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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

OMB No 1545-0047 2009 Open to Public Inspection

							
<u>A</u> _	For the 200	9 calendar ye	ear, or tax year beginning , and ending	•			
В	Check if applicat		C Name of organization		D	Emplo	yer identification number
	Address change	use IRS	NC Association of Realtors Inc		1		
$\overline{\Box}$	Name change	label or print or	Doing Business As			56-	-0488849
닏	Name Glange	type.	Number and street (or P O box if mail is not delivered to street address)	Room/suite	E		none number
Ш	Initial return	See	4511 Weybridge Lane	1 toom/suite	-		5-294-1415
	Termination	Specific			1.		
		Instruc-	City or town, state or country, and ZIP + 4		G	Gross rece	expts \$ 6,806,661
\sqsubseteq	Amended return	tions.	Greensboro NC 27407		4		
	Application pend	uing	e and address of principal officer		H(a	a) Is this	a group return for
			drea L Bushnell			affiliate	
		45	11 Weybridge Lane		H(I	b) Are all include	
		Gr	eensboro NC 27407			If "No.	* attach a list (see instructions)
$\overline{}$	Tax-exempt :	status X	501(c) (6) ◀ (insert no) 4947(a)(1) or 527				,
j			acrealtors.org		٦.,,	a) Conun	overnation number
					193		exemption number
	Type of organiz			L Year of formation	190	5	M State of legal domicile NC
	art I	Summa					
	1		ne organization's mission or most significant activities				
•	To	o promo	te the common interest of practicing REALTORS	in the St	ate	of	
Š	No.	orth Car	rolina by providing services and resources to	aid in th	eir		
Ē	sı	uccess.					
Š	2 Chec	ck this box	if the organization discontinued its operations or disposed of more than	25% of its not ass	otc		
LA et ivities (& Governance	2 Alum		members of the governing body (Part VI, line 1a)	23 /0 01 113 1161 433	CIS	اما	158
<u>త</u>	3 Num	_				3	
S	4 Num		endent voting members of the governing body (Part VI, line 1b)			4	158
₹	5 Total	number of e	employees (Part V, line 2a)			5	29
À	6 Total	I number of v	olunteers (estimate if necessary)			6	278
	7a Total	l gross unrel	ated business revenue from Part VIII, column (C), line 12			7a	82,447
7	b Net u	unrelated but	siness taxable income from Form 990-T, line 34			7b	-853
7			· · · · · · · · · · · · · · · · · · ·	Prior			Current Year
3.0	8 Cont	ributions and	grants (Part VIII, line 1h)		11,	045	25,790
Revenue	9 Prog	ram service	revenue (Part VIII, line 2g)	7,0	67,	765	5,815,877
₹	1		ne (Part VIII, column (A), lines 3, 4, and 7d)		18,		-27,506
ž			art VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)			566	82,447
	4					287	5,896,608
_			add lines 8 through 11 (must equal Part VIII, column (A), line 12)				
	l .		ar amounts paid (Part IX, column (A), lines 1–3)		12,	///	7,331
			or for members (Part IX, column (A), fine 4)	<u> </u>			
S	15 Salar	nes, other co	ompensation rempoyee benefits (Part IX, column (A), lines 5–10)	1,8	<u>59,</u>	498	2,005,633
JS.	16a Profe	essional fund	Iraising fees (Part IX, column (A), line(f) te)				
Expenses	b Total	l fundraising	expenses (Part IX, column (D), line 25) Part IX, column (A), lines 11a-11d, 164-24f)				
ũ	17 Othe	r expenses	PartilX column (A), lines 11a–11d, 164-24h	3.9	97.	535	2,910,618
	18 Total	Leynenses	Add lines 13_17_(must-equal-Part-IX, column (A), line 25)			810	4,923,582
			penses Subtraction to the 12.	1,4			973,026
5.8	S LEAF	FINE ICSS CX	octobe Control of the Indiana IV.	Beginning of			End of Year
Net Assets or	20 Total	l assets (Par	1 X line 16)			526	6,946,770
88	24 Total	•	art X, line 26)			458	875,748
₹ E	21 TOTAL	•	•				
			d balances Subtract line 21 from line 20	4,5	68,	068	6,071,022
	Part II	Signatu	re Block				
	1	Under penal	ties of perjury, I declare that I have examined this return, including accompanying schedule	es and statements, a	ind to th	ne best o	of my knowledge
		and belief	is true, correct, and complete Declaration of preparer (other than officer) is based on all ii	nformation of which i	prepare	r has an	y knowledge
Sig	an I		adrea Gushnell			18/12	2/10
He	-	Signatu	re of officer			Date	11×
	"			cutive Vi			aident
				cutive vi	rce	FIE	SIGERE
		Type or	print name and title				Т о
_		Preparer's	Date		ck if	_	Preparer's identifying number (see instructions)
Pa	I	signature	Many of Ohildo CHA 108	/04/10 self-	loyed	• [P00005661
	eparer's		Robertson Neal & Company LLP			EIN D	56-1393362
Us	e Only	Firm's name	(or yours	•	-+		
	-	if self-emplor address, and	,,,			Phone	226_041_2100
		auuress, and	High Point, NC 27261-1269			no 🕨	336-841-2198

Form 990 (2009)

orm 990 (2009)	NC Association of	Realtors Inc	56-0488849	Page 2
	Statement of Program Servi	ce Accomplishments		
-	ribe the organization's mission	torost of prostici	ng REALTORS in the Sta	to of
			esources to aid in the	
success		ing services and re	sources to are in the	
	•			
2 Did the orga	anization undertake any significant pr	ogram services during the year which	were not listed on	
_	rm 990 or 990-EZ?	,		Yes X No
If "Yes," des	scribe these new services on Schedu	ıle O		
3 Did the orga	anization cease conducting, or make	significant changes in how it conducts	s, any program	
services?				Yes X No
	scribe these changes on Schedule O			
		each of the organization's three larges		
	- · · · ·	nd section 4947(a)(1) trusts are requir		
allocations t	to others, the total expenses, and rev	venue, if any, for each program service	e reported	
4a (Code) (Expenses \$ 4,9	23,582 including grants of \$	7,331) (Revenue \$	
•		interests of over		,
		rs in the State of	•	
		ting the right to		
		aintaining a leader		
		al and regulatory		
		g the highest ethic		
_	•	the best education		
	s; promoting hous:		i, broancop and	
	, p			
 ,	.			
4b (Code) (Expenses \$	including grants of \$) (Revenue \$)
4c (Code) (Expenses \$	including grants of \$) (Revenue \$)
- (- 3	, (, (,

4d	Other	program services	(Describe in Schedule O)
		_	

including grants of \$ 4,923,582 (Expenses \$

) (Revenue \$

4e Total program service expenses ▶

				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	<u> </u>	X
2	Is the organization required to complete Schedule B, Schedule of Contributors?		2		X
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		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete		1		
	Schedule C, Part II		4	<u> </u>	ļ
5	Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e)		ļ		
	notice and reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III		_ 5	X	
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_		X
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	1	X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"				
	complete Schedule D, Part III		8		X
9	Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part			T	
	X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes,"				1
	complete Schedule D, Part IV		9		x
10	Did the organization, directly or through a related organization, hold assets in term, permanent, or			1	1
	quasi-endowments? If "Yes," complete Schedule D, Part V		10		X
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	x	
•	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete			1	
	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 related 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	X	
12A	Was the organization included in consolidated, independent audited financial statements for the tax year?	Yes	No	T	
	If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional	12A	X		1
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E		13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?		14a		X
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		X
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 United States? If "Yes," complete Schedule F, Part II		15		X
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 United States? If "Yes," complete Schedule F, Part III		16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services				
	on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I		17		X
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		X
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		X
20_	Did the organization operate one or more hospitals? If "Yes," complete Schedule H		20		Х
			Fo	m 990	(2009)

			Yes	No
	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations	24	x	
	in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	•	
	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		x
	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the	-22		
	organization's current and former officers, directors, trustees, key employees, and highest compensated	1		
	employees? If "Yes," complete Schedule J	23	x	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than			
	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines			
	24b through 24d and complete Schedule K. If "No," go to line 25	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
	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		
	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		X
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		X
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)		1	
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		<u> </u>
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete			
	Schedule L, Part IV	28b		<u> </u>
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 direct or indirect owner? If "Yes," complete Schedule L,			7.5
	Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		x
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N,	30		
,,	Part I	31		x
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete	<u> </u>		
-	Schedule N, Part II	32		x
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		X
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	x	
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	X	
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-chantable 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	Li	X
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	X	<u> </u>

	Otatements Regarding Other MOT mings and Tax Compilance						
1a	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of			Г	-	Yes	No
	U.S. Information Returns. Enter -0- if not applicable	1a	24				
b	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 report						
-	gaming (gambling) winnings to prize winners?				1c		x
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax	. [
	Statements, filed for the calendar year ending with or within the year covered by this return	2a	29				
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?				2b	x	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return (see						
	instructions)			Į.			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by	/					
	this return?			<u>L:</u>	3a	X	
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O			Ŀ	3b	X	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other auth	ority					
	over, a financial account in a foreign country (such as a bank account, securities account, or other financial	ıal					i
	account)?			<u> _</u>	4a		X
b	If "Yes," enter the name of the foreign country						
	See the instructions for exceptions and filing requirements for Form TD F 90-22 1, Report of Foreign Bar	k					
_	and Financial Accounts			-		1	
_	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	_		—	5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction			<u> </u>	5b		X
С	If "Yes," to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding	ng			_		
٥.	Prohibited Tax Shelter Transaction?			 '	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the			I.	.		x
h	organization solicit any contributions that were not tax deductible?	~~		<u> </u>	6a		
b	If "Yes," did the organization include with every solicitation an express statement that such contributions gifts were not tax deductible?)i			6ь		
7	Organizations that may receive deductible contributions under section 170(c).			`			
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for good	is.					
_	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?			<u> </u>	7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was						
	required to file Form 8282?			<u>[</u>	7c		
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d				77	
0	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a person	nal					
	benefit contract?			Ľ.	7e_		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?			L'	7f		
g	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?			L:	7g		
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as						
_	required?			<u> </u>	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			f			•
	organization, have excess business holdings at any time during the year?			<u> </u>	8		<u> </u>
9	Sponsoring organizations maintaining donor advised funds.			i .	.	-	
a	Did the organization make any taxable distributions under section 4966? Did the organization make a distribution to a donor, donor advisor, or related person?			_	9a 9b		
b 0	Section 501(c)(7) organizations. Enter			F	9b		
a	Initiation fees and capital contributions included on Part VIII, line 12	10a		Į			
a b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10a					
1	Section 501(c)(12) organizations. Enter		<u> </u>				
a	Gross income from members or shareholders	11a		ŧ			
b	Gross income from other sources (Do not net amounts due or paid to other sources against						
	amounts due or received from them)	11b		Į.			
2a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 10			1	2a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b					
					Form	990	(2009)

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

Sec	tion A. Governing Body and Management			
		ç	Yes	No
1a	Enter the number of voting members of the governing body	_		Ė
b	Enter the number of voting members that are independent	_		į
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with			f
	any other officer, director, trustee, or key employee?	2		X
3	Did the organization delegate control over management duties customanly performed by or under the direct			
	supervision of officers, directors or trustees, or key employees to a management company or other person?	3		X
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?	4		X
5	Did the organization become aware during the year of a material diversion of the organization's assets?	5_		X
6	Does the organization have members or stockholders?	6		X
7a	Does the organization have members, stockholders, or other persons who may elect one or more members	1_		•
	of the governing body?	7a		X
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7b		
8	Did the organization contemporaneously document the meetings held or written actions undertaken during			Ė
_	the year by the following		7	Í
a	The governing body?	8a	X	<u> </u>
b	Each committee with authority to act on behalf of the governing body?	8b	<u>^</u>	—
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached	9		x
500	at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	1 9		
	venue Code.)			
1101	condition Country		Yes	No
10a	Does the organization have local chapters, branches, or affiliates?	10a	163	X
b	If "Yes," does the organization have written policies and procedures governing the activities of such chapters,	1.50		
_	affiliates, and branches to ensure their operations are consistent with those of the organization?	10ь		
11	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the	102		
	form?	11	x	
11a	Describe in Schedule O the process, if any, used by the organization to review this Form 990			
12a	Does the organization have a written conflict of interest policy? If "No," go to line 13	12a	X	
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give			
	rise to conflicts?	12b		х
С	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"			
	describe in Schedule O how this is done	12c		X
13	Does the organization have a written whistleblower policy?	13	X	
14	Does the organization have a written document retention and destruction policy?	14	X	
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?			İ
а	The organization's CEO, Executive Director, or top management official	15a		X
b	Other officers or key employees of the organization	15b		X
	If "Yes" to line 15a or 15b, describe the process in Schedule O (See instructions)			ĺ
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement			ŀ
	with a taxable entity during the year?	16a		X
b	if "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate			É
	its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard			ĺ
_	the organization's exempt status with respect to such arrangements?	16b		L
	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed None			
18	Section 6104 requires an organization to make its Forms 1023 (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			
40	Own website X Another's website X Upon request			
19	Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest			
20	policy, and financial statements available to the public			
20	State the name, physical address, and telephone number of the person who possesses the books and records of the			
G.	organization ► Bryan Jenkins 4511 Weybridge Lane	6-29	4_1	<i>1</i> 15

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. 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 employees"

Check this box if the organization did not compensate any current officer, director, or trustee

- 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, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations. List persons in the following order individual trustees or directors, institutional trustees, officers, key employees, highest compensated employees, and former such persons

(A) Name and Title	(B) Average			(0	C) k all t	hat ap	ply)	(D) Reportable	(E) Reportable	(F) Estimated
	hours per week	Individual trustee or director	Institutional trustee	Officer	Key employee	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
Fenrick W Adcock										
Director	2.00	x						0	0	0
Katherine A Akers										
Director	2.00	X						0	0	0
Anne M Alexander									·· -	
Director	2.00	X						0	0	0
Elizabeth A Allar	dice									
Director	2.00	X						0	0	0
Donna G Anderson										
Director	2.00	X						0	0	0
Jennifer G Arrowo	od									
Director	2.00	X						0	0	0
Robert C Barnett										
Director	2.00	x						O	0	0
Christopher Batti	sta								<u> </u>	
Director	2.00	X			ŀ			O	0	0
Aric B Beals										
Director	2.00	x						0	0	0
James F Blue										
Director	2.00	X						0	0	0
Kirk H Booth										
Director	2.00	x						0	0	0
Rowland L Bowen									-	
Director	2.00	x				1		0	0	0
Dennis S Bowler										
Director	2.00	X						0	0	0
Penny I Boyles										
Director	2.00	x						0	0	0
Barbara G Briley										
Director	2.00	X						o	0	0
Maren L Brisson										
Director	2.00	X			L			0	0	0
Edward K Brown										
Director	2.00	X						0	0	0
DAA										Form 990 (2009)

Part VI) Section A. Officers	, Directors, Trus	tees	, Ke	y Em	ploy	/00\$,	, and	d Highest Compensated E	mployees (continued)				
(A) Name and Title	(B) Average	Pos	ition (chacl		hat ar	antı()	(D) Reportable	(E) Reportable	1	(F) Estima	tod	
Name and Tide	hours per week	Individual trustee or director		Officer		Highest compensated employee	Former	compensation from the organization (W-2/1099-MISC)	compensation from related organizations (W-2/1099-MISC)	col or a	amoun othe mpens from t rganiza ind rela ganiza	t of r ation he ation ated	
Ann W Buffington													
Director	2.00	X						0	0				0
Michael F Burke	I —												^
Director Suzanne C Burton	2.00	X				\vdash	_	0	0			-	0
Director	2.00	x						o	o				0
Melvin C Butler		† 							-				
Director	2.00	X						0	0				0
John W Byers III													
Director	2.00	X						0	0				0
Dede J Carney	2.00	x							٥				^
Joseph H Chandler		^						0	0				0
Director	2.00	x						o	o				0
Elizabeth C Child													
Director	2.00	X						0	0				0
Theresa T Clark													_
Ferrell Clay	2.00	X				H	-	0	0				0
Director	2.00	x						l	o				0
Connnie B Claytor		 											
Director	2.00	x						0	0				0
Kelly K Cobb													
Director	2.00	X						0	0				0
Steve Cohen	2.00	x											^
Director 1b Total	2.00							630,714	0		21	12,2	237
2 Total number of individuals (ind	cluding but not lin	nited	to th	ose l	isted	abo	ve)						
reportable compensation from							,						
							-					Yes	No
3 Did the organization list any for							loye	ee, or highest compensated		ŀ	3	1	x
employee on line 1a? If "Yes," 4 For any individual listed on line							ion a	and other compensation from	n	F	-		
the organization and related or													
individual 5 Did any person listed on line 1a	a receive or accri	ie co	mne	nsatı	on fi	om a	anv i	unrelated organization for		F	4	X	
services rendered to the organ			•				•	•			5		X
Section B. Independent Contracto	ors												
 Complete this table for your five compensation from the organize 		nsate	ed inc	iepe	nder	t cor	ntrac	ctors that received more than	1 \$100,000 of				
	(A) business address							Decrint	(B) ion of services	$\overline{}$	Cor	(C) npensat	
Martin & Gifford, PL				:	301	N	Ma	in Street, Suite				пропосо	
Winston Salem	NC	: 2	71	01			I	Legal Consult				183	,091
										1			
							\vdash			\longrightarrow	_		
							\vdash		.	- 			
]			
													
2 Total number of independent of	•	•				to th	ose	listed above) who received			1		

	III Staten	ent of Reve				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
1a	Federated cam	paigns	1a						
b	Membership di	ies	1b			I			
C	Fundraising ev	ents	1c		1,190	I			
d	Related organiz	zations	1d		7,000	I			
е	Government grants (contributions)	1e			1			
	All other contributions and similar amounts	not included above	1f	<u> </u>	17,600				
g	Noncash contribution		lf \$	5					
h	Total. Add line	s 1a–1f			, <u> </u>	25,790			
					Busn. Code				
2a	Realtor	Dues				4,961,756	4,961,756		<u> </u>
b	Assessme	nt - 2008				259,149	259,149		
C	Event &	seminar fees	I			158,460	158,460		
d	Addition	al DR Dues				127,720	127,720	.=	w -
е	Affiliat	e Dues				75,893	75,893		
f	All other progra	ım service reven	ue			232,899	232,899		
-	Total. Add line					5,815,877			
3	Investment inc	ome (including d	ıvıdend:	s, interesi	t, and				
	other similar ar	nounts)			▶ _	69,425	69,425		
4	Income from in	vestment of tax-	exempt	bond pro	ceeds ▶				
5	Royalties				•	82,447		82,447	
		(ı) Real		(II) P	ersonal				
6a	Gross Rents					1	I		
b	Less rental exps								
C	Rental inc or (loss)					1			
_d	Net rental inco	me or (loss)			•				
7a	Gross amount from sales of assets	(i) Securities	;	(H)	Other				
	other than inventory	813,	122			1			
b	Less cost or other					1			
	basis & sales exps	909,	976		77		1		
c	Gain or (loss)	-96			-77	1			
d			•		•	-96,931	-96,931		
8a	Gross income fro		ts [
	(not including \$	J				1			
		eported on line 1c)				1			
	See Part IV, line		а			1			
l b	Less direct ex		Б			1			
	Net income or			events	—	†	İ	Ī	
	Gross income fro								
	See Part IV, line		а			1			
Ь	Less direct ex		ъľ			1			
	Net income or			uties	•	***************************************			
•	Gross sales of	-	ng acit	nucs					
,	returns and allo	-	a			1			
ı	Less cost of g		il.			1			
			٠.	nton		†	İ	İ	
i .	-			illory	Busn. Code				
i .	Net income or	ellaneous Revenue				Ŧ		†	
С	Net income or Misc	ellaneous Revenue			1	ı			
11a	Net income or Misc	ellaneous Revenue							
11a b	Net income or Misc	ellaneous Revenue							
11a b c	Net income or Misco								
11a b	Net income or Misc	ue							

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).

(D) Fundraising expenses

····

			(A)		(B)						
			Beginning of year		End of year						
1	Cash—non-interest bearing	L	400	1	400						
2	Savings and temporary cash investments		203,713	2	1,467,496						
3	Pledges and grants receivable, net			3							
4	Accounts receivable, net		1,025,122	4	170,498						
5	Receivables from current and former officers, directors, tri	ustees, key									
	employees, and highest compensated employees. Comple	es, and highest compensated employees. Complete Part II of									
	Schedule L		5								
6	Receivables from other disqualified persons (as defined u	nder section									
	4958(f)(1)) and persons described in section 4958(c)(3)(B	t t									
.	Part II of Schedule L		6								
Assets	Notes and loans receivable, net			7	684,221						
8 8	Inventones for sale or use			8							
و ک	Prepaid expenses and deferred charges		138,517	9	80,998						
10a	Land, buildings, and equipment cost or		•								
	other basis Complete Part VI of Schedule D	10a 3,190,517									
l b	Less accumulated depreciation	10b 1,053,495	2,252,608	10c	2,137,022						
11	Investments—publicly traded securities		2,088,499	11	2,395,135						
12	Investments—other securities See Part IV, line 11		•	12							
13	Investments—program-related See Part IV, line 11		5,000	13	5,000						
14	Intangible assets	Ī	6,667	14	6,000						
15	Other assets See Part IV, line 11		•	15							
16	Total assets. Add lines 1 through 15 (must equal line 34)	Ī	5,720,526	16	6,946,770						
17	Accounts payable and accrued expenses		126,155	17	188,503						
18	Grants payable		•	18							
19	Deferred revenue		750,303	19	687,245						
20	Tax-exempt bond liabilities	ľ		20							
တ္က 21	Escrow or custodial account liability Complete Part IV of S	Schedule D	=	21							
Liabilities 51 21 22 22 22 22 22 22 22 22 22 22 22 22	Payables to current and former officers, directors, trustees	F.									
ਰ	employees, highest compensated employees, and disqua	· · · · · · · · · · · · · · · · · · ·									
<u> </u>	persons Complete Part II of Schedule L			22							
_ 23	·	parties	276,000	23							
24	Unsecured notes and loans payable to unrelated third par	F	•	24							
25	Other liabilities Complete Part X of Schedule D			25							
26	Total liabilities. Add lines 17 through 25		1,152,458	26	875,748						
<u>v</u>	Organizations that follow SFAS 117, check here ▶ 🔀	and									
<u> </u>	complete lines 27 through 29, and lines 33 and 34.	1									
E 27	Unrestricted net assets		4,568,068	27	6,071,022						
Fund Balances 27 28 29	Temporarily restricted net assets	<u> </u>		28							
<mark>달</mark> 29	Permanently restricted net assets			29							
֡֝֝֝֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓	Organizations that do not follow SFAS 117, check her										
<u>ק</u>	and complete lines 30 through 34.										
တ္ 30	Capital stock or trust principal, or current funds			30							
ğ 31	Paid-in or capital surplus, or land, building, or equipment t	fund		31							
S 32	Retained earnings, endowment, accumulated income, or	other funds		32							
Net Assets or 30 31 32 33 34	Total net assets or fund balances	Ī	4,568,068	33	6,071,022						
ž 34	Total liabilities and net assets/fund balances		5,720,526		6,946,770						

Form **990** (2009)

Form	990 (2009)	NC	Asso	ciation	of	Realtors	Inc	56-0488849		Pa	ge 12
Pa	rt XI I	Finan	icial Sta	tements a	nd Re	porting					
										Yes	No
1	Accounting	metho	od used to	prepare the F	orm 99	0 🗌 Cash	X Accrual	Other			
	if the organ	ization	changed	its method of a	accoun	ting from a prior yea	ar or checked "	Other," explain in			İ
	Schedule C)									
2a	Were the o	rganız	ation's fina	ncial statemer	nts com	piled or reviewed b	y an independe	ent accountant?	2a		X
b	Were the o	rganız	ation's fina	ncial statemer	nts aud	ited by an independ	dent accountant	?	2b	X	
С	If "Yes" to I	ne 2a	or 2b, doe	s the organiza	tion ha	ve a committee tha	it assumes resp	onsibility for oversight of			
	the audit, r	eview,	or compi	ation of its fina	ncial st	atements and sele	ction of an inde	pendent accountant?	2c	X	
	If the organ	ization	changed	either its overs	sight pr	ocess or selection (process dunng	the tax year, explain in			
	Schedule C)									
d	If "Yes" to I	ine 2a	or 2b, che	ck a box belov	v to ind	cate whether the fi	inancial stateme	ents for the year were			
	issued on a	conso	olidated ba	ısıs, separate l	oasis, c	or both					
	Separa	ite bas	ıs 🗶	Consolidated b	asıs	Both consolid	lated and separ	ate basis			
3a	As a result	of a fe	deral awa	rd, was the org	janızatı	on required to unde	ergo an audit or	audits as set forth in			
	the Single	Audit A	ct and ON	1B Circular A-1	33?				3a		X
b	If "Yes," did	I the o	rganızatıoı	undergo the i	equire	d audit or audits? If	the organizatio	n did not undergo the			1
	required au	idit or a	audits, exp	lain why in Sc	hedule	O and describe any	y steps taken to	undergo such audits	3b		

Form **990** (2009)

SCHEDULE C (Form 990 or 990-EZ)

Political Campaign and Lobbying Activities

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

► Attach to Form 990 or Form 990-EZ.

See separate instructions.

Open to Public Inspection

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

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

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

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

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

If the organization answered "Yes," to Form 990, Part IV, line 5 (Proxy Tax), then

• Section 501(c)(4), (5), or (6) organizations Complete Part III

Nar	ne of organization NC Association of Re	ealtors Inc		Employer identifi 56-04888	
Pai	t I-A Complete if the organization is exe	mpt under section 501(c)	or is a section	n 527 organizatio	n.
1	Provide a description of the organization's direct and indire	ect political campaign activities in f	Part IV		
2	Political expenditures			▶ \$_	
3	Volunteer hours			_	
Pai	t I-B Complete if the organization is exe	mpt under section 501(c)	(3).		
1	Enter the amount of any excise tax incurred by the organiz		<u> </u>	▶ \$	
2	Enter the amount of any excise tax incurred by organization	on managers under section 4955		▶ \$ _	
3	If the organization incurred a section 4955 tax, did it file Fo	orm 4720 for this year?		_	Yes No
4a	Was a correction made?				Yes No
b	If "Yes," describe in Part IV				
Pa	t I-C Complete if the organization is exe	mpt under section 501(c)	, except section	on 501(c)(3).	
1	Enter the amount directly expended by the filing organization	ion for section 527 exempt function	n		
	activities			▶ \$	
2	Enter the amount of the filing organization's funds contribu	ited to other organizations for sect	ion		
	527 exempt function activities			▶ \$ _	
3	Total exempt function expenditures Add lines 1 and 2 En	iter here and on Form 1120-POL,			
_	line 17b	_		▶ \$ _	-
4	Did the filing organization file Form 1120-POL for this year				Yes No
5	Enter the names, addresses and employer identification n				
	were made For each organization listed, enter the amount			•	
	contributions received that were promptly and directly deli-	, ,		eparate segregated	
	fund or a political action committee (PAC) If additional special blame		T	(d) Amount nout from	(a) Amount of political
	(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's	(e) Amount of political contributions received and
			1	funds If none, enter -0-	promptly and directly
			1		delivered to a separate political organization If
					none, enter -0-
					
					
			L		

	dute C (Form 990 or 990-EZ) 2009 NC	Association	on of Realto	ors Inc	56-0488	8 49 Page 2
	t II-A Complete if the organi	zation is exemp	t under section 5	01(c)(3) and 1	filed Form 5768 (ele	
•	under section 501(h)). Check ▶ ☐ if the filing organizat	ian balanca ta a	a official account		·	
				ntral" praviai	ana anniu	
	3 3			ntroi provisio		
		bbying Expendi			(a) Filing organization's totals	(b) Affiliated group totals
10	(The term "expenditures"			+	Organizzatori s totals	group touto
	Total lobbying expenditures to influence pu	, ,,	• •,	\vdash		
	Total lobbying expenditures to influence a l		t loobying)	\vdash		
	Total lobbying expenditures (add lines 1a a	ina ib)		—		
	Other exempt purpose expenditures	4		⊢		
	Total exempt purpose expenditures (add lin	•		├	. —	- · · ·
'	Lobbying nontaxable amount Enter the am	iount from the followi	ng table in both			
Г	columns	The left		——————		
	If the amount on line 1e, column (a) or (b) is	The lobbying nont				:
⊢	Not over \$500,000	20% of the amount of				:
⊢	Over \$500,000 but not over \$1,000,000		of the excess over \$500,00			
⊢	Over \$1,000,000 but not over \$1,500,000	1	of the excess over \$1,000,0			:
⊢	Over \$1,500,000 but not over \$17,000,000	Î	the excess over \$1,500,00	00		:
	Over \$17,000,000	\$1,000,000				
_	Grassroots nontaxable amount (enter 25% Subtract line 1g from line 1a. If zero or less	•		 		
n	•			\vdash		
! :	Subtract line 1f from line 1c If zero or less,		d.d.th		<u> </u>	
J	If there is an amount other than zero on eit	ner line in or line ii,	did the organization file	Form 4/20 repon	ang	□v ₂ , □v ₂
	section 4911 tax for this year?					Yes No
		4-Year Averagi	ing Period Under	Section 501(h)	
	(Some organizations the	at made a section	on 501(h) election	do not have	to complete all of t	the five
	columns be	low. See the ins	structions for line	s 2a through	2f on page 4.)	
	Lob	bying Expendite	ures During 4-Yea	r Averaging	Period	
	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))			1		
С	Total lobbying expenditures					
d	Grassroots nontaxable amount					
0	Grassroots ceiling amount					
	(150% of line 2d, column (e))					
			T			

Schedule C (Form 990 or 990-EZ) 2009

f Grassroots lobbying expenditures

g Direct contact with legislators, their staffs, government officials, or a legislative body?
 h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any other means?

2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?

c If "Yes," enter the amount of any tax incurred by organization managers under section 4912

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) (b) Yes No **Amount** During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of a Volunteers? b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)? c Media advertisements? d Mailings to members, legislators, or the public? Publications, or published or broadcast statements? f Grants to other organizations for lobbying purposes?

d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?

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

501(c)(6).

Yes No

Were substantially all (90% or more) dues received nondeductible by members?

Did the organization make only in-house lobbying expenditures of \$2,000 or less?

Did the organization agree to carryover lobbying and political expenditures from the prior year?

3 X

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	5,365,977
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	1,153,165
b	Carryover from last year	2b	1,098,463
С	Total	2c	2,251,628
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	3	2,269,808
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	-18,180

Part IV Supplemental Information

i Other activities? If "Yes," describe in Part IV

b If "Yes," enter the amount of any tax incurred under section 4912

j Total Add lines 1c through 1i

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 Schedule C (Form 990 or 990-EZ) 2009 NC Association of Realtors Inc

56-0488849

Page 4

Part IV Supplemental Information (continued)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.

▶ Attach to Form 990. ▶ See separate instructions.

2009
Open to Public Inspection

Name of the organization **Employer Identification number** 56-0488849 NC Association of Realtors Inc Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" to Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts Total number at end of year 1 Aggregate contributions to (during year) Aggregate grants from (during year) Aggregate value at end of year Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7. Purpose(s) of conservation easements held by the organization (check all that apply) Preservation of land for public use (e.g., recreation or pleasure) Preservation of an historically important land area Protection of natural habitat Preservation of certified historic structure Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year Held at the End of the Tax Year a Total number of conservation easements 2a b Total acreage restricted by conservation easements 2b c Number of conservation easements on a certified historic structure included in (a) 2c 2d d Number of conservation easements included in (c) acquired after 8/17/06 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during Number of states where property subject to conservation easement is located > Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year Does each conservation easement reported on line 2(d) above satisfy the requirements of section Yes No 170(h)(4)(B)(ı) and section 170(h)(4)(B)(ıı)? In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" to Form 990, Part IV, line 8. 1a If the organization elected, as permitted under SFAS 116, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items b If the organization elected, as permitted under SFAS 116, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items (i) 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, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 relating to these items Revenues included in Form 990, Part VIII, line 1 b Assets included in Form 990, Part X For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule D (Form 990) 2009

	Callerdian of Real		36-046		Page Z
Part III Organizations Maintainir					(continued)
3 Using the organization's acquisition, access collection items (check all that apply)	on, and other records, check	any of the following tha	t are a significant use	e of its	
a Public exhibition	d 🗌 Loan	or exchange programs			
b Scholarly research	e Other				
c Preservation for future generations					
Provide a description of the organization's content XIV	ollections and explain how th	ey further the organization	on's exempt purpose	ın	
5 During the year, did the organization solicit of					п п
assets to be sold to raise funds rather than t				- " 4 - -	Yes No
Part IV Escrow and Custodial A			on answered Tre	es to Form s	990, Paπ
IV, line 9, or reported an a					
1a Is the organization an agent, trustee, custod	ian or other intermediary for	contributions or other as	sets not		п., п.,
included on Form 990, Part X?					Yes No
b If "Yes," explain the arrangement in Part XIV	and complete the following	table			
					Amount
c Beginning balance				1c	
d Additions during the year				1d	
 Distributions during the year 				1e	
f Ending balance				1 <u>f</u>	
2a Did the organization include an amount on F	orm 990, Part X, line 21?				Yes No
b If "Yes," explain the arrangement in Part XIV		 			
Part V Endowment Funds. Com	<u>plete if organization a</u>	<u>nswered "Yes" to F</u>	orm 990, Part I\	/, line 10.	
	(a) Current year	(b) Pnor year	c) Two years back (c	i) Three years bac	k (e) Four years back
1a Beginning of year balance				**************	
b Contributions					
 Net investment earnings, gains, 					
and losses					
d Grants or scholarships					
 Other expenditures for facilities 					
and programs					
f Administrative expenses					
g End of year balance					
2 Provide the estimated percentage of the year	ir end balance held as				
a Board designated or quasi-endowment	%				
b Permanent endowment ▶					
c Term endowment ▶ %					
3a Are there endowment funds not in the posse	ession of the organization tha	t are held and administe	red for the		
organization by					Yes No
(i) unrelated organizations					3a(i)
(ii) related organizations					3a(ii)
b If "Yes" to 3a(ii), are the related organization	s listed as required on Sche	dule R?			3b
4 Describe in Part XIV the intended uses of th					
Part Vi Investments—Land, Buil	•		Part X, line 10.		
Description of investment	(a) Cost or other basis	(b) Cost or other	- 1	ulated	(d) Book value
	(investment)	basis (other)	deprecia	l l	•
1a Land		290,	904		290,904
b Buildings		2,899,		53,495	1,846,118
c Leasehold improvements				,	
d Equipment					
e Other					
Total. Add lines 1a through 1e (Column (d) must	equal Form 990, Part X, colu	mn (B), line 10(c))		•	2,137,022

		Page 3
Part X, line 12.		
(b) Book value	(c) Method of valu	ation
	Cost or end-of-year ma	arket value
·		
		· - · · · ·
Part X. line 13.	<u> </u>	
	(c) Method of valu	uation
• •	, ,	
		
		
	<u> </u>	
	E	
		(b) Book value
		(-,
		
		
		
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		,
(b) Amount		
(2)	-	
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		(b) Book value (c) Method of value Cost or end-of-year material (c) Method of value (c) Method of value Cost or end-of-year material (c) Method of value And Cost or end-of-year material (c) Method of value And Cost or end-of-year material (c) Method of value And Cost or end-of-year material (c) Method of value Cost or end-of-year material (c) Method of value And Cost or end-of-year material (c) Method of value Cost or end-of-year material (c) Method of value And Cost or end-of-year material (c) Method of value And Cost or end-of-year material (c) Method of value And Cost or end-of-year material (c) Method of value And Cost or end-of-year material (c) Method of value And Cost or end-of-year material (c) Method of value And Cost or end-of-year material (c) Method of value And Cost or end-of-year material (c) Method of value And Cost or end-of-year material (c) Method of value And Cost or end-of-year material (c) Met

	dule D (Form 990) 2009 NC Association of Realtors Inc		56-048884		Page 4
Pa	rt XI Reconciliation of Change in Net Assets from Form 990 to	<u>Audit</u>	ed Financial Statem	ents	
1	Total revenue (Form 990, Part VIII, column (A), line 12)			1	5,896,608
2	Total expenses (Form 990, Part IX, column (A), line 25)			2	4,923,582
3	Excess or (deficit) for the year Subtract line 2 from line 1			3	973,026
4	Net unrealized gains (losses) on investments			4	529,928
5	Donated services and use of facilities			5	
6	Investment expenses			6	····
7	Pnor period adjustments			7	
8	Other (Describe in Part XIV)			8	474,908
9	Total adjustments (net) Add lines 4 through 8			9	1,004,836
10	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9			10	1,977,862
Pa	rt XII Reconciliation of Revenue per Audited Financial Statemer	nts W	ith Revenue per Ret	urn	
1	Total revenue, gains, and other support per audited financial statements			1	8,376,386
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		1		
а	Net unrealized gains on investments	2a	529,928		
b	Donated services and use of facilities	2b			
С	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIV)	2d	1,949,850		
0	Add lines 2a through 2d			2е	2,479,778
3	Subtract line 29 from line 1	,	•	3	5,896,608
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIV)	4b			
C	Add lines 4a and 4b			4c	
5	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)			5	5,896,608
P	at XIII Reconciliation of Expenses per Audited Financial Stateme	ents V	Vith Expenses per R	eturn	
1	Total expenses and losses per audited financial statements			1	6,398,524
2	Amounts included on line 1 but not on Form 990, Part IX, line 25		1		
а	Donated services and use of facilities	2a			
þ	Pnor year adjustments	2b			
С	Other losses	2c			
đ	Other (Describe in Part XIV)	_2d	1,474,942		
0	Add lines 2a through 2d			2e	1,474,942
3	Subtract line 2e from line 1	1	ſ	3	4,923,582
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)	4b	L		
	Add lines 4a and 4b			4c	4 000 500
	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)			5	4,923,582
	rt XIV Supplemental Information				
	plete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines		· ·		
	2b, Part V, line 4, Part X, line 2, Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines	2d and	l 4b Also complete		
	art to provide any additional information				
_ P	art XI, Line_8Reconcilation_of Changes -	Oth	e <u>r</u>		
_C	onsolidated entities not included on this re	e <u>tur</u>	<u> </u>	_ 1	<u>,968,172</u>
_1	nvestment management_fees		\$		<u>-18,322</u>
_C	onsolidated entities not included on this re	e <u>tur</u>	n \$	_ -1	<u>,493,264</u>
_I	nvestment management fees		\$		_18,322
P	art XII, Line 2d - Revenue Amounts Included	<u>i</u> n	Financials -	<u>Oth</u>	e <u>r</u>

	009 NC ASSOCIAT		s inc	56-0488849	Page 5
Part XIV Supple	mental Information (co	ntinued)			
_Consolidate	d entities not	included on th	is return	<u>\$</u> _ <u>1,968,172</u>	
Investment	management fees			\$18,322	· •
Part XIII,	Line_2d - Expen				
_Consolidate	d entities_not_	included on th	is return_	\$ _ 1,493,264	!
_Investment i	management_fees			\$18,322	. <u> </u>
	-				– –
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Department of the Treasury Internal Revenue Service

Name of the organization

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

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

▶ Attach to Form 990.

NC Association of Realtors Inc

OMB No 1545-0047 2009

Open to Public inspection

Employer identification number 56-0488849

Part I General Information on Grants and Assistance	d Assistance							
1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States	the amount of the grance?	ants or ass	grants or assistance, the grantees' orant funds in the United States	eligibility for the grant	s or assistance, an	ס	X Yes	2
Part il Grants and Other Assistance to Governments a	overnments an	d Organi	nd Organizations in the United States. Complete if the organization answered "Yes" to	nited States. Con	plete if the org	janization ansv	wered "Yes" to	
	recipient that re 0) if additional s	ceived m pace is r	iore than \$5,000. needed	Check this box if	no one recipie	nt received m	ore than \$5,000. L	Jse ▼
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant (e) Amount of non-cash assistance	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance	rant
NC Homeowners Alliance PO Box 4674							Foreclosure ads	<u>s</u>
Greensboro NC 27404	20-5345771		7,231					
				!				
2 Enter total number of section 501(c)(3) and government organizations	it organizations						2	

3 Enter total number of other organizations

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

Schedule I (Form 990) 2009

. •			•					
m 990, Part IV, line 22.	(f) Description of non-cash assistance	•						
ation answered "Yes" to For	(e) Method of valuation (book, FMV, appraisal, other)							
nplete if the organiza	(d) Amount of non-cash assistance							
• United States. Cornal space is needed	(c) Amount of cash grant							
to Individuals in the (Form 990) if additio	(b) Number of recipients							
Part III Grants and Other Assistance Use Part IV and Schedule I-1	(a) Type of grant or assistance							
	Part III Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 22. Use Part IV and Schedule I-1 (Form 990) if additional space is needed.	(e)	Grants and Other Assistance to Individuals in the United States. Complete if the organizations and Other Assistance to Individuals in the United States. Complete if the organization (a) Type of grant or assistance recipients cash grant non-cash assistance	Grants and Other Assistance to Individuals in the United States. Complete if the organizations and Schedule I-1 (Form 990) if additional space is needed. (a) Type of grant or assistance recipients cash grant non-cash assistance	Grants and Other Assistance to Individuals in the United States. Complete if the organizatio Use Part IV and Schedule I-1 (Form 990) if additional space is needed. (a) Type of grant or assistance recipients cash grant non-cash assistance	Grants and Other Assistance to Individuals in the United States. Complete if the organizations and Schedule I-1 (Form 990) if additional space is needed. (a) Type of grant or assistance recipients cash grant non-cash assistance recipients cash grant non-cash assistance	Grants and Other Assistance to Individuals in the United States. Complete if the organizatio Use Part IV and Schedule I-1 (Form 990) if additional space is needed. (a) Type of grant or assistance recipients cash grant non-cash assistance recipients	Grants and Other Assistance to Individuals in the United States. Complete if the organization and Schedule I-1 (Form 990) if additional space is needed. (a) Type of grant or assistance recipients cash grant non-cash assistance recipients cash grant non-cash assistance

Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information. Part I, Line 2 - Procedures for Monitoring the Use of Grant Funds Part IV

Grants under \$10,000 are awarded without being monitored. No grants were

awarded in 2009 that required monitoring.

Schedule I (Form 990) 2009

Compensation Information

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

▶ Complete if the organization answered "Yes" to Form 990,

Part IV, line 23.

► Attach to Form 990. ► See separate instructions.

OMB No 1545-0047

Open To Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

NC Association of Realtors Inc

Employer Identification number 56-0488849

Part I **Questions Regarding Compensation** Νo Yes 1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a Complete Part III to provide any relevant information regarding these items First-class or charter travel Housing allowance or residence for personal use Travel for companions Payments for business use of personal residence Tax indemnification and gross-up payments Health or social club dues or initiation fees Discretionary spending account Personal services (e.g., maid, chauffeur, chef) b If any of the boxes on line 1a is checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to X 1b Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all X officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a? 2 Indicate which, if any, of the following the organization uses to establish the compensation of the organization's CEO/Executive Director Check all that apply Compensation committee Written employment contract Independent compensation consultant Compensation survey or study Form 990 of other organizations Approval by the board or compensation committee During the year, did any person listed in Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization a Receive a severance payment or change-of-control payment? 4a b Participate in, or receive payment from, a supplemental nonqualified retirement plan? 4b c Participate in, or receive payment from, an equity-based compensation arrangement? 4c If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III Only section 501(c)(3) and 501(c)(4) organizations must complete lines 5-9. For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of a The organization? b Any related organization? 5b If "Yes" to line 5a or 5b, describe in Part III For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of a The organization? 6a Any related organization? 6b If "Yes" to line 6a or 6b, describe in Part III For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III 7 Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regs section 53 4958-4(a)(3)? If "Yes," describe R If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53 4958-6(c)?

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

Schedule J (Form 990) 2009

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NC Association of Realtors Inc

56-0488849

Page 2

Schedule J (Form 990) 2009 NC Association of Kealtors 1110 July 11 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) must equal the applicable column (D) or column (E) amounts on Form 990, Part VII, line 1a

	-						_	
		Ş۱	or W-2 and/or 1099-MISC	compensation	(C) Regrement and	(D) Nontaxable	(E) lotal of columns	(F) Compensation
(A) Name		(i) Base compensation	(ii) Bonus & incentive (iii) Other compensation compensation compensation	(iii) Other reportable compensation	omer dererred compensation	benefits		reported in prior Form 990 or Form 990-EZ
Timothy Kent	€€	216,365	0 0	138	155,094	17,440	389,037 0	00
Richard Zechini	€ €	150,267	0.0	54	5,354	13,606	169,281	00
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Schedule J (Form 990) 2009 NC Association of Realtors Inc Part III Supplemental Information

56-0488849

Page 3

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

A

Schedule J (Form 990) 2009

Continuation Sheet for Form 990

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

▶ Attach to Form 990 to list additional information for Form 990, Part VII, Section A, line 1a. ► See the Instructions for Form 990.

Open to Public Inspection

Name of the Organization NC Association of Realtors, Inc. Employer identification number 56 0488849

Continuation of Officers, Directors, Trustees, Key Employees, and Highest Compensated

Employees										
(A)	(B)		-	(0	>)			(D)	(E)	(F)
Name and title	Average hours		on (d		all	that ap		Reportable	Reportable	Estimated amount of
	per week	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	compensation from the organization (W-2/1099-MISC)	compensation from related organizations (W-2/1099-MISC)	other compensation from the organization and related organizations
Mark E. Connor Director	2	1						0	0	0
Martha H. Cook Director	2	1						0	0	0
Connie M. Corey Director	2	1						0	0	0
Carole Cox Director	2	1			<u> </u>			0	0	0
Deborah G. Cox Director	2	1						0	0	0
Parker Creech Director	2	/						0	0	0
Michael R. Davenport Director	2	1						0	0	0
Steina L. DeAndrade Director	2	/					ļ	0	0	0
Gay G. Dillashaw Director	2	1						0	0	0
Rosemarie Doshier Director	2	1						0	0	0
John W. Dowdy Director	2	1						0	0	0
Susan H. Dulin Director	2	/						0	0	0_
John Edmonds Director	2	1						0	0	0
Preston C. Edwards Director	2	1						0	0	0
Carol Ellis Director	2	1			ļ			0	0	0
David Evans Director	2	1						0	0	0
Kimberly P. Evans Director	2	1						0	0	0
Peter A. Frandano Director	2	1						0	0	0
Jennifer L. Frontera Director	2	1						0	0	0
Genia J. George Director	2	1						0	0	0
Dorothy M. Gerringer-Munson Director	2	1						0	0	00

Continuation Sheet for Form 990

OMB No 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

▶ Attach to Form 990 to list additional information for Form 990, Part VII, Section A, line 1a. ► See the Instructions for Form 990.

Name of the Organization NC Association of Realtors, Inc. Employer identification number 56_ 0488849

Continuation of Officers, Directors, Trustees, Key Employees, and Highest Compensated **Employees**

Employees	T	r								
(A)	(B)		/-	((الداند	(D)	(E) Reportable	(F) Estimated
Name and title	Average hours per week	Individual trustee or director	nstitutional trustee	Officer	a Key employee	Highest compensated employee	Former	Reportable compensation from the organization (W-2/1099-MISC)	reportable compensation from related organizations (W-2/1099-MISC)	amount of other compensation from the organization and related organizations
Kevin M. Green Director	2	1						0	0	0
Judy F. Greenhill Director	2	1						0	0	0
William M. Guill Director	2	1						0	0	0
Tamala M. Harris Director	2	1						0	0	0
Deborah G. Hochanadel Director	2	1						0	0	0
Clark F. Hockenbury Director	2	1						0	0	0
Grayson Hodge Director	2	1						0	0	0
Samuel J. Ingle Director	2	1						0	0	0
June Jerome Director	. 2	1						0	0	0
Judith L. Johnson Director	2	1						0	0	0
Julie Johnson Director	2	1						0	0	0
Pamela V. Johnson Director	2	1						0	0	0
Amanda B. Jones Director	2	1						0	0	0
Dana C. Jones Director	2	1						0	0	0
Martin E. Jones Director	2	1				1		0	0	0
Ted E. Kelly Director	2	/						0	0	0
Lynnrenee Kessie Director	2	1						0	0	0
Alene Kiesel Director	2	1						0		0
Gina L. King Director	2	1						0	0	0
Dolores S. Knudsen Director	2	/						0	0	0
Continued on next page										

Continuation Sheet for Form 990 ▶ Attach to Form 990 to list additional information for Form 990, Part VII, Section A, line 1a.

► See the Instructions for Form 990.

OMB No 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the Organization

Employer identification number

56 0488849

NC Association of Realtors, Inc. Continuation of Officers, Directors, Trustees, Key Employees, and Highest Compensated

(A)	(B)			(0	>)			(D)	(E)	(F)
Name and title	Average hours per week		·		_	that ap		Reportable compensation	Reportable compensation from related	Estimated amount of other
		Individual trustee or director	Institutional trustee	Officer	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
Susan B. Lacy Director	2	1						0	0	0
George S. Laney Director	2	/				<u></u>		0	0	0
Shanon M. Laney										_
Director	2	✓	_		<u> </u>	ļ	<u> </u>	0	0	0
Carolyn Lauter Director	2	1						0_	0	0
Thomas R. Lawing								_	_	
Director	2	1	<u> </u>	↓_		<u> </u>	↓_	0	0	0
T. A. Lindsey	.]					ĺ				_
Director	2	✓	_	\vdash	L_	ļ	ļ	0	0	0
Chris D. Livengood				ĺ						
Director	2	1	↓_	_	<u> </u>	ļ	 	0	0	0
Deborah J. Maniace		١.						_		_
Director	2	1	↓	_	ļ	ļ	╄	0	0	0
Mary E. Martin						1		_	_	
Director	2	↓ ✓	├	<u> </u>	┡	ļ	$oxed{igspace}$	0	0	0
Deretha R. Mastin		1	1					_	_	
Director	2	↓ ✓	<u> </u>	ـــ	<u> </u>	<u> </u>	↓_	0	0	0
Mary Ann McCarthy		1						_		
Director	2	- ✓	-	↓	ـ	<u> </u>	╄	0	0	0
Carol McCormick		İ								_
Director	2	/	↓_	↓	┡	 	1	0	0	0
Paul S. McGill		1		1				-	_	
Director	2	✓	↓_	_	<u> </u>		 	0	0	0
Robert M. McKown		1.				1	1		_	
Director	2	↓ ✓	<u> </u>	↓_	-	 	₩	0	0	<u>c</u>
Karen J. McPhaul	- .				İ	1	ŀ		_	_
Director	2		╄-	↓_	<u> </u>	<u> </u>	$oldsymbol{\perp}$	0	0	0
Bob Measamer	-1	-	1							
Director	2	↓ ✓	┶	↓_	┡	ļ	↓_	0	0	o
Dorothy D. Mills]				
Director	2	1	↓_	ــــــــــــــــــــــــــــــــــــــ	╄	↓	<u> </u>	0	0	<u>c</u>
Clifton W. Moore						1				
Director	2	↓✓	╄	+		+-	+	0	0	9
Patrick R. Morgan									_] .
Director	2	_ ✓	\bot	╀	1	ļ.	1	0	0	<u></u>
Jamie P. Moss-Godfrey						1				1
Director	2	1	<u> </u>	↓_	1	_	_	0	0	<u> </u>
Dennis R. Musser								1		
Director	2	✓			L		L	0	0	

Continuation Sheet for Form 990 ▶ Attach to Form 990 to list additional information for Form 990, Part VII, Section A, line 1a.

▶ See the Instructions for Form 990.

OMB No 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the Organization

Employer identification number

56

NC Association of Realtors, Inc. Continuation of Officers, Directors, Trustees, Key Employees, and Highest Compensated

Employees										
(A)	(B)				C)			(D)	(E)	(F)
Name and title	Average hours per week	Positi			_	that ap		Reportable compensation from	Reportable compensation from related	Estimated amount of other
	1	Individual trustee or director	Institutional trustee	Officer	Key employee	ghes	Former	the	organizations	compensation
		ual t	ona		Į,	t co		organization (W-2/1099-MISC)	(W-2/1099-MISC)	from the organization
		ruste	Į,		8	mpe		·		and related organizations
		%	stee			Highest compensated employee				organizations
Patricia Neagle		-	 	_	-	-	\vdash			
Director	2	1						0	0	0
John E. Newman										
Director	2	1		lacksquare	<u> </u>	ļ	_	0	0	0
Tami H. Newman	_	١.		1						
Director	2	 √	 	⊢	⊢	<u> </u>	-	0	0	0
Daniel Nicholson	1 .	١,		İ						•
Director	2	✓	├	├-	<u> </u>	 	⊬	0	0	0
Chet Oehme	1					l				•
Director	2	✓	-	\vdash	├	 	-	0	0	0
Jerry Panz	1	,							o	0
Director	2	1	├	-	┢	-	┼	0		U
Roger A. Parham Director	2	1					1	0	o	0
Donna P. Parker		1	-	+	+	1	┼	0		<u> </u>
Director	2	1						0	o	0
Karen D. Parkin		+ *	1	╁	\vdash	\vdash	+			
Director	2	1	1					0	0	o
Gregory T. Payne		 •	\vdash	\vdash	\vdash		T			
Director	2	1						0	0	0
Mary C. Pedersen	 	 '-	Т	\vdash		 	1	1		
Director	1 2	1			1			0	0	0
Janice M. Peeler						†				
Director] 2	1		1	1			o	0	0
Ellen J. Peric										***
Director	2	1						o	0	0
Jesse G. Perry			Γ							
Director	2	1			<u>L</u>	<u> </u>		0	0	0
Henry D. Phillips										
Director	2	1			<u> </u>	ļ	1_	0	0	0
Samuel L. Phillips]		İ							
Director	2	✓	<u> </u>	<u> </u>	┖	<u> </u>		0	0	0
Sheila C. Pierce	.]									
Director	2	✓	_	↓_	_	<u> </u>	$oldsymbol{\perp}$	0	0	0
Jeannene R. Poarch						}				
Director	2	1	1_	4_	1_	 	_	0	0	0
James E. Poe										
Director	2	✓	\perp	\perp	-		_	0	0	0
Julie N. Poplin						1				
Director	2	↓ ✓	1	_	1	↓	╀-	0	0	0
Robert A. Pressley								_	_	
Director	2	1 🗸		1				0	0	0

Continuation Sheet for Form 990

OMB No 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

▶ Attach to Form 990 to list additional information for Form 990, Part VII, Section A, line 1a. ► See the Instructions for Form 990.

Employer identification number Name of the Organization 56 0488849 NC Association of Realtors, Inc.

Continuation of Officers, Directors, Trustees, Key Employees, and Highest Compensated

Bertha F. Pyne	Employees										
Park Park	(A)	(B)							(D)	(E)	
Bertha F. Pyne	Name and title			ion (d		k all					
Bertha F. Pyne 2		per week	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensate employee	Former	from the organization	from related organizations	other compensation from the organization
Director 2		2	1				<u>a</u>		0	0	0
Director 2		2	1						0	0	0
Hilton P. Rawlings 2	Christopher G. Rackley						İ			1	
Director 2	Director	2	✓	L		<u> </u>	ļ		0	0	0
Phillip R. Rector Director 2	Hilton P. Rawlings								Į.		
Director	Director	2	/	<u> </u>			<u></u>		0	0	0
Patricia C. Roach Director 2	Phillip R. Rector							1			
Director 2		2	✓						0	0	0
Joey W. Robbins	Patricia C. Roach						ľ				
Director 2		2	1	<u> </u>	L		<u> </u>	<u> </u>	0	0	0
Sheila G. Rudisill	Joey W. Robbins						1	1			
Director 2	Director	2	1		<u> </u>			ļ	0	0	0
Robin Russell Director 2	Sheila G. Rudisill							İ			
Director	Director	2	1	L	_	L			0	0	0
Terry L. Saunders	Robin Russell	j			1						
Director 2	Director	2	1		<u> </u>		<u> </u>		0	0	0
Randall A. Scherr 2	Terry L. Saunders										
Director 2	Director	2	1		<u>L</u>	<u> </u>			0	0	0
Director	Randall A. Scherr						1				
Director 2 ✓ 0 0 Micah Shepard 0 0 0 Director 2 ✓ 0 0 Elliotte W. Sherrill 0 0 0 Betty A. Smith 0 0 0 Director 2 ✓ 0 0 James A. Smith 0 0 0 Shannon F. Smith 0 0 0 Director 2 ✓ 0 0 John B. Stroup 0 0 0 Director 2 ✓ 0 0 Laurene Stubbs 0 0 0 Stanley H. Suther 0 0 0	Director	2	1		<u> </u>				0	0	0
Micah Shepard 2 √ 0 0 Elliotte W. Sherrill 0 0 0 Director 2 √ 0 0 Betty A. Smith 0 0 0 James A. Smith 0 0 0 Shannon F. Smith 0 0 0 Shannon F. Smith 0 0 0 John B. Stroup 0 0 0 Director 2 √ 0 0 Laurene Stubbs 0 0 0 Stanley H. Suther 0 0 0	Elizabeth L. Sellers										
Director 2	Director	2	✓			<u> </u>	<u>l</u>		0	0	0_
Director 2	Micah Shepard										
Director	Director	2	✓				<u> </u>		0	0	0
Betty A. Smith 2 √ 0 0 James A. Smith 0 0 0 Director 2 √ 0 0 Shannon F. Smith 0 0 0 Director 2 √ 0 0 John B. Stroup 0 0 0 Director 2 √ 0 0 Laurene Stubbs 0 0 0 Stanley H. Suther 0 0 0	Elliotte W. Sherrill				Ī						
Director 2 √ 0 0 James A. Smith 0 0 0 Director 2 √ 0 0 Shannon F. Smith 0 0 0 John B. Stroup 0 0 0 Director 2 √ 0 0 Laurene Stubbs 0 0 0 Stanley H. Suther 0 0 0	Director	2	✓						0	0	0_
Director 2 √ 0 0 James A. Smith 0 0 0 Director 2 √ 0 0 Shannon F. Smith 0 0 0 John B. Stroup 0 0 0 Director 2 √ 0 0 Laurene Stubbs 0 0 0 Stanley H. Suther 0 0 0	Betty A. Smith	ļ									
Director 2 √ 0 0 Shannon F. Smith 0 0 0 Director 2 √ 0 0 John B. Stroup 2 √ 0 0 Laurene Stubbs 0 0 0 0 Stanley H. Suther 0 0 0		2	1		L		<u> </u>		0	0	0
Director 2 √ 0 0 Shannon F. Smith 0 0 0 Director 2 √ 0 0 John B. Stroup 2 √ 0 0 Laurene Stubbs 0 0 0 0 Stanley H. Suther 0 0 0	James A. Smith							ł			
Director 2 √ 0 0 John B. Stroup 0 0 0 Director 2 √ 0 0 Laurene Stubbs 0 0 0 Director 2 √ 0 0 Stanley H. Suther 0 0 0	Director	2	1	上					0	0	0
John B. Stroup 0 0 Director 2 √ 0 0 Laurene Stubbs 0 0 0 0 Director 2 √ 0 0 0 Stanley H. Suther 0	Shannon F. Smith				1		İ				
Director 2 √ 0 0 Laurene Stubbs 0 0 0 Director 2 √ 0 0 Stanley H. Suther 0 0 0	Director	2	1		上	↓_	<u> </u>		0	0	0
Laurene Stubbs 0 Director 2 Stanley H. Suther	John B. Stroup										
Director 2 √ 0 0 Stanley H. Suther 0 <td>Director</td> <td>2</td> <td>1</td> <td>_</td> <td>丄</td> <td></td> <td><u> </u></td> <td></td> <td>0</td> <td>0</td> <td>0</td>	Director	2	1	_	丄		<u> </u>		0	0	0
Stanley H. Suther	Laurene Stubbs					T			1		
		2	✓			L		\perp	0	0	0
Director 2 J 0 0	Stanley H. Suther]									
<u>- · · - · · · · · · · · · · · · · · · ·</u>	Director	2	1	\perp					0	0	0
Charles C. Tacia	Charles C. Tacia]									
Director 2 √ 0 0	Director	2	1						0	0	0

Continuation Sheet for Form 990

OMB No 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

▶ Attach to Form 990 to list additional information for Form 990, Part VII, Section A, line 1a. ► See the Instructions for Form 990.

Name of the Organization

Employer identification number 56

NC Association of Realtors, Inc. Continuation of Officers, Directors, Trustees, Key Employees, and Highest Compensated

Employees										
(A)	(B)			((>)			(D)	(E)	(F)
Name and title	Average hours		on (c		_	that ap		Reportable	Reportable	Estimated
	per week	Individual trustee or director	Institutional trustee	Officer	Key employee	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
George T. Thorne Director	2	1						0	0	0
James V. Townsend Director	2	1						0	0	0
Linda J. Trevor										
Director	2	1						0_	0	0
Timothy J. Venjohn Director	2	1						0	0	0
John Volpe										
Director	2	1						0	0	0_
Sandra H. Walker			Γ			ļ				
Director	2	1					<u></u>	0	0	0
Stephanie G. Walker										
Director	2	✓						0	0	0
Judi C. West				ľ						
Director	2	✓						0	0	0
David A. Wheeling								[·		
Director	2	1						0	0	0
Deborah A. White					1					
Director	2	✓			_	<u>.</u>		0	0	0
William M. Whitmore				ŀ						
Director	2	✓					<u> </u>	0	0	0
Cheryl K. Wilder						1				
Director	2	1				<u> </u>	<u> </u>	0	0	0
Ernest D. Wilkinson				1		l				
Director	2	1	ļ				_	0	0	0
Stephanie Williams		1								
Director	2	1	ļ	ļ	<u> </u>	Ь	<u> </u>	0	0	0
John P. Wood			ŀ		l			1		
Director	2	1	<u> </u>	<u> </u>	_	<u> </u>	_	0	0	00
Richard K. Wood		1		1		1				
Director	2	/	↓_	<u> </u>	<u> </u>	<u> </u>		0	0	0
Melissa Worrell		1								_
Director	2	✓	┞	<u> </u>	_	ļ	↓	0	0	00_
Maria Wright		١.	1							_
Director	2	✓	1	┡		ļ	↓_	0	0	0
George S. York		١,		İ					_	_
Director	2	✓	├-	-	<u> </u>	-	┼	0	0	0
David H. Zeitz		,	1	1		1		_	_	_
Director	2	1		├	\vdash	₩-	-	0	0	0
Continued on next page										

Continuation Sheet for Form 990

OMB No 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

▶ Attach to Form 990 to list additional information for Form 990, Part VII, Section A, line 1a. ► See the Instructions for Form 990.

Name of the Organization

Employer identification number

56 0488849

NC Association of Realtors, Inc. Continuation of Officers, Directors, Trustees, Key Employees, and Highest Compensated **Employees**

Employees										
(A)	(B)			(((D)	(E)	(F)
Name and title	Average hours per week				_	that ap		Reportable compensation from	Reportable compensation from related	Estimated amount of other
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization	organizations (W-2/1099-MISC)	compensation from the
		l trus	nal tru		loyee	gomp		(W-2/1099-MISC)		organization and related
		æ	ıstee			ensate				organizations
Sandra L. O'Connor						<u>ă</u>				
President	15			1				0	0	00_
Mary Edna C. Williams	_						ŀ			
President-Elect	8			✓		ļ	.	0	0	0
Tom Barton				,			1			•
Treasurer	6	 		✓			 	0	. 0	0
Wendell Bullard				١,						
Immediate Past President	2	 	<u> </u>	1			ļ	0	0	0
Tim Kent	4.5		1	,				040 ===	_	450 50 :
Executive Vice President	40	<u> </u>	_	1			<u> </u>	216,503	0	172,534
Anne Shoemaker	4.5								_ [0.000
Chief Operating Officer	40	 	-	✓		 	├	72,110	0	9,988
Bryan Jenkins	4.0			١,					ا	4.047
Chief Financial Officer	40	 		1			-	85,399	0	4,647
Richard Zechini	40				,		ŀ	450.004		40.000
Director of Government Affairs	40	-	-	├—	✓			150,321	0	18,960
Catherine Louise Thomas	40					,		400 004		0.400
Director of Regulatory Affairs	40		-		\vdash	✓	 	106,381	0	6,108
										<u> </u>
										1
							-			·
		<u> </u>		<u> </u>	<u> </u>	ļ	<u> </u>			
	<u> </u>	<u> </u>	ــــــــــــــــــــــــــــــــــــــ	Щ.				L		1.0 (5 000) 0000

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.

2009 Open to Public

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Name of the organization

NC Association of Realtors Inc

Employer identification number 56-0488849

Form 990, Part VI, Line 11A - Organization's Process to Review Form 990

The organization's 990 is reviewed by the Chief Financial Officer, the

Treasurer and the Executive Vice President prior to submission to the IRS.

Form 990, Part VI, Line 19 - Governing Documents Disclosure Explanation
The organization's bylaws are made available on the organization's website.
The conflict of interest policy is given to all board members and is
available to general membership upon request. Financial statements are
made available to membership upon request. Tax returns are made available
upon request and are also available on a public website.

Schedule O - Additional Information

Part VI Section B. Policies, 14 Written Document Retention and Destruction Policy: A written document retention and destruction policy is in the process of being written and approved.

Part VI Section B. Policies, 15a Process of Determining Compensation for Top Management Official: The Organization's Administrative Committee reviews the Executive Vice President's (EVP) performance annually through an extended review process that includes a mutual exchange of ideas and feedback. Goals are conveyed to the EVP for the upcoming year and quarterly progress meetings are held during the year. Comparability data is used to arrive at the EVP's compensation.

Part VI Section B. Policies, 15b Process of Determining Compensation for Officers and Key Employees: The performance of other officers and key employees of the Organization is reviewed bi-annually by the EVP. The EVP

Schedule O (Form 990) 2009

Name of the organization

NC Association of Realtors Inc

Employer identification number 56-0488849

provides feedback on performance and communicates goals for the upcoming year. Comparability data is used by the EVP to arrive at other officers and key employee compensation.

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SCHEDULE R (Form 990)

Name of the organization Department of the Treasury Internal Revenue Service

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

Internal Revenue	veriue Service						
Name of the organization	rganization NC Association of Realtors Inc	Inc				Employer identific 56-0488849	ation number
Part i	Identification of Disregarded Entities (Complete if the		rganization answei	organization answered "Yes" to Form 990, Part IV, line 33.)	90, Part IV, line 33	·	
	(a) Name, address, and EIN of disregarded entity		(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
		1					
Part ii	Identification of Related Tax-Exempt Organizations (had one or more related tax-exempt organizations duri	1~E	Complete if the organg the tax year.)	Complete if the organization answered "Yes" to Form 990, Part IV, line 34 because it ng the tax year.)	'Yes" to Form 990,	Part IV, line 34 bed	sause it
	(a) Name, address, and EIN of related organization		(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public chanty status (if section 501(c)(3))	(f) Direct controlling entity
NC Real	Education Foundation	4103000					
Greensboro	rage raile NC 27407	*/ 7C9	Education	NC	501	7	N/A
NC Hous	NC Housing Opportunity Foundation 4511 Weybridge Lane	45-0530518					
Greensboro			Housing	NC	501	7	N/A
NC Homeowners PO Box 4574	Alliance	20-4345771					
Greensboro	occo NC 27404		Advocacy	NC	527		N/A
NC Realtors 4511 Weybrid	Political Action Com dge Lane	56-1061848					
Greensboro	,		Advocacy	NC	527		N/A

Schedule R (Form 990) 2009

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		l	ם שמו וווכו אוווים חווים ומע אכמו.	ay year.)			
(a) Name, address, and EIN of related organization	(b) Primary activity ((c) (d) Legal Direct controlling domicile entity (state or foreign country)	(e) Predominant Income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate alloc ?	(i) Code V—UBI General or amount in box 20 of managing Schedule K-1 partner? (Form 1065)
Identification of Related Organizations Taxable as a Corporation or Trust (Complete if the organization answered part IV line 34 because it had one or more related organizations treated as a corporation or trust during the tax year.)	Itions Taxable as related organizat	a Corporation clions treated as	or Trust (Complete a corporation or tr	e if the organizations is it is it is it.	on answered "Yes" (year.)	to Form 990,	Part IV,
(a) Niconstruction and EIM of collections an	(b) Primary activity	(c) Legal domicile	(d) Direct controlling	(e) Type of entity	(f) Share of total income	(g) Share of	(h) Percentage
אמוופ, מענופטט, מוט בוא טו פומנט טצמווגמוטו		(state or foreign country)	entity	(C corp. S corp. or trust)		end-of-year assets	ownership
NCAR Management Corporation 4511 Weybridge Lane Greensboro A1-2065858	Management	NC		υ	421,984	62,358	100.00000
NCAR Service Corporation 4511 Weybridge Lane Greensboro 56-1737585	Service	NC		υ	898'6	216,296	100.000000
RealFast, Inc. 4511 Weybridge Lane Greensboro 54-2106036	Software	NC		υ	43,056	229,918	100.00000
DAA						Schedule	Schedule R (Form 990) 2009

NC Association of Realtors Inc Schedule R (Form 990) 2009 Transactions With Related Organizations (Complete if the organization answered "Yes" to Form 990, Part IV, line 34, 35, or 36.) Part V

56-0488849

Page 3

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Yes

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Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule	1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?

- Receipt of (i) interest (ii) annuities (iii) royalties (iv) rent from a controlled entity
- Gift, grant, or capital contribution to other organization(s)
 - Gift, grant, or capital contribution from other organization(s)
- d Loans or loan guarantees to or for other organization(s)
 - Loans or loan guarantees by other organization(s)
- Sale of assets to other organization(s)
- Purchase of assets from other organization(s)
- Exchange of assets
- i Lease of facilities, equipment, or other assets to other organization(s)
- Lease of facilities, equipment, or other assets from other organization(s)
- Performance of services or membership or fundraising solicitations for other organization(s)
- I Performance of services or membership or fundraising solicitations by other organization(s)
 - m Sharing of facilities, equipment, mailing lists, or other assets
 - n Sharing of paid employees
- Reimbursement paid to other organization for expenses
- Reimbursement paid by other organization for expenses
- q Other transfer of cash or property to other organization(s)
- Other transfer of cash or property from other organization(s)

2 If the answer to any of the above is "Yes," see the instructions for information	'es," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds	ansaction thresholds	•
	(a) Name of other organization	(b) Transaction type (a–r)	(c) Amount involved
(1)	NC Real Estate Education Foundation	ď	22,500
(2)	NC Housing Opportunity Foundation	q	000,000
(3)	NC Homeowners Alliance	q	397,048
(4)	NCAR Service Corporation	ď	82,447
(9)	NCAR Management Corporation	ъ	77,000

9

NCAR Management Corporation

Schedule R (Form 990) 2009

55,144

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Schedule R (Form 990) 2009 NC Association of Realtors Inc

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

Page 4

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) (b) (c) (d) (d)

,		1	,	1			İ	1	1	Ī	۱.
(h) · General or managing partner?	ž										3) 2005
Gene man part	Yes)66 ELJ
(9) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)											Schedule R (Form 990) 2009
rbonate ons?	ş				·				-		
(f) Disproportionate allocations?	Yes					_				-	1
(e) Share of end-of-year assets											
(d) Are all partners section 501(c)(3) organizations?	ş										
Are all sections (CC) (SC) (SC) (SC) (SC) (SC) (SC) (SC)	Yes										
(c) Legal domicile (state or foreign country)											
(b) Primary activity											
(a) (b) (c) (c) Name, address, and EIN of entity (state or foreign country)											

SCHEDULE R-1	Continuatio	on Sheet for Sc	Continuation Sheet for Schedule R (Form 990)	(066		OMB No 1545-0047
(Form 990)			•	•		2000
	► Attach to For (Form 990), Par	म्म 990 to list addition। स I; Part II; Part III; Par	► Attach to Form 990 to list additional information for Schedule R (Form 990), Part I; Part II; Part III; Part IV. Part VI ine 2; or Part VI.	Jule R art VI.		. ∑
Department of the Treasury Internal Revenue Service	98 ◀	► See instructions for Schedule R (Form 990).	nedule R (Form 990).			Inspection
<u>_</u>	NC Association of Realtors Inc	ย		Employer ident 56-0488	Employer identification number 56–0488849	•
Part i Continuat	of Identification of Disregarded Entit					
Name	(a) Name, address, and EIN of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
For Privacy Act and Papers	For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990. DAA	990.			Schedule	Schedule R-1 (Form 990) 2009

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Schedule R-1 (Form 990) 2009 NC Association of Realtors Inc Part II Continuation of Identification of Related Tax-Exempt Organizations	ŀ	56-0488849			Page 2
	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity
	7			Schedule	Schedule R-1 (Form 990) 2009

Part III Continuation of Identification of Related Organizations T	lated Organi:	zations	Taxable as a	axable as a Partnership					
(a)		9	(p)	(e)	€	(6)	(H)	—	
Name, address, and EIN of related organization	Primary activity	domicile (state or foreign	Direct controlling entity	income (related, unrelated, excluded from tax under	Share of total income	share of end-of-year assets	allocations?	box 20 of K-1	managing bartner?
		country)		sections 512-514)			Yes No		Yes
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Part IV Continuation of Identification of Related Organizations	1 Organizations		axable as a Corporation or Trust	Trust			
(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 frust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership

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Part V Continuation of Tra	Part V Continuation of Transactions With Related Organizations (Schedule R (Form 990), Part V, line 2)		
	(a)	(q)	(2)
	Name of other organization	Transaction type (a-r)	Amount involved
(2)	RealFast, Inc	ש	450,000
(8)	RealFast, Inc	ซ	684,221
(6)	RealFast, Inc	ช	375,190
(10)	RealFast, Inc.	לי	490,000
(11)	NC RPAC	a	77,421
(12)			
(13)			
(14)			
(15)			
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(19)			
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Schedule R-1 (Form 990) 2009 Ŷ General or managing partner? Ξ Yes Code V—UBI amount on box 20 of K-1 Disproportionate allocations? Ŷ $\boldsymbol{arepsilon}$ Yes (e)
Share of end-of-year assets Are all partners section 501(c)(3) organizations? Yes No Legal domicile (state or foreign country) છ Continuation of Unrelated Organizations Taxable as a Partnership Primary activity <u>e</u> 1 1 1 Name, address, and EIN of entity 1 Part VI ĕ