. Complete if the organization answer See Form 990, Part X, line 25. | ed 'Y | es' on Fo | rm 990, Part IV, line | 11e or 11f. |
| 1. | (a) Description of liability ncome taxes | | (b) B | ook value | |
| | ATED ENTITIES | | | 517,415 | |
| (2) | | | | | |
| (3) | | | | | |
| (4) | | | | | |
| (5) | | | | | |
| (6) | | | | | |
| (7) | | | | | |
| (8) | | | | | |
| (9) | | | | | |
| | n (b) must equal Form 990, Part X, col (B) line 25) | P | | 517,415 | |
| | or uncertain tax positions In Part XIII, provide the text of the fo 's liability for uncertain tax positions under FIN 48 (ASC 740) C | | | | |

1

Schedule D (Form 990) 2018

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

Amounts included on line 1 but not on Form 990. Part VIII. line 12

1

Schedule D (Form 990) 2018

Page 4

| 2 | Amounts included on line 1 but not on Form 990, Part VIII, line 12 | | | |
|-------------|---|---|---------|-------------------------|
| а | Net unrealized gains (losses) on investments 2a | | | |
| b | Donated services and use of facilities 2b | | | |
| С | Recoveries of prior year grants | | 1 | |
| d | Other (Describe in Part XIII) | | 1 | |
| е | Add lines 2a through 2d | | 2e | |
| 3 | Subtract line 2e from line 1 | | 3 | |
| 4 | Amounts included on Form 990, Part VIII, line 12, but not on line 1 | | | |
| а | Investment expenses not included on Form 990, Part VIII, line 7b . 4a | | | |
| b | Other (Describe in Part XIII) 4b | | 1 | |
| c | Add lines 4a and 4b | | 4c | |
| 5 | Total revenue Add lines ${f 3}$ and ${f 4c.}$ (This must equal Form 990, Part I, line 12) | | 5 | |
| Par | Reconciliation of Expenses per Audited Financial Statements W Complete if the organization answered 'Yes' on Form 990, Part IV, line | | Returi | n. |
| 1 | Total expenses and losses per audited financial statements | | 1 | |
| 2 | Amounts included on line 1 but not on Form 990, Part IX, line 25 | | | |
| а | Donated services and use of facilities 2a | | | |
| b | Prior year adjustments | | 1 | |
| c | Other losses | | 1 | |
| d | Other (Describe in Part XIII) | | 1 | |
| е | Add lines 2a through 2d | | 2e | |
| 3 | Subtract line 2e from line 1 | | 3 | |
| 4 | Amounts included on Form 990, Part IX, line 25, but not on line 1: | | | |
| а | Investment expenses not included on Form 990, Part VIII, line 7b 4a | | | |
| b | Other (Describe in Part XIII) 4b | | | |
| С | Add lines 4a and 4b | | 4c | |
| 5 | Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18) | | 5 | |
| Pai | t XIII Supplemental Information | | | |
| Prov XI, | vide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV lines 2d and 4b, and Part XII, lines 2d and 4b Also complete this part to provide any add | , lines 1b and 2b, Part tional information | V, line | 4, Part X, line 2, Part |
| | Return Reference Explanation | | | |

| Schedule D (Fo | orm 990) 2018 | Page 5 | |
|----------------|-------------------|----------------------------|----------------------------|
| Part XIII | Supplemental Info | rmation <i>(continued)</i> | |
| Ret | urn Reference | Explanation | |
| | | | Schedule D (Form 990) 2018 |

DLN: 93493318083419 Note: To capture the full content of this document, please select landscape mode (11" x 8.5") when printing. 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 ▶ Go to www.irs.gov/Form990 for the latest information. Treasury Internal Revenue Service Name of the organization Employer identification number CALIFORNIA ASSOCIATION OF REALTORS 95-0594790 **General Information on Grants and Assistance** Part I Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and 1 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" 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 (a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (q) Description of (h) Purpose of grant (if applicable) organization (book, FMV, appraisal, noncash assistance or assistance grant cash or government assistance other) (1) See Additional Data (4)(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) 2018

| Schedule I (Form 990) 2018 | 3 | | | | | Page 2 |
|----------------------------|--------------------|--|--------------------------|----------------------------------|---|---------------------------------------|
| Part III Grants and Ot | ther Assistance to | Domestic Individua onal space is needed | als. Complete If the org | ganization answered "Yes | on Form 990, Part IV, line 22 | |
| (a) Type of grant o | | (b) Number of recipients | (c) Amount of cash grant | (d) Amount of noncash assistance | (e) Method of valuation (book, FMV, appraisal, other) | (f) Description of noncash assistance |
| (1) | | | | | | |
| (2) | | | | | | |
| (3) | | | | | | |
| (4) | | | | | | |
| (5) | | | | | | |
| (6) | | | | | | |
| (7) | | | | | | |
| Part IV Supplem | ental Informati | on. Provide the inf | ormation required in | Part I, line 2; Part III | , column (b); and any other ad | ditional information. |
| Return Reference | Explanati | on | | | | |
| PART I, LINE 2 | C A R MON | NITORS THE USE OF G | RANT FUNDS BY MONI | TORING ALL SCHEDULED | ACTIVITIES AND RECEIVING WRIT | TEN REPORTS DESCRIBING THE USE OF THE |

Additional Data

2530 CINCINNATI ST LOS ANGELES, CA 90033

Software ID: **Software Version: EIN:** 95-0594790 Name: CALIFORNIA ASSOCIATION OF REALTORS Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic

| (a) Name and address of | (b) EIN | (c) IRC section | (d) Amount of cash | (e) Amount of non- | (f) Method of valuation |
|-------------------------|---------|-----------------|--------------------|--------------------|-------------------------|
| organization | | ıf applıcable | grant | cash | (book, FMV, appraisal, |
| or government | | | | assistance | other) |

| or government | | | j | assistance | other) |
|----------------------|------------|-----------|---------|------------|--------|
| CALTEORNIA COMMUNITY | 05-2510055 | E01(C)(3) | 150 000 | | |

| • • | ` ' | | , · · | 1 . , | ` ' |
|---------------|-----|---------------|-------|------------|---------------------|
| organization | | ıf applıcable | grant | cash | (book, FMV, apprais |
| or government | | | | assistance | other) |
| | | | | | |
| | | | | | 1 |

| Governments. | | | |
|--------------|---|--|--|
| | ı | | |

| Governments. | | |
|--------------|--|--|

| (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
|--|---------------------------------------|

- DISASTER RELIEF

CALIFORNIA COMMUNITY 95-3510055 501(C)(3)| 150,000 FOUNDATION 221 S FIGUEROA ST SUITE 400 LOS ANGELSE, CA 90012 VARIETY BOYS & GIRLS CLUB 95-1919219 501(C)(3) 5,000 SCHOOL SUPPLIES

(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 (book, FMV, appraisal, organization ıf applıcable grant cash non-cash assistance or assistance other) or government assistance 82-5266231 501(C)(3) 335.700 CALIFORNIANS FOR ISCHOLARSHIP GALA HOMEOWNERSHIP INC

525 S VIRGIL AVE LOS ANGELES, CA 90020

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

601 S 1ST AVENUE ARCADIA, CA 91006

ARCADIA AOR 501(C)(3) 7.355 ADVOCACY

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant organization ıf applıcable grant cash (book, FMV, appraisal, non-cash assistance or assistance other) or government assistance

| BAKERSFIELD AOR 2300 BAHAMAS DRIVE BAKERSFIELD, CA 93309 | 95-1450693 | 501(C)(6) | 47,254 | | ADVOCACY |
|--|------------|-----------|--------|--|----------|
| BAY EAST AOR | 52-0902496 | 501(C)(6) | 28,346 | | ADVOCACY |

7021 KOLL CENTER PARKWAY PLEASANTON, CA 94566

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (q) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, organization grant cash non-cash assistance or assistance or government other) assistance BEVERLY HILLSGREATER LA 52-2439756 501(C)(3) 71.925 ADVOCACY AOR 6330 SAN VICENTE BLVD SUITE 100

5,208

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

501(C)(3)

BEVERLY HILLS, CA 90048

BIG BEAR LAKE, CA 92315

45-2957398

BIG BEAR AOR

PO BOX 1563

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant (book, FMV, appraisal, organization if applicable grant cash non-cash assistance or assistance or government other) assistance 95-1545255 C CORPORATION 10.000 ADVOCACY BUILDING INDUSTRY ASSOCIATION OF SAN DIEGO COUNTY 9201 SPECTRUM CENTER

9,695

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

501(C)(6)

9201 SPECTRUM CENTER DRIVE SUITE 110 SAN DIEGO, CA 92123

BURBANK AOR

2006 W MAGNOLIA BLVD BURBANK, CA 91506

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant organization ıf applıcable grant cash (book, FMV, appraisal, non-cash assistance or assistance other) or government assistance CENTRAL VALLEY AOR 501(C)(6) 25.332 ADVOCACY 16980 HARLAN ROAD

35.694

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

501(C)(6)

CITRUS VALLEY AOR

504 EAST ROUTE 66 GLENDORA, CA 91740

(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 (book, FMV, appraisal, organization ıf applicable grant cash non-cash assistance or assistance other) or government assistance 501(C)(6) 10.826 ADVOCACY CONTRA COSTA AOR

| 1870 OLYMPIC BLVD 200 WALNUT CREEK, CA 94596 | | | | | |
|---|------------|-----------|-------|--|----------|
| EAST BAY LEADERSHIP COUNCIL | 94-0402675 | 501(C)(6) | 5,000 | | ADVOCACY |

1615 BONANZA STREET 324 WALNUT CREEK, CA 94596

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant organization ıf applıcable grant cash (book, FMV, appraisal, non-cash assistance or assistance other) or government assistance FRESNO AOR 501(C)(6) 6.462 ADVOCACY 6720 N WEST AVENUE

8.463

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

501(C)(6)

FRESNO, CA 93711 GLENDALE AOR

124 S ISABEL STREET GLENDALE, CA 91205 95-0775753

(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 (book, FMV, appraisal, organization ıf applicable grant cash non-cash assistance or assistance other) or government assistance 501(C)(6) 7.093 ADVOCACY GREATER ANTELOPE VALLEY AOR 1112 WEST AVENUE M-4 PALMDALE, CA 93551

14.408

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

501(C)(6)

GREATER DOWNEY AOR

12073 PARAMOUNT BLVD DOWNEY, CA 90242

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant organization ıf applıcable grant cash (book, FMV, appraisal, non-cash assistance or assistance other) or government assistance 501(C)(6) 208.307 ADVOCACY

GREATER SAN DIEGO AOR 4845 RONSON COURT SAN DIEGO, CA 92111

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

RIVERSIDE, CA 92506

INLAND VALLEYS AOR 95-2079669 501(C)(6) 22,850 ADVOCACY 3690 FLIZABETH STREET

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant organization ıf applıcable grant cash (book, FMV, appraisal, non-cash assistance or assistance other) or government assistance LAGUNA BOR 95-1899773 501(C)(6) 5.101 ADVOCACY 939 GLENNEYRE STREET

7.209

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

501(C)(6)

LAGUNA BEACH, CA 92651

777 S HAM LANE SUITE B LODI, CA 95242

94-1387100

LODI AOR

(a) Name and address of **(b)** EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (q) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, organization grant cash non-cash assistance or assistance or government other) assistance MALIBU AOR 501(C)(6) 6.886 ADVOCACY 23805 STUART RANCH ROAD

23805 STUART RANCH ROAD
140
MALIBU, CA 90265

MARIN ASSOCIATION OF
REALTORS
40 MITCHELL BLVD

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

SAN RAFAEL, CA 94903

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (q) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, organization grant cash non-cash assistance or assistance or government other) assistance NORTH BAY AOR 68-0370006 501(C)(6) 28.380 ADVOCACY 475 AVIATION BLVD SUITE 220 SANTA ROSA, CA 95403

11.771

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

501(C)(6)

NORTHERN SOLANO COUNTY

3690 HILBORN ROAD FAIRFIELD, CA 94534

AOR

94-1457648

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant organization ıf applıcable grant cash (book, FMV, appraisal, non-cash assistance or assistance other) or government assistance OCACY

| OAKLANDBERKELEY AOR 2855 TELEGRAPH AVENUE 600 BERKELEY, CA 94705 | 94-0727300 | 501(C)(3) | 20,138 | | ADVOCACY |
|--|------------|-----------|--------|--|----------|
| ORANGE COUNTY AOR | 95-2873622 | 501(C)(6) | 60,122 | | ADVOCACY |

25552 LA PAZ ROAD LAGUNA HILLS, CA 92653

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant organization ıf applıcable grant cash (book, FMV, appraisal, non-cash assistance or assistance other) or government assistance 94-2197343 501(C)(3) 5.000 ADVOCACY

PACIFIC LEGAL FOUNDATION 930 G STREET SACRAMENTO, CA 95814

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

CHULA VISTA, CA 91910

PACIFIC SOUTHWEST AOR 501(C)(6) 12,500 ADVOCACY 880 CANARTOS COURT 100

(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 applicable grant cash (book, FMV, appraisal, non-cash assistance or assistance other) or government assistance 33-0729887 501(C)(6) 83.996 ADVOCACY PACIFIC WEST AOR 1601 E ORANGEWOOD AVENUE ANAHEIM, CA 92805

18.481

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

501(C)(6)

PALM SPRINGS REGIONAL AOR

4045 RAMON ROAD PALM SPRINGS, CA 92264 95-1808416

(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 (book, FMV, appraisal, organization ıf applicable grant cash non-cash assistance or assistance other) or government assistance 501(C)(6) 10.480 ADVOCACY PALOS VERDES PENINSULA AOR 28441 HIGHRIDGE ROAD 401

AOR
28441 HIGHRIDGE ROAD 401
PALOS VERDES, CA 90274

PASADENA-FOOTHILLS AOR

501(C)(6)

11,255

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

1070 E GREEN STREET 100 PASADENA, CA 91106

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (q) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, organization grant cash non-cash assistance or assistance or government other) assistance 501(C)(6) 5.500 ADVOCACY PLACER COUNTY AOR 270 TECHNOLOGY WAY SUITE 100 ROCKLIN, CA 95765

6.000

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

501(C)(6)

ROCKLIN AREA CHAMBER OF

COMMERCE 3700 ROCKLIN ROAD ROCKLIN, CA 95677 94-2832750

(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 (book, FMV, appraisal, organization ıf applicable grant cash non-cash assistance or assistance other) or government assistance 94-1541266 501(C)(6) 8.000 ADVOCACY SACRAMENTO AOR

| 2003 HOWE AVENUE SACRAMENTO, CA 95825 | | | | | |
|--|------------|-----------|-------|--|----------|
| SACRAMENTO TREE FOUNDATION | 94-2825234 | 501(C)(3) | 5,000 | | ADVOCACY |

191 LATHROP WAY SUITE D SACRAMENTO, CA 95815

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant organization ıf applıcable grant cash (book, FMV, appraisal, non-cash assistance or assistance other) or government assistance CACY

| SAN MATEO COUNTY AOR 850 WOODSIDE WAY SAN MATEO, CA 94401 | 94-3207822 | 501(C)(6) | 15,754 | | ADVOCACY |
|---|------------|-----------|--------|--|----------|
| SANTA BARBARA AOR | 95-1634717 | 501(C)(6) | 5,038 | | ADVOCACY |

1415 CHAPALA STREET SANTA BARBARA, CA 93101

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant organization ıf applıcable grant cash (book, FMV, appraisal, non-cash assistance or assistance other) or government assistance

| SANTA CLARA COUNTY AOR 1651 N 1ST STREET SAN JOSE, CA 95112 | 94-1054204 | 501(C)(6) | 5,163 | | ADVOCACY |
|---|------------|-----------|--------|--|----------|
| SANTA CRUZ COUNTY AOR | | 501(C)(6) | 24,648 | | ADVOCACY |

1651 N 1ST STREET SAN JOSE, CA 95112

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant organization ıf applıcable grant cash (book, FMV, appraisal, non-cash assistance or assistance other) or government assistance 501(C)(6) 5.264 ADVOCACY SISKIYOU AOR 107 SHELDON AVENUE

5.227

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

501(C)(6)

MT SHASTA, CA 96067

1302 SPRINGS ROAD VALLEJO, CA 94591

SOLANO AOR

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant organization ıf applıcable grant cash (book, FMV, appraisal, non-cash assistance or assistance other) or government assistance 501(C)(6) 32.129 ADVOCACY SOUTH BAY AOR 22833 ARLINGTON AVENUE

79.070

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

501(C)(6)

TORRANCE, CA 90501
SOUTHLAND REGIONAL AOR

7232 BALBOA BLVD VAN NUYS, CA 91406

(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 applicable grant cash (book, FMV, appraisal, non-cash assistance or assistance other) or government assistance 95-3293940 501(C)(6) 16.779 ADVOCACY SOUTHWEST RIVERSIDE COUNTY AOR 26529 JEFFERSON AVENUE MURRIETA, CA 92562 TAHOE SIERRA BOR 68-0394492 501(C)(6) 9.000 ADVOCACY

12315 DEERFIELD DRIVE TRUCKEE, CA 96161

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant ıf applıcable (book, FMV, appraisal, organization grant cash non-cash assistance or assistance other) or government assistance /OCACY

| THE INLAND GATEWAY AOR | 95-1546764 | 501(C)(6) | 38,881 | | ADVO |
|------------------------|------------|-----------|--------|--|------|
| 321 E 6TH STREET | | | | | l |
| CORONA, CA 92879 | | | | | l |

TRI-COUNTIES AOR 501(C)(6) 26,600

19720 F WAI NUT DRIVE 100 WALNUT, CA 91789

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

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 (q) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, organization grant cash non-cash assistance or assistance or government other) assistance TULARE COUNTY AOR 501(C)(6) 6.388 ADVOCACY 2424 E VALLEY OAKS DRIVE

6713 VISALIA, CA 93292 VENTURA COUNTY COASTAL 77-0438179 501(C)(6) 12.003

OXNARD, CA 93030

ADVOCACY AOR 2350 WANKEL WAY

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments. (a) Name and address of (d) Amount of cash (e) Amount of non- (f) Method of valuation (a) Description of (h) Purpose of grant (b) EIN (c) IRC section organization ıf applicable grant cash (book, FMV, appraisal, non-cash assistance or assistance other) or government assistance 95-1517892 ADVOCACY WEST SAN GABRIEL VALLEY C CORPORATION 18.188 AOR

1039 E VALLEY BLVD 205B SAN GABRIEL. CA 91776

| efil | e GRAPHIC pr | int - DO NOT PROCESS | As Filed Data | a - | DLN: 934 | 9331 | 8083 | 419 |
|--|--|---|-------------------------|--|-------------------------|------------|----------------|------|
| Schedule J | | Co | ompensati | ion Information | 40 | 1B No | 1545-0 | 0047 |
| (Form 990) | | For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees | | | | 2010 | | |
| ► Complete if the organization answered "Yes" on Form 990, Part IV, li ► Attach to Form 990. | | , line 23. | 2018 | | | | | |
| • | tment of the Treasury | ▶ Go to <u>www.irs.go</u> | | instructions and the latest infor | mation. | | o Pul | |
| | nl Revenue Service ne of the organiza | Lation | | | Employer identificat | | ectio Imber | |
| | IFORNIA ASSOCIATI | | | | 95-0594790 | | | |
| Pa | rt I Questi | ons Regarding Compensa | tion | | 95-0594/90 | | | |
| | (all all all all all all all all all all | | | | | | Yes | No |
| 1a | | | | the following to or for a person liste y relevant information regarding the | | | | |
| | | or charter travel | | Housing allowance or residence for | personal use | | | |
| | _ | companions | | Payments for business use of perso | | | | |
| | | nification and gross-up payment | s 🔽 | Health or social club dues or initiati | | | | |
| | ☐ Discretion | nary spending account | Ш | Personal services (e g , maid, chau | ffeur, chef) | | | |
| Ь | | xes in line 1a are checked, did th all of the expenses described abo | | ollow a written policy regarding payn iplete Part III to explain | nent or reimbursement | 1b | Yes | |
| 2 | | | | or allowing expenses incurred by all | . 1.2 | 2 | Yes | |
| | directors, truste | es, officers, including the CEO/E | executive Director | r, regarding the items checked in line | e lar | | | |
| 3 | organization's C | EO/Executive Director Check al | I that apply Don | d to establish the compensation of t not check any boxes for methods CEO/Executive Director, but explain | | | | |
| | Compens | ation committee | ✓ | Written employment contract | | | | |
| | · · | ent compensation consultant | $\overline{\mathbf{Z}}$ | 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, Se | ction A, line 1a, with respect to the f | iling organization or a | | | |
| а | Receive a sever | ance payment or change-of-con | trol payment? | | | 4a | | No |
| b | | | | | 4b | Yes | | |
| С | Participate in, o | r receive payment from, an equi | ity-based comper | nsation arrangement? | | 4c | | No |
| | If "Yes" to any o | of lines 4a-c, list the persons and | d provide the app | olicable amounts for each item in Par | t 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 | ٦٦ | | | | 6a | | |
| b | Any related orga | | | | | 6 b | | |
| | • | 6a or 6b, describe in Part III | | | | | | |
| 7 | | ed on Form 990, Part VII, Section escribed in lines 5 and 6? If "Yes | | the organization provide any nonfixe rt III | d | 7 | | |
| 8 | | | | red pursuant to a contract that was section 53 4958-4(a)(3)? If "Yes," d | escribe | 8 | | |
| 9 | If "Yes" on line 3 53 4958-6(c)? | 8, did the organization also follo | w the rebuttable | presumption procedure described in | Regulations section | 9 | | |
| For F | Paperwork Redu | iction Act Notice, see the Ins | tructions for Fo | orm 990. Cat No. 5 | 50053T Schedule J | (Forn | 990) | 2018 |

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

| Part II Officers, Directors, Trustees, key Employees, and Trig | | | | | | | |
|--|--|-------------------------------------|---|-----------------------|-------------------------|-------------------|--|
| For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii) Do not list any individuals that are not listed on Form 990, Part VII | | | | | | | |
| Note. The sum of columns (B)(I)-(III) for each listed individual must equal the tot | al amount of Fo | rm 990, Part VII, Se | ≥ction A, line 1a, a | pplicable column (Γ | <u>ン) and (E) amour</u> | nts for that indi | vidual |
| (A) Name and Title | (B) Breakdown of W-2 and/or 1099-MISC compensation | | | and other | (D) Nontaxable benefits | columns | (F) Compensation in |
| | (i) Base compensation | (ii) Bonus & incentive compensation | (iii) Other reportable compensation | deferred compensation | | (B)(ı)-(D) | column (B) reported as deferred on prior Form 990 |
| See Additional Data Table | | | | | | • | |
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Schedule J (Form 990) 2018 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

Schedule J (Form 990) 2018

Additional Data

(A) Name and Title

CHIEF EXECUTIVE OFFICER

CHIEF FINANCIAL OFFICER

JOEL S SINGER

MOHAMED BHOLAT

JOSHUA SHARFMAN

ALEXANDER CREEL

VICE PRESIDENT & GENERAL C

GOV HUTCHINSON

LESLIE YOUNG

ASSISTANT GENERAL COUNSEL

SENIOR VICE PRESIDENT

RICHARD SHUMACHER

MAYANNA FRAMZONE

SARA SUTACHAN

VICE PRESIDENT

DIRECTOR III LOCAL ASSISTANT

LOTTIE ELAM

SENIOR VICE PRESIDENT

SENIOR VICE PRESIDENT

JUNE BARLOW

INNOVAT

CHIEF TECHNOLOGY &

SENIOR VICE PRESIDENT

(i) Base Compensation

790.705

153,407

330,487

326,303

310,445

202,579

251,391

226,974

216,178

164,321

159,663

Software ID: Software Version:

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

306,000

8,324

63,905

65,676

69,649

33,256

72,868

66,613

65,911

25,984

16,314

(B) Breakdown of W-2 and/or 1099-MISC compensation

(ii)

Bonus & incentive

compensation

EIN: 95-0594790

Name: CALIFORNIA ASSOCIATION OF REALTORS

145,111

8,175

34,270

32,973

31,370

22,678

14,301

12,692

8,175

8,175

486

(iii)

Other reportable

compensation

(C) Retirement and

other deferred

compensation

36,500

27,013

36,500

36,500

36,500

35,600

36,500

41,500

41,250

30,804

28,226

(D) Nontaxable

benefits

23,035

25,070

25,642

16,967

12,259

10,402

10,793

19,961

25,098

16,733

9,068

(E) Total of columns

(B)(i)-(D)

1,301,351

221,989

490,804

478,419

460,223

282,323

394,230

369,349

361,129

246,017

221,446

(F) Compensation in

column (B)

reported as deferred on

prior Form 990



(1)

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(11)

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| efile GRAPH | IC print - DO NOT PROCESS As Filed Data - | DLN: | 93493318083419 | | |
|---|--|---|--|--|--|
| SCHEDUL (Form 990 or EZ) | 990- Complete to provide information for responses to Form 990 or 990-EZ or to provide any additi | o specific questions on on on on on on on one on one on one on one on one on one on one on one on one on one on | 2018 | | |
| Department of the T | ► Attach to Form 990 or 990- reasury ► Go to <u>www.irs.gov/Form990</u> for the late | - | Open to Public Inspection | | |
| | e O, Supplemental Information | Employer identi 95-0594790 | fication number | | |
| Return Reference | Explanation | | | | |
| FORM 990, PART VI, SECTION A, LINE 2 | LINE 2 EXPLANATION - THE CALIFORNIA ASSOCIATION OF REALTO DIRECTORS ALTHOUGH NO AFFIRMATIVE EFFORT HAS BEEN MA ARE SOME FAMILY RELATIONSHIPS AND SOME DIRECTORS FROM ESTATE FIRMS HAVE MORE THAN 1,000 AGENTS MANY OF THE D REAL ESTATE FIRM AND NOT KNOW THAT OTHERS FROM THE SA TRUSTEE OR KEY EMPLOYEE HAS REPORTED ANY BUSINESS OR DIRECTOR, TRUSTEE OR KEY EMPLOYEE | DE TO DETAIL ALL OF THE RELA MITHE SAME REAL ESTATE FIRM IRECTORS MAY BE AFFILIATED V ME FIRM ARE DIRECTORS NO O | TIONSHIPS, THERE AS SOME REAL WITH THE SAME FFICER, DIRECTOR, | | |

990 Schedule O, Supplemental Information

| Return Reference | Explanation |
|---|--|
| FORM 990, PART VI, SECTION A, LINE 6 | LINE 6 EXPLANATION - CLASSES OF MEMBERS THE MEMBERS OF THE ASSOCIATION CONSIST OF NINE CLASSES MEMBER BOARDS, REALTOR MEMBERS, REALTOR ASSOCIATE MEMBERS, STUDENT MEMBERS, AFFILIA TE MEMBERS ALLIED INDUSTRY MEMBERS, INSTITUTE AFFILIATE MEMBERS, HONORARY MEMBERS FOR LIF E, AND HONORARY MEMBERS MEMBER BOARDS MEMBER BOARDS ARE THOSE ORGANIZATIONS INCLUDING TH OSE KNOWN IN THE INDUSTRY AS A REALTY BOARD, ASSOCIATION OF REALTORS OR BOARD OF REALTORS, ALL OF WHOSE REALTOR AND REALTOR ASSOCIATE MEMBERS ARE EITHER (1) LICENSEES OF THE DEPART MENT OF REAL ESTATE OF THE STATE OF CALIFORNIA, OR ANY SUCCESSOR THEREOF, (THE "DRE") OR A PPRAISERS CERTIFIED OR LICENSED BY THE CALIFORNIA OFFICE OF REAL ESTATE APPRAISERS (OREA") REALTOR MEMBERS - REAL ESTATE BROKERS AND REAL ESTATE SALESMEN LICENSED BY THE DRE WHO A RE CLASSIFIED BY MEMBER BOARDS AS REALTOR MEMBERS OF SUCH MEMBER BOARDS OR WHO ARE OUTSIDE THE JURISDICTION OF ANY MEMBER BOARD SAS REALTOR MEMBERS OF SUCH MEMBER BOARDS OR WHO ARE OUTSIDE THE JURISDICTION OF ANY MEMBER BOARD SAS EMPLOYEES BY A BROKER REALTOR MEMBER - APPRAISERS CERTIFIED OR LICENSED BY THE OREA WHO ARE CLASSIFIED BY MEMBER BOARDS AS REALTOR MEMBER - APPRAISERS CERTIFIED OR LICENSED BY THE OREA WHO ARE CLASSIFIED BY MEMBER BOARDS AS REALTOR MEMBER - SASOCIATE MEMBERS OF SUCH MEMBER SOLED ANY MEMBER BOARD SAS REALTOR ASSOCIATE MEMBERS OF SUCH MEMBER BOARDS OR WHO ARE ASSOCIATED AS INDEPENDENT CONTRACTORS WITH OR ARE ASSOCIATED AS INDEPENDENT CONTRACTORS WITH OR ARE ASSOCIATED AS INDEPENDENT CONTRACTORS WITH, OR ARE REALTOR ASSOCIATE MEMBERS OF MEMBER BOARDS OR WHO ARE ASSOCIATED AS INDEPENDENT CONTRACTORS WITH, OR ARE ENGAGED AS EMPLOYEES BY, REALTOR MEMBERS OF MEMBER BOARDS AS REALTOR. ASSOCIATE MEMBERS OF MEMBER BOARDS AS SEDATED BY THE OREA WHO ARE CLASSIFIED BY MEMBER BOARDS AS SEDATED BY THE OREA WHO ARE CLASSIFIED BY MEMBER BOARDS AS SUDENT MEMBERS OF SUCH MEMBERS OF SUCH MEMBERS OF SUCH MEMBER BOARDS OR THOS E WHO ARE CLASSIFIED BY MEMBER BOARDS AS SUDENT MEMBERS OF SUCH MEMBERS OF SUCH MEMBERS |

990 Schedule O, Supplemental Information

Return Explanation

Reference

| FORM 990, | E HONORARY MEMBERSHIPS REALTOR AND REALTOR- ASSOCIATE MEMBERS OF THE STATE ASSOCIATION W HO |
|------------|---|
| PART VI, | HAVE FAITHFULLY SERVED THE ASSOCIATION FOR A PERIOD OF TWENTY FIVE (25) YEARS, OR MORE, AND WHO |
| SECTION A, | HAVE ATTAINED THE AGE OF SEVENTY FIVE (75) YEARS AND HAVE BEEN ELECTED AN HONORAR Y MEMBER FOR |
| LINE 6 | LIFE |

990 Schedule O, Supplemental Information

Return

LINE 7A

| · |
|--|
| LINE 7A EXPLANATION - DELEGATES SELECTED BY MEMBERS BOARDS ALSO SERVE AS DIRECTORS THIS IS THE |
| BULK OF THE DIRECTORS A SMALL NUMBER OF DIRECTORS SERVE BY VIRTUE OF OTHER POSITIONS SUCH AS OFFICERS AND COMMITTEE CHAIRS, AMONG OTHERS, AS PER THE BYLAWS THE DELEGATES EXERCISE AUTHORITY |
| ı |

OF THE MEMBERS OF THE CALIFORNIA ASSOCIATION OF REALTORS

Explanation

SPECIAL PURPOSES

Return

| Reference | |
|------------|--|
| FORM 990, | LINE 7B EXPLANATION - DECISIONS BY THE BOARD OF DIRECTORS ARE SUBJECT TO APPROVAL BY THE MEMBERS |
| PART VI, | THROUGH THE DELEGATE BODY WHEN SUCH DECISIONS ARE REQUIRED BY CALIFORNIA LAW TO BE APPROVED BY |
| SECTION A, | THE MEMBERS THE ELECTED OFFICERS OF THE ASSOCIATION HAVE AUTHORITY TO ACT FOR THE ASSOCIATION |
| LINE 7B | BETWEEN MEETINGS IN ADDITION, THE LEGAL ACTION FUND HAS LIMITED AUTHORITY OF THE BOARD FOR LIMITED |

Explanation

Return Explanation
Reference

| FORM 990, | FORM 990 IS PREPARED BY AN INDEPENDENT CPA AND REVIEWED AND APPROVED BY MANAGEMENT. THE ELECTED |
|------------|---|
| PART VI, | OFFICERS HAVE AUTHORITY TO ACT ON BEHALF OF THE CALIFORNIA ASSOCIATION OF REALTORS BETWEEN |
| SECTION B, | MEETINGS OF THE 857-MEMBER BOARD OF DIRECTORS AND WERE PROVIDED WITH A COPY OF THIS FORM 990 |
| LINE 11B | BEFORE IT WAS FILED |

Return

| Reference | · |
|------------|--|
| FORM 990, | ALL EMPLOYEES ARE SUBJECT TO AN ONGOING CONFLICT OF INTERESTS POLICY AS ARE ALL OFFICERS AND |
| PART VI, | DIRECTORS THE CONFLICTS POLICY IS DISTRIBUTED TO ALL DIRECTORS VIA AN ONLINE SURVEY THAT ALL ARE |
| SECTION B, | REQUIRED TO COMPLETE DUE TO THE SIZE OF THE 857-MEMBER BOARD, THE DIRECTORS ARE ROUTINELY |
| LINE 12C | REMINDED ABOUT THE CONFLICTS POLICY AND THE NEED TO DISCLOSE EACH TIME THEY APPROACH A |
| | MICROPHONE AND TO RECUSE THEMSELVES IF VOTING ON AN ISSUE INVOLVING A CONFLICT |

Explanation

Return Explanation
Reference

FORM 990, PART VI, SECTION B, LEVELS
LINE 15

Return Explanation
Reference

LINE 18

FORM 990, PART VI, GUIDESTAR ORG
SECTION C.

Return Explanation

FORM 990, GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICIES, AND FINANCIAL STATEMENTS ARE AVAILABLE TO PART VI, EXECUTIVE STAFF AND THE BOARD OF DIRECTORS UPON REQUEST FROM THE GENERAL PUBLIC, THE SECTION C, ORGANIZATION WILL PROVIDE ACCESS TO THESE DOCUMENTS AS REQUIRED BY LAW

LINE 19

| efile GRAPHIC print - Do | O NOT PROCESS | As Filed Data - | | | | | | | | | | DLN: 93493 | 318083 | 419 |
|--|--|-----------------------|------------------|----------------------------|-------------------------|--|-------------------|----------------|-----------|--------------------------------------|--------|----------------------------------|-----------------------------|-------------------|
| SCHEDULE R (Form 990) | > (| Related C | ization ar | swered "Yes ▶ Attach to | s" on Form Form 990. | 990, Parl | IV, line 33 | 3, 34, 35b, | | 37. | | | 18 | |
| Department of the Treasury Internal Revenue Service | | ► Go to <u>www</u> | v.irs.gov/ | <u>Form990</u> for | instructio | ns and the | e latest info | ormation. | | | | Open to Inspe | Public ection | |
| Name of the organization CALIFORNIA ASSOCIATION OF REAL | TORS. | | | | | | | | Emp | loyer identifi | cation | number | | |
| Part I Identification | of Digragarded E | ntities Complete If | the ergan | ization and | arad "Vac | " on Form | .000 Part | T\/_line_2: | | 594790 | | | | |
| | (a) I EIN (If applicable) of disr | <u> </u> | the organ | (b) | | (Legal dom | c) nicile (state | (d) | | (e) End-of-year as | sets | (f Direct co ent | ntrolling | |
| | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | |
| Part II Identification of related tax-exer | of Related Tax-Ex mpt organizations di | | is Comple | te if the org | anızatıon | l answered | "Yes" on F | l form 990, | Part IV | /, line 34 bed | cause | it had one or | more | |
| | (a) Id EIN of related organizati | on | Prim | (b) ary activity | Legal dom | c) nicile (state n country) | (d) Exempt Cod | | Public ch | (e) narity status n 501(c)(3)) | Dır | (f) ect controlling entity | Section (13) cor enti | 512(b) trolled |
| | | | | | | | | | | | | | les | |
| | | | | | | | | | | | | | | |
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| | | | | | | | | | | | | | | |
| For Paperwork Reduction Ac | rt Notice see the In- | structions for Form 9 | 90 | | | nt No. 5013 | 257 | | | | Scho | edule R (Form | 990) 30 | 18 |

| Name, address, and EIN related organization | of | (b) Primary activity | (c) Legal domicile (state or foreign country) | (d) Direct controlling entity | (e) Predominant Income(relate unrelated, excluded fror tax under sections 512 514) | d, total income | | Disprop alloca | h) rtionate tions? | (i) Code V-U amount box 20 o Schedule (Form 10 | in of K-1 55) | (j Gener mana partr | ral or ging ner? | (k Percer owner | ntage |
|---|---|--|--|--|---|--|-------------------------------|-------------------|------------------------------------|---|-----------------------------|-------------------------------------|------------------------|------------------------------|---------------------------------------|
| 1) RE FORMSNET LLC | | E-FORMS | MI | CA ASSOC OF | UNRELATED | | | Yes | No No | | - | Yes | No No | 61 5 | 540 % |
| L8025 15 MILE ROAD CLINTON TOWNSHIP, MI 48035 95-4768690 | | E TOMMS | 111 | REALTORS | ONNELATED | | | | 140 | | | | | 04. | J40 7 |
| | | | | | | | | | | | | | | | |
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| Down TV Identification of Deleted Over | anizatione Tavahle ae a | Corporation | or Tri | ist Completi | e if the orga | nization and | word "Vo | s" on | Form | 990, Par | t IV. | , line | 34 | | |
| because it had one or more relative | | | | | | | weled le | 011 | | , | | | | | |
| | | as a corporation | on or ti (c) egal micile or foreigi | oust during t | (d) ct controlling | | (f) Share of tot Income | $\overline{}$ | (g) ire of en year assets | d-of- | (I Perce | h) entage ership | , | | 512(ntrolle ity? |
| (a) Name, address, and EIN of related organization (1)REAL ESTATE BUSINESS SERVICES INC 525 SOUTH VIRGIL AVENUE LOS ANGELES, CA 90020 | ted organizations treated a | L do (state | on or ti (c) egal micile | Direct CALIF | the tax year (d) ct controlling entity FORNIA OCIATION OF | (e) Type of entity C corp, S corp, | (f) Share of tot | $\overline{}$ | (g) ire of en year | d-of- | (I Perce owne | entage | , | Section (13) coi | 512(l ntrolle |
| because it had one or more related (a) Name, address, and EIN of related organization (1)REAL ESTATE BUSINESS SERVICES INC | ted organizations treated (b) Primary activity | L do (state | on or ti (c) egal micile or foreigi untry) | Direct Direct CALIF | the tax year (d) ct controlling entity FORNIA CICIATION OF TORS CORNIA CICIATION OF | (e) Type of entity C corp, S corp, | (f) Share of tot | $\overline{}$ | (g) ire of en year | d-of- | (I Perce owne | entage ership | , | Section (13) coi enti | 512(ntrolle ity? No |
| because it had one or more relation (a) Name, address, and EIN of related organization (1)REAL ESTATE BUSINESS SERVICES INC 525 SOUTH VIRGIL AVENUE LOS ANGELES, CA 90020 95-3779066 (2)REAL ESTATE BUSINESS TECHNOLOGIES INC 525 SOUTH VIRGIL AVENUE LOS ANGELES, CA 90020 | (b) Primary activity REALTOR PRODUCTS | L do (state | on or ti (c) egal micile or foreigr untry) CA | Direct CALIF | the tax year (d) ct controlling entity FORNIA CICIATION OF TORS CORNIA CICIATION OF | (e) Type of entity C corp, S corp, or trust) | (f) Share of tot | $\overline{}$ | (g) ire of en year | d-of- | (I Perce owne | entage ership 00 % | , | Section (13) coi enti | 512(l ntrolle ity? No |
| because it had one or more relation (a) Name, address, and EIN of related organization (1)REAL ESTATE BUSINESS SERVICES INC 525 SOUTH VIRGIL AVENUE LOS ANGELES, CA 90020 95-3779066 (2)REAL ESTATE BUSINESS TECHNOLOGIES INC 525 SOUTH VIRGIL AVENUE LOS ANGELES, CA 90020 95-4642567 (3)CAR HOLDING COMPANY INC 525 SOUTH VIRGIL AVENUE LOS ANGELES, CA 90020 26-2666727 (4)CAR CO CALIFORNIA ASSOC OF REALTORS 525 SOUTH VIRGIL AVENUE | red organizations treated (b) Primary activity REALTOR PRODUCTS REALTOR SOFTWARE MLS LISTING FOR CAR | L do (state cor | on or ti (c) egal micile or foreign untry) CA | CALIFASSO REALT N/A | the tax year (d) ct controlling entity FORNIA OCIATION OF TORS FORNIA OCIATION OF TORS | (e) Type of entity C corp, S corp, or trust) | (f) Share of tot | $\overline{}$ | (g) ire of en year | d-of- | (RPerce owne | entage ership 00 % | , | Section (13) coi enti | 512(Introllerity? No No No |
| Decause it had one or more relation (a) Name, address, and EIN of related organization (1)REAL ESTATE BUSINESS SERVICES INC 525 SOUTH VIRGIL AVENUE LOS ANGELES, CA 90020 95-3779066 (2)REAL ESTATE BUSINESS TECHNOLOGIES INC 525 SOUTH VIRGIL AVENUE LOS ANGELES, CA 90020 95-4642567 (3)CAR HOLDING COMPANY INC 525 SOUTH VIRGIL AVENUE LOS ANGELES, CA 90020 | REALTOR PRODUCTS REALTOR SOFTWARE MLS LISTING FOR CAR MEMBERS | as a corporation of the corporat | con or tr (c) egal micile or foreigr untry) CA | CALIFASSO REALT N/A CALIFASSO REALT CALIFASSO REALT CALIFASSO REALT CALIFASSO REALT | CORNIA OCIATION OF TORS CORNIA OCIATION OF TORS CORNIA OCIATION OF TORS CORNIA OCIATION OF TORS CORNIA OCIATION OF TORS | (e) Type of entity C corp, S corp, or trust) | (f) Share of tot | $\overline{}$ | (g) ire of en year | d-of- | (I) Perce owner | entage ership 00 % | , | Section (13) coi enti | 512(ntrolle ity? No No No |

| Schedule R (Form 990) 2018 | | Pa | ige 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 organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV? | | | |
| a Receipt of (i) interest, (ii) annuities, (iii) royalties, or(iv) rent from a controlled entity | 1a | Yes | |
| b Gift, grant, or capital contribution to related organization(s) | 1 b | 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 | Yes | |
| e Loans or loan guarantees by related organization(s) | 1e | Yes | |
| f Dividends from related organization(s) | 1f | | No |
| g Sale of assets to related organization(s) | 1 g | \neg | No |
| h Purchase of assets from related organization(s) | 1h | | No |
| i Exchange of assets with related organization(s) | 1 i | | 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 | Yes | |
| l Performance of services or membership or fundraising solicitations for related organization(s) | 11 | Yes | |

| 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 | Yes | |
| l Performance of services or membership or fundraising solicitations for related organization(s) | 11 | Yes | |
| m Performance of services or membership or fundraising solicitations by related organization(s) | 1m | Yes | |
| 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 | 1 p | Yes | |
| a. Reimburgement hald by related organization(s) for expenses | 1a | Yes | |

| in renormance of services of membership of fundraising solicitations by related organization(s). | | | | 11 | · · |
|--|----------------------------------|------------------------|---------------------------------|------------|------|
| f n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s) | | | | 1n Y | es |
| o Sharing of paid employees with related organization(s) | | | | 10 Y | es |
| p Reimbursement paid to related organization(s) for expenses | | | | 1p Y | es |
| q Reimbursement paid by related organization(s) for expenses | | | | 1q Y | es |
| 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. See Additional Data Table | , including covered r | elationships and tra | nsaction thresholds | | |
| (a) Name of related organization | (b) Transaction type (a-s) | (c) Amount involved | (d) Method of determining ar | nount invo | lved |
| | | | | | |
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| р | Reimbursement paid to related organization(s) for expenses | | | | 1p | Yes | | | |
|---|---|---|------------------------|--------------------------------|--|-----|----------------|--|--|
| q | Reimbursement paid by related organization(s) for expenses | | | | 1 q | Yes | \blacksquare | | |
| 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 completed dditional Data Table | e this line, including covered | relationships and tran | saction thresholds | | | | | |
| | (a) Name of related organization | (b) Transaction type (a-s) | (c) Amount involved | (d) Method of determining a | (d) Method of determining amount involved | | | | |
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Part VI Unrelated Organizations Taxable as a Partnership Complete if the organization answered "Yes" on Form 990, Part IV, line 37.

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

| (a) Name, address, and EIN of entity | (b) Primary activity | (c) Legal domicile (state or foreign country) | (d) Predominant income (related, unrelated, excluded from tax under sections 512- | 01 | (e) re all partners section 501(c)(3) rganizations? | (f) Share of total Income | (g) Share of end-of-year assets | (h) Disproprtionate allocations? | | Code V-UBI amount in box 20 of Schedule K-1 (Form 1065) | (1) General o managin partner | g | (k) Percentage ownership |
|---|-------------------------|---|---|-----|---|------------------------------------|--|--|----|--|--|------|--------------------------------|
| | | | 514) | Yes | No | | | Yes | No | | Yes | No | |
| | | | | | | | | | | | | | |
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| | • | | | | | | | | • | Schedul | e R (Form | 1 99 | 0) 2018 |



46-4464088

Software ID:

Software Version:

EIN: 95-0594790

Name: CALIFORNIA ASSOCIATION OF REALTORS

| Form 990, Schedule R, Part II - Identification of R (a) | (b) | (c) | (d) | (e) | (f) | 6 | g) |
|--|--|---|------------------------|--|------------------------------|-------------------|-----------------------------------|
| Name, address, and EÌN of related organization | Primary activity | Legal domicile (state or foreign country) | Exempt Code section | Public charity status (if section 501(c) (3)) | Direct controlling entity | Section (b)(conti | on 512 (13) rolled city? |
| | | | | | | Yes | No |
| 525 SOUTH VIRGIL AVENUE LOS ANGELES, CA 90020 91-2157935 | PUBLIC CHARITY MAKING HOUSING AFFORDABILITY GRANTS | CA | 501(C)(3) | LINE 12A, I | | | No |
| | PUBLIC CHARITY MAKING EDUCATION GRANTS | CA | 501(C)(3) | LINE 12A, I | | | No |
| 525 SOUTH VIRGIL AVENUE LOS ANGELES, CA 90020 20-2696963 | EDUCATION GRANTS | | | | | | |
| 525 SOUTH VIRGIL AVENUE LOS ANGELES, CA 90020 23-7230340 | PUBLIC CHARITY AWARDING SCHOLARSHIPS | CA | 501(C)(3) | LINE 7 | | | No |
| 525 SOUTH VIRGIL AVENUE LOS ANGELES, CA 90020 82-5266231 | PUBLIC CHARITY ADVOCATING HOMEOWNERSHIP | CA | 501(C)(3) | LINE 12A, I | | | No |
| 1121 L STREET STE 600 SACRAMENTO, CA 95814 82-3407945 | PROMOTE AFFORDABLE HOUSING THROUGH FAIR TAX POLICY | CA | 501(C)(6) | | | | No |
| 525 SOUTH VIRGIL AVENUE LOS ANGELES, CA 90020 95-4167538 | POLITICAL ACTION COMMITTEE | CA | 501(C)(6) | | | | No |
| 525 SOUTH VIRGIL AVENUE LOS ANGELES, CA 90020 95-6485939 | POLITICAL ACTION COMMITTEE | CA | 527 | | | | No |
| 525 SOUTH VIRGIL AVENUE LOS ANGELES, CA 90020 46-4472410 | POLITICAL ACTION COMMITTEE | CA | 527 | | | | No |
| 525 SOUTH VIRGIL AVENUE LOS ANGELES, CA 90020 | POLITICAL ACTION COMMITTEE | CA | 527 | | | | No |

Form 990, Schedule R, Part V - Transactions With Related Organizations (a) (b) (c) Name of related organization Transaction Amount Involved (d) Method of determining amount involved type(a-s) (1) RE FORMSNET LLC 228,300 CONTRACT (1) RE FORMSNET LLC М 1,463,052 CONTRACT CONTRACT (2) REAL ESTATE BUSINESS SERVICES INC Α 1,046,325 (3) REAL ESTATE BUSINESS SERVICES INC 1,206,876 CONTRACT (4) REAL ESTATE BUSINESS SERVICES INC М 485,250 CONTRACT (5) REAL ESTATE BUSINESS SERVICES INC Q 663,370 CONTRACT (6) REAL ESTATE BUSINESS TECHNOLOGIES INC 358,900 CONTRACT (7) CALIFORNIA REAL ESTATE PAC D 167,643 CONTRACT

262,043

CONTRACT

(8)

CAR ISSUES MOBILIZATION PAC