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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

	partment of the rnal Revenue		► The organiza		penefit trust or prive to use a copy of this			reporting	requireme	ents	Open Inst	to Public section
<u>A</u>	For the 200	9 calendar ye	ar, or tax year beginning		, and endi	ng						
В	Check if applica	use IRS			ASSOCIATIO	N OF S	OUTHERN	Ī	D	Empl	oyer identifica	tion number
닏	Address chang	e label or		ENTUCKY,	INC.					61.	-089353	2
Ц	Name change	print or type	Doing Business As Number and street (or P O b	ox if mail is not deliv	ered to street address)			Room/su	te E		hone number	
Ц	Initial return	See	180 WEST PRO			•		, , , , , , , , , , , , , , , , , , , ,		СОР		
	Termination	Specific Instruc-	City or town, state or co	untry, and ZIP +			•		G	Gross rec	eipts \$	284,943
	Amended retur	n tions	BOWLING GREE	N	KY 4210	4						
	Application per	nding F Name	and address of principal off	icer					H		a group return for	
	•/	19	0 WEST PROFE	'CCTONAT	. אסגי כיינוו	ייי			н	affiliat b) Are a	Il affiliates	Yes X No
	-		WLING GREEN	POTONAL	KY 42104					includ	led? ." attach a list (see	Yes No
<u> </u>	Tax-exempt		501(c) (6) ∢ (i	nsert no)	4947(a)(1) or	527				11 110	, attacit a list (see	instructions)
J	Website		OKYREALTORS			·			Н(c) Group	exemption numbe	r 🕨
K	Type of organi	zation X Cor	poration Trust As	sociation Ot	ner 🕨		L Y	ear of form	ation 195	57	M State of legal	domicile KY
	Part I	Summar										
	1	•	e organization's mission	-							_	
õ	T		P, PROMOTE AND			ND SER	VICES WI	HICH	ENHANC	E THI	<u> </u>	
Revenue 7- NINWERFILES & Governance	M	EMBEK KE	EALTOR'S ABILIT	11 10 500	CEED							
ver	2 Che	ck this box ▶	if the organization of	discontinued its	s operations or dispo	sed of mo	re than 25%	of its ne	t assets			
ŏ	3 Nun		members of the governi					0. 110 110	400010	3	16	
es	4 Nun	nber of indepe	endent voting members o	of the governing	g body (Part VI, line	1b)				4	16	
Œ	5 Tota	al number of e	mployees (Part V, line 2	a)						5	3	
6	6 Tota		olunteers (estimate if ne							6	70	
4	7a Tota	-	ated business revenue fr	•						7a		6,843
4	b Net	unrelated bus	iness taxable income fro						Prior Year	7b	Сигтеп	5,843
ţ	8 Con	tributions and	grants (Part VIII, line 1h		ECEIVED				270,	303		67,589
ůne	⇒ 9 Proc		revenue (Part VIII, line 2			၂႘				755		6,891
eve	= 10 Inve		e (Part VIII, column (A),		AX 2 1 2010	8-00			7,	280		3,620
ď	+ 11 Othe		art VIII, column (A), lines	1 1] 돐[10,	785		6,843
	% 12 Tota	l revenue – a	dd lines 8 through 11 (m	ust equal Part	CIDELIDA (A) The	12)			301,	123	2	84,943
			r amounts paid (Part IX,				į	· · · · · - · ,				
			r for members (Part IX, o			- 40)			67	612		62 500
Ses			mpensation, employee b	•) —10)	-		6/,	613		63,509
Expense	h Tota		raising fees (Part IX, coli expenses (Part IX, colun									
X	17 Othe		Part IX, column (A), lines						214,	203	2	17,021
	1		Add lines 13-17 (must ed		•		-		281,			80,530
	19 Rev	•	enses Subtract line 18	•	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,					307		4,413
sor	sez				· · · · · · · · · · · · · · · · · · ·				ng of Current		End of	
sset	20 Tota	ıl assets (Part	•				-		L,278,			33,574
Net Assets or	21 Tota	il liabilities (Pa	• •	04 fram line 0	0		}-		228, 1,049,			05,837 27,737
	Part II	Signatur	d balances Subtract line	21 from line 2	U				1,043,	800		41,131
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		and belief	correct and complet	Declaration of	reparer (other than off	icer) is base	ed on all inform	ation of v	hich prepare	er has an	y knowledge)
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He	ere		e of officer							Date		
			RK TINSLEY		· · · · · · · · · · · · · · · · · · ·	·	PRESI	DENT				
_		Type or	print name and title				1	—-			December	
Pa	id	Preparer's	Qo	0	ulueu		Date	_ ,_	Check if self-		(see instruction	entifying number ons)
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Ma	v the IRS d		urn with the preparer she			102-0.	104		i	no		Yes No
			work Reduction Act No			ns.			<u> </u>			m 990 (2009)
DA	A -	• **				-					, 011	()

Form 990 (2009) REALTOR (R) ASSOCIATION OF SOUTHERN

61-0893533

Page 2

Yes No.	Pa	art IV Checklist of Required Schedules					age o
1 is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A 2 is the organization engage in direct or indirect oplication cannot be controlled in the organization of the organization engage in other organization of the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II 5 Section 501(c)(4), 50(c)(8), and 501(c)(8) organizations. Is the organization subject to the section 603(e) incline and reporting requirement and proxy tax? If "Yes," complete Schedule C, Part II 5 Section 501(c)(4), 50(c)(8), and 501(c)(8) organizations. Is the organization subject to the section 603(e) incline and reporting requirement and proxy tax? If "Yes," complete Schedule C, Part II 5 Section 501(c)(4), 50(c)(8), and 501(c)(8) organizations. Is the organization subject to the section 603(e) incline and reporting requirement and proxy tax? If "Yes," complete Schedule C, Part II 5 Oth the organization receive or hold a conservation easement, including easements to preserve open space. the inpit to growed advise on the distribution or reviews the right to grow distribution or the visition of the inpit to grow distribution or the visition of the inpit to grow distribution or the visition of the inpit to grow distribution or the visition of the inpit to grow distribution or the visition of the inpit to grow distribution or the visition of the inpit to grow distribution or visition or the inpit to grow distribution or the visition of the inpit to grow distribution or the visition of the inpit to grow the inpit to grow distribution or the visition of the inpit to grow the inpit to gr						Yes	No
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20 Did the organization operate one or more hospitals? If "Yes," complete Schedule H 20 X	19						7.7
	20						
	<u> 20</u>	Did the organization operate one or more hospitals? If "Yes," complete Schedule H				aan	

Form 990 (2009) REALTOR (R) ASSOCIATION OF SOUTHERN 61-0893533 Page 4 Checklist of Required Schedules (continued) Part IV Yes No 21 Did the organization report more than \$5,000 of grants and other assistance to governments and organizations X in the United States on Part IX, column (A), line 12 If "Yes," complete Schedule I, Parts I and II 21 22 Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III 22 X Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the 23 organization's current and former officers, directors, trustees, key employees, and highest compensated X employees? If "Yes," complete Schedule J 23 24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines X 24b through 24d and complete Schedule K. If "No," go to line 25 24a b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? 24b c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? 24c d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? 24d 25a Section 501(c)(3) 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 Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or X disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II 26 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? X If "Yes," complete Schedule L. Part III 27 28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions) X a A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV 28a b A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete X Schedule L, Part IV 28b c 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. Part IV X 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 X 30 31 Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I X 31 32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete X Schedule N. Part II 32 33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations Х sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I 33 Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, X III, IV, and V, line 1 34 Is any related organization a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete 35 X Schedule R, Part V, line 2 35 36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2 36 37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R,

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

X Form 990 (2009)

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Part VI

Pa	rt V Statements Regarding Other IRS Filings and Tax Compliance					
	•				Yes	No
1a	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of					
	U.S. Information Returns. Enter -0- if not applicable	1a	0			
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	able				
	gaming (gambling) winnings to prize winners?			<u>1c</u>		
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	3			
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)					
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by	/				Ī
	this return?			3a	X	
	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O			3b	X	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other auth					
	over, a financial account in a foreign country (such as a bank account, securities account, or other financial	ıal				
	account)?			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	ik				
F.	and Financial Accounts					
5a	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			5b	 	
С	If "Yes," to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction?	ıg		-		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the			5c		
Va	organization solicit any contributions that were not tax deductible?			6a		x
b	If "Yes," did the organization include with every solicitation an express statement that such contributions of	nr.		- Ga	1	
-	gifts were not tax deductible?	J 1		6ь		
7	Organizations that may receive deductible contributions under section 170(c).			-55		
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for good	ls				
	and services provided to the payor?	-		7a		Ī
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?			7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was					
	required to file Form 8282?			7c		
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d				
8	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a person	nal				
	benefit contract?			7е		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?			7f		
g	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?			7 g	<u> </u>	ļ
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as					
	required?			7h	ļ	ļ
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting					
	organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring					
_	organization, have excess business holdings at any time during the year?			8		ļ
9	Sponsoring organizations maintaining donor advised funds.					•
a	Did the organization make any taxable distributions under section 4966?			9a	 	
b	Did the organization make a distribution to a donor, donor advisor, or related person?			9b		
10	Section 501(c)(7) organizations. Enter	ا ۱۸۰۰				
a b	Initiation fees and capital contributions included on Part VIII, line 12 Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10a 10b				
11	Section 501(c)(12) organizations. Enter	IVD				
a	Gross income from members or shareholders	11a				
b	Gross income from other sources (Do not net amounts due or paid to other sources against	, 1a				
_	amounts due or received from them)	11b				
12a	Section 4947(a)(1) non-exempt charitable trusts is the organization filing Form 990 in lieu of Form 10			12a	1	Ī
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12ь				

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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.

	Schedule O See instructions.					
Sec	tion A. Governing Body and Management					
					Yes	No
1a	Enter the number of voting members of the governing body	1a	16			
b	Enter the number of voting members that are independent	1b	16			l
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with					Į.
	any other officer, director, trustee, or key employee?			2		Х
3	Did the organization delegate control over management duties customarily performed by or under the direct					
	supervision of officers, directors or trustees, or key employees to a management company or other person?			3		X
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed	?		4	L	X
5	Did the organization become aware during the year of a material diversion of the organization's assets?			5		Х
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			ĺ		
	of the governing body?			7a	X	
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?			7b	X	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during					
	the year by the following					1
а	The governing body?			8a	Х	<u></u>
b	Each committee with authority to act on behalf of the governing body?			8b	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached					
	at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O			9		X
Sec	tion B. Policies (This Section B requests information about policies not required by the Inf	ernal				
Rev	venue Code)					
					Yes	No
10a	Does the organization have local chapters, branches, or affiliates?			10a		X
b	If "Yes," does the organization have written policies and procedures governing the activities of such chapters,			ŀ		
	affiliates, and branches to ensure their operations are consistent with those of the organization?			10b		
11	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the					
	form?			11	<u> </u>	X
11a	Describe in Schedule O the process, if any, used by the organization to review this Form 990					<u> </u>
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	X	
С	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"			ŀ		
	describe in Schedule O how this is done			12c	X	ļ
13	Does the organization have a written whistleblower policy?			13	X	L
14	Does the organization have a written document retention and destruction policy?			14	X	<u> </u>
15	Did the process for determining compensation of the following persons include a review and approval by					ł
	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?					1
а	The organization's CEO, Executive Director, or top management official			15a	X	<u> </u>
b	Other officers or key employees of the organization			15b	X	ļ
	If "Yes" to line 15a or 15b, describe the process in Schedule O (See instructions)					l
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement					ŧ
	with a taxable entity during the year?			16a	Х	<u>↓</u>
þ	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate					I
	its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard			ļ.	:	ŧ
	the organization's exempt status with respect to such arrangements?			16b	X	
Sec	tion C. Disclosure					
17	List the states with which a copy of this Form 990 is required to be filed ▶ KY					
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s on	y)				
	available for public inspection. Indicate how you make these available. Check all that apply					
	Own website 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	t				
	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					
	organization ► MEG MANNING 180 WEST PROFESSION	IAL I	ARK C	JURT		

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Form 990 (2009)

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 employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations
- List all of the organization's **former** officers, key employees, 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

|X| Check this box if the organization did not compensate any current officer, director, or trustee (F) (C) Name and Title Average Position (check all that apply) Reportable Reportable Estimated Individual to compensation amount of hours per compensation Officer Highest nstitutional from related from other week ighest compensated nployee organizations compensation the employee organization (W-2/1099-MISC) from the organization (W-2/1099-MISC) trustee Itrustee and related organizations KIRK TINSLEY X X 0 0 PRESIDENT 2.00 0 RUTH ANN BOWEN 0 PRESIDENT ELECT 2.00 X X 0 0 LONNIE GANN 0 2.00 X X 0 0 PAST PRESIDENT STACEY FERGERSON VICE PRESIDENT 2.00 X X 0 0 0 CONNIE PITTMAN 0 X 0 0 2.00 X SECRETARY/TREASURER LYNN CAUDILL 0 0 0 KAR DELEGATE 2.00 X JENNIFER MISENER 0 0 0 2.00 X KAR DELEGATE STEVE DAVIS 0 0 DIRECTOR 2.00 X 0 RON CUMMINGS DIRECTOR 2.00 X 0 0 0 ANDY WILKINS 0 0 0 DIRECTOR 2.00 X BETHANY HOLT DIRECTOR 2.00 X 0 0 0 CHARLENE RABOLD 2.00 X 0 0 0 DIRECTOR DEAN WEGLEY X 0 0 0 DIRECTOR 2.00 FRED DENT 0 0 0 EX-OFFICIO DIRECTOR 2.00 X DONNIE SIMS EX-OFFICIO DIRECTOR X 0 0 0 2.00 STEVE CLINE X 0 0 0 2.00 EX-OFFICIO DIRECTOR

(為) ' Name and Title	(B) Average	Pos	ition ((C checl		hat ap	(vlqc	(D) Reportable	(E) Reportable	(F) Estimated
	hours per week	or director		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
Total							>			
Total number of individuals (in reportable compensation from			to th	ose I	isted	abo	ve) י	who received more than \$1	00,000 in	
Did the organization list any for employee on line 1a? If "Yes," For any individual listed on line the organization and related or individual Did any person listed on line 1 services rendered to the organization and related or individual.	complete Schede 1a, is the sum organizations greater a receive or acci	ule Jof repositer the	for si ortab an \$1 mpe	uch ii le co 150,0 nsati	ndivi mpe 000? on fr	dual insati If "Y	ion a es," iny i	and other compensation fro complete Schedule J for su unrelated organization for	m	Yes 3 4 5 5
tion B. Independent Contract Complete this table for your five	ors e highest compe								n \$100.000 of	
compensation from the organization	zation (A) 1 business address								(B)	(C) Compensal
										

<u> Ра</u>	rt V	III Staten	nent of Reve	nue						
		k					(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
र र	1a	Federated can	ากลเตกร	1a			 	10101110		
Contributions, gifts, grants and other similar amounts	h	Membership di	. •	1b		267,589				
ge.	c	Fundraising ev		1c						
	d	Related organi		1d						
S.E	6	Government grants		10	-					
<u>5</u> 5	f	All other contribution		· · ·						
語	·	and similar amounts		l 1f						
들	g	Noncash contribution	ns included in lines 1a-		\$					
유민	h	Total. Add line			•	•	267,589			
e						Busn Code				· · · · · · · · · · · · · · · · · · ·
en	2a	EDUCATION	ON & TRAININ	G			4,265	4,265		
§	ь		(R) STORE				2,626	2,626		
je Si	С									
Ser	d									
E	е									
Program Service Revenue	f	All other progra	am service rever	nue						
ے	g	Total. Add line	s 2a-2f			•	6,891			
	3	Investment inc	ome (including d	ividen	ds, interes	t, and				
		other similar ai	mounts)			▶	3,620			3,620
	4	Income from in	vestment of tax-	exemp	t bond pro	oceeds 🕨				
	5	Royalties				>				·····
			(ı) Real		(II) F	Personal				
	6a	Gross Rents								
	b	Less rental exps								
	С	Rental inc or (loss)		_						
	d 72	Net rental inco	me or (loss)		,	•				
	7a	sales of assets	(i) Securities	3	(11)	Other			1	
		other than inventory			ļ					
	b	Less cost or other								
		basis & sales exps			ļ					
	C	Gain or (loss)			1					
	d	Net gain or (los				•				
9	8a		m fundraising ever	nts						
eu		(not including \$								
<u>چ</u> ا			eported on line 1c)							
Other Reven		See Part IV, line		а						
8		Less direct ex	•	b			1		-	
			(loss) from fundr	-	events	<u> </u>		:		
	Уa		om gaming activities							
	.	See Part IV, line		a						
		Less direct ex		b aa aat						
		Gross sales of	(loss) from gami	ng acu	villes					
	IVa	returns and alle	-	_						
	h	Less cost of g		a b				1		
		_	oods sold (loss) from sales	- ;	onton			•	ŧ	
			ellaneous Revenue		EIIIOIY	Busn Code				
ŀ	11a		INCOME FROM			531390	6,843	•	6,843	
	b	1111 EREDI	INCOME FROM	555		22230	0,013		0,043	
	c									
	d	All other reven	ue							
ĺ	е	Total. Add line					6,843			
	12	Total Revenue	e. See instruction	าร		>	284,943	6,891	6,843	3,620

DAA

Form **990** (2009)

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 (A) Total expenses (B) Program service (C) Management and Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII. expenses general expenses expenses 1 Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21 2 Grants and other assistance to individuals in the U.S. See Part IV, line 22 3 Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16 Benefits paid to or for members Compensation of current officers, directors, 35,260 28,208 7,052 trustees, and key employees Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) 3,770 18,849 15,079 Other salaries and wages Pension plan contributions (include section 401(k) 4,265 3,412 853 and section 403(b) employer contributions) Other employee benefits 5,135 4,108 1,027 10 Payroll taxes Fees for services (non-employees) Management b Legal 5,040 5,040 С Accounting d Lobbying Professional fundraising services See Part IV, line 17 Investment management fees f 700 700 Other g 12 Advertising and promotion 6,938 5,550 1,388 13 Office expenses Information technology 14 15 Royalties 47,520 47,520 16 Occupancy 10,270 10,270 17 Travel 18 Payments of travel or entertainment expenses for any federal, state, or local public officials 2,224 2,224 19 Conferences, conventions, and meetings 20 Interest 21 Payments to affiliates 22 Depreciation, depletion, and amortization 23 Insurance Other expenses Itemize expenses not covered above (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below) 44,433 NAR DUES 44,433 37,797 37,797 KAR DUES b WEBSITE 25,881 25,881 c 25,561 COMMITTEE EXPENSES 25,561 3,753 MISCELLANEOUS 3,753 All other expenses 6,904 6,904 280,530 260,700 19,830 25 Total functional expenses. Add lines 1 through 24f Joint costs. Check here ▶ if following SOP 98-2 Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation

Part X **Balance Sheet** (A) (B) Beginning of year End of year 188,506 212,690 1 1 Cash--non-interest bearing 328,112 324,492 2 2 Savings and temporary cash investments 3 3 Pledges and grants receivable, net 23,624 6,642 4 4 Accounts receivable, net Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of 5 Schedule L Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) Complete Part II of Schedule L 6 Assets 7 Notes and loans receivable, net 2,878 3,004 Inventories for sale or use 8 6,243 24,700 9 Prepaid expenses and deferred charges 10a Land, buildings, and equipment cost or 34,027 other basis Complete Part VI of Schedule D 10a 10b 34,027 403 10c b Less accumulated depreciation 11 11 Investments—publicly traded securities 12 12 Investments—other securities See Part IV, line 11 13 Investments-program-related See Part IV, line 11 13 14 14 Intangible assets 707,773 582,610 15 Other assets See Part IV. line 11 15 1,278,103 1,133,574 16 16 Total assets. Add lines 1 through 15 (must equal line 34) 9,002 33,029 17 Accounts payable and accrued expenses 17 5,000 3,898 18 18 Grants payable 214,501 168,910 19 Deferred revenue 19 20 20 Tax-exempt bond liabilities Escrow or custodial account liability Complete Part IV of Schedule D 21 21 Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L 22 23 23 Secured mortgages and notes payable to unrelated third parties 24 Unsecured notes and loans payable to unrelated third parties Other liabilities Complete Part X of Schedule D 25 228,503 205,837 26 Total liabilities. Add lines 17 through 25 Organizations that follow SFAS 117, check here ightharpoonup and **Net Assets or Fund Balances** complete lines 27 through 29, and lines 33 and 34. 1,049,600 27 927,737 27 Unrestricted net assets 28 28 Temporarily restricted net assets 29 Permanently restricted net assets Organizations that do not follow SFAS 117, check here ▶ and complete lines 30 through 34. Capital stock or trust principal, or current funds 30 31 31 Paid-in or capital surplus, or land, building, or equipment fund 32 Retained earnings, endowment, accumulated income, or other funds 1,049,600 927,737 33 Total net assets or fund balances 33 1,278,103 1,133,574 34 Total liabilities and net assets/fund balances

Form **990** (2009)

orm	990 (2009) REALTOR(R) ASSOCIATION OF SOUTHERN 61-0893533		Pa	ge 12
Pa	rt XI Financial Statements and Reporting			
	,		Yes	No
1	Accounting method used to prepare the Form 990 Cash X Accrual Other			
	If the organization changed its method of accounting from a prior year or checked "Other," explain in			
	Schedule O			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a	<u> </u>	
b	Were the organization's financial statements audited by an independent accountant?	2b		<u> </u>
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversignit of			
	the audit, review, or compilation of its financial statements and selection of an independent accountant?	2c	X	
	If the organization changed either its oversight process or selection process during the tax year, explain in			
	Schedule O			
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were			
	issued on a consolidated basis, separate basis, or both			
	X Separate basis Consolidated basis Both consolidated and separate basis			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in			
	the Single Audit Act and OMB Circular A-133?	3a		X
þ	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the			
	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	36		

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 instruction

is described below.

▶ 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), o 	or (6) organizations	Complete Part III
---	----------------------	-------------------

Nar	me of organization REALTOR(R) ASSOCIATION OF SOUTHERN KENTUCKY, INC.	Employer identifi 61 - 08935						
Pa	rt I-A Complete if the organization is exempt under section 501(c) or is a secti	on 527 organizatio	n					
1	Provide a description of the organization's direct and indirect political campaign activities in Part IV							
2	Political expenditures	▶ \$ _						
3	Volunteer hours	-						
Pai	rt I-B Complete if the organization is exempt under section 501(c)(3).							
1	Enter the amount of any excise tax incurred by the organization under section 4955	▶\$_						
2	Enter the amount of any excise tax incurred by organization managers under section 4955	▶ \$ _						
3	If the organization incurred a section 4955 tax, did it file Form 4720 for this year?		Yes No					
4a	Was a correction made?		Yes No					
b	o If "Yes," describe in Part IV							
Pa	rt I-C Complete if the organization is exempt under section 501(c), except sec	tion 501(c)(3).						
1	Enter the amount directly expended by the filing organization for section 527 exempt function							
	activities	▶ \$ _						
2	Enter the amount of the filing organization's funds contributed to other organizations for section							
	527 exempt function activities							
3	· · · · · · · · · · · · · · · · · · ·							
	line 17b	▶\$_						
4	Did the filing organization file Form 1120-POL for this year?		Yes X No					
5	Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which payments							
	were made. For each organization listed, enter the amount paid from the filing organization's funds. Also enter	•						
	contributions received that were promptly and directly delivered to a separate political organization, such as a	a separate segregated						
	fund or a political action committee (PAC) If additional space is needed, provide information in Part IV	7.00	(2) A					
	(a) Name (b) Address (c) EIN	(d) Amount paid from filing organization's	(e) Amount of political contributions received and					
		funds If none, enter -0-	promptly and directly					
			delivered to a separate					
			political organization If none, enter -0-					

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

Schedule C (Form 990 or 990-EZ) 2009

30344 03/03/2010 10 33 AM								
Schedule C (Form 990 or 990-EZ) 2009 RE. Part II-A Complete if the organi		SSOCIATION C			61-0893			
under section 501(h)).	zation is exemp	t under Section 5	oricinal and	meu	roilli 3700 (ele	Clion		
A Check ▶ ☐ if the filing organization	tion belongs to a	n affiliated group						
B Check ▶ ☐ If the filing organization			ntrol" provis	ions a	ylagı.			
	bbying Expendit		<u> </u>		(a) Filing	(b) Affiliated		
(The term "expenditures"	means amounts p	paid or incurred.)		orga	anization's totals	group totals		
1a Total lobbying expenditures to influence put	blic opinion (grass roo	ots lobbying)	į					
b Total lobbying expenditures to influence a l	egislative body (direct	loppying)	į					
c Total lobbying expenditures (add lines 1a a	ind 1b)							
d Other exempt purpose expenditures								
e Total exempt purpose expenditures (add lii	nes 1c and 1d)					- 		
f Lobbying nontaxable amount Enter the am	f Lobbying nontaxable amount. Enter the amount from the following table in both							
columns						······································		
If the amount on line 1e, column (a) or (b) is	The lobbying nonta							
Not over \$500,000	20% of the amount or	n line 1e			1			
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% o	f the excess over \$500,000	·		1			
Over \$1,000,000 but not over \$1,500,000	<u> </u>	f the excess over \$1,000,0			1			
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of	the excess over \$1,500,00	°					
Over \$17,000,000	\$1,000,000							
g Grassroots nontaxable amount (enter 25%	•		}					
h Subtract line 1g from line 1a If zero or less			}					
i Subtract line 1f from line 1c If zero or less,			l		1			
J If there is an amount other than zero on eit	her line 1h or line 1i, d	lid the organization file	Form 4720 repo	orting		п., п.,		
section 4911 tax for this year?						Yes No		
	4-Year Averagi	ng Period Under	Section 501	(h)				
(Some organizations th	at made a sectio	n 501(h) election	do not hav	e to c	omplete all of t	he five		
columns be	low. See the ins	tructions for lines	s 2a throug	h 2f o	n page 4.)			
	hving Expenditu	res During 4-Yea	r Averaging	Pario	nd .			
	bying Expenditu	During 4-1 ea	Averaging	I CIT	<u> </u>			
Calendar year (or fiscal year beginning in)	(a) 2006	(b) 2007	(c) 2008	3	(d) 2009	(e) Total		
2a Lobbying non-taxable amount								
b Lobbying ceiling amount								
(150% of line 2a, column(e))								
c Total lobbying expenditures								
d Grassroots nontaxable amount								
e Grassroots ceiling amount (150% of line 2d, column (e))				-				

Schedule C (Form 990 or 990-EZ) 2009

f Grassroots lobbying expenditures

REALTOR(R) ASSOCIATION OF SOUTHERN 61-0893533 Schedule C (Form 990 or 990-EZ) 2009 Page 3 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 Volunteers? b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)? c Media advertisements? Mailings to members, legislators, or the public? e Publications, or published or broadcast statements? f Grants to other organizations for lobbying purposes? g Direct contact with legislators, their staffs, government officials, or a legislative body? h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any other means? i Other activities? If "Yes," describe in Part IV j Total Add lines 1c through 1i 2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)? b If "Yes," enter the amount of any tax incurred under section 4912 c If "Yes," enter the amount of any tax incurred by organization managers under section 4912 d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year? Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section Part III-A 501(c)(6). Yes No Were substantially all (90% or more) dues received nondeductible by members? 1 Did the organization make only in-house lobbying expenditures of \$2,000 or less? 2 Did the organization agree to carryover lobbying and political expenditures from the prior year? 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	
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	
b	Carryover from last year	2b	
С	Total	2c	
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	3	
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the		
	excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying		
	and political expenditure next year?	4	

Part IV Supplemental Information

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

SCHEDULE C, PART IV, ADDITIONAL INFORMATION

Taxable amount of lobbying and political expenditures (see instructions)

THE ASSOCIATION HAS A RPAC COMMITTEE (REALTORS (R) POLITICAL ACTION COMMITTEE) AND PARTICIPATES IN CONJUNCTION WITH THE NATIONAL ASSOCIATION OF REALTORS (R) AND THE KENTUCKY ASSOCIATION OF REALTORS (R) IN THE REALTORS (R). FUNDS ARE COLLECTED AT THE LOCAL LEVEL AND ARE FORWARDED TO THE STATE RPAC FUND. THE STATE IN TURN FORWARDS 30% TO THE NATIONAL ASSOCIATION AND HOLDS Part IV ·Supplemental Information (continued)

70% OF THE FUNDS COLLECTED. OF THE 70% COLLECTED, 40% IS DESIGNATED TO STATE CANDIDATE RACES AND 30% CAN BE REQUESTED BY THE LOCAL ASSOCIATION TO USE IN LOCAL RACES.

SCHEDULE D (Form 990) .

Department of the Treasury

Supplemental Financial Statements

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

▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047 **2009**

Open to Public

Name of the organization Employer identification number REALTOR(R) ASSOCIATION OF SOUTHERN KENTUCKY, INC. 61-0893533 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 5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? 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 Total number of conservation easements 2a Total acreage restricted by conservation easements 2b Number of conservation easements on a certified historic structure included in (a) 2c 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 the taxable year ▶ 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 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? 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 Assets included in Form 990, Part X

Sche		ASSOCIATIO			0893533	Page 2			
Pa	rt III Organizations Maintaining (Collections of Art	, Historical Treas	ures, or Oth	er Similar Asse	ts (continued)			
3	Using the organization's acquisition, accession, collection items (check all that apply)	and other records, chec	ck any of the following	that are a signific	ant use of its				
а	Public exhibition	d 🗌 Loai	n or exchange program	ıs					
b	Scholarly research	e Othe	er			_			
c	Preservation for future generations	<u> </u>				_			
4	Provide a description of the organization's collect Part XIV	ctions and explain how t	hey further the organiz	ation's exempt pi	urpose in				
5	During the year, did the organization solicit or re assets to be sold to raise funds rather than to be					Yes No			
Pa	rt IV Escrow and Custodial Arrai	ngements. Compl	ete if the organiza		ed "Yes" to Form				
12	Is the organization an agent, trustee, custodian		· · · · · · · · · · · · · · · · · · ·	assets not					
	included on Form 990, Part X?	or other intermediary to	contributions of other	assets not		Yes No			
h	If "Yes," explain the arrangement in Part XIV and	d complete the following	s table						
	in res, explain the arrangement in rait XIV and	a complete the lonowing	, table			Amount			
_	Beginning balance				1c	, unount			
	Additions during the year				1d				
u	· ·				10 1e				
4	Distributions during the year Ending balance				1f				
20	· ·	000 Dart V line 212			<u> </u>				
	Did the organization include an amount on Form	1 990, Part A, line 217				∐ Yes ∐ No			
	b If "Yes," explain the arrangement in Part XIV Part V Endowment Funds. Complete if organization answered "Yes" to Form 990, Part IV, line 10.								
	Lindownient i dida. Compic	(a) Current year	(b) Prior year	(c) Two years ba	-	pack (e) Four years back			
12	Beginning of year balance	(a) current your	(b) i noi you	(c) two years be	(a) Three years t	(e) i cui yeura buek			
	Contributions								
·	Net investment earnings, gains,								
_	and losses								
	Grants or scholarships								
е	Other expenditures for facilities								
	and programs								
Ť	Administrative expenses								
g	End of year balance			l					
2	Provide the estimated percentage of the year er	nd balance held as							
а	Board designated or quasi-endowment ▶	%							
b	Permanent endowment ▶ %								
С	Term endowment ▶ %								
3a	Are there endowment funds not in the possession	on of the organization th	at are held and admini	stered 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 organizations lis	ted as required on Schi	edule R?			3b			
4	Describe in Part XIV the intended uses of the or			<u></u>					
Pa	rt VI Investments—Land, Buildin	gs, and Equipme	nt. See Form 990	<u>), Part X, line</u>	10				
	Description of investment	(a) Cost or other basis	1 ''	,) Accumulated	(d) Book value			
	·	(investment)	basis (other)	depreciation				
1a	Land								
	Buildings								
С	Leasehold improvements					· · · · · · · · · · · · · · · · · · ·			
d	Equipment		34	,027	34,027				
ө	Other	<u> </u>							
Total	. Add lines 1a through 1e (Column (d) must equa	al Form 990, Part X, col	umn (B), line 10(c))						

orm 990) 2009 REA	LTOR(R) ASSOCIA	TION OF SOUTHERN	61-0893533	Page 3
Investments—Ot	her Securities. See For	m 990, Part X, line 12.		
		(b) Book value		
(including nan	ne of security)		Cost or end-of-year ma	arket value
quity interests				
		_		
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			·	
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	. – – – – – –			
				·····
(a) Description o	f investment type	(b) Book value		
			Cost of end-of-year ma	arket value
				
				
			······································	······································
Other Assets. Se			· · · · · · · · · · · · · · · · · · ·	
T37777				(b) Book value
TUAE	STMENT IN SUBSII	DIARY		582,610
				
			 	
 				
				
				
				E02 610
		.no.25	<u> </u>	582,610
	on or liability	(b) Amount		
taxes				
· · · · · · · · · · · · · · · · · · ·				
(h) must say of 5 200	0, Part X, col (B) line 25)			
	Investments—Ot (a) Description of so (including narradives) quity interests ——————————————————————————————————	Investments—Other Securities. See Form (a) Description of security or category (including name of security) atives (quity interests (b) must equal Form 990, Part X, col (B) line 12) Investments—Program Related. See Form (a) Description of investment type (b) must equal Form 990, Part X, col (B) line 13) Other Assets. See Form 990, Part X, line (a) Description of Investment In Substitution (a) Description of Investment In Substitution (b) must equal Form 990, Part X, col (B) line 13) Other Liabilities. See Form 990, Part X, Incel (a) Description of liability	Investments—Other Securities. See Form 990, Part X, line 12. (a) Description of security or category (including name of security) alives (a) Unit equal Form 990, Part X, col (B) line 12) Investments—Program Related. See Form 990, Part X, line 13. (a) Description of investment type (b) Book value (b) Book value Investments—Program Related. See Form 990, Part X, line 13. (a) Description of investment type (b) Book value (c) Description of investment type (d) Description State of the security of	Investments—Other Securities. See Form 990, Part X, line 12. (a) Description of security or category (nouting name of security) Investments (b) Book value (c) Method of value (c) Method of value (cost or end-of-year methods and part of the cost of the co

	edule D (Form 990) 2009 REALTOR (R) ASSOCIATION OF		L-0893533	Page 4
Pa	art XI Reconciliation of Change in Net Assets from Form	990 to Audited Finan	cial Statements	
1	Total revenue (Form 990, Part VIII, column (A), line 12)		1	·
2	Total expenses (Form 990, Part IX, column (A), line 25)		2	
3	Excess or (deficit) for the year Subtract line 2 from line 1		3	
4	Net unrealized gains (losses) on investments		4	
5	Donated services and use of facilities		5	
6	Investment expenses		6	
7	Prior period adjustments		7	
8	Other (Describe in Part XIV)		8	
9	Total adjustments (net) Add lines 4 through 8		9	
10	Excess or (deficit) for the year per audited financial statements. Combine lines 3		10	·
Pa	art XII Reconciliation of Revenue per Audited Financial St	atements With Reve	nue per Return	
1	Total revenue, gains, and other support per audited financial statements		1	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12	1 1		
а	Net unrealized gains on investments	2a		
b	Donated services and use of facilities	2b		
С	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIV)	_2d		
е	Add lines 2a through 2d		2e	
3	Subtract line 2e from line 1		3	
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		
С	Add lines 4a and 4b		4c	
5	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)		5	
Pa	art XIII Reconciliation of Expenses per Audited Financial S	Statomonto With Eva	anaga nas Baturn	
	A CONTRACTOR OF TAXABLE CONTRACTOR OF TAXABL	statements with Exp	enses per Keturn	
1	Total expenses and losses per audited financial statements	statements with Exp	1	
		statements with Exp		
1	Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25	2a		
1 2	Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25 Donated services and use of facilities	1 1		
1 2 a	Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25 Donated services and use of facilities Prior year adjustments			
1 2 a b	Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25 Donated services and use of facilities Prior year adjustments Other losses	2a 2b		
1 2 a b	Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25 Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIV)	2a 2b 2c		
1 2 a b c	Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25 Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIV)	2a 2b 2c	1	
1 2 a b c d	Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25 Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIV) Add lines 2a through 2d	2a 2b 2c	2e	
1 2 a b c d e 3	Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25 Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIV) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1:	2a 2b 2c	2e	
1 2 a b c d e 3 4	Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25 Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIV) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1:	2a 2b 2c 2d	2e	
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1 2 a b c d e 3 4 a b c	Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25 Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIV) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b Other (Describe in Part XIV) Add lines 4a and 4b	2a	2e 3	
1 2 a b c d e 3 4 a b c	Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25 Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIV) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b Other (Describe in Part XIV) Add lines 4a and 4b Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)	2a 2b 2c 2d 4a 4b	2e 3 4c 5	
1 2 a b c d e 3 4 a b c 5 Pe	Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25 Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIV) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b Other (Describe in Part XIV) Add lines 4a and 4b Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18) art XIV Supplemental Information	2a 2b 2c 2d 4a 4b 4t 1V,	2e 3 3 4c 5 5 lines 1b	
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SCHEDULE O (Form 990)

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 Inspection

Department of the Treasury Internal Revenue Service Name of the organization

REALTOR(R) ASSOCIATION OF SOUTHERN KENTUCKY, INC.

Employer identification number 61 - 0893533

FORM 990, PART VI, LINE 6 - CLASSES OF MEMBERS OR STOCKHOLDERS LOCAL REALTORS PAY MEMBERSHIP DUES TO BELONG TO ORGANIZATION.

FORM 990, PART VI, LINE 7A - ELECTION OF MEMBERS AND THEIR RIGHTS MEMBERS VOTE ANNUALLY FOR NEW OFFICERS.

FORM 990, PART VI, LINE 7B - DECISIONS SUBJECT TO APPROVAL OF MEMBERS ACTIONS OF THE ORGANIZATION ARE APPROVED BY MAJORITY VOTE OF MEMBERS.

FORM 990, PART VI, LINE 11A - ORGANIZATION'S PROCESS TO REVIEW FORM 990 ORGANIZATION DID NOT HAVE TIME TO REVIEW RETURN BEFORE FILING DEADLINE.

FORM 990, PART VI, LINE 12C - ENFORCEMENT OF CONFLICTS POLICY
ORGANIZATION REQUIRES NEW DIRECTOR TO SIGN CONFLICT OF INTEREST FORM AND
THEN AGAIN ANNUALLY

FORM 990, PART VI, LINE 15A - COMPENSATION PROCESS FOR TOP OFFICIAL
THE ASSOCIATION HAS A PERSONNEL COMMITTEE THAT ANNUALLY REVIEWS THE
EXECUTIVE DIRECTOR. THE EXECUTIVE DIRECTOR MAKES RECOMMENDATIONS TO THIS
COMMITTEE FOR THE WAGES OF ALL OTHER EMPLOYEES. THE PERSONNEL COMMITTEE
THEN MAKES SALARY RECOMMENDATIONS TO THE BUDGET AND FINANCE COMMITTEE WHO
IN-TURN INCORPORATES THE SALARIES, AS RECOMMENDED OR AS ALTERED IF THEY
FEEL NECESSARY, INTO THE BUDGET OF THE ASSOCIATION FOR THE FOLLOWING YEAR.
THE BUDGET IS APPROVED BY THE MEMBERSHIP AT THE ANNUAL MEETING.

Name of the organization

REALTOR(R) ASSOCIATION OF SOUTHERN

Employer identification number 61-0893533

FORM 990, PART VI, LINE 15B - COMPENSATION PROCESS FOR OFFICERS
THE ASSOCIATION HAS A PERSONNEL COMMITTEE THAT ANNUALLY REVIEWS THE
EXECUTIVE DIRECTOR. THE EXECUTIVE DIRECTOR MAKES RECOMMENDATIONS TO THIS
COMMITTEE FOR THE WAGES OF ALL OTHER EMPLOYEES. THE PERSONNEL COMMITTEE
THEN MAKES SALARY RECOMMENDATIONS TO THE BUDGET AND FINANCE COMMITTEE WHO
IN-TURN INCORPORATES THE SALARIES, AS RECOMMENDED OR AS ALTERED IF THEY
FEEL NECESSARY, INTO THE BUDGET OF THE ASSOCIATION FOR THE FOLLOWING YEAR.
THE BUDGET IS APPROVED BY THE MEMBERSHIP AT THE ANNUAL MEETING.

FORM 990, PART VI, LINE 19 - GOVERNING DOCUMENTS DISCLOSURE EXPLANATION DOCUMENTS MADE AVAILABLE UPON WRITTEN OR ORAL REQUEST.

Related Organ	Ul pue and U	nrelated Partne	rehine		OMB No 1545-0047
Complete if the organizati	tion answered "Yes" to F	orm 990, Part IV, line 3	3, 34, 35, 36, or 37.		2009
▶ Attach to F	Form 990	e separate instruction:	v		Open to Public Inspection
REALTOR (R) ASSOCIATION OF SOUTHERN KENTUCKY, INC.				Employer identific 61-0893533	Employer identification number 61-0893533
cation of Disregarded Entities (Complete if the or	rganization answere	d "Yes" to Form 99	10, 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
			:		
cation of Related Tax-Exempt Organizations (Coe or more related tax-exempt organizations during	omplete if the organ the tax year.)	ization answered "	res" to Form 990, F	art IV, line 34 beca	use it
(a) Name, address, and EIN of related organization	(b) Pnmary 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
		·			
erwork Reduction Act Notice, see the Instructions for Form 99	990.			Scher	Schedule R (Form 990) 2009
	Related Orga REALTOR (R) ASSOCIATION OF SOUTHERN KENTUCKY, INC. cation of Disregarded Entities (Complete if the organization of Disregarded Entities (Complete if the organizations (Cention of Related Tax—Exempt Organizations during (a)	Part I Identification of Related Tax-Exempt Organizations (Complete if the organization answered "yes" to Fart I Identification of Related Tax-Exempt Organizations (Complete if the organization answered Part I Identification of Related Tax-Exempt Organizations (Complete if the organization answere I had one or more related tax-exempt Organizations (Complete if the organization of Related Tax-Exempt Organization Organization of Related Tax-	Related Organizations and Unrelated Partner Complete if the organization answered "Yes" to Form 990 P. See separate instruction REALTOR (R) ASSOCIATION OF SOUTHERN KENTUCKY, INC. Cation of Disregarded Entities (Complete if the organization answered "Yes" to Form 95	Related Organizations and Unrelated Partnerships P Complete the organization answered "Yes" to Form 990, Part IV, line 33, 34, 35, or 37. P Attach to Form 990 P See separate instructions REALTOR (R) ASSOCIATION OF SOUTHERN KENTUCKY, INC. Cation of Disregarded Entities (Complete if the organization answered "Yes" to Form 990, Part IV, line 33) Inches address, and Elvi of dategarded Entities (Complete if the organizations during the lax vear.) So or more related tax—Exempt Organizations (Complete if the organization answered "Yes" to Form 990, F So or more related tax—exempt organizations during the lax vear.) Inches to the complete organization of the principle of the organization answered "Yes" to Form 990, F P So or more related tax—exempt organizations during the lax vear.) P So or more related tax—exempt organizations during the lax vear.) Inches to the complete organization of the principle of the organization answered "Yes" to Form 990, F P So or more related tax—exempt organizations during the lax vear.) P So or more related tax—exempt organizations during the lax vear.) A D D D D D D D D D D D D D D D D D D	answered "Yes" to Form 990, Part IV, line 33 9. 6 or 37. m 990 See separate instructions Inization answered "Yes" to Form 990, Part IV, line 33 9. Inization answered "Yes" to Form 990, Part IV, line 33 9. Inization answered "Yes" to Form 990, Part IV, line 34 9. Inizati

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because if had one or more related organizations treated as a partnership during the tax year.) (a) (b) (c) (d) Primary activity Legal of primary activity Legal of primary activity (state of controlling related organization (related organization (related organization)) (b) (c) (d) (d) Primary activity Legal of primary activity (related organization (related organization)) (c) (d) (e) (f) (g) (h) (h) (h) (h) (h) (h) (h) (h) (h) (h	identification of Related Organizations Taxable as a Corporation or Trust (Complete if the organization answered "Yes" to Form 990, Part IV,	tegated as a corporation or trust during the tax year) (c) (d) (e) (f) (g) (h) Legal domicile Direct controlling Type of entity (state or entity (C corp. S corp.) foreign counity) (b) (h) (h) Share of total income Share of Percentage ownership or trust)	KY C 41,417 260,921 100.000000		
anizations treate (b) (c) Primary activity dom (stat process court	Taxable as a C	ted organization (b) Primary activity	SERVICES		
Name, address, and EIN of related organization	Identification of Related Organizations	Name	REAL ESTATE INFORMATION SERVICES 180 WEST PROFESSIONAL PARK COURT BOWLING GREEN 61-1295011		

61-0893533 REALTOR (R) ASSOCIATION OF SOUTHERN Schedule R (Form 990) 2009 Transactions With Related Organizations (Complete of the organization answered "Yes" to Form 990, Part IV, line 34, 35, or 36) Part V

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a Receipt of (i) interest (ii) annuities (iii) royalties (iv) rent from a controlled entity **b** Gift, grant, or capital contribution to other organization(s)

c Gift, grant, or capital contribution from other organization(s)

d Loans or loan guarantees to or for other organization(s)

e 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

Lease of facilities, equipment, or other assets to other organization(s)

j Lease of facilities, equipment, or other assets from other organization(s)

k 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

Sharing of paid employees

o Reimbursement paid to other organization for expenses

p Reimbursement paid by other organization for expenses

q Other transfer of cash or property to other organization(s)

r Other transfer of cash or property from other organization(s)

	(c)	Amount involved	
tion thresholds	(q)	Transaction	type (a-r)
2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transar	(a)	Name of other organization	

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		Schedule R (Form 990) 2009
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Part VI

Page 4

Schedule R (Form 990) 2009 REALTOR (R) ASSOCIATION OF SOUTHERN 61-0893533

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

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

partner? Š Schedule R (Form 990) 2009 General or managing Ē Yes amount in box 20 of Schedule K-1 (Form 1065) Code V-UBI <u>6</u> (f)
Disproportionate
allocations? Ŷ Yes (e) Share of end-of-year assets (d)
Are all partners section 501(c)(3) organizations? Yes No or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships (c) Legal domicile (state or foreign country) Primary activity Name, address and EIN of entity