efile GRAPHIC print - DO NOT PROCESS As Filed Data -DLN: 93493212000092 OMB No 1545-0047 Return of Organization Exempt From Income Tax Form 990 Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation) Department of the Treasury Open to Public ▶ The organization may have to use a copy of this return to satisfy state reporting requirements Internal Revenue Service Inspection A For the 2011 calendar year, or tax year beginning 01-01-2011 and ending 12-31-2011 D Employer identification number C Name of organization B Check if applicable THE REAL ESTATE BOARD OF Address change NEW YORK INC. 13-1201480 Doing Business As E Telephone number Name change (212)532-3100Initial return Number and street (or P O box if mail is not delivered to street address) Room/suite **G** Gross receipts \$ 10,104,525 570 LEXINGTON AVENUE Terminated Amended return City or town, state or country, and ZIP + 4 NEW YORK, NY 10022 Application pending Name and address of principal officer H(a) Is this a group return for STEVEN SPINOLA affiliates? 570 LEXINGTON AVENUE NEW YORK, NY 10022 H(b) Are all affiliates included? If "No," attach a list (see instructions) Tax-exempt status H(c) Group exemption number ► Website: ► WWW REBNY COM K Form of organization
✓ Corporation
☐ Trust
☐ Association
☐ Other ► L Year of formation 1896 M State of legal domicile NY Part I Summary 1 Briefly describe the organization's mission or most significant activities 1 TO UNITE IN COMMON ORGANIZATION THOSE PROFESSIONALLY ENGAGED IN REAL ESTATE 2 TO PROTECT AND PROMOTE THE MUTUAL INTERESTS OF ITS MEMBERS 3 TO FORMULATE AND MAINTAIN ETHICAL STANDARDS FOR THE GUIDANCE OF ITS MEMBERS IN THEIR RELATIONS WITH EACH OTHER AND THE PUBLIC 4 TO ADVOCATE NECESSARY PUBLIC IMPROVEMENTS AND OPPOSE UNNECESSARY OR WASTEFUL EXPENDITURES OF PUBLIC FUNDS 5 TO PROMOTE AND ENCOURAGE THE ENACTMENT OF JUST AND REASONABLE LAWS AND ORDINANCES AFFECTING Activities & Governance REAL ESTATE AND TO OPPOSE THOSE THAT WOULD BE UNJUST AND UNREASONABLE 6 TO SUPPLY MEMBERS WITH INFORMATION THEY NEED TO MAKE SOUND BUSINESS DECISIONS 7 TO HELP REAL ESTATE PROFESSIONALS MEET STATE GOVERMENT LICENSING STANDARDS 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) 123 4 Number of independent voting members of the governing body (Part VI, line 1b) . . 123 5 Total number of individuals employed in calendar year 2011 (Part V, line 2a) . . . 5 50 **6** Total number of volunteers (estimate if necessary) . . 6 440,896 **7a** Total unrelated business revenue from Part VIII, column (C), line 12 . 7a **b** Net unrelated business taxable income from Form 990-T, line 34 -1,140 **7b Prior Year Current Year** 44,298 Contributions and grants (Part VIII, line 1h) 312,703 9,092,305 10,004,315 Program service revenue (Part VIII, line 2g) Revent 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 103,257 34,434 21,478 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 71,276 11 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12 9,579,541 10,104,525 Grants and similar amounts paid (Part IX, column (A), lines 1-3) . . . 0 14 Benefits paid to or for members (Part IX, column (A), line 4) . . 0 Salaries, other compensation, employee benefits (Part IX, column (A), lines 15 Expenses 4,387,655 4,677,598 16a Professional fundraising fees (Part IX, column (A), line 11e) 0 Total fundraising expenses (Part IX, column (D), line 25) \blacktriangleright 0 b 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) . . . 4,462,277 4,884,096 8,849,932 18 Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25) 9,561,694 Revenue less expenses Subtract line 18 from line 12 . . . 19 729,609 542,831 ຮ^ው **Beginning of Current End of Year** Assets of Balance 12,926,431 20 Total assets (Part X, line 16) 12,634,601 21 8,593,426 9,016,190 Total liabilities (Part X, line 26) . . 3,910,241 22 Net assets or fund balances Subtract line 21 from line 20 . 4,041,175 Signature Block Under penalties of perjury, I declare that I have examined this return, including acco knowledge and belief, it is true, correct, and complete. Declaration of preparer (other

Sign	Signature of officer						
Here	WILLIAM AUERBACH C F O						
	Type or print name and title						
Paid	Preparer's signature JOHN R MANI	Date 2012-07-30					
Preparer's Use Only	Firm's name (or yours JOHN R MANI CPA if self-employed),						
Ose Only	address, and ZIP + 4 7 206 NEWARK POMPTON TURNPIKE						
	PEQUANNOCK, NJ 07440						

May the IRS discuss this return with the preparer shown above? (see instruction

Total program service expenses►\$

4e

Par	: 1111	Statement of Program Service Accomplishments Check if Schedule O contains a response to any question in this	Part III
1	Brief	efly describe the organization's mission	
THE MEM AND ENAC WOU	MUTU BERS: OPPO CTMEN LD BE	ITE IN COMMON ORGANIZATION THOSE PROFESSIONALLY EN UAL INTERESTS OF ITS MEMBERS 3 TO FORMULATE AND MAIS IN THEIR RELATIONS WITH EACH OTHER AND THE PUBLIC 4 OSE UNNECESSARY OR WASTEFUL EXPENDITURES OF PUBLIC ENT OF JUST AND REASONABLE LAWS AND ORDINANCES AFFE E UNJUST AND UNREASONABLE 6 TO SUPPLY MEMBERS WITH NS 7 TO HELP REAL ESTATE PROFESSIONALS MEET STATE GO	NTAIN ETHICAL STANDARDS FOR THE GUIDANCE OF ITS TO ADVOCATE NECESSARY PUBLIC IMPROVEMENTS FUNDS 5 TO PROMOTE AND ENCOURAGE THE CTING REAL ESTATE AND TO OPPOSE THOSE THAT I INFORMATION THEY NEED TO MAKE SOUND BUSINESS
2	the pi	the organization undertake any significant program services during t prior Form 990 or 990-EZ?	the year which were not listed on Yes V No
		es," describe these new services on Schedule O	
3	servi	the organization cease conducting, or make significant changes in h	ow it conducts, any program Yes
4	Desc	es," describe these changes on Schedule O cribe the organization's program service accomplishments for each enses Section 501(c)(3) and 501(c)(4) organizations and section 4 its and allocations to others, the total expenses, and revenue, if any	947(a)(1) trusts are required to report the amount of
4a	(Cod	ode) (Expenses \$ 9,561,694 including grants	of \$) (Revenue \$)
	OWN MAPS INDU PROP	IBRARY CONTAINING OVER 1,000 VOLUMES AND 100 PROFESSIONAL JOURNALS ANINERSHIP AND MORTGAGE INFORMATION FILES ON ALL NEW YORK CITY PROPERTIOPS FOR EVERY PARCEL IN THE CITY OF NEW YORK. THE RESEARCH DEPARTMENT INUSTRY PERIODICALS ARE PUBLISHED TO AID ITS MEMBERS, INCLUDING A LISTING OPERTIES, ISSUES AND ZONING MATTERS BEING CONSIDERED BY THE DEPARTMENT OF THE CONDITIONS.	ES AS WELL AS ASSESSED VALUATION LISTINGS AND CURRENT PROPERTY INVESTIGATES AND REPORTS ON ISSUES OF VITAL CONCERN TO THE G OF ALL BONAFIDE ARMS LENGTH TRANSACTIONS INVOLVING MANHATTAN
4b	(Cod	ode) (Expenses \$ including grants	of \$) (Revenue \$)
4c	(Code	ode) (Expenses \$ including grants	of \$) (Revenue \$)
44	O + L	har program comuses (Decembe in Cahadula C.)	
4d		her program services (Describe in Schedule O) kpenses \$ including grants of \$) (Revenue \$

9,561,694

Part IV	Checklist	of Red	uired	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		No
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? 😼	2	Yes	<u></u>
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	Yes	
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If</i> "Yes," complete Schedule C, Part II	4		
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5	Yes	
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? If "Yes," complete Schedule D, Part II	7		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		No
9	Did the organization report an amount in Part X, line 21, 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		No
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		No
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			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line10? If "Yes," complete Schedule D, Part VI.	11a	Yes	
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		No
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		No
	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX.	11d	Yes	
e	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X.	11e	Yes	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X.	11f	Yes	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI, XII, and XIII	12a		No
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered 'No' to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional	12b	Yes	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		No
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		No
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Part I	14b		No
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the U S? If "Yes," complete Schedule F, Part II and IV.	15		No
16	Did the organization report on Part IX, column (A), line 3, more than $$5,000$ of aggregate grants or assistance to individuals located outside the U S ? If "Yes," complete Schedule F, Part III and IV	16		No
17	Did the organization report a total of more than \$15,000, of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If</i> "Yes," complete Schedule G, Part I	17		No
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		No
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		N o
20a	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20a		No
b	If "Yes" to line 20a, did the organization attach its audited financial statement to this return? Note. All Form 990 filers that operated one or more hospitals must attach audited financial statements	20b		_ _

Par	t IV Checklist of Required Schedules (continued)			
21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		No
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		No
23	Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	23	Yes	
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 questions 24b-24d and complete Schedule K. If "No," go to line 25	24a		No
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) and 501(c)(4) 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	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? If "Yes," complete Schedule L, Part III	27		No
28	Was the organization a party to a business transaction with one of the following parties? (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part			
	IV	28a	Yes	
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		No
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or owner? If "Yes," complete Schedule L, Part IV	28c	Yes	
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		No
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		No
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		Νo
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1	34	Yes	
35a	Is any related organization a controlled entity of the filing organization within the meaning of section 512(b)(13)?	35a	Yes	
b	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section $512(b)(13)$? If "Yes," complete Schedule R, Part V, line 2	35b	Yes	
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If</i> "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		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19?	_	Yes	

Part V Statements Regarding Other IRS Filings and Tax Compliance

	Check if Schedule O contains a response to any question in this Part V	•	.F	_
			Yes	No
а	Enter the number reported in Box 3 of Form 1096 Enter -0 - if not applicable			
	1a 63			
ь	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable			
	1b 0		1	
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	Yes	
a.	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			
ь	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?			
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	2b	Yes	
la	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	Yes	
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b	Yes	
la	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 or securities account)?	4a		No
b	If "Yes," enter the name of the foreign country			
	See instructions for filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts			
	We also an arranged and a second state of the			NI -
a h	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5a		No No
		5b		140
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
ia	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the	6a		No
h	organization solicit any contributions that were not tax deductible?			
	were not tax deductible?	6b		
,	Organizations that may receive deductible contributions under section 170(c).		1	
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		
ь	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to			
	file Form 8282?	7 c		
d	If "Yes," indicate the number of Forms 8282 filed during the year			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit			
_	contract?	7e		
	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as	7f		
y	required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a	71.		
3	Form 1098-C?	7h		
,	the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess			
	business holdings at any time during the year?	8		
)	Sponsoring organizations maintaining donor advised funds.		1	
а	Did the organization make any taxable distributions under section 4966?	9a		
О	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		
	Initiation fees and capital contributions included on Part VIII, line 12 10a			
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club			
	facilities			
	Section 501(c)(12) organizations. Enter			
a	Gross income from members or shareholders			
ט	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)			
()a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the	u		
	year 12b			
	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state? Note. All 501(c)(29) organizations must list in Schedule O each state in which they are licensed to issue			
	qualified health plans, the amount of reserves required by each state, and the amount of reserves the organization	13a		
h	allocated to each state Enter the aggregate amount of reserves the organization is required to maintain by			
ט	the states in which the organization is licensed to issue qualified health plans			
c	Enter the aggregate amount of reserves on hand			
42	Did the organization receive any payments for indoor tanning services during the tax year?	14a		No
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14a 14b		1/1/0

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

Check if Schedule O contains a response to any question in this Part VI $\,$. $\,$. $\,$.

Se	ction A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax vear 123			
h	year			
U	Independent			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2	Yes	
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?.	3		No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		No
5	Did the organization become aware during the year of a significant diversion of the organization's assets? .	5		No
6	Did the organization have members or stockholders?	6		No
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a	Yes	
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b	Yes	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following			
а	The governing body?	8a	Yes	
b	Each committee with authority to act on behalf of the governing body?	8b	Yes	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		No
	ction B. Policies (This Section B requests information about policies not required by the Internal	•		
Re	venue Code.)			
			Yes	No
	Did the organization have local chapters, branches, or affiliates?	10a		No
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		No
b	Describe in Schedule O the process, if any, used by the organization to review the Form 990			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a		Νo
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 in Schedule O how this was done	12c		
13	Did the organization have a written whistleblower policy?	13		No
14	Did the organization have a written document retention and destruction policy?	14		Νo
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a		Νo
b	Other officers or key employees of the organization	15b		Νo
	If "Yes," to line 15a or 15b, describe the process in Schedule O (see instructions)			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a		No
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	16b		
Se	ection C. Disclosure	100		
17	List the States with which a copy of this Form 990 is required to be filed▶			
	Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c) (3)s only) available for public inspection. Indicate how you made these available.			

- - ☐ O wn website ☐ A nother's website ☑ U pon request

(212)532-3100

- Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, and financial statements available to the public. See Additional Data Table
- State the name, physical address, and telephone number of the person who possesses the books and records of the organization 🕨 20 JAMES QUARTUCCIO **570 LEXINGTON AVENUE** NEW YORK, NY 10022

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, and **current** key employees 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 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 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations
- List all of the organization's **former** officers, key employees, or highest compensated employees who received more than \$100,000 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

List persons in the following order individual trustees or directors, institutional trustees, officers, key employees, highest compensated employees, and former such persons

Check this box if neither the or	ganızatıon nor any re	elated o	rgan	ızatı	ons	compe	ensat	ed any current or fo	ormer officer, direc	tor, or trustee
(A) Name and Title	(B) A verage hours per week (describe	(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)	(E) Reportable compensation from related organizations (W- 2/1099-	(F) Estimated amount of other compensation from the organization and
	hours for related organizations in Schedule O)	Individual trustae or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former		MISC)	related organizations
See Additional Data Table										
				_						

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

	(A) Name and Title	(B) Average hours per week (describe hours	unles ar	ion (d e tha	n on son er a	e bo ıs b nd a	ox, oth)		Rep comp fro organiz	(D) ortable ensation m the zation (W- 9-MISC)	(E) Reportable compensation from related organizations (W- 2/1099- MISC)		(F) Estimated amount of other compensation from the organization and	
		for related organizations in Schedule	Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former			Miscy		organiza	
See A	Additional Data Table											\dashv		
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												\top		
1b	Sub-Total				•	•		F						
c	Total from continuation sheets Total (add lines 1b and 1c) .	to Part VII, Sec			•	•		<u> </u>		2,493,511				275,959
2	Total number of individuals (incl \$100,000 of reportable compen	udıng but not lın	nıted to	thos	e lis) who	o receive		ın			, i
													Yes	No
3	Did the organization list any for on line 1a? <i>If</i> "Yes," complete Sci					ey e	employ • •	ee, o	or highes	t compens	ated employee	3		No
4	For any individual listed on line organization and related organiz													
5	Did any person listed on line 1a	receive or accru	ue com	- pensa	• atıor	· r fro	m any	• unre	lated org	janization d	or individual for	4	Yes	
	services rendered to the organiz	ration? <i>If "Yes,"</i>	complet	te Sch	edui	le J f	or suci	h per	son .		•	5		No
S	ection B. Independent Con													
1	Complete this table for your five \$100,000 of compensation from or within the organization's tax y	n the organizatio												
		(A) ne and business ad	dress							Desci	(B) ription of services		(C Compe	
200 I NEW	TON & STRAUS PARK AVENUE YOEK, NY 10166									LEGAL SERVI	CES			694,544
51 M NEW	RS & IMES LLP ADISON AVENUE YORK, NY 10010									LEGAL SERVI	CES			383,103
200 I NEW	ON DUNN & CRUTCHER PARK AVENUE YORK, NY 10166									LEGAL SERVI	CES			225,000
150 E	ON ELSER MOSKOVITZ EDELMAN EAST 42ND STREET YORK, NY 10017									LOBBYISTS				215,065
GALI	EO ANDAL AMBRIDGE AVENUE									CONSULTAN [*]	 ГS			184,680

Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization ►5

Form **990** (2011)

Form 99							Page 9
Part \	/1111	Statement of Revenue		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512,513,or 514
芸芸	1a	Federated campaigns 1a					
Contributions, gifts, grants and other similar amounts	ь	Membership dues 1b					
£	c	Fundraising events 1c					
Æ æ	d	Related organizations 1d					
% <u>`E</u>	e	Government grants (contributions) 1e					
î E	f	All other contributions, gifts, grants, and similar amounts not included above	44,298	j	j	İ	
ë E	g	Noncash contributions included in					
불살		lines 1a-1f \$					
ပွန	h	Total. Add lines 1a-1f	· · · •	44,298			
<u> </u>			Business Code				
E E	2a	MEMBERS DUES		6,866,803	6,866,803		
Program Service Revenue	b	ANNUAL BANQUET		1,535,206	1,535,206		
92	c	EDUCATION & SEMINARS		348,685	348,685		
<u>.</u>	d	MEMBERSHIP MEETINGS		344,560	344,560		
É	e	BANQUET JOURNAL	541800	268,375		268,375	
∑ 25	f	All other program service revenue		640,686	476,943	163,743	
Ě	g	Total. Add lines 2a-2f		10,004,315			
	3	Investment income (including dividend	s, interest				
		and other similar amounts)	-	34,434			34,434
	4	Income from investment of tax-exempt bond p	· · · · · -				
	5	Royalties					
	6-	(I) Real	(II) Personal				
	6а b	Gross rents Less rental					
		expenses Rental income					
	C	or (loss)					
	d	Net rental income or (loss)	-				
	7a	(1) Securities Gross amount	(II) Other				
	′	from sales of assets other					
	_	than inventory Less cost or					
	b	other basis and					
	c	sales expenses Gain or (loss)					
	d	Net gain or (loss)					
	8a	Gross income from fundraising					
пe		events (not including					
Other Revenue		\$of contributions reported on line 1c)					
æ		See Part IV, line 18					
<u>∓</u>	Ь	Less direct expenses b					
₹		Net income or (loss) from fundraising e	vents 🕨				
_	9a	Gross income from gaming activities	ļ.				
		See Part IV, line 19					
	.	a					
	b с	Less direct expenses b Net income or (loss) from gaming activ	ıtıes				
		Gross sales of inventory, less returns and allowances .					
	_	a					
	b с	Less cost of goods sold b Net income or (loss) from sales of inve	ntory ►				
		Miscellaneous Revenue	Business Code				
	11a	ARBITRATION FEES & OTHER		12,700	12,700		
	ь	MEETING ROOM RNTL	900099	6,600		6,600	
	С	SALE OF LABELS	900004	2,178		2,178	
	d	All other revenue					
	e	Total. Add lines 11a-11d		21,478			
	12	Total revenue. See Instructions	. •	10,104,525	9,584,897	440,896	34,434
	ı		L	10,104,323	2,304,037	770,030	24,424

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) but are not required to complete columns (B), (C), and (D)

Check if Schedule O contains a response to any question in this Part IX

	ot include amounts reported on lines 6b, o, 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 governments and organizations in the United States See Part IV, line 21				
2	Grants and other assistance to individuals in the United States See Part IV, line 22				
3	Grants and other assistance to governments, organizations, and individuals outside the United States See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees	2,756,712			
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	918,398			
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	353,387			_
9	Other employee benefits	421,667			
10	Payroll taxes	227,434			
11	Fees for services (non-employees)				_
а	Management				
ь	Legal	244,983			_
c	Accounting	22,000			
d	Lobbying	339,673			
e	Professional fundraising See Part IV, line 17				
f	Investment management fees				
g	Other				
12	Advertising and promotion				
13	Office expenses	456,576			
14	Information technology	409,506			
15	Royalties				
16	Occupancy	1,018,871			
17	Travel				
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	149,036			
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	408,724			
23	Insurance	54,258			
24	Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24f If line 24f amount exceeds 10% of line 25, column (A) amount, list line 24f expenses on Schedule O)				
a	ANNUAL BANQUET EXPENSE	461,513			
b	MEMBERSHIP MEETING EXPEN	264,878			
С	EDUCATION & SEMINAR EXP	235,768			
d	DIR DIARY & MANUAL PRNTG	170,323			
e					
f	All other expenses	647,987			
25	Total functional expenses. Add lines 1 through 24f	9,561,694	0	0	0
26	Joint costs. Check here ► ☐ If following SOP 98-2 (ASC 958-720) Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				orm 990 (2011)

Pa	rt X	Balance Sheet					
					(A) Beginning of year		(B) End of year
	1	Cash—non-interest-bearing			633,747	1	697,499
	2	Savings and temporary cash investments			4,257,076	2	4,056,346
	3	Pledges and grants receivable, net				3	
	4	Accounts receivable, net			141,970	4	256,795
	5	Receivables from current and former officers, directors, trustees highest compensated employees Complete Part II of	employees, and				
		Schedule L				5	
	6	Receivables from other disqualified persons (as defined under se persons described in section 4958(c)(3)(B) Complete Part II o	4958(f)(1)) and				
Ø		Schedule L		6			
Assets	7	Notes and loans receivable, net				7	
28	8	Inventories for sale or use			7,373	8	12,156
•	9	Prepaid expenses and deferred charges			2,037,543	9	2,391,522
	10a	Land, buildings, and equipment cost or other basis <i>Complete Part VI of Schedule D</i>	10a	3,428,492			
	b	Less accumulated depreciation	10b	2,120,934	1,347,481	10 c	1,307,558
	11	Investments—publicly traded securities		1,617,752	11	1,577,674	
	12	Investments—other securities See Part IV, line 11		•	-1,089,430	12	-1,207,458
	13	Investments—program-related See Part IV, line 11				13	
	14	Intangible assets				14	
	15	Other assets See Part IV, line 11			3,681,089	15	3,834,339
	16	Total assets. Add lines 1 through 15 (must equal line 34)			12,634,601	16	12,926,431
	17	Accounts payable and accrued expenses .			3,769,008	17	4,178,483
	18	Grants payable		18			
	19	Deferred revenue			3,298,447	19	3,314,056
	20	Tax-exempt bond liabilities				20	
7A	21	Escrow or custodial account liability Complete Part IV of Schedul	eD.			21	
abilities	22	Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified					
æ		persons Complete Part II of Schedule L				22	
	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 relate and other liabilities not included on lines 17-24) Complete Part			1,525,971	25	1,523,651
	26	D Total liabilities. Add lines 17 through 25			8,593,426		9,016,190
	20		laka li	nos 27	0,333,420	20	3,010,130
Fund Balances		Organizations that follow SFAS 117, check here ▶	iete II	nes 27			
<u>0</u>	27	Unrestricted net assets			4,041,175	27	3,910,241
B	28	Temporarily restricted net assets				28	
핃	29	Permanently restricted net assets			29		
or Fu		Organizations that do not follow SFAS 117, check here ► an lines 30 through 34.	d com	plete			
	30	Capital stock or trust principal, or current funds	•			30	
Assets	31	Paid-in or capital surplus, or land, building or equipment fund				31	
	32	Retained earnings, endowment, accumulated income, or other fu	nds			32	
≱	33	Total net assets or fund balances			4,041,175	33	3,910,241
_	34	Total liabilities and net assets/fund balances			12,634,601	34	12,926,431

Par	Check if Schedule O contains a response to any question in this Part XI				
1	Total revenue (must equal Part VIII, column (A), line 12)	1		10,1	104,525
2	Total expenses (must equal Part IX, column (A), line 25)	2			561,694
3	Revenue less expenses Subtract line 2 from line 1	3			542,831
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		4,0	041,175
5	Other changes in net assets or fund balances (explain in Schedule O)	5		-6	573,765
6	Net assets or fund balances at end of year Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))	6		3,9	910,241
Par	t XII Financial Statements and Reporting				
	Check if Schedule O contains a response to any question in this Part XII			୮	-
				Yes	No
1	Accounting method used to prepare the Form 990				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		No
b	Were the organization's financial statements audited by an independent accountant?		2b	Yes	
C	If "Yes," to 2a or 2b, does the organization have a committee that assumes responsibility for oversight of taudit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O		2c	Yes	
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were is on a separate basis, consolidated basis, or both	ssued			
_	Separate basis Consolidated basis Both consolidated and separated basis				
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?		За		No
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the readily or audits, explain why in Schedule O and describe any steps taken to undergo such audits	equired	3b		

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DLN: 93493212000092

OMB No 1545-0047

2011

SCHEDULE C (Form 990 or 990-EZ)

exempt funtion activities

Did the filing organization file Form 1120-POL for this year?

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.

Department of the Treasury

Enter the amount directly expended by the filing organization for section 527 exempt function activities Enter the amount of the filing organization's funds contributed to other organizations for section 527

Total exempt function expenditures Add lines 1 and 2 Enter here and on Form 1120-POL, line 17b

Internal Revenue Service	► Attach to Form 990 or Form 990-EZ. ► See separate instruct	ions.	Inspect	
•	ered "Yes," to Form 990, Part IV, Line 3, or Form 990-EZ, Part V, line	46 (Political Cam	paign Activitie	s),
then • Section 501(c)(3) organi	ations Complete Parts I-A and B Do not complete Part I-C			
, ,, ,	n section 501(c)(3)) organizations Complete Parts I-A and C below Do not c	complete Part I-B		
◆ Section 527 organization	, ,, ,,			
	ered "Yes," to Form 990, Part IV, Line 4, or Form 990-EZ, Part VI, line		•	
` /` /	rations that have filed Form 5768 (election under section 501(h)) Complete Pa		•	
· /· /	cations that have NOT filed Form 5768 (election under section 501(h)) Complered "Yes," to Form 990, Part IV, Line 5 (Proxy Tax) or Form 990-EZ,		•	-A
_	(6) organizations Complete Part III	ilile 33C (I TOXY I	ax, then	
Name of the organization		Employer identi	fication number	
THE REAL ESTATE BOARD OF NEW YORK INC		13-1201480		
	f the organization is exempt under section 501(c) or is a		organization	
1 Provide a description	n of the organization's direct and indirect political campaign activities on building the following		<u>-</u>	
2 Political expenditure	· ·s	▶ \$	s	
3 Volunteer hours		·		
Part I-B Complete	f 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	- \$	s	
3 If the organization is	curred a section 4955 tax, did it file Form 4720 for this year?		☐ Yes	√ No
4a Was a correction ma	de?		☐ Yes	√ No
b If "Yes," describe in	Part IV			
Part I-C Complete	f the organization is exempt under section 501(c) excep	t section 501((c)(3).	

separate segregated fund or a	political action committee (PAC) If a	additional space is	s needed, provide informat	ion in Part IV
(a) Name	(b) Address	(c) EIN	(d) A mount paid from filing organization's funds If none, enter - 0-	(e) A mount of political contributions received and promptly and directly delivered to a separate political organization If none, enter - 0-
(1) REAL ESTATE BD POLITICAL ACTION COM ACTION COMMITTEE	570 LEXINGTON AVENUE NEW YORK, NY 10022	13-3098933		

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

Pa	nedule C (Form 990 or 990-EZ) 2011 art II-A Complete if the organization under section 501(h)).			_			-
Α	Check If the filing organization belongs to a expenses, and share of excess lobb	bying exp	enditures)		_	up member's nam	e, address, EIN,
<u>B</u>	Check If the filing organization checked box Limits on Lobbying E (The term "expenditures" means an	Expendi	itures		у	(a) Filing Organization's Totals	(b) Affiliated Group Totals
1a	Total lobbying expenditures to influence public o	opinion (g	rass roots lob	byıng)			
b	Total lobbying expenditures to influence a legisla	latıve bod	y (dırect lobby	ring)			
С	Total lobbying expenditures (add lines 1a and 1b	b)					
d	O ther exempt purpose expenditures						
е	Total exempt purpose expenditures (add lines 1	.c and 1d))				
f	Lobbying nontaxable amount Enter the amount f	from the f	following table	ın both			
	If the amount on line 1e, column (a) or (b) is: Not over \$500,000	1	obying nontax the amount on lir	ible amount is: e 1e			
	Over \$500,000 but not over \$1,000,000	\$100,000	0 plus 15% of the	e excess over \$500,00	00		
	Over \$1,000,000 but not over \$1,500,000	\$175,000	0 plus 10% of the	e excess over \$1,000,	000		
	Over \$1,500,000 but not over \$17,000,000	\$225,000	0 plus 5% of the	excess over \$1,500,0	00		
	Over \$17,000,000	\$1,000,0	000				
	Grassroots nontaxable amount (enter 25% of lin	ne 1f)					
h	Subtract line 1g from line 1a If zero or less, ente	ter -0-					
i	Subtract line 1f from line 1c If zero or less, ente						
j	If there is an amount other than zero on either lir section 4911 tax for this year?	ıne 1h or l	ine 1i, did the	organızatıon file f	Form 4720 rep	orting	┌ Yes ┌ No
	4-Year Av (Some organizations that made a columns below. See tl	section	า 501(h) el	nder Section ection do not r lines 2a thro	have to con	nplete all of thage 4.)	ne five
	Lobbying Expe	enditur	es During	4-Year Avera	ging Period		
	Calendar vear (or fiscal vear						

	Lobbying Expenditures During 4-Year Averaging Period									
	Calendar year (or fiscal year beginning in)	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) Total				
2a	Lobbying non-taxable amount									
b	Lobbying ceiling amount (150% of line 2a, column(e))									
c	Total lobbying expenditures									
d	Grassroots non-taxable 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)).

		(a	1)	(b)
		Yes	No	Amount
1	During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of			
а	Volunteers?		Νo	
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?		Νo	
C	Media advertisements?		Νo	
d	Mailings to members, legislators, or the public?		Νo	
е	Publications, or published or broadcast statements?		Νo	
f	Grants to other organizations for lobbying purposes?		No	
g	Direct contact with legislators, their staffs, government officials, or a legislative body?		No	
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		No	
i	Other activities? If "Yes," describe in Part IV		No	
j	Total lines 1c through 1:			
2a	Did the activities in line 1 cause the organization to be not described in section $501(c)(3)$?		No	
b	If "Yes," enter the amount of any tax incurred under section 4912			
С	If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
d	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?		Νo	

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		No
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?	2		Νo
3	Did the organization agree to carryover lobbying and political expenditures from the prior year?	3		No

Part III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6) if BOTH Part III-A, lines 1 and 2 are answered "No" OR if Part III-A, line 3 is answered "Yes".

1	Dues, assessments and similar amounts from members	1	6,866,803
2	Section 162(e) non-deductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).		
а	Current year	2a	405,673
b	Carryover from last year	2b	
С	Total	2c	405,673
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	3	451,234
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year?	4	
5	Taxable amount of lobbying and political expenditures (see instructions)	5	-45,561

Part IV Supplemental Information

Complete this part to provide the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, and Part II-B, line 1i Also, complete this part for any additional information

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DLN: 93493212000092

OMB No 1545-0047

Open to Public Inspection

SCHEDULE D

(Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

	ne of the organization REAL ESTATE BOARD OF		Employer identification number
	/ YORK INC		13-1201480
Pa	organizations Maintaining Donor A organization answered "Yes" to Form 9	90, Part IV, line 6.	·
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate contributions to (during year)		
3	Aggregate grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor adv funds are the organization's property, subject to the		nor advised Yes V No
6	Did the organization inform all grantees, donors, and used only for charitable purposes and not for the beiconferring impermissible private benefit	nefit of the donor or donor advisor, or for a	Yes Vo
Pai	t II Conservation Easements. Complete	if the organization answered "Yes"	to Form 990, Part IV, line 7.
2	Purpose(s) of conservation easements held by the of Preservation of land for public use (e.g., recreat Protection of natural habitat Preservation of open space Complete lines 2a-2d if the organization held a qua	cion or pleasure)	n historically importantly land area certified historic structure m of a conservation
	easement on the last day of the tax year		
	Tabal mumban of annumentum annumba		Held at the End of the Year
а	Total number of conservation easements		2a
Ь	Total acreage restricted by conservation easements		2b
С	Number of conservation easements on a certified his	. ,	2c
d	Number of conservation easements included in (c) a	acquired after 8/17/06	2d
3	Number of conservation easements modified, transf the taxable year ►	erred, released, extinguished, or terminat	ed by the organization during
4	Number of states where property subject to conserv	ation easement is located 🗠	
5	Does the organization have a written policy regarding enforcement of the conservation easements it holds		ndling of violations, and Yes V No
6	Staff and volunteer hours devoted to monitoring, ins	pecting and enforcing conservation ease	ments during the year ►
7	A mount of expenses incurred in monitoring, inspect \$\blue{\sigma}\$ \qu	ing, and enforcing conservation easemen	ts during the year
8	Does each conservation easement reported on line $170(h)(4)(B)(i)$ and $170(h)(4)(B)(ii)$?	2(d) above satisfy the requirements of se	ection Yes 🔽 No
9	In Part XIV, describe how the organization reports of balance sheet, and include, if applicable, the text of the organization's accounting for conservation ease	the footnote to the organization's financia	·
Par	Organizations Maintaining Collection Complete if the organization answered	ons of Art, Historical Treasures,	or Other Similar Assets.
1a	If the organization elected, as permitted under SFAS art, historical treasures, or other similar assets held provide, in Part XIV, the text of the footnote to its fi	5 116, not to report in its revenue statem d for public exhibition, education or resea	rch in furtherance of public service,
b	If the organization elected, as permitted under SFAS historical treasures, or other similar assets held for provide the following amounts relating to these item	public exhibition, education, or research	
	(i) Revenues included in Form 990, Part VIII, line	1	* \$
	(ii) Assets included in Form 990, Part X		► \$
2	If the organization received or held works of art, his following amounts required to be reported under SFA		for financial gain, provide the
а	Revenues included in Form 990, Part VIII, line 1		▶ \$

b Assets included in Form 990, Part X

Part	III Organizations Maintaining Co	llections of Art	<u>, His</u>	<u>tori</u>	<u>cal Tr</u>	<u>easu</u>	ires, or C	<u> Othe</u>	r Simila	ar Asse	ets (co	ntınued)
3	Using the organization's accession and othe items (check all that apply)	r records, check any	y of th	ie foll	_		_			collectio	n	
а	Public exhibition		d	\vdash	Loan	or excl	hange prog	rams				
b	Scholarly research		e	Γ	Other							
c	Preservation for future generations											
4	Provide a description of the organization's co	ollections and expla	ın hov	v they	furthe	rthe c	organizatio	n's ex	cempt pu	rpose in		
5	During the year, did the organization solicit of assets to be sold to raise funds rather than t								nılar	Г	Yes	√ No
Par	Escrow and Custodial Arrang Part IV, line 9, or reported an an	ements. Comple	ete ıf	the o	organı	ızatıor			es" to F	orm 99	0,	
1a	Is the organization an agent, trustee, custod included on Form 990, Part X?	lian or other interme	diary	for co	ontribu	tions	or other as:	setsı	not	Γ	Yes	√ No
b	If "Yes," explain the arrangement in Part XIV	√ and complete the	follow	ıng ta	ıble							
										Amo	unt	
С	Beginning balance							1 c				
d	Additions during the year]	1d				
е	Distributions during the year]	1e				
f	Ending balance							1f				
2a	Did the organization include an amount on Fo	orm 990, Part X, line	e 21?							Γ	Yes	✓ No
b	If "Yes," explain the arrangement in Part XIV	<u>/</u>										
Par	t V Endowment Funds. Complete											
4	Daniman of war to law -	(a)Current Year	<u>(b)</u>	Prior Y	'ear	(c)Tw	o Years Back	(d)	Three Year	s Back (e	e)Four Y	ears Back
1a 	Beginning of year balance	 						+				
b	Contributions							+				
c	Investment earnings or losses							+				
d	Grants or scholarships					<u> </u>		+				
е	and programs											
f	Administrative expenses											
g	End of year balance											
2	Provide the estimated percentage of the yea	r end balance held a	as									
а	Board designated or quasi-endowment											
ь	Permanent endowment ►											
c	Term endowment ►											
3a	Are there endowment funds not in the posse:	ssion of the organiza	atıon 1	that a	re helc	d and a	admınıstere	d for	the			
-	organization by		•								Yes	No
	(i) unrelated organizations			•						. 3a(i)		No
_	(ii) related organizations									3a(ii)	1	No
ь 4	If "Yes" to 3a(II), are the related organization Describe in Part XIV the intended uses of the							•		. 3b	1	No
	Land, Buildings, and Equipme											
ı∎C:∐	Lanu, bundings, and Equipme	iii. See Fullii 99	<u>u, ra</u>				(b)Cost =	oths:	(6) 4	mulata d		
	Description of property				Cost or s (invest		(b) Cost or basis (oth		(c) Accu depred		(d) Bo	ok value
	and											
	Buildings		•	<u> </u>								
	easehold improvements		•	<u> </u>				6,406		697,783		598,623
	quipment		•	<u> </u>			2,13	2,086	1	1,423,151		708,935
a (Other			1					1			
	. Add lines 1a-1e <i>(Column (d) should equal Fo</i>		•	ــــــــــــــــــــــــــــــــــــــ					<u> </u> ▶			1,307,558

Part VIII Investments—Other Securities. See	Form 990, Part X, line 1.	2	
(a) Description of security or category	(b)Book value		od of valuation
(including name of security)		Cost or end-o	f-year market value
(1)Financial derivatives			
(2)Closely-held equity interests			
Other			
			_
Total. (Column (b) should equal Form 990, Part X, col (B) line 12)			
Part VIII Investments—Program Related. See	Form 990, Part X, line	13.	
			od of valuation
(a) Description of investment type	(b) Book value		f-year market value
Total. (Column (b) should equal Form 990, Part X, col (B) line 13)	1		
Part IX Other Assets. See Form 990, Part X, lir			
(a) Descrip	ption		(b) Book value
(1) DUE FROM SUBSIDIARY			1,204,522
(2) CASH VALUE LIFE INSURANCE			1,167,352
(3) DEFERRED COMPENSATION FUND			1,016,354
(4) DEFERRED 457-B FUND			446,111
			·
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1	5.)		3,834,339
Part X Other Liabilities. See Form 990, Part X			3,337,339
(a) December of Labelity			
	(b) A mount		
Federal Income Taxes			
DEFERRED COMPENSATION	1,016,354		
DEFERRED 457-B FUND	446,111		
DUE TO AFFILIATES	61,186		
	01,100		
Total. (Column (b) should equal Form 990, Part X, col (B) line 25)	1,523,651		
Iotal. (Column (b) Should equal Form 990, Part X. Col (b) line 25 1 🕒			

Pai	t XI Reconciliation of Change in Net Assets from Form 990 to Financial Statemen	nts	
1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	10,104,525
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	9,561,694
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	542,831
4	Net unrealized gains (losses) on investments	4	-65,450
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV)	8	-608,315
9	Total adjustments (net) Add lines 4 - 8	9	-673,76
10	Excess or (deficit) for the year per financial statements. Combine lines 3 and 9	10	-130,934
	t XII Reconciliation of Revenue per Audited Financial Statements With Revenue p		
1	Total revenue, gains, and other support per audited financial statements	1	8,569,191
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
a	Net unrealized gains on investments		
b	Donated services and use of facilities		
С	Recoveries of prior year grants		
d	Other (Describe in Part XIV)		
e	Add lines 2a through 2d	2e	-183,478
3	Subtract line 2e from line 1	3	8,752,669
4	A mounts included on Form 990, Part VIII, line 12, but not on line 1		
а	Investment expenses not included on Form 990, Part VIII, line 7b . 4a		
b	Other (Describe in Part XIV)		
c	Add lines 4a and 4b	4c	1,351,856
5	Total Revenue Add lines 3 and 4c. (This should equal Form 990, Part I, line 12)	5	10,104,525
Part	XIII Reconciliation of Expenses per Audited Financial Statements With Expenses	per F	Return
1	Total expenses and losses per audited financial	1	8,700,125
,	statements	-	
2 a	Donated services and use of facilities		
b	Prior year adjustments		
6	Other losses		
d	Other (Describe in Part XIV)		
e	Add lines 2a through 2d	2e	490,287
3	Subtract line 2e from line 1	3	8,209,838
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		0,203,030
a	Investment expenses not included on Form 990, Part VIII, line 7b 4a		
b	Other (Describe in Part XIV)		
c	Add lines 4a and 4b	4c	1,351,856
5	Total expenses Add lines 3 and 4c. (This should equal Form 990, Part I, line 18)	5	9,561,694
	rt XIV Supplemental Information		-

Complete this part to 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, Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b. Also complete this part to provide any additional information

additional information	T	1
Identifier	Return Reference	Explanation
LIABILITY UNDER FIN 48 FOOTNOTE	SCHEDULE D, PAGE 3, PART X	ON JANUARY 1, 2009, THE BOARD ADOPTED THE NEW ACCOUNTING FOR UNCERTAINTY IN INCOME TAX GUIDANCE WHICH CLARIFIES THE ACCOUNTING AND RECOGNITION FOR TAX POSITIONS TAKEN OR EXPECTED TO BE TAKEN IN ITS INCOME TAX RETURNS THE BOARD'S INCOME TAX FILINGS SUBJECT TO AUDIT BY VARIOUS TAXING AUTHORITIES THE BOARD'S OPEN AUDIT PERIODS ARE 2008 TO 2011 IN EVALUATING THE BOARD'S TAX PROVISIONS AND ACCRUALS, FUTURE TAXABLE INCOME, THE REVERSAL OF TEMPORARY DIFFERENCES, INTERPETATIONS AND TAX STRATEGIES ARE CONSIDERED MANAGEMENT OF THE BOARD BELIEVES THEIR ESTIMATES ARE APPROPRIATE BASED ON THE CURRENT FACTS AND CONDITIONS,
RECONCILIATION OF CHANGES - OTHER	SCHEDULE D, PAGE 4, PART XI, LINE 8	EQUTIY IN SUBSIDIARY -118,028 EDUCATION COSTS - 235,768 LEASE FORMS COSTS -7,998 BANQUET PRINTING -58,607 DIARY COSTS -228,580 ANNUAL BANQUET COSTS -461,513 GOLF & TENNIS COSTS -87,314 MEMBERSHIP MEETINGS COSTS -264,878 ARBITRATION COSTS -3,850 MEMBERSHIP SERVICES COSTS -3,348 MINIMUM PENSION ADJUSTMENT -490,287 EDUCATION EXPENSES 235,768 DIARY COSTS 228,580 BANQUET PRINTING 58,607 LEASE FORM COSTS 7,998 ANNUAL BANQUET EXPENSE 461,513 GOLF & TENNIS EXPENSE 87,314 MEMBERSHIP MEETING EXPENSE 264,878 ARBITRATION COSTS 3,850 MEMBERSHIP SERVICES COSTS 3,348
REVENUE AMOUNTS INCLUDED IN FINANCIALS - OTHER	SCHEDULE D, PAGE 4, PART XII, LINE 2D	EQUTIY IN SUBSIDIARY -118,028
REVENUE AMOUNTS INCLUDED ON RETURN - OTHER	SCHEDULE D, PAGE 4, PART XII, LINE 4B	EDUCATION COSTS 235,768 LEASE FORMS COSTS 7,998 BANQUET PRINTING 58,607 DIARY COSTS 228,580 ANNUAL BANQUET COSTS 461,513 GOLF & TENNIS COSTS 87,314 MEMBERSHIP MEETINGS COSTS 264,878 ARBITRATION COSTS 3,850 MEMBERSHIP SERVICES COSTS 3,348
EXPENSE AMOUNTS INCLUDED IN FINANCIALS - OTHER	SCHEDULE D, PAGE 4, PART XIII, LINE 2D	MINIMUM PENSION ADJUSTMENT 490,287
EXPENSE AMOUNTS INCLUDED ON RETURN - OTHER	SCHEDULE D, PAGE 4, PART XIII, LINE 4B	EDUCATION EXPENSES 235,768 DIARY COSTS 228,580 BANQUET PRINTING 58,607 LEASE FORM COSTS 7,998 ANNUAL BANQUET EXPENSE 461,513 GOLF & TENNIS EXPENSE 87,314 MEMBERSHIP MEETING EXPENSE 264,878 ARBITRATION COSTS 3,850 MEMBERSHIP SERVICES COSTS 3,348

DLN: 93493212000092

OMB No 1545-0047

Schedule J (Form 990)

Department of the Treasury Internal Revenue Service

For certain Officers, Directors, Trustees, Key Employees, and Highest **Compensated Employees**

Compensation Information

► Complete if the organization answered "Yes" to Form 990, Part IV, question 23.

► Attach to Form 990. ► See separate instructions.

Open to Public **Inspection**

Name of the organization
THE REAL ESTATE BOARD OF
NEW YORK INC

Employer identification number

13-1201480

Pa	rt I Questions Regarding Compensatio	n				
					Yes	Νo
1a	Check the appropriate box(es) if the organization pro 990, Part VII, Section A, line 1a Complete Part II					
	First-class or charter travel	Γ	Housing allowance or residence for personal use			
	Travel for companions	Γ	Payments for business use of personal residence			
	Tax idemnification and gross-up payments	V	Health or social club dues or initiation fees			
	Discretionary spending account	Г	Personal services (e g , maid, chauffeur, chef)			
b	If any of the boxes in line 1a are checked, did the o reimbursement orprovision of all the expenses desc			1b	Yes	
2	Did the organization require substantiation prior to officers, directors, trustees, and the CEO/Executiv		- · · · · · · · · · · · · · · · · · · ·	2	Yes	
3	Indicate which, if any, of the following the organizat organization's CEO/Executive Director Check all t					
	Compensation committee	고				
	Independent compensation consultant	Г	Compensation survey or study			
	Form 990 of other organizations	굣	Approval by the board or compensation committee			
4	During the year, did any person listed in Form 990, or a related organization	Part VII	, Section A, line 1a with respect to the filing organization			
а	Receive a severance payment or change-of-control	l paymen	t?	4a		No
b	Participate in, or receive payment from, a suppleme	ental non	qualified retirement plan?	4b	Yes	
c	Participate in, or receive payment from, an equity-b	oased co	mpensation arrangement?	4c		Νo
	If "Yes" to any of lines 4a-c, list the persons and \boldsymbol{p}	rovide th	e applicable amounts for each item in Part III			
	Only 501(c)(3) and 501(c)(4) organizations only m	ust comp	plete lines 5-9.			
5	For persons listed in form 990, Part VII, Section A compensation contingent on the revenues of					
а	The organization?			5a		
b	Any related organization?			5b		
	If "Yes," to line 5a or 5b, describe in Part III					
6	For persons listed in form 990, Part VII, Section A compensation contingent on the net earnings of	, line 1a,	did the organization pay or accrue any			
а	The organization?			6a		
b	Any related organization?			6b		
	If "Yes," to line 6a or 6b, describe in Part III					
7	For persons listed in Form 990, Part VII, Section A payments not described in lines 5 and 6? If "Yes,"			7		
8	Were any amounts reported in Form 990, Part VII,					
	subject to the initial contract exception described i	n Regs	section 53 4958-4(a)(3)? If "Yes," describe			
	ın Part III			8		
9	If "Yes" to line 8, did the organization also follow th section 53 4958-6(c)?	ne rebutta	able presumption procedure described in Regulations	9		

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use Schedule J-1 if additional space needed.

For each individual whose compensation must be reported in Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions on row (ii) Do not list any individuals that are not listed on Form 990, Part VII

Note. The sum of columns (B)(I)-(III) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, columns (D) and (E) for that individual

(A) Name		(B) Breakdown of	W-2 and/or 1099-MI	SC compensation	(C) Retirement and		(E) Total of columns	(F) Compensation	
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	other deferred compensation	benefits	(B)(ı)-(D)	reported in prior Form 990 or Form 990-EZ	
(1) STEVEN SPINOLA	(ı) (ıı)	627,967	91,747	6,545	12,450	50,251	788,960		
(2) JAMES WHELAN	(ı) (ıı)	333,960		1,342	2,450	35,599	373,351		
(3) WILLIAM AUERBACH	(ı) (ıı)	295,060		3,546	2,450	18,128	319,184		
(4) MICHAEL SLATTERY	(ı) (ıı)	204,164		1,732	7,092	19,246	232,234		
(5) JOHN DOYLE	(ı) (ıı)	177,638		1,704	5,583	26,257	211,182		
(6) ANGELA PINSKY	(ı) (ıı)	153,032		271	1,344	11,195	165,842		
(7) JAMES QUARTUCCIO	(ı) (ıı)	174,235		979	1,772	12,602	189,588		

Part III Supplemental Information

Complete this part to provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 4c, 5a, 5b, 6a, 6b, 7, and 8 Also complete this part for any additional information

Identifier	Return Reference	Explanation
·	SCHEDULE J, PAGE 1, PART	STEVEN SPINOLA 0 10,000 0 MICHAEL SLATTERY 0 5,000 0 JOHN DOYLE 0 3,750 0
AND EQUITY-	I, LINE 4	
BASED PAYMENTS		

Schedule J (Form 990) 2011

efile GRAPHIC print - DO NOT PROCESS

As Filed Data -

DLN: 93493212000092

Schedule L

(Form 990 or 990-EZ)

Transactions with Interested Persons

► Complete if the organization answered "Yes" on Form 990, Part IV, lines 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V lines 38a or 40b.

► Attach to Form 990 or Form 990-EZ. ► See separate instructions.

2011

Open to Public Inspection

Department of the Treasury

Name of the organization
THE REAL ESTATE BOARD OF

Employer identification number

NEW YOR	(INC							1	3-12014	80		
Part I	Excess Benefit Tran											
	Complete if the organizat	ion ans	wered '	'Yes" on Forr	m 990, F	art IV, line 25a c	or 25b,	or Form	990-EZ,	Part V , I		
1	(a) Name of disqu	ualıfıed	person			(b) Desc	rıptıon	of trans	action			(c) rected?
										Yes	No	
2 Enter section 3 Enter Part III a) Name of the control of the co												
2 Ente	er the amount of tax impos	ed on th	ne orga	nızatıon man	agers or	disqualified perso	ons dui	ring the y	ear unde	r		
	cion 4958								🕨	· \$ —		
3 Ente	er the amount of tax, if any	, on line	2,abo	ve, reimburs	ed by th	e organization .			🕨	*		
Part II												
	Complete if the organiz	ation a T	nswere	d "Yes" on Fo T	orm 990	, Part IV , line 26	, or For	m 990-E		-	a T	
			oan to m the	() 0			(e)	In	(f) Approv		(g)Writt	en
(a) Name	e of interested person and purpose		zation?	(c)Orig		(d)Balance due	defa	ult?	by boar commit		agreeme	nt?
		To	From	1			Yes	No	Yes	No	Yes	No
								+	+			
								+	+			
otal .					▶ \$			_				l
art III	Grants or Assistar Complete if the orga						lına	27	•			
(;	a) Name of interested pers			b) Relationsh	ııp betwe	en interested per			nount of a	rant or ty	pe of assis	stance
				an	d the or	ganızatıon		(-)				
			\dashv									
			-									

Part IV Business Transactions Involving Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c.

(a) Name of interested person	(b) Relationship between interested person and the	(c) A mount of transaction	(d) Description of transaction	organi	arıng of zatıon's nues?
	organization			Yes	No
(1) LEONARD BOXER - PARTNER					No
(2) STOOCK STROOCK LAVIN	BRD OF GOVENORS	114,757	LEGAL COUNSEL		No
(3) DONALD ZUCKER	BRD OF GOVENORS	29,554	GOLF FACILITIES		Νo
(4) SAMUEL IRLANDER	BRD OF GOVENORS	24,484	COURSE INSTRUCTOR	Yes	

Part V **Supplemental Information**

Complete this part to provide additional information for responses to questions on Schedule L (see instructions)

Identifier Return Reference Explanation

Schedule L (Form 990 or 990-EZ) 2011

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As Filed Data -

DLN: 93493212000092

OMB No 1545-0047

2011

Open to Public Inspection

SCHEDULE O (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or to provide any additional information.

▶ Attach to Form 990 or 990-EZ.

Name of the organization THE REAL ESTATE BOARD OF NEW YORK INC **Employer identification number**

13-1201480

ldentifier	Return Reference	Explanation
ORGANIZATION'S MISSION	FORM 990 - ORGANIZATION'S MISSION	1 TO UNITE IN COMMON ORGANIZATION THOSE PROFESSIONALLY ENGAGED IN REAL ESTATE 2 TO PROTECT AND PROMOTE THE MUTUAL INTERESTS OF ITS MEMBERS 3 TO FORMULATE AND MAINTAIN ETHICAL STANDARDS FOR THE GUIDANCE OF ITS MEMBERS IN THEIR RELATIONS WITH EACH OTHER AND THE PUBLIC 4 TO ADVOCATE NECESSARY PUBLIC IMPROVEMENTS AND OPPOSE UNNECESSARY OR WASTEFUL EXPENDITURES OF PUBLIC FUNDS 5 TO PROMOTE AND ENCOURAGE THE ENACTMENT OF JUST AND REASONABLE LAWS AND ORDINANCES AFFECTING REAL ESTATE AND TO OPPOSE THOSE THAT WOULD BE UNJUST AND UNREASONABLE 6 TO SUPPLY MEMBERS WITH INFORMATION THEY NEED TO MAKE SOUND BUSINESS DECISIONS 7 TO HELP REAL ESTATE PROFESSIONALS MEET STATE GOVERMENT LICENSING STANDARDS
FIRST ACCOMPLISHMENT DESCRIPTION	FORM 990, PAGE 2, PART III, LINE 4A	CONSIDERED BY THE DEPARTMENT OF CITY PLANNING AND COMPREHENSIVE SUMMARY OF THE INDUSTRY'S MARKET CONDITIONS
RELATED PARTY INFORMATION AMONG OFFICERS	FORM 990, PAGE 6, PART VI, LINE 2	STEVEN SPINOLA EILEEN SPINOLA PRESIDENT SENIOR VP FAMILY RELATIONSHIP
ELECTION OF MEMBERS AND THEIR RIGHTS	FORM 990, PAGE 6, PART VI, LINE 7A	THE FOLLOWING MEMBER CLASSIFICATIONS HAVE VOTING RIGHTS TO ELECT ONE OR MORE MEMBERS OF THE GOVERNING BODY, BROKER A, MANAGEMENT A, OWNER A, BROKER B, MANAGEMENT B, OWNER AAA, OWNER B, INSTITUTIONAL OWNER, APPRAISER A
DECISIONS SUBJECT TO APPROVAL OF MEMBERS	FORM 990, PAGE 6, PART VI, LINE 7B	THE FOLLOWING MEMBER CLASSIFICATIONS HAVE VOTING RIGHTS OF DECISIONS OF THE GOVERNING BODY TO APPROVAL, BROKER A, MANAGEMENT A, OWNER A, BROKER B, MANAGEMENT B, OWNER AAA, OWNER B, INSTITUTIONAL OWNER, APPRAISER A
ORGANIZATION'S PROCESS USED TO REVIEW FORM 990	FORM 990, PAGE 6, PART VI, LINE 11B	THE FEDERAL FORM 990 IS REVIEWED AND APPROVED BY THE PRESIDENT AND CHIEF FINANCIAL OFFICER PRIOR TO FILING
GOVERNING DOCUMENTS DISCLOSURE EXPLANATION	FORM 990, PAGE 6, PART VI, LINE 19	GOVERNING DOCUMENTS ARE MADE AVAILABLE TO THE PUBLIC THROUGH THE PUBLISHED ANNUAL DIARY AND THE ORGANIZATION'S WEBSITE IN THE MEMBERS SECTION

DLN: 93493212000092

2011

OMB No 1545-0047

Open to Public **Inspection**

Related Organizations and Unrelated Partnerships

▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 33, 34, 35, 36, or 37. ► Attach to Form 990. ► See separate instructions.

Department of the Treasury Internal Revenue Service

(Form 990)

Employer identification number Name of the organization THE REAL ESTATE BOARD OF **NEW YORK INC** 13-1201480

Part I Identification of Disregarded Entities (Com	plete ıf the organıza	ation	answered "Ye	s" o	n Form 990, Pa	art I\	/, line 33.)				
(a) Name, address, and EIN of disregarded entity	(b) Primary activity		(c) Legal domicile (sta or foreign country	ite ')	(d) Total income	End-o	(e) f-year assets		(f) Direct controlling entity		
Part II Identification of Related Tax-Exempt Organ or more related tax-exempt organizations during		te ıf t	the organization	n a	nswered "Yes"	on F	orm 990, I	Part	IV, line 34 becaus	e ıt had	one
(a) Name, address, and EIN of related organization	(b) Primary activity		(c) al domicile (state foreign country)	Exe	(d) empt Code section	Pul (ıf s	(e) olic charity stat ection 501(c)(us 3))	(f) Direct controlling entity	Section 5: contr	g) 12(b)(1 rolled ızatıon
		_								Yes	No
(1) THE REBNY FOUNDATION INC											
570 LEXINGTON AVENUE	GRANTS		NY		501C3		PF		N/A		No
NEW YORK, NY 10022 13-3317104											
(2) TAXPAYERS FOR AN AFFORDABLE NY INC											
570 LEXINGTON AVENUE	SOCIAL WEL		NY		501C4				N/A		No
NEW YORK, NY 10022 13-3606190											
(3) PUTTING NEW YORKERS TO WORK INC											
570 LEXINGTON AVENUE	SOCIAL WEL		NY		501C4				N/A		No
NEW YORK, NY 10022 27-3710229											
		+									
		\perp									
For Privacy Act and Paperwork Reduction Act Notice, see the Instruc	tions for Form 990.		Cat No !	5013	35 Y				Schedule R (F	orm 990)	2011

Part III	Identification of Related Organizations Taxable as a Partnership (Complete if the organization answered "Yes" on Form 990, Part IV, II	ne 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 Disprop allocat	rtionate	(i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	(j Gener mana partr	al or ging	(k) Percentage ownership
							Yes	No		Yes	No	

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
(1) RESIDENTIALNYC INC 570 LEXINGTON AVENUE NEW YORK, NY 10022 26-0290087	R/E LSTNG	NY	REBNY	C CORP	-118,028	26,049	100 000 %

Schedu	le R (Form 990) 2011		Рa	ge 3
Part	V Transactions With Related Organizations (Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35, 35A, or 36.)			
N	lote. Complete line 1 if any entity is listed in Parts II, III or IV		Yes	No
1 Dur	ing the tax year, did the orgranization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?			
a F	Receipt of (i) interest (ii) annuities (iii) royalties (iv) rent from a controlled entity	1a		No
b	Gift, grant, or capital contribution to related organization(s)	1b		No
c (Gift, grant, or capital contribution from related organization(s)	1 c		No
d L	oans or loan guarantees to or for related organization(s)	1d	Yes	
e L	oans or loan guarantees by related organization(s)	1e		No
f S	sale of assets to related organization(s)	1f		No
g F	Purchase of assets from related organization(s)	1 g		No
h E	exchange of assets with related organization(s)	1h		No
i L	ease of facilities, equipment, or other assets to related organization(s)	1i		No
j L	ease of facilities, equipment, or other assets from related organization(s)	1j		No
k F	Performance of services or membership or fundraising solicitations for related organization(s)	1k		No
I P	erformance of services or membership or fundraising solicitations by related organization(s)	11		No
m 9	haring of facilities, equipment, mailing lists, or other assets with related organization(s)	1m	Yes	
n S	Sharing of paid employees with related organization(s)	1n	Yes	
o F	Reimbursement paid to related organization(s) for expenses	10		No
p F	Reimbursement paid by related organization(s) for expenses	1р		No
q	Other transfer of cash or property to related organization(s)	1q		No
r C	ther transfer of cash or property from related organization(s)	1r		No
I	f 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) (b) (c) (d)	d)		

(a) Name of other organization	(b) Transaction type(a-r)	(c) Amount involved	(d) Method of determining amount involved
(1) RESIDENTIALNYC INC	D	97,581	INVOICE
(2) RESIDENTIALNYC INC	М		
(3) RESIDENTIALNYC INC	N	39,807	ALLOCATION PERCENTAGE
(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)		501(c)(3) organizations?		ers Share of end-of-year amount in b total income assets 20 of Schedule (3) (Form 1065)		Share of end-of-year	Disproprtionate allocations?		(i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	Gene man	j) eral or aging tner?	(k) Percentage ownership
			311/	Yes	No			Yes	No		Yes	No	ĺ		
												<u> </u>			

Schedule R (Form 990) 2011

Part VII Supplemental Information

Complete this part to provide additional information for responses to questions on Schedule R (see instructions)

Identifier Return Reference Explanation

Schedule R (Form 990) 2011

DLN: 93493212000092

OMB No 1545-0172

Department of the Treasury

Form 4562

Depreciation and Amortization (Including Information on Listed Property)

► See separate instructions. ► Attach to your tax return. Sequence No 179 Internal Revenue Service (99) Name(s) shown on return Business or activity to which this form relates **Identifying number** THE REAL ESTATE BOARD OF **NEW YORK INC** INDIRECT DEPRECIATION 13-1201480 Part I **Election To Expense Certain Property Under Section 179** Note: If you have any listed property, complete Part V before you complete Part I. 500,000 **1** Maximum amount (see instructions) 1 2 Total cost of section 179 property placed in service (see instructions) . . . 2 3 Threshold cost of section 179 property before reduction in limitation (see instructions) 3 2,000,000 4 4 Reduction in limitation Subtract line 3 from line 2 If zero or less, enter -0-5 Dollar limitation for tax year Subtract line 4 from line 1 If zero or less, enter -0- If married filing separately, see instructions (b) Cost (business use 6 (a) Description of property (c) Elected cost only) 7 Listed property Enter the amount from line 29 8 Total elected cost of section 179 property Add amounts in column (c), lines 6 and 7 9 9 Tentative deduction Enter the smaller of line 5 or line 8 10 Carryover of disallowed deduction from line 13 of your 2010 Form 4562 10 11 Business income limitation Enter the smaller of business income (not less than zero) or line 5 (see instructions) 11 12 12 Section 179 expense deduction Add lines 9 and 10, but do not enter more than line 11 13 Carryover of disallowed deduction to 2012 Add lines 9 and 10, less line 12 . 13 Note: Do not use Part II or Part III below for listed property. Instead, use Part V. Special Depreciation Allowance and Other Depreciation (Do not include listed property) (See instructions) 14 Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year (see instructions) 14 **15** Property subject to section 168(f)(1) election 15 **16** Other depreciation (including ACRS) 16 408,724 Part III MACRS Depreciation (Do not include listed property.) (See instructions.) Section A 17 MACRS deductions for assets placed in service in tax years beginning before 2011 18 If you are electing to group any assets placed in service during the tax year into one or more Section B—Assets Placed in Service During 2011 Tax Year Using the General Depreciation System (c) Basis for (b) Month and depreciation (a)Depreciation (a) Classification of (d) Recovery year placed in (business/investment (e) Convention (f) Method property period deduction service use only—see instructions) **19a** 3-year property **b** 5-year property c 7-year property d 10-year property e 15-year property **f** 20-year property S/L g 25-year property 25 yrs 27 5 yrs ММ S/L h Residential rental property MMS/L 27 5 yrs 39 yrs ММ i Nonresidential real property ΜМ Section C—Assets Placed in Service During 2011 Tax Year Using the Alternative Depreciation System 20a Class life S/L **b** 12-year 12 yrs S/L **c** 40-year 40 yrs ММ S/L Part IV **Summary** (see instructions) 22 Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21 Enter here 408,724 and on the appropriate lines of your return Partnerships and S corporations—see instructions 23 For assets shown above and placed in service during the current year, enter the 23

Part V Listed Property (Include automobiles, certain other vehicles, certain computers, and property used for entertainment, recreation, or amusement.)

Note: For any vehicle for which you are using the standard mileage rate or deducting lease expense, complete **only** 24a, 24b, columns (a) through (c) of Section A, all of Section B, and Section C if applicable.

Section A—Depre	ciation a	nd Other I	nforma	tion (C	aution	: See t	he i	nstruct	ions f	or lim	its f	or pa	sseng	er au	tomob	iles.)
24a Do you have evider	nce to support	the business/inv	estment ι	ise claime	d?	Гио		24	lb If "Y∈	es," is t	he ev	idence	written?	Гүе	sГN)
(a) Type of property (list vehicles first)	(b) Date placed in service	(c) Business/ investment use percentage	(c Cost o ba		(busines	(e) r deprecia ss/investr e only)		(f) Recovery period	Meti	g) hod/ ention	1	(h Depreck deduc	ation/		(i) Electe section : cost	179
25 Special depreciation allo 50% in a qualified busi			erty placed	in service (during the	tax year	and u	ised more	than	25						
26 Property used more	e than 50%		business	use												
		%									+			+		
		%														
27 Property used 50%	orless in a		iness us	e				•								
		%							S/L - S/L -		+			\dashv		
		%							S/L -							
28 Add amounts in co	olumn (h), lır	ies 25 throug	ıh 27 En	ter here a	and on lu	ne 21, p	oage	1 .	28							
29 Add amounts in co	olumn (ı), lın	e 26 Enterh	ere and o	n line 7,	page 1							29				
			ction B													
Complete this section If you provided vehicles to														e vehic	les	
30 Total business/inv				(;	a)	(l)		(c)		(d)	(6	≘)	(f)
year (do not inclu			•	Vehi	cle 1	Vehi	cle 2	Ve	hicle 3	<u> </u>	/ehic	le 4	Vehi	cle 5	Vehi	icle 6
31 Total commuting i	miles driven	during the ve	ar .							+						
32 Total other persor										+						
33 Total miles driven																
through 32 . 34 Was the vehicle a	· · · · · · · · · · · · · · · · · · ·	ersonaluse		Yes	No	Yes	No	Yes	No	$\overline{}$	'es	No	Yes	No	Yes	No
during off-duty ho		croonar asc		163	140	163	140	163	140	' '	-3	140	165	140	163	110
35 Was the vehicle us	sed primarily	· · · / by a more tl	 nan 5%													†
owner or related p 36 Is another vehicle		r nerconal us							-	+				<u> </u>		+
		stions for		vors M	ho Dro	vido \	/ohi	clos f	or Us	o by		ir En	anlov			
Answer these question 5% owners or related	ns to determ	ine if you me	et an exc												not mo	re thar
37 Do you maintain a employees?	written polic		that proh					cles, inc	luding	comm	nuting	g, by y	our.	Y	es	No
20.5														<u> </u>		
38 Do you maintain a employees? See the												your • •				
39 Do you treat all us	e of vehicles	s by employe	es as per	sonal us	e? .			•		•						
40 Do you provide movehicles, and reta		The state of the s	-	oyees, o	btaın ınfo	ormatio	n fror	m your e	mploy	ees al	out 1	the us	e of the	3		
41 Do you meet the r	equirements	concerning	qualified a	automobi	le demor	nstratio	n us	e? (See	ınstruc	ctions) .					
Note: If your answ	ver to 37, 38	, 39, 40, or 4	1 is "Ye	s," do no	t comple	te Sect	ıon E	or the	covere	ed veh	ıcles	i				
Part VI Amo	rtization															
(a) Description of c	osts	(b) Date amortizatio begins	n	(A mort a mo	ızable			(d) Code ection	p	(e) nortiza eriod rcenta	or			(f) rtızatıd hıs yea		
42 A mortization of co	sts that bed	<u>-</u>	ur 2011	tax year	(see ins	truction	ns)				- 1					
	<u></u>	3,7-		• •			•									
									\neg							
43 A mortization of co	sts that beg	an before you	ır 2011 t	ax year		•					43					
44 Total. Add amount	ts ın column	(f) See the i	nstructio	ns for wh	ere to re	port					44					

Software ID: Software Version:

EIN: 13-1201480

Name: THE REAL ESTATE BOARD OF

NEW YORK INC

Form 990, Special Condition Description:

Special Condition Description

(A) Name and Title	(B) Average	Doc	(ition	C)	حاد ~			(D) Reportable	(E) Reportable	(F) Estimated
Name and Title	hours per week		tha Institutional Trustee		y)	Highest compensated employee	Former	compensation from the organization (W- 2/1099-MISC)	compensation from related organizations (W- 2/1099- MISC)	amount of other compensation from the organization and related organizations
MARY ANN TIGHE CHAIRMAN	2 00	Х		х				0	0	0
JOHN ZUCCOTTI PAST CHAIRPE	50	Х		х				0	0	0
BURTON RESNICK PAST CHAIRPE	50	Х		х				0	0	0
WILLIAM RUDIN VICE CHAIR	50	Х		х				0	0	0
DANIEL BRODSKY VICE CHAIR	50	Х		Х				0	0	0
STEPHEN ROSS CHAIRPERSON	50	Х		х				0	0	0
ELIZABETH STRIBLING MBR BD GOV	25	Х						0	0	0
SCOTT ALPER MBR BD GOV	25	Х						0	0	0
DONALD ZUCKER VICE PRES	50	Х		х				0	0	0
SAMUEL LINDENBAUM VICE PRES	50	Х		х				0	0	0
ALAN WIENER VICE PRES	50	Х		х				0	0	0
JOEL PICKET TREASURER	50	X		х				0	0	0
LESLIE WOHLMAN HIMMEL ASST TREASU	50	Х		х				0	0	0
LEONARD LITWIN SECRETARY	50	Х		х				0	0	0
DOUGLAS DURST ASST SECRE	50	Х		х				0	0	0
LEONARD BOXER REBNY COUNSE	50	Х		х				0	0	0
JOHN SANTORA MBR AT LARGE	50	Х		х				0	0	0
H HENRY ELGHANAYAN MBR AT LARGE	50	Х		х				0	0	0
KENNETH FISHER MBR AT LARGE	50	Х		х				0	0	0
STEPHEN GREEN MBR AT LARGE	50	Х		х				0	0	0
DAVID GREENBAUM MBR AT LARGE	50	Х		х				0	0	0
VERONICA HACKETT MBR AT LARGE	25	Х						0	0	0
PETER KALIKOW MBR AT LARGE	50	Х		х				0	0	0
ROBERT KNAKAL VICE PRES	50	Х		х				0	0	0
JEFFERY LEVINE MBR AT LARGE	50	х		x	_			0	0	0

Compensated Employees, and Independent Contractors												
(A) Name and Title	(B) Average hours per		(ition that a		y)			(D) Reportable compensation from the	(E) Reportable compensation from related	(F) Estimated amount of other compensation		
	week	Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	organization (W- 2/1099-MISC)	organizations (W- 2/1099- MISC)	from the organization and related organizations		
PAMELA LIEBMAN MBR AT LARGE	50	Х		х				0	0	0		
JONATHAN MECHANIC MBR AT LARGE	50	Х		х				0	0	0		
HOWARD MILSTEIN MBR AT LARGE	50	Х		х				0	0	0		
FREDERICK PETERS VICE PRES	50	Х		х				0	0	0		
DIANE RAMIREZ MBR AT LARGE	50	Х		×				0	0	0		
ADAM ROSE VICE PRES	50	Х		х				0	0	0		
SHELDON SOLOW MBR AT LARGE	50	Х		х				0	0	0		
ROBERT SPEYER MBR AT LARGE	50	X		х				0	0	0		
DANIEL TISHMAN MBR AT LARGE	50	Х		х				0	0	0		
FRED WILPON MBR AT LARGE	50	Х		×				0	0	0		
J DEAN AMRO MBR BD GOV	25	Х						0	0	0		
LAWRENCE COHEN MBR BD GOV	25	X						0	0	0		
GARY BARNETT MBR BD GOV	25	Х						0	0	0		
BRUCE BEAL MBR AT LARGE	50	Х		x				0	0	0		
ALBERT BEHLER MBR BD GOV	25	Х						0	0	0		
ALEC BRACKENRIDGE MBR BD GOV	25	Х						0	0	0		
DONALD CAPOCCIA MBR BD GOV	25	Х						0	0	0		
PHILIP EISENBERG MBR BD GOV	25	Х						0	0	0		
MELISSA COHN MBR BD GOV	25	Х						0	0	0		
MICHAEL COLACINO MBR BD GOV	25	Х						0	0	0		
GARY DEBODE MBR BD GOV	25	Х						0	0	0		
PETER DICAPUA MBR BD GOV	25	Х						0	0	0		
KURT EICHLER MBR BD GOV	25	Х						0	0	0		
JEFFREY FEIL MBR BD GOV	25	Х						0	0	0		
HAROLD A FETNER MBR AT LARGE	50	Х		×				0	0	0		

Compensated Employees, and Independent Contractors												
(A) Name and Title	(B) Average hours per		(tion that a		y)			(D) Reportable compensation from the	(E) Reportable compensation from related	(F) Estimated amount of other compensation		
	week	Individual trustae or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	organization (W- 2/1099-MISC)	organizations (W- 2/1099- MISC)	from the organization and related organizations		
BENJAMIN FOX MBR BD GOV	25	Х						0	0	0		
K THOMAS ELGHANAYAN MBR AT LARGE	50	Х		х				0	0	0		
ABBY ELBAUM MBR BD GOV	25	Х						0	0	0		
LAURENCE GLUCK MBR AT LARGE	25	Х						0	0	0		
BARRY GOSIN MBR BD GOV	25	Х						0	0	0		
JOSEPH GROTTO JR MBR BD GOV	25	Х						0	0	0		
JEFFREY GURAL MBR AT LARGE	50	Х		х				0	0	0		
FREDRICK HARRIS MBR BD GOV	25	Х						0	0	0		
PETER HAUSPURG MBR BD GOV	25	Х						0	0	0		
ANDREW HEIBERGER MBR BD GOV	25	Х						0	0	0		
WARREN HELLER MBR BD GOV	25	X						0	0	0		
DOTTIE HERMAN MBR BD GOV	25	Х						0	0	0		
SAMUEL IRLANDER MBR BD GOV	25	Х						0	0	0		
GEORGE KAUFMAN MBR BD GOV	25	Х						0	0	0		
GEORGE KLEIN MBR BD GOV	25	Х						0	0	0		
GEORGE KLETT MBR BD GOV	25	Х						0	0	0		
DAVID J KOEPPEL MBR BD GOV	25	Х						0	0	0		
DENNIS FRIEDRICH MBR BD GOV	25	Х						0	0	0		
JARED KUSHNER MBR BD GOV	25	Х						0	0	0		
KEVIN LALEZARIAN MBR BD GOV	25	Х						0	0	0		
RICHARD LEFRAK MBR BD GOV	25	Х						0	0	0		
DAVID LEVINSON MBR AT LARGE	50	Х		х				0	0	0		
HOWARD LORBER MBR BD GOV	25	Х						0	0	0		
WILLIAM MACKLOWE MBR BD GOV	25	Х						0	0	0		
ANTHONY MALKIN MBR BD GOV	25	Х						0	0	0		

Compensated Employees, and Independent Contractors												
(A) Name and Title	(B) Average hours per		tion that a		/)			(D) Reportable compensation from the	(E) Reportable compensation from related	(F) Estimated amount of other compensation		
	week	Individual trustae or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	organization (W- 2/1099-MISC)	organizations (W- 2/1099- MISC)	from the organization and related organizations		
DAMON HEMMERDINGER MBR BD GOV	25	Х						0	0	0		
EDWARD MINSKOFF MBR BD GOV	25	Х						0	0	0		
RON MOELIS MBR BD GOV	25	Х						0	0	0		
JOSEPH MOINIAN MBR BD GOV	25	Х						0	0	0		
WILLIAM MONTANA MBR BD GOV	25	Х						0	0	0		
BRUCE MOSLER MBR BD GOV	25	Х						0	0	0		
JOSHUA MUSS MBR BD GOV	25	Х						0	0	0		
MARIO J PALUMBO MBR BD GOV	25	Х						0	0	0		
CAROLE PITTELMAN MBR BD GOV	25	Х						0	0	0		
GREGORY R REIMERS MBR BD GOV	25	Х						0	0	0		
SCOTT RESNICK MBR BD GOV	25	Х						0	0	0		
PETER G RIGUARDI MBR BD GOV	25	Х						0	0	0		
ANDREW H ROOS MBR BD GOV	25	Х						0	0	0		
GARY JACOB MBR BD GOV	25	Х						0	0	0		
ABY ROSEN MBR BD GOV	25	Х						0	0	0		
HOWARD J RUBENSTEIN MBR BD GOV	25	Х						0	0	0		
GLENN LISTOR MBR BD GOV	25	Х						0	0	0		
DAVID LOWENFELD MBR BD GOV	25	Х						0	0	0		
HARVEY SCHULWEIS MBR BD GOV	25	Х						0	0	0		
ROBERT E SELSAM MBR BD GOV	25	Х						0	0	0		
ANDREW J SINGER MBR BD GOV	25	Х						0	0	0		
JOSEPH J SITT MBR BD GOV	25	Х						0	0	0		
DARCY STACOM MBR BD GOV	25	Х						0	0	0		
LEONARD STERN MBR BD GOV	25	Х						0	0	0		
STUART SUNA MBR BD GOV	25	Х						0	0	0		

Compensated Employees, and Independent Contractors												
(A) Name and Title	(B) Average hours per		(tion that a		/)	_		(D) Reportable compensation from the	(E) Reportable compensation from related	(F) Estimated amount of other compensation		
	week	Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	organization (W- 2/1099-MISC)	organizations (W- 2/1099- MISC)	from the organization and related organizations		
JED WALENTAS MBR AT LARGE	50	Х		х				0	0	0		
KEVIN WANG MBR BD GOV	25	Х						0	0	0		
PHILIP WATERMAN MBR BD GOV	25	Х						0	0	0		
ANTHONY WESTREICH MBR BD GOV	25	Х						0	0	0		
HALL WILLKIE MBR BD GOV	25	Х						0	0	0		
YOUNG WOO BR BD GOV	25	Х						0	0	0		
MARYANN GILMARTIN MBR BD GOV	25	Х						0	0	0		
ALLEN GOLDMAN MBR BD GOV	25	Х						0	0	0		
KEVIN HACKETT MBR BD GOV	25	Х						0	0	0		
ERIC HADAR MBR BD GOV	25	Х						0	0	0		
JAMES HEDDEN MBR BD GOV	25	Х						0	0	0		
NEIL RUBLER MBR BD GOV	25	Х						0	0	0		
SCOTT SOLOMON MBR BD GOV	25	Х						0	0	0		
EUGENE WEBB MBR BD GOV	25	Х						0	0	0		
LARY WOLF MBR BD GOV	25	Х						0	0	0		
CHARLES COHEN MBR BD GOV	25	Х						0	0	0		
PETER FINE MBR BD GOV	25	Х						0	0	0		
ROBERT FREEDMAN MBR BD GOV	25	Х						0	0	0		
STEVEN KENNY MBR BD GOV	25	Х						0	0	0		
WILLIAM MC CAHILL JR	25	Х						0	0	0		
MBR BD GOV PAUL PARISER MBR BD GOV	25	Х						0	0	0		
JASON PIZER MBR BD GOV	25	Х						0	0	0		
ROGER SILVERSTEIN MBR BD GOV	25	Х						0	0	0		
STEVEN SPINOLA PRESIDENT	40 00			Х				726,259	0	62,701		
JAMES WHELAN SENIOR VP	40 00			Х				335,302	0	38,049		

compensated Employees, and Independent confidences												
(A) Name and Title	(B) Average hours		(tion that a	•		II		(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation	(F) Estimated amount of other		
	per week	Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former		from related organizations (W- 2/1099- MISC)	compensation from the organization and related organizations		
WILLIAM AUERBACH CFO	40 00			Х				298,606	0	20,578		
MICHAEL SLATTERY SENIOR VP	40 00			X				205,896	0	26,338		
JOHN DOYLE SENIOR VP	40 00			X				179,342	0	31,840		
ANGELA PINSKY SENIOR VP	40 00			X				153,303	0	12,539		
EILEEN SPINOLA SENIOR VP	40 00			X				129,572	0	20,275		
MARYANN AVILES SENIOR VP	40 00			Х				121,159	0	10,426		
CAROL VAN GUILDER SENIOR VP	40 00			Х				84,488	0	17,428		
MARY GIBBS SENIOR VP	40 00			Х				84,370	0	21,411		
JAMES QUARTUCCIO ASST CONTROL	40 00				Х			175,214	0	14,374		