Form **990**

٠

Return of Organization Exempt From Income Tax

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

2017

DLN: 93493319128548 OMB No 1545-0047

		of the Treasu enue Service				C	Open to Public Inspection
A F	or th	e 2017 c	alendar year, or tax year beginning 01-01-2017 , and ending 12-3	1-2017			
B Che	ck ıf a	applicable	C Name of organization Institute of Real Estate Management		D Employe	rıdentıf	ication number
		change			36-6214	767	
□ Na		nange	% CHRISTOPHER MIGALA Doing business as				
		rn/terminated	IREM		-		
		d return	Number and street (or P O box if mail is not delivered to street address) Room/si	uite	E Telephone	number	
□Ар	plicati	ion pending	430 N Michigan Avenue Suite 500		(312) 32	9-6000	
			City or town, state or province, country, and ZIP or foreign postal code Chicago, IL 606114090				
					G Gross rec	eipts \$ 1	2,537,886
			F Name and address of principal officer CHRISTOPHER MIGALA	H(a) Is	this a group reti	ırn for	
			430 N Michigan Avenue 500		ubordinates?		□Yes 🗹 No
			Chicago, IL 606114090		re all subordinate icluded?	S	☐ Yes ☐No
I Ta	x-exe	mpt status	☐ 501(c)(3) ☑ 501(c) (6) ◄ (Insert no) ☐ 4947(a)(1) or ☐ 527	1	"No," attach a lis	st (see	instructions)
J W	ebsi	te:► WW	/W IREM ORG	H(c) G	roup exemption r	number	▶ 3002
				1			
K Form	n of o	rganızatıon	✓ Corporation ☐ Trust ☐ Association ☐ Other ►	L Year of t	formation 1933	M State	of legal domicile IL
Da	rt I	Sum	mary				
- 1-1			scribe the organization's mission or most significant activities				
eu eu			NCE THE PROFESSION OF REAL ESTATE MANAGEMENT				
Ě							
Шa							
Activities & Governance	,	Check th	is box $ ightharpoonup \square$ if the organization discontinued its operations or disposed of i	more than	25% of its net as	sets	
Ğ			of voting members of the governing body (Part VI, line 1a)			3	20
> 5	4	Number (of independent voting members of the governing body (Part VI, line 1b)			4	20
ţ	5	Total nur	nber of individuals employed in calendar year 2017 (Part V, line 2a) .			5	80
₹	6	Total nur	nber of volunteers (estimate if necessary)			6	554
Ac	7a	Total unr	related business revenue from Part VIII, column (C), line 12			7a	121,966
	ь	Net unre	lated business taxable income from Form 990-T, line 34			7b	120,966
					Prior Year	\top	Current Year
•	8	Contribut	cions and grants (Part VIII, line 1h)		436,2	77	492,881
Rəvenue	9	Program	service revenue (Part VIII, line 2g)		10,610,1	76	10,450,592
ď∧ċ	l	-	ent income (Part VIII, column (A), lines 3, 4, and 7d)		6,1	_	149,914
~	l		venue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		1,160,20		1,110,700
	l		enue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)		12,212,80		12,204,087
	-		nd similar amounts paid (Part IX, column (A), lines 1–3)			0	0
	l		paid to or for members (Part IX, column (A), line 4)			0	0
rn.	l		other compensation, employee benefits (Part IX, column (A), lines 5–10)		6,331,99	94	6,457,724
S.	l		onal fundraising fees (Part IX, column (A), line 11e)		3,331,3	0	0,107,721
Expenses	l		raising expenses (Part IX, column (D), line 25) ▶0			1	
ੜ	1		penses (Part IX, column (A), lines 11a–11d, 11f–24e)		5,818,9	22	5,509,419
	1		penses Add lines 13–17 (must equal Part IX, column (A), line 25)		12,150,9		11,967,143
	1		less expenses Subtract line 18 from line 12		61,9		236,944
¥ %	1.5	nevenue	1000 expenses substact fine 10 from fine 12 i i i i i i i i	Begin	ning of Current Ye		End of Year
Net Assets or Fund Balances					J. Carrone 16	-	
SS 6	20	Total ass	ets (Part X, line 16)		7,910,83	38	9,476,588
ŽΨ	21	Total liab	olities (Part X, line 26)		4,721,84	16	5,786,105
ξŠ	22	Net asset	ts or fund balances Subtract line 21 from line 20		3,188,99	92	3,690,483
Pai	1111	Sian	ature Block				<u> </u>
Unde	r pen	alties of p	erjury, I declare that I have examined this return, including accompanying				
know any k			f, it is true, correct, and complete Declaration of preparer (other than offi	cer) is bas	ed on all informat	tion of v	which preparer has
ally K	110441	i.					
		****	*		2018-06-30		
Sign		Signati	ure of officer		Date		
Here	2		TOPHER MIGALA CFO				
		Туре о	r print name and title				
				Date 2018-06-30		TN)124767;	
Paid	b	<u> </u>	, in the second		self-employed	1, 0/,	-
Pre	par	רו ⊢	irm's name BKD LLP		Firm's EIN	22.55	
Use	Or	າly [⊧]	rrm's address ► 1901 S Meyers Road Suite 500		Phone no (630) 2	32-9500	
			Oakbrook Terrace, IL 601815209				
May t	he IF	RS discuss	this return with the preparer shown above? (see instructions)			✓ Y	′es □No

Form	990 (2017)				Page 2
Par	t IIII Stateme	nt of Program Service Acc	complishments		
	Check if Sc	chedule O contains a response oi	note to any line in this Part III .		🗆
1		e organization's mission	·		
		ESSION OF REAL ESTATE MANAG ROPERTIES THEY MANAGE	SEMENT WHILE HELPING REAL ESTA	ATE MANAGERS PROSPER AND	ADD VALUE TO THEIR
2	-	, , ,	gram services during the year which		□ Yes ▼ No
	•	these new services on Schedule			Lifes Linu
3	Did the organization		gnificant changes in how it conducts	s, any program	□Yes ☑No
	If "Yes," describe	these changes on Schedule O			
4	Section 501(c)(3)		nplishments for each of its three lar required to report the amount of g service reported		
4a	(Code) (Expenses \$	including grants of \$) (Revenue \$)
	See Additional Data				,
4b	(Code) (Expenses \$	including grants of \$) (Revenue \$)
	See Additional Data				
4c	(Code) (Expenses \$	including grants of \$) (Revenue \$)
	See Additional Data				
4d	Other program se	rvices (Describe in Schedule O)			
	(Expenses \$	ıncludıng	grants of \$) (Revenue \$)
4e	Total program s	ervice expenses ▶			

or X as applicable

Checklist of Required Schedules

Part IV

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

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

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

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

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

the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II 💆 . . . Did the organization maintain collections of works of art, historical treasures, or other similar assets?

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

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

b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments

valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

 4 Yes

Page 3

5 Yes

R

9

10

11a

11b

11c

11d

11e

11f

12a

12b

13

14a

14h

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16

17

Yes

Yes

Yes

Yes

Νo

Nο

Nο

Nο

Nο

Νo

Nο

Nο

Nο

Νo

No

Nο

No

Nο

No

29

31

36

t IV Checklist of Required Schedules (continued)			
		Yes	No
Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		No
If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
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		No
Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		No
Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>	23	Yes	
	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III 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,"	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H

24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and

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

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

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

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

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

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

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

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

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

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

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

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

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

organization? If "Yes," complete Schedule R, Part V, line 2

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

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

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

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

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

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

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

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

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

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

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

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

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

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

instructions for applicable filing thresholds, conditions, and exceptions)

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

24a

24b

24c

24d

25a

25b

26

27

28a

28b

28c

29

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31

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33

34

35a

35h

36

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Yes

Yes

Form **990** (2017)

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Nο

Nο

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Nο

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Nο

Nο

Nο

Nο

Νo

Nο

Page 4

orm '	990 (2017)			Page !
Par	t V Statements Regarding Other IRS Filings and Tax Compliance			
	Check if Schedule O contains a response or note to any line in this Part V		<u> </u>	
			Yes	No
	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable 1a 44	1		
	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable 1b			
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c		
	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by			
	this return	2b	V	
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note.If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	2D	Yes	
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	Yes	
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b	Yes	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?			
		4a		No
b	If "Yes," enter the name of the foreign country See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		No
С	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?			
_		5c		
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6a	Yes	
	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b	Yes	
	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 service provided to the payor?	7a		
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		
d	If "Yes," indicate the number of Forms 8282 filed during the year	-		
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	8		
Qa.	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9a 9b		
	Section 501(c)(7) organizations. Enter			
	Initiation fees and capital contributions included on Part VIII, line 12 10a			
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b	1		
	Section 501(c)(12) organizations. Enter	1		
	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)	1		
2~		12-		
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12a		
	12b			
3	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O	13a		
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans			
С	Enter the amount of reserves on hand]		
4a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		No

		,								
Par	t VI	Governance, Management, and Disclosure For each "Yes" response to lines 2 t. 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedu			" respo	nse to li	nes			
		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	1a	20						
	body,	re are material differences in voting rights among members of the governing or if the governing body delegated broad authority to an executive committee or r committee, explain in Schedule O								
b		the number of voting members included in line 1a, above, who are independent	1b	20						
2		L ny officer, director, trustee, or key employee have a family relationship or a busines r, director, trustee, or key employee?			2		No			
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?									
4	Did th	e organization make any significant changes to its governing documents since the	prior F	Form 990 was filed?	4		No			
5	Did th	e organization become aware during the year of a significant diversion of the organ	nizatio	n's assets?	5		No			
6	Did th	e organization have members or stockholders?			6	Yes				
	Dıd th	e organization have members, stockholders, or other persons who had the power to bers of the governing body?	o elec	t or appoint one or more	7a	Yes				
b		ny governance decisions of the organization reserved to (or subject to approval by) ns other than the governing body?	mem	bers, stockholders, or	7 b		No			
8		e organization contemporaneously document the meetings held or written actions $\mathfrak l$ llowing	undert	aken during the year by						
а	The g	overning body?			8 a	Yes				
b	Each o	committee with authority to act on behalf of the governing body?			8 b	Yes				
9		re any officer, director, trustee, or key employee listed in Part VII, Section A, who o ization's mailing address? <i>If "Yes," provide the names and addresses in Schedule O</i>		t be reached at the	9		No			
Se	ction	B. Policies (This Section B requests information about policies not requi	red b	y the Internal Revenue	e Code					
						Yes	No			
		e organization have local chapters, branches, or affiliates?			10a	Yes				
	and bi	s," did the organization have written policies and procedures governing the activitie ranches to ensure their operations are consistent with the organization's exempt pu	ırpose	s?	10b	Yes				
	form?			g body before filing the	11a	Yes				
		ibe in Schedule O the process, if any, used by the organization to review this Form	990							
		e organization have a written conflict of interest policy? If "No," go to line 13	•		12a	Yes				
	conflic				12b	Yes				
	Sched	e organization regularly and consistently monitor and enforce compliance with the fule O how this was done	policy •	? If "Yes," describe in • • •	12c	Yes				
13		e organization have a written whistleblower policy?	•		13	Yes				
14		e organization have a written document retention and destruction policy?			14	Yes				
15	persor	re process for determining compensation of the following persons include a review and its comparability data, and contemporaneous substantiation of the deliberation and								
		rganization's CEO, Executive Director, or top management official			15a	Yes				
b		officers or key employees of the organization			15b	Yes				
		s" to line 15a or 15b, describe the process in Schedule O (see instructions)								
	taxabl	e organization invest in, contribute assets to, or participate in a joint venture or single entity during the year?			16a		No			
b	ın join	s," did the organization follow a written policy or procedure requiring the organizati it venture arrangements under applicable federal tax law, and take steps to safegue with respect to such arrangements?	ard th	evaluate its participation e organization's exempt	16b					
Se	ction	C. Disclosure								
17		ne States with which a copy of this Form 990 is required to be filed▶								
18		on 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990 ble for public inspection Indicate how you made these available. Check all that app		990-T (501(c)(3)s only)						
19	Descri	own website $\ \square$ Another's website $\ \square$ Upon request $\ \square$ Other (explain in Scibe in Schedule O whether (and if so, how) the organization made its governing doc, and financial statements available to the public during the tax year		•						
20		the name, address, and telephone number of the person who possesses the organi ISTOPHER MIGALA 430 N MICHIGAN AVENUE CHICAGO, IL 606114090 (312) 32								
					_	orm 00	n (201			

orm 990 (2	017)										Page 7
Part VII	Compensation of Officer and Independent Contra		Truste	es,	Key	En	ıploy	ees	, Highest Comp	ensated Employ	rees,
	Check if Schedule O contains a	response or no	te to an	y line	ın t	his	Part V	Ι.			<u> </u>
Section	A. Officers, Directors, Tru	stees, Key E	mploy	ees	, an	d H	lighe	st C	Compensated En	nployees	
ear											-
of compensa	tion Enter -0- in columns (D), (E), and (F) if no	compe	nsatı	on v	vas į	paid			-	
	•		•								
vho received organization	d reportable compensation (Box and any related organizations	5 of Form W-2	and/or E	Зох 7	of F	orm	1099	-MIS	SC) of more than \$1	00,000 from the	
of reportable	compensation from the organiz	ation and any r	elated o	rganı	zatı	ons	-				
List all operation	of the organization's former dire , more than \$10,000 of reportab	ectors or trust le compensation	ees that n from t	t rece the or	gan	l, ın ızatı	the ca	paci any	ty as a former direc v related organization	tor or trustee of the ons	9
			ectors, i	ınstıtı	utior	nal t	rustee	s, of	ficers, key employe	es, highest	
☐ Check t	his box if neither the organizatio	n nor any relate	ed organ	nizatio	on c	omp	ensate	d ar	ny current officer, di	rector, or trustee	
	(A) Name and Title	(B) Average hours per week (list any hours for related	than o	ne bo oth a	o no ox, u n of or/t	t che unles ficer rust	s pers and a ee)	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	employee key employee Officer Institutional Trustee	Highest compensated employee	Former		MISC)	related organizations		
See Additiona	al Data Table										
 List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount officers of the organization's current key employees, if any See instructions for definition of "key employee" List all of the organization's current highest compensated employees (other than an officer, director, trustee or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations. List all of the organization's former officers, key employees, or highest compensated employees who received more than \$100,000 for reportable compensation from the organization and any related organizations. List all of the organization's former officers, key employees, or highest compensated employees who received more than \$100,000 for reportable compensation from the organization and any related organizations. List all of the organization's former officers, key employees, or highest compensated employees who received more than \$100,000 for reportable compensation from the organization and any related organization and any related organizations. List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organization (W-2/1099-MISC) List all of the organization's former directors or trustees that received,											

(B) Average hours per week (list any hours	than o	ne bo oth a	not ox, u n off or/t	t che inles ficer	ss pers and a ee)	son	Repo compo froi organiz	ortable ensation m the ration (W-	(E) Reportable compensation from related organizations (W- 2/1099-MISC)		Estima amount o compens from t	ated f other sation the
organizations below dotted line)	Individual trustee or director	Institutional Truste	Officer	Key employee	Highest compenso	Former	2/109	3-M13C)	2/1055-1415C	,	relati organiza	ed
		47			<u> </u>							
		٠.		l	>							
•		•	•	•			1	282 556	,	0		216,010
				hove		rece		·		<u>~ </u>		210,010
			- u		., w	, , , ,	211 CG 1110	re man φ±	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			
											Yes	No
		ee, ke	ey ei	mplo -	oyee, d	or his	ghest cor	mpensated	employee on	_		
		comp	ensa	• etion	and c	other	compen	sation from	the	3	Yes	
For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual												
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person										No		
tors		_										
										npen	sation	
(A)		,							(B)		(C Compen	
	Average hours per week (list any hours for related organizations below dotted line) art VII, Sectio but not limited organization for such individual signal section for the control of the sum of repessing greater than section for the control of the sum of repessing greater than section for the control of	Average hours per week (list any hours for related organizations below dotted line) art VII, Section A but not limited to thosogranization but not limited t	Average hours per week (list any hours for related organizations below dotted line) art VII, Section A	Average hours per week (list any hours for related organizations below dotted line) art VII, Section A	Average hours per week (list any hours for related organizations below dotted line) The structure of the st	Average hours per week (list any hours for related organizations below dotted line) Average hours per week (list any hours for related organizations below dotted line) Are very employee and a director/trustee) In stitutional Trustee employee and a director/trustee) For client trustee Are very employee and a director/trustee For client trustee For complete strong trustee above) For such individual For such	Average hours per week (list any hours for related organizations below dotted line) Included the line of the state of the	Average hours per week (list any hours for related organizations below dotted line) Individual trusted to those listed above) who received mo organization > 8	Position (do not check more than one box, unless person week (list any hours for related organizations below dotted line) The strict of the s	Average hours per week (list any hours for related organizations below dotted line) Solution of the certain of the compensation from the organizations below dotted line) Solution of the certain of t	Average hours per week (list any hours for related organizations below dotted line) Position (do not check more than one box, unless person is both an officer and a director/trustee) Position (do not check more than one box, unless person is both an officer and a director/trustee) Position (do not check more than one box, unless person is both an officer and a director/trustee) Position (do not check more than one box, unless person is both an officer and a director/trustee) Position (do not check more than one box, unless person is both an officer and a director/trustee) Position (do not check more than one box, unless person is both an officer and a director/trustee) Position (do not check more than one box, unless person is both an officer and a director/trustee) Position (W-2/1099-MISC) Position (W-	Average hours per week (list any hours for related organizations below dotted line) O

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

Form **990** (2017)

compensation from the organization ▶ 0

Part	VIII	Statement of	Revenue									rage J
				a respo	onse or note to any	/ line in t	hıs Part VII	Ι.				🗆
							(A) revenue	e fı	(B) lated or xempt inction	bı	(C) nrelated usiness evenue	(D) Revenue excluded from tax under sections
	1a	Federated campaig	ns	1a				re	evenue			512-514
nts Ints		• Membership dues		1b								
3ra nou		: Fundraising events		1c								
ls, (l Related organizatio		1d	44,962							
tributions, Gifts, Grants Other Similar Amounts		Government grants (co		1e								
ns,	f	: All other contributions,										
ıtio er S		and similar amounts n above	ot included	1f	447,919							
년 된	g	Noncash contribution	ons included									
Contributions, and Other Sim	١.	in lines 1a-1f \$,		_							
ع ت	_ <u>_</u> h	Total.Add lines 1a-1		• •	· · •		492,881					
HI e	_				Business	900099	7	206 070	7.00	5 070		
ج. د		Membership Dues Educational Courses				900099		096,979 722,913	-	5,979 2,913		
بر 13		Meetings & Conferences				900099		489,458		9,458		
J. A.		Publishing				900099	!	586,099	46	4,133	121,9	966
٠ ج	e	Applications & Exams				900099	!	502,755		2,755		
Program Service Revenue	f	All other program se	rvice revenue					52,388	5:	2,388		
Ρ̈́	g٦	Total.Add lines 2a-2f	·		1 0,	450,592						
	3 I	investment income (ii	ncluding divid	ends, ı	nterest, and other	1						
		ımılar amounts) .				`	123,17	0				123,174
		income from investme Royalties		-	ona proceeas	`	1,012,60	_				1,012,608
		toyaldies ! ! !	(ı) Rea		(II) Personal		• •					, ,
	6a	Gross rents				1						
	h	Less rental expenses	-									
	b	Less Tental expenses										
	C	Rental income or (loss)		0		0						
	d	Net rental income o	r (loss)		🛌	┪		0				
			(ı) Securi	ties	(II) Other							
		Gross amount from sales of assets other than inventory	3	860,539								
	b	b Less cost or other basis and sales expenses				1						
	c	Gain or (loss)		26,740								
		Net gain or (loss) .			•		26,74	10				26,740
Other Revenue		Gross income from fi (not including \$ contributions reporte See Part IV, line 18	ed on line 1c)	of								
ev.		Less direct expense		ь	(
er		Net income or (loss)		ı sıng ev	ents			0				
Oth		Gross income from g See Part IV, line 19		ies								
		See Part IV, line 19		a	1							
	b	Less direct expense	s	ь	(5						
	c	Net income or (loss)	from gaming	activit	ies Þ			0				
	10a	Gross sales of invent returns and allowand	cory, less	a	(
	b	Less cost of goods s	sold	b	(7						
	c	Net income or (loss)	from sales of	invent	ory ►			0				
		Miscellaneous			Business Code							
	11:	^a Management Servic	e Contract		90009	9	67,53	30				67,530
	b	Miscellaneous			90009	99	30,56	52				30,562
	c											
	d	All other revenue .						+				
		Total. Add lines 11a			•	1						
	12	Total revenue. See	Instructions				98,09	92		1		
				-	- •		12,204,08	37	10,328,626	5	121,966	1,260,614 Form 990 (2017)

Form 990 (2017)				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	nizations must com	plete column (A)	
Check if Schedule O contains a response or note to any	line in this Part IX			<u> 🗆</u>
Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraisingexpenses
Grants and other assistance to domestic organizations and domestic governments See Part IV, line 21	0			
2 Grants and other assistance to domestic individuals See Part IV, line 22	0			
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, line 15 and 16	0			
4 Benefits paid to or for members	0			
5 Compensation of current officers, directors, trustees, and key employees	404,752			
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	0			
7 Other salaries and wages	4,530,422			
8 Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions)	390,732			
9 Other employee benefits	763,273			
10 Payroll taxes	368,545			
11 Fees for services (non-employees)				
a Management	0			
b Legal	50,219			
c Accounting	27,150			
d Lobbying	0			
e Professional fundraising services See Part IV, line 17	0			
f Investment management fees	18,863			
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	566,607			
12 Advertising and promotion	421,694			
13 Office expenses	1,092,335			
14 Information technology	130,218			
15 Royalties	0			
16 Occupancy	669,366			
17 Travel	968,891			
18 Payments of travel or entertainment expenses for any federal, state, or local public officials	0			
19 Conferences, conventions, and meetings	543,777			
20 Interest	. 0			
21 Payments to affiliates	142,520			
22 Depreciation, depletion, and amortization	213,202			
23 Insurance	93,389			
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 Licenses, Taxes and Fees	90,465			
b Production Costs	100,301			
c Dues and Subscriptions	22,705			
d Equipment Rental	221,258			
e All other expenses	136,459			
25 Total functional expenses. Add lines 1 through 24e	11,967,143			
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				
Check here ► ☐ If following SOP 98-2 (ASC 958-720)	I		I	I

13

14

15

16

17

18

19

20

21

23

24

25

26

27

28

29

31

32

33

34

Liabilities 22

Fund Balances

Assets or 30

Net

(B)

End of year

Page **11**

0

64,215

211,113

559,759

7.014,745

9,476,588

0

0

0

0

0

0

0

3,690,483

9.476.588

Form **990** (2017)

Check if Schedule O	contains a	response	or note	to any	line in	this Part IX	

245,957 1 156,779 Cash-non-interest-bearing 3,011,614 956,203 2 2 Savings and temporary cash investments . . . 200 000 3 200.000 3 Pledges and grants receivable, net . . . 275 929 4 313 774 Accounts receivable, net .

(A)

Beginning of year

0 6

0

8

9

10c

11 0

12

14

15

16

0 13

0

0

0

0

0

0

0

4,721,846

3,188,992

3,188,992

7.910.838

0

29

30

31

32

33

34

24

25

45,930

237,701

714,656

3,179,051

7,910,838

1,500,970

3,220,876

Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part 0 5

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

Assets

Intangible assets

Grants payable . . .

Deferred revenue

Complete Part X of Schedule D

Temporarily restricted net assets

Permanently restricted net assets

Total net assets or fund balances

Total liabilities and net assets/fund balances .

Unrestricted net assets

Accounts payable and accrued expenses

Inventories for sale or use .

Prepaid expenses and deferred charges basis Complete Part VI of Schedule D

10a 10b Less accumulated depreciation

Investments—publicly traded securities . 12 Investments—other securities See Part IV, line 11 . . .

10a Land, buildings, and equipment cost or other 11

Investments—program-related See Part IV, line 11

Tax-exempt bond liabilities

persons Complete Part II of Schedule L .

and other liabilities not included on lines 17-24)

Total liabilities. Add lines 17 through 25 . .

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

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

and complete lines 30 through 34.

Capital stock or trust principal, or current funds

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

Retained earnings, endowment, accumulated income, or other funds

Other assets See Part IV, line 11

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

Escrow or custodial account liability Complete Part IV of Schedule D

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

key employees, highest compensated employees, and disqualified

Unsecured notes and loans payable to unrelated third parties

Loans and other payables to current and former officers, directors, trustees,

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

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

3,869,208

3,309,449

17 2,293,037 0 18 19 3,493,068 0 20 0 21

22 23

26 5,786,105 27 3,690,483 28 0

☐ Both consolidated and separate basis

2b

2c

3a

3b

Yes

Yes

Nο

Form 990 (2017)

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

Consolidated basis

consolidated basis, or both

Separate basis

Audit Act and OMB Circular A-133?

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

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

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

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

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

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

Additional Data

Software ID:

Conducted courses in property management for a total of 7.608 students. These included 2.449 online students and 2.828 classroom students domestically, and 2.331

Software Version: **EIN:** 36-6214767

Name: Institute of Real Estate Management

Form 990 (2017)

international students

Form 990, Part III, Line 4a:

Form 990, Part III, Line 4b: OFFERED MEETINGS FOR THE MUTUAL EXCHANGE OF PROFESSIONAL INFORMATION FOR THE BENEFIT OF THE MEMBERSHIP

Form 990, Part III, Line 4c: DEVELOPED AND PUBLISHED TEXTBOOKS, REPRINTS, JOURNALS AND RELATED PRODUCTS

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

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

	any hours					ustee)		organization	organizations	from the
	for related organizations below dotted line)		Institutional Trustee	10	Key employee	Highest compensated employee	Former	(W- 2/1099- MISC)	(W- 2/1099- MISC)	organization and related organizations
Michael Lanning CPM	25 0	X		x				0	0	0
President	0 0	^		^				U	U	
Benjamin J McGrew CPM President-Elect	15 0 0 0	x		х				0	0	0
Donald Wilkerson CPM Secretary/Treasurer	20 0	х		x				0	0	0
Branden Barker CPM Member	1 0	X						0	0	0
Michael Drown CDM ADM	1 0									

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0 0 10

0 0 10

0 0 10

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Donald Wilkerson CPM	l
Secretary/Treasurer	
Branden Barker CPM	
Member	l
Michael Brown CPM ARM	ľ

Member

Member

Member

Member

Gregory Cichy CPM

James Evans CPM

Cheryl Gray CPM

Senior Vice President

George Griffin CPM

James Helsel CPM

Senior Vice President

and Independent Contractors

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

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

	any hours	and a director/trustee)						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	
Anne Lemon CPM ARM Member	1 0	×						0	0	0	
Warren Lizio CPM ARM Member	10	×						0	0	0	
Christopher Mellen CPM ARM Member	1 0	×						0	0	0	
Appo-Mario Niklaus CDM APM	1 0										

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Hember	L
Christopher Mellen CPM ARM	
Member	
Anne-Marie Niklaus CPM ARM	
Senior Vice President	
Debbie Santano CPM	

Member

Renee Savage CPM

Lori Tillis CPM

Chip Watts CPM

Karen Whitt CPM

Mary Wilken CPM

Senior Vice President

Member

Member

Member

Senior Vice President

and Independent Contractors

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

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

and Independent Contractors

Manuel Rodriguez

VP, Technology

Joel Loughman

Russ Salzman

FORMER EVP & CEO

Director, Assoc Management

	any hours				r/tr	ustee)		organization	organizations	from the
	for related organizations below dotted line)	Individual trustee or director	Institutional Trustee		key employee	Highest compensated	Former	(W- 2/1099- MISC)	(W- 2/1099- MISC)	organization and related organizations
Denise-LeDuc-Froemming EVP & CEO (PARTIAL YEAR)	45 0 0 0			×				90,088	0	4,196
Christopher Migala CHIEF FINANCIAL OFFICER	45 0			х				118,202	0	27,686
Lynn Disbrow Chief Operating Officer	45 0			x				171,535	0	32,236
Nancye Kırk Chief Stategy Officer	45 0					×		217,694	0	36,829
Ron Gjerde Senior Director, Publishing	45 0 0 0					х		127,473	0	26,301
Phyllis Coneset VP, Leadership Services	45 0					х		125,844	0	25,615

122,012

113,246

196,462

Х

Х

27,547

26,010

9,590

45 0

0 0 45 0

0 0 45 0

0 0

SCHEDULE C

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

Political Campaign and Lobbying Activities

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

OMB No 1545-0047

DLN: 93493319128548

Department of the Treasury Internal Revenue Service

EZ)

(Form 990 or 990-

▶Complete if the organization is described below. ▶Attach to Form 990 or Form 990-EZ. ▶Information about Schedule C (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

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) (other than section 501(c)(3)) organizations Complete Parts I-A and C below Do not complete Part I-B

Open to Public Inspection

f the • S • S f the Prox	Section 501(c)(3) organizations that Section 501(c)(3) organizations that	n Form 990, Part IV, Line 4, or Form 9: t have filed Form 5768 (election under si t have NOT filed Form 5768 (election un n Form 990, Part IV, Line 5 (Proxy Tax s), then	ection 501(h)) Co der section 501(h	mplete Pa)) Comple	rt II-A Do not c te Part II-B Do	omplete Part II- not complete P	art II-A
	me of the organization	Editorio Complete i art in			Employer ide	ntification nur	nber
Inst	citute of Real Estate Management						
Par	t I-A Complete if the orga	nization is exempt under sectio	n 501(c) or is	a section	36-6214767	ization	
1	"political campaign activities")	nization's direct and indirect political cam	npaign activities in	Part IV (s	ee instructions	for definition of	
2	Political campaign activity expend	ditures (see instructions)			>	\$	
3	Volunteer hours for political camp	• • • • • • • • • • • • • • • • • • • •					
Par	t I-B Complete if the orga	nization is exempt under sectio	n 501(c)(3).				
1	Enter the amount of any excise to	ax incurred by the organization under se	ction 4955		>	\$	
2	Enter the amount of any excise to	ax incurred by organization managers ur	nder section 4955		>	\$	
3	If the organization incurred a sec	tion 4955 tax, did it file Form 4720 for t	his year?			☐ Yes	□ No
4a	Was a correction made?					☐ Yes	□ No
	If "Yes," describe in Part IV					,	
		nization is exempt under sectio		-			
1	, ,	led by the filing organization for section				\$	
2	Enter the amount of the filing org function activities	anization's funds contributed to other or	rganizations for se	ection 527	exempt ▶	\$	
3	Total exempt function expenditur	es Add lines 1 and 2 Enter here and or	Form 1120-POL,	lıne 17b	>	\$	
4	Did the filing organization file For	rm 1120-POL for this year?				Yes	□ No
5	organization made payments For of political contributions received	employer identification number (EIN) of each organization listed, enter the amo that were promptly and directly delivere ee (PAC) If additional space is needed,	unt paid from the ed to a separate p	filing orga olitical org	inization's fund: anization, such	s Also enter the	
	(a) Name	(b) Address	(c) EIN	filing o	ount paid from organization's If none, enter -0-	(e) Amount contribution and prom directly deli separate organization enter	s received ptly and vered to a political n If none,
l							
2							
3							
1							
5							
, D	Innamuals Daduction Act Notice and	the instructions for Form 000 or 000-F7		N 5005:1		/F 000 - 00	0.57\ 0047

(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) 2014 (b) 2015 (c) 2016 (d) 2017 (e) Total beginning in) 2a Lobbying nontaxable amount Lobbying ceiling amount

(150% of line 2a, column(e)) Total lobbying expenditures Grassroots nontaxable amount

Grassroots ceiling amount (150% of line 2d, column (e)) Grassroots lobbying expenditures Schedule C (Form 990 or 990-EZ) 2017 Schedule C (Form 990 or 990-EZ) 2017

Part II-B

Volunteers?

Part III-B

Part IV

1

2

activity

1

(b)

Amount

Yes

1

2

No

No

No

No

7,096,979

29,944

29.944

242,278

-212.334

(a)

No

Yes

b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?		
c	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)?		
h	If "Yes," enter the amount of any tax incurred under section 4912		

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

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

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

enter the amount of any tax incurred under section 4912 If "Yes," enter the amount of any tax incurred by organization managers under section 4912 If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?

Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section Part III-A 501(c)(6).

Were substantially all (90% or more) dues received nondeductible by members? 1 2 Did the organization make only in-house lobbying expenditures of \$2,000 or less?

Dues, assessments and similar amounts from members

Supplemental Information

Taxable amount of lobbying and political expenditures (see instructions)

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

answered "Yes."

expenditure next year?

Return Reference

Did the organization agree to carry over lobbying and political expenditures from the prior year? Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6)and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No" OR (b) Part III-A, line 3, is

Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid). 2a Current year Carryover from last year 2b c Total 2c 3

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

Explanation

the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political

Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues 3 If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does

4

5

Schedule C (Form 990 or 990EZ) 2017

1

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

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.

DLN: 93493319128548 OMB No 1545-0047

> Open to Public Inspection

Department of the Treasury Internal Revenue Service

(Form 990)

Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990. Name of the organization **Employer identification number** Institute of Real Estate Management 36-6214767 Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" on Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts Total number at end of year 2 Aggregate value of contributions to (during year) Aggregate value of grants from (during year) Aggregate value at end of year Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? ☐ Yes ☐ No Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? 🗌 Yes 🗌 No Part II Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line Purpose(s) of conservation easements held by the organization (check all that apply) Preservation of land for public use (e g , recreation or education) Preservation of an historically important land area Protection of natural habitat Preservation of a certified historic structure Preservation of open space 2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year Held at the End of the Year Total number of conservation easements Total acreage restricted by conservation easements 2b Number of conservation easements on a certified historic structure included in (a) 2c Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year 🟲 Number of states where property subject to conservation easement is located ▶ 5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? ☐ Yes Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year

Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Part III Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i)

In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes

If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items

If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items

Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year

(i) Revenue included on Form 990, Part VIII, line 1

(ii) Assets included in Form 990, Part X

the organization's accounting for conservation easements

and section 170(h)(4)(B)(II)?

_	⊅	
		•

If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items

Revenue included on Form 990, Part VIII, line 1

Assets included in Form 990, Part X

Cat No 52283D Schedule D (Form 990) 2017

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

Pai	t IIII	Organizations Maintaining Col	lections of Art,	Histori	ical T	reas	ures, or	Other	Similar As	ssets (continue	d)
3		the organization's acquisition, accession (check all that apply)	n, and other records	s, check	any of	the fo	ollowing t	hat are a	significant i	use of its	s collection	on
а		Public exhibition		d		Loar	or excha	ange prog	ırams			
b		Scholarly research		e		Othe	er					
С		Preservation for future generations										
4	Provi Part :	de a description of the organization's col XIII	lections and explair	how the	ey furtl	her th	ie organiz	ation's ex	kempt purpo	se in		
5		ng the year, did the organization solicit o is to be sold to raise funds rather than to							ular	☐ Ye	es 🗆	No
Pa	rt IV											
		Complete if the organization answ X, line 21.	vered "Yes" on Fo	rm 990	, Part	: IV, ∣	ine 9, or	reporte	ed an amou	ınt on F	Form 99	00, Part
1a		e organization an agent, trustee, custodi ded on Form 990, Part X?	an or other interme	diary for	contri	bution	ns or othe	er assets	not	☐ Ye	es 🗆	No
Ь	If "Y€	es," explain the arrangement in Part XIII	and complete the f	ollowing	table		Γ		Α	mount		
С		nning balance	·	_			Ī	1c				
d	Addıt	ions during the year					Ī	1d				
e	Distri	butions during the year					Ī	1e				
f	Endır	ng balance					Ī	1f				
2a	Dıd tl	he organization include an amount on Fo	orm 990, Part X, line	21, for	escrov	v or cı	ustodial a	ccount lia	ability?	☐ Ye	<u>-</u> ر	No
b	If "Y∈	es," explain the arrangement in Part XIII	Check here if the	explanat	ion has	s beer	n provided	d in Part)	XIII			
Pa	art V	Endowment Funds. Complete if	the organization	answer	ed "Y	'es" o	n Form 9	990, Par	t IV, line 1	٥.		
_	_		(a)Current year	(b) P	rior yea	ar	(c)Two ye	ears back	(d)Three yea	ars back	(e)Four	years back
	_	ing of year balance				_						
		outions										
		vestment earnings, gains, and losses				_						
		or scholarships				_						
е		expenditures for facilities ograms										
		istrative expenses										
g	End of	year balance										
2		de the estimated percentage of the curre	ent year end balanc	e (line 1	g, colu	ımn (a	a)) held as	s				
а	Board	d designated or quasi-endowment >										
b	Perm	anent endowment 🟲										
С	Temp	orarily restricted endowment >										
	•	percentages on lines 2a, 2b, and 2c shou	•									
3а		here endowment funds not in the posses nization by	sion of the organiza	ation tha	t are h	neld ar	nd admini	stered fo	r the		Υe	es No
	_	nrelated organizations								3:	a(i)	110
		elated organizations									a(ii)	
b		es" on 3a(II), are the related organization	ns listed as required	on Sche	dule R	۱۶۶					3b	
4	Desci	ribe in Part XIII the intended uses of the	organization's endo	wment i	funds						•	
Pa	rt VI	Land, Buildings, and Equipmer										
		Complete if the organization answ										
	Descri	iption of property (a) Cost or oth (investme		t or other	· basis (otner)	(c) Acci	umulated d	lepreciation	((d) Book v	/aiue
1a	Land											
b	Buildin	gs										
С	Leaseh	nold improvements			1	54,900)		36,143			118,757
d	Equipn	nent			3,7	14,308	3		3,273,306			441,002
е	Other											
		lines 1a through 1e (Column (d) must e	gual Form 990, Part	X, colui	mn (B)), line	10(c)).		>	-		559,759

	See Form 990, Part X, line 12.				Part IV, line 11b.
	(a) Description of security or category (including name of security)		(b) Book value	(c) Method Cost or end-of-y	of valuation ear market value
L) Financial	derivatives				
?) Closely-h B)Other	neld equity interests	<u>·</u>			
.)					
)					
)					
)					
)					
)					
i)					
1)					
otal. (Columi	n (b) must equal Form 990, Part X, col (B) line 12)	•			
art VIII	Investments—Program Related. Complete if the organization answered 'Yes' on Form 9	990, Pa	art IV, lı	ne 11c. See Form 990, Pa	art X, line 13.
	-		ok value	(c) Method	
)				COSC OF CHU-OF-Y	La. market value
2)					
;)					
I)					
5)					
)					
·)					
3)					
))					
	n (b) must equal Form 990, Part X, col (B) line 13)				
Part IX	Other Assets. Complete if the organization answered 'Yes' of	on Forr	n 990, Pa	rt IV, line 11d See Form 99	
L)	(a) Description				(b) Book value
· :)					
)					
<u>, </u>					
)					
)					
,					
)					
)					
)	mp (h) must equal Form 990. Part Y, col (R) line 15.)				
))) otal. (Colur	mn (b) must equal Form 990, Part X, col (B) line 15) Other Liabilities. Complete if the organization answer	red 'Ye	s' on Fo		▶ or 11f.
))) otal. (<i>Colur</i> Part X					
))) otal. <i>(Colur</i> Part X	Other Liabilities. Complete if the organization answer See Form 990, Part X, line 25.			rm 990, Part IV, line 11e	
) ptal. (Colur Part X) Federal I	Other Liabilities. Complete if the organization answer See Form 990, Part X, line 25. (a) Description of liability			rm 990, Part IV, line 11e	
) ptal. (Colum Part X) Federal in	Other Liabilities. Complete if the organization answer See Form 990, Part X, line 25. (a) Description of liability			rm 990, Part IV, line 11e	
) ptal. (Colum Part X) Federal in	Other Liabilities. Complete if the organization answer See Form 990, Part X, line 25. (a) Description of liability			rm 990, Part IV, line 11e	
) ptal. (Column part X) Federal in)	Other Liabilities. Complete if the organization answer See Form 990, Part X, line 25. (a) Description of liability			rm 990, Part IV, line 11e	
) part X) Federal in)	Other Liabilities. Complete if the organization answer See Form 990, Part X, line 25. (a) Description of liability			rm 990, Part IV, line 11e	
part X) Federal in)	Other Liabilities. Complete if the organization answer See Form 990, Part X, line 25. (a) Description of liability			rm 990, Part IV, line 11e	
)) ptal. (Column Part X) Federal in))))	Other Liabilities. Complete if the organization answer See Form 990, Part X, line 25. (a) Description of liability			rm 990, Part IV, line 11e	
otal. (Colur	Other Liabilities. Complete if the organization answer See Form 990, Part X, line 25. (a) Description of liability			rm 990, Part IV, line 11e	
part X (Columnation (Columnati	Other Liabilities. Complete if the organization answer See Form 990, Part X, line 25. (a) Description of liability			rm 990, Part IV, line 11e	

Amounts included on line 1 but not on Form 990, Part VIII, line 12 Net unrealized gains (losses) on investments

Donated services and use of facilities

Part XI

Part XII

1

2

c

d

e

b c

5

Part XIII

3

4

2

b

Schedule D (Form 990) 2017

1

1

2e

3

4c

5

264,547

Page 4

264,547 12,204,087

12,204,087

11,967,143

11,967,143

11.967.143

Schedule D (Form 990) 2017

d	Other (Describe in Part XIII)	2d			ı
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				

	Subtract line 2e from line 1						3		
	Amounts included on Form 990, Part VIII, line 12, but not on line 1								
1	Investment expenses not included on Form 990, Part VIII, line 7b .	4a							
								ı	

Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

2a

2b

2c

2a 2b

2c

2d

4a

4h

Explanation

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

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

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

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

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

Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b . . .

Add lines **4a** and **4b**

Supplemental Information

Donated services and use of facilities . .

Prior year adjustments

Other (Describe in Part XIII) .

Subtract line 2e from line 1 . .

Add lines 2a through 2d . .

Return Reference

See Additional Data Table

Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.

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

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

Schedule D (Form 990) 2017

Additional Data

Software ID: **Software Version:**

EIN: 36-6214767

Name: Institute of Real Estate Management

Return Reference

Supplemental Information

SCHEDULE D, PART X, LINE 2

Explanation THE INSTITUTE WAS GRANTED AN EXEMPTION FROM FEDERAL INCOME TAXES BY THE INTERNAL REVENUE S.

ERVICE PURSUANT TO THE PROVISIONS OF INTERNAL REVENUE CODE SECTION 501(C)(6) MANAGEMENT'S ASSERTION IS THAT THERE ARE NO UNCERTAIN TAX POSITIONS AND THE INSTITUTE CONTINUES TO OPE RATE IN COMPLIANCE WITH ITS TAX-EXEMPT PURPOSE. CERTAIN INSTITUTE ACTIVITIES ARE CONSIDERE D TO BE UNRELATED BUSINESS INCOME WHICH IS SUBJECT TO INCOME TAXES. THE FINANCIAL STATEMEN

TS DO NOT INCLUDE A PROVISION FOR INCOME TAXES BECAUSE OF THE INSTITUTE'S UNRELATED BUSINE

SS INCOME IS REDUCED BY RELATED EXPENSES. RESULTING IN ONLY A SMALL AMOUNT OR NO TAXABLE I NCOME THE INSTITUTE HAS ADOPTED THE REQUIREMENTS FOR ACCOUNTING FOR UNCERTAIN TAX POSITIO NS AND MANAGEMENT HAS DETERMINED THAT THE INSTITUTE WAS NOT REQUIRED TO RECORD A LIABILITY RELATED TO UNCERTAIN TAX POSITIONS AS OF DECEMBER 31, 2017 AND 2016

efile GRAPHIC prin	t - DO NOT PRO	CESS	As Filed Data -			DLN:	93493319128548
SCHEDULE F (Form 990)	Statem	ent of A	Activities (Outside the United States			OMB No 1545-0047
► Complete if the organization answered "Yes" to Form 990, Part IV, line 14b, 15, or 16. ► Attach to Form 990.						16.	2017
Department of the Treasury Internal Revenue Service	► Information	about Sched	lule F (Form 990) a	and its instructions is at wv	vw.irs.gov/forn	1990.	Open to Public Inspection
Name of the organization					Em	ployer iden	tification number
Institute of Real Estate M	lanagement				36-	5214767	
	Information on Part IV, line 14t		Outside the U	Inited States. Comple	te if the orga	anızatıon ar	nswered "Yes" to
other assistance, to award the gran	the grantees' elig its or assistance? s. Describe in Par	ibility for th	ne grants or assis	substantiate the amount stance, and the selection dures for monitoring the	criteria used		✓ Yes □ No ner assistance
3 Activites per Regio	n (The following Pa	art I, line 3 t	table can be duplı	cated if additional space is	needed)		
(a) Region) Number of ffices in the region	(c) Number of employees, agents, and independent contractors in region		(e) If activity lis program servi specific t service(s) i	ce, describe ype of	(f) Total expenditures for and investments in region
(1) See Add'l Data							
(2)							•
(3)							
(4)							
(5)							
3a Sub-total b Total from continua Part I	tion sheets to	(0				358,219
c Totals (add lines 3			0		No 50082W	Cahadul	358,219 e F (Form 990) 2017

(3)

(4)

2 Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as taxexempt by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter

(13) (14)

(15) (16)

(17) (18) Page **3**

Schedule F (Form 990) 2017

Part III can be	Part III can be duplicated if additional space is needed.										
(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of non-cash assistance	(g) Description of non-cash assistance	(h) Method of valuation (book, FMV, appraisal, other)				
(1)							, , ,				
(2)											
(3)											
(4)											

(2)				
(3)				
(4)				
(5)				
(-)				

(3)				
(4)				
(5)				
(6)				
(7)				
(8)				

(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
(10)				
(11)				
(12)				

Sche	dule F (Form 990) 2017		Page 4
Par	t IV Foreign Forms		
1	Was the organization a U S transferor of property to a foreign corporation during the tax year? If "Yes,"the organization may be required to file Form 926, Return by a U S Transferor of Property to a Foreign Corporation (see Instructions for Form 926)	Yes	☑ No
2	Did the organization have an interest in a foreign trust during the tax year? If "Yes," the organization may be required to separately file Form 3520, Annual Return to Report Transactions with Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A, do not file with Form 990)	□Yes	☑ No
3	Did the organization have an ownership interest in a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons with Respect to Certain Foreign Corporations (see Instructions for Form 5471)	☐Yes	☑ No
4	Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund (see Instructions for Form 8621)	Yes	☑ No
5	Did the organization have an ownership interest in a foreign partnership during the tax year? If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons with Respect to Certain Foreign Partnerships (see Instructions for Form 8865)	Yes	☑ No
6	Did the organization have any operations in or related to any boycotting countries during the tax year? If "Yes," the organization may be required to separately file Form 5713, International Boycott Report (see Instructions for Form 5713, do not file with Form 990)	☐Yes	☑ No

Schedule F (Forr	n 990) 2017 Page 5							
Part V Supplemental Information Provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method amounts of investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provid any additional information (see instructions).								
Return Reference	Explanation							

Additional Data

Europe (Including Iceland and

Greenland)

Software ID: Software Version:

EIN: 36-6214767

Name: Institute of Real Estate Management

Membership & Education

70,315

Form 990 Schedule F Part I - Activities Outside The United States											
(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i e , fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for region						
East Asia and the Pacific	0	0	Program Services	Membership & Education	108,219						

0 Program Services

Form 990 Schedule F Part I - Activities Outside The United States (c) Number of (a) Region (b) Number of (d) Activities conducted (e) If activity listed in (d) (f) Total expenditures offices in the employees or in region (by type) (i e , is a program service, for region fundraising, program describe specific type of region agents in service(s) in region services, grants to region recipients located in the region) North America Membership & Education 75.892 0 Program Services Russia and the Newly 0 Program Services Membership & Education 69,223 Independent States

Form 990 Schedule F Part I - Activities Outside The United States (a) Region (b) Number of (c) Number of (d) Activities conducted (e) If activity listed in (d) (f) Total expenditures offices in the employees or in region (by type) (i.e., is a program service, for region describe specific type of agents in fundraising, program region service(s) in region services, grants to region recipients located in the region) South America Membership & Education 23.903 0 Program Services Sub-Saharan Africa 0 Program Services Membership & Education 10,667

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Schedule J		e J	Compens	ati	ion Information	0	MB No	1545-0	0047	
(For	n 990)		For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees							
					ited Employees rered "Yes" on Form 990, Part IV,	, line 23.	20	17	7	
Danar	tment of th	. Trac. 117			to Form 990. (Form 990) and its instructions i	is at	Open to Public			
•	al Revenue				gov/form990.			ectio		
		e organiza	ation Management			Employer identifica	tion nu	ımber		
						36-6214767				
Pa	rt I	Questic	ons Regarding Compensation							
1a	Charle	-h	plate box(es) if the organization provided ar	4	the fellowing to be for a possess lists	d on Form		Yes	No	
Ia	990, Pa		ection A, line 1a Complete Part III to provid							
	_		or charter travel		Housing allowance or residence for	•				
			companions		Payments for business use of persoi					
			nification and gross-up payments ary spending account		Health or social club dues or initiation. Personal services (e.g., maid, chauf					
	ш .	JISCI ECIOTI	ary spending account		reisonal services (e.g., maiu, chaul	reur, crier)				
b			kes in line 1a are checked, did the organizati Il of the expenses described above? If "No,"			nent or reimbursement	1b	Yes		
2			ition require substantiation prior to reimburs es, officers, including the CEO/Executive Dir			. 1 = 2	2	Yes		
	unecto	is, truste	es, officers, including the CLO/Executive Diff	ECLO	r, regarding the items thetked in line	: la·				
3			if any, of the following the filing organization EO/Executive Director Check all that apply			ne				
			d organization to establish compensation of			n Part III				
	Па	`ompensa	ation committee		Written employment contract					
		•		✓	Compensation survey or study					
		orm 990	of other organizations	✓	Approval by the board or compensa	tion committee				
4		the year, organiza	did any person listed on Form 990, Part VII tion	, Se	ction A, line 1a, with respect to the fi	iling organization or a				
а	Receive	e a severa	ance payment or change-of-control payment	7			4a	Yes		
b			receive payment from, a supplemental non		ified retirement plan?		4b		No	
c	Particip	ate in, or	receive payment from, an equity-based cor	nper	nsation arrangement?		4c		No	
	If "Yes'	' to any o	of lines 4a-c, list the persons and provide the	app	licable amounts for each item in Part	: III				
	Only 5	01(c)(3), 501(c)(4), and 501(c)(29) organizati	ons	must complete lines 5-9.					
5	For per	sons liste	ed on Form 990, Part VII, Section A, line 1a,		•					
	comper	nsation co	ontingent on the revenues of							
а		ganızatıor					5a			
b		_	anization? 5a or 5b, describe in Part III				5b			
_	•		·	4.4	.					
6			ed on Form 990, Part VII, Section A, line 1a, ontingent on the net earnings of	aia	tne organization pay or accrue any					
a	_	janızatıor					6a			
b	•	_	anization?				6b			
7	•		6a or 6b, describe in Part III	المرام	the organization provide any perfect	d				
7			ed on Form 990, Part VII, Section A, line 1a, escribed in lines 5 and 6? If "Yes," describe i			u	7			
8		to the in	nts reported on Form 990, Part VII, paid or a litial contract exception described in Regulati			escribe	8			
9		' on line 8 8-6(c)?	3, did the organization also follow the rebutt	able	presumption procedure described in	Regulations section	9			
For F	Danerwo	ork Redu	ction Act Notice, see the Instructions fo	r Fo	orm 990. Cat No 5	50053T Schedule	l (Forn	1 990)	2017	

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

Note. The sum of column	ns (B)(ı)-(ııı) for each listed inc	are not listed on Form 9 dividual must equal the to	tal amount of Form 990,				
(A) Name and Title		(B) Breakdown (i) Base compensation	of W-2 and/or 1099-MISi (ii) Bonus & incentive compensation	C compensation (iii) Other reportable compensation	(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(ı)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
1 Russ Salzman FORMER EVP & CEO	(i)	196,462 	0	0	0	9,590	206,052	
2 Nancye Kirk	(ii) (i)	217,694	0	0	0 22,344	0 14,485	0 254,523	
Chief Stategy Officer	(ii)	0	0	0	0	0	0	
3 Lynn Disbrow Chief Operating Officer	(i)	171,535	0	0	17,751	14,485	203,771	
4 Ron Gjerde	(ii)	0 127,473	0	0	0	0	0	
Senior Director, Publishing	(i) (ii)	0			12,515 0	13,786 0	153,774 0	
5 Phyllis Coneset VP, Leadership Services	(i)	125,844	0	0	11,829	13,786	151,459	
	(ii)	0	0	0	0	0	0	

Schedule J (Form 990) 2017	Page 3								
Part III Supplemental Information									
Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II Also complete this part for any additional information									
Return Reference Explanation									
Schedule J, Part I, Line 1a	Officers can fly business class if the flight exceeds three hours								
Schedule J, Part I, Line 1a	Three Officers and the CEO brought a companion on certain business trips. The benefit was treated as taxable compensation								
Schedule J, Part I, Line 1a	Payments include a gross-up to cover the tax liability								
Schedule J, Part I, Line 4a	Russell Salzman, Executive Vice President and CEO thru 11/5/2016, began receiving severance pay as of 12/6/2016								

Schedule J (Form 990) 2017

efile GRAPH	IC print - DO NOT PROCESS	DLN:	93493319128548					
SCHEDUL (Form 990 or EZ)	990- Complete to provide information for responses to spections of the provide any additional ★ Attach to Form 990 or 990-EZ. Information about Schedule O (Form 990 or 990-EZ) and www.irs.gov/form990.	Il Information to Form 990 or 990-EZ ide information for responses to specific questions on 990-EZ or to provide any additional information. Attach to Form 990 or 990-EZ. Schedule O (Form 990 or 990-EZ) and its instructions is at						
Internal Revenue Se Name of the org Institute of Real Es		Employer identi 36-6214767	fication number					
Return Reference	Explanation							
FORM 990, PART V1, SECTION A, LINE 6	IREM is a membership Organization that has over 20,000 members. The two dership are credentialed members and noncredentialed members. Credentialed individuals who hold the CERTIFIED PROPERTY MANAGER (CPM) designative of Real Estate Management and who, if they reside in the United States, disome form of membership in a member board of the NATIONAL ASSOCIATION credentialed members are eligible to hold elective office in the Institute of Real Management. Noncredentialed members include ACCREDITED RESIDENTIA who are those individuals who Upon written application to and approval by the averbeen granted and continue to maintain the ARM certification, in accordance se established by the Governing Council	members are thos ation awarded by the Ins further hol ION OF REALTORS Only Estate L MANAGER (ARM) Members Institute, h	5,					

Return Explanation
Reference

LINE 7A

FORM 990, PART V1, SECTION A.

Return
Reference
FORM 990. Form 990 was prepared by an independent CPA firm and reviewed by the staff. The completed

PART V1, tax returns were provided to the Audit and Investments Committee for review and discussion

SECTION B. The Audit and Investments Committee reports to the Executive Committee, which in turn re

990 Schedule O, Supplemental Information

ports to the governing council as a whole

LINE 11B

Return Explanation
Reference

LINE 12C

FORM 990, Members are required at each meeting to state if they are in compliance with their current conflict of interest statement. IREM also has an ethics and appeal board to review any conflict of interest statement. IREM also has an ethics and appeal board to review any conflict of interest statement. IREM also has an ethics and appeal board to review any conflict of interest statement. IREM also has an ethics and appeal board to review any conflict of interest statement. IREM also has an ethics and appeal board to review any conflict of interest statement.

Return
Reference

Explanation

Reference

FORM 990

IREM uses competitive research studies to determine salaries of all staff including the CE

FORM 990, PART V1, O The three elected officers of the board approve the compensation package of the CEO Th

SECTION B. e process includes contemporaneous substantiation of the deliberation and decision

990 Schedule O, Supplemental Information

LINE 15

Return Explanation
Reference

LINE 19

FORM 990, PART V1, SECTION C.

Return Reference Explanation

FORM 990, The Executive Committee, consisting of twenty members as listed on pages seven and eight o

PART VI,

LINE 1a

f the Form 990, is responsible to conduct the affairs of IREM, oversee business management

, and manage strategic plan implementation. It meets approximately four times per year wit

h the president presiding over the meetings. The Governing Council includes the Executive

Committee and over 200 other members. It meets once a year approving major issues such as

membership changes, the annual budget and operating plan, the strategic plan, and amendmen

ts to the bylaws. The Governing Council is provided with the quarterly financial and operations reports.

efile GRAPHIC print - DO NOT PROCESS | As Filed Data SCHEDULE R | Related

(Form 990)

Department of the Treasury

Institute of Real Estate Management

Internal Revenue Service

Name of the organization

Related Organizations and Unrelated Partnerships

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

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

2017

DLN: 93493319128548OMB No 1545-0047

m990. Open to Public
Inspection

Employer identification number

							36-6	214767				
Part I Identification of Disregarded Entities Complete	of the organ	ızatıon answer	ed "Yes	" on Form 9	990, Part :	IV, line 3	3.					
(a) Name, address, and EIN (ıf applıcable) of dısregarded entity		(b) Primary activit		(c) Legal domic or foreign o) cile (state country)		ome	(e) End-of-year assets		ets Direct con entit		
The Markification of Polated Tou Franch Oversiant	iono Comple				V1	2 222 000	Deut I	/ line 24 bee				
Part II Identification of Related Tax-Exempt Organizations during the tax year		ete if the organ	lization	answered "	Yes" on F	orm 990,	Part IV	7, line 34 dec	ause it	nad one or	more	
(a) Name, address, and EIN of related organization	Prima	(b) ary activity	Legal do	(c) micile (state gn country)	Exempt Co	l) de section		(e) charity status on 501(c)(3))	Dire	(f) ct controlling entity	Section (13) col enti	g) 512(b) ntrolled ity?
(1)NATIONAL ASSOCIATION OF REALTORS 430 N MICHIGAN AVENUE	TRADE ASS	OC		IL	501(C)(6)						Yes	No No
CHICAGO, IL 60611 36-1520690												
(2)INSTITUTE OF REAL ESTATE MGMT FNDN 430 N MICHIGAN AVENUE	EDUCATION	IAL		IL	501(C)(3)		7					No
CHICAGO, IL 60611 36-2924251											<u> </u>	
												-
For Paperwork Reduction Act Notice, see the Instructions for For	n 990.		Ca	t No 50135	<u> </u> Y				Sched	lule R (Form	990) 20	

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

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		No
b Gift, grant, or capital contribution to related organization(s)	1b		No
c Gift, grant, or capital contribution from related organization(s)	1c	Yes	
d Loans or loan guarantees to or for related organization(s)			No
e Loans or loan guarantees by related organization(s)		Yes	
f Dividends from related organization(s)	1f		No
g Sale of assets to related organization(s)	1g		No
h Purchase of assets from related organization(s)	1h		No
i Exchange of assets with related organization(s)	1i		No
j Lease of facilities, equipment, or other assets to related organization(s)	<u>1j</u>		No
k Lease of facilities, equipment, or other assets from related organization(s)	1k		No
l Performance of services or membership or fundraising solicitations for related organization(s)	11		No
m Performance of services or membership or fundraising solicitations by related organization(s)	1m	1	No
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n	Yes	
o Sharing of paid employees with related organization(s)	. 10	Yes	
p Reimbursement paid to related organization(s) for expenses	1 p		No
q Reimbursement paid by related organization(s) for expenses	1q	Yes	

f m Performance of services or membership or fundraising solicitations by related organization(s) f				+m	NO			
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)				1n Yes				
o Sharing of paid employees with related organization(s)				10 Yes				
p Reimbursement paid to related organization(s) for expenses				1p	No			
q Reimbursement paid by related organization(s) for expenses				1q Yes				
f 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			
2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds								
(a) Name of related organization	(b) Transaction	(c) Amount involved	(d) Method of determining am	ount involved				

type (a-s)

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

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

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

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