Crowe LLP
Independent Member Crowe International

Instructions for filing
Chicago Association of REALTORS
Form 990
Return of Organization Exempt from Income Tax
for the period ended 09/30/2024

****

Signature...

The original signature authorization form should be signed and dated by an authorized officer of the corporation.

Filing...

Return the signed authorization form on or before 08/15/2025 to...

lindsay.murphy@crowe.com

The return will be electronically filed. DO NOT separately file your tax return with the taxing authority. Doing so will delay the processing of your return. The taxing authority will notify us when your return is accepted. Your return is not considered filed until the taxing authority confirms their acceptance, which may occur after the due date of your return.

Payment of tax...

There is no payment due with the filing of the return.

Form **8879-TE**

Department of the Treasury
Internal Revenue Service

IRS E-file Signature Authorization for a Tax Exempt Entity

For calendar year 2023, or fiscal year beginning 10/01, 2023, and ending 09/30, 20 24

Do not send to the IRS. Keep for your records.
Go to *www.irs.gov/Form8879TE* for the latest information.

OMB No. 1545-0047

2023

Name of filer
CHICAGO ASSOCIATION OF REALTORS

EIN or SSN
36-0904580

Name and title of officer or person subject to tax
ROBERT P SCHMIDT CPA MBA, CFO

Part I Type of Return and Return Information

Check the box for the return for which you are using this Form 8879-TE and enter the applicable amount, if any, from the return. Form 8038-CP and Form 5330 filers may enter dollars and cents. For all other forms, enter whole dollars only. If you check the box on line **1a**, **2a**, **3a**, **4a**, **5a**, **6a**, **7a**, **8a**, **9a**, or **10a** below, and the amount on that line for the return being filed with this form was blank, then leave line **1b**, **2b**, **3b**, **4b**, **5b**, **6b**, **7b**, **8b**, **9b**, or **10b**, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. **Do not** complete more than one line in Part I.

1a	**Form 990** check here ☑	**b**	**Total revenue**, if any (Form 990, Part VIII, column (A), line 12)	**1b**	8,479,295
2a	**Form 990-EZ** check here ☐	**b**	**Total revenue**, if any (Form 990-EZ, line 9)	**2b**	
3a	**Form 1120-POL** check here ☐	**b**	**Total tax** (Form 1120-POL, line 22)	**3b**	
4a	**Form 990-PF** check here ☐	**b**	**Tax based on investment income** (Form 990-PF, Part V, line 5)	**4b**	
5a	**Form 8868** check here ☐	**b**	**Balance due** (Form 8868, line 3c)	**5b**	
6a	**Form 990-T** check here ☐	**b**	**Total tax** (Form 990-T, Part III, line 4)	**6b**	
7a	**Form 4720** check here ☐	**b**	**Total tax** (Form 4720, Part III, line 1)	**7b**	
8a	**Form 5227** check here ☐	**b**	**FMV of assets at end of tax year** (Form 5227, Item D)	**8b**	
9a	**Form 5330** check here ☐	**b**	**Tax due** (Form 5330, Part II, line 19)	**9b**	
10a	**Form 8038-CP** check here ☐	**b**	**Amount of credit payment requested** (Form 8038-CP, Part III, line 22)	**10b**	

Part II Declaration and Signature Authorization of Officer or Person Subject to Tax

Under penalties of perjury, I declare that ☑ I am an officer of the above entity or ☐ I am a person subject to tax with respect to (name of entity) _____, (EIN) _____ and that I have examined a copy of the 2023 electronic return and accompanying schedules and statements, and, to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the return to the IRS and to receive from the IRS (**a**) an acknowledgement of receipt or reason for rejection of the transmission, (**b**) the reason for any delay in processing the return or refund, and (**c**) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the electronic return and, if applicable, the consent to electronic funds withdrawal.

PIN: check one box only

☑ I authorize CROWE LLP to enter my PIN 0 4 5 8 0 as my signature

ERO firm name

Enter five numbers, but do not enter all zeros

on the tax year 2023 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen.

☐ As an officer or person subject to tax with respect to the entity, I will enter my PIN as my signature on the tax year 2023 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.

Signature of officer or person subject to tax _____ Date _____

Part III Certification and Authentication

ERO's EFIN/PIN. Enter your six-digit electronic filing identification number (EFIN) followed by your five-digit self-selected PIN. 3 5 0 0 5 7 2 1 6 8 0

Do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2023 electronically filed return indicated above. I confirm that I am submitting this return in accordance with the requirements of **Pub. 4163**, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns.

ERO's signature STEVE LENIVY Date 07/14/2025

ERO Must Retain This Form — See Instructions
Do Not Submit This Form to the IRS Unless Requested To Do So

Form **990**

Return of Organization Exempt From Income Tax

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

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

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

OMB No. 1545-0047

2023

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

A For the 2023 calendar year, or tax year beginning 10/01 , 2023, and ending 09/30 , 20 24

B Check if applicable:
- ☐ Address change
- ☐ Name change
- ☐ Initial return
- ☐ Final return/terminated
- ☐ Amended return
- ☐ Application pending

C Name of organization CHICAGO ASSOCIATION OF REALTORS

Doing business as

Number and street (or P.O. box if mail is not delivered to street address) 430 N. MICHIGAN AVE

Room/suite 800

City or town, state or province, country, and ZIP or foreign postal code CHICAGO, IL 60611

D Employer identification number 36-0904580

E Telephone number (312) 803-4900

G Gross receipts $ 10,857,103

F Name and address of principal officer: MICHELLE MILLS CLEMENT
SAME AS C ABOVE

H(a) Is this a group return for subordinates? ☐ Yes ☑ No

H(b) Are all subordinates included? ☐ Yes ☐ No

If "No," attach a list. See instructions.

H(c) Group exemption number

I Tax-exempt status: ☐ 501(c)(3) ☑ 501(c) (6) (insert no.) ☐ 4947(a)(1) or ☐ 527

J Website: WWW.CHICAGOREALTOR.COM

K Form of organization: ☑ Corporation ☐ Trust ☐ Association ☐ Other

L Year of formation: 1883

M State of legal domicile: IL

Part I Summary

Activities & Governance

1 Briefly describe the organization's mission or most significant activities: TO UNITE THE REAL ESTATE INDUSTRY IN CHICAGO THROUGH EDUCATION AND RESEARCH.

2 Check this box ☐ if the organization discontinued its operations or disposed of more than 25% of its net assets.

3	Number of voting members of the governing body (Part VI, line 1a)	3	20
4	Number of independent voting members of the governing body (Part VI, line 1b)	4	20
5	Total number of individuals employed in calendar year 2023 (Part V, line 2a)	5	45
6	Total number of volunteers (estimate if necessary)	6	350
7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a	57,409
b	Net unrelated business taxable income from Form 990-T, Part I, line 11	7b	34,894

Revenue

		Prior Year	Current Year
8	Contributions and grants (Part VIII, line 1h)	53,670	119,983
9	Program service revenue (Part VIII, line 2g)	7,774,263	7,964,668
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	405,477	190,056
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	203,402	204,588
12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	8,436,812	8,479,295

Expenses

13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	79,850	98,765
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)	5,039,777	4,511,078
16a	Professional fundraising fees (Part IX, column (A), line 11e)	0	0
b	Total fundraising expenses (Part IX, column (D), line 25) 0		
17	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	4,298,149	4,403,644
18	Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)	9,417,776	9,013,487
19	Revenue less expenses. Subtract line 18 from line 12	(980,964)	(534,192)

Net Assets or Fund Balances

		Beginning of Current Year	End of Year
20	Total assets (Part X, line 16)	8,179,424	7,480,304
21	Total liabilities (Part X, line 26)	5,369,150	4,847,965
22	Net assets or fund balances. Subtract line 21 from line 20	2,810,274	2,632,339

Part II 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.

Sign Here

Signature of officer

Date

ROBERT P SCHMIDT CPA MBA, CFO
Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name	Preparer's signature	Date	Check ☐ if self-employed	PTIN
STEVE LENIVY	STEVE LENIVY	07/14/2025		P01635350

Firm's name CROWE LLP — Firm's EIN 35-0921680

Firm's address 701 13TH ST NW, SUITE 852, WASHINGTON, DC 20005 — Phone no. (202) 624-5555

May the IRS discuss this return with the preparer shown above? See instructions ☑ Yes ☐ No

For Paperwork Reduction Act Notice, see the separate instructions. Cat. No. 11282Y Form **990** (2023)

Part III **Statement of Program Service Accomplishments**

Check if Schedule O contains a response or note to any line in this Part III . . . . . ☐

1 Briefly describe the organization's mission:

THE CHICAGO ASSOCIATION OF REALTORS, THE "VOICE FOR REAL ESTATE" IN CHICAGO, REPRESENTS 17,400 MEMBERS FROM ALL REAL ESTATE SPECIALTIES, INCLUDING COMMERCIAL SALES, DEVELOPMENT, PROPERTY MANAGEMENT, APPRAISALS, AUCTIONS, AND RESIDENTIAL SALES, WITH EVENTS AND SERVICES TO PROMOTE UNITY AMONG MEMBERS, EDUCATION, AND RESEARCH.

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? . . . . . ☐ **Yes** ☑ **No**

If "Yes," describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? . . . . . ☐ **Yes** ☑ **No**

If "Yes," describe these changes on Schedule O.

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code:) (Expenses $ including grants of $) (Revenue $)

MEMBER EVENTS:

UNITE THOSE ENGAGED IN THE REAL ESTATE BUSINESS; ORGANIZED TO PROMOTE AND PROTECT THE INTERESTS OF MEMBERS AND OTHER PERSONS ENGAGED IN REAL ESTATE TRANSACTIONS AND PROPERTY MANAGEMENT.

4b (Code:) (Expenses $ including grants of $) (Revenue $)

MEMBER SERVICES:

RESEARCH PROGRAMS, WHICH COMPILE RELIABLE DATA CONCERNING REAL ESTATE, ITS TRENDS, AND MARKET CONDITIONS.

4c (Code:) (Expenses $ including grants of $) (Revenue $)

MEMBER DEVELOPMENT:

PROVIDE REAL ESTATE EDUCATIONAL FACILITIES FOR MEMBERS AND, WHEN PRACTICAL, FOR NON-MEMBERS.

4d Other program services (Describe on Schedule O.)
(Expenses $ including grants of $) (Revenue $)

4e Total program service expenses 0

Part IV 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		✔
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	✔	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? *If "Yes," complete Schedule C, Part I*	3	✔	
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 Rev. Proc. 98-19? *If "Yes," complete Schedule C, Part III*	5	✔	
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		✔
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? *If "Yes," complete Schedule D, Part II*	7		✔
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? *If "Yes," complete Schedule D, Part III*	8		✔
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? *If "Yes," complete Schedule D, Part IV*	9		✔
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi-endowments? *If "Yes," complete Schedule D, Part V*	10		✔
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X, as applicable.			
a	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? *If "Yes," complete Schedule D, Part VI*	11a	✔	
b	Did the organization report an amount for investments—other securities in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part VII*	11b		✔
c	Did the organization report an amount for investments—program related in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part VIII*	11c		✔
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part IX*	11d	✔	
e	Did the organization report an amount for other liabilities in Part X, line 25? *If "Yes," complete Schedule D, Part X*	11e	✔	
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	✔	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? *If "Yes," complete Schedule D, Parts XI and XII*	12a		✔
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	✔	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? *If "Yes," complete Schedule E*	13		✔
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		✔
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		✔
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		✔
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		✔
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		✔
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		✔
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		✔
20a	Did the organization operate one or more hospital facilities? *If "Yes," complete Schedule H*	20a		✔
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
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	✔	

Part IV Checklist of Required Schedules *(continued)*

			Yes	No
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		✔
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? *If "Yes," complete Schedule J*	23	✔	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than $100,000 as of the last day of the year, that was issued after December 31, 2002? *If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a*	24a		✔
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	**Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.** Did the organization engage in an excess benefit transaction with a disqualified person during the year? *If "Yes," complete Schedule L, Part I*	25a		
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? *If "Yes," complete Schedule L, Part I*	25b		
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? *If "Yes," complete Schedule L, Part II*	26		✔
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? *If "Yes," complete Schedule L, Part III*	27		✔
28	Was the organization a party to a business transaction with one of the following parties? (See the Schedule L, Part IV, instructions for applicable filing thresholds, conditions, and exceptions).			
a	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? *If "Yes," complete Schedule L, Part IV*	28a		✔
b	A family member of any individual described in line 28a? *If "Yes," complete Schedule L, Part IV*	28b		✔
c	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? *If "Yes," complete Schedule L, Part IV*	28c		✔
29	Did the organization receive more than $25,000 in noncash contributions? *If "Yes," complete Schedule M*	29		✔
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? *If "Yes," complete Schedule M*	30		✔
31	Did the organization liquidate, terminate, or dissolve and cease operations? *If "Yes," complete Schedule N, Part I*	31		✔
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		✔
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? *If "Yes," complete Schedule R, Part I*	33		✔
34	Was the organization related to any tax-exempt or taxable entity? *If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1*	34	✔	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	✔	
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? *If "Yes," complete Schedule R, Part V, line 2*	35b	✔	
36	**Section 501(c)(3) organizations.** Did the organization make any transfers to an exempt non-charitable related organization? *If "Yes," complete Schedule R, Part V, line 2*	36		
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? *If "Yes," complete Schedule R, Part VI*	37		✔
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19? **Note:** All Form 990 filers are required to complete Schedule O	38	✔	

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

				Yes	No
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable	1a	62		
b	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable	1b	0		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c		✔	

Part V Statements Regarding Other IRS Filings and Tax Compliance *(continued)*

				Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	2a	45		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?		2b	✔	
3a	Did the organization have unrelated business gross income of $1,000 or more during the year?		3a	✔	
b	If "Yes," has it filed a Form 990-T for this year? *If "No" to line 3b, provide an explanation on Schedule O*		3b	✔	
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		✔
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		✔
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		5b		
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?		5c		
6a	Does the organization have annual gross receipts that are normally greater than $100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?		6a		✔
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		6b		
7	**Organizations that may receive deductible contributions under section 170(c).**				
a	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		
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	7d			
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		
9	**Sponsoring organizations maintaining donor advised funds.**				
a	Did the sponsoring organization make any taxable distributions under section 4966?		9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		9b		
10	**Section 501(c)(7) organizations.** Enter:				
a	Initiation fees and capital contributions included on Part VIII, line 12	10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b			
11	**Section 501(c)(12) organizations.** Enter:				
a	Gross income from members or shareholders	11a			
b	Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)	11b			
12a	**Section 4947(a)(1) non-exempt charitable trusts.** Is the organization filing Form 990 in lieu of Form 1041?		12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b			
13	**Section 501(c)(29) qualified nonprofit health insurance issuers.**				
a	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	13b			
c	Enter the amount of reserves on hand	13c			
14a	Did the organization receive any payments for indoor tanning services during the tax year?		14a		✔
b	If "Yes," has it filed a Form 720 to report these payments? *If "No," provide an explanation on Schedule O*		14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than $1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see the instructions and file Form 4720, Schedule N.		15		✔
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.		16		✔
17	**Section 501(c)(21) organizations.** Did the trust, or any disqualified or other person, engage in any activities that would result in the imposition of an excise tax under section 4951, 4952, or 4953? If "Yes," complete Form 6069.		17		

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

Check if Schedule O contains a response or note to any line in this Part VI . . . . . ☑

Section 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 . . 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 on Schedule O.	1a	20		
b	Enter the number of voting members included on line 1a, above, who are independent .	1b	20		
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			✔
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person? .	3			✔
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4			✔
5	Did the organization become aware during the year of a significant diversion of the organization's assets? .	5			✔
6	Did the organization have members or stockholders?	6		✔	
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			✔
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b			✔
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:				
a	The governing body?	8a		✔	
b	Each committee with authority to act on behalf of the governing body?	8b		✔	
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 on Schedule O*	9			✔

Section B. Policies *(This Section B requests information about policies not required by the Internal Revenue Code.)*

			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		✔
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	✔	
b	Describe on Schedule O the process, if any, used by the organization to review this Form 990.			
12a	Did the organization have a written conflict of interest policy? *If "No," go to line 13*	12a	✔	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	✔	
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? *If "Yes," describe on Schedule O how this was done*	12c	✔	
13	Did the organization have a written whistleblower policy?	13	✔	
14	Did the organization have a written document retention and destruction policy?	14	✔	
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?			
a	The organization's CEO, Executive Director, or top management official	15a	✔	
b	Other officers or key employees of the organization	15b		✔
	If "Yes" to line 15a or 15b, describe the process on 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		✔
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	16b		

Section C. Disclosure

17 List the states with which a copy of this Form 990 is required to be filed NONE

18 Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 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 on Schedule O)*

19 Describe on 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.

ROBERT P. SCHMIDT, 430 N. MICHIGAN AVE., SUITE 800, CHICAGO, IL 60611, (312) 803-4900

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

Check if Schedule O contains a response or note to any line in this Part VII . . . . . ☐

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

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

• List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.

• List all of the organization's **current** key employees, if any. See the instructions for definition of "key employee."

• List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than $100,000 from the organization and any related organizations.

• List all of the organization's **former** officers, key employees, and highest compensated employees who received more than $100,000 of reportable compensation from the organization and any related organizations.

• List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than $10,000 of reportable compensation from the organization and any related organizations.

See the instructions for the order in which to list the persons above.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/ 1099-MISC/ 1099-NEC)	(E) Reportable compensation from related organizations (W-2/ 1099-MISC/ 1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) MICHELLE MILLS CLEMENT	51.0									
CEO	0.5			✔				476,741	0	40,393
(2) ZACHARIAH WAHLQUIST	40.0									
COO	0.0			✔				249,821	0	18,079
(3) JESSICA KERN	45.0									
CHIEF COMMUNICATIONS OFFICER	0.0			✔				227,182	0	17,083
(4) ROBERT SCHMIDT	46.0									
CFO	0.5			✔				226,468	0	15,723
(5) DONALD COLEMAN	41.0									
DIRECTOR OF IT	0.0					✔		185,170	0	5,307
(6) DAVE NASO	40.0									
VP OF MEMBERSHIP	0.0					✔		167,750	0	6,959
(7) JAKEEVA LEE	50.0									
DIRECTOR OF DIVERSITY	0.0					✔		149,282	0	12,544
(8) BRENT DORNBOS	45.0									
SR DIRECTOR OF EVENTS	0.0					✔		126,794	0	16,575
(9) JACOB KNABB	40.0									
DIRECTOR COMMERCIAL SERVICES	0.0					✔		128,128	0	12,711
(10) SARAH WARE	3.0									
TREASURER (PARTIAL YEAR)	0.0	✔		✔				9,000	0	0
(11) DRUSSY (RUTH) HERNANDEZ	2.0									
PRESIDENT (PARTIAL YEAR)	0.0	✔		✔				7,500	0	0
(12) ERIKA VILEGAS	2.0									
PRESIDENT (PARTIAL YEAR)	0.2	✔		✔				6,000	0	0
(13) LUTALO MCGEE	1.0									
PRESIDENT-ELECT (PARTIAL YEAR)	0.2	✔		✔				1,500	0	0
(14) AMY WU	1.0									
DIRECTOR	0.0	✔						0	0	0

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/ 1099-MISC/ 1099-NEC)	(E) Reportable compensation from related organizations (W-2/ 1099-MISC/ 1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(15) AYOUB RABAH	1.0									
DIRECTOR (PARTIAL YEAR)	0.0	✔						0	0	0
(16) DEANOUS REED	1.0									
DIRECTOR	0.0	✔						0	0	0
(17) ERIK SCHWAB	1.0									
DIRECTOR	0.0	✔						0	0	0
(18) GASPAR FLORES, JR	1.0									
DIRECTOR	0.0	✔						0	0	0
(19) JOHN KMIECIK	1.0									
DIRECTOR (PARTIAL YEAR)	0.0	✔						0	0	0
(20) LINDA HATTAR	1.0									
DIRECTOR	0.0	✔						0	0	0
(21) LINDA SCOTT	1.0									
DIRECTOR	0.0	✔						0	0	0
(22) LYLE HARLOW	1.0									
DIRECTOR	0.0	✔						0	0	0
(23) MABEL GUZMAN	1.0									
DIRECTOR	0.0	✔						0	0	0
(24) MARKI LEMONS RYHAL	1.0									
DIRECTOR	0.0	✔						0	0	0
(25) (SEE STATEMENT)										
1b Subtotal								1,961,336	0	145,374
c Total from continuation sheets to Part VII, Section A								0	0	0
d Total (add lines 1b and 1c)								1,961,336	0	145,374

2 Total number of individuals (including but not limited to those listed above) who received more than $100,000 of reportable compensation from the organization 12

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

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
CDW DIRECT, PO BOX 75723, CHICAGO, IL 60675	INFORMATION TECHNOLOGY	106,912

2 Total number of independent contractors (including but not limited to those listed above) who received more than $100,000 of compensation from the organization 1

Part VIII Statement of Revenue

Check if Schedule O contains a response or note to any line in this Part VIII . . . . . ☐

					(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512–514
Contributions, Gifts, Grants, and Other Similar Amounts	1a	Federated campaigns	1a					
	b	Membership dues	1b					
	c	Fundraising events	1c					
	d	Related organizations	1d	7,500				
	e	Government grants (contributions)	1e					
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	112,483				
	g	Noncash contributions included in lines 1a–1f	1g	$				
	h	**Total.** Add lines 1a–1f			119,983			
Program Service Revenue			Business Code					
	2a	MEMBERSHIP DUES	531390		5,687,349	5,687,349		
	b	MEMBER PROFESSIONAL DEVELOPMENT	611600		1,062,876	1,062,876		
	c	MEMBER FEES	531390		990,644	990,644		
	d	MEMBER EVENTS	531390		223,799	223,799		
	e							
	f	All other program service revenue			0	0	0	0
	g	**Total.** Add lines 2a–2f			7,964,668			
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts)			189,684		33,557	156,127
	4	Income from investment of tax-exempt bond proceeds						
	5	Royalties			96,808		19,602	77,206
				(i) Real	(ii) Personal				
	6a	Gross rents	6a	13,180					
	b	Less: rental expenses	6b	0					
	c	Rental income or (loss)	6c	13,180	0				
	d	Net rental income or (loss)				13,180			13,180
				(i) Securities	(ii) Other				
	7a	Gross amount from sales of assets other than inventory	7a	2,313,184	0				
	b	Less: cost or other basis and sales expenses	7b	2,300,170	12,642				
	c	Gain or (loss)	7c	13,014	(12,642)				
	d	Net gain or (loss)				372			372
	8a	Gross income from fundraising events (not including $ _____ of contributions reported on line 1c). See Part IV, line 18	8a						
	b	Less: direct expenses	8b						
	c	Net income or (loss) from fundraising events							
	9a	Gross income from gaming activities. See Part IV, line 19	9a						
	b	Less: direct expenses	9b						
	c	Net income or (loss) from gaming activities							
	10a	Gross sales of inventory, less returns and allowances	10a	100,980					
	b	Less: cost of goods sold	10b	64,996					
	c	Net income or (loss) from sales of inventory				35,984			35,984
Miscellaneous Revenue			Business Code						
	11a	ADMINISTRATIVE FEES FROM RELATED ORGANIZATION	900099		48,480	48,480	0	0
	b	MISCELLANEOUS REVENUE	900099		5,886	0	0	5,886
	c	ADVERTISING	541800		4,250	0	4,250	0
	d	All other revenue			0	0	0	0
	e	**Total.** Add lines 11a–11d			58,616			
	12	**Total revenue.** See instructions			8,479,295	8,013,148	57,409	288,755

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

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

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) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	98,765			
2 Grants and other assistance to domestic individuals. See Part IV, line 22				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	1,334,632			
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	2,570,869			
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	76,151			
9 Other employee benefits	249,776			
10 Payroll taxes	279,650			
11 Fees for services (nonemployees):				
a Management				
b Legal	64,728			
c Accounting	99,048			
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees	24,232			
g Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Schedule O.)	311,007			
12 Advertising and promotion	260,389			
13 Office expenses	904,420			
14 Information technology				
15 Royalties				
16 Occupancy	548,589			
17 Travel				
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	131,508			
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	513,597			
23 Insurance	73,868			
24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Schedule O.)				
a MEMBER EVENTS AND SERVICES	711,514			
b ASSOCIATION GOVERNANCE & GOVERNMENT AFFAIRS	384,609			
c MEMBER PROMOTION AND PROFESSIONAL DEVELOPMENT	175,647			
d STAFF TRAINING	132,040			
e All other expenses	68,448			
25 **Total functional expenses.** Add lines 1 through 24e	9,013,487			
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)				

Part X Balance Sheet

Check if Schedule O contains a response or note to any line in this Part X . . . . . ☐

				(A) Beginning of year		(B) End of year
Assets	1	Cash—non-interest-bearing			1	
	2	Savings and temporary cash investments		2,050,496	2	1,546,193
	3	Pledges and grants receivable, net			3	
	4	Accounts receivable, net		108,038	4	41,472
	5	Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		0	5	0
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		0	6	0
	7	Notes and loans receivable, net			7	
	8	Inventories for sale or use		19,541	8	12,685
	9	Prepaid expenses and deferred charges		226,667	9	155,776
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 5,484,354			
	b	Less: accumulated depreciation	10b 3,982,373	1,877,687	10c	1,501,981
	11	Investments—publicly traded securities		2,418,801	11	2,842,473
	12	Investments—other securities. See Part IV, line 11		0	12	0
	13	Investments—program-related. See Part IV, line 11		0	13	0
	14	Intangible assets			14	
	15	Other assets. See Part IV, line 11		1,478,194	15	1,379,724
	16	**Total assets.** Add lines 1 through 15 (must equal line 33)		8,179,424	16	7,480,304
Liabilities	17	Accounts payable and accrued expenses		866,747	17	612,446
	18	Grants payable			18	
	19	Deferred revenue		2,895,202	19	2,925,045
	20	Tax-exempt bond liabilities			20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D			21	
	22	Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		0	22	0
	23	Secured mortgages and notes payable to unrelated third parties			23	
	24	Unsecured notes and loans payable to unrelated third parties			24	
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17–24). Complete Part X of Schedule D		1,607,201	25	1,310,474
	26	**Total liabilities.** Add lines 17 through 25		5,369,150	26	4,847,965
Net Assets or Fund Balances		**Organizations that follow FASB ASC 958, check here ☑ and complete lines 27, 28, 32, and 33.**				
	27	Net assets without donor restrictions		2,810,274	27	2,632,339
	28	Net assets with donor restrictions			28	
		Organizations that do not follow FASB ASC 958, check here ☐ and complete lines 29 through 33.				
	29	Capital stock or trust principal, or current funds			29	
	30	Paid-in or capital surplus, or land, building, or equipment fund			30	
	31	Retained earnings, endowment, accumulated income, or other funds			31	
	32	Total net assets or fund balances		2,810,274	32	2,632,339
	33	Total liabilities and net assets/fund balances		8,179,424	33	7,480,304

Part XI Reconciliation of Net Assets

Check if Schedule O contains a response or note to any line in this Part XI . . . . . ☐

1	Total revenue (must equal Part VIII, column (A), line 12)	1	8,479,295
2	Total expenses (must equal Part IX, column (A), line 25)	2	9,013,487
3	Revenue less expenses. Subtract line 2 from line 1	3	(534,192)
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	2,810,274
5	Net unrealized gains (losses) on investments	5	356,257
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain on Schedule O)	9	0
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	2,632,339

Part XII Financial Statements and Reporting

Check if Schedule O contains a response or note to any line in this Part XII . . . . . ☐

			Yes	No
1	Accounting method used to prepare the Form 990: ☐ Cash ☑ Accrual ☐ Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		✔
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both.			
	☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis			
b	Were the organization's financial statements audited by an independent accountant?	2b	✔	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both.			
	☐ Separate basis ☑ Consolidated basis ☐ Both consolidated and separate basis			
c	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?	2c	✔	
	If the organization changed either its oversight process or selection process during the tax year, explain on 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 Uniform Guidance, 2 C.F.R. Part 200, Subpart F?	3a		✔
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 on Schedule O and describe any steps taken to undergo such audits	3b		

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (Check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(25) MARTIN WALSH DIRECTOR (PARTIAL YEAR)	1.0 0.0	✓						0	0	0
(26) MEGAN OSWALD DIRECTOR	1.0 0.3	✓						0	0	0
(27) MOSES HALL DIRECTOR	1.0 0.0	✓						0	0	0
(28) RACHEL SCHEID DIRECTOR	1.0 0.2	✓						0	0	0
(29) RAFAEL ALVARADO DIRECTOR	1.0 0.0	✓						0	0	0
(30) STACI SLATTERY DIRECTOR	1.0 0.0	✓						0	0	0
(31) VICTORIA SILVANO DIRECTOR	1.0 0.0	✓						0	0	0

Schedule B (Form 990)

Department of the Treasury
Internal Revenue Service

Schedule of Contributors

Attach to Form 990, 990-EZ, or 990-PF.
Go to *www.irs.gov/Form990* for the latest information.

OMB No. 1545-0047

2023

Name of the organization
CHICAGO ASSOCIATION OF REALTORS

Employer identification number
36-0904580

Organization type (check one):

Filers of:	**Section:**
Form 990 or 990-EZ	☑ 501(c)(6) (enter number) organization
	☐ 4947(a)(1) nonexempt charitable trust **not** treated as a private foundation
	☐ 527 political organization
Form 990-PF	☐ 501(c)(3) exempt private foundation
	☐ 4947(a)(1) nonexempt charitable trust treated as a private foundation
	☐ 501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule**.

Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

General Rule

☑ For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling $5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

Special Rules

☐ For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33⅓% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (**1**) $5,000; or (**2**) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.

☐ For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than $1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.

☐ For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than $1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling $5,000 or more during the year . . . . . $ _____

Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), but it **must** answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990).

Name of organization: CHICAGO ASSOCIATION OF REALTORS

Employer identification number: 36-0904580

Part I **Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	NATIONAL ASSOCIATION OF REALTORS 430 N. MICHIGAN AVENUE CHICAGO, IL 60611	$ 68,083	☑ Person ☐ Payroll ☐ Noncash (Complete Part II for noncash contributions.)
2	REALTORS POLITICAL ACTION COMMITTEE PO BOX 19451 SPRINGFIELD, IL 62794	$ 44,400	☑ Person ☐ Payroll ☐ Noncash (Complete Part II for noncash contributions.)
3	(SEE STATEMENT) 430 N. MICHIGAN AVE. CHICAGO, IL 60611	$ 7,500	☑ Person ☐ Payroll ☐ Noncash (Complete Part II for noncash contributions.)
		$	☐ Person ☐ Payroll ☐ Noncash (Complete Part II for noncash contributions.)
		$	☐ Person ☐ Payroll ☐ Noncash (Complete Part II for noncash contributions.)
		$	☐ Person ☐ Payroll ☐ Noncash (Complete Part II for noncash contributions.)

Part I **Supplemental Information.** Contributors

Return Reference - Identifier	Explanation
SCHEDULE B, PART I - (A) - DONOR NAME	NO.3: CHICAGO ASSOCIATION OF REALTORS EDUCATIONAL FOUNDATION, INC.

Name of organization: CHICAGO ASSOCIATION OF REALTORS

Employer identification number: 36-0904580

Part II **Noncash Property** (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		$	

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		$	

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		$	

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		$	

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		$	

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		$	

Name of organization: CHICAGO ASSOCIATION OF REALTORS

Employer identification number: 36-0904580

Part III ***Exclusively*** **religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than $1,000 for the year from any one contributor.** Complete columns **(a)** through **(e) and** the following line entry. For organizations completing Part III, enter the total of *exclusively* religious, charitable, etc., contributions of **$1,000 or less** for the year. (Enter this information once. See instructions.) $

Use duplicate copies of Part III if additional space is needed.

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift

Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift

Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift

Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift

Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

SCHEDULE C (Form 990)

Department of the Treasury
Internal Revenue Service

Political Campaign and Lobbying Activities

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

Complete if the organization is described below. Attach to Form 990 or Form 990-EZ.
Go to *www.irs.gov/Form990* for instructions and the latest information.

OMB No. 1545-0047

2023

Open to Public Inspection

If the organization answered "Yes" on Form 990, Part IV, line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then:

- Section 501(c)(3) organizations: Complete Parts I-A and B. Do not complete Part I-C.
- Section 501(c) (other than section 501(c)(3)) organizations: Complete Parts I-A and C below. Do not complete Part I-B.
- Section 527 organizations: Complete Part I-A only.

If the organization answered "Yes" on Form 990, Part IV, line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then:

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)): Complete Part II-A. Do not complete Part II-B.
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)): Complete Part II-B. Do not complete Part II-A.

If the organization answered "Yes" on Form 990, Part IV, line 5 (Proxy Tax) (see separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (see separate instructions), then:

- Section 501(c)(4), (5), or (6) organizations: Complete Part III.

Name of organization	Employer identification number
CHICAGO ASSOCIATION OF REALTORS	36-0904580

Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization.

1	Provide a description of the organization's direct and indirect political campaign activities in Part IV. See instructions for definition of "political campaign activities."	
2	Political campaign activity expenditures. See instructions	$ 0
3	Volunteer hours for political campaign activities. See instructions	0

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

1	Enter the amount of any excise tax incurred by the organization under section 4955	$
2	Enter the amount of any excise tax incurred by organization managers under section 4955	$
3	If the organization incurred a section 4955 tax, did it file Form 4720 for this year?	☐ Yes ☐ No
4a	Was a correction made?	☐ Yes ☐ No
b	If "Yes," describe in Part IV.	

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

1	Enter the amount directly expended by the filing organization for section 527 exempt function activities	$ 0
2	Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities	$ 10,000
3	Total exempt function expenditures. Add lines 1 and 2. Enter here and on Form 1120-POL, line 17b	$ 10,000
4	Did the filing organization file **Form 1120-POL** for this year?	☑ Yes ☐ No
5	Enter the names, addresses, and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments. For each organization listed, enter the amount paid from the filing organization's funds. Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC). If additional space is needed, provide information in Part IV.	

	(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds. If none, enter -0-.	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization. If none, enter -0-.
(1)	REALTORS POLITICAL ACTION COMMITTEE OF ILLINOIS	522 S. FIFTH STREET SPRINGFIELD, IL 62701	37-0951209	10,000	0
(2)					
(3)					
(4)					
(5)					
(6)					

Part II-A **Complete if the organization is exempt under section 501(c)(3) and filed Form 5768 (election under section 501(h)).**

A Check ☐ if the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, EIN, expenses, and share of excess lobbying expenditures).

B Check ☐ if the filing organization checked box A and "limited control" provisions apply.

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)	(a) Filing organization's totals	(b) Affiliated group totals
1a Total lobbying expenditures to influence public opinion (grassroots lobbying)		
b 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 1d)		
f Lobbying nontaxable amount. Enter the amount from the following table in both columns.		
g Grassroots nontaxable amount (enter 25% of line 1f)		
h Subtract line 1g from line 1a. If zero or less, enter -0-		
i Subtract line 1f from line 1c. If zero or less, enter -0-		

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.

j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year? ☐ **Yes** ☐ **No**

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 beginning in)	(a) 2020	(b) 2021	(c) 2022	(d) 2023	(e) Total
2a Lobbying nontaxable amount					
b Lobbying ceiling amount (150% of line 2a, column (e))					
c Total lobbying expenditures					
d Grassroots nontaxable amount					
e Grassroots ceiling amount (150% of line 2d, column (e))					
f Grassroots lobbying expenditures					

Part II-B Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).

For each "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity.	(a) Yes	(a) No	(b) 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:			
a Volunteers?			
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?			
e 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 not be described in section 501(c)(3)?			
b If "Yes," enter the amount of any tax incurred under section 4912			
c If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			

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

			Yes	No
1	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?	**2**		✔
3	Did the organization agree to carry over lobbying and political campaign activity 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 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 answered "Yes."

1	Dues, assessments and similar amounts from members	**1**	5,687,349
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	**2a**	
b	Carryover from last year	**2b**	
c	Total	**2c**	0
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	**3**	
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 expenditures next year?	**4**	
5	Taxable amount of lobbying and political expenditures. See instructions	**5**	0

Part IV Supplemental Information

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.

SCHEDULE D (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 instructions and the latest information.

OMB No. 1545-0047

2023

Open to Public Inspection

Name of the organization
CHICAGO ASSOCIATION OF REALTORS

Employer identification number
36-0904580

Part I 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
1	Total number at end of year		
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 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

6 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 7.

1 Purpose(s) of conservation easements held by the organization (check all that apply).

☐ Preservation of land for public use (for example, recreation or education)
☐ Preservation of a 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 Tax Year
a	Total number of conservation easements	2a	
b	Total acreage restricted by conservation easements	2b	
c	Number of conservation easements on a certified historic structure included on line 2a	2c	
d	Number of conservation easements included on line 2c acquired after July 25, 2006, and not on a historic structure listed in the National Register	2d	

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year

4 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 ☐ No

6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year

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

8 Does each conservation easement reported on line 2d above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? ☐ Yes ☐ No

9 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 the organization's accounting for conservation easements.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets

Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

1a If the organization elected, as permitted under FASB 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.

b If the organization elected, as permitted under FASB 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.

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

(ii) Assets included in Form 990, Part X $

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

a Revenue included on Form 990, Part VIII, line 1 $

b Assets included in Form 990, Part X $

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets *(continued)*

3 Using the organization's acquisition, accession, and other records, check any of the following that make significant use of its collection items (check all that apply).

a ☐ Public exhibition
b ☐ Scholarly research
c ☐ Preservation for future generations
d ☐ Loan or exchange program
e ☐ Other _____

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.

5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? . . ☐ Yes ☐ No

Part IV Escrow and Custodial Arrangements

Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

1a Is the organization an agent, trustee, custodian, or other intermediary for contributions or other assets not included on Form 990, Part X? . . . ☐ Yes ☐ No

b If "Yes," explain the arrangement in Part XIII and complete the following table.

		Amount
c Beginning balance	1c	
d Additions during the year	1d	
e Distributions during the year	1e	
f Ending balance	1f	

2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? ☐ Yes ☐ No

b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII . . . ☐

Part V Endowment Funds

Complete if the organization answered "Yes" on Form 990, Part IV, line 10.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance					
b Contributions					
c Net investment earnings, gains, and losses					
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance					

2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:

a Board designated or quasi-endowment _____ %
b Permanent endowment _____ %
c Term endowment _____ %

The percentages on lines 2a, 2b, and 2c should equal 100%.

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:

		Yes	No
(i) Unrelated organizations?	3a(i)		
(ii) Related organizations?	3a(ii)		
b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?	3b		

4 Describe in Part XIII the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment

Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements		3,022,245	2,193,213	829,032
d Equipment		2,462,109	1,789,160	672,949
e Other				
Total. Add lines 1a through 1e. *(Column (d) must equal Form 990, Part X, line 10c, column (B))*				1,501,981

Part VII Investments—Other Securities

Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely held equity interests		
(3) Other		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. *(Column (b) must equal Form 990, Part X, line 12, col. (B))*		

Part VIII Investments—Program Related

Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. *(Column (b) must equal Form 990, Part X, line 13, col. (B))*		

Part IX Other Assets

Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1) DUE FROM AFFILIATE - NIREIN	662,633
(2) RIGHT TO USE OFFICE SPACE	486,778
(3) RIGHT TO USE OFFICE EQUIPMENT	230,313
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. *(Column (b) must equal Form 990, Part X, line 15, col. (B))*	1,379,724

Part X Other Liabilities

Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) DUES PAYABLE TO NATIONAL AND STATE ASSOCIATIONS	118,554
(3) LEASE LIABILITY FOR OFFICE SPACE	1,191,920
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. *(Column (b) must equal Form 990, Part X, line 25, col. (B))*	1,310,474

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII . ☑

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

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

1	Total revenue, gains, and other support per audited financial statements			1	8,881,113
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
a	Net unrealized gains (losses) on investments	2a	356,257		
b	Donated services and use of facilities	2b			
c	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIII.)	2d	64,996		
e	Add lines **2a** through **2d**			2e	421,253
3	Subtract line **2e** from line **1**			3	8,459,860
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:				
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII.)	4b	19,435		
c	Add lines **4a** and **4b**			4c	19,435
5	Total revenue. Add lines **3** and **4c.** *(This must equal Form 990, Part I, line 12.)*			5	8,479,295

Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return

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

1	Total expenses and losses per audited financial statements			1	9,059,048
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:				
a	Donated services and use of facilities	2a			
b	Prior year adjustments	2b			
c	Other losses	2c			
d	Other (Describe in Part XIII.)	2d	64,996		
e	Add lines **2a** through **2d**			2e	64,996
3	Subtract line **2e** from line **1**			3	8,994,052
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:				
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII.)	4b	19,435		
c	Add lines **4a** and **4b**			4c	19,435
5	Total expenses. Add lines **3** and **4c.** *(This must equal Form 990, Part I, line 18.)*			5	9,013,487

Part XIII Supplemental Information

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

SEE STATEMENT

Part XIII

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

Return Reference - Identifier	Explanation
SCHEDULE D, PART XI, LINE 2(D) - OTHER REVENUES IN AUDITED FINANCIAL STATEMENTS NOT IN FORM 990	**(a)** Description: COST OF GOODS SOLD; **(b)** Amount: 64,996
SCHEDULE D, PART XI, LINE 4(B) - OTHER REVENUE	**(a)** Description: CONTRIBUTION TO RELATED ORGANIZATION (CAREF); **(b)** Amount: 19,435
SCHEDULE D, PART XII, LINE 2(D) - OTHER EXPENSES IN AUDITED FINANCIAL STATEMENTS NOT IN FORM 990	**(a)** Description: COST OF GOODS SOLD; **(b)** Amount: 64,996
SCHEDULE D, PART XII, LINE 4(B) - OTHER EXPENSES	**(a)** Description: CONTRIBUTION TO RELATED ORGANIZATION (CAREF); **(b)** Amount: 19,435

Part XIII

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

Return Reference - Identifier	Explanation
SCHEDULE D, PART X, LINE 2 - FIN 48 (ASC 740) FOOTNOTE	BECAUSE OF THE NATURE OF ITS PRIMARY PURPOSE, CAR HAS BEEN DETERMINED BY THE INTERNAL REVENUE SERVICE TO BE EXEMPT FROM FEDERAL INCOME TAX UNDER THE PROVISION OF SECTION 501(C)(6) OF THE INTERNAL REVENUE CODE, EXCEPT TO THE EXTENT OF ANY UNRELATED BUSINESS INCOME. CAR HAD UNRELATED BUSINESS INCOME FROM ADVERTISING REVENUE AND IMPUTED INTEREST IN 2024 AND 2023. THE TAX RETURNS FOR THE ORGANIZATION FOR THE YEARS ENDED SEPTEMBER 30, 2021 THROUGH 2023 ARE OPEN YEARS FOR PURPOSES OF ANY FUTURE IRS OR ILLINOIS DEPARTMENT OF REVENUE EXAMINATIONS.

SCHEDULE I (Form 990)

Department of the Treasury
Internal Revenue Service

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

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

Attach to Form 990.

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

OMB No. 1545-0047

2023

Open to Public Inspection

Name of the organization

CHICAGO ASSOCIATION OF REALTORS

Employer identification number

36-0904580

Part I General Information on Grants and Assistance

1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? . . . . . ☑ Yes ☐ No

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

Part II 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.

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) NATIONAL ASSOCIATION OF REALTORS 430 N. MICHIGAN AVENUE, CHICAGO, IL 60611	36-1520690	501(C)(6)	7,830				SPONSOR IOI EVENT
(2) (SEE STATEMENT)	37-0951209	527	4,100	5,900	FMV	(SEE STATEMENT)	(SEE STATEMENT)
(3) ILLINOIS REALTORS PO BOX 19451, SPRINGFIELD 62794	37-0644545	501(C)(6)	16,500				(SEE STATEMENT)
(4) (SEE STATEMENT)	20-0503852	501(C)(6)	20,000				SPONSOR ANNUAL CONVENTION
(5) NATIONAL PUBLIC HOUSING MUSEUM 625 KINGSBURY STREET, CHICAGO, IL 60654	51-0649843	501(C)(3)	25,000				HOOPS PROJECT SPONSORSHIP
(6) (SEE STATEMENT)	36-3746120	501(C)(3)	19,435				(SEE STATEMENT)
(7)							
(8)							
(9)							
(10)							
(11)							
(12)							

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

3 Enter total number of other organizations listed in the line 1 table 4

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

	(a) Type of grant or assistance	(b) Number of recipients	(c) 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 **Supplemental Information.** Provide the information required in Part I, line 2; Part III, column (b); and any other additional information.

(SEE STATEMENT)

Part IV

Supplemental Information. Provide the information required in Part I, line 2, Part III, column (b), and any other additional information.

Return Reference - Identifier	Explanation
SCHEDULE I, PART I, LINE 2 - PROCEDURES FOR MONITORING USE OF GRANT FUNDS.	A REPRESENTATIVE OF THE ORGANIZATION IS IN CLOSE CONTACT THROUGHOUT THE YEAR WITH ORGANIZATIONS TO WHICH FINANCIAL ASSISTANCE IS PROVIDED TO ENSURE FUNDS ARE USED FOR THEIR INTENDED PURPOSE.
(2) SCHEDULE I, PART II, COLUMN A - NAME AND ADDRESS OF ORGANIZATION OR GOVERNMENT	REALTORS POLITICAL ACTION COMMITTEE OF ILLINOIS 522 S FIFTH STREET, SPRINGFIELD 62794
(4) SCHEDULE I, PART II, COLUMN A - NAME AND ADDRESS OF ORGANIZATION OR GOVERNMENT	ASIAN REAL ESTATE ASSOCIATION OF AMERICA 2333 CAMINO DEL RIO SOUTH, SUITE 210, SAN DIEGO, CA 92108
(6) SCHEDULE I, PART II, COLUMN A - NAME AND ADDRESS OF ORGANIZATION OR GOVERNMENT	CHICAGO ASSOCIATION OF REALTORS EDUCATIONAL FOUNDATION 430 N. MICHIGAN AVENUE, 8TH FLOOR, CHICAGO, IL 60611
SCHEDULE I, PART II, COLUMN G - DESCRIPTION OF NON-CASH ASSISTANCE	REALTORS POLITICAL ACTION COMMITTEE OF ILLINOIS: PURCHASE AUCTION ITEMS
SCHEDULE I, PART II , COLUMN H - PURPOSE OF GRANT OR ASSISTANCE	REALTORS POLITICAL ACTION COMMITTEE OF ILLINOIS: CORPORATE CONTRIBUTION FOR ADVANCEMENT OF REALTOR INTERESTS AT STATE & NATIONAL LEVELS
SCHEDULE I, PART II , COLUMN H - PURPOSE OF GRANT OR ASSISTANCE	ILLINOIS REALTORS: INAUGURAL GALA PREMIER SPONSOR
SCHEDULE I, PART II , COLUMN H - PURPOSE OF GRANT OR ASSISTANCE	CHICAGO ASSOCIATION OF REALTORS EDUCATIONAL FOUNDATION: REAL ESTATE EDUCATION, FIGHTING HOMELESSNESS, & OTHER CHARITABLE ENDEAVORS

SCHEDULE J
(Form 990)

Department of the Treasury
Internal Revenue Service

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees
Complete if the organization answered "Yes" on Form 990, Part IV, line 23.
Attach to Form 990.
Go to *www.irs.gov/Form990* for instructions and the latest information.

OMB No. 1545-0047

2023

Open to Public Inspection

Name of the organization
CHICAGO ASSOCIATION OF REALTORS

Employer identification number
36-0904580

Part I Questions Regarding Compensation

			Yes	No
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items. ☐ First-class or charter travel ☐ Housing allowance or residence for personal use ☑ Travel for companions ☐ Payments for business use of personal residence ☐ Tax indemnification and gross-up payments ☐ Health or social club dues or initiation fees ☐ Discretionary spending account ☐ Personal services (such as maid, chauffeur, chef)			
b	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	1b	✔	
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?	2	✔	
3	Indicate which, if any, of the following the organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III. ☐ Compensation committee ☐ Written employment contract ☐ Independent compensation consultant ☑ Compensation survey or study ☑ Form 990 of other organizations ☑ Approval by the board or compensation committee			
4	During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:			
a	Receive a severance payment or change-of-control payment?	4a	✔	
b	Participate in or receive payment from a supplemental nonqualified retirement plan?	4b	✔	
c	Participate in or receive payment from an equity-based compensation arrangement?	4c		✔
	If "Yes" to any of lines 4a–c, list the persons and provide the applicable amounts for each item in Part III.			
	Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5–9.			
5	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:			
a	The organization?	5a		
b	Any related organization?	5b		
	If "Yes" on line 5a or 5b, describe in Part III.			
6	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:			
a	The organization?	6a		
b	Any related organization?	6b		
	If "Yes" on line 6a or 6b, describe in Part III.			
7	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III	7		
8	Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III	8		
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?	9		

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

For each individual whose compensation must be reported 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 aren't listed on Form 990, Part VII.

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

	(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC and/or 1099-NEC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)–(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
			(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1	MICHELLE MILLS CLEMENT CEO	(i)	357,755	82,050	36,936	12,375	28,018	517,134	0
		(ii)	0	0	0	0	0	0	0
2	ZACHARIAH WAHLQUIST COO	(i)	234,734	10,000	5,087	9,619	8,460	267,900	0
		(ii)	0	0	0	0	0	0	0
3	JESSICA KERN CHIEF COMMUNICATIONS OFFICER	(i)	196,450	10,000	20,732	8,642	8,441	244,265	0
		(ii)	0	0	0	0	0	0	0
4	ROBERT SCHMIDT CFO	(i)	199,992	10,000	16,476	8,674	7,049	242,191	0
		(ii)	0	0	0	0	0	0	0
5	DONALD COLEMAN DIRECTOR OF IT	(i)	99,462	0	85,708	4,729	578	190,477	0
		(ii)	0	0	0	0	0	0	0
6	DAVE NASO VP OF MEMBERSHIP	(i)	157,800	7,000	2,950	6,331	628	174,709	0
		(ii)	0	0	0	0	0	0	0
7	JAKEEVA LEE DIRECTOR OF DIVERSITY	(i)	125,067	3,500	20,715	5,632	6,912	161,826	0
		(ii)	0	0	0	0	0	0	0
8		(i)							
		(ii)							
9		(i)							
		(ii)							
10		(i)							
		(ii)							
11		(i)							
		(ii)							
12		(i)							
		(ii)							
13		(i)							
		(ii)							
14		(i)							
		(ii)							
15		(i)							
		(ii)							
16		(i)							
		(ii)							

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 - Identifier	Explanation
SCHEDULE J, PART I, LINE 1A - TRAVEL FOR COMPANIONS	THE CEO IS ALLOWED A TRAVEL ALLOWANCE OF UP TO $3,500 PER YEAR FOR THE PURPOSE OF ALLOWING HER SPOUSE OR FAMILY MEMBER TO ATTEND EMPLOYER RELATED OUT OF TOWN EVENTS. THIS IS NOT TREATED AS TAXABLE COMPENSATION.
SCHEDULE J, PART I, LINE 4A - SEVERANCE OR CHANGE-OF-CONTROL PAYMENT	DON COLEMAN: $69,300 JACOB KNABB: $52,300 BOTH INDIVIDUALS WERE TERMINATED AS PART OF A RESTRUCTURING/COST REDUCTION PLAN. BOTH INDIVIDUALS SIGNED SEPARATION AGREEMENTS.
SCHEDULE J, PART I, LINE 4B - SUPPLEMENTAL NONQUALIFIED RETIREMENT PLAN	MICHELLE MILLS CLEMENT (CEO) PARTICIPATED IN THE 457B PLAN THAT WAS ESTABLISHED. SHE CONTRIBUTED $3,853 IN CALENDAR YEAR 2023.

SCHEDULE O (Form 990)	Supplemental Information to Form 990 or 990-EZ	OMB No. 1545-0047
Department of Treasury Internal Revenue Service	Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information. ▶ Attach to Form 990 or 990-EZ. ▶ Go to www.irs.gov/Form990 for the latest information.	2023 Open to Public Inspection

Name of the Organization	Employer Identification Number
CHICAGO ASSOCIATION OF REALTORS	36-0904580

Return Reference - Identifier	Explanation
FORM 990, PART VI, LINE 1A - DELEGATE BROAD AUTHORITY TO A COMMITTEE	EACH MEMBER OF THE EXECUTIVE COMMITTEE SHALL BE A MEMBER OF THE BOARD OF DIRECTORS. THE PURPOSE OF THE EXECUTIVE COMMITTEE IS TO MAKE POLICY RECOMMENDATIONS FOR BOARD APPROVAL AND IS EMPOWERED TO ACT ON BEHALF OF THE BOARD BETWEEN MEETINGS, INCLUDING RATIFICATION OF PROFESSIONAL STANDARDS CASES. EXCEPT AS SPECIFICALLY AUTHORIZED BY THE BOARD OF DIRECTORS BY RESOLUTION DULY ADOPTED, NO COMMITTEE OR WORK GROUP SHALL HAVE ANY AUTHORITY TO AMEND, ALTER OR, REPEAL THE BYLAWS; ELECT, APPOINT OR, REMOVE ANY MEMBER OF ANY COMMITTEE OR ANY DIRECTOR OR OFFICER OF CAR; AMEND THE ARTICLES OF INCORPORATION; ADOPT A PLAN OF CONSOLIDATION WITH ANOTHER CORPORATION; AUTHORIZE THE SALE, LEASE, OR EXCHANGE OF ANY OF THE PROPERTY OR ASSETS OF CAR; AUTHORIZE THE VOLUNTARY DISSOLUTION OF CAR; OR AMEND, ALTER OR, REPEAL ANY RESOLUTION OF THE BOARD OF DIRECTORS. THE DESIGNATION AND APPOINTMENT OF ANY COMMITTEE OR WORK GROUP AND THE DELEGATION TO THAT COMMITTEE OR WORK GROUP OF AUTHORITY SHALL NOT OPERATE TO RELIEVE THE BOARD OF DIRECTORS OR ANY INDIVIDUAL DIRECTOR OF ANY RESPONSIBILITY IMPOSED UPON IT OR ANY INDIVIDUAL DIRECTOR BY LAW.

Return Reference - Identifier	Explanation
FORM 990, PART VI, LINE 6 - CLASSES OF MEMBERS OR STOCKHOLDERS	THERE ARE EIGHT CATEGORIES OF MEMBERS AUTHORIZED IN THE ORGANIZATION'S BYLAWS, AS FOLLOWS: 1. REALTOR® MEMBERS. A. INDIVIDUALS WHO, AS SOLE PROPRIETORS, PARTNERS, CORPORATE OFFICERS, OR BRANCH OFFICE MANAGERS, ARE ENGAGED ACTIVELY IN THE REAL ESTATE PROFESSION, INCLUDING BUYING, SELLING, EXCHANGING, RENTING OR LEASING, MANAGING, APPRAISING FOR OTHERS FOR COMPENSATION, COUNSELING, BUILDING, DEVELOPING OR SUBDIVIDING REAL ESTATE, AND WHO MAINTAIN OR ARE ASSOCIATED WITH AN ESTABLISHED REAL ESTATE OFFICE IN THE STATE OF ILLINOIS OR A STATE CONTIGUOUS THERETO. ALL PERSONS WHO ARE PARTNERS IN A PARTNERSHIP, OR ALL OFFICERS IN A CORPORATION WHO ARE ACTIVELY ENGAGED IN THE REAL ESTATE PROFESSION WITHIN THE STATE OR A STATE CONTIGUOUS THERETO SHALL QUALIFY FOR REALTOR® MEMBERSHIP ONLY, AND EACH IS REQUIRED TO HOLD REALTOR® MEMBERSHIP (EXCEPT AS PROVIDED IN THE FOLLOWING PARAGRAPH) IN AN ASSOCIATION OF REALTORS® WITHIN THE STATE OR A STATE CONTIGUOUS THERETO, UNLESS OTHERWISE QUALIFIED FOR INSTITUTE AFFILIATE MEMBERSHIP. B. IN THE CASE OF A REAL ESTATE FIRM, PARTNERSHIP, OR CORPORATION, WHOSE BUSINESS ACTIVITY IS SUBSTANTIALLY ALL COMMERCIAL, ONLY THOSE PRINCIPALS ACTIVELY ENGAGED IN THE REAL ESTATE BUSINESS IN CONNECTION WITH THE SAME OFFICE, OR ANY OTHER OFFICES WITHIN THE JURISDICTION OF THE ASSOCIATION IN WHICH ONE OF THE FIRM'S PRINCIPALS HOLDS REALTOR® MEMBERSHIP, SHALL BE REQUIRED TO HOLD REALTOR® MEMBERSHIP UNLESS OTHERWISE QUALIFIED FOR INSTITUTE AFFILIATE MEMBERSHIP. C. INDIVIDUALS WHO ARE ENGAGED IN THE REAL ESTATE PROFESSION OTHER THAN AS SOLE PROPRIETORS, PARTNERS, CORPORATE OFFICERS, OR BRANCH OFFICE MANAGERS AND ARE ASSOCIATED WITH A REALTOR® MEMBER AND MEET THE QUALIFICATIONS. REALTOR MEMBERS MAY BE: - A PRIMARY REALTOR MEMBERS HAS SELECTED CAR AS ITS "PRIMARY" ASSOCIATION. - A SECONDARY REALTOR MEMBERS HAS NOT NOT SELECTED CAR AS ITS "PRIMARY" ASSOCIATION. - A DESIGNATED REALTOR MEMBERS IS A SOLE PROPRIETOR, PARTNER, CORPORATE OFFICER, OR BRANCH OFFICE MANAGER ACTING ON BEHALF OF THE FIRM'S PRINCIPAL(S), WHO HAS BEEN DESIGNATED IN WRITING TO BE RESPONSIBLE FOR ALL DUTIES AND OBLIGATIONS OF MEMBERSHIP. 2 FRANCHISE REALTOR® MEMBERS. CORPORATE OFFICERS (WHO MAY BE LICENSED OR UNLICENSED) OF A REAL ESTATE BROKERAGE FRANCHISE ORGANIZATION WITH AT LEAST ONE HUNDRED FIFTY (150) FRANCHISEES LOCATED WITHIN THE UNITED STATES, ITS INSULAR POSSESSIONS AND THE COMMONWEALTH OF PUERTO RICO, ELECTED TO MEMBERSHIP PURSUANT TO THE PROVISIONS IN THE NAR CONSTITUTION AND BYLAWS. SUCH INDIVIDUALS SHALL ENJOY ALL OF THE RIGHTS, PRIVILEGES, AND OBLIGATIONS OF REALTOR® MEMBERSHIP (INCLUDING COMPLIANCE WITH THE CODE OF ETHICS) EXCEPT: OBLIGATIONS RELATED TO ASSOCIATION-MANDATED EDUCATION, MEETING ATTENDANCE, OR INDOCTRINATION CLASSES OR OTHER SIMILAR REQUIREMENTS; THE RIGHT TO USE THE TERM REALTOR® IN CONNECTION WITH THEIR FRANCHISE ORGANIZATION'S NAME; AND THE RIGHT TO HOLD ELECTIVE OFFICE IN THE LOCAL ASSOCIATION, STATE ASSOCIATION, AND NAR. 3. INSTITUTE AFFILIATE MEMBERS. INSTITUTE AFFILIATE MEMBERS SHALL BE (A) INDIVIDUALS WHO HOLD A PROFESSIONAL DESIGNATION AWARDED BY AN INSTITUTE, SOCIETY, OR COUNCIL AFFILIATED WITH NAR THAT ADDRESSES A SPECIALTY AREA OTHER THAN RESIDENTIAL BROKERAGE, OR (B) INDIVIDUALS WHO OTHERWISE HOLD A CLASS OF MEMBERSHIP IN SUCH INSTITUTE, SOCIETY, OR COUNCIL THAT CONFERS THE RIGHT TO HOLD OFFICE. ANY SUCH INDIVIDUAL, IF OTHERWISE ELIGIBLE, MAY ELECT TO BE A REALTOR® MEMBER, SUBJECT TO PAYMENT OF APPLICABLE DUES. 4. AFFILIATE MEMBERS. AFFILIATE MEMBERS SHALL BE INDIVIDUALS, FIRMS, OR CORPORATIONS, WHEREVER RESIDING OR LOCATED, WHO, WHILE NOT ENGAGED IN THE REAL ESTATE PROFESSION AS DESCRIBED IN PARAGRAPH 6.1.A OR SECTION 6.5 OF THESE BYLAWS, HAVE INTERESTS REQUIRING INFORMATION CONCERNING REAL ESTATE, AND WHO SHARE AND ARE IN SYMPATHY WITH THE OBJECTIVES OF CAR. AFFILIATE MEMBERS SHALL NOT BE ENTITLED TO VOTE, TO HOLD OFFICE, USE THE TERM REALTOR® OR BE A PARTICIPANT OR SUBSCRIBER IN CAR / MLS (MRED); EXCEPT AS PROVIDED UNDER ARTICLE XVIII OF THESE BYLAWS. 5. HONORARY MEMBERS. HONORARY MEMBERS SHALL BE INDIVIDUALS WHO ARE NOT ENGAGED IN THE REAL ESTATE PROFESSION BUT WHO HAVE PERFORMED NOTABLE SERVICE FOR THE REAL ESTATE PROFESSION, FOR CAR, OR FOR THE PUBLIC. HONORARY MEMBERS SHALL NOT BE ENTITLED TO VOTE, TO HOLD OFFICE, OR TO USE THE TERM REALTOR®. 6. HONORARY LIFE MEMBERS. HONORARY LIFE MEMBERS SHALL BE (A) THE PAST PRESIDENTS OF CAR OR ANY OF ITS PREDECESSOR ENTITIES, (B) INDIVIDUALS HOLDING MEMBERSHIP FOR A TOTAL OF 40 YEARS OR MORE IN CAR OR ANY OF ITS PREDECESSOR ENTITIES, AND (C) SUCH OTHER MEMBER REGARDLESS OF CLASSIFICATION OR TERM OF MEMBERSHIP, WHO HAS, PURSUANT TO A DULY ADOPTED RESOLUTION OF THE BOARD OF DIRECTORS, BEEN GRANTED AN EXEMPTION FROM CAR DUES, EXCEPTING THOSE AMOUNTS AS SHALL FROM TIME TO TIME CONSTITUTE THE PORTION OF CAR DUES TO NAR AND IR IMPOSED ON CAR FOR SUCH MEMBER'S MEMBERSHIP IN CAR AND THE DESIGNATED REALTOR® DUES FORMULA. HONORARY LIFE MEMBERS SHALL BE ENTITLED TO VOTE AND TO HOLD OFFICE IF PRIOR TO BECOMING AN HONORARY LIFE MEMBER THE HONORARY LIFE MEMBER WAS A REALTOR® MEMBER OF CAR OR AN ACTIVE MEMBER OF ANY OF CAR'S PREDECESSOR ENTITIES. 7. HALL OF FAME MEMBERS. HALL OF FAME MEMBERS SHALL BE INDIVIDUALS WHO SATISFY EACH OF THE CRITERIA FOR HALL OF FAME MEMBERSHIP AS SET FORTH IN THE POLICY AND PROCEDURE MANUAL AND AS DETERMINED BY THE BOARD OF DIRECTORS, AND WHO HAVE BEEN NOMINATED BY THE HALL OF

Return Reference - Identifier	Explanation
	FAME GOVERNING COMMITTEE AND ELECTED TO THE CAR HALL OF FAME BY THE BOARD OF DIRECTORS. HALL OF FAME MEMBERS SHALL NOT BE ENTITLED TO VOTE, TO HOLD OFFICE, OR TO USE THE TERM REALTOR®, UNLESS THE HALL OF FAME MEMBER IS A REALTOR® MEMBER. 8. EMERITUS MEMBERS. EMERITUS MEMBERS SHALL BE ANY INDIVIDUAL WHO IS A REALTOR® MEMBER AND WHO HAS BEEN A REALTOR®-PRINCIPAL, REALTOR® OR HONORARY MEMBER FOR 40 OR MORE YEARS. EMERITUS MEMBERS SHALL HAVE THE RIGHT TO VOTE, TO HOLD OFFICE, AND TO USE THE TERM REALTOR®. A REALTOR® EMERITUS CANDIDATE MEMBER MUST ALSO HAVE COMPLETED AT LEAST ONE YEAR OF SERVICE AT THE NATIONAL ASSOCIATION LEVEL.
FORM 990, PART VI, LINE 11B - REVIEW OF FORM 990 BY GOVERNING BODY	PRIOR TO FILING THE RETURN WITH THE IRS, A DRAFT OF THE COMPLETED FORM 990 IS REVIEWED BY THE ORGANIZATION'S MANAGEMENT WITH ITS INDEPENDENT PAID TAX PREPARERS. A FINAL COPY OF THE FORM 990 IS MADE AVAILABLE TO THE ORGANIZATION'S BOARD OF DIRECTORS PRIOR TO BEING FILED WITH THE IRS.
FORM 990, PART VI, LINE 12C - CONFLICT OF INTEREST POLICY	DIRECTORS, COMMITTEE MEMBERS, AND STAFF ARE REQUIRED TO SIGN A CONFLICT OF INTEREST DISCLOSURE STATEMENT ANNUALLY, IN ACCORDANCE WITH THE ORGANIZATION'S POLICY AND PERSONNEL MANUALS. BOARD MEMBERS' CONFLICT OF INTEREST DISCLOSURE STATEMENTS ARE REVIEWED BY THE CEO TO DETERMINE WHETHER A POTENTIAL OR ACTUAL CONFLICT EXISTS. COMMITTEE MEMBERS' CONFLICT OF INTEREST DISCLOSURE STATEMENTS ARE REVIEWED BY THE STAFF PERSON ASSIGNED TO SUCH COMMITTEE TO DETERMINE WHETHER A POTENTIAL OR ACTUAL CONFLICT EXISTS. IF AN ACTUAL CONFLICT IS DETERMINED TO EXIST, THE INDIVIDUAL IS RECUSED FROM DISCUSSIONS AND VOTING ON MATTERS RELATING TO SUCH CONFLICT.
FORM 990, PART VI, LINE 15A - PROCESS TO ESTABLISH COMPENSATION OF TOP MANAGEMENT OFFICIAL	COMPENSATION SET FORTH IN THE ORGANIZATION'S CEO'S 3-YEAR CONTRACT IS DETERMINED BY THE EXECUTIVE COMMITTEE AFTER REVIEW OF THE COMPENSATION SURVEY FROM THE ASSOCIATION FORUM, DATA FROM SALARY.COM AS WELL AS PAYSCALE.COM AND COMPENSATION INFORMATION REPORTED IN FORMS 990 FOR OTHER SIMILARLY SIZED REALTOR ASSOCIATIONS. THE EXECUTIVE COMMITTEE REVIEWED THE COMPENSATION INFORMATION AND THEN PREPARED A FORMAL MOTION FOR APPROVAL BY THE BOARD OF DIRECTORS. THE APPROVAL PROCESS FOR THE CEO'S 3-YEAR CONTRACT WAS DOCUMENTED IN THE EXECUTIVE COMMITTEE AND BOARD MEETING MINUTES AND WAS LAST PERFORMED IN JUNE 2024 AS PART OF THE CONTRACT RENEWAL PROCESS. THE APPROVED MOTION, ALONG WITH THE COMPARABILITY DATA, ARE ALSO PLACED IN THE CEO'S PERSONNEL FILE. IN ADDITION, THE EXECUTIVE COMMITTEE REVIEWS THE COMPENSATION SURVEY FROM THE ASSOCIATION FORUM, DATA FROM SALARY.COM AS WELL AS PAYSCALE.COM AND CONDUCTS A FORMAL PERFORMANCE EVALUATION OF THE CEO ON AN ANNUAL BASIS, WHICH WAS LAST PERFORMED IN JUNE 2024 IN DETERMINING WHETHER PAY ADJUSTMENTS AND/OR BONUSES WILL BE AWARDED PER THE TERMS OF THE CEO'S CONTRACT. THE ANNUAL REVIEW/APPROVAL PROCESS IS ALSO DOCUMENTED IN THE EXECUTIVE COMMITTEE MEETING MINUTES.
FORM 990, PART VI, LINE 15B - PROCESS USED TO ESTABLISH COMPENSATION OF OTHER OFFICERS/KEY EMPLOYEES	COMPENSATION FOR THE ORGANIZATION'S TOP FINANCIAL OFFICIAL IS DETERMINED BY THE CEO AFTER REVIEWING THE ANNUAL CHICAGOLAND ASSOCIATION FORUM COMPENSATION & BENEFITS SURVEY BOOKLET, SALARY.COM AND PAYSCALE.COM. THE LOCATION (CITY OF CHICAGO), THE REVENUES ($5-10M), AND THE STAFF SIZE (21-50) ARE THE FACTORS UTILIZED. THE TARGET IS TO BE WITHIN THE 25TH TO 75TH PERCENTILE.
FORM 990, PART VI, LINE 19 - REQUIRED DOCUMENTS AVAILABLE TO THE PUBLIC	THE ORGANIZATION'S GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, AND FINANCIAL STATEMENTS ARE AVAILABLE TO THE PUBLIC UPON REQUEST.

SCHEDULE R (Form 990)

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.
Attach to Form 990.
Go to *www.irs.gov/Form990* for instructions and the latest information.

OMB No. 1545-0047

2023

Open to Public Inspection

Name of the organization
CHICAGO ASSOCIATION OF REALTORS

Employer identification number
36-0904580

Part I Identification of Disregarded Entities. Complete if the organization answered "Yes" on Form 990, Part IV, line 33.

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					

Part II Identification of Related Tax-Exempt Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related tax-exempt organizations during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity? Yes	(g) No
(1) CHICAGO ASSOCIATION OF REALTORS EDUCATIONAL FOUNDATION, INC. (36-3746120) 430 NORTH MICHIGAN AVENUE, SUITE 800, CHICAGO, IL 60611	RESEARCH & EDUCATION IN REAL ESTATE	IL	501(C)(3)	12 TYPE I	CHICAGO ASSOCIATION OF REALTORS	✔	
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512—514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations? Yes	(h) No	(i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner? Yes	(j) No	(k) Percentage ownership
(1)												
(2)												
(3)												
(4)												
(5)												
(6)												
(7)												

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity? Yes	(i) No
(1) (SEE STATEMENT)									
(2)									
(3)									
(4)									
(5)									
(6)									
(7)									

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	✔	
b	Gift, grant, or capital contribution to related organization(s)	1b	✔	
c	Gift, grant, or capital contribution from related organization(s)	1c	✔	
d	Loans or loan guarantees to or for related organization(s)	1d		✔
e	Loans or loan guarantees by related organization(s)	1e		✔
f	Dividends from related organization(s)	1f		✔
g	Sale of assets to related organization(s)	1g		✔
h	Purchase of assets from related organization(s)	1h		✔
i	Exchange of assets with related organization(s)	1i		✔
j	Lease of facilities, equipment, or other assets to related organization(s)	1j		✔
k	Lease of facilities, equipment, or other assets from related organization(s)	1k		✔
l	Performance of services or membership or fundraising solicitations for related organization(s)	1l	✔	
m	Performance of services or membership or fundraising solicitations by related organization(s)	1m		✔
n	Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n	✔	
o	Sharing of paid employees with related organization(s)	1o	✔	
p	Reimbursement paid to related organization(s) for expenses	1p		✔
q	Reimbursement paid by related organization(s) for expenses	1q	✔	
r	Other transfer of cash or property to related organization(s)	1r	✔	
s	Other transfer of cash or property from related organization(s)	1s	✔	

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 type (a—s)	(c) Amount involved	(d) Method of determining amount involved
(1)	CHICAGO ASSOCIATION OF REALTORS EDUCATION FOUNDATION	Q	45,014	ACTUAL COST
(2)	CHICAGO ASSOCIATION OF REALTORS BUSINESS INFORMATION SERVICES INC	A	33,557	ACTUAL COST
(3)				
(4)				
(5)				
(6)				

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—514)	(e) Are all partners section 501(c)(3) organizations?		(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
				Yes	No			Yes	No		Yes	No	
(1)													
(2)													
(3)													
(4)													
(5)													
(6)													
(7)													
(8)													
(9)													
(10)													
(11)													
(12)													
(13)													
(14)													
(15)													
(16)													

Part IV Identification of Related Organizations Taxable as a Corporation or Trust (continued)

(a) Name, address and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C-corp, S-corp or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity?	
								Yes	No
(1) CHICAGO ASSOCIATION OF REALTORS BUSINESS INFORMATION SERVICES INC AND SUBSIDIARIES (47-4639535) 430 NORTH MICHIGAN AVENUE, SUITE 800, CHICAGO, IL 60611	REAL ESTATE INFORMATION SERVICES	IL	CHICAGO ASSOCIATION OF REALTORS	C CORPORATION			100.00	✓	

Form **8868**

(Rev. January 2024)

Department of the Treasury
Internal Revenue Service

Application for Extension of Time To File an Exempt Organization Return or Excise Taxes Related to Employee Benefit Plans

File a separate application for each return.
Go to *www.irs.gov/Form8868* for the latest information.

OMB No. 1545-0047

Electronic filing (*e-file*). You can electronically file Form 8868 to request up to a 6-month extension of time to file any of the forms listed below except for Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts. An extension request for Form 8870 must be sent to the IRS in a paper format (see instructions). For more details on the electronic filing of Form 8868, visit *www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits.*

Caution: If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-TE and Form 8879-TE for payment instructions.

All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

Part I — Identification

Type or Print

File by the due date for filing your return. See instructions.

Name of exempt organization, employer, or other filer, see instructions.	Taxpayer identification number (TIN)
CHICAGO ASSOCIATION OF REALTORS	36-0904580
Number, street, and room or suite no. If a P.O. box, see instructions.	
430 N. MICHIGAN AVE, 800	
City, town or post office, state, and ZIP code. For a foreign address, see instructions.	
CHICAGO, IL 60611	

Enter the Return Code for the return that this application is for (file a separate application for each return) 0 1

Application Is For	Return Code	Application Is For	Return Code
Form 990 or Form 990-EZ	01	Form 4720 (other than individual)	09
Form 4720 (individual)	03	Form 5227	10
Form 990-PF	04	Form 6069	11
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 8870	12
Form 990-T (trust other than above)	06	Form 5330 (individual)	13
Form 990-T (corporation)	07	Form 5330 (other than individual)	14
Form 1041-A	08		

• After you enter your Return Code, complete either Part II or Part III. Part III, including signature, is applicable only for an extension of time to file Form 5330.

• If this application is for an extension of time to file Form 5330, you must enter the following information

Plan Name _____

Plan Number _____

Plan Year Ending (MM/DD/YYYY)

Part II — Automatic Extension of Time To File for Exempt Organizations (see instructions)

• The books are in the care of ▶ ROBERT P. SCHMIDT, 430 N. MICHIGAN AVE., SUITE 800, CHICAGO, IL 60611

Telephone No. ▶ (312) 803-4900 Fax No. ▶ _____

• If the organization does not have an office or place of business in the United States, check this box . . . . . ▶ ☐

• If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) _____. If this is for the whole group, check this box . . . ▶ ☐. If it is for part of the group, check this box . . . . ▶ ☐ and attach a list with the names and TINs of all members the extension is for.

1 I request an automatic 6-month extension of time until 08/15, 20 25, to file the exempt organization return for the organization named above. The extension is for the organization's return for:

▶ ☐ calendar year 20 _____ or

▶ ☑ tax year beginning 10/01, 20 23, and ending 09/30, 20 24.

2 If the tax year entered in line 1 is for less than 12 months, check reason: ☐ Initial return ☐ Final return ☐ Change in accounting period

3a	If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	**3a**	$ 0
b	If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.	**3b**	$ 0
c	**Balance due.** Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	**3c**	$ 0

Caution: If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-TE and Form 8879-TE for payment instructions.

Part III — Extension of Time To File Form 5330 (see instructions)

1 I request an extension of time until _____, 20 ____, to file Form 5330.

You may be approved for up to a 6-month extension to file Form 5330, after the normal due date of Form 5330.

a	Enter the Code section(s) imposing the tax.	**1a**		
b	Enter the payment amount attached.	**1b**	**$**	
c	For excise taxes under section 4980 or 4980F of the Code, enter the reversion/amendment date (MM/DD/YYYY).	**1c**		

2 State in detail why you need the extension.

Under penalties of perjury, I declare that to the best of my knowledge and belief, the statements made on this form are true, correct, and complete, and that I am authorized to prepare this application.

Signature **Date**

Crowe LLP
Independent Member Crowe International

Instructions for filing
Chicago Association of REALTORS
Form 990-T
Exempt Organization Business Income Tax Return
for the period ended 09/30/2024

****

Signature...

The original signature authorization form should be signed and dated by an authorized officer of the corporation.

Filing...

Return the signed authorization form on or before 08/15/2025 to...

lindsay.murphy@crowe.com

The return will be electronically filed. DO NOT separately file your tax return with the taxing authority. Doing so will delay the processing of your return. The taxing authority will notify us when your return is accepted. Your return is not considered filed until the taxing authority confirms their acceptance, which may occur after the due date of your return.

Payment of tax...

The return shows an overpayment of $672 of which $672 has been applied to your estimated tax and $0 should be refunded to you.

Form **8879-TE**

Department of the Treasury
Internal Revenue Service

IRS E-file Signature Authorization for a Tax Exempt Entity

For calendar year 2023, or fiscal year beginning 10/01, 2023, and ending 09/30, 20 24

Do not send to the IRS. Keep for your records.
Go to *www.irs.gov/Form8879TE* for the latest information.

OMB No. 1545-0047

2023

Name of filer
CHICAGO ASSOCIATION OF REALTORS

EIN or SSN
36-0904580

Name and title of officer or person subject to tax
ROBERT P SCHMIDT CPA MBA, CFO

Part I Type of Return and Return Information

Check the box for the return for which you are using this Form 8879-TE and enter the applicable amount, if any, from the return. Form 8038-CP and Form 5330 filers may enter dollars and cents. For all other forms, enter whole dollars only. If you check the box on line **1a**, **2a**, **3a**, **4a**, **5a**, **6a**, **7a**, **8a**, **9a**, or **10a** below, and the amount on that line for the return being filed with this form was blank, then leave line **1b**, **2b**, **3b**, **4b**, **5b**, **6b**, **7b**, **8b**, **9b**, or **10b**, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. **Do not** complete more than one line in Part I.

1a	**Form 990** check here	☐	**b** **Total revenue**, if any (Form 990, Part VIII, column (A), line 12)	**1b**	
2a	**Form 990-EZ** check here	☐	**b** **Total revenue**, if any (Form 990-EZ, line 9)	**2b**	
3a	**Form 1120-POL** check here	☐	**b** **Total tax** (Form 1120-POL, line 22)	**3b**	
4a	**Form 990-PF** check here	☐	**b** **Tax based on investment income** (Form 990-PF, Part V, line 5)	**4b**	
5a	**Form 8868** check here	☐	**b** **Balance due** (Form 8868, line 3c)	**5b**	
6a	**Form 990-T** check here	☑	**b** **Total tax** (Form 990-T, Part III, line 4)	**6b**	7,328
7a	**Form 4720** check here	☐	**b** **Total tax** (Form 4720, Part III, line 1)	**7b**	
8a	**Form 5227** check here	☐	**b** **FMV of assets at end of tax year** (Form 5227, Item D)	**8b**	
9a	**Form 5330** check here	☐	**b** **Tax due** (Form 5330, Part II, line 19)	**9b**	
10a	**Form 8038-CP** check here	☐	**b** **Amount of credit payment requested** (Form 8038-CP, Part III, line 22)	**10b**	

Part II Declaration and Signature Authorization of Officer or Person Subject to Tax

Under penalties of perjury, I declare that ☑ I am an officer of the above entity or ☐ I am a person subject to tax with respect to (name of entity) _____, (EIN) _____ and that I have examined a copy of the 2023 electronic return and accompanying schedules and statements, and, to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the return to the IRS and to receive from the IRS (**a**) an acknowledgement of receipt or reason for rejection of the transmission, (**b**) the reason for any delay in processing the return or refund, and (**c**) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the electronic return and, if applicable, the consent to electronic funds withdrawal.

PIN: check one box only

☑ I authorize CROWE LLP to enter my PIN 0 4 5 8 0 as my signature

ERO firm name

Enter five numbers, but do not enter all zeros

on the tax year 2023 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen.

☐ As an officer or person subject to tax with respect to the entity, I will enter my PIN as my signature on the tax year 2023 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.

Signature of officer or person subject to tax _____ Date _____

Part III Certification and Authentication

ERO's EFIN/PIN. Enter your six-digit electronic filing identification number (EFIN) followed by your five-digit self-selected PIN.

3 5 0 0 5 7 2 1 6 8 0

Do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2023 electronically filed return indicated above. I confirm that I am submitting this return in accordance with the requirements of **Pub. 4163**, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns.

ERO's signature STEVE LENIVY Date 07/14/2025

ERO Must Retain This Form — See Instructions
Do Not Submit This Form to the IRS Unless Requested To Do So

Form **990-T**

Exempt Organization Business Income Tax Return
(and proxy tax under section 6033(e))

OMB No. 1545-0047

2023

For calendar year 2023 or other tax year beginning 10/01, 2023, and ending 09/30, 20 24

Go to *www.irs.gov/Form990T* for instructions and the latest information.
Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3).

Department of the Treasury
Internal Revenue Service

Open to Public Inspection for 501(c)(3) Organizations Only

A ☐ Check box if address changed.

B Exempt under section
☑ 501(C)(6)
☐ 408(e) ☐ 220(e)
☐ 408A ☐ 530(a)
☐ 529(a) ☐ 529A

Print or Type

Name of organization (☐ Check box if name changed and see instructions.)
CHICAGO ASSOCIATION OF REALTORS

Number, street, and room or suite no. If a P.O. box, see instructions.
430 N. MICHIGAN AVE, 800

City or town, state or province, country, and ZIP or foreign postal code
CHICAGO, IL 60611

C Book value of all assets at end of year 7,480,304

D **Employer identification number**
36-0904580

E **Group exemption number** (see instructions)

F ☐ Check box if an amended return.

G Check organization type ☑ 501(c) corporation ☐ 501(c) trust ☐ 401(a) trust ☐ Other trust ☐ State college/university ☐ 6417(d)(1)(A) Applicable entity

H Check if filing only to claim ☐ Credit from Form 8941 ☐ Refund shown on Form 2439 ☐ Elective payment amount from Form 3800

I Check if a 501(c)(3) organization filing a consolidated return with a 501(c)(2) titleholding corporation . . . . . ☐

J Enter the number of attached Schedules A (Form 990-T) 2

K During the tax year, was the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group? ☐ **Yes** ☑ **No**
If "Yes," enter the name and identifying number of the parent corporation

L The books are in care of (SEE STATEMENT) Telephone number (312) 803-4900

Part I Total Unrelated Business Taxable Income

1	Total of unrelated business taxable income computed from all unrelated trades or businesses (see instructions)	1	39,882
2	Reserved	2	
3	Add lines 1 and 2	3	39,882
4	Charitable contributions (see instructions for limitation rules)	4	3,988
5	Total unrelated business taxable income before net operating losses. Subtract line 4 from line 3	5	35,894
6	Deduction for net operating loss. See instructions	6	0
7	Total of unrelated business taxable income before specific deduction and section 199A deduction. Subtract line 6 from line 5	7	35,894
8	Specific deduction (generally $1,000, but see instructions for exceptions)	8	1,000
9	**Trusts.** Section 199A deduction. See instructions	9	0
10	**Total deductions.** Add lines 8 and 9	10	1,000
11	**Unrelated business taxable income.** Subtract line 10 from line 7. If line 10 is greater than line 7, enter zero	11	34,894

Part II Tax Computation

1	**Organizations taxable as corporations.** Multiply Part I, line 11, by 21% (0.21)	1	7,328
2	**Trusts taxable at trust rates.** See instructions for tax computation. Income tax on the amount on Part I, line 11, from: ☐ Tax rate schedule or ☐ Schedule D (Form 1041)	2	
3	**Proxy tax.** See instructions	3	0
4	Other tax amounts. See instructions	4	0
5	Alternative minimum tax	5	0
6	**Tax on noncompliant facility income.** See instructions	6	0
7	**Total.** Add lines 3 through 6 to line 1 or 2, whichever applies	7	7,328

Part III Tax and Payments

1a	Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116)	1a	0		
b	Other credits (see instructions)	1b	0		
c	General business credit. Attach Form 3800 (see instructions)	1c	0		
d	Credit for prior-year minimum tax (attach Form 8801 or 8827)	1d			
e	**Total credits.** Add lines 1a through 1d			1e	0
2	Subtract line 1e from Part II, line 7			2	7,328
3a	Amount due from Form 4255	3a			
b	Amount due from Form 8611	3b			
c	Amount due from Form 8697	3c			
d	Amount due from Form 8866	3d			
e	Other amounts due (see instructions)	3e	0		
f	Total amounts due. Add lines 3a through 3e			3f	0
4	**Total tax.** Add lines 2 and 3f (see instructions). ☐ Check if includes tax previously deferred under section 1294. Enter tax amount here		0	4	7,328
5	Current net 965 tax liability paid from Form 965-A, Part II, column (k)			5	0

Part III Tax and Payments *(continued)*

6a	Payments: Preceding year's overpayment credited to the current year	6a	0		
b	Current year's estimated tax payments. Check if section 643(g) election applies ☐	6b	5,000		
c	Tax deposited with Form 8868	6c	3,000		
d	Foreign organizations: Tax paid or withheld at source (see instructions)	6d	0		
e	Backup withholding (see instructions)	6e	0		
f	Credit for small employer health insurance premiums (attach Form 8941)	6f	0		
g	Elective payment election amount from Form 3800	6g	0		
h	Payment from Form 2439	6h	0		
i	Credit from Form 4136	6i	0		
j	Other (see instructions)	6j	0		
7	**Total payments.** Add lines 6a through 6j			7	8,000
8	Estimated tax penalty (see instructions). Check if Form 2220 is attached ☐			8	0
9	**Tax due.** If line 7 is smaller than the total of lines 4, 5, and 8, enter amount owed			9	0
10	**Overpayment.** If line 7 is larger than the total of lines 4, 5, and 8, enter amount overpaid			10	672
11	Enter the amount of line 10 you want: **Credited to 2024 estimated tax** 672 **Refunded**			11	0

Part IV Statements Regarding Certain Activities and Other Information (see instructions)

		Yes	No
1	At any time during the 2023 calendar year, did the organization have an interest in or a signature or other authority over a financial account (bank, securities, or other) in a foreign country? If "Yes," the organization may have to file FinCEN Form 114, Report of Foreign Bank and Financial Accounts. If "Yes," enter the name of the foreign country here		✔
2	During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust? If "Yes," see instructions for other forms the organization may have to file.		✔
3	Enter the amount of tax-exempt interest received or accrued during the tax year $ 0		
4	Enter available pre-2018 NOL carryovers here $ 0. Do not include any post-2017 NOL carryover shown on Schedule A (Form 990-T). Don't reduce the NOL carryover shown here by any deduction reported on Part I, line 6.		
5	Post-2017 NOL carryovers. Enter the Business Activity Code and available post-2017 NOL carryovers. Don't reduce the amounts shown below by any NOL claimed on any Schedule A, Part II, line 17, for the tax year. See instructions.		

Business Activity Code	Available post-2017 NOL carryover
	$
	$
	$
	$

6a	Reserved for future use		
b	Reserved for future use		

Part V Supplemental Information

Provide any additional information. See instructions.

Sign Here

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 taxpayer) is based on all information of which preparer has any knowledge.

Signature of officer | Date | Title: CFO

May the IRS discuss this return with the preparer shown below (see instructions)? ☑ Yes ☐ No

Paid Preparer Use Only

Print/Type preparer's name	Preparer's signature	Date	Check ☐ if self-employed	PTIN
STEVE LENIVY	STEVE LENIVY	07/14/2025		P01635350

Firm's name CROWE LLP — Firm's EIN 35-0921680

Firm's address 701 13TH ST NW, SUITE 852, WASHINGTON, DC 20005 — Phone no. (202) 624-5555

SCHEDULE A (Form 990-T)

Department of the Treasury
Internal Revenue Service

Unrelated Business Taxable Income From an Unrelated Trade or Business

Go to *www.irs.gov/Form990T* for instructions and the latest information.
Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3).

OMB No. 1545-0047

2023

Open to Public Inspection for 501(c)(3) Organizations Only

A Name of the organization
CHICAGO ASSOCIATION OF REALTORS

B Employer identification number
36-0904580

C Unrelated business activity code (see instructions) 903001

D Sequence: 1 of 2

E Describe the unrelated trade or business INTEREST FROM CONTROLLED ORGANIZATION

Part I Unrelated Trade or Business Income		(A) Income	(B) Expenses	(C) Net
1a Gross receipts or sales 0				
b Less returns and allowances 0 c Balance	1c	0		
2 Cost of goods sold (Part III, line 8)	2	0		
3 Gross profit. Subtract line 2 from line 1c	3	0		0
4a Capital gain net income (attach Schedule D (Form 1041 or Form 1120)). See instructions	4a	0		0
b Net gain (loss) (Form 4797) (attach Form 4797). See instructions	4b	0		0
c Capital loss deduction for trusts	4c	0		0
5 Income (loss) from a partnership or an S corporation (attach statement)	5	0		0
6 Rent income (Part IV)	6	0	0	0
7 Unrelated debt-financed income (Part V)	7	0	0	0
8 Interest, annuities, royalties, and rents from a controlled organization (Part VI)	8	33,557	0	33,557
9 Investment income of section 501(c)(7), (9), or (17) organizations (Part VII)	9	0	0	0
10 Exploited exempt activity income (Part VIII)	10	0	0	0
11 Advertising income (Part IX)	11	0	0	0
12 Other income (see instructions; attach statement)	12	0		0
13 **Total.** Combine lines 3 through 12	13	33,557	0	33,557

Part II **Deductions Not Taken Elsewhere.** See instructions for limitations on deductions. Deductions must be directly connected with the unrelated business income.				
1 Compensation of officers, directors, and trustees (Part X)			1	0
2 Salaries and wages			2	0
3 Repairs and maintenance			3	0
4 Bad debts			4	0
5 Interest (attach statement). See instructions			5	0
6 Taxes and licenses			6	2,644
7 Depreciation (attach Form 4562). See instructions	7	0		
8 Less depreciation claimed in Part III and elsewhere on return	8a	0	8b	0
9 Depletion			9	0
10 Contributions to deferred compensation plans			10	0
11 Employee benefit programs			11	0
12 Excess exempt expenses (Part VIII)			12	0
13 Excess readership costs (Part IX)			13	0
14 Other deductions (attach statement)			14	2,122
15 **Total deductions.** Add lines 1 through 14			15	4,766
16 Unrelated business income before net operating loss deduction. Subtract line 15 from Part I, line 13, column (C)			16	28,791
17 Deduction for net operating loss. See instructions			17	0
18 **Unrelated business taxable income.** Subtract line 17 from line 16			18	28,791

Part III Cost of Goods Sold

Enter method of inventory valuation

1	Inventory at beginning of year	1	0
2	Purchases	2	0
3	Cost of labor	3	0
4	Additional section 263A costs (attach statement)	4	0
5	Other costs (attach statement)	5	0
6	**Total.** Add lines 1 through 5	6	0
7	Inventory at end of year	7	0
8	**Cost of goods sold.** Subtract line 7 from line 6. Enter here and in Part I, line 2	8	0

9 Do the rules of section 263A (with respect to property produced or acquired for resale) apply to the organization? ☐ **Yes** ☑ **No**

Part IV Rent Income (From Real Property and Personal Property Leased With Real Property)

1 Description of property (property street address, city, state, ZIP code). Check if a dual-use. See instructions.

A ☐
B ☐
C ☐
D ☐

		A	B	C	D
2	Rent received or accrued				
a	From personal property (if the percentage of rent for personal property is more than 10% but not more than 50%)				
b	From real and personal property (if the percentage of rent for personal property exceeds 50% or if the rent is based on profit or income)				
c	Total rents received or accrued by property. Add lines 2a and 2b, columns A through D				

3 Total rents received or accrued. Add line 2c, columns A through D. Enter here and on Part I, line 6, column (A) 0

		A	B	C	D
4	Deductions directly connected with the income in lines 2a and 2b (attach statement)				

5 **Total deductions.** Add line 4, columns A through D. Enter here and on Part I, line 6, column (B) 0

Part V Unrelated Debt-Financed Income (see instructions)

1 Description of debt-financed property (street address, city, state, ZIP code). Check if a dual-use. See instructions.

A ☐
B ☐
C ☐
D ☐

		A	B	C	D
2	Gross income from or allocable to debt-financed property				
3	Deductions directly connected with or allocable to debt-financed property				
a	Straight line depreciation (attach statement)				
b	Other deductions (attach statement)				
c	Total deductions (add lines 3a and 3b, columns A through D)				
4	Amount of average acquisition debt on or allocable to debt-financed property (attach statement)				
5	Average adjusted basis of or allocable to debt-financed property (attach statement)				
6	Divide line 4 by line 5	%	%	%	%
7	Gross income reportable. Multiply line 2 by line 6				

8 **Total gross income** (add line 7, columns A through D). Enter here and on Part I, line 7, column (A) 0

		A	B	C	D
9	Allocable deductions. Multiply line 3c by line 6				

10 **Total allocable deductions.** Add line 9, columns A through D. Enter here and on Part I, line 7, column (B) 0

11 **Total dividends — received deductions** included in line 10 0

Part VI Interest, Annuities, Royalties, and Rents From Controlled Organizations (see instructions)

1. Name of controlled organization	2. Employer identification number	Exempt Controlled Organizations			
		3. Net unrelated income (loss) (see instructions)	4. Total of specified payments made	5. Part of column 4 that is included in the controlling organization's gross income	6. Deductions directly connected with income in column 5
(1) NORTHERN ILLINOIS REAL ESTATE INFORMATION NET	36-3425361	0	0	0	0
(2)					
(3)					
(4)					

7. Taxable income	8. Net unrelated income (loss) (see instructions)	9. Total of specified payments made	10. Part of column 9 that is included in the controlling organization's	11. Deductions directly connected with income in column 10
(1) 33,557	33,557	33,557	33,557	0
(2)				
(3)				
(4)				
			Add columns 5 and 10. Enter here and on Part I, line 8, column (A).	Add columns 6 and 11. Enter here and on Part I, line 8, column (B).
Totals			33,557	0

Part VII Investment Income of a Section 501(c)(7), (9), or (17) Organization (see instructions)

1. Description of income	2. Amount of income	3. Deductions directly connected (attach statement)	4. Set-asides (attach statement)	5. Total deductions and set-asides (add columns 3 and 4)
(1)				
(2)				
(3)				
(4)				
	Add amounts in column 2. Enter here and on Part I, line 9, column (A).			Add amounts in column 5. Enter here and on Part I, line 9, column (B).
Totals	0			0

Part VIII Exploited Exempt Activity Income, Other Than Advertising Income (see instructions)

1	Description of exploited activity:		
2	Gross unrelated business income from trade or business. Enter here and on Part I, line 10, column (A)	2	
3	Expenses directly connected with production of unrelated business income. Enter here and on Part I, line 10, column (B)	3	
4	Net income (loss) from unrelated trade or business. Subtract line 3 from line 2. If a gain, complete lines 5 through 7	4	
5	Gross income from activity that is not unrelated business income	5	
6	Expenses attributable to income entered on line 5	6	
7	Excess exempt expenses. Subtract line 5 from line 6, but do not enter more than the amount on line 4. Enter here and on Part II, line 12	7	

Part IX Advertising Income

1 Name(s) of periodical(s). Check box if reporting two or more periodicals on a consolidated basis.

A ☐
B ☐
C ☐
D ☐

Enter amounts for each periodical listed above in the corresponding column.

		A	B	C	D
2	Gross advertising income				
a	Add columns A through D. Enter here and on Part I, line 11, column (A)				0
3	Direct advertising costs by periodical				
a	Add columns A through D. Enter here and on Part I, line 11, column (B)				0
4	Advertising gain (loss). Subtract line 3 from line 2. For any column in line 4 showing a gain, complete lines 5 through 8. For any column in line 4 showing a loss or zero, do not complete lines 5 through 7, and enter -0- on line 8				
5	Readership costs				
6	Circulation income				
7	Excess readership costs. If line 6 is less than line 5, subtract line 6 from line 5. If line 5 is less than line 6, enter -0-				
8	Excess readership costs allowed as a deduction. For each column showing a gain on line 4, enter the lesser of line 4 or line 7				
a	Add line 8, columns A through D. Enter the greater of the line 8a columns total or -0- here and on Part II, line 13				0

Part X Compensation of Officers, Directors, and Trustees (see instructions)

1. Name	2. Title	3. Percentage of time devoted to business	4. Compensation attributable to unrelated business
(1)		%	
(2)		%	
(3)		%	
(4)		%	
Total. Enter here and on Part II, line 1			0

Part XI Supplemental Information (see instructions)

SCHEDULE A (Form 990-T)

Department of the Treasury
Internal Revenue Service

Unrelated Business Taxable Income From an Unrelated Trade or Business

Go to *www.irs.gov/Form990T* for instructions and the latest information.
Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3).

OMB No. 1545-0047

2023

Open to Public Inspection for 501(c)(3) Organizations Only

A Name of the organization: CHICAGO ASSOCIATION OF REALTORS

B Employer identification number: 36-0904580

C Unrelated business activity code (see instructions): 540000

D Sequence: 2 of 2

E Describe the unrelated trade or business: ADVERTISING & CONSULTING INCOME

Part I Unrelated Trade or Business Income

			(A) Income	(B) Expenses	(C) Net
1a	Gross receipts or sales: 0				
b	Less returns and allowances: 0 c Balance	1c	0		
2	Cost of goods sold (Part III, line 8)	2	0		
3	Gross profit. Subtract line 2 from line 1c	3	0		0
4a	Capital gain net income (attach Schedule D (Form 1041 or Form 1120)). See instructions	4a	0		0
b	Net gain (loss) (Form 4797) (attach Form 4797). See instructions	4b	0		0
c	Capital loss deduction for trusts	4c	0		0
5	Income (loss) from a partnership or an S corporation (attach statement)	5	0		0
6	Rent income (Part IV)	6	0	0	0
7	Unrelated debt-financed income (Part V)	7	0	0	0
8	Interest, annuities, royalties, and rents from a controlled organization (Part VI)	8	0	0	0
9	Investment income of section 501(c)(7), (9), or (17) organizations (Part VII)	9	0	0	0
10	Exploited exempt activity income (Part VIII)	10	0	0	0
11	Advertising income (Part IX)	11	4,250	10,924	(6,674)
12	Other income (see instructions; attach statement)	12	19,602		19,602
13	**Total.** Combine lines 3 through 12	13	23,852	10,924	12,928

Part II Deductions Not Taken Elsewhere. See instructions for limitations on deductions. Deductions must be directly connected with the unrelated business income.

1	Compensation of officers, directors, and trustees (Part X)			1	0
2	Salaries and wages			2	0
3	Repairs and maintenance			3	0
4	Bad debts			4	0
5	Interest (attach statement). See instructions			5	0
6	Taxes and licenses			6	1,019
7	Depreciation (attach Form 4562). See instructions	7	0		
8	Less depreciation claimed in Part III and elsewhere on return	8a	0	8b	0
9	Depletion			9	0
10	Contributions to deferred compensation plans			10	0
11	Employee benefit programs			11	0
12	Excess exempt expenses (Part VIII)			12	0
13	Excess readership costs (Part IX)			13	0
14	Other deductions (attach statement)			14	818
15	**Total deductions.** Add lines 1 through 14			15	1,837
16	Unrelated business income before net operating loss deduction. Subtract line 15 from Part I, line 13, column (C)			16	11,091
17	Deduction for net operating loss. See instructions			17	0
18	**Unrelated business taxable income.** Subtract line 17 from line 16			18	11,091

Part III Cost of Goods Sold

Enter method of inventory valuation

1	Inventory at beginning of year	1	0
2	Purchases	2	0
3	Cost of labor	3	0
4	Additional section 263A costs (attach statement)	4	0
5	Other costs (attach statement)	5	0
6	**Total.** Add lines 1 through 5	6	0
7	Inventory at end of year	7	0
8	**Cost of goods sold.** Subtract line 7 from line 6. Enter here and in Part I, line 2	8	0

9 Do the rules of section 263A (with respect to property produced or acquired for resale) apply to the organization? ☐ **Yes** ☑ **No**

Part IV Rent Income (From Real Property and Personal Property Leased With Real Property)

1 Description of property (property street address, city, state, ZIP code). Check if a dual-use. See instructions.

A ☐
B ☐
C ☐
D ☐

		A	B	C	D
2	Rent received or accrued				
a	From personal property (if the percentage of rent for personal property is more than 10% but not more than 50%)				
b	From real and personal property (if the percentage of rent for personal property exceeds 50% or if the rent is based on profit or income)				
c	Total rents received or accrued by property. Add lines 2a and 2b, columns A through D				

3 Total rents received or accrued. Add line 2c, columns A through D. Enter here and on Part I, line 6, column (A) 0

		A	B	C	D
4	Deductions directly connected with the income in lines 2a and 2b (attach statement)				

5 **Total deductions.** Add line 4, columns A through D. Enter here and on Part I, line 6, column (B) 0

Part V Unrelated Debt-Financed Income (see instructions)

1 Description of debt-financed property (street address, city, state, ZIP code). Check if a dual-use. See instructions.

A ☐
B ☐
C ☐
D ☐

		A	B	C	D
2	Gross income from or allocable to debt-financed property				
3	Deductions directly connected with or allocable to debt-financed property				
a	Straight line depreciation (attach statement)				
b	Other deductions (attach statement)				
c	Total deductions (add lines 3a and 3b, columns A through D)				
4	Amount of average acquisition debt on or allocable to debt-financed property (attach statement)				
5	Average adjusted basis of or allocable to debt-financed property (attach statement)				
6	Divide line 4 by line 5	%	%	%	%
7	Gross income reportable. Multiply line 2 by line 6				

8 **Total gross income** (add line 7, columns A through D). Enter here and on Part I, line 7, column (A) 0

		A	B	C	D
9	Allocable deductions. Multiply line 3c by line 6				

10 **Total allocable deductions.** Add line 9, columns A through D. Enter here and on Part I, line 7, column (B) 0

11 **Total dividends — received deductions** included in line 10 0

Part VI Interest, Annuities, Royalties, and Rents From Controlled Organizations (see instructions)

1. Name of controlled organization	2. Employer identification number	Exempt Controlled Organizations			
		3. Net unrelated income (loss) (see instructions)	4. Total of specified payments made	5. Part of column 4 that is included in the controlling organization's gross income	6. Deductions directly connected with income in column 5
(1)					
(2)					
(3)					
(4)					

7. Taxable income	8. Net unrelated income (loss) (see instructions)	9. Total of specified payments made	10. Part of column 9 that is included in the controlling organization's	11. Deductions directly connected with income in column 10
(1)				
(2)				
(3)				
(4)				
			Add columns 5 and 10. Enter here and on Part I, line 8, column (A).	Add columns 6 and 11. Enter here and on Part I, line 8, column (B).
Totals			0	0

Part VII Investment Income of a Section 501(c)(7), (9), or (17) Organization (see instructions)

1. Description of income	2. Amount of income	3. Deductions directly connected (attach statement)	4. Set-asides (attach statement)	5. Total deductions and set-asides (add columns 3 and 4)
(1)				
(2)				
(3)				
(4)				
	Add amounts in column 2. Enter here and on Part I, line 9, column (A).			Add amounts in column 5. Enter here and on Part I, line 9, column (B).
Totals	0			0

Part VIII Exploited Exempt Activity Income, Other Than Advertising Income (see instructions)

1	Description of exploited activity: _____		
2	Gross unrelated business income from trade or business. Enter here and on Part I, line 10, column (A)	2	
3	Expenses directly connected with production of unrelated business income. Enter here and on Part I, line 10, column (B)	3	
4	Net income (loss) from unrelated trade or business. Subtract line 3 from line 2. If a gain, complete lines 5 through 7	4	
5	Gross income from activity that is not unrelated business income	5	
6	Expenses attributable to income entered on line 5	6	
7	Excess exempt expenses. Subtract line 5 from line 6, but do not enter more than the amount on line 4. Enter here and on Part II, line 12	7	

Part IX Advertising Income

1 Name(s) of periodical(s). Check box if reporting two or more periodicals on a consolidated basis.

A ☐ CHICAGO REALTOR

B ☐

C ☐

D ☐

Enter amounts for each periodical listed above in the corresponding column.

		A	B	C	D
2	Gross advertising income	4,250			
a	Add columns A through D. Enter here and on Part I, line 11, column (A)				4,250
3	Direct advertising costs by periodical	10,924			
a	Add columns A through D. Enter here and on Part I, line 11, column (B)				10,924
4	Advertising gain (loss). Subtract line 3 from line 2. For any column in line 4 showing a gain, complete lines 5 through 8. For any column in line 4 showing a loss or zero, do not complete lines 5 through 7, and enter -0- on line 8	(6,674)			
5	Readership costs				
6	Circulation income				
7	Excess readership costs. If line 6 is less than line 5, subtract line 6 from line 5. If line 5 is less than line 6, enter -0-				
8	Excess readership costs allowed as a deduction. For each column showing a gain on line 4, enter the lesser of line 4 or line 7	0			
a	Add line 8, columns A through D. Enter the greater of the line 8a columns total or -0- here and on Part II, line 13				0

Part X Compensation of Officers, Directors, and Trustees (see instructions)

1. Name	2. Title	3. Percentage of time devoted to business	4. Compensation attributable to unrelated business
(1)		%	
(2)		%	
(3)		%	
(4)		%	
Total. Enter here and on Part II, line 1			0

Part XI Supplemental Information (see instructions)

Form 990T **Additional Information**

Return Reference - Identifier	Explanation
BOOK CARE - NAME AND ADDRESS	ROBERT P. SCHMIDT, 430 N. MICHIGAN AVE., SUITE 800, CHICAGO, IL 60611

Form 990T Part I, Line 4 — Charitable Contributions

Year Generated	Amount Generated	Amount Used in Prior Years	Amount Used in Current Year	Amount Converted to NOL	Amount Remaining	Contribution Carryover Expires
2018	107,140	1,417			105,723	2023
2019	114,165	901			113,264	2024
2020	103,320	347			102,973	2025
2021	62,765	1,040			61,725	2026
2022	18,850	2,619			16,231	2027
2023	44,435		3,988		40,447	2028
Totals	**450,675**	**6,324**	**3,988**	**0**	**440,363**	

Form 990T Part III, Line 6b — Estimated Tax Payments

Date	Amount
09/10/2024	5,000
Totals	**5,000**

Schedule A - Part I, Line 12 — Other Income

Description	Amount
ADVERTISING & CONSULTING INCOME	
(1) WEBSITE ADVERTISING	19,602
Total for Schedule A - Part I, Line 12	**19,602**

Schedule A - Part II, Line 6 — Taxes and Licenses

Description	Amount
INTEREST FROM CONTROLLED ORGANIZATION	
(1) STATE TAXES PAID	2,644
ADVERTISING & CONSULTING INCOME	
(1) STATE TAXES PAID	1,019

Schedule A - Part II, Line 14 — Other Deductions

Description	Amount
INTEREST FROM CONTROLLED ORGANIZATION	
(1) PROFESSIONAL FEES	2,122
ADVERTISING & CONSULTING INCOME	
(1) PROFESSIONAL FEES	818

Schedule A - Part IX, Line 2 — Gross Advertising Income

ADVERTISING & CONSULTING INCOME

(1) CHICAGO REALTOR

Description	Amount
	4,250
Total	**4,250**

Schedule A - Part IX, Line 3 — Direct Advertising Costs

ADVERTISING & CONSULTING INCOME

(1) CHICAGO REALTOR

Description	Amount
	10,924
Total	**10,924**

Schedule A - Part IX, Line 5 — Readership Costs

ADVERTISING & CONSULTING INCOME

(1) CHICAGO REALTOR

Description	Amount
	83,751
Total	**83,751**

Schedule A - Part IX, Line 6 — Circulation Income

ADVERTISING & CONSULTING INCOME

(1) CHICAGO REALTOR

Description	Amount
	59,899
Total	**59,899**

SCHEDULE O (Form 1120)
(Rev. December 2018)
Department of the Treasury
Internal Revenue Service

Consent Plan and Apportionment Schedule for a Controlled Group

► Attach to Form 1120, 1120-C, 1120-F, 1120-FSC, 1120-L, 1120-PC, 1120-REIT, or 1120-RIC.
► Go to *www.irs.gov/Form1120* for instructions and the latest information.

OMB No. 1545-0123

Name	Employer identification number
CHICAGO ASSOCIATION OF REALTORS	36-0904580

Part I Apportionment Plan Information

1 Type of controlled group:
- **a** ☑ Parent–subsidiary group
- **b** ☐ Brother–sister group
- **c** ☐ Combined group
- **d** ☐ Life insurance companies only

2 This corporation has been a member of this group:
- **a** ☑ For the entire year.
- **b** ☐ From _____, 20 _____, until _____, 20_____ .

3 This corporation consents and represents to:
- **a** ☐ Adopt an apportionment plan. All the other members of this group are adopting an apportionment plan effective for the current tax year which ends on _____, 20 _____, and for all succeeding tax years.
- **b** ☐ Amend the current apportionment plan. All the other members of this group are currently amending a previously adopted plan, which was in effect for the tax year ending _____, 20_____, and for all succeeding tax years.
- **c** ☐ Terminate the current apportionment plan and not adopt a new plan. All the other members of this group are not adopting an apportionment plan.
- **d** ☐ Terminate the current apportionment plan and adopt a new plan. All the other members of this group are adopting an apportionment plan effective for the current tax year which ends on _____, 20_____, and for all succeeding tax years.

4 If you checked box 3c or 3d above, check the applicable box below to indicate if the termination of the current apportionment plan was:
- **a** ☐ Elected by the component members of the group.
- **b** ☐ Required for the component members of the group.

5 If you did not check a box on line 3 above, check the applicable box below concerning the status of the group's apportionment plan (see instructions).
- **a** ☐ No apportionment plan is in effect and none is being adopted.
- **b** ☑ An apportionment plan is already in effect. It was adopted for the tax year ending 09/30, 20 15, and for all succeeding tax years.

6 If all the members of this group are adopting a plan or amending the current plan for a tax year after the due date (including extensions) of the tax return for this corporation, is there at least one year remaining on the statute of limitations from the date this corporation filed its amended return for such tax year for assessing any resulting deficiency? See instructions.
- **a** ☐ Yes.
  - *(i)* ☐ The statute of limitations for this year will expire on _____, 20_____.
  - *(ii)* ☐ On _____, 20_____, this corporation entered into an agreement with the Internal Revenue Service to extend the statute of limitations for purposes of assessment until _____, 20_____.
- **b** ☐ No. The members may not adopt or amend an apportionment plan.

7 ☐ If the corporation has a short tax year that does not include December 31, check the box. See instructions.

Part II Apportionment (See instructions)

	(a) Group member's name and employer identification number		(b) Tax year end (Yr-Mo)	Apportionment (c) Accumulated earnings credit	Apportionment (d) Penalty for failure to pay estimated tax	Apportionment (e) Other
1	CHICAGO ASSOCIATION OF REALTORS	36-0904580	24-09	0	0	0
2	CHICAGO ASSOCIATION OF REALTORS BUSINESS INFORMATION SERVICES, INC.	47-4639535	24-09	0	0	0
3						
4						
5						
6						
7						
8						
9						
10						
Total				0	0	0

Form **8868**

(Rev. January 2024)

Department of the Treasury
Internal Revenue Service

Application for Extension of Time To File an Exempt Organization Return or Excise Taxes Related to Employee Benefit Plans

File a separate application for each return.
Go to *www.irs.gov/Form8868* for the latest information.

OMB No. 1545-0047

Electronic filing (*e-file*). You can electronically file Form 8868 to request up to a 6-month extension of time to file any of the forms listed below except for Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts. An extension request for Form 8870 must be sent to the IRS in a paper format (see instructions). For more details on the electronic filing of Form 8868, visit *www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits.*

Caution: If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-TE and Form 8879-TE for payment instructions.

All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

Part I — Identification

Type or Print

File by the due date for filing your return. See instructions.

Name of exempt organization, employer, or other filer, see instructions.	Taxpayer identification number (TIN)
CHICAGO ASSOCIATION OF REALTORS	36-0904580
Number, street, and room or suite no. If a P.O. box, see instructions.	
430 N. MICHIGAN AVE, 800	
City, town or post office, state, and ZIP code. For a foreign address, see instructions.	
CHICAGO, IL 60611	

Enter the Return Code for the return that this application is for (file a separate application for each return) 0 7

Application Is For	Return Code	Application Is For	Return Code
Form 990 or Form 990-EZ	01	Form 4720 (other than individual)	09
Form 4720 (individual)	03	Form 5227	10
Form 990-PF	04	Form 6069	11
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 8870	12
Form 990-T (trust other than above)	06	Form 5330 (individual)	13
Form 990-T (corporation)	07	Form 5330 (other than individual)	14
Form 1041-A	08		

• After you enter your Return Code, complete either Part II or Part III. Part III, including signature, is applicable only for an extension of time to file Form 5330.

• If this application is for an extension of time to file Form 5330, you must enter the following information

Plan Name _____

Plan Number _____

Plan Year Ending (MM/DD/YYYY)

Part II — Automatic Extension of Time To File for Exempt Organizations (see instructions)

• The books are in the care of ▶ ROBERT P. SCHMIDT, 430 N. MICHIGAN AVE., SUITE 800, CHICAGO, IL 60611

Telephone No. ▶ (312) 803-4900 Fax No. ▶ _____

• If the organization does not have an office or place of business in the United States, check this box . . . . . ▶ ☐

• If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) _____. If this is for the whole group, check this box . . . ▶ ☐. If it is for part of the group, check this box . . . . ▶ ☐ and attach a list with the names and TINs of all members the extension is for.

1 I request an automatic 6-month extension of time until 08/15, 20 25, to file the exempt organization return for the organization named above. The extension is for the organization's return for:

▶ ☐ calendar year 20 _____ or

▶ ☑ tax year beginning 10/01, 20 23, and ending 09/30, 20 24.

2 If the tax year entered in line 1 is for less than 12 months, check reason: ☐ Initial return ☐ Final return ☐ Change in accounting period

3a	If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	**3a**	$	8,000
b	If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.	**3b**	$	5,000
c	**Balance due.** Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	**3c**	$	3,000

Caution: If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-TE and Form 8879-TE for payment instructions.

Part III — Extension of Time To File Form 5330 (see instructions)

1 I request an extension of time until _____, 20 ____, to file Form 5330.

You may be approved for up to a 6-month extension to file Form 5330, after the normal due date of Form 5330.

a	Enter the Code section(s) imposing the tax.	**1a**		
b	Enter the payment amount attached.	**1b**	**$**	
c	For excise taxes under section 4980 or 4980F of the Code, enter the reversion/amendment date (MM/DD/YYYY).	**1c**		

2 State in detail why you need the extension.

Under penalties of perjury, I declare that to the best of my knowledge and belief, the statements made on this form are true, correct, and complete, and that I am authorized to prepare this application.

Signature **Date**

Crowe LLP
Independent Member Crowe International

Instructions for filing
Chicago Association of REALTORS
IL Form 990T
Illinois 990T - Exempt Org. Inc. & Replacement Tax
for the period ended 09/30/2024

****

Signature...

The original return should be signed and dated by an authorized officer of the corporation.

Filing...

The signed return should be filed on or before 09/15/2025 with...

Illinois Department of Revenue
P.O. Box 19009
Springfield, IL 62794-9009

Overpayment...

The return shows an overpayment of $837 of which $837 has been applied to your estimated tax and $0 should be refunded to you.

Illinois Department of Revenue

2023 Form IL-990-T

Exempt Organization Income and Replacement Tax Return

Due on or before the 15th day of the 5th month (4th month for employee trusts) following the close of the tax year.

If this return is not for calendar year 2023, enter your fiscal tax year here.
Tax year beginning 10 (month) 01 (day) 20 23 (year), ending 09 (month) 30 (day) 20 24 (year)

WARNING This form is for tax years ending on or after December 31, 2023, and before December 31, 2024. For all other situations, see instructions to determine the correct form to use.

Enter the amount you are paying.

$ 0

Step 1: Identify your exempt organization

A Enter your complete legal business name.
If you have a name change, check this box. ☐

Name: CHICAGO ASSOCIATION OF REALTORS

B Enter your mailing address.

C/O:

Mailing address: 430 N. MICHIGAN AVE, 800

City: CHICAGO State: IL ZIP: 60611

C If this is the first or final return, check the applicable box(es).

☐ First return

☐ Final return (Enter the date of termination. ____ (mm) ____ (dd) ____ (yyyy))

D Enter your federal employer identification number (FEIN).
3 6 - 0 9 0 4 5 8 0

E Check if you are taxed as a corporation. ☒

F Check if you are taxed as a trust. ☐

G Provide the nature of your unrelated trade or business. (SEE STATEMENT)

H Check this box if you attached Illinois Schedule 1299-D, Income Tax Credits. ☐

I Enter your North American Industry Classification System (NAICS) Code, if applicable.
See instructions. 8 1 3 9 2 0

J Check this box if you are a 52/53 week filer. ☐

Step 2: Figure your base income or loss

(Whole dollars only)

1	Unrelated business taxable income or loss from U.S. Form 990-T. See instructions. **Attach** a copy of your U.S. Form 990-T.	1 34,894.00
2	Illinois income and replacement tax and surcharge deducted in arriving at Line 1.	2 3,663.00
3	**Base income or loss.** Add Lines 1 and 2.	3 38,557.00

STOP

A If the amount on Line 3 is derived inside Illinois only or if you are an Illinois resident trust, check this box and enter the amount from Step 2, Line 3 on Step 4, Line 12. You may not complete Step 3. (You must leave Step 3, Lines 4 through 11 blank.) ☒

B If any portion of the amount on Line 3 is derived outside Illinois, check this box and complete all lines of Step 3. (Do not leave Lines 6 through 8 blank.) See instructions. ☐

Step 3: Figure your income allocable to Illinois

(Complete only if you checked the box on Line B, above.)

4	Business income or loss included in Line 3 from non-unitary partnerships, partnerships included on a Schedule UB, S corporations, trusts, or estates. See instructions.		4 .00
5	Business income or loss. Subtract Line 4 from Line 3.		5 .00
6	Total sales everywhere. This amount cannot be negative.	6	
7	Total sales inside Illinois. This amount cannot be negative.	7	
8	Apportionment factor. Divide Line 7 by Line 6. Round to six decimal places.	8 .	
9	Business income or loss apportionable to Illinois. Multiply Line 5 by Line 8.		9 .00
10	Business income or loss apportionable to Illinois from non-unitary partnerships, partnerships included on a Schedule UB, S corporations, trusts, or estates. See instructions.		10 .00
11	**Base income or loss allocable to Illinois.** Add Lines 9 and 10.		11 .00

Step 4: Figure your net replacement tax

Attach your payment and Form IL-990-T-V here.

12	Net income or loss from Line 3 or Line 11.	12 38,557.00
13	Replacement tax. **Corporations** multiply Line 12 by 2.5% (.025); **Trusts** multiply by 1.5% (.015).	13 964.00
14	Recapture of investment credits. **Attach** Schedule 4255.	14 .00
15	Replacement tax before investment credits. Add Lines 13 and 14.	15 964.00
16	Investment credits. **Attach** Form IL-477.	16 .00
17	**Net replacement tax.** Subtract Line 16 from Line 15. If the amount is negative, enter zero.	17 964.00

IR **NS** **DR** _____

This form is authorized as outlined by the Illinois Income Tax Act. Disclosure of this information is REQUIRED. Failure to provide information could result in a penalty.

Step 5: Figure your net income tax

18	Net income or loss from Line 12.	**18**	38,558.00
19	Income Tax. See instructions.	**19**	2,699.00
20	Recapture of investment credits. **Attach** Schedule 4255.	**20**	.00
21	Income tax before credits. Add Lines 19 and 20.	**21**	2,699.00
22	Income tax credits. **Attach** Schedule 1299-D.	**22**	.00
23	**Net income tax.** Subtract Line 22 from Line 21. If the amount is negative, enter zero.	**23**	2,699.00

Step 6: Figure your refund or balance due

24	Net replacement tax from Line 17.	**24**	964.00
25	Net income tax from Line 23.	**25**	2,699.00
26	Compassionate Use of Medical Cannabis Program Act surcharge. See instructions.	**26**	.00
27	Sale of assets by gaming licensee surcharge. See instructions.	**27**	.00
28	**Total net income and replacement taxes and surcharges.** Add Lines 24, 25, 26, and 27.	**28**	3,663.00
29	Payments. See instructions.		
a	Credits from previous overpayments.	**29a**	0.00
b	Total payments made before the date this return is filed.	**29b**	4,500.00
c	Pass-through withholding reported to you on Schedule(s) K-1-P or K-1-T. **Attach** Schedule(s) K-1-P or K-1-T.	**29c**	0.00
d	Pass-through entity tax credit reported to you. **Attach** Schedule(s) K-1-P or K-1-T.	**29d**	.00
e	Illinois income tax withholding. **Attach** Form(s) W-2G.	**29e**	.00
30	Total payments. Add Lines 29a through 29e.	**30**	4,500.00
31	**Overpayment.** If Line 30 is greater than Line 28, subtract Line 28 from Line 30.	**31**	837.00
32	Amount to be **credited forward.** See instructions.	**32**	837.00
	Check this box and attach a detailed statement if this carryforward is going to a different FEIN. ☐		
33	**Refund.** Subtract Line 32 from Line 31. This is the amount to be refunded.	**33**	0.00

34 **Complete to direct deposit your refund**

Routing Number ☐☐☐☐☐☐☐☐☐ ☐ Checking or ☐ Savings

Account Number ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐

35	**Tax Due.** If Line 28 is greater than Line 30, subtract Line 30 from Line 28. This is the amount you owe.	**35**	.00

▶ **If you owe tax on Line 35, make an electronic payment at Tax.Illinois.gov. If you must mail your payment, complete a payment voucher, Form IL-990-T-V. Write your FEIN, tax year ending, and "IL-990-T-V" on your check or money order and make it payable to "Illinois Department of Revenue." Attach your voucher and payment to the front of this form.**

Special Note → **Enter the amount of your payment on the top of Page 1 in the space provided.**

Step 7: Sign below -

Under penalties of perjury, I state that I have examined this return and, to the best of my knowledge, it is true, correct, and complete.

Sign Here					
			CFO	(312) 803-4900	☒ Check if the Department may discuss this return with the paid preparer shown in this step.
	Signature of authorized officer	Date (mm/dd/yyyy)	Title	Phone	

Paid Preparer Use Only					
	STEVE LENIVY	STEVE LENIVY	07/14/2025	☐ Check if self-employed	P01635350
	Print/Type paid preparer's name	Paid preparer's signature	Date (mm/dd/yyyy)		Paid Preparer's PTIN
	Firm's name ▶ CROWE LLP			Firm's FEIN ▶	35-0921680
	Firm's address ▶ 701 13TH ST NW, SUITE 852, WASHINGTON, DC 20005			Firm's phone ▶	(202)624-5555

▶ If a payment is **not** enclosed, mail this return to: **Illinois Department of Revenue, P.O. Box 19009, Springfield, IL 62794-9009**

▶ If a payment is enclosed, mail this return to**: Illinois Department of Revenue, P.O. Box 19053, Springfield, IL 62794-9053**

Statements

Return Reference - Identifier	Explanation
STEP 1 - LINE G	INTEREST FROM CONTROLLED ORGANIZATION / ADVERTISING & CONSULTING INCOME

If no payment is due or you make your payment electronically, do not file this form.

We encourage all taxpayers to pay electronically whenever possible.

By paying electronically, you can . . .

- Avoid mailing delays.
- Save a trip to the post office and the price of a stamp.
- Get immediate confirmation of your payment.

Visit **tax.illinois.gov** to make your payment electronically.

Special Note You must use one of our electronic payment options if the department has notified you that you are required to make payments electronically.

If you choose to pay the amount you owe by mail, complete the following steps:

1 Enter your federal employer identification number (FEIN).

2 Enter your name, C/O information (if applicable), address, and phone number.

3 Enter the month and year your tax year ends.

4 Enter the amount you are paying. Use whole dollars only.

5 Detach the voucher and enclose a check or money order for the amount you are paying.
- Write your FEIN, tax year ending, and "IL-990-T-V" on your payment.
- Make your check or money order payable to "Illinois Department of Revenue."
- Mail your completed voucher **and** payment to the address shown on the voucher.

Note If you are also filing your return by mail, you may attach your voucher and payment to the front page of your return, and mail your return, voucher, and payment together to the address shown on your return.

*** * * If you are not paying electronically, use this voucher to make all IL-990-T payments (extension, prepayment, or return). * * ***

Printed by the authority of the State of Illinois - web only - one copy.

Illinois Department of Revenue

2023 IL-990-T-V

IL-990-T-V (R-12/22)

Payment Voucher for Exempt Organization Income and Replacement Tax

Official use only

Mail to: Illinois Department of Revenue, P.O. Box 19053, Springfield, IL 62794-9053

If no payment is due or you make your payment electronically, do not file this form.

FEIN: 36-0904580

Tax year ending: 09 (Month) 24 (Year)

Name: CHICAGO ASSOCIATION OF REALTORS

C/O:

$ 2,000.00

Payment Amount (Whole dollars only)

Write your FEIN, tax year ending, and "IL-990-T-V" on your check or money order and make it payable to "Illinois Department of Revenue."

Mailing address: 430 N. MICHIGAN AVE, 800

City: CHICAGO State: IL ZIP: 60611

Phone: (312) 803-4900

You have successfully submitted your payment request. It is your responsibility to verify through your account and bank statement that this transaction was successful.

Important: Electronic payments may not be reflected in your account balances in MyTax Illinois for up to 5 business days after the date of debit. Any remaining balance will be reflected in your account after your payment is applied.

Your confirmation number is **1-840-111-792**

Request submitted on: 9/9/2024 3:41:26 PM (Central Time)
Request type: Business Income Tax - IL-990-T Payment

Details of your request:

Account number: 36-0904580
Reporting period: September 2024
Amount of request: $2,500.00
Date of debit: 9/9/2024
Bank account: ****3351 - HUNTINGTON NATIONAL BANK

If you want to make a change, it is not too late. While a payment is still pending, you can return to your account, cancel this request, and submit a new payment request.

You may print this page for your records. This confirmation screen will not be accessible once you navigate away from this page. However, a record of your request will remain available in your account.

If you have questions, please visit our website at **tax.illinois.gov** or call us at **1 800 732-8866**. Reference the confirmation number provided above.

Form **990-T**

Exempt Organization Business Income Tax Return
(and proxy tax under section 6033(e))

OMB No. 1545-0047

2023

For calendar year 2023 or other tax year beginning 10/01, 2023, and ending 09/30, 20 24

Go to *www.irs.gov/Form990T* for instructions and the latest information.
Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3).

Department of the Treasury
Internal Revenue Service

Open to Public Inspection for 501(c)(3) Organizations Only

A ☐ Check box if address changed.

B Exempt under section
☑ 501(C)(6)
☐ 408(e) ☐ 220(e)
☐ 408A ☐ 530(a)
☐ 529(a) ☐ 529A

Print or Type

Name of organization (☐ Check box if name changed and see instructions.)
CHICAGO ASSOCIATION OF REALTORS

Number, street, and room or suite no. If a P.O. box, see instructions.
430 N. MICHIGAN AVE, 800

City or town, state or province, country, and ZIP or foreign postal code
CHICAGO, IL 60611

C Book value of all assets at end of year 7,480,304

D **Employer identification number**
36-0904580

E **Group exemption number** (see instructions)

F ☐ Check box if an amended return.

G Check organization type ☑ 501(c) corporation ☐ 501(c) trust ☐ 401(a) trust ☐ Other trust ☐ State college/university ☐ 6417(d)(1)(A) Applicable entity

H Check if filing only to claim ☐ Credit from Form 8941 ☐ Refund shown on Form 2439 ☐ Elective payment amount from Form 3800

I Check if a 501(c)(3) organization filing a consolidated return with a 501(c)(2) titleholding corporation . . . . . ☐

J Enter the number of attached Schedules A (Form 990-T) 2

K During the tax year, was the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group? ☐ **Yes** ☑ **No**
If "Yes," enter the name and identifying number of the parent corporation

L The books are in care of (SEE STATEMENT) Telephone number (312) 803-4900

Part I Total Unrelated Business Taxable Income

1	Total of unrelated business taxable income computed from all unrelated trades or businesses (see instructions)	1	39,882
2	Reserved	2	
3	Add lines 1 and 2	3	39,882
4	Charitable contributions (see instructions for limitation rules)	4	3,988
5	Total unrelated business taxable income before net operating losses. Subtract line 4 from line 3	5	35,894
6	Deduction for net operating loss. See instructions	6	0
7	Total of unrelated business taxable income before specific deduction and section 199A deduction. Subtract line 6 from line 5	7	35,894
8	Specific deduction (generally $1,000, but see instructions for exceptions)	8	1,000
9	**Trusts.** Section 199A deduction. See instructions	9	0
10	**Total deductions.** Add lines 8 and 9	10	1,000
11	**Unrelated business taxable income.** Subtract line 10 from line 7. If line 10 is greater than line 7, enter zero	11	34,894

Part II Tax Computation

1	**Organizations taxable as corporations.** Multiply Part I, line 11, by 21% (0.21)	1	7,328
2	**Trusts taxable at trust rates.** See instructions for tax computation. Income tax on the amount on Part I, line 11, from: ☐ Tax rate schedule or ☐ Schedule D (Form 1041)	2	
3	**Proxy tax.** See instructions	3	0
4	Other tax amounts. See instructions	4	0
5	Alternative minimum tax	5	0
6	**Tax on noncompliant facility income.** See instructions	6	0
7	**Total.** Add lines 3 through 6 to line 1 or 2, whichever applies	7	7,328

Part III Tax and Payments

1a	Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116)	1a	0		
b	Other credits (see instructions)	1b	0		
c	General business credit. Attach Form 3800 (see instructions)	1c	0		
d	Credit for prior-year minimum tax (attach Form 8801 or 8827)	1d			
e	**Total credits.** Add lines 1a through 1d			1e	0
2	Subtract line 1e from Part II, line 7			2	7,328
3a	Amount due from Form 4255	3a			
b	Amount due from Form 8611	3b			
c	Amount due from Form 8697	3c			
d	Amount due from Form 8866	3d			
e	Other amounts due (see instructions)	3e	0		
f	Total amounts due. Add lines 3a through 3e			3f	0
4	**Total tax.** Add lines 2 and 3f (see instructions). ☐ Check if includes tax previously deferred under section 1294. Enter tax amount here		0	4	7,328
5	Current net 965 tax liability paid from Form 965-A, Part II, column (k)			5	0

Part III Tax and Payments *(continued)*

6a	Payments: Preceding year's overpayment credited to the current year	6a	0		
b	Current year's estimated tax payments. Check if section 643(g) election applies ☐	6b	5,000		
c	Tax deposited with Form 8868	6c	3,000		
d	Foreign organizations: Tax paid or withheld at source (see instructions)	6d	0		
e	Backup withholding (see instructions)	6e	0		
f	Credit for small employer health insurance premiums (attach Form 8941)	6f	0		
g	Elective payment election amount from Form 3800	6g	0		
h	Payment from Form 2439	6h	0		
i	Credit from Form 4136	6i	0		
j	Other (see instructions)	6j	0		
7	**Total payments.** Add lines 6a through 6j			7	8,000
8	Estimated tax penalty (see instructions). Check if Form 2220 is attached ☐			8	0
9	**Tax due.** If line 7 is smaller than the total of lines 4, 5, and 8, enter amount owed			9	0
10	**Overpayment.** If line 7 is larger than the total of lines 4, 5, and 8, enter amount overpaid			10	672
11	Enter the amount of line 10 you want: **Credited to 2024 estimated tax** 672 **Refunded**			11	0

Part IV Statements Regarding Certain Activities and Other Information (see instructions)

		Yes	No
1	At any time during the 2023 calendar year, did the organization have an interest in or a signature or other authority over a financial account (bank, securities, or other) in a foreign country? If "Yes," the organization may have to file FinCEN Form 114, Report of Foreign Bank and Financial Accounts. If "Yes," enter the name of the foreign country here		✔
2	During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust? If "Yes," see instructions for other forms the organization may have to file.		✔
3	Enter the amount of tax-exempt interest received or accrued during the tax year $ 0		
4	Enter available pre-2018 NOL carryovers here $ 0. Do not include any post-2017 NOL carryover shown on Schedule A (Form 990-T). Don't reduce the NOL carryover shown here by any deduction reported on Part I, line 6.		
5	Post-2017 NOL carryovers. Enter the Business Activity Code and available post-2017 NOL carryovers. Don't reduce the amounts shown below by any NOL claimed on any Schedule A, Part II, line 17, for the tax year. See instructions.		

Business Activity Code	Available post-2017 NOL carryover
	$
	$
	$
	$

6a	Reserved for future use		
b	Reserved for future use		

Part V Supplemental Information

Provide any additional information. See instructions.

Sign Here

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 taxpayer) is based on all information of which preparer has any knowledge.

Signature of officer | Date | Title: CFO

May the IRS discuss this return with the preparer shown below (see instructions)? ☑ Yes ☐ No

Paid Preparer Use Only

Print/Type preparer's name	Preparer's signature	Date	Check ☐ if self-employed	PTIN
STEVE LENIVY	STEVE LENIVY	07/14/2025		P01635350

Firm's name CROWE LLP — Firm's EIN 35-0921680

Firm's address 701 13TH ST NW, SUITE 852, WASHINGTON, DC 20005 — Phone no. (202) 624-5555

SCHEDULE A (Form 990-T)

Department of the Treasury
Internal Revenue Service

Unrelated Business Taxable Income From an Unrelated Trade or Business

Go to *www.irs.gov/Form990T* for instructions and the latest information.
Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3).

OMB No. 1545-0047

2023

Open to Public Inspection for 501(c)(3) Organizations Only

A Name of the organization
CHICAGO ASSOCIATION OF REALTORS

B Employer identification number
36-0904580

C Unrelated business activity code (see instructions) 903001

D Sequence: 1 of 2

E Describe the unrelated trade or business INTEREST FROM CONTROLLED ORGANIZATION

Part I Unrelated Trade or Business Income		(A) Income	(B) Expenses	(C) Net
1a Gross receipts or sales 0				
b Less returns and allowances 0 c Balance	1c	0		
2 Cost of goods sold (Part III, line 8)	2	0		
3 Gross profit. Subtract line 2 from line 1c	3	0		0
4a Capital gain net income (attach Schedule D (Form 1041 or Form 1120)). See instructions	4a	0		0
b Net gain (loss) (Form 4797) (attach Form 4797). See instructions	4b	0		0
c Capital loss deduction for trusts	4c	0		0
5 Income (loss) from a partnership or an S corporation (attach statement)	5	0		0
6 Rent income (Part IV)	6	0	0	0
7 Unrelated debt-financed income (Part V)	7	0	0	0
8 Interest, annuities, royalties, and rents from a controlled organization (Part VI)	8	33,557	0	33,557
9 Investment income of section 501(c)(7), (9), or (17) organizations (Part VII)	9	0	0	0
10 Exploited exempt activity income (Part VIII)	10	0	0	0
11 Advertising income (Part IX)	11	0	0	0
12 Other income (see instructions; attach statement)	12	0		0
13 **Total.** Combine lines 3 through 12	13	33,557	0	33,557

Part II **Deductions Not Taken Elsewhere.** See instructions for limitations on deductions. Deductions must be directly connected with the unrelated business income.				
1 Compensation of officers, directors, and trustees (Part X)			1	0
2 Salaries and wages			2	0
3 Repairs and maintenance			3	0
4 Bad debts			4	0
5 Interest (attach statement). See instructions			5	0
6 Taxes and licenses			6	2,644
7 Depreciation (attach Form 4562). See instructions	7	0		
8 Less depreciation claimed in Part III and elsewhere on return	8a	0	8b	0
9 Depletion			9	0
10 Contributions to deferred compensation plans			10	0
11 Employee benefit programs			11	0
12 Excess exempt expenses (Part VIII)			12	0
13 Excess readership costs (Part IX)			13	0
14 Other deductions (attach statement)			14	2,122
15 **Total deductions.** Add lines 1 through 14			15	4,766
16 Unrelated business income before net operating loss deduction. Subtract line 15 from Part I, line 13, column (C)			16	28,791
17 Deduction for net operating loss. See instructions			17	0
18 **Unrelated business taxable income.** Subtract line 17 from line 16			18	28,791

Part III Cost of Goods Sold

Enter method of inventory valuation

1	Inventory at beginning of year	1	0
2	Purchases	2	0
3	Cost of labor	3	0
4	Additional section 263A costs (attach statement)	4	0
5	Other costs (attach statement)	5	0
6	**Total.** Add lines 1 through 5	6	0
7	Inventory at end of year	7	0
8	**Cost of goods sold.** Subtract line 7 from line 6. Enter here and in Part I, line 2	8	0

9 Do the rules of section 263A (with respect to property produced or acquired for resale) apply to the organization? ☐ **Yes** ☑ **No**

Part IV Rent Income (From Real Property and Personal Property Leased With Real Property)

1 Description of property (property street address, city, state, ZIP code). Check if a dual-use. See instructions.

A ☐
B ☐
C ☐
D ☐

		A	B	C	D
2	Rent received or accrued				
a	From personal property (if the percentage of rent for personal property is more than 10% but not more than 50%)				
b	From real and personal property (if the percentage of rent for personal property exceeds 50% or if the rent is based on profit or income)				
c	Total rents received or accrued by property. Add lines 2a and 2b, columns A through D				

3 Total rents received or accrued. Add line 2c, columns A through D. Enter here and on Part I, line 6, column (A) 0

		A	B	C	D
4	Deductions directly connected with the income in lines 2a and 2b (attach statement)				

5 **Total deductions.** Add line 4, columns A through D. Enter here and on Part I, line 6, column (B) 0

Part V Unrelated Debt-Financed Income (see instructions)

1 Description of debt-financed property (street address, city, state, ZIP code). Check if a dual-use. See instructions.

A ☐
B ☐
C ☐
D ☐

		A	B	C	D
2	Gross income from or allocable to debt-financed property				
3	Deductions directly connected with or allocable to debt-financed property				
a	Straight line depreciation (attach statement)				
b	Other deductions (attach statement)				
c	Total deductions (add lines 3a and 3b, columns A through D)				
4	Amount of average acquisition debt on or allocable to debt-financed property (attach statement)				
5	Average adjusted basis of or allocable to debt-financed property (attach statement)				
6	Divide line 4 by line 5	%	%	%	%
7	Gross income reportable. Multiply line 2 by line 6				

8 **Total gross income** (add line 7, columns A through D). Enter here and on Part I, line 7, column (A) 0

		A	B	C	D
9	Allocable deductions. Multiply line 3c by line 6				

10 **Total allocable deductions.** Add line 9, columns A through D. Enter here and on Part I, line 7, column (B) 0

11 **Total dividends — received deductions** included in line 10 0

Part VI Interest, Annuities, Royalties, and Rents From Controlled Organizations (see instructions)

1. Name of controlled organization	2. Employer identification number	Exempt Controlled Organizations			
		3. Net unrelated income (loss) (see instructions)	4. Total of specified payments made	5. Part of column 4 that is included in the controlling organization's gross income	6. Deductions directly connected with income in column 5
(1) NORTHERN ILLINOIS REAL ESTATE INFORMATION NET	36-3425361	0	0	0	0
(2)					
(3)					
(4)					

7. Taxable income	8. Net unrelated income (loss) (see instructions)	9. Total of specified payments made	10. Part of column 9 that is included in the controlling organization's	11. Deductions directly connected with income in column 10
(1) 33,557	33,557	33,557	33,557	0
(2)				
(3)				
(4)				
			Add columns 5 and 10. Enter here and on Part I, line 8, column (A).	Add columns 6 and 11. Enter here and on Part I, line 8, column (B).
Totals			33,557	0

Part VII Investment Income of a Section 501(c)(7), (9), or (17) Organization (see instructions)

1. Description of income	2. Amount of income	3. Deductions directly connected (attach statement)	4. Set-asides (attach statement)	5. Total deductions and set-asides (add columns 3 and 4)
(1)				
(2)				
(3)				
(4)				
	Add amounts in column 2. Enter here and on Part I, line 9, column (A).			Add amounts in column 5. Enter here and on Part I, line 9, column (B).
Totals	0			0

Part VIII Exploited Exempt Activity Income, Other Than Advertising Income (see instructions)

1	Description of exploited activity:		
2	Gross unrelated business income from trade or business. Enter here and on Part I, line 10, column (A)	2	
3	Expenses directly connected with production of unrelated business income. Enter here and on Part I, line 10, column (B)	3	
4	Net income (loss) from unrelated trade or business. Subtract line 3 from line 2. If a gain, complete lines 5 through 7	4	
5	Gross income from activity that is not unrelated business income	5	
6	Expenses attributable to income entered on line 5	6	
7	Excess exempt expenses. Subtract line 5 from line 6, but do not enter more than the amount on line 4. Enter here and on Part II, line 12	7	

Part IX Advertising Income

1 Name(s) of periodical(s). Check box if reporting two or more periodicals on a consolidated basis.

A ☐
B ☐
C ☐
D ☐

Enter amounts for each periodical listed above in the corresponding column.

		A	B	C	D
2	Gross advertising income				
a	Add columns A through D. Enter here and on Part I, line 11, column (A)				0
3	Direct advertising costs by periodical				
a	Add columns A through D. Enter here and on Part I, line 11, column (B)				0
4	Advertising gain (loss). Subtract line 3 from line 2. For any column in line 4 showing a gain, complete lines 5 through 8. For any column in line 4 showing a loss or zero, do not complete lines 5 through 7, and enter -0- on line 8				
5	Readership costs				
6	Circulation income				
7	Excess readership costs. If line 6 is less than line 5, subtract line 6 from line 5. If line 5 is less than line 6, enter -0-				
8	Excess readership costs allowed as a deduction. For each column showing a gain on line 4, enter the lesser of line 4 or line 7				
a	Add line 8, columns A through D. Enter the greater of the line 8a columns total or -0- here and on Part II, line 13				0

Part X Compensation of Officers, Directors, and Trustees (see instructions)

1. Name	2. Title	3. Percentage of time devoted to business	4. Compensation attributable to unrelated business
(1)		%	
(2)		%	
(3)		%	
(4)		%	
Total. Enter here and on Part II, line 1			0

Part XI Supplemental Information (see instructions)

SCHEDULE A (Form 990-T)

Department of the Treasury
Internal Revenue Service

Unrelated Business Taxable Income From an Unrelated Trade or Business

Go to *www.irs.gov/Form990T* for instructions and the latest information.
Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3).

OMB No. 1545-0047

2023

Open to Public Inspection for 501(c)(3) Organizations Only

A Name of the organization: CHICAGO ASSOCIATION OF REALTORS

B Employer identification number: 36-0904580

C Unrelated business activity code (see instructions): 540000

D Sequence: 2 of 2

E Describe the unrelated trade or business: ADVERTISING & CONSULTING INCOME

Part I Unrelated Trade or Business Income

			(A) Income	(B) Expenses	(C) Net
1a	Gross receipts or sales: 0				
b	Less returns and allowances: 0 c Balance	1c	0		
2	Cost of goods sold (Part III, line 8)	2	0		
3	Gross profit. Subtract line 2 from line 1c	3	0		0
4a	Capital gain net income (attach Schedule D (Form 1041 or Form 1120)). See instructions	4a	0		0
b	Net gain (loss) (Form 4797) (attach Form 4797). See instructions	4b	0		0
c	Capital loss deduction for trusts	4c	0		0
5	Income (loss) from a partnership or an S corporation (attach statement)	5	0		0
6	Rent income (Part IV)	6	0	0	0
7	Unrelated debt-financed income (Part V)	7	0	0	0
8	Interest, annuities, royalties, and rents from a controlled organization (Part VI)	8	0	0	0
9	Investment income of section 501(c)(7), (9), or (17) organizations (Part VII)	9	0	0	0
10	Exploited exempt activity income (Part VIII)	10	0	0	0
11	Advertising income (Part IX)	11	4,250	10,924	(6,674)
12	Other income (see instructions; attach statement)	12	19,602		19,602
13	**Total.** Combine lines 3 through 12	13	23,852	10,924	12,928

Part II Deductions Not Taken Elsewhere. See instructions for limitations on deductions. Deductions must be directly connected with the unrelated business income.

1	Compensation of officers, directors, and trustees (Part X)			1	0
2	Salaries and wages			2	0
3	Repairs and maintenance			3	0
4	Bad debts			4	0
5	Interest (attach statement). See instructions			5	0
6	Taxes and licenses			6	1,019
7	Depreciation (attach Form 4562). See instructions	7	0		
8	Less depreciation claimed in Part III and elsewhere on return	8a	0	8b	0
9	Depletion			9	0
10	Contributions to deferred compensation plans			10	0
11	Employee benefit programs			11	0
12	Excess exempt expenses (Part VIII)			12	0
13	Excess readership costs (Part IX)			13	0
14	Other deductions (attach statement)			14	818
15	**Total deductions.** Add lines 1 through 14			15	1,837
16	Unrelated business income before net operating loss deduction. Subtract line 15 from Part I, line 13, column (C)			16	11,091
17	Deduction for net operating loss. See instructions			17	0
18	**Unrelated business taxable income.** Subtract line 17 from line 16			18	11,091

Part III Cost of Goods Sold

Enter method of inventory valuation

1	Inventory at beginning of year	1	0
2	Purchases	2	0
3	Cost of labor	3	0
4	Additional section 263A costs (attach statement)	4	0
5	Other costs (attach statement)	5	0
6	**Total.** Add lines 1 through 5	6	0
7	Inventory at end of year	7	0
8	**Cost of goods sold.** Subtract line 7 from line 6. Enter here and in Part I, line 2	8	0

9 Do the rules of section 263A (with respect to property produced or acquired for resale) apply to the organization? ☐ **Yes** ☑ **No**

Part IV Rent Income (From Real Property and Personal Property Leased With Real Property)

1 Description of property (property street address, city, state, ZIP code). Check if a dual-use. See instructions.

A ☐
B ☐
C ☐
D ☐

		A	B	C	D
2	Rent received or accrued				
a	From personal property (if the percentage of rent for personal property is more than 10% but not more than 50%)				
b	From real and personal property (if the percentage of rent for personal property exceeds 50% or if the rent is based on profit or income)				
c	Total rents received or accrued by property. Add lines 2a and 2b, columns A through D				

3 Total rents received or accrued. Add line 2c, columns A through D. Enter here and on Part I, line 6, column (A) 0

		A	B	C	D
4	Deductions directly connected with the income in lines 2a and 2b (attach statement)				

5 **Total deductions.** Add line 4, columns A through D. Enter here and on Part I, line 6, column (B) 0

Part V Unrelated Debt-Financed Income (see instructions)

1 Description of debt-financed property (street address, city, state, ZIP code). Check if a dual-use. See instructions.

A ☐
B ☐
C ☐
D ☐

		A	B	C	D
2	Gross income from or allocable to debt-financed property				
3	Deductions directly connected with or allocable to debt-financed property				
a	Straight line depreciation (attach statement)				
b	Other deductions (attach statement)				
c	Total deductions (add lines 3a and 3b, columns A through D)				
4	Amount of average acquisition debt on or allocable to debt-financed property (attach statement)				
5	Average adjusted basis of or allocable to debt-financed property (attach statement)				
6	Divide line 4 by line 5	%	%	%	%
7	Gross income reportable. Multiply line 2 by line 6				

8 **Total gross income** (add line 7, columns A through D). Enter here and on Part I, line 7, column (A) 0

		A	B	C	D
9	Allocable deductions. Multiply line 3c by line 6				

10 **Total allocable deductions.** Add line 9, columns A through D. Enter here and on Part I, line 7, column (B) 0

11 **Total dividends — received deductions** included in line 10 0

Part VI Interest, Annuities, Royalties, and Rents From Controlled Organizations (see instructions)

1. Name of controlled organization	2. Employer identification number	Exempt Controlled Organizations			
		3. Net unrelated income (loss) (see instructions)	4. Total of specified payments made	5. Part of column 4 that is included in the controlling organization's gross income	6. Deductions directly connected with income in column 5
(1)					
(2)					
(3)					
(4)					

7. Taxable income	8. Net unrelated income (loss) (see instructions)	9. Total of specified payments made	10. Part of column 9 that is included in the controlling organization's	11. Deductions directly connected with income in column 10
(1)				
(2)				
(3)				
(4)				
			Add columns 5 and 10. Enter here and on Part I, line 8, column (A).	Add columns 6 and 11. Enter here and on Part I, line 8, column (B).
Totals			0	0

Part VII Investment Income of a Section 501(c)(7), (9), or (17) Organization (see instructions)

1. Description of income	2. Amount of income	3. Deductions directly connected (attach statement)	4. Set-asides (attach statement)	5. Total deductions and set-asides (add columns 3 and 4)
(1)				
(2)				
(3)				
(4)				
	Add amounts in column 2. Enter here and on Part I, line 9, column (A).			Add amounts in column 5. Enter here and on Part I, line 9, column (B).
Totals	0			0

Part VIII Exploited Exempt Activity Income, Other Than Advertising Income (see instructions)

1	Description of exploited activity: _____		
2	Gross unrelated business income from trade or business. Enter here and on Part I, line 10, column (A)	2	
3	Expenses directly connected with production of unrelated business income. Enter here and on Part I, line 10, column (B)	3	
4	Net income (loss) from unrelated trade or business. Subtract line 3 from line 2. If a gain, complete lines 5 through 7	4	
5	Gross income from activity that is not unrelated business income	5	
6	Expenses attributable to income entered on line 5	6	
7	Excess exempt expenses. Subtract line 5 from line 6, but do not enter more than the amount on line 4. Enter here and on Part II, line 12	7	

Part IX Advertising Income

1 Name(s) of periodical(s). Check box if reporting two or more periodicals on a consolidated basis.

A ☐ CHICAGO REALTOR

B ☐

C ☐

D ☐

Enter amounts for each periodical listed above in the corresponding column.

		A	B	C	D
2	Gross advertising income	4,250			
a	Add columns A through D. Enter here and on Part I, line 11, column (A)				4,250
3	Direct advertising costs by periodical	10,924			
a	Add columns A through D. Enter here and on Part I, line 11, column (B)				10,924
4	Advertising gain (loss). Subtract line 3 from line 2. For any column in line 4 showing a gain, complete lines 5 through 8. For any column in line 4 showing a loss or zero, do not complete lines 5 through 7, and enter -0- on line 8	(6,674)			
5	Readership costs				
6	Circulation income				
7	Excess readership costs. If line 6 is less than line 5, subtract line 6 from line 5. If line 5 is less than line 6, enter -0-				
8	Excess readership costs allowed as a deduction. For each column showing a gain on line 4, enter the lesser of line 4 or line 7	0			
a	Add line 8, columns A through D. Enter the greater of the line 8a columns total or -0- here and on Part II, line 13				0

Part X Compensation of Officers, Directors, and Trustees (see instructions)

1. Name	2. Title	3. Percentage of time devoted to business	4. Compensation attributable to unrelated business
(1)		%	
(2)		%	
(3)		%	
(4)		%	
Total. Enter here and on Part II, line 1			0

Part XI Supplemental Information (see instructions)

Form 990T **Additional Information**

Return Reference - Identifier	Explanation
BOOK CARE - NAME AND ADDRESS	ROBERT P. SCHMIDT, 430 N. MICHIGAN AVE., SUITE 800, CHICAGO, IL 60611

Form 990T Part I, Line 4 — Charitable Contributions

Year Generated	Amount Generated	Amount Used in Prior Years	Amount Used in Current Year	Amount Converted to NOL	Amount Remaining	Contribution Carryover Expires
2018	107,140	1,417			105,723	2023
2019	114,165	901			113,264	2024
2020	103,320	347			102,973	2025
2021	62,765	1,040			61,725	2026
2022	18,850	2,619			16,231	2027
2023	44,435		3,988		40,447	2028
Totals	**450,675**	**6,324**	**3,988**	**0**	**440,363**	

Form 990T Part III, Line 6b — Estimated Tax Payments

Date	Amount
09/10/2024	5,000
Totals	**5,000**

Schedule A - Part I, Line 12 — Other Income

Description	Amount
ADVERTISING & CONSULTING INCOME	
(1) WEBSITE ADVERTISING	19,602
Total for Schedule A - Part I, Line 12	**19,602**

Schedule A - Part II, Line 6 — Taxes and Licenses

Description	Amount
INTEREST FROM CONTROLLED ORGANIZATION	
(1) STATE TAXES PAID	2,644
ADVERTISING & CONSULTING INCOME	
(1) STATE TAXES PAID	1,019

Schedule A - Part II, Line 14 — Other Deductions

Description	Amount
INTEREST FROM CONTROLLED ORGANIZATION	
(1) PROFESSIONAL FEES	2,122
ADVERTISING & CONSULTING INCOME	
(1) PROFESSIONAL FEES	818

Schedule A - Part IX, Line 2 — Gross Advertising Income

ADVERTISING & CONSULTING INCOME

(1) CHICAGO REALTOR

Description	Amount
	4,250
Total	**4,250**

Schedule A - Part IX, Line 3 — Direct Advertising Costs

ADVERTISING & CONSULTING INCOME

(1) CHICAGO REALTOR

Description	Amount
	10,924
Total	**10,924**

Schedule A - Part IX, Line 5 — Readership Costs

ADVERTISING & CONSULTING INCOME

(1) CHICAGO REALTOR

Description	Amount
	83,751
Total	**83,751**

Schedule A - Part IX, Line 6 — Circulation Income

ADVERTISING & CONSULTING INCOME

(1) CHICAGO REALTOR

Description	Amount
	59,899
Total	**59,899**

SCHEDULE O (Form 1120)
(Rev. December 2018)
Department of the Treasury
Internal Revenue Service

Consent Plan and Apportionment Schedule for a Controlled Group

► Attach to Form 1120, 1120-C, 1120-F, 1120-FSC, 1120-L, 1120-PC, 1120-REIT, or 1120-RIC.
► Go to *www.irs.gov/Form1120* for instructions and the latest information.

OMB No. 1545-0123

Name	Employer identification number
CHICAGO ASSOCIATION OF REALTORS	36-0904580

Part I Apportionment Plan Information

1 Type of controlled group:
- **a** ☑ Parent–subsidiary group
- **b** ☐ Brother–sister group
- **c** ☐ Combined group
- **d** ☐ Life insurance companies only

2 This corporation has been a member of this group:
- **a** ☑ For the entire year.
- **b** ☐ From _____, 20 _____, until _____, 20_____ .

3 This corporation consents and represents to:
- **a** ☐ Adopt an apportionment plan. All the other members of this group are adopting an apportionment plan effective for the current tax year which ends on _____, 20 _____, and for all succeeding tax years.
- **b** ☐ Amend the current apportionment plan. All the other members of this group are currently amending a previously adopted plan, which was in effect for the tax year ending _____, 20_____, and for all succeeding tax years.
- **c** ☐ Terminate the current apportionment plan and not adopt a new plan. All the other members of this group are not adopting an apportionment plan.
- **d** ☐ Terminate the current apportionment plan and adopt a new plan. All the other members of this group are adopting an apportionment plan effective for the current tax year which ends on _____, 20_____, and for all succeeding tax years.

4 If you checked box 3c or 3d above, check the applicable box below to indicate if the termination of the current apportionment plan was:
- **a** ☐ Elected by the component members of the group.
- **b** ☐ Required for the component members of the group.

5 If you did not check a box on line 3 above, check the applicable box below concerning the status of the group's apportionment plan (see instructions).
- **a** ☐ No apportionment plan is in effect and none is being adopted.
- **b** ☑ An apportionment plan is already in effect. It was adopted for the tax year ending 09/30, 20 15, and for all succeeding tax years.

6 If all the members of this group are adopting a plan or amending the current plan for a tax year after the due date (including extensions) of the tax return for this corporation, is there at least one year remaining on the statute of limitations from the date this corporation filed its amended return for such tax year for assessing any resulting deficiency? See instructions.
- **a** ☐ Yes.
  - *(i)* ☐ The statute of limitations for this year will expire on _____, 20_____.
  - *(ii)* ☐ On _____, 20_____, this corporation entered into an agreement with the Internal Revenue Service to extend the statute of limitations for purposes of assessment until _____, 20_____.
- **b** ☐ No. The members may not adopt or amend an apportionment plan.

7 ☐ If the corporation has a short tax year that does not include December 31, check the box. See instructions.

Part II Apportionment (See instructions)

	(a) Group member's name and employer identification number		(b) Tax year end (Yr-Mo)	Apportionment (c) Accumulated earnings credit	Apportionment (d) Penalty for failure to pay estimated tax	Apportionment (e) Other
1	CHICAGO ASSOCIATION OF REALTORS	36-0904580	24-09	0	0	0
2	CHICAGO ASSOCIATION OF REALTORS BUSINESS INFORMATION SERVICES, INC.	47-4639535	24-09	0	0	0
3						
4						
5						
6						
7						
8						
9						
10						
Total				0	0	0