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Department of the Treasury

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 Open to Public

| A F                         | or the          | 2009 calendar year, or tax year beginning and ending  | <u></u>                              | <u></u>                             |
|-----------------------------|-----------------|---|--------------------------------------|-------------------------------------|
|                             | heck if         | C Name of organization  | D Employer identifi                  | cation number                       |
|                             | pplicable       | Please use IRS  |                                      |                                     |
|                             | Addres          | s   label or MISSISSIPPI ASSOCIATION OF REALTORS, IN  | c l                                  |                                     |
|                             | Name<br>change  | type D D  | 64-0                                 | 473679                              |
|                             | Initial         | See Number and street (or P 0 box if mail is not delivered to street address) Room/si   | ite E Telephone numbe                | r                                   |
|                             | Termin-<br>ated |   | 601-                                 | 932-5241                            |
|                             | Amend<br>return | ed tions City or town, state or country, and ZIP + 4  | G Gross receipts \$                  | 2,161,037.                          |
|                             | Application     | F HOWOOD, PIS 33232-1000  | H(a) Is this a group re              | eturn                               |
|                             | pendin          | F Name and address of principal officer:BETH HANSEN   | for affiliates?                      | Yes X No                            |
|                             |                 | 4274 LAKELAND DRIVE, FLOWOOD, MS 39232  | H(b) Are all affiliates inc          | cluded? Yes No                      |
|                             |                 | mpt status: X 501(c) ( 6 ) ◀ (insert no.)   | If "No," attach a                    | list. (see instructions)            |
|                             |                 | e: ► WWW.MSREALTORS.ORG   | H(c) Group exemption                 |                                     |
|                             |                 |   | ear of formation 1956 N              | M State of legal domicile MS        |
| P                           | art I           | Summary   |                                      | T111 M T 011                        |
| e                           | 1 1             | Briefly describe the organization's mission or most significant activities $\ \overline{	ext{EDUCAT10}}$  | N AND INDOCTR                        | INATION                             |
| Ĭan                         | .               |   |                                      |                                     |
| Activities & Governance     | l               | Check this box  If the organization discontinued its operations or disposed of n  |                                      | ssets.                              |
| Ĝ                           | l               | Number of voting members of the governing body (Part VI, line 1a)   | 3                                    | 67                                  |
| <b>∞</b> ŏ                  | ľ               | Number of independent voting members of the governing body (Part VI, line 1b)   | 5                                    | 11                                  |
| ij.                         | l               | Total number of employees (Part V, line 2a)   | 6                                    | 11                                  |
| ξ                           | 1               | Total number of volunteers (estimate if necessary) Total gross unrelated business revenue from Part VIII, column (C), line 12   | 7a                                   | 22,005.                             |
| ¥                           | 1               | Net unrelated business taxable income from Form 990-T, line 34  | 7b                                   | 0.                                  |
| _                           |                 | Tet difficulted business taxable income from 10th 10th 500 1, line 04   | Prior Year                           | Current Year                        |
|                             | 8               | Contributions and grants (Part VIII, line 1h)   | 957,805.                             | 845,496.                            |
| Revenue                     | Į               | Program service revenue (Part VIII, line 2g)  | 594,557.                             |                                     |
| eve                         | [               | nvestment income (Part VIII, column (A), lines 3, 4, and 7d)  | <153,639.                            |                                     |
| œ                           | 1               | Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)  | 70,194.                              | 33,113.                             |
|                             | ł               | Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)  | 1,468,917.                           | 1,421,931.                          |
|                             |                 | Grants and similar amounts paid (Part IX, column (A), lines 1-3)  |                                      |                                     |
|                             | 14              | Benefits paid to or for members (Part IX, column (A), line 4)   |                                      |                                     |
| S                           | 15              | Salaries, other compensation, employee benefits (Part IX, column (A), lines 5·10)   | 709,950.                             | 681,537.                            |
| Expenses                    | 16a             | Professional fundraising fees (Part IX, column (A), InRECEIVED  |                                      |                                     |
| ă.                          | b d             | Total fundraising expenses (Part IX, column (D), line 25)   |                                      |                                     |
| ш                           | 17              | Other expenses (Part IX, column (A), lines 11a(1)1d, 11(24)   | 920,595.                             | 766,458.                            |
|                             | 18              | Other expenses (Part IX, column (A), lines 11 (2) 1d, 11 (24)   | 1,630,545.                           | 1,447,995.                          |
| - 0                         | 19              | Revenue less expenses Subtract line 18 from line 12   | <161,628.                            |                                     |
| Net Assets or Fund Balances |                 | OGDEN, UT   | Beginning of Current Year 1,966,904. | End of Year 2,261,426.              |
| Sse                         | 20              | rotal assets (Part X, line 16)  | 226,609.                             | 309,921.                            |
| a te                        | 21              | Total liabilities (Part X, line 26)   | 1,740,295.                           | 1,951,505.                          |
| <u> </u>                    | 22<br>art II    | Net assets or fund balances. Subtract line 21 from line 20 Signature Block  | 1,140,233.                           | 1,731,303.                          |
|                             | 21 2 11         | Under penalties of penury, I declare that I have examined this return, including accompanying schedules and stateme and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowle | nts, and to the best of my knowled   | ge and belief, it is true, correct, |
|                             |                 | and complete Declaration of preparer (other than officer) is based on all information of which preparer has any knowle  | dge                                  |                                     |
| Sig                         | n               | NOTA (Namsen  | 1 11-9-                              | -10                                 |
| Her                         |                 | Signature of officer  | Date                                 |                                     |
|                             |                 | ▶ BETH HANSEN, CHIEF EXEC OFFICER   |                                      |                                     |
|                             |                 | Type or print name and title  | -                                    |                                     |
|                             |                 | Preparer's Date   |                                      | er's identifying number structions) |
| Paid                        |                 | signature / Man C/7+ 11/4/10  | self-<br>employed >                  |                                     |
| : '                         | arer's          | Firm's name (or CARR RIGGS & INGRAM, LLC yours if   | EIN ▶                                |                                     |
| use                         | Only            | self-employed), P. O. BOX 2418  |                                      |                                     |
|                             |                 | address, and ZIP+4 RIDGELAND, MS 39158-2418   | Phone no ▶ 6                         | 01-853-7050                         |
| May                         | the IF          | S discuss this return with the preparer shown above? (see instructions)   |                                      | X Yes No                            |

Form **990** (2009)

|      | 990 (2009) MISSISSIPPI ASSOCIATION OF REALTORS, INC 64-0473679 Page 2  |
|------|--|
| Pa   | t III Statement of Program Service Accomplishments   |
| 1    | Briefly describe the organization's mission: TO BE THE BUSINESS ADVOCATE FOR MISSISSIPPI REAL ESTATE PROFESSIONALS   |
|      |  |
| 2    | Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?  Yes X No                     |
|      | If "Yes," describe these new services on Schedule O.   |
| 3    | Did the organization cease conducting, or make significant changes in how it conducts, any program services?  Yes X No   |
| 4    | If "Yes," describe these changes on Schedule O.  Describe the exempt purpose achievements for each of the organization's three largest program services by expenses. |
| •    | Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and  |
|      | allocations to others, the total expenses, and revenue, if any, for each program service reported.  SEE SCHEDULE O FOR CONTINUATION(S)                               |
| 4a   | (Code: ) (Expenses \$ Including grants of \$ ) (Revenue \$ )   |
|      | EDUCATION - THE MS REALTOR INSTITUTE, THE ASSOCIATION'S EDUCATION  |
|      | DIVISION, PROVIDES MORE THAN 112 COURSES FOR PRE, POST, CONTINUING AND   |
|      | PROFESSIONAL DESIGNATION REAL ESTATE EDUCATION VIA CLASSROOM AND ONLINE  |
|      | COURSES TO APPROXIMATELY 3,700 STUDENTS ANNUALLY. COURSES ARE OFFERED  |
|      | AT THE ASSOCIATION'S HEADQUARTERS AND IN VARIOUS LOCATIONS THROUGHOUT THE STATE AS WELL AS ONLINE. THE PURPOSE OF OUR REAL ESTATE SCHOOL IS                          |
|      | TO PROVIDE THE LEARNING TOOLS AND TRAINING REAL ESTATE PROFESSIONALS   |
|      | NEED "FOR THE COURSE OF THEIR CAREER". COURSES INCLUDE MARKETING,  |
|      | TECHNOLOGY, LICENSE LAW, AGENCY LAW AND CONTRACT LAW, REAL ESTATE EXAM   |
|      | PREPARATION, HOME INSPECTION AND OTHER TIMELY TOPICS.  |
|      |  |
| 4b   | (Code: ) (Expenses \$ including grants of \$ ) (Revenue \$ )   |
|      | MEETINGS, EVENTS - THE MS ASSOCIATION OF REALTORS HOLDS VARIOUS EVENTS   |
|      | THROUGHOUT EACH YEAR TO RAISE AWARENESS OF ISSUES IMPORTANT TO THE REAL  |
|      | ESTATE BUSINESS. SUCH EVENTS INCLUDE A REALTOR DAY AT THE CAPITAL  |
|      | WHERE MORE THAN 300 REALTORS VISIT WITH THEIR STATE LEGISLATORS ON   |
|      | ISSUES IMPACTING THEIR BUSINESS; AN ANNUAL CONVENTION AND EXPO WHERE   |
|      | MORE THAN 900 REALTORS, SPONSORS AND EXHIBITORS GATHER FOR CONTINUING  |
|      | PRACTICES. OTHER SMALLER FORUMS, WORK GROUPS, COMMITTEES AND TASK  |
|      | FORCES MEET THROUGHOUT THE YEAR TO CARRY FORTH THE BUSINESS OF THE   |
|      | ORGANIZATION IN THE AREAS OF ASSOCIATION OPERATIONS, MEMBER SERVICES   |
|      | AND TECHNOLOGY, STANDARD FORMS AND CONTRACTS, PROFESSIONAL STANDARDS,  |
|      | PROFESSIONAL DEVELOPMENT AND LEGISLATIVE AND REGULATORY AFFAIRS.   |
| 4c   | (Code: ) (Expenses \$ Including grants of \$ ) (Revenue \$ )   |
|      | PUBLICATIONS - THE ASSOCIATION PUBLISHES A 32 PAGE QUARTERLY MAGAZINE  |
|      | DISTRIBUTED TO ALL 600+ MEMBERS OF THE ASSOCIATION AS WELL AS STATEWIDE ELECTED LEADERS. ADVERTISING COVERS THE BULK OF THE DIRECT EXPENSES                          |
|      | ASSOCIATED WITH THIS MAGAZINE. THE PUBLICATION FEATURES TIMELY   |
|      | ARTICLES ON MISSISSIPPI REAL ESTATE AND FEATURES MISSISSIPPI REALTORS  |
|      | AS SUBJECTS OF ARTICLES AND AS GUEST WRITERS. THE PURPOSE OF THE   |
|      | MAGAZINE IS TO SERVE AS OUR PRIMARY COMMUNICATION VEHICLE WITH THE   |
|      | ORGANIZATION'S MEMBERS AND TO PROVIDE A FORUM FOR EXCHANGING BEST  |
|      | PRACTICES, RISK MANAGEMENT TOOLS, NEWS AND TOPICAL INFORMATION THAT IS   |
|      | RELEVANT TO A PRACTICING REALTOR IN MISSISSIPPI. THE ASSOCIATION ALSO  |
|      | PUBLISHES A CONSUMER REAL ESTATE GUIDE EVERY OTHER YEAR WITH MORE THAN   |
| A =0 | 50,000 COPIES DISTRIBUTED THROUGHOUT THE STATE. THE GUIDE IS DESIGNED  |
| 4d   | Other program services. (Describe in Schedule O.) (Expenses \$ including grants of \$ ) (Revenue \$ )  |
| 4e   | Total program service expenses ►\$   |
|      | Form <b>990</b> (2009)   |

Part IV Checklist of Required Schedules

|     |   |       | Yes          | No    |
|-----|---|-------|--------------|-------|
| 1   | is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?                             |       |              |       |
|     | If "Yes," complete Schedule A   | 1_    |              | 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 Schedule C, Part II     | 4     |              |       |
| 5   | Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e) notice and        |       |              |       |
|     | reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III  | 5     | 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     |              | 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 X; or provide     |       |              |       |
|     | credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV         | 9     |              | X     |
| 10  | Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments?          |       |              |       |
|     | If "Yes," complete Schedule D, Part V   | 10    |              | 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 Schedule D,     |       |              |       |
|     | Part VI.  |       |              |       |
| •   | Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total     |       |              |       |
|     | assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII.  |       |              |       |
| •   | Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total      |       |              |       |
|     | assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII.   |       |              |       |
| •   | Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in    | ·     |              |       |
|     | Part X, line 16? If "Yes," complete Schedule D, Part IX.  |       |              |       |
| •   | Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X           |       |              |       |
| •   | Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses         |       |              |       |
|     | the organization's liability for uncertain tax positions under FIN 48? If "Yes," complete Schedule D, Part X.                   |       |              |       |
| 12  | Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete             |       |              |       |
|     | Schedule D, Parts XI, XII, and XIII.  | 12    | X            |       |
| 12A | Was the organization included in consolidated, independent audited financial statements for the tax year? Yes No                |       |              |       |
|     | If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional  | ļ     |              |       |
| 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       |       |              | ٠,    |
|     | or entity located outside the United States? If "Yes," complete Schedule F, Part II   | 15    |              | Х     |
| 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    |              | Х     |
| 17  | Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,         |       |              | v     |
|     | 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    |              | Х     |
| 19  | Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"          |       |              | v     |
|     | complete Schedule G, Part III   | 19    | $\vdash$     | X     |
| 20  | Did the organization operate one or more hospitals? If "Yes," complete Schedule H   | _20_  | 000          |       |
|     |   | ⊢orm. | <b>990</b> ( | ZUU9) |

35 Is any related organization a controlled entity within the meaning of section 512(b)(13)?

36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?

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 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19?

If "Yes," complete Schedule R, Part V, line 2

If "Yes," complete Schedule R, Part V, line 2

Note. All Form 990 filers are required to complete Schedule O.

Form 990 (2009)

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| rar    | t v Statements Regarding Other IRS Fillings 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 21                   |  |          |  |
|        | Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable  | 1 <b>b</b> 0            |  |          |  |
| C      | Did the organization comply with backup withholding rules for reportable payments to vendors and re  | eportable gaming        |  |          |  |
|        | (gambling) winnings to prize winners?  |                         | 1c   |          | ļ  |
| 2a     | Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,  |                         | 1 1  |          |  |
|        | filed for the calendar year ending with or within the year covered by this return  | 2a 11                   |  |          |  |
| b      | If at least one is reported on line 2a, did the organization file all required federal employment tax returns  | ns?                     | 2b   | X        | ļ  |
|        | Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return. (see   | instructions)           |  |          |  |
| 3а     | Did the organization have unrelated business gross income of \$1,000 or more during the year covered   | d by this return?       | 3a   | X        | ļ  |
|        | If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O   |                         | 3ь   | X        | ļ  |
| 4a     | At any time during the calendar year, did the organization have an interest in, or a signature or other  |                         |  |          | ]  |
|        | financial account in a foreign country (such as a bank account, securities account, or other financial   | 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   | Bank and                |  |          |  |
|        | Financial Accounts.  |                         |  |          | .,   |
| 5a     | Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?  |                         | 5a   |          | X  |
|        | Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction  |                         | 5b   |          | X  |
| C      | If "Yes," to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Rega  | irding Prohibited       |  |          |  |
|        | Tax Shelter Transaction?   |                         | 5c   |          | <del> </del> -                                   |
| 6a     | Does the organization have annual gross receipts that are normally greater than \$100,000, and did to  | ne organization solicit |  |          | v  |
|        | any contributions that were not tax deductible?  |                         | 6a   |          | X  |
| Ь      | If "Yes," did the organization include with every solicitation an express statement that such contribute   | ions or gifts           |  |          |  |
|        | were not tax deductible?   |                         | 6b   |          | <del> </del>                                     |
| 7      | Organizations that may receive deductible contributions under section 170(c).  |                         |  |          |  |
| а      | Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for  | goods and services      | _  |          | İ  |
|        | provided to the payor?   |                         | 7a   | ļ        | -  |
|        | 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 w   | as required             | 7.   |          |  |
|        | to file Form 8282?   | 7d                      | 7c   |          | <u> </u>   |
|        | If "Yes," indicate the number of Forms 8282 filed during the year  |                         |  |          |  |
| е      | Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a p   | Dersonal                | 7e   |          | 1  |
|        | benefit contract?  | root?                   | 71   | -        | <del>                                     </del> |
| t<br>- | Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit cont<br>For all contributions of qualified intellectual property, did the organization file Form 8899 as required |                         | <b>7</b> g                                   |          | <del>                                     </del> |
| 9      | For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-0   |                         | 7h   |          | t  |
| 8<br>8 | Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting or   |                         |  |          | <del>                                     </del> |
| ٥      | supporting organization, or a donor advised fund maintained by a sponsoring organization, have exc   |                         |  |          |  |
|        | at any time during the year?   |                         | 8  | Ì        |  |
| 9      | Sponsoring organizations maintaining donor advised funds.  |                         |  |          |  |
| a      | Did the organization make any taxable distributions under section 4966?  |                         | 9a   |          | Ì  |
| ь      | Did the organization make a distribution to a donor, donor advisor, or related person?   |                         | 9ь   | Ì        |  |
| 10     | Section 501(c)(7) organizations. Enter.  |                         |  |          |  |
| a      | Initiation fees and capital contributions included on Part VIII, line 12   | 10a                     |  |          |  |
| ь      | Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities  | 10b                     |  |          |  |
| 11     | Section 501(c)(12) organizations. Enter:   |                         |  |          | 1  |
| ···    | Gross income from members or shareholders  | 11a                     |  |          |  |
| b      | Gross income from other sources (Do not net amounts due or paid to other sources against   |                         |  |          |  |
|        | 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   | 1041?                   | 12a  | <u> </u> | 1  |
|        | If "Yes," enter the amount of tax-exempt interest received or accrued during the year  | 12b                     | <u>.                                    </u> | <u> </u> | <u> </u>   |
|        |  |                         | Form   | 990      | (2009)   |

64-0473679 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.

| <u>sec</u> | tion A. Governing Body and Management  |           |                   |          |            | <u>.</u> 1 |          |  |
|------------|--|-----------|-------------------|----------|------------|------------|----------|--|
| 4.         | Fate-the such as forther and the first transfer to the same of the | ١         | 1                 | 67       |            | Yes        | No       |  |
|            | Enter the number of voting members of the governing body   | 1a        |                   | 67       |            |            |          |  |
|            | Enter the number of voting members that are independent  | 1b        | Carl other        | -0/      |            |            |          |  |
| 2          | 2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?  |           |                   |          |            |            |          |  |
| 3          | Did the organization delegate control over management duties customarily performed by or under the   | o diro    | ot cuponicion     | }        | 2          |            | <u>X</u> |  |
|            | of officers, directors or trustees, or key employees to a management company or other person?  | ie dire   | ct supervision    |          | 3          |            | X        |  |
| 4          | Did the organization make any significant changes to its organizational documents since the prior Fo   | rm QQ     | N was filed?      | -        | 4          |            | X        |  |
| 5          | Did the organization become aware during the year of a material diversion of the organization's asse   |           | o was mea:        | -        | 5          |            | X        |  |
| 6          | Does the organization have members or stockholders?  |           |                   | Ī        | 6          | X          |          |  |
|            | Does the organization have members of stockholders, or other persons who may elect one or more me  | ember     | s of the          | ŀ        |            |            |          |  |
|            | governing body?  | ,,,,,     |                   |          | 7a         | Х          |          |  |
| ь          | Are any decisions of the governing body subject to approval by members, stockholders, or other pe  | rsons'    | ,                 | Ī        | 7b         | Х          |          |  |
| 8          | Did the organization contemporaneously document the meetings held or written actions undertaken  |           |                   | İ        |            |            |          |  |
|            | by the following:  |           | , ,               |          |            |            |          |  |
| а          | The governing body?  |           |                   |          | 8a         | X          |          |  |
| ь          | Each committee with authority to act on behalf of the governing body?  |           |                   |          | 8b         | Х          |          |  |
| 9          | is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be rea  | ached     | at the            | ſ        |            |            |          |  |
|            | organization's mailing address? If "Yes," provide the names and addresses in Schedule O  |           |                   |          | 9          |            | <u>X</u> |  |
| Sec        | tion B. Policies (This Section B requests information about policies not required by the Internal Fi   | evenu     | e Code.)          |          |            |            |          |  |
|            |  |           |                   | _        |            | Yes        | No       |  |
| I0a        | 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  | chapt     | ers, affiliates,  | 1        |            |            |          |  |
|            | 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 f  | iling th  | e form?           | ļ        | 11_        | X          |          |  |
| I1A        | 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 co   | uld giv   | e rise            |          |            |            | 7.0      |  |
|            | to conflicts?  |           |                   | }        | 12b        |            | <u>X</u> |  |
| С          | Does the organization regularly and consistently monitor and enforce compliance with the policy? If  | "Yes,"    | describe          |          |            |            | v        |  |
|            | in Schedule O how this is done   |           |                   |          | 12c        | X          | <u> </u> |  |
| 13         | Does the organization have a written whistleblower policy?   |           |                   | -        | 13_        | X          |          |  |
| 14         | Does the organization have a written document retention and destruction policy?  |           |                   |          | 14         | ^          |          |  |
| 15         | Did the process for determining compensation of the following persons include a review and approv  |           | паерепаепт        |          |            |            |          |  |
| _          | persons, comparability data, and contemporaneous substantiation of the deliberation and decision?  |           |                   |          | 45-        | Х          |          |  |
| a          | The organization's CEO, Executive Director, or top management official   |           |                   | 1        | 15a<br>15b | X          |          |  |
| b          | Other officers or key employees of the organization  If "Yes" to line 15a or 15b, describe the process in Schedule O. (See instructions.)  |           |                   | }        | 130        | - 1        |          |  |
| 162        | Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrange   | ment :    | with a            |          |            |            |          |  |
| ı va       | taxable entity during the year?  | illelit i | with a            |          | 16a        |            | Х        |  |
| h          | If "Yes," has the organization adopted a written policy or procedure requiring the organization to eva   | aluate    | its participation | , ,      |            |            |          |  |
| _          | in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the org   |           |                   | }        |            |            |          |  |
|            | exempt status with respect to such arrangements?   |           |                   |          | 16b        | ĺ          |          |  |
| Sec        | 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) ava | ılable 1 | 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, or  | conflic   | of interest poli  | cy, an   | d fina     | ncıal      |          |  |
|            | statements available to the public.  |           | •                 |          |            |            |          |  |
| 20         | State the name, physical address, and telephone number of the person who possesses the books a   | nd rec    | ords of the org   | anızatı  | on: 🕨      | ·          |          |  |
|            | BETH HANSEN - 601-932-9325   |           |                   |          |            |            |          |  |
|            | 4274 LAKELAND DRIVE, FLOWOOD, MS 39232   |           |                   |          |            |            |          |  |

Page 7

# 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.

| <b>(A)</b><br>Name and Title                      | (B)              | (C) Position                   |                       |          |          |                              |     | (D)                     | (E)  | (F)  |
|---|------------------|--------------------------------|-----------------------|----------|----------|------------------------------|-----|-------------------------|--|--|
| Name and Title                                    | Average<br>hours | (c                             |                       |          |          | ı<br>app                     | ly) | Reportable compensation | Reportable<br>compensation<br>from related<br>organizations<br>(W-2/1099-MISC) | Estimated amount of other compensation from the organization and related organizations |
|   | per<br>week      | Individual trustee or director | Institutional trustee | Officer  |          | Highest compensated employee |     | from                    |  |  |
| ANGELA CAIN<br>CEO                                | 40.00            | X                              |                       |          |          | X                            |     | 130,480.                | 0.   | 0  |
| SEE ATTACHED STATEMENT.                           |                  |                                |                       |          |          |                              |     |                         |  |  |
|   |                  | _                              |                       |          |          |                              |     | 0.                      | 0.   | 0  |
|   |                  |                                |                       | -        |          | -                            |     |                         |  |  |
| · <del>· · · · · · · · · · · · · · · · · · </del> |                  | ļ                              |                       | <u> </u> | ļ        | _                            |     |                         |  |  |
|   |                  |                                |                       |          |          |                              |     |                         |  |  |
|   |                  |                                |                       |          |          |                              |     |                         |  |  |
|   |                  |                                |                       |          |          |                              |     |                         |  |  |
|   |                  |                                |                       | -        |          | <del> </del>                 |     |                         |  |  |
|   |                  | ļ                              |                       | _        |          | L                            |     |                         |  |  |
|   |                  |                                |                       |          |          |                              |     |                         |  |  |
|   |                  |                                | _                     |          |          |                              |     |                         |  |  |
|   |                  |                                |                       |          |          |                              |     |                         |  | <del></del>  |
|   |                  |                                |                       | _        |          |                              |     |                         |  |  |
|   |                  |                                |                       |          |          |                              |     |                         |  |  |
|   |                  |                                |                       |          |          |                              |     |                         |  |  |
|   | -                |                                |                       |          | <u> </u> |                              |     |                         |  |  |
| <u></u>   |                  |                                |                       | ļ        | _        | -                            |     | -                       |  |  |
|   |                  | ļ                              |                       |          |          | ļ                            |     |                         |  |  |
|   |                  |                                |                       |          |          |                              |     |                         |  |  |
|   |                  |                                |                       |          |          |                              |     |                         |  |  |

Total number of independent contractors (including but not limited to those listed above) who received more than

0

\$100,000 in compensation from the organization

Form 990 (2009)

Form 990 (2009)

932009 02-04-10

### Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns.

|           | All other organizations must compi  |                       |                                    |                                     | (D)                     |
|-----------|---|-----------------------|------------------------------------|-------------------------------------|-------------------------|
|           | not include amounts reported on lines 6b,<br>8b, 9b, and 10b of Part VIII.            | (A)<br>Total expenses | (B)<br>Program service<br>expenses | (C) Management and general expenses | Fundraising<br>expenses |
| 1         | Grants and other assistance to governments and  |                       |                                    |                                     |                         |
|           | organizations in the U.S. See Part IV, line 21  |                       |                                    |                                     |                         |
| 2         | Grants and other assistance to individuals in   |                       |                                    |                                     |                         |
|           | the U.S. See Part IV, line 22   |                       |                                    |                                     |                         |
| 3         | Grants and other assistance to governments,   |                       |                                    |                                     |                         |
|           | organizations, and individuals outside the U.S.                                       |                       |                                    | :                                   |                         |
|           | See Part IV, lines 15 and 16  |                       |                                    |                                     |                         |
| 4         | Benefits paid to or for members   |                       |                                    |                                     |                         |
| 5         | Compensation of current officers, directors,  | 120 400               |                                    | ļ.                                  |                         |
|           | trustees, and key employees   | 130,480.              |                                    |                                     |                         |
| 6         | Compensation not included above, to disqualified                                      |                       |                                    |                                     |                         |
|           | persons (as defined under section 4958(f)(1)) and                                     |                       |                                    |                                     |                         |
|           | persons described in section 4958(c)(3)(B)  | EE1 057               |                                    |                                     |                         |
| 7         | Other salaries and wages  | 551,057.              |                                    |                                     |                         |
| 8         | Pension plan contributions (include section 401(k)                                    |                       |                                    |                                     |                         |
| _         | and section 403(b) employer contributions)  |                       |                                    |                                     |                         |
| 9         | Other employee benefits   |                       |                                    |                                     |                         |
| 10        | Payroll taxes   |                       |                                    |                                     |                         |
| 11        | Fees for services (non-employees):  |                       |                                    |                                     |                         |
| a         | Management  |                       | 180                                |                                     |                         |
| b         | Legal   | 10,000.               |                                    |                                     |                         |
| C         | Accounting  | 10,000.               |                                    | ļ. <del> </del>                     |                         |
| d         | Lobbying  Professional fundrausing convices. See Part IV. June 17                     |                       |                                    |                                     |                         |
| e         | Professional fundraising services See Part IV, line 17                                |                       |                                    |                                     |                         |
| f         | Investment management fees  |                       |                                    |                                     |                         |
| 9<br>12   | Other Advertising and promotion   | 10,344.               |                                    |                                     |                         |
| 12        | Advertising and promotion   | 39,285.               |                                    |                                     |                         |
| 13<br>14  | Office expenses Information technology  | 16,429.               |                                    |                                     |                         |
| 15        | Royalties   | 20,120                |                                    |                                     |                         |
| 16        | Occupancy   | 66,849.               |                                    |                                     |                         |
| 17        | Travel  | 79,194.               |                                    |                                     |                         |
| 18        | Payments of travel or entertainment expenses  | ,                     |                                    |                                     |                         |
|           | for any federal, state, or local public officials                                     |                       |                                    |                                     |                         |
| 19        | Conferences, conventions, and meetings  | 160,647.              |                                    |                                     |                         |
| 20        | Interest  | 699.                  |                                    |                                     |                         |
| 21        | Payments to affiliates  |                       |                                    |                                     |                         |
| 22        | Depreciation, depletion, and amortization   | 55,585.               |                                    |                                     |                         |
| 23        | Insurance   |                       |                                    |                                     |                         |
| 24        | Other expenses Itemize expenses not covered   |                       |                                    | -                                   |                         |
|           | above (Expenses grouped together and labeled miscellaneous may not exceed 5% of total |                       |                                    |                                     |                         |
|           | expenses shown on line 25 below )   |                       |                                    |                                     |                         |
| а         | OTHER EXPENSES  | 109,202.              |                                    |                                     |                         |
| b         | REALTOR INSTITUTE   | 87,829.               |                                    |                                     |                         |
| С         | PRINTING & PUBLICATIONS   | 30,440.               |                                    | ļ                                   |                         |
| d         | POSTAGE   | 23,724.               |                                    |                                     | -                       |
| е         | TELEPHONE   | 22,856.               |                                    |                                     |                         |
| f         | All other expenses  | 53,375.               |                                    |                                     |                         |
| <u>25</u> | Total functional expenses Add lines 1 through 24f                                     | 1,447,995.            |                                    | _                                   |                         |
| 26        | Joint costs. Check here   If following  |                       |                                    |                                     |                         |
|           | SOP 98-2 Complete this line only if the organization                                  |                       |                                    |                                     |                         |
|           | reported in column (B) joint costs from a combined                                    |                       |                                    |                                     |                         |
|           | educational campaign and fundraising solicitation                                     |                       |                                    |                                     | <u> </u>                |

MISSISSIPPI ASSOCIATION OF REALTORS, INC

| Pa                          | τX       | Balance Sheet  |                |                        |   |            |                           |
|-----------------------------|----------|--|----------------|------------------------|---|------------|---------------------------|
|                             |          |  |                |                        | (A)<br>Beginning of year                |            | <b>(B)</b><br>End of year |
|                             | 1        | Cash - non-interest-bearing  |                |                        | 1,114.                                  | 1          | 353.                      |
|                             | 2        | Savings and temporary cash investments   | 170,220.       | 2                      | 295,799.                                |            |                           |
|                             | 3        | Pledges and grants receivable, net   |                |                        | 3                                       |            |                           |
|                             | 4        | Accounts receivable, net   |                |                        | 3,640.                                  | 4          | 3,450.                    |
|                             | 5        | Receivables from current and former officers, di                                       |                |                        |   |            |                           |
|                             |          | employees, and highest compensated employe   | es Cor         |                        |   | •          |                           |
|                             |          | of Schedule L  |                |                        |   | 5          |                           |
|                             | 6        | Receivables from other disqualified persons (as  | define         | d under section        | , |            |                           |
|                             |          | 4958(f)(1)) and persons described in section 49  | 58(c)(3)       | (B). Complete          |   |            |                           |
|                             |          | Part II of Schedule L  |                | ,                      |   | 6          |                           |
| S                           | 7        | Notes and loans receivable, net  |                |                        |   | 7          |                           |
| Assets                      | 8        | Inventories for sale or use  |                |                        | 12,400.                                 | 8          | 5,536.                    |
| Ä                           | 9        | Prepaid expenses and deferred charges  |                |                        | ·                                       | 9          |                           |
|                             |          | Land, buildings, and equipment: cost or other  | 1 1            |                        | · · · · · · · · · · · · · · · · · · ·   |            |                           |
|                             |          | basis. Complete Part VI of Schedule D  | 10a            | 1,848,425.             |   |            |                           |
|                             | h        | Less: accumulated depreciation   | 10b            | 1,848,425.<br>722,509. | 1,171,911.                              | 100        | 1,125,916.                |
|                             | 11       | Investments - publicly traded securities   |                |                        |   | 11         |                           |
|                             | 12       | Investments - other securities. See Part IV, line                                      | 607,119.       | 12                     | 829,872.                                |            |                           |
|                             | 13       | Investments · program-related. See Part IV, line                                       |                |                        |   | 13         | 020,0120                  |
|                             | 14       | Intangible assets  |                |                        | 14                                      |            |                           |
|                             | 15       | Other assets. See Part IV, line 11   | 500.           | 15                     | 500.                                    |            |                           |
|                             | 16       | Total assets. Add lines 1 through 15 (must equ   | 24)            | 1,966,904.             | 16                                      | 2,261,426. |                           |
|                             | 17       |  | <del>141</del> | 89,334.                | 17                                      | 139,404.   |                           |
|                             | 18       | Accounts payable and accrued expenses Grants payable                                   |                |                        | 05/001.                                 | 18         | 100/1010                  |
|                             | 19       | Deferred revenue   |                |                        | 110,306.                                | 19         | 170,517.                  |
|                             | 20       |  |                |                        | 110/500.                                | 20         | 170/317.                  |
|                             |          | Tax-exempt bond liabilities  | Dort IV        | of Cohodulo D          |   | 21         |                           |
| Liabilities                 | 21       | Escrow or custodial account liability Complete   |                |                        |   | - 21       |                           |
| ፷                           | 22       | Payables to current and former officers, directo                                       |                | ľ                      |   |            |                           |
| E:                          |          | highest compensated employees, and disqualif   | ied per        | sons. Complete Part II |   | 22         |                           |
|                             | 00       | of Schedule L  | حاد استخت      | and made an            | 26,969.                                 | 23         |                           |
|                             | 23       | Secured mortgages and notes payable to unrel   |                | ·                      | 20,707.                                 | 24         |                           |
|                             | 24       | Unsecured notes and loans payable to unrelate  |                | parties                |   | 25         |                           |
|                             | 25<br>26 | Other liabilities. Complete Part X of Schedule D                                       |                | }                      | 226,609.                                | 26         | 309,921.                  |
|                             | 20       | Total liabilities. Add lines 17 through 25 Organizations that follow SFAS 117, check h |                | Y and complete         | 2207003.                                | 20         | 3037321.                  |
| <b>,</b>                    |          |  | ere P          | (A) and complete       |   |            |                           |
| ĕ                           | 07       | lines 27 through 29, and lines 33 and 34.  |                |                        | 1,740,295.                              | 27         | 1,951,505.                |
| lan                         | 27       | Unrestricted net assets  |                | }                      | 111401233.                              |            | 1,731,303.                |
| Net Assets or Fund Balances | 28       | Temporarily restricted net assets  |                |                        |   | 28         |                           |
| בַ                          | 29       | Permanently restricted net assets  |                |                        |   | 29         |                           |
| Æ                           |          | Organizations that do not follow SFAS 117, o   | песк п         | ere ▶ 🔲 and            |   |            |                           |
| S                           |          | complete lines 30 through 34.  |                |                        |   |            |                           |
| set                         | 30       | Capital stock or trust principal, or current funds                                     |                | 161                    | · · - · · · ·                           | 30         |                           |
| As                          | 31       | Paid in or capital surplus, or land, building, or e                                    |                |                        |   | 31         |                           |
| Žet                         | 32       | Retained earnings, endowment, accumulated in   | ncome,         | or other funds         | 1 740 205                               | 32         | 1 051 505                 |
| _                           | 33       | Total net assets or fund balances  | }              | 1,740,295.             | 33                                      | 1,951,505. |                           |
|                             | 34       | Total liabilities and net assets/fund balances   |                |                        | 1,300,304.                              | 34         | 2,261,426.                |

| Forn | 1990 (2009) MISSISSIPPI ASSOCIATION OF REALTORS, INC. 64-04/3  | 019 | Pag | ge IZ |  |  |  |  |
|------|--|-----|-----|-------|--|--|--|--|
| 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  |     | _ X   |  |  |  |  |
| b    | b Were the organization's financial statements audited by an independent accountant?   |     |     |       |  |  |  |  |
| С    | If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit,    |     |     |       |  |  |  |  |
|      | review, or compilation of its financial statements and selection of an independent accountant?                               | 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:   |     |     |       |  |  |  |  |
|      | Separate basis Consolidated basis X Both consolidated and separate basis   |     |     |       |  |  |  |  |
| За   | 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     |  |  |  |  |
| b    | If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit  |     |     |       |  |  |  |  |
|      | or guides, explain why in Schedule O and describe any steps taken to undergo such audits                                     | 36  | 1   | ĺ     |  |  |  |  |

Form **990** (2009)

### SCHÈDULE C (Form 990 or 990-EZ)

## **Political Campaign and Lobbying Activities**

For Organizations Exempt From Income Tax Under section 501(c) and section 527

OMB No 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Complete if the organization is described below.

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

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 5   | 01(c)(4), (5), or (6) organizat       | ions: Complete Part III.   |                         |  |  |
|-----|-------------|---------------------------------------|--|-------------------------|--|--|
| Nam | ne of orga  | nization                              |  |                         | Em   | ployer identification number                       |
|     |             |                                       | IPPI ASSOCIATION   |                         |  | 64-0473679   |
| Pa  | rt I-A      | Complete if the org                   | anization is exempt un   | der section 501(c       | ) or is a section 527                      | organization.                                      |
| 1   | Provide     | a description of the organiz          | ation's direct and indirect politi                                   | cal campaign activities | in Part IV.                                |  |
| 2   | Political   | expenditures                          | ·  |                         | <b>&gt;</b>                                | \$   |
| 3   | Voluntee    | er hours                              |  |                         |  |  |
|     |             |                                       |  |                         |  |  |
| Pa  | rt I-B      | Complete if the org                   | anization is exempt un   | der section 501(c       |  |  |
| 1   | Enter the   | e amount of any excise tax            | incurred by the organization un                                      | ider section 4955       |  | \$   |
| 2   | Enter the   | e amount of any excise tax            | incurred by organization manag                                       | gers under section 495  | 5  | \$   |
| 3   | If the org  | ganization incurred a sectio          | n 4955 tax, did it file Form 4720                                    | O for this year?        |  | Yes No   |
|     |             | orrection made?                       |  |                         |  | Yes No   |
|     |             | describe in Part IV                   |  |                         | \  | 4/-1/01  |
| Pa  | rt I-C      |                                       | anization is exempt un   |                         |  |  |
| 1   |             |                                       | by the filing organization for s                                     |                         |  | \$   |
| 2   |             | , , , , , , , , , , , , , , , , , , , | zation's funds contributed to c                                      | other organizations for | section 527                                |  |
| _   | •           | function activities                   | <u>.</u>   |                         |  | *\$  |
| 3   |             | empt function expenditures            | . Add lines 1 and 2 Enter here                                       | and on Form 1120-PO     | L,   | •  |
|     | line 17b    |                                       |  |                         |  | *  |
| _   |             | iling organization file Form          |  |                         |  | └ Yes └ No   |
| 5   |             |                                       | nployer identification number (E<br>he amount paid from the filing ( |                         |  |  |
|     |             |                                       | ne amount paid from the filling overed to a separate political or    |                         |  |  |
|     |             |                                       | l, provide information in Part IV                                    |                         | eparate sogregated fund t                  | a political action committee                       |
|     | (1.710)     | · · · · · · · · · · · · · · · · · · · | <u> </u>   | (c) EIN                 | (d) Amount pold from                       | (a) Amount of political                            |
|     |             | (a) Name                              | (b) Address  | (C) EIIV                | (d) Amount paid from filing organization's | (e) Amount of political contributions received and |
|     |             |                                       |  |                         | funds. If none, enter -(                   |  |
|     |             |                                       |  |                         |  | delivered to a separate                            |
|     |             |                                       |  |                         |  | political organization. If none, enter -0          |
|     | <del></del> |                                       |  |                         | <del></del>                                |  |
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| Schedule C (Form 990 or 990-EZ) 2009 MI         | SSISSIPP          | I ASSOCIATI   | ON OF REALTO                                    | RS, IN64-                        | )473679 Page 2                 |
|---|-------------------|---|---|----------------------------------|--------------------------------|
| Part II-A Complete if the organiza              |                   | npt under sectio  | n 501(c)(3) and file                            | d Form 5768                      |                                |
| (election under section                         | 501(h)).          |   |   |                                  |                                |
| A Check 🕨 🖳 if the filing organization be       | longs to an affi  | liated group.   |   |                                  |                                |
| B Check 🕨 🔛 if the filing organization ch       | ecked box A a     | nd "limited control" pro  | ovisions apply                                  |                                  | T                              |
| Limits on I<br>(The term "expenditures          | obbying Expe      |   |   | (a) Filing organization's totals | (b) Affiliated group<br>totals |
| 1a Total lobbying expenditures to influence     | public opinion (  | grass roots lobbying)   |   |                                  |                                |
| b Total lobbying expenditures to influence      | a legislative boo | dy (direct lobbying)  | <u>[</u>  |                                  |                                |
| c Total lobbying expenditures (add lines 1a     |                   |   |   |                                  |                                |
| d Other exempt purpose expenditures             |                   |   |   |                                  |                                |
| e Total exempt purpose expenditures (add        | lines 1c and 1c   | (t  |   | ,                                |                                |
| f Lobbying nontaxable amount. Enter the         | amount from th    | e following table in bot  | h columns.                                      |                                  |                                |
| If the amount on line 1e, column (a) or (b) is  | · The lob         | bying nontaxable am   | ount is:  |                                  |                                |
| Not over \$500,000                              | 20% of            | the amount on line 1e   |   |                                  |                                |
| Over \$500,000 but not over \$1,000,000         | \$100,00          | 00 plus 15% of the exc  | ess over \$500,000.                             |                                  |                                |
| Over \$1,000,000 but not over \$1,500,00        |                   | 00 plus 10% of the exc  |   |                                  |                                |
| Over \$1,500,000 but not over \$17,000,0        | 00 \$225,00       | 00 plus 5% of the exce  | ess over \$1,500,000.                           |                                  |                                |
| Over \$17,000,000                               | \$1,000,          | 000.  |   |                                  |                                |
| 1.0   |                   |   |   | <u> </u>                         | <del> </del>                   |
| g Grassroots nontaxable amount (enter 25        |                   |   | 1   |                                  |                                |
| h Subtract line 1g from line 1a. If zero or le  |                   |   | _   |                                  |                                |
| i Subtract line 1f from line 1c. If zero or les |                   |   |   |                                  |                                |
| j If there is an amount other than zero on      | either line 1h or | line 1i, did the organiz  | ation file Form 4/20                            |                                  | Yes No                         |
| reporting section 4911 tax for this year?       |                   |   | . O Ai 504 (b)                                  |                                  | Yes No                         |
| (Some organizations columns                     | s that made a s   | eraging Period Under<br>section 501 (h) electio<br>se instructions for line | n do not have to comp<br>es 2a through 2f on pa | lete all of the five<br>ge 4.)   |                                |
|   | obbying Expe      | nditures During 4-Ye  | ar Averaging Period                             |                                  |                                |
| Calendar year<br>(or fiscal year beginning in)  | (a) 2006          | <b>(b)</b> 2007   | <b>(c)</b> 2008                                 | ( <b>d)</b> 2009                 | (e) Total                      |
| 2a Lobbying nontaxable amount                   |                   |   |   | 1/1-1                            |                                |
| <b>b</b> Lobbying ceiling amount                |                   |   |   |                                  |                                |
| (150% of line 2a, column(e))                    |                   |   |   | 118                              |                                |
| c Total lobbying expenditures                   |                   |   |   |                                  |                                |
| d Grassroots nontaxable amount                  |                   |   |   |                                  |                                |
| e Grassroots ceiling amount                     | ,                 |   |   |                                  |                                |
| (150% of line 2d, column (e))                   |                   |   |   | A called a bound                 |                                |
| f Grassroots lobbying expenditures              |                   |   |   |                                  |                                |

Schedule C (Form 990 or 990-EZ) 2009

# Schedule C (Form 990 or 990-EZ) 2009 MISSISSIPPI ASSOCIATION OF REALTORS, IN64-0473679 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              | Amo        | ount   |  |  |
| 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>b</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?  |               |                 |            |  |  |  |
| e Publications, or published or broadcast statements?   |               | <u> </u>        |            |  |  |  |
| f Grants to other organizations for lobbying purposes?  |               |                 |            |  |  |  |
| g Direct contact with legislators, their staffs, government officials, or a legislative body?                     |               | ļ               |            |  |  |  |
| h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?                       |               | ļ               |            |  |  |  |
| i Other activities? If "Yes," describe in Part IV   |               | <u> </u>        |            |  |  |  |
| 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>b</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?                    |               |                 |            |  |  |  |
| Part III-A Complete if the organization is exempt under section 501(c)(4), sec 501(c)(6).                         | tion 501(c    | )(5), or se     | ction      |  |  |  |
| 331(3)(3).  |               |                 | Yes        | No   |  |  |
| 1 Were substantially all (90% or more) dues received nondeductible by members?                                    |               | 1               |            | X  |  |  |
| 2 Did the organization make only in-house lobbying expenditures of \$2,000 or less?                               |               | 2               |            | X  |  |  |
| 3 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), sec                                    |               |                 |            | ı  |  |  |
| 501(c)(6) if BOTH Part III-A, lines 1 and 2 are answered "No" OR if P "Yes."                                      | art III-A, II | ine o is ai     | iswered    | !  |  |  |
| Dues, assessments and similar amounts from members  | · · ·         | 1               | 845        | 5,496.   |  |  |
| 2 Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of pol                 | itical        |                 |            |  |  |  |
| expenses for which the section 527(f) tax was paid).  |               |                 |            |  |  |  |
| a Current year  |               | 2a              | 5′         | 7,099.<br>0,215.                               |  |  |
| b Carryover from last year  |               | 2b              | <430       | ),215.>  |  |  |
| c Total   |               | 2c              | <373       | 3 <u>,116.</u> >                               |  |  |
| 3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues                 |               | 3               | 126        | 5,824.   |  |  |
| 4 If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the                | xcess         |                 |            |  |  |  |
| does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and                 | d political   |                 |            |  |  |  |
| expenditure next year?  |               | 4               |            |  |  |  |
| 5 Taxable amount of lobbying and political expenditures (see instructions)  |               | 5               | <499       | <u>9,940.</u> >                                |  |  |
| 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 1ı. Also | , complete | this part                                      |  |  |
| for any additional information  |               |                 |            |  |  |  |
| PART I-A, LINE 1:   |               |                 |            | <u>.</u>                                       |  |  |
|   |               |                 |            |  |  |  |
| THE MISSISSIPPI ASSOCIATION OF REALTORS HAS A REGIST  | ERED L        | OBBYIS          | r who      | <u>,                                      </u> |  |  |
| IN CONJUNCTION WITH THE ASSOCIATION'S LEGISLATIVE AN  | D REGU        | LATORY          |            |  |  |  |
| AFFAIRS COMMITTEE, DIRECTS THE ASSOCIATION'S POLICIE  | S AND         | ОВЈЕСТ          | IVES       |  |  |  |
| INVOLVING MATTERS OF GOVERNMENT AND REGULATIONS, ANA  | LYSES         | PROPOS          | ED         |  |  |  |
|   |               |                 | ,          |  |  |  |
| LEGISLATIVE ACTIONS AND DETERMINES THE POTENTIAL IMP  |               | I'HE            | 990 or 990 | )-EZ) 2009                                     |  |  |

| Schedule      | C (Form 990 c                         | or 990-EZ) 2009                       | MISSISS mation (contin                       | SIPPI A     | ASSOC         | CIATION                               | OF REA | LTORS,                                       | IN64-0                                | 473679      | Page 4        |
|---------------|---------------------------------------|---------------------------------------|--|-------------|---------------|---------------------------------------|--------|--|---------------------------------------|-------------|---------------|
| Part IV       | Supplen                               | nental Infor                          | nation (contin                               | ued)        | <del></del> - | ·                                     |        | <u>.                                    </u> | <del></del>                           |             |               |
| ASSOC         | IATION,                               | MONITOR                               | RS LEGISI                                    | LATIVE      | AND           | REGULAT                               | ORY AC | TIVITI                                       | ES AND                                |             | <del></del>   |
| DEVEL         | OPS ASS                               | OCIATION                              | N POSITIO                                    | ons.        |               |                                       |        | _  |                                       |             |               |
|               |                                       |                                       |  | - · · · ·   |               |                                       |        | ··-  |                                       |             |               |
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| <del></del>   | 418-14                                |                                       |  |             |               |                                       |        |  |                                       |             |               |
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| ····          | ,                                     |                                       | <u>.                                    </u> |             |               |                                       |        |  |                                       |             |               |
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|               |                                       |                                       |  |             |               |                                       |        |  |                                       |             |               |

### Schedule D

(Form 990)

Department of the Treasury Internal Revenue Service

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

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

OMB No 1545-0047 Open to Public Inspection

Name of the organization

► Attach to Form 990. ► See separate instructions.

MISSISSIPPI ASSOCIATION OF REALTORS TNC

Employer identification number 64-0473679

| Par | tl       | <b>Organizations Maintaining Donor Advise</b>               | d Funds or Other Similar Funds                 | or Accounts. Complete if the                 |
|-----|----------|---|--|--|
|     |          | organization answered "Yes" to Form 990, Part IV, line      |  | ·  |
|     |          |   | (a) Donor advised funds                        | (b) Funds and other accounts                 |
| 1   | Total r  | number at end of year                                       |  |  |
| 2   | Aggre    | gate contributions to (during year)                         |  |  |
| 3   | Aggre    | gate grants from (during year)                              |  |  |
| 4   | Aggre    | gate value at end of year                                   |  |  |
| 5   | Did the  | e organization inform all donors and donor advisors in      | writing that the assets held in donor advised  | d funds                                      |
|     | are the  | e organization's property, subject to the organization's    | exclusive legal control?                       | Yes No                                       |
| 6   | Did the  | e organization inform all grantees, donors, and donor a     | dvisors in writing that grant funds can be us  | sed only                                     |
|     | for cha  | aritable purposes and not for the benefit of the donor o    | r donor advisor, or for any other purpose co   | onferring                                    |
|     |          | nissible private benefit?                                   | ···  | Yes No                                       |
| Par | t        | Conservation Easements. Complete if the org                 | ganization answered "Yes" to Form 990, Pa      | rt IV, line 7.                               |
| 1   | Purpo    | se(s) of conservation easements held by the organizati      | on (check all that apply).                     |  |
|     |          | Preservation of land for public use (e.g., recreation or p  | leasure) Preservation of an histo              | orically important land area                 |
|     |          | Protection of natural habitat                               | Preservation of a certific                     | ed historic structure                        |
|     |          | Preservation of open space                                  |  |  |
| 2   |          | ete lines 2a through 2d if the organization held a qualif   | ied conservation contribution in the form of   | f a conservation easement on the last        |
|     | day of   | the tax year.   |  |  |
|     | <b>.</b> |   |  | Held at the End of the Tax Year              |
| a   |          | number of conservation easements                            |  | 2a   |
| b   |          | acreage restricted by conservation easements                |  | 2b   |
| C   |          | er of conservation easements on a certified historic stri   | • •  | 2c   |
| d   |          | er of conservation easements included in (c) acquired a     |  | 2d   |
| 3   | year >   | er of conservation easements modified, transferred, rel     | eased, extinguished, or terminated by the c    | organization during the tax                  |
| 4   | •        | er of states where property subject to conservation eas     | coment in located                              |  |
| 5   |          | he organization have a written policy regarding the per     |  |  |
| Ū   |          | ons, and enforcement of the conservation easements it       | • • •  | Yes No                                       |
| 6   |          | nd volunteer hours devoted to monitoring, inspecting,       |  |  |
| 7   |          | nt of expenses incurred in monitoring, inspecting, and      | -  | · · · · · · · · · · · · · · · · · · ·        |
| 8   |          | each conservation easement reported on line 2(d) above      | -  |  |
|     |          | ection 170(h)(4)(B)(II)?                                    | , ,  | Yes No                                       |
| 9   | In Part  | XIV, describe how the organization reports conservation     | on easements in its revenue and expense s      | statement, and balance sheet, and            |
|     |          | e, if applicable, the text of the footnote to the organizat |  |  |
|     | conse    | vation easements.   |  |  |
| Par | t III    | <b>Organizations Maintaining Collections of</b>             |  | ner Similar Assets.                          |
|     |          | Complete if the organization answered "Yes" to Form         | 990, Part IV, line 8.                          |  |
|     |          |   |  |  |
| 1a  | If the o | organization elected, as permitted under SFAS 116, no       | t to report in its revenue statement and bala  | ance sheet works of art, historical          |
|     | treasu   | res, or other similar assets held for public exhibition, ed | ducation, or research in furtherance of publi  | c service, provide, in Part XIV, the text of |
|     |          | tnote to its financial statements that describes these i    |  |  |
| Ь   |          | organization elected, as permitted under SFAS 116, to       |  |  |
|     | or othe  | er similar assets held for public exhibition, education, or | r research in furtherance of public service, p | provide the following amounts relating to    |
|     | these    |   |  |  |
|     |          | venues included in Form 990, Part VIII, line 1              |  | <b>\$</b>                                    |
|     |          | sets included in Form 990, Part X                           |  | <b>&gt;</b> \$                               |
| 2   |          | organization received or held works of art, historical trea | _  | jain, provide                                |
|     |          | owing amounts required to be reported under SFAS 1          | 16 relating to these items:                    |  |
|     |          | ues included in Form 990, Part VIII, line 1                 |  | <b>&gt;</b> \$                               |
| þ   | Assets   | included in Form 990, Part X                                |  | <b>&gt;</b> \$                               |

|             |   | IPPI ASSOC             |                       |                  |               |                 | 0473679          |              |
|-------------|---|------------------------|-----------------------|------------------|---------------|-----------------|------------------|--------------|
| Par         | t III Organizations Maintaining C                 |                        |                       |                  |               |                 |                  |              |
| 3           | Using the organization's acquisition, accession   | on, and other record   | ls, check any of ti   | ne following tha | it are a sign | ificant use of  | its collection i | tems         |
|             | (check all that apply):                           |                        |                       |                  |               |                 |                  |              |
| а           | Public exhibition                                 | d                      | ⊢                     | xchange progra   | ams           |                 |                  |              |
| b           | Scholarly research                                | е                      | U Other               |                  |               |                 |                  |              |
| c           | Preservation for future generations               |                        |                       |                  |               |                 |                  |              |
| 4           | Provide a description of the organization's co    | llections and explain  | n how they furthe     | r the organizati | on's exemp    | ot purpose in   | Part XIV.        |              |
| 5           | During the year, did the organization solicit or  | r receive donations (  | of art, historical tr | easures, or oth  | er sımılar a  | ssets           |                  |              |
|             | to be sold to raise funds rather than to be ma    | aintained as part of t | he organization's     | collection?      |               |                 | Yes              | No_          |
| Par         | t IV Escrow and Custodial Arrang                  | <b>gements.</b> Comple | ete if organization   | answered "Ye     | s" to Form    | 990, Part IV, 1 | ine 9, or        |              |
|             | reported an amount on Form 990, Par               | t X, line 21.          |                       |                  |               |                 |                  |              |
| 1a          | Is the organization an agent, trustee, custodi    | an or other intermed   | diary for contribut   | ions or other as | sets not in   | cluded          |                  |              |
|             | on Form 990, Part X?                              |                        |                       |                  |               |                 | Yes              | No           |
| b           | If "Yes," explain the arrangement in Part XIV     | and complete the fo    | llowing table:        |                  |               |                 |                  |              |
|             |   |                        |                       |                  |               |                 | Amount           |              |
| c           | Beginning balance                                 |                        |                       |                  |               | 1c              |                  |              |
| d           | Additions during the year                         |                        |                       |                  |               | 1d              |                  |              |
| е           | Distributions during the year                     |                        |                       |                  |               | 1e              |                  |              |
| f           | Ending balance                                    |                        |                       |                  |               | 1f              |                  |              |
| 2a          | Did the organization include an amount on Fe      | orm 990, Part X, line  | 21?                   |                  |               |                 | Yes              | L No         |
| ,           | if "Yes," explain the arrangement in Part XIV.    |                        |                       |                  |               |                 |                  |              |
| Par         | t V Endowment Funds. Complete                     | f the organization ar  | swered "Yes" to       | Form 990, Part   | IV, line 10.  |                 |                  |              |
|             |   | (a) Current year       | (b) Prior year        | (c) Two yea      | rs back (d    | ) Three years b | ack (e) Four y   | ears back    |
| 1a          | Beginning of year balance                         |                        |                       |                  |               |                 |                  |              |
| b           | Contributions                                     |                        |                       |                  |               |                 |                  |              |
| c           | Net investment earnings, gains, and losses        |                        |                       |                  |               | <del></del>     |                  | <del></del>  |
| d           | Grants or scholarships                            |                        |                       |                  |               |                 |                  |              |
| е           | Other expenditures for facilities                 |                        |                       |                  |               |                 |                  |              |
|             | and programs                                      |                        |                       |                  |               |                 |                  |              |
| f           | Administrative expenses                           |                        |                       |                  |               |                 | ,,               |              |
| g           | End of year balance                               |                        |                       |                  |               |                 |                  |              |
| 2           | Provide the estimated percentage of the year      | r end balance held a   | as:                   |                  |               |                 |                  |              |
| а           | Board designated or quasi-endowment               | W. 4                   | %                     |                  |               |                 |                  |              |
| b           | Permanent endowment                               | %                      |                       |                  |               |                 |                  |              |
| _           |   | %                      |                       |                  |               |                 |                  |              |
| 3a          | Are there endowment funds not in the posse        | ession of the organiz  | ation that are hel    | d and administe  | ered for the  | organization    | <u> </u>         | <del> </del> |
|             | by:   |                        |                       |                  |               |                 | -                | es No        |
|             | (i) unrelated organizations                       |                        |                       |                  |               |                 | 3a(i)            | _            |
|             | (ii) related organizations                        |                        |                       |                  |               |                 | 3a(ii)           |              |
| b           | If "Yes" to 3a(ii), are the related organizations |                        |                       |                  |               |                 | 3b               |              |
| 4           | Describe in Part XIV the intended uses of the     |                        |                       |                  |               |                 |                  |              |
| Pa          | t VI Investments - Land, Building                 | gs, and Equipm         |                       |                  |               |                 |                  |              |
|             | Description of investment                         | (a) Cost or o          | 1 ''                  | ost or other     | 1             | umulated        | (d) Book         | value        |
|             |   | basis (investi         |                       | sis (other)      | depr          | eciation        | 205              | 122          |
| 1a          | Land  | 295,                   |                       |                  |               | 00 010          |                  | 432.         |
| b           | Buildings   | 1,211,                 | 461.                  |                  | 3             | 99,018.         | 812              | ,443.        |
| С           | Leasehold improvements                            |                        | <del> </del>          |                  |               | 22 401          | 1.0              | 041          |
| đ           | Equipment   | 341,                   | 532.                  |                  | 3.            | 23,491.         | 18               | ,041.        |
|             | Other   |                        |                       |                  |               |                 | 1 105            | 016          |
| <u>Tota</u> | I. Add lines 1a through 1e. (Column (d) must e    | equal Form 990, Part   | X, column (B), lin    | ne 10(c))        |               | <u> </u>        | 1,123            | <u>,916.</u> |

| Schedule D (Form 990) 2009 MISSISSIPPI                               | ASSOCIATION                  | OF REALTORS              | INC                                     | 64-0473679                             | Page 3       |
|--|------------------------------|--------------------------|---|--|--------------|
| Part VII Investments - Other Securities. Se                          | e Form 990, Part X, line 12  |                          |   |  |              |
| (a) Description of security or category (including name of security) | (b) Book value               | -                        | -                                       | of valuation:<br>ear market value      |              |
| Financial derivatives  |                              |                          |   | · · · · · · · · · · · · · · · · · · ·  |              |
| Closely-held equity interests  |                              |                          |   |  |              |
| Other  |                              |                          |   |  |              |
| VARIOUS CORPORATE STOCKS   | 829,872.                     | END-OF-YE                | AR MAR                                  | KET VALUE                              |              |
|  |                              |                          |   |  |              |
|  |                              |                          |   |  |              |
|  |                              |                          |   | ·                                      |              |
|  |                              |                          |   |  | <del></del>  |
| Total. (Col (b) must equal Form 990, Part X, col (B) line 12 )       | 829,872.                     |                          |   |  | <del>~</del> |
| Part VIII Investments - Program Related. S                           | ee Form 990, Part X, line 13 | 3                        |   |  |              |
| (a) Description of investment type                                   | (b) Book value               | (c                       |   | f valuation:<br>ar market value        |              |
|  |                              |                          | ·                                       |  |              |
|  |                              |                          |   |  |              |
|  |                              |                          |   |  |              |
|  |                              |                          |   |  |              |
|  |                              |                          |   |  |              |
|  |                              |                          |   |  |              |
| Total. (Col (b) must equal Form 990, Part X, col (B) line 13 )       |                              |                          | ······                                  | ······································ | <del></del>  |
| Part IX Other Assets. See Form 990, Part X, line                     | 15.                          |                          | <del></del>                             |  | <del></del>  |
| ·  | Description                  |                          |   | (b) Book val                           | ue           |
|  |                              |                          |   |  |              |
|  |                              |                          |   |  |              |
|  |                              |                          |   |  |              |
|  |                              |                          |   |  |              |
|  |                              |                          |   |  | ·····        |
|  |                              |                          |   |  |              |
|  |                              |                          |   |  |              |
| Total. (Column (b) must equal Form 990, Part X, col (B) line         | 15)                          |                          |   | <b>&gt;</b>                            |              |
| Part X Other Liabilities. See Form 990, Part X,                      |                              | ·                        |   |  |              |
| 1. (a) Description of liability                                      | III.C 23                     | (b) Amount               | <del></del>                             | · · · · · · · · · · · · · · · · · · ·  | <del></del>  |
| Federal income taxes   |                              |                          |   |  |              |
|  |                              |                          |   |  |              |
|  |                              |                          |   |  |              |
|  |                              |                          |   |  |              |
|  |                              |                          |   |  |              |
|  |                              |                          |   |  |              |
| Total. (Column (b) must equal Form 990, Part X, col (B) line         |                              |                          | · • • • • • • • • • • • • • • • • • • • |  |              |
| 2. FIN 48 Footnote. In Part XIV, provide the text of the foo         | tnote to the organization's  | financial statements tha | at reports ti                           | he organization's liability            | / for        |

| Sche | dule D (Form 990) 2009 MISSISSIPPI ASSOCIATION OF   | REA        | LTORS,        | INC              | 64-     | 0473679      | Page 4       |
|------|---|------------|---------------|------------------|---------|--------------|--------------|
| Par  | t XI Reconciliation of Change in Net Assets from Form 990 to                              | o Audii    | ted Finan     | cial State       | men     |              |              |
| 1    | Total revenue (Form 990, Part VIII, column (A), line 12)                                  |            |               | 1                |         | 1,421        | ,931.        |
| 2    | Total expenses (Form 990, Part IX, column (A), line 25)                                   |            |               | 2                |         | 1,447        |              |
| 3    | Excess or (deficit) for the year. Subtract line 2 from line 1                             |            |               | 3                |         |              | 064.         |
| 4    | Net unrealized gains (losses) on investments  |            |               | 4                |         | 237          | ,274.        |
| 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                |         |              | ,274.        |
| 10   | Excess or (deficit) for the year per audited financial statements. Combine lines 3 a      |            | _:            | 10               |         |              | ,210.        |
| Par  | t XII Reconciliation of Revenue per Audited Financial Statem                              | ents W     | ith Reve      | nue per R        | eturr   |              |              |
| 1    | Total revenue, gains, and other support per audited financial statements                  |            |               |                  | 1       | 1,650        | <u>,553.</u> |
| 2    | Amounts included on line 1 but not on Form 990, Part VIII, line 12:                       |            |               |                  |         |              |              |
| а    | Net unrealized gains on investments   | 2a         | 23            | 37 <u>,</u> 274. | ] ]     |              |              |
| b    | Donated services and use of facilities  | 2b         |               |                  |         |              |              |
| c    | Recoveries of prior year grants   | 2c         |               |                  |         |              |              |
| d    | Other (Describe in Part XIV)  | 2d         |               |                  |         |              |              |
| е    | Add lines 2a through 2d   |            |               |                  | 2e      | 237<br>1,413 | ,274.        |
| 3    | Subtract line 2e from line 1  |            |               |                  | 3       | 1,413        | ,279.        |
| 4    | Amounts included on Form 990, Part VIII, line 12, but not on line 1:                      |            | ı             |                  |         |              |              |
| а    | Investment expenses not included on Form 990, Part VIII, line 7b                          | 4a         |               | 8,652.           |         |              |              |
| b    | Other (Describe in Part XIV.)   | 4b         |               |                  |         |              |              |
| C    | Add lines 4a and 4b   |            |               |                  | 4c      | 8,           | 652.         |
| 5    | Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)            |            |               |                  | 5       | 1,421        | <u>,931.</u> |
| Pa   | t XIII Reconciliation of Expenses per Audited Financial Staten                            | nents \    | Nith Expe     | enses per        | Retu    |              |              |
| 1    | Total expenses and losses per audited financial statements                                |            |               |                  | 1       | 1,439        | <u>,342.</u> |
| 2    | Amounts included on line 1 but not on Form 990, Part IX, line 25:                         |            | ı             |                  |         |              |              |
| а    | Donated services and use of facilities  | 2a         |               |                  |         |              |              |
| b    | Prior year adjustments  | 2b         | ļ             |                  |         |              |              |
| c    | Other losses  | 2c         |               |                  |         |              |              |
| d    | Other (Describe in Part XIV.)   | 2d         |               |                  |         |              |              |
| е    | Add lines 2a through 2d   |            |               |                  | 2e      |              | 0.           |
| 3    | Subtract line 2e from line 1  |            |               |                  | 3       | 1,439        | ,342.        |
| 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         | ļ             | 8,652.           |         |              |              |
| þ    | Other (Describe in Part XIV)  | 4b         |               | <u>1.</u>        |         |              |              |
| С    | Add lines 4a and 4b   |            |               |                  | 4c      |              | ,653.        |
| 5    | Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)           |            |               |                  | 5_      | 1,447        | <u>,995.</u> |
|      | t XIV Supplemental Information  |            |               |                  |         | ···          |              |
|      | plete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part |            |               |                  |         |              | 4; Part      |
|      | e 2; Part XI, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b. Also con | nplete thi | s part to pro | ovide any ad     | ditiona | Information. |              |
| ROU  | JNDING  |            |               |                  |         |              |              |
|      |   |            |               |                  |         |              |              |
|      | W. W. Charles   |            |               |                  |         |              |              |
|      |   |            |               |                  |         |              |              |
|      |   |            |               |                  |         |              |              |
|      |   |            |               |                  |         |              |              |
|      |   | **         | · · · · · ·   |                  |         |              |              |
|      |   |            |               |                  |         |              |              |
|      |   |            |               |                  |         |              |              |
|      |   |            |               |                  |         |              |              |
|      |   |            |               |                  |         |              |              |
|      |   |            |               |                  |         |              |              |
|      |   |            |               |                  |         |              |              |
|      |   |            |               |                  |         |              |              |

### SCHÈDULE O (Form 990)

## **Supplemental Information to Form 990**

Department of the Treasury Internal Revenue Service

932211 02-03-10 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

Name of the organization

MISSISSIPPI ASSOCIATION OF REALTORS, INC

Employer identification number 64-0473679

Schedule O (Form 990) 2009

| FORM 990, PART III, LINE 4C, PROGRAM SERVICE ACCOMPLISHMENTS:               |
|---|
| TO PROVIDE PROSPECTIVE HOME BUYERS AND SELLERS WITH TIPS, TOOLS AND         |
| INFORMATION TO MAKE THE BUYING AND SELLING PROCESS EASIER. THE GUIDE        |
| ALSO HAS A COMPANION WEBSITE. ADVERTISING COVERS THE DIRECT COSTS OF        |
| THIS PUBLICATION, INCLUDING DESIGN, PRINTING AND MAILING. THE               |
| ASSOCIATION HAS A MYRIAD OF OTHER COMMUNICATION VEHICLES INCLUDING A        |
| MONTHLY ASSOCIATION ELECTRONIC NEWSLETTER, WEEKLY BROKER AND ROOKIE         |
| REALTOR ELECTRONIC NEWSLETTERS AND A SERIES OF MONTHLY WEBINARS FOR         |
| BROKERS, ROOKIES AND THE MEMBERSHIP AS A WHOLE. SOME OF THESE ARE           |
| SPONSORED. THE PURPOSE OF THESE ELECTRONIC OUTREACH TOOLS IS TO ENGAGE      |
| THE MEMBERS IN A DIALOGUE ABOUT TIMELY TOPICS OF INTEREST AND TO            |
| PROVIDE RELEVANT INFORMATION AND SERVICE.                                   |
|   |
| FORM 990, PART VI, SECTION A, LINE 6: THE ORGANIZATION HAS MEMBERS.         |
|   |
| FORM 990, PART VI, SECTION A, LINE 7A: MEMBERS ELECT OFFICERS.              |
|   |
| FORM 990, PART VI, SECTION A, LINE 7B: MEMBERS MUST APPROVE CHANGES TO THE  |
| BYLAWS ONLY.  |
|   |
| FORM 990, PART VI, SECTION B, LINE 11: THE 990 IS REVIEWED BY THE           |
| ORGANIZATION'S CONTROLLER AND EXECUTIVE COMMITTEE BEFORE FILING.            |
|   |
| FORM 990, PART VI, SECTION B, LINE 15: SALARY FOR THE CEO IS SET BY A       |
| THREE MEMBER EXECUTIVE EMPLOYMENT COMMITTEE COMPRISED OF THE IMMEDIATE PAST |
| PRESIDENT, CURRENT PRESIDENT AND PRESIDENT-ELECT OF THE ASSOCIATION. THE    |

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

### SCHEDULE O (Form 990)

### Supplemental Information to Form 990

Department of the Treasury Internal Revenue Service 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

Name of the organization **Employer identification number** MISSISSIPPI ASSOCIATION OF REALTORS, INC 64-0473679 COMMITTEE USES PERFORMANCE GOALS, COMPENSATION/SALARY SURVEYS FROM INDEPENDENT GROUPS INCLUDING THE AMERICAN SOCIETY OF ASSOCIATION EXECUTIVES TO MAKE A DETERMINATION. THOSE ALL OTHER EMPLOYEES HAVE THEIR SALARY/COMPENSATION SET BY THE CEO. DECISIONS ARE ALSO BASED UPON SALARY/COMPENSATION SURVEYS FOR SIMILAR POSITIONS FROM THR AMERICAN SOCIETY OF ASSOCIATION EXECUTIVES AND THROUGH ESTABLISHED PERFORMANCE GOALS. FORM 990, PART VI, SECTION C, LINE 19: AVAILABLE UPON REQUEST

SCHEDULE R Form 990)

Related Organizations and Unrelated Partnerships

OMB No 1545-0047

2009 Open to Public Inspection **Employer identification number** Direct controlling 64-0473679 End-of-year assets <u>e</u> ► Complete if the organization answered "Yes" to Form 990, Part IV, line 33, 34, 35, 36, or 37. Total income Ē ▼ See separate instructions. Identification of Disregarded Entities (Complete if the organization answered "Yes" to Form 990, Part IV, line 33.) Legal domicile (state or foreign country) INC MISSISSIPPI ASSOCIATION OF REALTORS, ► Attach to Form 990. Primary activity € Name, address, and EIN of disregarded entity Name of the organization Department of the Treasury Internal Revenue Service Part I

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

| organizations duning the tax year.)         |                             |                          |             |                                  |                    |
|---|-----------------------------|--------------------------|-------------|----------------------------------|--------------------|
| (e)   | (q)                         | (c)                      | (D)         | (e)                              | (4)                |
| Name, address, and EIN                      | Primary activity            | Legal domicile (state or | Exempt Code | Public charity                   | Direct controlling |
| of related organization                     |                             | foreign country)         | section     | status (if section<br>501(c)(3)) | entity             |
| MS ASSOCIATION OF REALTORS POLITICAL ACTION |                             |                          |             |                                  |                    |
| COMMITTEE - 64-0657587, P. O. BOX 321000,   | CAMPAIGN CONTRIBUTIONS PAID |                          |             |                                  |                    |
| FLOWOOD, MS 39232-1000                      | TO POLITICAL CANDIDATES     | MISSISSIPPI              | 527         |                                  |                    |
| MS REALTORS HURRICANE RELIEF FUND -         |                             |                          |             |                                  |                    |
| 25-1925313, P. O. BOX 321000, PLOWOOD, MS   | ·                           |                          |             |                                  |                    |
| 39232-1000                                  | DISASTER RELIEF             | MISSISSIPPI              | 501(C)(3)   |                                  |                    |
|   |                             |                          |             |                                  |                    |
|   |                             |                          |             |                                  |                    |
|   |                             |                          |             |                                  |                    |
|   |                             |                          |             |                                  |                    |
|   |                             |                          |             |                                  |                    |
|   | F                           |                          |             |                                  |                    |

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

Schedule R (Form 990) 2009

64-0473679

Page 2

Schedule R (Form 990) 2009 MISSISSIPPI ASSOCIATION OF REALTORS, INC

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

| (a) Name, address, and EIN of related organization  | (b) Primary activity  | (c) Legal domicile (state or foreign country) | (d) Direct controlling entity | (e) Predominant income (related, unrelated, excluded from tax under sections 512-514) |                               | (f)<br>Share of total sincome er              | (g)<br>Share of<br>end-of-year<br>assets | (h) Disproportionate allocations? Yes No | (i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065) | General or<br>managing<br>partner? |
|---|---|---|-------------------------------|---|-------------------------------|---|--|--|---|------------------------------------|
|   |   |   |                               |   |                               |   |  |  | - 41 - 410  |                                    |
|   |   |   |                               |   |                               |   |  |  |   |                                    |
| Part IV Identification of Related Organizations Taxable as a Corporation or Trust (Complete if the organization answered "Yes" to Form 990, Part IV, line 34 because it had one or more related | anizations Taxable as a Corporation or trust during the tax | oration or                                    | Trust (Complete if ti         | he organization   | n answered "Ye                | s" to Form 990, P.                            | art IV, line 3                           | t pecause rt                             | had one or more   | elated                             |
| (a) Name, address, and EIN of related organization  | Z   |   | (b) Primary activity          | (c) Legal domicile (state or foreign country)   | (d) Direct controlling entity | (e) Type of entity (C corp. S corp, or trust) | (f) Share of total income                |  | (g) Share of Peend-of-year or assets                        | (h)<br>Percentage<br>ownership     |
|   |   | <u> </u>                                      |                               |   |                               |   |  |  |   |                                    |
|   |   |   |                               |   |                               |   |  |  |   |                                    |
|   |   |   |                               |   |                               |   |  |  |   |                                    |
| 932162 07-21-10   |   |   |                               |   |                               |   |  | Scl                                      | Schedule R (Form 990) 2009                                  | 90) 2009                           |

Part V Transactions With Related Organizations (Complete if the organization answered "Yes" to Form 990, Part IV, line 34, 35, or 36.)

| <b>Note</b> . Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.   |                           | ¥e                         | Yes No     |
|---|---------------------------|----------------------------|------------|
| 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?                           |                           |                            |            |
| a Receipt of (i) interest (ii) annuities (iii) royalties or (iv) rent from a controlled entity  |                           | 1a                         | ×          |
| <b>b</b> Gift, grant, or capital contribution to other organization(s)  |                           | 10                         | ×          |
| c Gift grant, or capital contribution from other organization(s)  |                           | 10                         | ×          |
|   |                           | 19                         | ×          |
|   |                           |                            | ×          |
| e Loans or loan guarantees by other organization(s)   |                           | <u> </u>                   | 4          |
| f Sale of assets to other organization(s)   |                           | <b>=</b>                   | ×          |
|   |                           | ļ                          | ×          |
|   |                           | <b>3</b> :                 | <b>;</b> > |
| h Exchange of assets  |                           | Ę                          | < :        |
| i Lease of facilities, equipment, or other assets to other organization(s)  |                           | <b>;=</b>                  | ×          |
| i Lease of facilities, equipment, or other assets from other organization(s)  |                           | ;=                         | ×          |
| Leave of teamines of sequences or membership or fundivisions called at one of the constraints of sequences of sequences or membership or fundivisions for other organization(s) |                           | <u> </u>                   | ×          |
|   |                           | =                          | ×          |
| m Sharino of facilities equipment mailing lists or other assats   |                           | E                          | ×          |
|   |                           | 5                          | ×          |
| n Stiantig of paid employees  |                           |                            | :          |
| <ul> <li>Reimbursement paid to other organization for expenses</li> </ul>   |                           | 9                          | ×          |
|   |                           | 10                         | ×          |
|   |                           | •                          |            |
| <b>q</b> Other transfer of cash or property to other organization(s)  |                           | 19                         | ×          |
|   |                           | 1.                         | ×          |
| 2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds   | ansaction thresholds.     |                            |            |
| (e)   | <u> </u>                  | 9                          |            |
| Name of other organization(s)   | Transaction<br>type (a·r) | Amount involved            | lved       |
|   |                           |                            | ii         |
|   |                           |                            |            |
| (2)   |                           |                            |            |
| (3)   |                           |                            |            |
| ( <del>2</del> )  |                           |                            |            |
|   |                           |                            |            |
| (9)   |                           |                            |            |
| (6)   |                           |                            |            |
| 32163 02-04-10  | Sched                     | Schedule R (Form 990) 2009 | 90) 2009   |

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

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

| that was not a related organization. See instructions regarding exclusion to certain investment parties inpo- | (b)              | Sulps:                              | 5                                     | (e)              | 9       | (6)                            | 3              |
|---|------------------|-------------------------------------|---------------------------------------|------------------|---------|--------------------------------|----------------|
|   |                  | 2                                   | }                                     |                  |         |                                |                |
| Name, address, and EIN  | Primary activity | Legal domicile<br>(state or foreign | Are all partners<br>section 501(c)(3) | Share of end-of- | tronate | amount in box 20               | managing       |
| Same 5  |                  | country)                            | Yes No                                |                  |         | of Schedule K·1<br>(Form 1065) | 1 ' 1          |
|   |                  |                                     |                                       |                  |         |                                |                |
|   |                  |                                     |                                       |                  |         |                                |                |
|   |                  |                                     |                                       |                  |         |                                |                |
|   |                  |                                     |                                       |                  |         |                                |                |
|   | ····             |                                     |                                       |                  | == .    |                                |                |
|   | 1                |                                     | ·                                     |                  |         |                                | <u>.</u>       |
|   |                  |                                     | -                                     |                  |         |                                | -              |
|   |                  |                                     |                                       |                  |         |                                |                |
|   | -                |                                     |                                       |                  |         |                                |                |
|   |                  |                                     |                                       |                  |         |                                |                |
|   |                  |                                     |                                       |                  |         |                                |                |
|   |                  |                                     |                                       |                  |         |                                | j              |
|   |                  |                                     |                                       |                  |         |                                |                |
|   | T                |                                     |                                       |                  |         |                                |                |
|   |                  |                                     |                                       |                  |         |                                |                |
|   |                  |                                     |                                       |                  |         |                                |                |
|   |                  |                                     |                                       |                  | !       |                                | ·              |
|   |                  |                                     |                                       |                  |         |                                |                |
|   |                  |                                     |                                       |                  |         |                                |                |
|   |                  |                                     |                                       |                  |         |                                |                |
|   |                  |                                     |                                       |                  |         |                                |                |
|   |                  |                                     |                                       |                  |         |                                |                |
|   |                  |                                     |                                       |                  |         |                                |                |
|   |                  |                                     |                                       |                  |         |                                |                |
|   |                  |                                     |                                       |                  |         |                                | - <del>,</del> |
|   |                  |                                     |                                       |                  |         |                                |                |
|   |                  |                                     |                                       |                  |         |                                |                |
|   |                  |                                     |                                       |                  |         |                                |                |
|   | T                |                                     |                                       |                  |         |                                |                |
|   |                  |                                     |                                       |                  |         |                                |                |
|   |                  |                                     |                                       |                  |         |                                |                |
|   |                  |                                     |                                       |                  |         |                                |                |
|   |                  |                                     |                                       |                  |         | Schedule R (Form 990) 2009     | n 990) 2009    |