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Form **990**

Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

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

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

2009

OMB No 1545-0047

Open to Public Inspection

A Fo	r the	2009 ca	alendar yea	r, or tax year beginning 01	01-2009 and ending 12-31-2009)		Inspection
B Che	eck ıf a	pplicable	Please	C Name of organization MICHIGAN ASSOCIATION OF F			D Employer id	entification number
┌ Add	lress ch	nange	use IRS label or		REALTORS		38-08299	
┌ Nar	ne cha	nge	print or	Doing Business As			E Telephone n	umber
┌ Initi	ıal retu	rn	type. See Specific	Number and street (or P.O. b	ox if mail is not delivered to street addres	s) Room/suite	(517) 372-	8890
┌ Ten			Instruc- tions.	PO BOX 40725		, resem, saite	G Gross receipts	s \$ 4,567,580
┌ Amα		return n pending		City or town, state or country LANSING, MI 489017925	, and ZIP + 4			
			F Nan	ne and address of principal	officer	H(a) Is th	I ıs a group retur	n for
			BILL M	ARTIN X 40725		affilia		Γ Yes Γ No
				NG, MI 489017925		H(b) Are al	l affiliates inclu	ded?
								t (see instructions)
) (6) ◀ (insert no)	a)(1) or 527	H(c) Grou	ip exemption n	umber 🟲
				TORS COM				
	n of or			ion Trust Association C	ther 🕨	L Year of fo	rmation 1946	M State of legal domicile MI
Ра			mary describe th	e organization's mission or	most significant activities			
	_				HAT WILL ENHANCE THEIR AB	ILITY TO SU	CCEED PROF	ESSIONALLY
Governance								
룓								
<u> </u>	2	Chack	this hov		tinued its operations or disposed	of more than	25% of its not	accotc
ŝ	3		•					3 2
	_		_	-	ody (Part VI, line 1a)			
Activities &	4				e governing body (Part VI, line 1b) • • •		
톤	5			nployees (Part V, line 2a)				
걸	6			lunteers (estimate if neces			-	
-					Part VIII, column (C), line 12	•		a 57,03°
	Ь	Net unr	elated busi	ness taxable income from	Form 990-T, line 34		<u>-</u>	'b (
						Prio	r Year	Current Year
a)	8			d grants (Part VIII, line 1h				0
enue	9)		3,368,809	4,283,613
Reven	10				lines 3, 4, and 7d)		169,809	128,037
_	11				5, 6d, 8c, 9c, 10c, and 11e)		181,154	127,779
	12				t equal Part VIII, column (A), line	!	3,719,772	4,539,429
	13				olumn (A), lines 1-3)			0
	14	Benefi	ts paid to o	or for members (Part IX, co	umn (A), line 4)			0
	15	Saları	es, other co	ompensation, employee bei	efits (Part IX, column (A), lines 5	-		
\$		10)					1,930,399	1,943,828
Expenses	16a				nn (A), line 11e)			0
五	Ь			enses (Part IX, column (D), line	,			
	17				11a-11d, 11f-24f)		2,157,408	1,822,626
	18				ial Part IX, column (A), line 25)		4,087,807	3,766,454
	19	Reven	ue less exp	penses Subtract line 18 fro	m line 12		-368,035	772,975
Net Assets or Fund Balances							g of Current 'ear	End of Year
90 kg	20	Total	assets (Par	t X, line 16)			4,668,101	6,108,880
AB dB	21			Part X, line 26)			367,717	624,331
25 E	22		•		1 from line 20		4,300,384	5,484,549
Par	t II		ature Blo				.,500,50	3,101,013
		_			ined this return, including accompanying	schedules and s	tatements and to	the hest of my knowledge
					n of preparer (other than officer) is based			
Sign		***				2010-	07-19	
Here	•	Sign	ature of office	er		Date		
			MARTIN CEO					
		Тур	e or print nam	e and title				
		Preparei	r's			heck if	Preparer's ident	
Paid		signatur	e P Jeffrey	C Stevens CPA		elf- mpolyed 🕨 🦵	(see instruction	S)
Prepa	arer's		ame (or yours	s Maner Costerisan PC		· · · •		
Use C		ıf self-eı	mployed), and ZIP + 4	P			EIN 🕨	
	_	auuress,	, anu ZIF + 4	2425 E Grand River Suite 1			Phone no 🕨 (517) 323-7500
	_			Lansing, MI 489123291				
Mayt	he IR	S discus	ss this retu	rn with the preparer shown	above? (see instructions)			▼ Yes

Part III Statement of Program Service Accomplishments

Briefly describe the organization's mission

THE MICHIGAN ASSOCIATION OF REALTORS EXISTS TO SERVE ITS MEMBERS BY ADVANCING THE INTERESTS OF REAL ESTATE PROFESSIONALS AND PROMOTING PRIVATE PROPERTY RIGHTS IT IS THE RECOGNIZED PUBLIC POLICY AND LEGAL ADVOCATE FOR PRIVATE PROPERTY RIGHTS FOR THE REAL ESTATE INDUSTRY AND THE RECOGNIZED STATEWIDE RESOURCE CLEARINGHOUSE FOR PROFESSIONAL DEVELOPMENT, KNOWLEDGE EXCHANGE AND BUSINESS SERVICES

2	Did the organization undertake and the prior Form 990 or 990-EZ?			nich were not listed on	┌ Yes ┌ No
	If "Yes," describe these new servi	ces on Schedule O			
3	Did the organization cease conductservices?		nt changes in how it cond	ucts, any program	┌ Yes ┌ No
	If "Yes," describe these changes of	on Schedule O			
4	Describe the exempt purpose ach Section 501(c)(3) and 501(c)(4) allocations to others, the total exp	organizations and sect	ion 4947(a)(1) trusts are	required to report the amo	·
4a	(Code) (Expens	es \$	ıncludıng grants of \$) (Revenue \$)
	DURING 2009 THE MICHIGAN ASSOCIA' ISSUES MORE THAN 2,850 MEMBERS PACOMMUNICATIONS WERE DISTRIBUTED RECEIVED OVER 16,000 UNIQUE HITS E. THE REAL ESTATE PROFESSION AND COMEASURED	ARTICIPATED IN THESE PRO TO 23,400 REALTORS AND ACH MONTH STATEWIDE A	GRAMS A BI-MONTHLY MAGAZ: INDUSTRY LEADERS A WEBSITI DVOCACY EFFORTS PROMOTED	INE AND MONTHLY, BIWEEKLY, A E FOR MEMBER AND PUBLIC USI LEGISLATION AND PUBLIC POLIC	AND WEEKLY E- E WAS MAINTAINED AND CY INITIATIVES THAT ADVANCE
4b	(Code) (Expens	es \$	including grants of \$) (Revenue \$)
4c	(Code) (Expens	 es \$	ıncludıng grants of \$) (Revenue \$)
	, (2хрепа	ου φ	melaumy grants or \$) (Nevende 4	,
4d	Other program services (Descri	be ın Schedule O)			
	(Expenses \$	including grants	of \$) (Revenue \$)
4e	Total program service expenses				

art IV	Check	list of	Required	Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1		No
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2		Νο
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		Νο
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II	4		
5	Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III.	5	Yes	
6	Did the organization maintain any donor advised funds or any similar funds or accounts where 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? <i>If "Yes," complete Schedule D, Part II</i>	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 term, permanent,or quasi- endowments? If "Yes," complete Schedule D, Part V	10		No
11	Is the organization's answer to any of the following questions "Yes"? If so,complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable	11	Yes	
	◆ Did the organization report an amount for land, buildings, and equipment in Part X, line10? If "Yes," complete Schedule D, Part VI.			
	◆ 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.			
	◆ 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.			
	◆ 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.			
	◆ Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X.			
	◆ Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48? If "Yes," complete Schedule D, Part X.			
12	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI, XII, and XIII	12		No
12A	Was the organization included in consolidated, independent audited financial statements for the tax year? Yes No			
	If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional 12A No	Į		
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, and program service activities outside the United States? 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	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	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		Νο
20	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20		Νo

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		N o
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		N o
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		N o
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		No
b	A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes,"</i> complete Schedule L, Part IV	28b		Νο
С	An entity of which a current or former officer, director, trustee, or key employee of the organization (or a family member) was an officer, director, trustee, or owner? If "Yes," complete Schedule L, Part IV	28c		N o
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		N o
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		N o
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	
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35		No
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36		
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? Note. All Form 990 filers are required to complete Schedule O	38	Yes	
		F	orm 990	(2009)

	990 (2009)			Page
Pai	t V Statements Regarding Other IRS Filings and Tax Compliance			
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of U.S. Information Returns. Enter -0- if not applicable			
	1a 24			
ь	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable			
	1b 0			
C	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c		
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax			
	Statements filed for the calendar year ending with or within the year covered by this			
h	return			
_	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return (see	2b	Yes	
	instructions)			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?	3a	Yes	
ь	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b	Yes	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority			
	over, a financial account in a foreign country (such as a bank account, securities account, or other financial	4a		N o
ь	account)?			NO
	If "Yes," enter the name of the foreign country \(\blacktriangle \) See the instructions for exceptions and filing requirements for Form TD F 90-22 1, Report of Foreign Bank and			
	Financial Accounts			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		Νo
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		Νo
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the	6a		No
ь	organization solicit any contributions that were not tax deductible?			
_	were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to	7c		
d	file Form 8282?	70		
_				
e	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		
	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as			
_	required?	7h		
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?			
9	Sponsoring organizations maintaining donor advised funds.	8		
	Did the organization make any taxable distributions under section 4966?	9a		
b	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter			
	Initiation fees and capital contributions included on Part VIII, line 12 10a			
Ь	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
11	Section 501(c)(12) organizations. Enter			
а	Gross income from members or shareholders			
Ь	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)			
	against amounts due or received from them)			
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			

720 N WASHINGTON AVENUE

LANSING, MI 48906 (517) 372-8890

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.

Se	ction A. Governing Body and Management			
			Yes	No
4.	Enterethe number of the control of t			
1a b	Enter the number of voting members of the governing body	_		
р 2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any	+		
2	other officer, director, trustee, or key employee?	2		No
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? .	. 3		No
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?	4		No
5	Did the organization become aware during the year of a material diversion of the organization's assets?	5		No
6	Does the organization have members or stockholders?	6	Yes	
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?	7a	Yes	
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	. 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	e 9		No
Se	ction B. Policies (This Section B requests information about policies not required by the Internal			
Re	venue Code.)		1	
			Yes	No
	Does the organization have local chapters, branches, or affiliates?	10a	Yes	
Ь	If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization?	10b	Yes	
11	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form	7 11	Yes	
11A	Describe in Schedule O the process, if any, used by the organization to review the Form 990		100	
12a	Does the organization have a written conflict of interest policy? If "No," go to line 13	12a	Yes	
	Are officers, directors or trustees, and key employees required to disclose annually interests that could give ris			
	to conflicts?	12b	Yes	
•	describe in Schedule O how this is done	12c	Yes	
13	Does the organization have a written whistleblower policy?	13	Yes	
14	Does the organization have a written document retention and destruction policy?	14	Yes	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a	Yes	
b	Other officers or key employees of the organization	15b	Yes	
	If "Yes" to line a or b, 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
ь	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its			
_	participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements?	16b		
Se	ction C. Disclosure			
17	List the States with which a copy of this Form 990 is required to be filed▶			
18	Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c) (3)s only) available for public inspection. Indicate how you make these available. Check all that apply Own website. Another's website.			
19	Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public. See Additional Data Table			
20	State the name, physical address, and telephone number of the person who possesses the books and records of BILL MARTIN	the orga	anızatıoı	n -

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

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. Use Schedule J-2 if additional space is needed.

- 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. 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 the organization did not compensate any current or former officer, director, trustee or key employee

(A) Name and Title	(B) A verage hours	Posit	(0) chec	:k al			(D) Reportable compensation	(E) Reportable compensation	(F) Estimated amount of other
	per week	Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	from the organization (W- 2/1099-MISC)	from related organizations (W- 2/1099- MISC)	compensation from the organization and related organizations
GARY B ARINI DIRECTOR	2 00	Х						0	0	0
DANIEL ELSEA DIRECTOR	2 00	Х						0	0	0
THOMAS A LONG DIRECTOR	2 00	Х						0	0	0
STEVEN J FASE DIRECTOR	2 00	Х						0	0	0
DAVID ELYA DIRECTOR	2 00	Х						0	0	0
STUART J KINGMA DIRECTOR	2 00	Х						0	0	0
CAROL S GRIFFITH DIRECTOR	2 00	Х						0	0	0
TRISH A LENTZ DIRECTOR	2 00	Х						0	0	0
FRED M HETHERWICK DIRECTOR	2 00	Х						0	0	0
CARL KAMINSKI DIRECTOR	2 00	Х						0	0	0
WILLIAM G MILLIKEN JR DIRECTOR	2 00	Х						0	0	0
ELIZABETH A PRESSLER DIRECTOR	2 00	Х						0	0	0
NANCI RANDS DIRECTOR	2 00	Х						0	0	0
ELAINE M SCHRAUDT DIRECTOR	2 00	Х						0	0	0
GORDON J MCCANN DIRECTOR	2 00	Х						0	0	0
EUGENE J SZPEINSKI DIRECTOR	2 00	Х						0	0	0
ERIC E WEGNER DIRECTOR	2 00	х						0	0	0

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

(A) Name and Title	(B) A verage hours	Posii t	((tion (hat a	che				(D) Reportable compensation	(E) Reportable compensation	(F) Estimated amount of other
	per week	Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	from the organization (W- 2/1099-MISC)	from related organizations (W- 2/1099- MISC)	compensation from the organization and related organizations
GARY WALTER DIRECTOR	2 00	х						0	0	0
GILBERT M WHITE DIRECTOR	2 00	х						3,900	0	0
SUSAN YEOTIS DIRECTOR	2 00	Х						0	0	0
DANIEL J COFFEY PRESIDENT	10 00	Х		х				3,578	0	0
ROBERT E TAYLOR JR PRESIDENT ELECT	10 00	х		х				1,981	0	0
CLAIRE L WILLIAMS CHAIR/TREASURER	10 00	Х		х				1,032	0	0
BETH M FOLEY TREASURER ELECT	2 00	х		х				0	0	0
WILLIAM J MARTIN CEO/SECRETARY	40 00			х				272,185	0	47,349
KATHLEEN FELDPAUSCH SENIOR VP OF OPERATIONS	40 00					х		155,735	0	41,960
ROBERT CAMPAU VP OF PUBLIC POLICY & LE	40 00					х		163,768	0	43,100
1b Total			<u> </u>				<u> </u>	602,179	0	132,409

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 in reportable compensation from the organization►3

			Yes	No
3	Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>	3		No
4	For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such	-		
	ındıvıdual	4	Yes	
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization for services rendered to the organization? If "Yes," complete Schedule J for such person	5		No
)		110

	Section	B.	Indepe	ndent	Contra	ctors
--	---------	----	--------	-------	--------	-------

\$100,000 in compensation from the organization 🗗

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization

(A) Name and business address	(B) Description of services	(C) Compensation
MCCLELLAND & ANDERSON LLP 1305 South Washington Ave Suite 10 Lansing, MI 48910	LEGAL SERVICES	283,215
2 Total number of independent contractors (including but not limited to those listed above)	who received more than	

Form 99								Page 9
Part V	<u> </u>	Statement o	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
nts otc	1a	Federated camp	paigns 1a					
g a	ь	Membership du	es 1b					
3,€	С	Fundraising eve	ents 1c					
<u> </u>	d		rations 1d					
ar Si⊞	e	Government grants						ļ
ž Ž	f	similar amounts no	ons, gifts, grants, and 1f ot included above					
훈	g		butions included in					
Contributions, gifts, grants and other similar amounts	h	lines 1a-1f \$ Total. Add lines	s 1a-1f	▶				
				Business Code				
Program Serwce Revenue	2a	MEMBERSHIP DUES	S	531,390	3,895,609	3,895,609		
eye Eve	ь	CONVENTIONS		531,390	183,925	183,925		
9 G	с	EDUCATION SEMIN	IARS	531,390	80,991	80,991		
Ē.	d	INSTITUTES/SOCIE	ETIES/C	900,099	68,088	68,088		
ج ج	e	ISSUES MOBILIZAT	ION FU	900,099	55,000	55,000		
<u>े</u> ख	f	All other progra	am service revenue					
Š	g	Total. Add lines	s 2a – 2f		4,283,613			
	3		ome (including dividen		, ,			
		and other simila	aramounts)	▶ [128,037			128,037
	4	Income from inves	tment of tax-exempt bond	proceeds -				
	5	Royalties		· · · · · · · · · · · · · · · · · · ·	65,899			65,899
	6a	Gross Rents	(ı) Real	(II) Personal				
	ь	Less rental						
	c	expenses Rental income						
	d	or (loss)	me or (loss)	<u> </u>				
		Wet rental medi	(i) Securities	(II) O ther				
	7a b	Gross amount from sales of assets other than inventory Less cost or						
		other basis and sales expenses						
	С	Gain or (loss)						
	d 8a	Gross income fi	rom fundraising	· · · · · · · ·				
Other Revenue	b c	See Part IV, lin	 reported on line 1c)	events ►				
	9a	Gross income fi	rom gaming activities					
	b	See Part IV, lin	a penses b					
	С		(loss) from gamıng actı	vities				
	10a	Gross sales of returns and allo	owances .	32,992				
	Ь	_	oods sold b	28,151	4.044			4.044
	С	Net income or (loss) from sales of inve	entory ► Business Code	4,841			4,841
	11a	ADVERTISING		541,800	57,039		57,039	
	ь	W D A F K I I 2 I M G	TROOME	, -	, -		, 1	
	c							
	d	All other revenu	ue					
	e	Total. Add lines	s 11a-11d		57,039			
	12	Total revenue.	See Instructions .	•	4,539,429	4,283,613	57,039	198,777

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).									
	Do not include amounts reported on lines 6h								
	p, 9b, and 10b of Part VIII.	(A) Total expenses	Program service expenses	Management and general expenses	Fundraising expenses				
1	Grants and other assistance to governments and organizations in the U S $$ See Part IV, line 21 $$								
2	Grants and other assistance to individuals in the U.S. See Part IV, line 22								
3	Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16								
4	Benefits paid to or for members								
5	Compensation of current officers, directors, trustees, and key employees	310,025							
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	1,202,245							
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	90,062							
9	Other employee benefits	244,606							
10	Payroll taxes	96,890							
11	Fees for services (non-employees)								
а	Management								
b	Legal	234,172							
С	Accounting	10,475							
d	Lobbying								
e	Professional fundraising See Part IV, line 17								
f	Investment management fees								
g	Other	49,218							
12	Advertising and promotion								
13	Office expenses	288,563							
14	Information technology								
15	Royalties								
16	Occupancy	115,422							
17	Travel	235,451							
18	Payments of travel or entertainment expenses for any federal, state, or local public officials								
19	Conferences, conventions, and meetings	492,282							
20	Interest								
21	Payments to affiliates								
22	Depreciation, depletion, and amortization	86,663							
23	Insurance								
24	Other expenses Itemize expenses not covered above (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below)								
а	MEMBER ADVOCACY AND OUT	249,565							
ь	EQUIPMENT RENTAL	29,930							
c	EDUCATION AND TRAINING	26,367							
d	MISCELLA NEO US EXPENSE	3,018							
e	UNRELATED BUSINESS INCO	1,500							
f	All other expenses								
25	Total functional expenses. Add lines 1 through 24f	3,766,454							
26	Joint costs. Check here ► ☐ If following SOP 98-2								
	Complete this line only if the organization reported in								
	column (B) joint costs from a combined educational campaign and fundraising solicitation								
	campaign and idinaraising solicitation	1	<u> </u>		orm 990 (2009)				

Pa	rt X	Balance Sheet					
					(A) Beginning of year		(B) End of year
	1	Cash—non-interest-bearing			468,698	1	886,832
	2	Savings and temporary cash investments			1,344,349	2	1,766,576
	3	Pledges and grants receivable, net				3	
	4	Accounts receivable, net			20,457	4	12,203
	5	Receivables from current and former officers, directors, trustees highest compensated employees Complete Part II of	, key	employees, and			
		Schedule L				5	
	6	Receivables from other disqualified persons (as defined under sepersons described in section 4958(c)(3)(B) Complete Part II o					
Assets		Schedule L				6	
	7	Notes and loans receivable, net				7	
8	8	Inventories for sale or use			25,861	8	23,993
⋖	9	Prepaid expenses and deferred charges			68,285	9	105,992
	10a	Land, buildings, and equipment cost or other basis <i>Complete</i> Part VI of Schedule D	10a	1,857,714			
	b	Less accumulated depreciation	10b	1,341,672	558,915	10c	516,042
	11	Investments—publicly traded securities				11	
	12	Investments—other securities See Part IV, line 11			2,165,960	12	2,784,743
	13	Investments—program-related See Part IV, line 11		13			
	14	Intangible assets		14			
	15	Other assets See Part IV, line 11	•	15,576	15	12,499	
	16	Total assets. Add lines 1 through 15 (must equal line 34)			4,668,101	16	6,108,880
	17	Accounts payable and accrued expenses .			267,056	17	502,552
	18	Grants payable				18	
	19	Deferred revenue	100,661	19	121,779		
	20	Tax-exempt bond liabilities					
Se)	21	Escrow or custodial account liability Complete Part IV of Schedule	eD.	•		21	
Liabilities	22	Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified					
Lia		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 Complete Part X of Schedule D				25	
	26	Total liabilities. Add lines 17 through 25			367,717	26	624,331
ses		Organizations that follow SFAS 117, check here ▶ 🔽 and comp through 29, and lines 33 and 34.	lete li	nes 27			
Fund Balance	27	Unrestricted net assets			4,300,384	27	5,484,549
- E	28	Temporarily restricted net assets				28	
<u> </u>	29	Permanently restricted net assets				29	
ᆵ		Organizations that do not follow SFAS 117, check here ► an	d com	plete			
or I		lines 30 through 34.					
	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	
Net	33	Total net assets or fund balances			4,300,384	33	5,484,549
	34	Total liabilities and net assets/fund balances			4,668,101	34	6,108,880

Part XI Financial Statements and Reporting

			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	Yes	
b	Were the organization's financial statements audited by an independent accountant?	2b		Νo
c	If "Yes," to 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? 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 issued on a consolidated basis, separate basis, or both			
	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?	3a		Νο
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	3b		

Form **990** (2009)

DLN: 93493209002050

OMB No 1545-0047

SCHEDULE C (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

For Organizations Exempt From Income Tax Under section 501(c) and section 527 ► Complete if the organization is described below.

Political Campaign and Lobbying Activities

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

Open to Public Inspection

If the organization answered "Yes," to Form 990, Part IV, Line 3, or Form 990-EZ, Part VI, line 46 (Political Campaign Activities),

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

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

₽ Se	ection $501(c)(3)$ organizations that have filed Form 5768 (election under section $501(h)$) Complete Part Il-A $$ [o not c	omplet	te Part II-B	
Se	ection 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)) Complete Part	II-B Do	not co	mplete Part	II-A
f th	e organization answered "Yes," to Form 990, Part IV, Line 5 (Proxy Tax) or Form 990-EZ, line 35a	a (rega	rding	proxy tax)	, the n
• Se	ection 501(c)(4), (5), or (6) organizations Complete Part III				
Νa	ame of the organization Emplo	yerıde	ntıfıca	ation numbe	r
MI	CHIGAN ASSOCIATION OF REALTORS				
_		32998			
Par	t I-A Complete if the organization is exempt under section 501(c) or is a section	on 52	7 org	ganizatio	<u>n.</u>
1	Provide a description of the organization's direct and indirect political campaign activities in Part IV				
2	Political expenditures	F	\$		
3	Volunteer hours				
Paı	rt I-B Complete if the organization is exempt under section 501(c)(3).				
1	Enter the amount of any excise tax incurred by the organization under section 4955	>	\$		
2	Enter the amount of any excise tax incurred by organization managers under section 4955	>	\$ <u>_</u>		
3	If the organization incurred a section 4955 tax, did it file Form 4720 for this year?			☐ Yes	☐ No
4a	Was a correction made?			☐ Yes	┌ No
Ь	If "Yes," describe in Part IV				
Pai	rt I-C Complete if the organization is exempt under section 501(c) except section	on 50	1 (c)	(3).	
1	Enter the amount directly expended by the filing organization for section 527 exempt function activities	s 🕨	\$		
2	Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt funtion activities	.	\$		
2	Total exempt function expanditures, Add lines 1 and 2. Enter here and an Form 1120, BOL. line 17h	la.			

Total exempt function expenditures $\,$ A dd lines $\,$ 1 and $\,$ 2 $\,$ Enter here and on Form $\,$ 1 ┌ Yes Did the filing organization file Form 1120-POL for this year?

State the names, addresses and employer identification number (EIN) of all section 527 political organizations to which payments were made. For each organization listed, enter the amount paid from the filing organization's funds. Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC). If additional space is needed, provide information in Part IV

(a) Name	(b) Address	(c) EIN	(d) 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-

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

f Grassroots lobbying expenditures

Pa	Part II-A Complete if the organization is exempt under section 501(c)(3) and filed Form 5768 (election under section 501(h)).									
	Check If the filing organization belongs to an affiliated group Check If the filing organization checked box A and "limited control" provisions apply									
<u> </u>	Limits on Lobbying E (The term "expenditures" means ar	Expenditures			(a) Filing Organization's Totals	(b) Affiliated Group Totals				
1a	Total lobbying expenditures to influence public o	ppinion (grass roots lob	ıbyıng)							
b	Total lobbying expenditures to influence a legisla	ative body (direct lobby	yıng)							
c	Total lobbying expenditures (add lines 1a and 18	b)								
d	Other exempt purpose expenditures									
e	Total exempt purpose expenditures (add lines 1	c and 1d)								
f	Lobbying nontaxable amount Enter the amount f	from the following table	ın both							
	If the amount on line 1e, column (a) or (b) is: Not over \$500,000	The lobbying nontaxa 20% of the amount on lir								
	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the	e excess over \$500,00	0						
	Over \$1,000,000 but not over \$1,500,000	000								
	Over \$1,500,000 but not over \$17,000,000 \$225,000 plus 5% of the excess over \$1,500,000									
	Over \$17,000,000 \$1,000,000									
		•								
g	Grassroots nontaxable amount (enter 25% of lin	ne 1 f)								
h	Subtract line 1g from line 1a If zero or less, enter	er -0-								
i	Subtract line 1f from line 1c If zero or less, ente	er - 0 -								
j	If there is an amount other than zero on either li section 4911 tax for this year?	ne 1h or line 1ı, did the	organization file F	orm 4720 repoi	rtıng	┌ Yes ┌ No				
	(Some organizations that made a columns below. See the	he instructions fo	ection do not l r lines 2a thro	nave to com ugh 2f on pa		ne five				
	Lobbying Exp	enditures During	4-Year Averag	ing Period	I	ı				
	Calendar year (or fiscal year beginning in)	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(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									

	edule C (Form 990 or 990-EZ) 2009 rt II-B Complete if the organization is exempt under section 501(c)(3) and has N	OT fi	led Fo	ırm		age 3
	(election under section 501(h)).	O	icu i c	,	3,00	•
		(a)		(a) (l		
		Yes	No	A	moun	t
1	During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of					
а	Volunteers?					
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?					
С	Media advertisements?					
d	Mailings to members, legislators, or the public?					
е	Publications, or published or broadcast statements?					
f	Grants to other organizations for lobbying purposes?					
g	Direct contact with legislators, their staffs, government officials, or a legislative body?					
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?					
i	Other activities? If "Yes," describe in Part IV					
j	Total lines 1c through 1i					
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?					
b	If "Yes," enter the amount of any tax incurred under section 4912					
c	If "Yes," enter the amount of any tax incurred by organization managers under section 4912					
d	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?					
Pai	rt III-A Complete if the organization is exempt under section 501(c)(4), section 5	01(c)(5), c	r se	ctio	n
	501(c)(6).					
_			_		Yes	No
1	Were substantially all (90% or more) dues received nondeductible by members?		_	1		Νο
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?			2		Νο
3	Did the organization agree to carryover lobbying and political expenditures from the prior year?			3	Yes	
Par	t III-B Complete if the organization is exempt under section 501(c)(4), section 5501(c)(6) if BOTH Part III-A, lines 1 and 2 are answered "No" OR if Part II answered "Yes".				ectio	n
1	Dues, assessments and similar amounts from members	1			3,89!	5,609
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			108	8,354
b	Carryover from last year	2b				2,403
c	Total	2c			270	0,757
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	3			210	0,600
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			6(0,157
5	Taxable amount of lobbying and political expenditures (see instructions)	5				
P	art IV Supplemental Information					
Со	omplete this part to provide the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, and so, complete this part for any additional information	l Part	II-B, line	e 1ı		

Identifier Return Reference Explanation

efile GRAPHIC print - DO NOT PROCESS | As Filed Data -

DLN: 93493209002050

OMB No 1545-0047

SCHEDULE D (Form 990)

Department of the Treasury

Supplemental Financial Statements ► Complete if the organization answered "Yes," to Form 990,

Part IV, line 6, 7, 8, 9, 10, 11, or 12.

Open to Public

emai i	Revenue Service	orm 990. ► See separate instructions.		Inspecti	OII
	e of the organization IGAN ASSOCIATION OF REALTORS		Employer	ridentification number	
riici	IGAN ASSOCIATION OF REALTONS		38-0829	980	
Par	t I Organizations Maintaining Donor Ad		ınds or A	ccounts. Complete	e if the
	organization answered "Yes" to Form 99	(a) Donor advised funds	(h) Fi	unds and other accoun	ts
	Total number at end of year	(a) Donor advised failes	(5)	and other account	
	Aggregate contributions to (during year)				
	Aggregate grants from (during year)				
	Aggregate value at end of year				
i	Did the organization inform all donors and donor advi funds are the organization's property, subject to the		oradvised	☐ Yes	Гио
;	Did the organization inform all grantees, donors, and used only for charitable purposes and not for the ben conferring impermissible private benefit	donor advisors in writing that grant funds efit of the donor or donor advisor, or for an	y other pur	pose Yes	┌ No
Par	Conservation Easements. Complete	if the organization answered "Yes" to	Form 99	0, Part IV, line 7.	
·	Purpose(s) of conservation easements held by the o Preservation of land for public use (e g , recreati Protection of natural habitat Preservation of open space Complete lines 2a-2d if the organization held a qual easement on the last day of the tax year	on or pleasure)	ertified his		
			Н	leld at the End of the	Year
а	Total number of conservation easements		2a		
	Total acreage restricted by conservation easements		2b		
С	Number of conservation easements on a certified his	toric structure included in (a)	2c		
d	Number of conservation easements included in (c) a	cquired after 8/17/06	2d		
}	Number of conservation easements modified, transfe the taxable year ▶	erred, released, extinguished, or terminate	d by the org	ganızatıon durıng	
ŀ	Number of states where property subject to conserva	ation easement is located ►	_		
;	Does the organization have a written policy regarding enforcement of the conservation easements it holds?		ling of viola	ations, and res	┌ No
•	Staff and volunteer hours devoted to monitoring, insp	pecting and enforcing conservation easem	ents during	the year ►	
,	A mount of expenses incurred in monitoring, inspecti	ng, and enforcing conservation easements	during the	year ► \$	
3	Does each conservation easement reported on line 2 $170(h)(4)(B)(I)$ and $170(h)(4)(B)(II)$?	?(d) above satisfy the requirements of sec	tion	☐ Yes	┌ No
)	In Part XIV, describe how the organization reports c balance sheet, and include, if applicable, the text of t the organization's accounting for conservation easer	the footnote to the organization's financial	•	•	
art	Organizations Maintaining Collection Complete if the organization answered		or Other	Similar Assets.	
.a	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 fir	for public exhibition, education or researc	h ın further		
b	If the organization elected, as permitted under SFAS historical treasures, or other similar assets held for provide the following amounts relating to these items	public exhibition, education, or research ir			
	(i) Revenues included in Form 990, Part VIII, line 1			► \$	
	(ii) Assets included in Form 990, Part X			- \$	
:	If the organization received or held works of art, histofollowing amounts required to be reported under SFA				
а	Revenues included in Form 990, Part VIII, line 1	9		► \$	

b Assets included in Form 990, Part X

3	Using the organization's accession and other		_								ontinuea)
	ıtems (check all that apply) —			_							
а	Public exhibition		d	ļ	Loan	orexch	ange prog	rams			
b	Scholarly research		e	Γ	O the	r					
c	Preservation for future generations										
4	Provide a description of the organization's co Part XIV	ollections and expla	ain hov	w the	y furth	er the o	rganızatıor	ı's ex	empt purpose ır	1	
5	During the year, did the organization solicit of										
Do	assets to be sold to raise funds rather than to the sold to raise funds rather than to the sold to the								<u> </u>	Yes	No
Fal	Part IV, line 9, or reported an an						answere	u i	es to Form 9:	,	
1a	Is the organization an agent, trustee, custod included on Form 990, Part X?	ıan or other ınterm	edıary	for c	ontrib	utions o	rotherass	ets r		Yes	☐ No
b	If "Yes," explain the arrangement in Part XIV	and complete the	follow	ıng t	able		Г			_	
							-		A me	ount	
c	Beginning balance						-	1c			
d	Additions during the year						-	1d			
е	Distributions during the year							1e			
f	Ending balance						L	1f			
2a	Did the organization include an amount on Fo	orm 990, Part X, lir	ie 21?						Γ	Yes	Г No
ь	If "Yes," explain the arrangement in Part XIV										
Pa	rt V Endowment Funds. Complete									/-\F\	/ DI-
1_	Paganning of wear balance	(a)Current Year	(Б) Prior	rear	(c)IWC	Years Back	(a)	Three Years Back	(e)Four Y	ears Back
1a L	Beginning of year balance										
b											
C	Investment earnings or losses										
d	Grants or scholarships							-			
е	Other expenditures for facilities and programs										
f	Administrative expenses										
g	End of year balance										
2	Provide the estimated percentage of the yea	r end balance held	as						•		
а	Board designated or quasi-endowment	%									
ь	Permanent endowment %	,,									
c 3a	Term endowment % Are there endowment funds not in the posses	ssion of the organiz	ation	that	ara hal	d and a	dministere	d for	the		
Ju	organization by	ston or the organiz	acion	tilat	u10 1101	a ana a		u 101	tile	Yes	No
	(i) unrelated organizations								3a(i)	
	(ii) related organizations								3a(ii	i)	
b	If "Yes" to 3a(11), are the related organization								3b		
4	Describe in Part XIV the intended uses of the										
Par	t VI Investments—Land, Buildings	s, and Equipme	nt. S						Ι		
	Description of investment				a) Cost o	or other stment)	(b)Cost or basis (oth		(c) Accumulated depreciation	(d) E	Book value
1a	Land						16	6,205			166,205
b	Buildings		•				96	1,045	685,13	5	275,910
	Leasehold improvements			1							
c	Ecasemora improvements i i i i i										
	Equipment						70	9,787	640,64	3	69,144
d	·							9,787 0,677	640,64 15,89		69,144 4,783

Part VII Investments—Other Securities. See (a) Description of security or category		d of valuation
(including name of security)	(b)Book value	- year market value
Financial derivatives		
Closely-held equity interests Other		
BOND MUTUAL FUNDS	1,135,704	F
STOCK MUTUAL FUNDS	1,649,039	F
Total. (Column (b) should equal Form 990, Part X, col (B) line 12)	2,784,743	
Part VIII Investments—Program Related. See	Form 990, Part X, line	
(a) Description of investment type	(b) Book value	d of valuation -year market value
Total. (Column (b) should equal Form 990, Part X, col (B) line 13) Part IX Other Assets. See Form 990, Part X, lin		
Total. (Column (b) should equal Form 990, Part X, col (B) line 13) Part IX Other Assets. See Form 990, Part X, lin (a) Descrip	e 15.	(b) Book value
Part IX Other Assets. See Form 990, Part X, lin	e 15.	(b) Book value
Part IX Other Assets. See Form 990, Part X, lin	e 15.	(b) Book value
Part IX Other Assets. See Form 990, Part X, lin	e 15.	(b) Book value
Part IX Other Assets. See Form 990, Part X, lin	e 15.	(b) Book value
Part IX Other Assets. See Form 990, Part X, lin	e 15.	(b) Book value
Part IX Other Assets. See Form 990, Part X, lin	e 15.	(b) Book value
Part IX Other Assets. See Form 990, Part X, lin	e 15.	(b) Book value
Part IX Other Assets. See Form 990, Part X, lin	e 15.	(b) Book value
Part IX Other Assets. See Form 990, Part X, lin	e 15.	(b) Book value
Part IX Other Assets. See Form 990, Part X, lin	e 15.	(b) Book value
Part IX Other Assets. See Form 990, Part X, lin	e 15.	(b) Book value
Part IX Other Assets. See Form 990, Part X, lin	e 15.	(b) Book value
Part IX Other Assets. See Form 990, Part X, lin (a) Descrip Total. (Column (b) should equal Form 990, Part X, col.(B) line 1	e 15. tion	(b) Book value
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1. Part X Other Liabilities. See Form 990, Part X	e 15. tion 5.) , line 25.	 (b) Book value
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1. Part X Other Liabilities. See Form 990, Part X (a) Description of Liability	e 15. tion	 (b) Book value
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1. Part X Other Liabilities. See Form 990, Part X	e 15. tion 5.) , line 25.	 (b) Book value
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1. Part X Other Liabilities. See Form 990, Part X (a) Description of Liability	e 15. tion 5.) , line 25.	 (b) Book value
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1. Part X Other Liabilities. See Form 990, Part X (a) Description of Liability	e 15. tion 5.) , line 25.	 (b) Book value
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1. Part X Other Liabilities. See Form 990, Part X (a) Description of Liability	e 15. tion 5.) , line 25.	 (b) Book value
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1. Part X Other Liabilities. See Form 990, Part X (a) Description of Liability	e 15. tion 5.) , line 25.	(b) Book value
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1. Part X Other Liabilities. See Form 990, Part X (a) Description of Liability	e 15. tion 5.) , line 25.	(b) Book value
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1. Part X Other Liabilities. See Form 990, Part X (a) Description of Liability	e 15. tion 5.) , line 25.	 (b) Book value
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1. Part X Other Liabilities. See Form 990, Part X (a) Description of Liability	e 15. tion 5.) , line 25.	(b) Book value
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1. Part X Other Liabilities. See Form 990, Part X (a) Description of Liability	e 15. tion 5.) , line 25.	 (b) Book value
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1. Part X Other Liabilities. See Form 990, Part X (a) Description of Liability	e 15. tion 5.) , line 25.	(b) Book value
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1. Part X Other Liabilities. See Form 990, Part X (a) Description of Liability	e 15. tion 5.) , line 25.	(b) Book value
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1. Part X Other Liabilities. See Form 990, Part X (a) Description of Liability	e 15. tion 5.) , line 25.	 (b) Book value
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1. Part X Other Liabilities. See Form 990, Part X (a) Description of Liability	e 15. tion 5.) , line 25.	(b) Book value

Par	Reconciliation of Change in Net Assets from Form 990 to Financial Statemen	ITS
1	Total revenue (Form 990, Part VIII, column (A), line 12)	1
2	Total expenses (Form 990, Part IX, column (A), line 25)	2
3	Excess or (deficit) for the year Subtract line 2 from line 1	3
4	Net unrealized gains (losses) on investments	4
5	Donated services and use of facilities	5
6	Investment expenses	6
7	Prior period adjustments	7
8	Other (Describe in Part XIV)	8
9	Total adjustments (net) Add lines 4 - 8	9
10	Excess or (deficit) for the year per financial statements. Combine lines 3 and 9	10
	XII Reconciliation of Revenue per Audited Financial Statements With Revenue p	
1	Total revenue, gains, and other support per audited financial statements	1
2	A mounts included on line 1 but not on Form 990, Part VIII, line 12	
а	Net unrealized gains on investments	
ь	Donated services and use of facilities	
c	Recoveries of prior year grants	
d	Other (Describe in Part XIV) 2d	
e	Add lines 2a through 2d	2e
3	Subtract line 2e from line 1	3
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) 4b	
c	Add lines 4a and 4b	4c
5	Total Revenue Add lines 3 and 4c. (This should equal Form 990, Part I, line 12)	5
Part	XIII Reconciliation of Expenses per Audited Financial Statements With Expenses	per Return
1	Total expenses and losses per audited financial statements	1
2	Amounts included on line 1 but not on Form 990, Part IX, line 25	
а	Donated services and use of facilities	
ь	Prior year adjustments	1
c	Other losses	1
d	Other (Describe in Part XIV) 2d	1
e	Add lines 2a through 2d	2e
3	Subtract line 2e from line 1	3
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:	
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a	
b	Other (Describe in Part XIV)]
c	Add lines 4a and 4b	4c
5	Total expenses Add lines 3 and 4c. (This should equal Form 990, Part I, line 18)	5
Par	t XIV Supplemental Information	
	nplete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Pa V, line 4, Part X, Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b Also complete t	

Identifier Return Reference Explanation

additional information

DLN: 93493209002050

Employer identification number

OMB No 1545-0047

Schedule J (Form 990)

Internal Revenue Service

Department of the Treasury

Name of the organization

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

MIC	HIGAN ASSOCIATION OF REALTORS		38-0829980			
Pa	rt I Questions Regarding Compensation	1				
					Yes	Νo
1a	Check the appropriate box(es) if the organization prov 990, Part VII, Section A, line 1a Complete Part III					
	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	고				
	Discretionary spending account	ı	Personal services (e g , maid, chauffeur, chef)			
b	If any of the boxes in line 1a are checked, did the org reimbursement orprovision of all the expenses descri			1b	Yes	
2	Did the organization require substantiation prior to re officers, directors, trustees, and the CEO/Executive			2	Yes	
3	Indicate which, if any, of the following the organizatio organization's CEO/Executive Director Check all the	at app	ly			
	Compensation committee		Written employment contract			
	☐ Independent compensation consultant ☐ Form 990 of other organizations	<u>ন</u>				
	Form 990 of other organizations	10	Approval by the board or compensation committee			
4	During the year, did any person listed in Form 990, P or a related organization	art V I	I, Section A, line 1a with respect to the filing organization			
а	Receive a severance payment or change-of-control p	oayme	nt?	4a		Νo
b	Participate in, or receive payment from, a supplemen	tal noi	nqualified retirement plan?	4b		Νo
c	Participate in, or receive payment from, an equity-ba	sed co	ompensation arrangement?	4c		Νo
	If "Yes" to any of lines 4a-c, list the persons and pro	vide t	he applicable amounts for each item in Part III			
	Only 501(c)(3) and 501(c)(4) organizations only mus	st com	plete lines 5-9.			
5	For persons listed in form 990, Part VII, Section A, I compensation contingent on the revenues of	ine 1a	, did the organization pay or accrue any			
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, I 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," de			7		
8	Were any amounts reported in Form 990, Part VII, pasubject to the initial contract exception described in in Part III			8		
9	If "Yes" to line 8, did the organization also follow the	rebuti	table presumption procedure described in Regulations			

section 53 4958-6(c)?

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)(1)-(111) must equal the applicable column (D) or column (E) amounts on Form 990, Part VII, line 1a

(A) Name		(B) Breakdown of	W-2 and/or 1099-MI:	SC compensation	(C) Retirement and	(D) Nontaxable	(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	
WILLIAM J MARTIN	(1) (11)	257,185	15,000		20,000	27,349	319,534		
KATHLEEN FELDPAUSCH	(1) (11)	147,735	8,000		13,000	28,960	197,695		
ROBERT CAMPAU	(1) (11)	153,768	10,000		13,000	30,100	206,868		
	•								

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

]	Ident if ier	Ret urn Ref erence	Explanation
]	Ident if ier	Reference	Explanation

Schedule J (Form 990) 2009

OMB No 1545-0047

Open to Public Inspection

SCHEDULE 0

(Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Information to Form 990

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

Name of the organization
MICHIGAN ASSOCIATION OF REALTORS

Employer identification number

38-0829980

ldentifier	Return Reference	Explanation
Form 990, Part VI, Section A, line 6		The members of this Association shall consist of Local Associations, REALTOR Members, Affiliate Members, Employee Members, Honorary Members, REALTOR Emeritus, Institute Affiliate Members, and Commercial Affiliate Members
Form 990, Part VI, Section A, Iine 7a		Members from each district elect their representative to serve on the board of directors. The government of the Association shall be invested in the Board of Directors. The responsibilities and duties of the Board of Directors shall include election of officers, the establishment of internal policies, approval of committee appointments as recommended by the President and President-Elect, employment of a Chief Executive Officer, approval of programs and services to be implemented by the Chief Executive Officer, development of external policies subjects to approval by the Delegate Body, preliminary review and approval of National Association of Realtors committee recommendations as submitted by the President
Form 990, Part VI, Section A, line 7b		The government of the Association shall be invested in the Board of Directors. The responsibilities and duties of the Board of Directors shall include election of officers, the establishment of internal policies, approval of committee appointments as recommended by the President and President-Elect, employment of a Chief Executive Officer, approval of programs and services to be implemented by the Chief Executive Officer, development of external policies subjects to approval by the Delegate Body, preliminary review and approval of National Association of Realtors committee recommendations as submitted by the President
Form 990, Part VI, Section B, Inne 11		THE 990 IS RECEIVED AND REVIEWED FOR ACCURACY BY THE CEO UPON THE CEO'S APPROVAL, THE 990 IS MADE AVAILABLE TO THE BOARD OF DIRECTORS FOR THEIR REVIEW
Form 990, Part VI, Section B, Iine 12c		THERE IS AN ANNUAL BOARD ORIENTATION IN WHICH THE POLICY IS PRESENTED AND A FORM THAT THE BOARD MUST SIGN TO ACKNOWLEDGE THAT THEY HAVE RECEIVED THE POLICY
Form 990, Part VI, Section B, line 15		THE ORGANIZATION USES COMPARABLE DATA THROUGH MARKET STUDIES, THE ASAE, AND THE MSAE TO DETERMINE COMPENSATION OF THE ORGANIZATION'S OFFICERS AND KEY EMPLOYEES
Form 990, Part VI, Section C, line 19		ALL DOCUMENTS ARE MADE AVAILABLE TO THE PUBLIC UPON REQUEST
FORM 990, PART XI, LINE 2C	OVERSIGHT OF REVIEW OF FINANCIAL STATEMENTS	MICHIGAN ASSOCIATION OF REALTORS HAS A COMMITTEE THAT ASSUMES RESPONSIBILITY FOR OVERSIGHT OF THE REVIEW OF ITS FINANCIAL STATEMENTS AND SELECTION OF AN INDEPENDENT ACCOUNTANT THIS PROCESS HAS NOT CHANGED FROM THE PRIOR YEAR

ldentifier	Return Reference	Explanation
		FORM 4562 ELECTION OUT OF BONUS DEPRECIATION EMPLOYER IDENTIFICATION NUMBER 38-0829980 FOR THE YEAR ENDING DECEMBER 31, 2009 MICHIGAN ASSOCIATION OF REALTORS, HEREBY ELECTS, PURSUANT TO IRC SEC 168(K)(2)(D)(III), NOT TO CLAIM THE ADDITIONAL 50% DEPRECIATION ALLOWABLE UNDER IRC SEC 168(K) FOR THE FOLLOWING QUALIFYING PROPERTY PLACED IN SERVICE DURING THE TAX YEAR ENDING DECEMBER 31, 2009 ALL PROPERTY IN THE 5 AND 7 YEAR CLASS SEE ATTACHED FORM 4562

efile GRAPHIC print - DO NOT PROCESS | As Filed Data -

DLN: 93493209002050

SCHEDULE R (Form 990)

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.

2009

OMB No 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

LANSING, MI 48906 38-3145162

Name of the organization
MICHIGAN ASSOCIATION OF REALTORS

Employer identification number

38-0829980

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

(a)
Name, address, and EIN of disregarded entity

Primary activity

Legal domicile (state or foreign country)

Total income

End-of-year assets

(f) Direct controlling entity

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

(b) (d) (f) (c) (e) Direct controlling Name, address, and EIN of related organization Primary activity Legal domicile (state Exempt Code section Public charity status or foreign country) (if section 501(c)(3)) entity REALTORS POLITICAL ACTION COMMITTEE TO PROTECT AND PROMOTE MICHIGAN ASSOCIATION OF PO BOX 40725 THE TRADITION OF HOME ΜI 527 REALTORS OWNERSHIP AND LANSING, MI 48906 INVESTMENT 38-6301949 MICHIGAN ASSOCIATION OF REALTORS SCHOLARSHIP TRUST MICHIGAN ASSOCIATION OF PO BOX 40725 PROVIDING SCHOLARSHIPS ΜI 501(c)(3) 11C REALTORS

(j)

General or

managing

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

(a) Name, address, and EIN of related organization **(b)** Primary activity (c)
Legal
domicile
(state or
foreign
country)

al (d)
cile Direct controlling
or entity
gn

(e)
Predominant income
(related, unrelated,
excluded from tax
under sections 512514)

(f) Share of total income (g) Share of end-of-year assets (h)
Disproprtionate
allocations? ai

(i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)

hedule K-1 partner? form 1065)

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

Part V	Transactions With Related Organizations (Complete	if the organization answered '	'Yes" on Form 990.	Part IV. line 34, 35, or 36.)
	Transactions with Related organizations (complete	ii die organizacion anomerca	103 011 101 111 330,	Tare 14, mile 31, 33, or 30.)

	Note. Complete line 1 if any entity is listed in Parts II, III or IV		Yes	No
1 C	During the tax year, did the orgranization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?			
а	Receipt of (i) interest (ii) annuities (iii) royalties (iv) rent from a controlled entity	1a		No
b	Gift, grant, or capital contribution to other organization(s)	1b	Yes	
c	Gift, grant, or capital contribution from other organization(s)	1c		No
d	Loans or loan guarantees to or for other organization(s)	1d		No
e	Loans or loan guarantees by other organization(s)	1e		No
f	Sale of assets to other organization(s)	1f		No
g	Purchase of assets from other organization(s)	1 g		No
h	n Exchange of assets	1h		No
i	Lease of facilities, equipment, or other assets to other organization(s)	1i		No
j	Lease of facilities, equipment, or other assets from other organization(s)	1j		No
k	Performance of services or membership or fundraising solicitations for other organization(s)	1k		No
ı	Performance of services or membership or fundraising solicitations by other organization(s)	11		No
n	n Sharing of facilities, equipment, mailing lists, or other assets	1m	Yes	
n	Sharing of paid employees	1n	Yes	
0	Reimbursement paid to other organization for expenses	10		No
р	Reimbursement paid by other organization for expenses	1р		No
q	Other transfer of cash or property to other organization(s)	1q		No
r	O ther transfer of cash or property from other organization(s)	1r		No
2	If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds			
	(b)		(c)	
		•	involve	d
	1) F = (1)			

Name of other organization	Transaction type(a-r)	Amount involved
(1) REALTORS POLITICAL ACTION COMMITTEE	В	34,000
(2) REALTORS POLITICAL ACTION COMMITTEE	N	122,109

(4)

(3)

(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)
Are all
partners
section
501(c)(3)
organizations?

Yes No

(e) Share of end-of-year assets **(f)** Disproprtionate allocations?

No

Yes

(g) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065) (h) General or managing partner?

Yes No

DLN: 93493209002050

OMB No 1545-0172

Form **4562**

Depreciation and Amortization (Including Information on Listed Property)

Internal Revenue Service	•	See separate instructions	s. 🟲 Attach	to your tax retur	1.		Sequence No 67
Name(s) shown on return		Business or a	ctivity to which	this form relates	Iden	t if ying	g number
MICHIGAN ASSOCIATIO	N OF REALTOR	RS Form 990 Pag	ae 10		38-0	08299	80
Part I Election	To Expense (Certain Property Un		179	38-0	10299	80
	ou have any li	sted property, comple	ete Part V befo	ore you comple	te Part I.		
1 Maximum amount See	the instructions	for a higher limit for cert	taın busınesses			1	250,000
2 Total cost of section 1	79 property plac	ed in service (see instru	ctions) .			2	
3 Threshold cost of sect	ion 179 property	/ before reduction in limit	atıon (see ınstr	uctions)		3	800,000
4 Reduction in limitation	Subtract line 3	from line 2 If zero or les	s, enter - 0 -			4	
5 Dollar limitation for tax	year Subtract	line 4 from line 1 If zero	or less, enter - 0	D- If married filin	g		
separately, see instruc	tions					5	
			(h) Cook	/h			
6 (a) [Description of pr	operty	• •	(business use only)	(c) Elected	cost	
6							
							ا
7 Listed property Enter	the amount from	line 29		. 7			
8 Total elected cost of s	ection 179 prop	erty Add amounts in colu	umn (c), lınes 6	and 7		8	
9 Tentative deduction E	nter the smaller	of line 5 or line 8 .				. 9	
10 Carryover of disallowed	d deduction from	line 13 of your 2008 Fo	rm 4562 .			10	
11 Business income limitation	Enter the smaller of	business income (not less than	n zero) or line 5 (se	ee instructions) .		11	
12 Section 179 expense of	deduction Add li	nes 9 and 10, but do not	enter more tha	n line 11 · ·		12	
13 Carryover of disallowed	d deduction to 2	010 Add lines 9 and 10,	less line 12	. 13			
Note: Do not use Part				se Part V.			
		Allowance and Othe			lude listed p	roperty	(See instructions)
14 Special depreciation al	lowance for qual	ified property (other than	listed property) placed in servic	e during the		
tax year (see instruction	ons)					14	
15 Property subject to see	ction 168(f)(1) e	election				15	
16 Other depreciation (inc	luding ACRS)					16	
Part IIII MACRS De	preciation (I	Do not include listed p	property.) (Se	e instructions.)		
			ction A				
17 MACRS deductions for						17	83,725
18 If you are electing t	- · ·	•	e during the t	ax year into on			
general asset accou					▶□	<u> </u>	
Section B—Asse	ets Placed in	Service During 200	08 Tax Year	Using the Ge	neral Dep	<u>recia</u>	tion System
	(b) Month and	(c) Basıs for depreciation					
(a) Classification of property	year placed in	(business/investment	(d) Recovery period	(e) Convention	(f) Metho	od	(g) Depreciation deduction
property	service	use	period				acaaction
19a 3-year property		only—see instructions)				+	
b 5-year property	1	24,805	5 0	нү	S/L	\rightarrow	1,635
c 7 - year property	1	18,984	7 0	НҮ		\neg	1,303
d 10-year property		,			, , , , , , , , , , , , , , , , , , ,	$\neg \uparrow$	·
e 15-year property							
f 20-year property							
g 25-year property			25 yrs		S/L		
h Residential rental			27 5 yrs	ММ	S/L		
property			27 5 yrs	MM	S/L		
i Nonresıdentıal real			39 yrs	ММ	S/L	\longrightarrow	
property				MM	S/L	\bot	
	n C—Assets Plac	ced in Service During 2009	9 Tax Year Using	g the Alternative		1 Syste	em
20a Class life	-		12	 	S/L	\rightarrow	
b 12-year			12 yrs	NA NA	S/L	\longrightarrow	
c 40-year Part IV Summar	<u>I</u> y (see instruc	tions)	40 yrs	ММ	S/L		
21 Listed property Enter	•	•				21	
22 Total. Add amounts fro			and 20 in colur	nn (a) and line 21	Fnter here	-	
		urn Partnerships and S c			· ·	22	86,663
23 For assets shown abov portion of the basis att		_	t year, enter the	23			

Part V
Listed Property (Include automobiles, certain other vehicles, cellular telephones, 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,

compl	ete only	24a, 24b, colui	mns (a) thro	ugh (c)	of Sec	ction	A, al	ll of .	Sectioi	n B, a	nd Se	ction (C if ap	oplicat	ile.
Section A—Deprec																
24a Do you have evidenc	e to support	the business/investi	ment use	claime	d? ┌ Yes	. ⊢ _{No}			24b If	"Yes," ı	s the ev	/ idence	written?		sГNo)
										1						
(a) Type of property (list Distorbicles first)	(b) Pate placed II service	(c) Business/ In investment use percentage	(d) Cost or ot basıs	ther	(busines	(e) deprecia s/investr e only)	- 11	(f) Recove period		(g) Method/ conventio		(h Deprec dedud	ation/		(i) Elected section 1 cost	
25Special depreciation allow 50% in a qualified busine			olaced in s	service (during the	tax year	and u	sed mo	re tha	in 25						
26 Property used more	•	•	ıness u:	s e							- 1					
		%														
		%									_					
	orless in a		ss use													
		%							S/L	-						
		%							S/L]		
20 0 dd		%	7 5-4			21		4	S/L		_			+-		
28 Add amounts in col		_				ne 21,	page .	1 .	•		8		20	+		
29 Add amounts in col	umn (I), IIr				mation	·	· ·	• Va	· biol	•			29			
Complete this section f	or vehicle:										r relat	ed per	son			
f you provided vehicles to y	our employe	es, first answer the q	uestions	ın Sectio	on C to see	ıf you n	neet ar	exce	otion t	o comple	ting this	section	for thos			
30 Total business/inve		-	the _	-	a) icle 1	V e hı	•	V	(c) ehic		V e h i	d) cle 4	V ehı	-	V e hı	f) cle 6
31 Total commuting m	ıles drıven	during the year	. -													
32 Total other persona	ıl(noncomr	muting) miles driv	en													
33 Total miles driven o	during the	year Add lines 3	。													
through 32			· _													
34 Was the vehicle ava	aılable for	personal use		Yes	No	Yes	No	Ye	es	No	Yes	No	Yes	No	Yes	No
during off-duty houi	rs? .													<u> </u>		<u> </u>
35 Was the vehicle use owner or related pe	rson?	· · · · ·	5%													
36 Is another vehicle a	avaılable f	or personal use?														
Section Answer these questions 5% owners or related p	s to detern										-				not moi	re tha
37 Do you maintain a vemployees?		•	t prohib	ıts all	personal •	use of	vehic	les,ı	nclud	ling cor	nmutir	ig, by y	our •	Y	es	No
38 Do you maintain a vemployees? See the																
39 Do you treat all use	ofvehicle	s by employees a	as perso	nal us	e? .											
40 Do you provide mor vehicles, and retain	e than five	vehicles to your	•			rmatio	n fron	n your	r emp	loyees	about	the us	e of the	e 🗀		
41 Do you meet the red			· Ified aut	 tomobı	le demor	- nstratio	n use	? (Se	e ins	tructio	ns)		·		-+	
Note: If your answe	r to 37, 38	3, 39, 40, or 41 is	s "Yes,"	do no	t comple	te Sect	ion B	for th	ne co	vered v	ehicle:	S				
Part VI Amortiz		<u> </u>													I	
		(b)		(0	-)			(d)		(e	:)			(f)		
(a)		Date		A mort	-			ode		A morti			A mo	rtızatı	on for	
Description of co	STS	amortization begins		amo	unt		se	ction		perio percei			t	hıs yea	ar	
42 A mortization of cos	ts that be		2009 ta:	x year	(see ins	truction	ns)				<u> </u>					
43 A mortization of cos	ts that be	gan before your 2	009 tax	year						•	43					

44 Total. Add amounts in column (f) See the instructions for where to report . . .

44

Software ID: Software Version:

EIN: 38-0829980

Name: MICHIGAN ASSOCIATION OF REALTORS

Form 990, Part VIII - Statement of Revenue - 2a - 2g Program Service Revenue -

	Business Code	(A) Total Revenue	(B) Related or Exempt Function Revenue	(C) Unrelated Business Revenue	(D) Revenue Excluded from Tax under IRC 512, 513, or 514
MEMBERSHIP DUES	531,390	3,895,609	3,895,609		
CONVENTIONS	531,390	183,925	183,925		
EDUCATION SEMINARS	531,390	80,991	80,991		
INSTITUTES/SO CIETIES/C	900,099	68,088	68,088		
ISSUES MOBILIZATION FU	900,099	55,000	55,000		

Form 990, Part IX - Statement of Functional Expenses - 24a - 24e Other Expenses

Do not include amounts reported on line 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
MEMBER ADVOCACY AND OUT	249,565			
EQUIPMENT RENTAL	29,930			
EDUCATION AND TRAINING	26,367			
MISCELLANEOUS EXPENSE	3,018			
UNRELATED BUSINESS INCO	1,500			