Form **990**

Department of the Treasury Internal Revenue Service

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

▶ The organization may have to use a copy of this return to satisfy state reporting requirements

2007
Open to Public Inspection

A F	or the 2	2007 ca	lendar yea	r, or tax year beginning 1	0-01-2007 a	and ending	09-30-20	008				
ВС	heck if ap	pplicable	Please	C Name of organization CHICAGO ASSOCIATION OF	DEALTODS				D Em	Employer identification number		
Γ_{A}	ddress ch	ange	use IRS	CHICAGO ASSOCIATION OF	REALTORS					0904		
Γ_{N}	ame char	nge	label or print or	Number and street (or P O		t delivered to	street add	lress) Room/su	ııte E Tele	phone	number	
_	ntıal retur	_	type. See Specific	200 NORTH MICHIGAN AVE	NUE NO 41H FL				(31	2)803	3-4900	
			Instruc-	City or town, state or count	ry, and ZIP + 4				F Acco	unting m	nethod Cash 🔽 Accrual	
	ınal returr		tions.	CHICAGO, IL 60601					Г	Other (sp	pecify) 🕨	
J A	mended r	return										
∏ A _l	pplication	pending						1				
				501(c)(3) organizations ar oust attach a completed Sch				=			section 527 organizations or affiliates?	
			tiusts iii	iust attacii a completeu sci	ledule A (FOIII	1 990 01 990	-EZ).	1	= :		of affiliates 🕨	
G V	Veb site	e: ▶ HT	TP //WWW	CAR-REALTOR COM				1	e all affiliate			
1 ()rnaniza	tion type	(check only	one) ► 🔽 501(c) (6) ◀ (ın	sert no.) Γ_4	947(a)(1) or	□ 527	1			See instructions)	
								— _{H(d) Is}	this a separa	ate retur	n filed by an organization	
				ion is not a 509(a)(3) supporti A return is not required, but if				e	overed by a c			
			plete return	reteam is not required, but in	ene organization	chooses to riii	o a retain,		roup Exem	ption [Number -	
								М с	heck 🕨 🔽	ıf the or	ganization is not required to	
				b, 8b, 9b, and 10b to line							90, 990-EZ, or 990-PF)	
P	art I			enses, and Change			und B	alances (See the	instru	uctions.)	
	1			s, grants, and sımılar amı		d						
	a .			onor advised funds .			1a			-		
	Ь	-		ort (not included on line :	•		1b					
	C			pport (not included on line	•		1c					
	d	Govern	ment contr	ibutions (grants) (not inc	luded on line	1a)	1d					
	e	Total (a	add lines 1 a	a through 1d) (cash \$	n	oncash\$_)		1e		
	2	Program service revenue including government fees and contracts (from Part VII, line 93) .								2	2,342,330	
	3	Membership dues and assessments								3	3,374,630	
	4	Interest on savings and temporary cash investments								4	207,370	
	5	Divider	ids and inte	rest from securities .						5		
	6a	Gross	ents				6a					
	ь	Less r	ess rental expenses 6b									
	c	Net ren	tal ıncome	or (loss) subtract line 6b	from line 6 a					6с		
当	7	Otheri	nvestment	ıncome (describe 🕨) .						7		
Revenue	8a	Grossa	mount fron	n sales of assets	(A) Sec	urities		(B) 0 t	:her			
ď		other th	nan invento	ry			8a					
	ь	Less cos	t or other bas	sis and sales expenses			8b		2,800			
	c c	Gain or	(loss) (atta	ach schedule)			8c		-2,800			
	d	Net gaı	n or (loss)	Combine line 8c, columns	(A) and (B)					8d	-2,800	
	9	Special	events and	d activities (attach sched	lule) Ifany a	mount is fro	m gamir	ng , check he	re ► ┌			
	а	C		A I d d		- c			,			
				t including \$ rted on line 1b)		of •	9a					
	ь		•	ses other than fundraisir			9b			1		
	c			s) from special events Si						9c		
	10a		•	entory, less returns and a			10a		54,127			
	ь			s sold			10b		53,232	1		
	c c		-	rom sales of inventory (attach			m line 10a	a	•	10c	895	
	11	•	, ,	m Part VII, line 103) .	•					11	257,834	
	12			lines 1e, 2, 3, 4, 5, 6c, 7						12	6,180,259	
	13			(from line 44, column (B)						13		
an ili	14			general (from line 44, col						14		
Expenses	15									15		
Ежр	16		draising (from line 44, column (D))						16			
	17			d lines 16 and 44, colum						17	6,309,769	
	18			for the year Subtract line						18	-129,510	
Nel Assels	19			balances at beginning of						19	1,774,178	
	20			net assets or fund balanc						20	0	
2	21			balances at end of year						21	1,644,668	
			5. Tailu			,,		•	<u> </u>			

Part II Statement of Functional Expenses

If "Yes," enter (i) the aggregate amount of these joint costs \$_____

(iii) the amount allocated to Management and general \$

All organizations must complete column (A) Columns (B), (C), and (D) are required for section 501(c)(3) and (4) organizations and section 4947(a)(1) nonexempt charitable trusts but optional for others. (See the instructions.)

_	Do not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I.		(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
2a	,					
	(cash \$noncash \$) If this amount includes foreign grants, check here					
- L		22a			-	
2b	Other grants and allocations (attach schedule)					
	(cash \$noncash \$) If this amount includes foreign grants, check here	22b				
3	Specific assistance to individuals (attach schedule)	23				
4	Benefits paid to or for members (attach schedule)	24]	
5a	Compensation of current officers, directors, key employees etc. Listed in Part V-A (attach schedule)	25a	547,174			
b	Compensation of former officers, directors, key employees etc listed in Part V -B (attach schedule)	25b				
C	Compensation and other distributions not icluded above to disqualified persons (as defined under section $4958(f)(1)$) and persons described in section $4958(c)(3)(B)$ (attach schedule)	25c				
6	Salaries and wages of employees not included on lines 25a, b and c	26	1,867,898			
7	Pension plan contributions not included on lines 25a, b and c	27				
8	Employee benefits not included on lines 25a - 27	28	225,427			
9	Payroll taxes	29	213,647			
0	Professional fundraising fees	30				
1	Accounting fees	31	33,582			
2	Legal fees	32	38,086			
3	Supplies	33	94,338			
4	Telephone	34	203,838			
5	Postage and shipping	35	55,511			
6	Occupancy	36	420,094			
7	Equipment rental and maintenance	37	68,251			
8	Printing and publications	38	32,851			
9	Travel	39	10,100			
0	Conferences, conventions, and meetings	40	54,492			
1	Interest	41	100,877			
2	Depreciation, depletion, etc. (attach schedule) 🕏	42	261,089			
3	Other expenses not covered above (itemize)					
a	See Additional Data Table	43a				
Ь		43b				
C		43c				
d		43d				
e £		43e				
f		43f				
g 1	Total functional evanges and lines 22a through 42a	43g				
4	Total functional expenses. Add lines 22a through 43g (Organizations completing columns (B)-(D), carry these totals to lines 13—15)	44	6,309,769			

_, **(ii)** the amount allocated to Program services \$__

, and (iv) the amount allocated to Fundraising \$

Form **990** (2007)

Part III Statement of Program Service Accomplishments (See t
--

Form 990 is available for public inspection and, for some people, serves as the primary or sole source of information about a particular organization. How the public perceives an organization in such cases may be determined by the information presented on its return. Therefore, please make sure the return is complete and accurate and fully describes, in Part III, the organization's programs and accomplishments.

Wha	Program Service Expenses (Required for 501(c)(3) and (4) orgs , and 4947(a)(1) trusts, but optional for others)		
а	TO UNITE THOSE ENGAGED IN THE REAL ESTA INTERESTS OF ITS MEMBERS & OF OTHERS ENGMANAGEMENT		
	(Grants and allocations \$)	If this amount includes foreign grants, check here 🕨 🦵	
b		INFORMATION CONCERNING REAL ESTATE, ITS	
	(Grants and allocations \$)	If this amount includes foreign grants, check here 🕨 🦵	
c	TO PROVIDE EDUCATION FACILITIES IN REAL OTHERS	ESTATE FOR ITS MEMBERS & WHEN PRACTICABLE FOR	
	(Grants and allocations \$)	If this amount includes foreign grants, check here 🕨 🦵	
d	TO SUPPORT THE ADMINISTRATION OF LAW & STANDARDS OF HONESTY & COMPETENCE AMO	REGULATIONS DESIGNED TO INSURE THE HIGHEST DNG	
	(Grants and allocations \$)	If this amount includes foreign grants, check here 🕨 🦵	
e	Other program services (attach schedule) (Grants and allocations \$	If this amount includes foreign grants, check here 🕨 🦵	
f	Total of Program Service Expenses (should equal lin	ne 44, column (B), Program services) 🕨	

Pa	rt IV	Balance Sheets (See the instruc	ctions	.)			
Not	e:	Where required, attached schedules and amou column should be for end-of-year amounts on	(A) Beginning of year		(B) End of year		
	45	Cash—non-interest-bearing			2,684,147	45	3,762,495
	46	Savings and temporary cash investments		[1,428,743	46	
	47a	Accounts receivable	47a	22,069			
		Less allowance for doubtful accounts	47b		109,211	47c	22,069
					·		
	48a	Pledges receivable	48a				
		Less allowance for doubtful accounts	48b			48c	
	49	Grants receivable				49	
		Receivables from current and former officer	s.dired	tors trustees and			
						50a	
	b	Receivables from other disqualified persons 4958(c)(3)(B) (attach schedule)		efined under section		50b	
	51a	Other notes and loans receivable (attach					
		schedule)	51a				
2	ь	Less allowance for doubtful accounts	51b			51c	
Assets	52	Inventories for sale or use			108,116	52	136,848
Ħ	53	Prepaid expenses and deferred charges .			130,827	53	146,719
	54a	Investments—publicly-traded securities		Cost FMV		54a	
		Investments—other securities (attach sche		'' '⊢		54b	
			,	- ' '			
	55 u	Investments—land, buildings, and equipment basis	55a				
	b	Less accumulated depreciation (attach schedule)	55b			55c	
	56	Investments—other (attach schedule)				56	
		Land, buildings, and equipment basis	 57a	1,887,404			
		Less accumulated depreciation (attach		.,,,			
		schedule)	57b	948,999	1,000,257	57c	938,405
	58	Other assets, including program-related in (describe	vestme	nts			
		(describe #)	943,994	58	577,071
	59	Total assets (must equal line 74) Add lines	45 th	rough 58	6,405,295	59	5,583,607
	60	Accounts payable and accrued expenses			663,890	60	532,019
	61	Grants payable		[61	
	62	Deferred revenue		[383,630	62	2,728,393
o l	63	Loans from officers, directors, trustees, and	d key e	mployees (attach			
•		schedule)				63	
<u>;</u> ;	64a	Tax-exempt bond liabilities (attach schedu	le) .	[64a	
	ь	Mortgages and other notes payable (attach	sched	ule)		64b	
	65	Other liablilities (describe ►)	3,583,597	65	678,527
	66	Total liabilities Add lines 60 through 65			4,631,117	66	3,938,939
	Organ	nizations that follow SFAS 117, check here	►	nd complete lines			
.a		67 through 69 and lines 73 and 74			4 774 470		4 044 000
ő	67	Unrestricted			1,774,178	67	1,644,668
		Temporarily restricted		⊢		68	
מ	69	Permanently restricted		⊢		69	
rund Balances	Orgai	nizations that do not follow SFAS 117, chec complete lines 70 through 74	k here	► and			
ŏ	70	Capital stock, trust principal, or current fun	ıds .	[70	
	71	Paid-in or capital surplus, or land, building,	and eq	uipment fund		71	
ASSetS	72	Retained earnings, endowment, accumulate	d incor	ne, or other funds .		72	
9	73	Total net assets or fund balances Add line					
Ž		through 72 (Column (A) must equal line 19	and co	numn (a) must equal	1,774,178	73	1,644,668
	74	Total liabilities and net assets / fund balances		os 66 and 72	6.405.295	74	5,583,607
	, , ,	iotai nabinties and net assets / jung balances	Auu IIIIE	:5 UU AIIU /3 • •	0,400,200	<i>,</i> +	Form 990 (2007)

Part	t IV-A Reconciliation of Revenue the instructions.)	enue per Audited Finan	icial Sta	tements V	With Reven	ue per	Return (See
<u>а</u>	Total revenue, gains, and other sup	port per audited financial stat	tements			а	6,222,217
b	A mounts included on line a but not	on Part I, line 12					
1	Net unrealized gains on investment	S	b1	1			
2	Donated services and use of faciliti		b2			1	
3	Recoveries of prior year grants .		b3			1	
4	·					1	
•	Other (specify)		b4		53,232		
	Add lines b1 through b4				<u> </u>	1 ь	53,232
c	Subtract line b from line a					c	6,168,985
d	Amounts included on Part I, line 12					- +	
1	Investment expenses not included		ı	I			
-	6b	on Fart 1, line	d1				
2	Other (specify)					1	
_	Other (specify)		d2		11,274		
	Add lines d1 and d2					1 a	53,232
e	Total revenue (Part I, line 12) Add	lines c and					6,180,259
_	d					e	0,200,200
Part	t IV-B Reconciliation of Expe		ncial St	atements	With Expe	nses pe	r Return
а	Total expenses and losses per audi	<u>-</u>				а	6,351,727
b	A mounts included on line a but not	on Part I, line 17					
1	Donated services and use of faciliti	es	b1				
2	Prior year adjustments reported on	Part I, line				1	
	20	,	b2				
3	Losses reported on Part I, line						
	20	•	ь3				
4	Other (specify) 📆						
			. b4		53,232		
	Add lines b1 through b4					ь	53,232
С	Subtract line b from line a					С	6,298,495
d	Amounts included on Part I, line 17	, but not on line a:					
1	Investment expenses not included	on Part I, line					
	6b <u>.</u>		d1				
2	Other (specify) 🚨						
			. d2		11,274		
	Add lines d1 and d2					d	11,274
e	Total expenses (Part I, line 17) Ad						6,309,769
	d					e	
Pali	t V-A Current Officers, Director, trustee, or key exinstructions.)						
		(B) Title and average hours	(C) Con	npensation	(D) Contribi employee ben		(E) Expense
	(A) Name and address	per week devoted to position			deferred com	pensation	account and other allowances
<u> </u>	dd.t.c Data Tabla				plan:	5	anovances
See A	dditional Data Table						
					1		1

ar	t V-A Current Officers, Director	s, Trustees, and Key	y Employees (conti	inued)		Yes	No
'5a	Enter the total number of officers, director	rs, and trustees permitted	l to vote on organizatioi	n business at board			
	meetings						
b	Are any officers, directors, trustees, or ke	ey employees listed in For	 m 990, Part V - A , or high	 jhest compensated			
	employees listed in Schedule A, Part I, or	highest compensated pro	ofessional and other ind	ependent			
	contractors listed in Schedule A, Part II-	A or II-B, related to each	other through family or	business			
	relationships? If "Yes," attach a statemer	•			75b		l No
c	Do any officers, directors, trustees, or ke		·				
	employees listed in Schedule A , Part I , or						
	contractors listed in Schedule A, Part II-			•			
	tax exempt or taxable, that are related to				75c		No
	organization"	· · · · · · ·			/50		"
	If "Yes," attach a statement that includes	the information described	d in the instructions				
d	Does the organization have a written conf	lict of interest policy? .			75d	Yes	
	rt V-B Former Officers, Director				satio	n or (ther
	Benefits (If any former offi (described below) during the benefits in the appropriate c	year, list that person	below and enter the				
	(A) Name and address	(B) Loans and Advances	(C) Compensation (If not paid enter -0-)	employee benefit plans and deferred compensation plans		pense acc ner allowa	
ar	t VI Other Information (See the	instructions.)				Yes	No
6	Did the organization make a change in its activities	or methods of conducting activ	vities? If "Yes," attach a				
	detailed statement of each change				76		Νo
7	Were any changes made in the organizing	or governing documents	but not reported to the	IRS?	77		Νo
	If "Yes," attach a conformed copy of the o	hanges					
8a	Did the organization have unrelated business gross	income of \$1,000 or more duri	ing the year covered by this	return?	78a	Yes	
	If "Yes," has it filed a tax return on Form				78b	Yes	
9	Was there a liquidation, dissolution, termination, or						
ο-	a statement				79		Νο
υa	Is the organization related (other than by associating governing bodies, trustees, officers, etc., to any ot		, ,	• •	80a	Yes	
L	If "Yes," enter the name of the organization	See Additional Data	Table				
D	in res, enter the hame of the organization	•	is exempt or no	onexempt			
1a	Enter direct or indirect political expenditu	_ ires (See line 81 instruct	ions) 81a				
	Did the organization file Form 1120-POL fo		<u> </u>		81b		l No

Dar	t VI Other Information (continued)	I	V	No.
		_	Yes	No
82a	Did the organization receive donated services or the use of materials, equipment, or facilities at no charge or at substantially less than fair rental value?	82a		Νο
Ь	If "Yes," you may indicate the value of these items here. Do not include this amount as revenue			
	in Part I or as an expense in Part II (See instructions in Part III)			
83a	Did the organization comply with the public inspection requirements for returns and exemption applications?	83a	Yes	
	Did the organization comply with the disclosure requirements relating to quid pro quo contributions?	83b	Yes	
	Did the organization solicit any contributions or gifts that were not tax deductible?	84a		N o
	If "Yes," did the organization include with every solicitation an express statement that such contributions or	0-14		
b		0.416		
~ =	gifts were not tax deductible?	84b		
85	501(c)(4), (5), or (6) organizations. a Were substantially all dues nondeductible by members?	85a		N o
b	Did the organization make only in-house lobbying expenditures of \$2,000 or less?	85b	Yes	
	If "Yes," was answered to either 85a or 85b, do not complete 85c through 85h below unless the organization received a waiver for proxy tax owed the prior year			
	Dues assessments, and similar amounts from members	-		
	Section 162(e) lobbying and political expenditures	4		
е	Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices 85e	. I		
f	Taxable amount of lobbying and political expenditures (line 85d less 85e) 85f]		
g	Does the organization elect to pay the section 6033(e) tax on the amount on line 85f?	85g		
h	$If section \ 6033(e)(1)(A)\ dues\ notices\ were\ sent,\ does\ the\ organization\ agree\ to\ add\ the\ amount\ on\ line\ 85fto\ its$			
	reasonable estimate of dues allocable to nondeductible lobbying and political expenditures for the following tax year?			
	year,	85h		
86	501(c)(7) orgs. Enter a Initiation fees and capital contributions included on line 12 86a			
b	Gross receipts, included on line 12, for public use of club facilities 86b	1		
87	501(c)(12) orgs. Enter a Gross income from members or shareholders 87a			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)			
00-	· · · · · · · · · · · · · · · · · · ·	-		
ooa	At any time during the year, did the organization own a 50% or greater interest in a taxable corporation or partnership, or an entity disregarded as separate from the organization under Regulations sections 301 7701-2			
	and 301 7701-3? If "Yes," complete Part IX	00-	V	
		88a	Yes	
b	At any time during the year, did the organization directly or indirectly own a controlled entity within the meaning of section 512(b)(13)? If yes complete Part XI			
	or section 512(b)(15). Tryes complete rate x1			
		88b	Yes	
89a	501(c)(3) organizations Enter Amount of tax imposed on the organization during the year under			
	section 4911 • , section 4912 • , section 4955 • , section 4955	.		
b	501(c)(3) and $501(c)(4)$ orgs. Did the organization engage in any section 4958 excess benefit transaction during			
	the year or did it become aware of an excess benefit transaction from a prior year? If "Yes," attach a statement explaining each transaction	89b		
c	Enter A mount of tax imposed on the organization managers or disqualified persons			
	during the year under sections 4912, 4955, and 4958			
d	Enter Amount of tax on line 89c, above, reimbursed by the organization			
е	All organizations. At any time during the tax year was the organization a party to a prohibited tax shelter			
	transaction?	89e		
f	All organizations. Did the organization acquire direct or indirect interest in any applicable insurance contract?			
	, , , ,	005		
		89f		No
g	For supporting organizations and sponsoring organizations maintaining donor advised funds. Did the supporting organization, or a fund maintained by a sponsoring organization, have excess business holdings at any time			
	during the year?			
		89g		No
902	List the states with which a copy of this return is filed 🌬	9		
	Number of employees employed in the pay period that includes March 12, 2007 (See 90b			53
U	instructions)			
91a	,	803-4	900	
-	The books are in care of p- 11 trains 11 train			
	200 S MICHIGAN AVENUE 4TH FLOOR			
_	Located at F CHICAGO, IL ZIP + 4 F 60604			
b	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	[Yes	Νο
	account)?	91b		No
	If "Yes," enter the name of the foreign country >			
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1 , Report of Foreign Bank and			
	Financial Accounts			

art V	Other Information (con	ntinued)					Yes	No
c At	any time during the calendar yea	ır, dıd the organızatıon ı	maıntaın a	an office outside o	f the United	States? 91	с	Νο
Τf	"Yes," enter the name of the forei	an country 🌬					•	
	ction 4947(a)(1) nonexempt charita	· · · · · · · · · · · · · · · · · · ·	00 in lieu c	of Form 1041—Ch	eck here			.
	d enter the amount of tax-exempt					1 1	• • • •	
art V	·					92		
	nter gross amounts unless otherwis			business income		ection 512, 513, or 514	(E)	`
ic. L	nter gross amounts umess otherwis		(A)	(B)	(c)	(D)	Relate	d or
		В	usiness code	Amount	Exclusion code	Amount	exempt f incor	
3 P	rogram service revenue							
	ee Additional Data Table							
ь –								
c -		_						
d –			+					
ё –								
_	ledicare/Medicaid payments .							
_	ees and contracts from governme	_	-					2 274 6
	lembership dues and assessment		00000	17,623	14	189,747	•	3,374,6
	nterest on savings and temporary cash in Dividends and interest from securi			17,023	14	105,747		
	pividends and interest from securi let rental income or (loss) from re		+					
	ebt-financed property							
			+					
	on debt-financed property et rental income or (loss) from personal	<u> </u>						
	other investment income							
	iain or (loss) from sales of assets other the				18	-2,800		
	let income or (loss) from special e	· —			10	2,000		
	iross profit or (loss) from sales of							8
	ther revenue a FORM SALES		+		41	63,084		
					 	· ·		
_	DMINISTRATION				41	48,000		105.4
_	NISCELLANEOUS							135,4
d B	AD DEBT RECOVERY							11,2
e _								
	ubtotal (add columns (B), (D), and			59,778		298,031		5,822,4
	tal (add line 104, columns (B), (D	,, , ,,				· · · • <u> </u>	6,1	80,25
	ne 105 plus line 1e, Part I, should e	<u>'</u>						
	Relationship of Acti							
ne No ₹	 Explain how each activity for wh of the organization's exempt pur 	•		• •		iportantly to the acc	ompiisnm	ient
	See Additional Data Table			· ·	•			
art 1		_	<u>iaries a</u>	nd Disregard	ed Entities	(See the instr		
Nam	(A) e, address, and EIN of corporation,	(B) Percentage of		(C)		(D)	(E End-of	
р	artnership, or disregarded entity	ownership interest		Nature of activiti	es 	Total income	asse	
RTHEF TWOR	RN ILLINOIS REAL ESTATE INFORMATION							
0 S MI	CHIGAN AVENUE	10000 00 %	REAL EST	ATE INFORMATION SE	RVICES	286,958		12,1
icago, -34253	IL60601 361							
		%						
		%						
		%	1					
	V T-6			!				
art		g Transfers Asso	ciated v	with Personal	Benefit Co	ontracts (See th	e	
	Information Regardin instructions.) If the organization, during the year, received						e ┌ Yes	✓ No

							Yes	No
.06		the reporting organization make any Code? if "Yes," complete the schedu			fined in section 512	(b)(13) of	Yes	
		(A) Name and address of each controlled entity	(B) Employer Identificati Number	on	(C) Description of transfer	A mou	(D) nt of tran	nsfer
	CHICAGO ASSOCIATION OF REALTORS MULTIPLE LISTING SERVICE 200 SOUTH MICHIGAN AVENUE CHICAGO, IL 60611		TING SERVICE REDUCTION IN LOAN F D SOUTH MICHIGAN AVENUE 362348007 ENTITY AND REPORTING O		REDUCTION IN LOAN FRO TY AND REPORTING ORC		2	,926,89
	NETWOR 200 SOL	RN ILLINOIS REAL ESTATE INFORMATION RK ITH MICHIGAN AVENUE O, IL 60611	363425		REDUCTION IN LOAN FRO		298,503	
		Totals					3	,225,393
							T	T
07	Did	the reporting organization receive an	v transfers from a contro	illed entity a	s defined in section	512(h)(13) of	Yes	No
•		Code? if "Yes," complete the schedu			3 defined in Section	312(0)(13) 01		No
	(A) Name and address of each controlled entity		(B) Employer Identific Number	Employer Identification			(D) Amount of transfer	
		Totals						(
							Yes	No
.08		the organization have a binding writt ilties and annuities described in ques		ugust 17, 2	006 covering the in	terests, rents,	1.55	No
	•	Under penalties of perjury, I declare that I ha		dına accompan	ving schedules and state	ements, and to the best	of my kno	w ledae
	a	and belief, it is true, correct, and complete [eclaration of preparer (other t	han officer) is l	based on all information	of which preparer has a	any knowle	dge
lea:		*****			2009-01-	-28		
ign ere		Signature of officer			Date			
		WARREN FRANK CHIEF OPERATIONS & F. Type or print name and title	INANCE OFFICER					
aid	l Darer'	Preparer's signature PATRICK W MELVIN CPA	Date 2009-0	01-28	Check if self-empolyed	Preparer's SSN or PTIN	l (See Gen	Inst W
se		Firm's name (or yours if self-employed), address, and ZIP + 4	I		I	EIN Þ		
nly	/	DESMOND & AHE	RN LTD					

CHICAGO, IL 606433206

Additional Data

Software ID:

Software Version:

EIN: 36-0904580

Name: CHICAGO ASSOCIATION OF REALTORS

Form 990, Part II, Line 43 - Other expenses not covered above (itemize):

Do not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I.		(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
a COURSE EXPENSES	43a	621,341			
b REAL ESTATE STORE	43b	126,218			
c SOCIAL EVENTS	43c	425,592			
d ADVERTISING & MARKETING	43d	136,597			
e PUBLIC RELATIONS	43e	144,196			
f STAFFTRAINING	43f	71,710			
g DUES & SUBSCRIPTIONS	43g	20,022			
h PROFESSIONAL FEES	43h	42,264			
i TEMPORARY HELP	43i	111,540			
j BANK CHARGES	43j	232,714			
k INSURANCE	43k	41,534			
I MEMBERSHIP PROMOTION	431	10,137			
m ASSOCIATION GOVERNANCE	43m	40,831			
n GOVERNMENT AFFAIRS	43n	57,818			

Form 990, Part V-A - Current Officers, Directors, Trustees, and Key Employees:

(A) Name and address	(B) Title and average hours per week devoted to position	(C) Compensation (If not paid, enter -0-	(D) Contributions to employee benefit plans & deferred compensation plans	(E) Expense account and other allowances
MICHAEL P GOLDEN 200 SOUTH MICHIGAN AVENUE 4TH FLOOR CHICAGO,IL 60604	PRESIDENT 2 00	0	0	0
DAVID E HANNA 200 SOUTH MICHIGAN AVENUE 4TH FLOOR CHICAGO,IL 60604	PRESIDENT-ELECT 2 00	0	0	0
TRACEY L TAYLOR 200 SOUTH MICHIGAN AVENUE 4TH FLOOR CHICAGO,IL 60604	TREASURER 2 00	0	0	0
ALEXANDER R CHAPARRO 200 SOUTH MICHIGAN AVENUE 4TH FLOOR CHICAGO,IL 60604	IMMEDIATE PAST PRESIDENT 1 00	0	0	0
STEPHEN W BAIRD 200 SOUTH MICHIGAN AVENUE 4TH FLOOR CHICAGO,IL 60604	DIRECTOR 1 00	0	0	0
GENIE BIRCH 200 SOUTH MICHIGAN AVENUE 4TH FLOOR CHICAGO,IL 60604	DIRECTOR 1 00	0	0	0
JOSE H COLON 200 SOUTH MICHIGAN AVENUE 4TH FLOOR CHICAGO,IL 60604	DIRECTOR 1 00	0	0	0
GASPAR FLORES 200 SOUTH MICHIGAN AVENUE 4TH FLOOR CHICAGO,IL 60604	DIRECTOR 1 00	0	0	0
ANDREA B GELLER 200 SOUTH MICHIGAN AVENUE 4TH FLOOR CHICAGO,IL 60604	DIRECTOR 1 00	0	0	0
MARKI D LEMONS 200 SOUTH MICHIGAN AVENUE 4TH FLOOR CHICAGO,IL 60604	DIRECTOR 1 00	0	0	0

Form 990, Part V-A - Current Officers, Directors, Trustees, and Key Employees:

Form 990, Part V-A - Current C	T		p,	
(A) Name and address	(B) Title and average hours per week devoted to position	(C) Compensation (If not paid, enter -0- .)	(D) Contributions to employee benefit plans & deferred compensation plans	(E) Expense account and other allowances
JEROME WADE 200 SOUTH MICHIGAN AVENUE 4TH FLOOR CHICAGO,IL 60604	DIRECTOR 1 00	0	0	0
LIANE LUCKETT 200 SOUTH MICHIGAN AVENUE 4TH FLOOR CHICAGO,IL 60604	DIRECTOR 1 00	0	0	0
KIMBERLY A BINKOWSKI 200 SOUTH MICHIGAN AVENUE 4TH FLOOR CHICAGO,IL 60604	DIRECTOR 1 00	0	0	0
JOHN MCCLINTOCK 200 SOUTH MICHIGAN AVENUE 4TH FLOOR CHICAGO,IL 60604	DIRECTOR 1 00	0	0	0
WAYNE P CAPLAN 200 SOUTH MICHIGAN AVENUE 4TH FLOOR CHICAGO,IL 60604	DIRECTOR 1 00	0	0	0
ROBERT FLOSS 200 SOUTH MICHIGAN AVENUE 4TH FLOOR CHICAGO,IL 60604	DIRECTOR 1 00	0	0	0
MABEL G GUZMAN 200 SOUTH MICHIGAN AVENUE 4TH FLOOR CHICAGO,IL 60604	DIRECTOR 1 00	0	0	0
EZEKIELT MORRIS 200 SOUTH MICHIGAN AVENUE 4TH FLOOR CHICAGO,IL 60604	DIRECTOR 1 00	0	0	0
NANCY SUVARNAMANI 200 SOUTH MICHIGAN AVENUE 4TH FLOOR CHICAGO,IL 60604	DIRECTOR 1 00	0	0	0
WARREN FRANK 200 SOUTH MICHIGAN AVENUE 4TH FLOOR CHICAGO,IL 60604	CHIEF OPFINANCE OFFICER 40 00	174,987	11,128	0

Form 990, Part V-A - Current Officers, Directors, Trustees, and Key Employees:

(A) Name and address	(B) Title and average hours per week devoted to position	(C) Compensation (If not paid, enter -0-	(D) Contributions to employee benefit plans & deferred compensation plans	(E) Expense account and other allowances
GINGER DOWNS 200 SOUTH MICHIGAN AVENUE 4TH FLOOR CHICAGO,IL 60604	CHIEF EXECUTIVE OFFICER 40 00	333,492	17,280	10,287

Form 990, Part VI, Line 80b - If "Yes", enter the name of the organization and whether it is exempt or nonexempt:

Name of the Organization	Exempt	Nonexempt
NORTHERN IL REAL ESTATE INFORMATION NETWORK Inc		X
CAR EDUCATION FOUNDATION	X	
Chicago Association of Realtors Multiple Listing Service Inc		Х

Form 990, Part VII, Line 93 - Program service revenue:

Note: Enter gross amounts unless otherwise	Unrelated business income		Excluded by section 512, 513, or 514		(E) Related or
indicated.	(A) Business code	(B) A mount	(C) Exclusion code	(D) A mount	exempt function income
a REALESTATE SCHOOL					1,527,735
b APPLICATION FEES					326,523
c member events					270,171
d ASSOCIATION GOVERNANCE					8,350
e EDUCATIONAL MATERIALS					113,536
f NEWSLETTER	541800	42,155			
g GOOD NEIGHBOR AWARDS					26,572
h kEYCARD ADMINISTRATION					27,288

Form 990, Part VIII - Relationship of Activities to the Accomplishment of Exempt Purposes:

Line No.	Explain how each activity for which income is reported in column (E) of Part VII contributed importantly to the accomplishment of the organization's exempt purposes (other than by providing funds for such purposes).
93	REAL ESTATE SCHOOL AND APPLICATION FEES - PROVIDES INSTRUCTION IN SUBJECTS RELATED TO THE REAL ESTATE PROFESSION DESIGNED TO ASSIST PEOPLE DESIRING TO ENTER THE PROFESSION OR TO IMPROVE THE SKILL OF CURRENT MEMBERS OF THE REAL ESTATE PROFESSION
93	MEETINGS and SEMINARS - BRING TOGETHER MEMBERS and NON-MEMBERS IN THE REAL ESTATE FIELD TO SHARE IDEAS and FURTHER PROMOTE THE PROFESSION
93	ASSOCIATION GOVERNANCE - PROVIDES A UNIFIED MEDIUM FOR THOSE ENGAGED IN THE REAL ESTATE FIELD TO SHARE IDEAS and FURTHER PROMOTE THE PROFESSION GOOD NEIGHBOR AWARD - PROVIDES A MEDIUM FOR THE ADVANCEMENT and RECOGNITION OF REAL ESTATE PROFESSIONALS
93	EDUCATIONAL MATERIALS - THE PROVISION ON EDUCATIONAL MATERIALS SUCH AS BOOKS, CDS, TAPES AND SOFTWARE TO MEMBERS FOR A FEE THESE MATERIALS EDUCATE REAL ESTATE PROFESSIONALS WHICH DIRECTLY RELATES TO THE TAX- EXEMPT PURPOSE OF THE ORGANIZATION
93	KEYCARD PROGRAM-THE ORGANIZATION PROVIDES A KEYCARD ENTRY PROGRAM TO MEMBERS IN ORDER TO MAINTAIN HIGH STANDARDS IN THE REAL ESTATE FIELD
94	MEMBERSHIP DUES - FUND RESEARCH RELATING TO THE REAL ESTATE PROFESSION WHICH IS SHARED WITH THE MEMBERS
102	BOOK AND LOCKBOX SALES ARE OFFERED TO MAINTAIN HIGH STANDARDS FOR THOSE INVOLVED IN THE REAL ESTATE FIELD
103C	MISCELLANEOUS INCOME FROM VARIOUS ITEMS USED TO UNITE and EDUCATE REAL ESTATE PROFESSIONALS
103D	RECOVERY OF BAD DEBT FROM EXEMPT FUNCTION INCOME

efile GRAPHIC print - DO NOT PROCESS As Filed Data - DLN: 93490043002179

TY 2007 Depreciation and Depletion Schedule

Name: CHICAGO ASSOCIATION OF REALTORS

Asset	Amount
OFFICE FURNITURE & FIXTURES	53,869
COMPUTER EQUIPMENT	149,253
COMPUTER SOFTWARE	17,314
LEASEHOLD IMPROVEMENTS	34,803
WEBSITE-DEVELOPMENT	608
FURNITURE FIXTURES & EQUIPMENT	5,242

TY 2007 Land etc. Schedule

Name: CHICAGO ASSOCIATION OF REALTORS

Category/Item	Cost/Other Basis	Accumulated Depreciation	Book Value
OFFICE FURNITURE & FIXTURES	440,331	202,793	237,538
COMPUTER EQUIPMENT	773,613	405,866	367,747
COMPUTER SOFTWARE	279,064	239,260	39,804
LEASEHOLD IMPROVEMENTS	340,076	71,010	269,066
WEBSITE-DEVELOPMENT	22,243	1,521	20,722
FURNITURE FIXTURES & EQUIPMENT	32,077	28,549	3,528

efile GRAPHIC print - DO NOT PROCESS	As Filed Data -	DLN: 93490043002179

TY 2007 Other Assets Schedule

Name: CHICAGO ASSOCIATION OF REALTORS

Description	Beginning of Year Amount	End of Year Amount
LEASE DEPOSITS	29,618	26,311
DUE FROM RELATED PARTIES	904,614	550,760
RECOVERABLE INCOME TAX	9,762	0

efile GRAPHIC print - DO NOT PROCESS	As Filed Data -	DLN: 93490043002179

TY 2007 Other Expenses Included Schedule

Name: CHICAGO ASSOCIATION OF REALTORS

Description	Amount
COST OF GOODS SOLD	53,232



TY 2007 Other Expenses Not Included Schedule

Name: CHICAGO ASSOCIATION OF REALTORS

Description	Amount
RECOVERY OF BAD DEBT	11,274

efile GRAPHIC print - DO NOT PROCESS	As Filed Data -	DLN: 93490043002179

TY 2007 Other Liabilities Schedule

Name: CHICAGO ASSOCIATION OF REALTORS

Description	Beginning of Year Amount	End of Year Amount
DUES PAYABLE	21,250	678,527
DUE TO RELATED PARTIES	3,562,347	0

efile GRAPHIC print - DO NOT PROCESS	As Filed Data -	DLN: 93490043002179

TY 2007 Other Revenues Included Schedule

Name: CHICAGO ASSOCIATION OF REALTORS

Description	Amount
COST OF GOODS SOLD	53,232



TY 2007 Other Revenues Not Included Schedule

Name: CHICAGO ASSOCIATION OF REALTORS

Description	Amount
RECOVERY OF BAD DEBT	11,274