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Department of the Treasury Internal Revenue Service

## **Return of Organization Exempt From Income Tax**

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

benefit trust or private foundation)

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

OMB No 1545-0047 **2009** 

Open to Public Inspection

A For the	2009 calendar year, or tax year beginning, and ending		
B Check if ap	licable Please C Name of organization	D Emplo	yer identification number
Address ch	label or	-    -	0753573
Name char	print or Doing Business As  type. Number and street (or P O box if mail is not delivered to street address) Room/suite		one number
Initial return	See 499 GLOSTER CREEK VILLAGE D5		2-842-6450
Termination	I Concilio	G Gross rece	epts \$ 261,743
Amended r	L		
Application	F Name and address of principal officer	H(a) Is this	a group return for
		affiliate H(b) Are at	
		include	
<del></del>		lf *No,	attach a list. (see instructions)
	npt status	H(c) Coun	exemption number
	anization X Corporation Trust Association Other ► L Year of formation		M State of legal domicile
Part 1	Summary	··	THE COLOR OF TOGETHER
<del></del>	nefly describe the organization's mission or most significant activities	_	
i	TO UNITE THOSE ENGAGED IN THE RECOGNIZED BRANCHES OF THE		
ğ	REAL ESTATE PROFESSION IN NORTHEAST MISSISSIPPI.		
Activities & Governance 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	· ·		
<u>გ</u> 2 €	heck this box ▶ 🔲 if the organization discontinued its operations or disposed of more than 25% of its net a	1 1	
85 3 N	umber of voting members of the governing body (Part VI, line 1a)	3	
86 4 N	umber of independent voting members of the governing body (Part VI, line 1b)	5	
t g	otal number of employees (Part V, line 2a) otal number of volunteers (estimate if necessary)	6	
72 7	otal gross unrelated business revenue from Part VIII, column (C), line 12	7a	<del></del>
	et unrelated business taxable income from Form 990-T, line 34	7b	0
~ <del>-</del>		or Year	Current Year
<b>≝</b> I	ontributions and grants (Part VIII, line 1h)	43,000	102 220
9 F 10 II	rogram service revenue (Part VIII, line 2g)	204,612	193,320
	vestment income (Part VIII, column (A), lines 3, 4, and 7d)	2,211 57,460	6,39 <u>5</u> 62,028
	ther revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)  otal revenue – add lines 8 through 11 (must equal Part VIII, column (A), line 12)	307,283	261,743
<u> </u>	rants and similar amounts paid (Part IX, column (A), lines 1–3)	30.,203	
≶ 14 B	enefits paid to or for members (Part IX, column(A), line 4)		<del></del>
77	alanes, other compensation, employee benefits (Part IX & Conf. (PV/Imes 5-10)	51,332	57,457
Sesued 16a P	of a seal for the search of the Control of the Cont	. · <u>-</u> .	
14 D I	otal fundraising expenses (Part IX, column (D) time 25/1 Pp 2 2 2 010   O		
- 17 (	ther expenses (Part IX, Column (A), lines 11a-11b, 11i-24i)	141,176	173,484
	otal expenses Add lines 13–17 (must equal Part IX. column (A). line 25)	192,508	230,941
19 F	evenue less expenses Subtract line 18 from line 12 GDEN, UT	114,775 of Current Year	30,802 End of Year
Net Assets or Lund Balances 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	otal assets (Part X, line 16)	240,427	271,229
Şã 21 T	otal liabilities (Part X, line 26)		
<u> </u>	et assets or fund balances Subtract line 21 from line 20	240,427	271,229
Part II	Signature Block		
	Under penalties of penjury, I declare that I have examined this return, including accompanying schedules and statements and belief, it is true, correct, and complete Declaration of preparer (other than officer) is based on all information of which	s, and to the best o	f my knowledge v knowledge
0:	Name of a Dead on and	1 4	113/11
Sign Here	Signature of officer	Date	12/10
nere	JEANNETTE SPEARMAN EXECUTIVE I		,
	Type or print name and title		
	Preparer's Date C	heck if	Preparer's identifying number
Paid	signature   1	elf- mployed ▶	(see instructions) P00162923
Preparer	NAIL MCKINNEY PROFESSIONAL ASSOCIATION	<del></del>	64-0760834
Use Only	if self-employed), PO BOX 196	Phone	
	address, and ZIP + 4 TUPELO, MS 38802-0196	no 🕨	662-842-6475
	discuss this return with the preparer shown above? (see instructions)		X Yes No
For Privacy	Act and Paperwork Reduction Act Notice, see the separate instructions.		Form <b>990</b> (200 <del>8)</del>

230,941 including grants of \$

230,941

Form 990 (2009)

) (Revenue \$

(Expenses \$

4e Total program service expenses ▶

## **Checklist of Required Schedules** Part IV. Yes No Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A 2 Is the organization required to complete Schedule B, Schedule of Contributors? Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to 3 X 3 candidates for public office? If "Yes," complete Schedule C, Part I Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete 4 Schedule C, Part II Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e) X notice and reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III 5 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," 6 X complete Schedule D, Part I Did the organization receive or hold a conservation easement, including easements to preserve open space. 7 X the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II 7 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," X complete Schedule D, Part III 8 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," X 9 complete Schedule D, Part IV 10 Did the organization, directly or through a related organization, hold assets in term, permanent, or X quasi-endowments? If "Yes," complete Schedule D, Part V 10 Is the organization's answer to any of the following questions "Yes"? If so, complete Schedule D, Parts VI, 11 X 11 VII, VIII, IX, or X as applicable • Did the organization report an amount for land, buildings, and equipment in Part X, line 107 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 related in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX. • Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X • Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48? If "Yes," complete Schedule D, Part X Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes." complete 12 X Schedule D. Parts XI, XII, and XIII 12 12A Was the organization included in consolidated, independent audited financial statements for the tax year? Yes No X If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E 13 13 14a Did the organization maintain an office, employees, or agents outside of the United States? 14a Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, X business, and program service activities outside the United States? If "Yes," complete Schedule F, Part I 14b Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any 15 X organization or entity located outside the United States? If "Yes," complete Schedule F, Part II 15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance X to individuals located outside the United States? If "Yes," complete Schedule F, Part III 16 17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services 17 X on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I Did the organization report more than \$15,000 total of fundraising event gross income and contributions on 18 X Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II 18 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? 19

19

If "Yes." complete Schedule G. Part III

Did the organization operate one or more hospitals? If "Yes," complete Schedule H

	active of reduine conceans (commerce)		г —	_
			Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 12 if "Yes," complete Schedule I, Parts I and II	21		x
		41	<u> </u>	<u> </u>
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		x
	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the	- 22		
23				
	organization's current and former officers, directors, trustees, key employees, and highest compensated	23		x
04-	employees? If "Yes," complete Schedule J	123	_	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than			
	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines	24a		x
	24b through 24d and complete Schedule K. If "No," go to line 25	24a		
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	240		<del></del>
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year	245		
	to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction	١		
	with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		<u> </u>
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a			
	pnor year, and that the transaction has not been reported on any of the organization's prior Forms 990 or	054		
	990-EZ? If "Yes," complete Schedule L, Part I	25b		<del>                                     </del>
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or			x
	disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		<u> </u>
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee,			
	substantial contributor, or a grant selection committee member, or to a person related to such an individual?			x
	If "Yes," complete Schedule L, Part III	27		
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L,			
	Part IV instructions for applicable filing thresholds, conditions, and exceptions)	20-	İ	х
a	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a	<u> </u>	<u> </u>
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete	205		x
	Schedule L, Part IV	28b		
С	An entity of which a current or former officer, director, trustee, or key employee of the organization (or a			
	family member) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L,	20-		x
	Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	<del></del>	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified	30		x
	conservation contributions? If "Yes," complete Schedule M	30	<del> </del>	
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N,	31		x
	Part I	-31		
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete	32		x
	Schedule N, Part II  Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	12	-	<del></del> -
33	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		x
24	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II,	33		<del></del> -
34	·	34		x
25	III, IV, and V, line 1 Is any related organization a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete	-		<del></del>
35	•	35		x
20	Schedule R, Part V, line 2  Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related	- 33	_	<del></del>
36		36		
~~	organization? If "Yes," complete Schedule R, Part V, line 2	30		$\vdash$
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,	37		x
20	Part VI Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and	31	<del>                                     </del>	
38		38		х
	19? Note. All Form 990 filers are required to complete Schedule O	1 30	<u> </u>	

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

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

	Schedule O. See Instructions.			
Sec	tion A. Governing Body and Management		_	
			Yes	No
1a	Enter the number of voting members of the governing body		1	
b	Enter the number of voting members that are independent	_	1	
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with		1	
	any other officer, director, trustee, or key employee?	2		<u> </u>
3	Did the organization delegate control over management duties customanly performed by or under the direct			
	supervision of officers, directors or trustees, or key employees to a management company or other person?	3		<u> </u>
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?	4		<u> </u>
5	Did the organization become aware during the year of a material diversion of the organization's assets?	5	_	X X
6	Does the organization have members or stockholders?	6		<u> </u>
7a	Does the organization have members, stockholders, or other persons who may elect one or more members		ŀ	37
_	of the governing body?	7a		$\frac{\mathbf{x}}{\mathbf{x}}$
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7b		
8	Did the organization contemporaneously document the meetings held or written actions undertaken during		- 1	
	the year by the following		·•	
а	The governing body?	8a	X	
b	Each committee with authority to act on behalf of the governing body?	8b_	^-	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached	9		x
<del></del>	at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	<u> </u>	l	
	ction B. Policies (This Section B requests information about policies not required by the Internal			
Kei	venue Code.)	<del></del> T	V 1	No.
400	Door the arganization have least chanters, branches, or affiliates?	10a	Yes	No X
10a	Does the organization have local chapters, branches, or affiliates?	104		
b	If "Yes," does the organization have written policies and procedures governing the activities of such chapters,	10b	- 1	
44	affiliates, and branches to ensure their operations are consistent with those of the organization?	100		
11	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?	11	]	x
440		''		
11a	Describe in Schedule O the process, if any, used by the organization to review this Form 990  Does the organization have a written conflict of interest policy? If "No," go to line 13	12a		X
12a b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give	120		
U	rise to conflicts?	12b		
С	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"	125		
·	describe in Schedule O how this is done	12c		
13	Does the organization have a written whistleblower policy?	13		X
14	Does the organization have a written document retention and destruction policy?	14		X
15	Did the process for determining compensation of the following persons include a review and approval by			
	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		I	
а	The organization's CEO, Executive Director, or top management official	15a	Ī	X
b	Other officers or key employees of the organization	15b		<u>x</u>
_	If "Yes" to line 15a or 15b, describe the process in Schedule O (See instructions )			*******
16a			-	
	with a taxable entity during the year?	16a	Ī	X
b	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate			
	its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard		1	
	the organization's exempt status with respect to such arrangements?	16b		
Sec	ction C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed ▶ NONE			
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only)			-
	available for public inspection. Indicate how you make these available. Check all that apply			
	Own website Another's website Upon request			
19	Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest			
	policy, and financial statements available to the public.			
20	State the name, physical address, and telephone number of the person who possesses the books and records of the			
	organization ▶ JEANNETTE SPEARMAN 499 GLOSTER CREEK VILLAGE, I	) <b>5</b>		
T	UPELO MS 38804			

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

Check this box if the organization		sate :	any c			ficer	, dire				
(A) Name and Title	(B) (C) Average hours per (C) Position (check all that apply)							(D)  Reportable compensation	(E) Reportable compensation	(F) Estimated amount of	
	week	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	from the organization (W-2/1099-MISC)	from related organizations (W-2/1099-MISC)	other compensation from the organization and related organizations	
LOUIS RILES											
PRESIDENT TESS MASON	-	ļ				┢		0	0		
VICE PRESIDENT								o	o	d	
WESLEY WEBB							-				
TREASURER								l o	0	(	
TRACEY BERRY											
SECRETARY						ļ		0	0		
								:			
								-			
							1				
										-	

Par	· · · · · · · · · · · · · · · · · · ·	, Directors, Trus	tees	, Ke			yees,	and	d Highest Compensated E				
	, (A) ` Name and Title	, (A) (B) (C)  Name and Title Average Position (check all that a		hat ar	oply)	(D) Reportable	(E) Reportable	(F) Estimated					
		hours per week	Individual trustee or director	Institutional trustee	Officer		Highest compensated employee	Former	compensation from the organization (W-2/1099-MISC)	compensation from related organizations (W-2/1099-MISC)	comp fro orga and	amount of other compensation from the organization and related organizations	
	·				ļ 								
•		:											
											<del></del>		
-	·				<u> </u>								
	•												
					<u> </u>								
						<u> </u>							
1h	Total	<u> </u>	<u> </u>		<u> </u>								
	Total number of individuals (inc	cluding but not lim	ited	to th	ose	liste	d abo	ve)	who received more than \$1	00,000 in			
	reportable compensation from	the organization l	<u> </u>	0							<del></del>		Т.,
4	Did the organization list any for employee on line 1a? If "Yes," For any individual listed on line the organization and related or individual Did any person listed on line 1a	complete Schedu 1a, is the sum of ganizations great	le J repo er th	for sontab an \$	uch i le co 150,0	ndivi ompe 000?	idual ensat P If "Y	ion a es,"	and other compensation froi complete Schedule J for su	n nich	3		X X
	services rendered to the organ	ızatıon? If "Yes,"	com	olete	Sch	edul	e J fo	rsu	ch person		5		X
1	ion B. Independent Contractor Complete this table for your five compensation from the organiz	e highest comper	nsate	ed inc	depe	nder	nt cor	ntrac	tors that received more that	n \$100,000 of			
		(A) business address						(B) Description of services				(C) Compensa	ition
								_					
								<u> </u>		761			
				<del></del> .								. <del>.</del>	
								_					P
	Total number of independent c						to th	ose	listed above) who received				
DAA	more than \$100,000 in comper	nsation from the o	rgar	nzati	on ▶	<u> </u>			_ <del></del>		<u> </u> F	0 om <b>990</b>	(2009)

Pa	rt V	III. Staten	nent of Reve	nue						
							(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
/D /O		Fadaratad sam		40				Teveride		312, 313, 01 314
in the	1a	Federated carr		1a						
ge	b	Membership di		1b		-				
ffs, an	С	Fundraising ev		1c						1
igi	d	Related organi	zations	1d						
Sing,	9	Government grants (	(contributions)	1e						
Contributions, gifts, grants and other similar amounts	f	All other contribution				İ				
턫		and similar amounts	not included above	1f						
g	g	Noncash contribution	ns included in lines 1a-	1f	\$	-				1
	h	Total. Add line	s 1a-1f			<b>D</b>				<u> </u>
ue			<del></del>			Busn. Code				
/en	2a	MEMBERSI	HIP DUES				193,320	193,320		
Re	ь							·		
<u>:</u>	C									
e⊡	d									
E	-	•								
graı		All other progra	am service rever	1110		<del>  </del>	· · · · -			†
Program Service Revenue		Total. Add line		iue			193,320			<del> </del>
_	3		ome (including d	nudone	le interes	<del></del>	133,320			<del> </del>
	3			ivident	15, 11116165	it, and	6,395	6,395		
		other similar amounts)				annode	0,333	0,333		<del>-  </del>
		Income from investment of tax-exempt bond pr			oceeus		4		<del> </del>	
	5	Royalties	(ı) Real		/u\ E	Personal				-
	٥-	Casas Banta	(i) iteai		(11) 1	CISCHAI				
	6a	Gross Rents								
	ь	Less rental exps								1
		d Net rental income or (loss) 7a Gross amount from (a) Sequence (b)					Ī			†
						Other				1
		sales of assets	(i) Securities	3	(11)	Other				1
		other than inventory								1
	b	Less cost or other				1				
		basis & sales exps			-					
	С	Gain or (loss)			<u> </u>		1			1
	d	Net gain or (los		1		<b>•</b>				<u> </u>
<b>e</b> n	8a		om fundraising ever	nts		1				1
enc		(not including \$								
ě			eported on line 1c)							
er F		See Part IV, line	•	а						
Other Reven		Less direct ex		b			1			1
_			(loss) from funds		events	<b>•</b>				<del> </del>
	9a		om gaming activities	S						
		See Part IV, line	•	а						
		Less direct ex		b						<u> </u>
			(loss) from gamı	ng acti	vities	<b></b>				<del> </del>
	10a	Gross sales of	inventory, less							1
		returns and alle		. a						
	b	Less: cost of g	oods sold	b						
	С	Net income or	(loss) from sales	of inv	entory	<u> </u>				<del>                                     </del>
		Misc	ellaneous Revenue	1		Busn. Code				1
	11a	MLS SHĀRE	INCOME				60,788	60,788		<u> </u>
	b	OTHER INC	OME				1,240	1,240	<del></del>	<del> </del>
	С								<del> </del>	<u> </u>
	d	All other reven								<u> </u>
	е	Total. Add line				▶	62,028			
	12	Total Revenue	e. See instruction	ns		<u> </u>	261,743	261,743		0

Form 990 (2009)

Part IX. **Statement of Functional Expenses** 

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

All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).

Do	not include amounts reported on lines 6b,	(A) Total expenses	(B) Program service	(C) Management and	(D) Fundraising
7b,	8b, 9b, and 10b of Part VIII.		expenses	general expenses	expenses
1	Grants and other assistance to governments and				
	organizations in the U.S. See Part IV, line 21				
2	Grants and other assistance to individuals in				
	the U.S. See Part IV, line 22				
3	Grants and other assistance to governments,	· ·			
	organizations, and individuals outside the				1
	U S See Part IV, lines 15 and 16				<u> </u>
4	Benefits paid to or for members				
5	Compensation of current officers, directors,		<del> </del>		
•	trustees, and key employees				
6	Compensation not included above, to disqualified				
0	•				
	persons (as defined under section 4958(f)(1)) and				
_	persons described in section 4958(c)(3)(B)	51,998	51,998		
7	Other salanes and wages	31,990	31,990		
8	Pension plan contributions (include section 401(k)		l		
_	and section 403(b) employer contributions)			-	
9	Other employee benefits	5,459	E 450		
10	Payroll taxes	5,459	5,459	<del></del>	
11	Fees for services (non-employees):		ļ		1
	Management				
	Legal				
	Accounting				
d	Lobbying .				
е	Professional fundraising services See Part IV, line 17				
f	Investment management fees				
g	Other				
12	Advertising and promotion		<del></del>		
13	Office expenses	·		<del></del>	
14	Information technology				
15	Royalties .			····	
16	Occupancy				
17	Travel				
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials			· <del>-</del> ·-	
19	Conferences, conventions, and meetings				
20	Interest	_			
21	Payments to affiliates .	_			
22	Depreciation, depletion, and amortization				
23	Insurance				<u> </u>
					Ĭ
24	Other expenses. Itemize expenses not				<b>‡</b>
	covered above (Expenses grouped together				Ī
	and labeled miscellaneous may not exceed				<b>‡</b>
	5% of total expenses shown on line 25 below.)				
а	DUES	94,253	94,253		
b	ADVERTISING	39,531	39,531		
C	LUNCHEON EXPENSE	9,953	9,953		
d	BUILDING RENT	7,596	7,596		
е	TELEPHONE	3,612	3,612		
f	All other expenses	18,539	18,539		
25_	Total functional expenses. Add lines 1 through 24f	230,941	230,941		
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				
DAA					Form <b>990</b> (2009)

			(A)		(B)
			Beginning of year		End of year
1	Cash—non-interest bearing		9,266	1	8,599
2	Savings and temporary cash investments	•	230,736	2	262,205
3	Pledges and grants receivable, net			3	<del>- — — —</del>
4	Accounts receivable, net			4	
5	Receivables from current and former officers, directors, tr	ustees, key			
	employees, and highest compensated employees Comple	ete Part II of		1	
	Schedule L			5	
6	Receivables from other disqualified persons (as defined u	nder section			
	4958(f)(1)) and persons described in section 4958(c)(3)(B	) Complete			
	Part II of Schedule L			6	
7	Notes and loans receivable, net			7	
7 8	Inventones for sale or use			8	
و   ۲	Prepaid expenses and deferred charges			9_	
10a	Land, buildings, and equipment: cost or				-
	other basis. Complete Part VI of Schedule D	10a			
Ь	Less accumulated depreciation	10b		10c	
11	Investments—publicly traded securities	<u> </u>		11	- · · · - · · - · · · · · · · · · · · ·
12	Investments—other securities See Part IV, line 11		12	<del></del>	
13	Investments—program-related See Part IV, line 11		13		
14	Intangible assets		14		
15	Other assets See Part IV, line 11	425	15	425	
16	Total assets. Add lines 1 through 15 (must equal line 34)		240,427	16	271,229
17	Accounts payable and accrued expenses			17	
18	Grants payable			18	
19	Deferred revenue	•		19	
20	Tax-exempt bond liabilities		20		
	Escrow or custodial account liability Complete Part IV of S	Schedule D		21	
21	Payables to current and former officers, directors, trustees				
21 22	employees, highest compensated employees, and disqua				
<u> </u>	persons Complete Part II of Schedule L	imed		22	
1	·				
23	Secured mortgages and notes payable to unrelated third p	•		23	
24	Unsecured notes and loans payable to unrelated third par	ues		24	
25	Other liabilities Complete Part X of Schedule D			25	
26	Total liabilities. Add lines 17 through 25	Pl		26	
27 28 29 30 31 32 33 34	Organizations that follow SFAS 117, check here	and			
	complete lines 27 through 29, and lines 33 and 34.		240,427		271 220
27	Unrestricted net assets		240,427	27	271,229
28	Temporanly restricted net assets			28	
29	Permanently restricted net assets	, ~		29	<del></del>
:	Organizations that do not follow SFAS 117, check her	e ▶ ∐		1	
;	and complete lines 30 through 34.			#	
30	Capital stock or trust principal, or current funds			30	
31	Paid-in or capital surplus, or land, building, or equipment f			31	
32	Retained earnings, endowment, accumulated income, or	other funds		32	
33	Total net assets or fund balances		240,427	33	271,229
34	Total liabilities and net assets/fund balances		240,427	34	<u>271,229</u>

Form **990** (2009)

Form	990 (2009) NORTHEAST MISS. BOARD OF REALTORS 64-0753573		Pag	ge <b>12</b>
Pa	rt XI . Financial Statements and Reporting			
			Yes	No
1	Accounting method used to prepare the Form 990 X Cash 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	Were the organization's financial statements audited by an independent accountant?	_2b		X
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		
	If the organization changed either its oversight process or selection process during the tax year, explain in			
	Schedule O		1	
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were		1	
	issued on a consolidated basis, separate basis, or both		1	
	Separate basis Consolidated basis Both consolidated and separate basis		1	
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in			
	the Single Audit Act and OMB Circular A-133?	3a		
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the			
	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	3b		
		Form	990	(2009)

SCHEDULE 0

(Form 990)

**Supplemental Information to Form 990** 

200

**ZUU9**Open to Public

OMB No 1545-0047

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.

Open to Pu Inspection

Name of the organization

NORTHEAST MISS. BOARD OF REALTORS

Employer identification number 64-0753573

FORM 990, PART III, LINE 4D - ALL OTHER ACHIEVEMENTS

TO UNITE THOSE ENGAGED IN THE RECOGNIZED BRANCHES OF THE

REAL ESTATE PROFESSION IN NORTHEAST MISSISSIPPI.

FORM 990, PART VI, LINE 11A - ORGANIZATION'S PROCESS TO REVIEW FORM 990 NO REVIEW WAS OR WILL BE CONDUCTED.

FORM 990, PART VI, LINE 19 - GOVERNING DOCUMENTS DISCLOSURE EXPLANATION NO DOCUMENTS AVAILABLE TO THE PUBLIC