

### See a Social Security Number? Say Something! Report Privacy Problems to https://public.resource.org/privacy Or call the IRS Identity Theft Hotline at 1-800-908-4490



#### 1METRO

Fqrm

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

Α	For the 200	9 calendar year, or tax year beginning , and ending			-
В	Check if applica			D Emplo	yer identification number
	Address change	label or		7.	0541016
	Name change	print or Doing Business As  type. Number and street (or P.O. box if mail is not delivered to street address)			0541316
	Initial return	type. Number and street (or P O box if mail is not delivered to street address)  See PO BOX 10200	Room/suite # 3	E Teleph 479	-973-0808
	Termination	Specific Instruc- City or town, state or country, and ZIP + 4		G Gross recei	
	Amended return				
$\Box$	Application pend	F Name and address of principal officer		H(a) Is this a	group return for
	.,	JANET BRADEN, PRESIDENT		affiliate H(b) Are all	
		RE/MAX ASSOCIATES FAYETTEVILLE AR 72703		include	d? Yes No
-	T1		<del> </del>	If "No,"	attach a list (see instructions)
+	Tax-exempt: ►			H(c) Group	exemption number
<u>.</u> К			Year of formation 1	0 = 0	M State of legal domicile AR
	art I	Summary			obto or logal corriono 1 = 1
	T	ly describe the organization's mission or most significant activities			
ø	PI	ROVIDE EDUCATION AND SUPPORT SERVICES TO MEMBERSHIP	AND CONDUC	r Chari	TABLE
anc	F	INDRAISING ACTIVITIES TO THE MUTUAL BENEFIT OF ITS M	EMBERS.		
Activities & Governance					
ó	2 Chec	this box \( \subset \] if the organization discontinued its operations or disposed of more than	25% of its net ass	1 1	11
රේ ග	3 Num	ber of voting members of the governing body (Part VI, line 1a) ber of independent voting members of the governing body (Part VI, line 1b)		3 4	1000
iţi	5 Total	number of employees (Part V, line 2a)		5	3
cţi	6 Total	number of volunteers (estimate if necessary)		6	<u> </u>
•		gross unrelated business revenue from Part VIII, column (C), line 12		7a	150,131
	b Net u	inrelated business taxable income from Form 990-T, line 34	<del></del>	7b	-15,187
		A to the Control (Double) the Abo	Prior Yea		Current Year
e e	8 Cont	nbutions and grants (Part VIII, line 1h) ram service revenue (Part VIII, line 2g)		2,393 6,639	31,443 288,935
Revenue	9 Prog	stment income (Part VIII, column (A), lines 3, 4, and 7d)	2,873	3,359	
S.	11 Othe	r revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	2,024	20,209	
	1	revenue – add lines 8 through 11 (must equal Part VIII, column (A), line 12)	3,929	343,946	
	13 Gran	ts and similar amounts paid (Part IX, column (A), lines (EX) FIVFD			
	14 Bene	efits paid to or for members (Part IX, column (A), line 4)			
es	15 Sala	ries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	3,308	104,009	
penses	16a Profe	(K)			
EX		terretaining experience (i. etc. ii., etc. iii., etc. i	17	1,939	188,017
_	17 0000	r expenses (Part IX, column (A), lines 11a–11d, 11f-24)		5,247	292,026
		enue less expenses Subtract line 18 from line 12	3,682	51,920	
ō	S		Beginning of Cur		End of Year
() Assets or	20 Total	assets (Part X, line 16)		1,912	840,700
010	2	liabilities (Part X, line 26)		6,721 5,191	339,792 500,908
2	22 Neta Part II	ssets or fund balances Subtract line 21 from line 20 Signature Block	1 43.	J, 191	300,308
ന <u>ി</u>	ait 13	Under penalties of perjury, I declare that I have examined this return, including accompanying schedule	es and statements, a	and to the hes	t of my knowledge
		and belief, it is trop, correct, and complete Declaration of preparer (other than officer) is based on all			
Şsi	gn	Valle Keene		V1	1-1-10
	ere	Signature of officer		Date	
		Jackie Keene Kresident			· · · · · · · · · · · · · · · · · ·
<del>2</del> –		Type or print name and title			Desperado identificas acumbos
CECANNESS - Page Property Prop	id	Preparer's Date	Check self-	. 🖂	Preparer's identifying number (see instructions)
爱 Pr	eparer's	signature 1/ L J J L 10/	ed 🕨 📙	P00185474	
	se Only	Firm's name (or yours of self-employed)  PRIER, BURCH & SCHERMERHORN, CI  3828 NORTH PARKVIEW DRIVE	EIN ►	73-1546500	
		address, and ZIP + 4  FAYETTEVILLE, AR 72703		Phone no	479-442-6211
Ma	v the IRS du	scuss this return with the preparer shown above? (see instructions)	<del> </del>	1 110	Yes No
Fo	r Privacy Ac	t and Paperwork Reduction Act Notice, see the separate instructions.		··········	Form <b>990</b> (2009)
DA	A ~				, , ,

IVIC	, 1				
วเฑ		METRO AREA BOARD	OF REALTORS	71-0541316	Page
		Statement of Program Service			
1 P	Briefly des	cribe the organization's mission	PPORT SERVICES		CONDUCT CHARITABLE ERS.
2	the prior Fo	panization undertake any significant proorm 990 or 990-EZ?		ir which were not listed on	Yes X No
3		escribe these new services on Schedu ganization cease conducting, or make		onducts, any program	Yes X No
	•	escribe these changes on Schedule O			
4	Section 50	ne exempt purpose achievements for 1(c)(3) and 501(c)(4) organizations are to others, the total expenses, and rev	nd section 4947(a)(1) trusts are	e required to report the amount of gra	
4a	(Code	) (Expenses \$	including grants	of \$ )	(Revenue \$

4b (Code	) (Expenses \$	including grants of \$	) (Revenue \$

4c (Code	) (Expenses \$	including grants of \$	) (Revenue \$	)

4d Other program services (Describe in Schedule O)									
	including grants of \$	) (Revenue \$	31,443)						
4e Total program service expenses ▶	40,089								

1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation complete Schedule A 2 Is the organization required to complete Schedule B, Schedule of Contributors? 3 Did the organization engage in direct or indirect political campaign activities on behalf of or in candidates for public office? If "Yes," complete Schedule C, Part I  4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," Schedule C, Part II  5 Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the 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 accounce or myele Schedule D, Part II  6 Did the organization device on the distribution or investment of amounts in such funds or accounce organization subject to the notice of 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 a complete Schedule D, Part III  8 Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not X, or provide credit counseling, debt management, credit repair, or debt negotiation services? complete Schedule D, Part IV  7 Did the organization, directly or through a related organization, hold assets in term, permanen quasi-endowments? If "Yes," complete Schedule D, Part VI  8 Is the organization report an amount for land, buildings, and equipment in Part X, line 10? If Schedule D, Part VI  9 Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Schedule D, Part VI  9 Did the organization report an amount for linestiments—other securities in Part X, line 13 that of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VI  9 Did the organization report an amount for other assets related in Part X,			
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<ul> <li>Did the organization report a total of more than \$15,000 of expenses for professional fundrais on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I</li> <li>Did the organization report more than \$15,000 total of fundraising event gross income and collective Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II</li> <li>Did the organization report more than \$15,000 of gross income from gaming activities on Part If "Yes," complete Schedule G, Part III</li> </ul>	nts or assistance		
on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I  18 Did the organization report more than \$15,000 total of fundraising event gross income and col Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II  19 Did the organization report more than \$15,000 of gross income from gaming activities on Part If "Yes," complete Schedule G, Part III	16	;	X
on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I  18 Did the organization report more than \$15,000 total of fundraising event gross income and col Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II  19 Did the organization report more than \$15,000 of gross income from gaming activities on Part If "Yes," complete Schedule G, Part III	sing services		
<ul> <li>Did the organization report more than \$15,000 total of fundraising event gross income and content VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II</li> <li>Did the organization report more than \$15,000 of gross income from gaming activities on Part If "Yes," complete Schedule G, Part III</li> </ul>	17	<u>,                                    </u>	X
Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II  Did the organization report more than \$15,000 of gross income from gaming activities on Part If "Yes," complete Schedule G, Part III			
Did the organization report more than \$15,000 of gross income from gaming activities on Part If "Yes," complete Schedule G, Part III	18	X	
If "Yes," complete Schedule G, Part III	<del> </del>		
	19	.	x
Did the digamentation operate one of more morphisms in 100, complete conteduct i	20		X
			0 (2009)

٣ŧ	art iv Checklist of Required Schedules (continued)			
	Data.		Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations	1		x
,,	in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the	22		x
23	United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III  Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the			
23	•			
	organization's current and former officers, directors, trustees, key employees, and highest compensated	1 22		x
14.	employees? If "Yes," complete Schedule J	23		Λ
:4a	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	24-		x
L	24b through 24d and complete Schedule K. If "No," go to line 25	24a		
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С		24-		
	to defease any tax-exempt bonds?	24c		
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction			
	with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a	:		
	prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or			
	990-EZ? If "Yes," complete Schedule L, Part I	25b		
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or			7.2
	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?			37
	If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L,		1	
	Part IV instructions for applicable filing thresholds, conditions, and exceptions)		1	
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete			
	Schedule L, Part IV	28b		<u> </u>
С	An entity of which a current or former officer, director, trustee, or key employee of the organization (or a			
	family member) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L,			
	Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified		}	
	conservation contributions? If "Yes," complete Schedule M	30		<u> </u>
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N,		ŀ	
	Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete	j j		77
_	Schedule N, Part II	32		<u> </u>
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations		1	3.5
	sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33		<u>X</u>
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II,			37
	III, IV, and V, line 1	34		<u> </u>
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete			77
	Schedule R, Part V, line 2	35		X
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related			
_	organization? If "Yes," complete Schedule R, Part V, line 2	36		
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization		ļ	
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R,			7.7
	Part VI	37		X
88	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and			v
	19? Note. All Form 990 filers are required to complete Schedule O	38		<u> </u>

ra	Try Statements Regarding Other IRS Filings and Tax Compliance			_		
	The state of the s				Yes	No
1a	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of	40	4			
	U.S. Information Returns. Enter -0- if not applicable	1a 1b	0			
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 report					
С		labic		1c	Ì	х
20	gaming (gambling) winnings to prize winners?  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	3			
h	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?			2b	x	
b	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return (see					
	instructions)					
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered b	v			1	
Ju	this return?	,		3a	x	
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O			3b	х	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other auti	nority				
-	over, a 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 Bar	nk				
	and Financial Accounts					
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?			5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction	٦?		5b		X
С	If "Yes," to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regards					
	Prohibited Tax Shelter Transaction?			5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the					
	organization solicit any contributions that were not tax deductible?			6a		<u> </u>
b	If "Yes," did the organization include with every solicitation an express statement that such contributions	or				
	gifts were not tax deductible?			6b		······
7	Organizations that may receive deductible contributions under section 170(c).					
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goo	ds				
	and services provided to the payor?			7a		
b				7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was			_		
	required to file Form 8282?	1		7c		
d	· · · · · · · · · · · · · · · · · · ·	7d			- 1	
е	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a pers	onai		7e	1	
	benefit contract?	,		7e 7f		
† -	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract.					
g	For all contributions of qualified intellectual property, did the organization file Form 8899 as required? For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as	:		7g		
h	required?	,		7h		
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting					
•	organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring				1	
	organization, have excess business holdings at any time during the year?			8	1	
9	Sponsoring organizations maintaining donor advised funds.					
a	Did the organization make any taxable distributions under section 4966?			9a		L
b	Did the organization make a distribution to a donor, donor advisor, or related person?			9b		
10	Section 501(c)(7) organizations. Enter					
а	Initiation fees and capital contributions included on Part VIII, line 12	10a				
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b				
11	Section 501(c)(12) organizations. Enter					
а	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 10		1	12a		<u> </u>
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b	·			<u> </u>
				Forn	ո 990	(2009)

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 Section A. Governing Body and Management Yes No 1a Enter the number of voting members of the governing body 1000 Enter the number of voting members that are independent Did any officer, director, trustee, or key employee have a family relationship or a business relationship with 2 2 X any other officer, director, trustee, or key employee? Did the organization delegate control over management duties customarily performed by or under the direct 3 3 supervision of officers, directors or trustees, or key employees to a management company or other person? 4 Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed? 4 5 Did the organization become aware during the year of a material diversion of the organization's assets? 5 6 6 Does the organization have members or stockholders? 7a Does the organization have members, stockholders, or other persons who may elect one or more members 7a of the governing body? b Are any decisions of the governing body subject to approval by members, stockholders, or other persons? 7b Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following X 8a The governing body? X 8b Each committee with authority to act on behalf of the governing body? Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached X at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code ) Yes No X 10a 10a Does the organization have local chapters, branches, or affiliates? b If "Yes," does the organization have written policies and procedures governing the activities of such chapters, 10b affiliates, and branches to ensure their operations are consistent with those of the organization? Has the organization provided a copy of this Form 990 to all members of its governing body before filing the 11 X 11 11a Describe in Schedule O the process, if any, used by the organization to review this Form 990 X 12a 12a Does the organization have a written conflict of interest policy? If "No," go to line 13 b Are officers, directors or trustees, and key employees required to disclose annually interests that could give 12b rise to conflicts? Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," 12c describe in Schedule O how this is done 13 Does the organization have a written whistleblower policy? 13 Does the organization have a written document retention and destruction policy? 14 14 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? 15a The organization's CEO, Executive Director, or top management official 15b Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process in Schedule O (See instructions) Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement X with a taxable entity during the year? 16a 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 16b the organization's exempt status with respect to such arrangements? Section C. Disclosure List the states with which a copy of this Form 990 is required to be filed AR 17 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 X Upon request Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest 19 policy, and financial statements available to the public State the name, physical address, and telephone number of the person who possesses the books and records of the 20 METRO AREA BOARD OF REALTORS 2744 MILLENNIUM DR organization > 479-973-0808 AR 72703 **FAYETTEVILLE** 

# 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

(A) Name and Title	(B) Average	(C) Position (check all that apply)				hat a	anly)	(D) Reportable	(E) Reportable	(F) Estimated	
Name and The	hours per week	or director		Officer		Highest compensated employee		compensation from the organization (W-2/1099-MISC)	compensation from related organizations (W-2/1099-MISC)	amount of other compensation from the organization and related organizations	
MIKE HENRY								_		_	
IM PAST PRES	4.00	<u> </u>		_		<u> </u>		. 0	0		
BRANDON LONG										_	
DIRECTOR	2.00	X		<u> </u>		ļ.,		0	0	C	
JACKIE KEENE									_	_	
PRESIDENT ELECT	2.00	X		<u> </u>	L	ļ		0	0	<u> </u>	
JANET BRADEN		1								_	
PRESIDENT	4.00	X	<u> </u>	X		<u> </u>		0	0	C	
RON WILKINS				}					_	_	
DIRCTOR	2.00	X			<u> </u>	<u> </u>		0	0	<u>_</u>	
RON STINCHCOMB				l					•	_	
SECRETARY/TREASURER	2.00	X		X	ļ	<u> </u>		0	0	C	
HAROLD EARP									•	_	
DIRECTOR	2.00	X	_			<u> </u>	<u> </u>	0	0	C	
DAVID ALPHIN		1							•	_	
DIRECTOR	2.00	X	_	<u> </u>	<u> </u>	<del> </del>		0	0	C	
MARCY CHAVEZ									•	_	
DIRECTOR	2.00	X	<u> </u>	<u> </u>	<u> </u>	ļ	ļ	0	0	C	
JODY HENDRIX									•	_	
DIRECTOR	2.00	X	-	<u> </u>	<u> </u>	<b>├</b>		0	0	C	
RHONDA SIMS				l	١			50.665	•	_	
EXEC OFFICER	40.00	<del> </del>		X	X	X		53,665	0	C	
				_							
					-	-					

Pai	t VII Section A. Officers,	Directors, Trus	tees	, Ke	y Em	plo	yees	, and	d Highest Compensated E	mployees (continued)	
	(A) Name and Title	(B) Average hours per	_			k all t	hat a		(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
					_						
						_	_				
<del></del>											
									:		
	Total						L	<u> </u>	53,665		
2	Total number of individuals (increportable compensation from the			to th	ose	liste	d abo	ve)	who received more than \$1	00,000 in	
3	Did the organization list any for employee on line 1a? If "Yes," For any individual listed on line	complete Schedu	le J	for s	uch i	ndıv	ıdual				Yes No
5	the organization and related organization and related organization and related organization line 1a services rendered to the organization.	ganizations great a receive or accru	er th	an \$ mpe	150, nsat	0007 ion f	rom :	'es," any i	complete Schedule J for su unrelated organization for	uch	4 X
Sec	tion B. Independent Contracto		00/11	picto	0011	caai	<u> </u>	<u> </u>	on person		
1	Complete this table for your five compensation from the organization	ation	sate	ed inc	depe	nder	nt coi	ntrac			
	Name and	(A) business address							Descrip	(B) ston of services	(C) Compensation
										<del>-</del>	
_											
	Total number of independent c	ontractors (includ	lina t	nut n	ot lin	nited	to th	1050	listed above) who received		
DAA	more than \$100,000 in comper		_								0 Form <b>990</b> (2009)

Pa	rt V	III Staten	nent of Reve	nue						
							(A) Total revenue	( <b>B</b> ) Related or exempt function	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections
<u></u>		F-1		T 4. T				revenue		512, 513, or 514
ants	1a	Federated can	-	1a			#			
ge	b	•		1b		21 442				
fts, rar	C	Fundraising ev		1c		31,443	1			
<u>.e.</u>	a	Related organi		1d						
ons	e	Government grants		1e			1			
Pet.	T	All other contribution and similar amounts		4.5						
in the	_			1f	•		1			
Contributions, gifts, grants and other similar amounts	9	Total. Add line	ns included in lines 1a-	ıf Ş	•		31,443		<b>†</b>	
	<del>"</del>	Total. Add line	3,10-11		-	Busn. Code				
eun	2a	MEMBERS	HTP DUES			Dusin Gode	146,493	146,493	***************************************	
Rev	ь		KBOX FEES			531390	133,522		133,522	
<u>ë</u>	c		HIP SUPPORT				8,920	8,920	,	<u> </u>
èς	d							,		
Ē	е									
Program Service Revenue	f	All other progra	am service rever	ue						
P.		Total. Add line				<b>•</b>	288,935			
	3	Investment inc	ome (including d	vidend	s, interes	t, and				
		other similar ai	mounts)			<b>&gt;</b> _	3,359	3,359		
	4	Income from in	vestment of tax-	exempt	bond pro	oceeds 🕨				
	5	Royalties				<b>•</b>				
			(ı) Real		(II) F	Personal			1	
	6a	Gross Rents					<u></u>		-	
	b	Less rental exps					1			
	С	Rental inc or (loss)		<u>_</u>			1	1	1	
	d 7a	Net rental inco Gross amount from			4	011				
		sales of assets	(i) Securities		(11)	Other			1	
		other than inventory								
	D	Less cost or other								
		basis & sales exps Gain or (loss)								
	d	Net gain or (los	26)			<b>•</b>	1	İ		
	_	-	om fundraising even	ts [					-	
Other Revenue	-	(not including \$	ransialoning over	"			1		‡	
Ver			eported on line 1c)				1		1	
Ä.		See Part IV, line		a			Ī		1	
the	b	Less direct ex	penses	ь			Ī		1	
0	c	Net income or	(loss) from fundr	aising <u>e</u>	events	<b>•</b>				
	9a	Gross income fro	m gaming activities	.			1			
		See Part IV, line	19	a			†		I	
		Less direct ex	•	ьĹ						
			(loss) from gamı	ng activ	rities	<b>•</b>				
	10a	Gross sales of	<del>-</del>				1		1	
		returns and alle		a			I			
		Less cost of g		ρĹ			<b>!</b>	Į.	1	
	С		(loss) from sales	of inve	ntory	D 0.41			······································	
	44		ellaneous Revenue			Busn. Code	16 600	-	16 600	
	11a		ARKANSAS ML	s LLC		531390	16,609 3,600	3,600	16,609	
	b	LOSS RECO	VEKI			<del>                                     </del>	3,600	3,600		
	c d	All other reven	ue							
		Total. Add line				<b>—</b>	20,209			<del></del>
	12		e. See instruction	ıs			343,946	162,372	150,131	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).

	All other organizations must				
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and				······································
•	organizations in the U.S. See Part IV, line 21			1	
2	Grants and other assistance to individuals in				
2				1	
	the U.S. See Part IV, line 22				
3	Grants and other assistance to governments,			1	
	organizations, and individuals outside the				
	U S See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees				
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)			26.056	
7	Other salaries and wages	96,256		96,256	
8	Pension plan contributions (include section 401(k)				
	and section 403(b) employer contributions)				
9	Other employee benefits				
10	Payroll taxes	7,753		7,753	
11	Fees for services (non-employees)				
а	Management				
b	Legal	2,913 8,373		2,913 8,373	
С	Accounting	8,373		8,373	
d	Lobbying				
е	Professional fundraising services See Part IV, line 17				
f	Investment management fees				
g	Other				
12	Advertising and promotion				
13	Office expenses	20,183		20,183	
14	Information technology				
15	Royalties				
16	Occupancy	20,419		20,419	
17	Travel	20,337		20,337	
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	9,359		9,359	
20	Interest	11,804		11,804	·
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	22,783		22,783	
23	Insurance	1,997		1,997	
24	Other expenses Itemize expenses not			#	
	covered above (Expenses grouped together	1		<b>1</b>	
	and labeled miscellaneous may not exceed			-	
	5% of total expenses shown on line 25 below )				
а	TRAINING & ORIENTATION	27,121	10,512	16,609	
b	CONTRIBUTIONS	24,684	24,684		
c	DUES AND MEMBERSHIP	10,000		10,000	
d	AWARDS & PRIZES	4,893	4,893		
e	LOCKBOXES	3,151		3,151	
	All other expenses				
25	•	292,026	40,089	251,937	
26		,	•		
	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>			
DAA					Form <b>990</b> (2009)

Form 990 (2009)

**Balance Sheet** Part X (A) (B) Beginning of year End of year 408,594 353,273 1 Cash-non-interest bearing 2 Savings and temporary cash investments 2 3 3 Pledges and grants receivable, net 14,804 18,566 4 Accounts receivable, net 4 Receivables from current and former officers, directors, trustees, key 5 employees, and highest compensated employees. Complete Part II of 5 Schedule L Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) Complete 6 Part II of Schedule L Assets 7 Notes and loans receivable, net 8 Inventories for sale or use 9 Prepaid expenses and deferred charges 10a Land, buildings, and equipment cost or 841,910 10a other basis Complete Part VI of Schedule D 488,655 375,805 353,255 10c 10b b Less accumulated depreciation 754 16,609 11 Investments—publicly traded securities 11 12 Investments—other securities See Part IV, line 11 12 Investments-program-related See Part IV, line 11 13 13 14 Intangible assets 14 47,276 43,676 15 15 Other assets See Part IV, line 11 791,912 840,700 16 Total assets. Add lines 1 through 15 (must equal line 34) 16 9,255 20, Accounts payable and accrued expenses 17 17 18 18 Grants payable 19 19 Deferred revenue 20 20 Tax-exempt bond liabilities Escrow or custodial account liability Complete Part IV of Schedule D 21 Liabilities 21 22 Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified 22 persons Complete Part II of Schedule L 23 Secured mortgages and notes payable to unrelated third parties 23 24 24 Unsecured notes and loans payable to unrelated third parties 347,466 319,640 25 25 Other liabilities Complete Part X of Schedule D 356,<del>72</del>1 339,792 26 Total liabilities. Add lines 17 through 25 Organizations that follow SFAS 117, check here ▶ and Net Assets or Fund Balances complete lines 27 through 29, and lines 33 and 34. 27 Unrestricted net assets 27 28 28 Temporanly restricted net assets 29 29 Permanently restricted net assets Organizations that do not follow SFAS 117, check here ▶ X and complete lines 30 through 34. 8,231 30 30 Capital stock or trust principal, or current funds 60,623 60,623 31 Paid-in or capital surplus, or land, building, or equipment fund 31 366,337 432,054 32 32 Retained earnings, endowment, accumulated income, or other funds 435,191 33 500,908 33 Total net assets or fund balances 791,912 34 840,700 Total liabilities and net assets/fund balances

Form 990 (2009)

om	990 (2009) METRO AREA BOARD OF REALTORS 71-0541316		Pa	ge 12
Pa	rt XI Financial Statements and Reporting			
			Yes	No
1	Accounting method used to prepare the Form 990 Cash X Accrual Other			
	If the organization changed its method of accounting from a prior year or checked "Other," explain in			
	Schedule O			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		X
b	Were the organization's financial statements audited by an independent accountant?	2b	<u> </u>	
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for 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 X Consolidated basis Both consolidated and separate basis			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in			
	the Single Audit Act and OMB Circular A-133?	3a		
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 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.

▶ Attach to Form 990. ▶ See separate instructions.

QMB No 1545-0047
2009
Open to Public

Inspection

Employer identification number Name of the organization 71-0541316 METRO AREA BOARD OF REALTORS Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" to Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts 1 Total number at end of year Aggregate contributions to (during year) Aggregate grants from (during year) Aggregate value at end of year Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7 Purpose(s) of conservation easements held by the organization (check all that apply) Preservation of an historically important land area Preservation of land for public use (e.g., recreation or pleasure) Preservation of certified historic structure Protection of natural habitat Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year Held at the End of the Tax Year 2a Total number of conservation easements 2b b Total acreage restricted by conservation easements 2c c Number of conservation easements on a certified historic structure included in (a) d Number of conservation easements included in (c) acquired after 8/17/06 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the taxable year Number of states where property subject to conservation easement is located ▶ Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(ı) and section 170(h)(4)(B)(ıı)? In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Part III Complete if the organization answered "Yes" to Form 990, Part IV, line 8. 1a If the organization elected, as permitted under SFAS 116, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items b If the organization elected, as permitted under SFAS 116, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items (i) Revenues included in Form 990, Part VIII, line 1 (ii) Assets included in Form 990, Part X 2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 relating to these items a Revenues included in Form 990, Part VIII, line 1 b Assets included in Form 990, Part X

801,910

Schedule D (Form 990) 2009

801,910

841,910

b Buildings

d Equipment

e Other

c Leasehold improvements

Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c))

5,857 ACCRUED LIABILITES 319,640  $\blacktriangleright$ Total. (Column (b) must equal Form 990, Part X, col (B) line 25)

2. FIN 48 Footnote In Part XIV, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48

Sche	edule D (Form 990) 2009 METRO AREA BOARD OF REALTORS	71-054131		Page 4
Pa	art XI Reconciliation of Change in Net Assets from Form 990 to Audited Fina	ancial Statemen	ts	
1	Total revenue (Form 990, Part VIII, column (A), line 12)	L	1	343,946
2	Total expenses (Form 990, Part IX, column (A), line 25)	L	2	<u> </u>
3	Excess or (deficit) for the year Subtract line 2 from line 1	L	3	51,920
4	Net unrealized gains (losses) on investments	L	4	
5	Donated services and use of facilities	L	5	
6	Investment expenses	L	6	
7	Prior period adjustments		7	
8	Other (Describe in Part XIV)	L	8	
9	Total adjustments (net) Add lines 4 through 8	L	9	
10	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9		10	49,862
Pa	art XII Reconciliation of Revenue per Audited Financial Statements With Rev	enue per Retur	n	
1	Total revenue, gains, and other support per audited financial statements		1	343,946
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12			
а	Net unrealized gains on investments		1	
	Donated services and use of facilities 2b			
С	Recoveries of prior year grants 2c			
	Other (Describe in Part XIV )		1	
			2е	
3	Subtract line 2e from line 1	Г	3	343,946
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
a				
b	4.		1	
c			4c	
5	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)	Г	5	343,946
	art XIII Reconciliation of Expenses per Audited Financial Statements With Ex	penses per Ret	urn	
1	Total expenses and losses per audited financial statements		1	294,084
2	Amounts included on line 1 but not on Form 990, Part IX, line 25			
a				
b				
c	22			
d	24	2,058		
e			2e	2,058
3	Subtract line 2e from line 1		3	292,026
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
			- 1	
a	Other (Describe in Part XIV )		1	
	Add lines 4a and 4b		4c	
	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)		5	292,026
	art XIV Supplemental Information	<u></u>		
	plete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part	IV lines 1h		
	2b, Part V, line 4, Part X, line 2, Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b Als			
	part to provide any additional information	o complete		
	ART XI, LINE 8 - RECONCILATION OF CHANGES - OTHER _			
	WEI WIT TIME 9 - KECONCITUTION OF CHANGED - OTHER			
D	EPRECIATION ADJUSTMENT	\$ _		2,058
				<del></del>
_P	ART XIII, LINE 2D - EXPENSE AMOUNTS INCLUDED IN FIR	NANCIALS	OTH	ER
_ D	EDDECTARTON AD HISTMENT	Ś		2,058
	EPRECIATION ADJUSTMENT			
_			- <b>-</b> .	
	<del> </del>			<del>_</del>
				<del> </del>

Total

 SCHEDULE G (Form 990 or 990-EZ) Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered "Yes" to Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a

Attach to Form 990 or Form 990-EZ.

See separate instructions

OMB No 1545-0047

Open To Public Inspection

Department of the Treasury Internal Revenue Service

Employer identification number Name of the organization 71-0541316 METRO AREA BOARD OF REALTORS Fundraising Activities. Complete if the organization answered "Yes" to Form 990, Part IV, line 17. Part I Form 990-EZ filers are not required to complete this part. Indicate whether the organization raised funds through any of the following activities. Check all that apply Solicitation of non-government grants Mail solicitations Solicitation of government grants Internet and email solicitations Special fundraising events Phone solicitations In-person solicitations Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization (III) Did fund-(II) Activity (iv) Gross receipts (v) Amount paid to (vi) Amount paid to (i) Name of individual raiser have from activity (or retained by) (or retained by) or entity (fundraiser) custody or fundraiser listed in organization control of col (I) contributions? Yes No

3 List all states in which the organization is registered or licensed to solicit funds or has been notified it is exempt from registration or licensing

,,,,,,,,,	CUUK	C (1 0111 330 01 330-CZ) 2	THE LIVE WITH	DOWING OF IMPROVE		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	7 T O		ug¢.
Р	art I		vents. Complete if the orga 5,000 on Form 990-EZ, line					orted	<u></u>
		more than \$10	(a) Event #1	(b) Event #2	(c) Other events	<u>Ψ3,000</u>	(d) Total (	events	
			990PTVIIIC		NONE		(add col (a		gh
Ð			(event type)	(event type)	(total number)		col	(c))	
Revenue	1	Gross receipts	31,443					31,	443
	2	Less Charitable contributions	31,443				•	31,	443
	3	Gross revenue (line 1							
		minus line 2)				+-			
	4	Cash prizes							
	5	Noncash prizes							
nses	6	Rent/facility costs				4			
Direct Expenses	7	Food and beverages				_			
Dire	8	Entertainment				-			
	9	Other direct expenses				<del> </del>			
	10	Direct expense summary	Add lines 4 through 9 in column (d	)	•	• <u> </u>			
	11		ombine line 3, column (d), and line 1		Dad IV Fra 40 acces	<u>*                                     </u>	1		
Р	art l		plete if the organization ans on Form 990-EZ, line 6a.	swered Yes to Form 990,	Part IV, line 19, or re	ропеа	more		
e e			(a) Buggo (b) Pull tabs/instant (c) Other gaming				(d) Total gaming (Add		
Revenue			(=) =g	bingo/progressive bingo	col (a) through col (c))				
<u>8</u>	1	Gross revenue							
ses	2	Cash prizes				+			
zxber	3	Noncash prizes				$\bot$			
Direct Expenses	4	Rent/facility costs							
	5	Other direct expenses							
	6	Volunteer labor	Yes %	Yes %	Yes	%			
	0	·		<u> </u>	111110	$\top$			
	7 Direct expense summary Add lines 2 through 5 in column (d)								
-	8 Net gaming income summary Combine line 1, column d, and line 7							Yes	No
9	En	ter the state(s) in which the	e organization operates gaming activ	vities				Tes	NO
a		•	o operate gaming activities in each o	of these states?			9a		
b	It -	No," Explain							
10a b									
_	**	, <b>r</b>							
11	Does the organization operate gaming activities with nonmembers?						11		
12	ls t	the organization a grantor,	beneficiary or trustee of a trust or a		entity				
formed to administer charitable gaming?									

Sche	edule G (Form 990 or 990-EZ) 2009 <b>METRO AREA</b>	BOARD	OF	REALTORS	71-0541	316	P	age 3
		-		-			Yes	No
13	Indicate the percentage of gaming activity operated in							
а	The organization's facility				13a	%		
b	An outside facility				13b	%		
14	Provide the name and address of the person who prepares the or	rganızatıon's	s gamı	ng/special events books				
	and records							
	Name							
	Address ►							
45-	Does the assessment have a contract with a third party from who	m the ergar	nizatio:	n racawas gamina				
15a	Does the organization have a contract with a third party from who revenue?	iiii liie orgai	lizatio	rreceives garning		15a	1	†
	If "Yes," enter the amount of gaming revenue received by the organized for the second	anization 🕨	9	•	and the	134		
b	amount of gaming revenue retained by the third party > \$	anization	•	,	and the			
С								
·	in rest, enter hame and address of the time party							
	Name ►							
	Address ▶							
16	Gaming manager information							
	Name ►							
	Gaming manager compensation ► \$							
	Description of services provided ▶							
	Social priorition of contract provided prioritions							
	Director/officer Employee In	dependent o	contra	ctor				
	<del>-</del>							
17	Mandatory distributions							Ī
а		stributions fi	rom th	e gaming proceeds to				ŧ
	retain the state gaming license?					17a	<u> </u>	<u> </u>
b			exem	pt organizations or spent				
	in the organization's own exempt activities during the tax year	\$				E		Ī

1METRO

#### SCHEDULE O

(Form 990)

Department of the Treasury Internal Revenue Service

#### Supplemental Information to Form 990

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

Attach to Form 990.

2009 Open to Public

OMB No 1545-0047

Name of the organization

METRO AREA BOARD OF REALTORS

Employer identification number

71-0541316

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

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