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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

Open to Public

Dep Inte	eartment of the Tre mai Revenue Serv	asury rice	benefit trust or private foundation)  ► The organization may have to use a copy of this return to satisfy state reporting requ	ıremer	nts	Open to Public Inspection
	For the 2010 cal	lendar vea	ar, or tax year beginning 07/01/10 , and ending 06/30/11			
В	Check if applicable		of organization	D E	Employ	er identification number
	Address change	1	LIVINGSTON COUNTY ASSOC OF REALTORS	]	. •	
$\overline{\Box}$	Name change	Doing l	Business As		23-7	7322213
$\Box$	ŭ	Numbe	er and street (or P O box if mail is not delivered to street address)  Room/suite	E 1	Γelepho	ne number
님	Initial return	298	O DORR ROAD, STE B	{	<u> 310-</u>	<u>-22</u> 5-1100
Ш	Terminated	City or	town, state or country, and ZIP + 4			
	Amended return	BRI	GHTON MI 48116-9459	<b>G</b> Gro	ss receip	ts \$ 173,442
$\Box$	Application pending	F Name	and address of principal officer			liates? Yes X No
ш	r ipplication ponding	SAM	TE H(a) Is this a g	proup retu	ım tor am	
			H(b) Are all a			
				o," atta	ch a list	(see instructions)
	Tax-exempt statu		501(c)(3) X 501(c) ( 6 ) ◀ (insert no ) 4947(a)(1) or 527			
<u>J</u>	Website: ▶ W		AR-MICHIGAN . COM H(c) Group 6		$\overline{}$	ber 🕨
K	Form of organization	<b>X</b> C	orporation Trust Association Other ▶ L Year of formation 1	<u> 1973</u>	<u> </u>	State of legal domicile MI
	Part I Su	ummar	<u> </u>			
	1 Briefly de	escribe th	e organization's mission or most significant activities			
စ္ပ	UNII	TE THO	SE IN REAL ESTATE PROFESSION DOING BUSINESS IN			
ā	THE	COUNT	Y THROUGH A COMMON ORGANIZATION.			
ern						
Activities & Governance	2 Check th	ns box 🕨	if the organization discontinued its operations or disposed of more than 25% of its net as	sets		
ಷ	3 Number	of voting	members of the governing body (Part VI, line 1a)	L	3	13
ies	4 Number	of indepe	indent voting members of the governing body (Part VI, line 1b)	L	4	13
Ξ	5 Total nur	mber of ir	ndividuals employed in calendar year 2010 (Part V, line 2a)	L	5	4
Act			olunteers (estimate if necessary)	L	6	
			ısıness revenue from Part VIII, column (C), line (12 → 1 V — D	⊢	7a	480
	b Net unre	lated bus	iness taxable income from Form 990-T line 34		7b	0
	0.00=4=4=4=4	4 <b>-</b> d	grants (Part VIII, line 1h)  evenue (Part VIII, line 2g)  FEB 0 6 2012	ar	-+	Current Year
a	8 Contribu		grants (Part VIII, line 1h)		$\dashv$	113,370
Revenue	9 Program		) harmonia		-	44,326
æ	10 investme		e (Part VIII, column (A), lines 3, 4 and 7d), (3, 11e), (1) art VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e),		-	152
			dd lines 8 through 11 (must equal Part VIII, column (A), line 12)		-+	157,848
_			r amounts paid (Part IX, column (A), lines 1–3)		-+	137,040
			r for members (Part IX, column (A), line 4)		$\neg \vdash$	
	_	•	mpensation, employee benefits (Part IX, column (A), lines 5–10)			107,102
ses	16a Professi		raising fees (Part IX, column (A), line 11e)	-		
Expenses	h Total fun		expenses (Part IX, column (D), line 25)	~	-+	
EX	17 Other ex	-	Part IX, column (A), lines 11a–11d, 11f–24f)		一	69,315
			Add lines 13–17 (must equal Part IX, column (A), line 25)			176,417
٠٤,			penses Subtract line 18 from line 12			-18,569
Net Assets or 1	89		Beginning of Cu			End of Year
seg	ଞ୍ଜି 20 Total as:	sets (Part		1,6		759,953
  	21 Total liat	bilities (Pa		5,5		161,884
Ž	크 22 Net asse	ets or fund	d balances Subtract line 21 from line 20 58	6,0	94	598,069
1	Part II Si	<u>ignatur</u>	e Block			<u>.</u>
			eclare that I have examined this return, including accompanying schedules and statements, and to the best of	of my kr	nowledg	e and belief, it is
1-		omplete D	collaration of preparer (other than officer) is based on all information of which preparer has any knowledge	<del></del>		<del></del>
Ž ŠSI		<u>_</u>	Panela stella			
Si 1	gn   🏲 :	Signature o			Date	
	ere		ELA LEACH EXECUTIVE VI	<u> </u>	PRE	SIDENT
<u>~</u>			nt name and title			
D-	نسا ا	pe prepare			Check	if PTIN
Pa	GIAGO:	RY D. C				ployed P00144382
	eparer Firm's r	name 🕨		Firm's E	EIN 🕨	38-2549242
US	e Only		109 W. CLINTON ST			E17. E46. 0100
_		address •		Phone i	no	517-546-2130
_			turn with the preparer shown above? (see instructions)			X Yes No
F0	r Paperwork Ke	eauction	Act Notice, see the separate instructions.			Form <b>990</b> (2010)

		ASSOC OF REALTORS 23-1	322213	Page 2
	Statement of Program Serv		S4 III	
		is a response to any question in this f	Part III	
	ribe the organization's mission HOSE IN REAL ESTA	TE PROFESSION DOING BUS	INESS IN	
	NTY THROUGH A COM			
		program services during the year which were no	t listed on the	Yes X No
	990 or 990-EZ? scribe these new services on Sche	tule O		fes A No
		e significant changes in how it conducts, any pro	ogram	
services?	<b>3</b> ,	, , ,		Yes X No
If "Yes," de:	scribe these changes on Schedule	0		<del>_</del>
		r each of the organization's three largest progra		
		ion 4947(a)(1) trusts are required to report the a	mount of grants and allocations to	
others, the	total expenses, and revenue, it any	, for each program service reported		
4a (Code	) (Expenses \$	including grants of \$	) (Revenue \$	<u> </u>
		TE PROFESSION DOING BUS	, i	,
THE COU	NTY THROUGH A COM	MON ORGANIZATION.		
4b (Code	) (Expenses \$	including grants of \$	) (Revenue \$	)
4c (Code	) (Expenses \$	including grants of \$	) (Revenue \$	)
4d Other progra	am services (Describe in Schedule	(0)		<u> </u>
(Expenses			Revenue \$	)
	am service expenses >	, , , , , , , , , , , , , , , , , , ,		
AA				Form <b>990</b> (2010)

			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? (see instructions)	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, or have a section 501(h)			
	election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues,			
	assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C,		ľ	
	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		<u>X</u>
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		<u> </u>
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	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI,			
	VII, VIII, IX, or X as applicable			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes,"			
	complete Schedule D, Part VI	11a	X	
þ	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more			37
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		<u> </u>
С	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more			v
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		<u> </u>
đ	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets	44.0		v
	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d	X	<u> </u>
_	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		
f		11f		x
120	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X			
128	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI, XII, and XIII	12a	x	
h	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if	120		
U	the organization answered "No" to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional	12b		x
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a		14a		X
b	- W			
	business, and program service activities outside the United States? If "Yes," complete Schedule F, Parts I and IV	14b		Х
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any			
	organization or entity located outside the United States? If "Yes," complete Schedule F, Parts II and IV	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance			
	to individuals located outside the United States? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on			
	Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17		_X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on			
	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?			
	If "Yes," complete Schedule G, Part III	19		X
20a	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20a		X
b	If "Yes" to line 20a, did the organization attach its audited financial statements to this return? Note. Some			
	Form 990 filers that operate one or more hospitals must attach audited financial statements (see instructions)	20b		<u> </u>
		Form	, 990	(2010)

Checklist of Required Schedules (continued) Yes No 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 17 If "Yes," complete Schedule I, Parts I and II 21 X 22 Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States X on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III 22 23 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J X 23 24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25 X 24a Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? 24b Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? 24c d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? 24d 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 X disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II 26 27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? X If "Yes," complete Schedule L, Part III 27 28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions) A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV X 28a A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete X Schedule L, Part IV 28b An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV 28c 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 X conservation contributions? If "Yes," complete Schedule M 30 31 Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, X 31 32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," X complete Schedule N, Part II 32 33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I X 33 Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1 X X 35 Is any related organization a controlled entity within the meaning of section 512(b)(13)? 35 Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Yes X No Part V, line 2 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2 36 37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, X Part VI 37 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? Note. All Form 990 filers are required to complete Schedule O

Form 990 (2010)

DAA

76	Chock if Schodule O contains a response to any question in this Part V				$\Box$
	Check if Schedule O contains a response to any question in this Part V	<del></del>		Yes	No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable	<u></u>			
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable 1b				
С	man and the state of the state				ĺ
	reportable gaming (gambling) winnings to prize winners?		1c	X	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax				
	Statements, filed for the calendar year ending with or within the year covered by this return 2a	4			ĺ
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?		2b	X	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)				
3a			3a	<b>_</b>	<u>X</u>
b			3b		<del></del>
4a	,				
	over, a financial account in a foreign country (such as a bank account, securities account, or other financial		ا ا		v
_	account)?		4a	$\vdash$	X
b	· · · · · · · · · · · · · · · · · · ·				ĺ
	See instructions for filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts the second	ints			x
5a			5a 5b		X
b			5c		
c 6a	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?  Does the organization have annual gross receipts that are normally greater than \$100,000, and did the		-50		
ua	organization solicit any contributions that were not tax deductible?		6a		x
b	the same of the sa				
_	gifts were not tax deductible?		6b		İ
7	Organizations that may receive deductible contributions under section 170(c).				
а	man and the state of the state				
	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		<u></u>
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was				İ
	required to file Form 8282?	ı	7c		ļ
d			•	'	
е		t?	7e	<u> </u>	
f			7f		
9	If the organization received a contribution of qualified intellectual property, did the organization file Form 88		7g	<del></del>	
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization fi	le a Form 1098-C7	7h	<u> </u>	
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		8		
	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		l
a b	Did the organization make a distribution to a donor, donor advisor, or related person?		9b		_
10	Section 501(c)(7) organizations. Enter		T		$\vdash$
а	Initiation fees and capital contributions included on Part VIII, line 12				
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities  10b		1		
11	Section 501(c)(12) organizations. Enter.		1		
а	Gross income from members or shareholders		]		
b	Gross income from other sources (Do not net amounts due or paid to other sources				
	against amounts due or received from them )	<u></u>			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041	?	12a		<u> </u>
b			-		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			<b></b>	ļ
а			13a	ļ	ļ
	Note. See the instructions for additional information the organization must report on Schedule O.				
b		1			
	the organization is licensed to issue qualified health plans		1		
C	Enter the amount of reserves on hand	1	44-	$\vdash \vdash$	x
14a	Did the organization receive any payments for indoor tanning services during the tax year?  If "Yes " has it filed a Form 720 to report these payments? If "No " provide an explanation in Schedule O		14a 14b	$\vdash$	<del>-^</del> -
<b>b</b> DAA		<del></del>		n 990	(2010)
トスス			. 011		(=0 (0)

Form 990 (2010) LIVINGSTON COUNTY ASSOC OF REALTORS 23-7322213 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 See instructions. Check if Schedule O contains a response to any question in this Part VI X Section A. Governing Body and Management Yes No 1a Enter the number of voting members of the governing body at the end of the tax year 1b b Enter the number of voting members included in line 1a, above, who are independent 2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with X any other officer, director, trustee, or key employee? Did the organization delegate control over management duties customarily performed by or under the direct X supervision of officers, directors or trustees, or key employees to a management company or other person? X 4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? X Did the organization become aware during the year of a significant diversion of the organization's assets? 5 5 X Does the organization have members or stockholders? 6 6 7a Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body? X 7b b Are any decisions of the governing body subject to approval by members, stockholders, or other persons? Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following X 8a a The governing body? X Each committee with authority to act on behalf of the governing body? 8b Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at X 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.) 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, affiliates, and branches to ensure their operations are consistent with those of the organization? 10b 11a Has the organization provided a copy of this Form 990 to all members of its governing body before filing the X 11a b Describe in Schedule O the process, if any, used by the organization to review this Form 990 X 12a Does the organization have a written conflict of interest policy? If "No," go to line 13 12a b Are officers, directors or trustees, and key employees required to disclose annually interests that could give X rise to conflicts? 12b c Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done 12c X 13 Does the organization have a written whistleblower policy? Does the organization have a written document retention and destruction policy? X 14 14 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? X a The organization's CEO, Executive Director, or top management official 15a X 15b Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process in Schedule O (See instructions) 16a 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 the 16b 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 ▶ ΜI 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 policy, 19 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 2980 DORR ROAD organization > PAMELA LEACH MI 48116 810-225-1100 BRIGHTON

orm 990 (2010)	LIVINGSTON	COINTY	ASSOC	OF	DEAT.TODS	23-	7322213
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Page 7

# Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Check if Schedule O contains a response to any question in this Part VII

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.
- 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, if any 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

K Check this box if neither the organization nor any related organizations compensated any current officer, director, or trustee

(A) Name and Title	(B) Average			(	C)	that ap		(D) Reportable	(E) Reportable	(F) Estimated
	hours per week (describe hours for related organizations in Schedule O)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	compensation from the organization (W-2/1099-MISC)	compensation from related organizations (W-2/1099-MISC)	amount of other compensation from the organization and related organizations
(1) DAN DAVENPORT	5.00	x						o	0	0
(2) CARL VAGNETTI PRESIDENT	5.00	x			ļ			0	0	
(3) VAL POTTS										0
(4) LAURA TOMS	5.00	X						0	0	0
(5) BILL ENGLAND	5.00	X						0	0	0
TREASURER	5.00	x						0	0	0
(6) KEVIN GERKIN PRESIDENT	5.00	x						o	0	o
(7) SUSAN DOYLE	5.00	x						o	0	0
(8) TIM SOVA SECRETARY/TREASURER	5.00	x						0	0	0
(9) SCOTT GRIFFITH	5.00	x						0	0	0
(10) SCOTT BOHLEN PRESIDENT - ELECT	5.00	x						0	0	0
(11) KAREN GILL	5.00	x						0	0	0
(12) MARIANNE MC CREA		x		ļ				0	0	0
(13) PAMELA LEACH										
EXECUTIVE V-P (14) BARBARA HESS	40.00			X				0	0	0
FORMER EXEC. V-P	40.00						X	41,454	0	0
(15) MEGHAN WEBBER FORMER EXEC. V-P	0.00						x	7,115	0	0
(16)										

Pa	rt VII Section A. Officers	, Directors, Trus	tees	s, Ke	у Еп	nplo	yees	s, ar	nd Highest Compensated	Employees (continued)			
	(A) Name and Title	(B) Average hours per	_			k all t	hat a		(D) Reportable compensation	(E) Reportable compensation from		(F) stimate	
		week (describe hours for related organizations in Schedule O)	individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	from the organization (W-2/1099-MISC)	related organizations (W-2/1099-MISC)	cor	other mpensar from the ganization relate ganization gan	tion e on ed
(17)													
(18)													
(19)													
(20)	-												
(21)													
(22)	(22)												_
(23)	3)												
(24)													
(25)													
(26)		-									:		
(27)													
(28)													
1b	Sub-total  Total from continuation shee	nto to Bort VII. S	ootie	A				<b>\</b>	48,569				
с <u>d</u>	Total (add lines 1b and 1c)							<u> </u>	48,569				
2	Total number of individuals (ir reportable compensation from				thos	e lis	ted a	abov	ve) who received more than	\$100,000 in		_	
3	Did the organization list any fo				ruste	ee, k	ey e	mple	oyee, or highest compensa	ted	Γ		Yes No
4	employee on line 1a? If "Yes," For any individual listed on lin organization and related organ	e 1a, is the sum	of re	port	able	com	pens	satio	on and other compensation complete Schedule J for su	from the			X
5	Individual  Did any person listed on line of for services rendered to the of									rındıvıdual		5	X
Sec	tion B. Independent Contract	ors								··· ··· ·			
1	Complete this table for your fi compensation from the organ	ızatıon	ensa	ted	ınder	enc	lent o	cont			ı		(C)
	Name and	(A) I business address							Descrip	(B) stron of services		Com	(C) pensation
								$\vdash$					
		·						$\vdash$					
								$\vdash$		·			
								<u> </u>		<del>,</del>			
2	Total number of independent	contractors (incli	uding	but	not	lımıt	ed to	tho	ose listed above) who				<del></del>
DAA	received more than \$100,000								<del></del>	00		Form	<b>990</b> (2010)

	III Statement	of Revenue		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
2 1a	Federated campaig	ns 1a					
Б	Membership dues	1b					
E C	Fundraising events	1c		_			
d d	Related organization	ns <u>1d</u>					
e e	Government grants (contrib	utions) 1e		_			
1 a b c d e f g h	All other contributions, gifts, and similar amounts not incl						
<b>≘</b> 9			\$				
	Total. Add lines 1a-	-1f	lp 6	<b>&gt;</b>			
2a b c d e	DUES		Busn. C	79,231	79,231		
b		DDD C		10,296	10,296		
6			· · · · · · · · · · · · · · · · · · ·	9,425	9,425		
ا ا		CCESS FEES		4,500	4,500		
ء ا	EDUCATION P	DOCDAMS		4,390	4,390		
, ,	All other program se			5,528	5,014	480	34
֓֞֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓	Total. Add lines 2a-			<b>▶</b> 113,370	5,023		
3	Investment income		nde interest	123,3.0			
*	and other similar an	=	ilus, ilitelest,	▶ 44,326	22,690		21,636
4	Income from investi		ant hand proceeds		22,000		22,030
5	Royalties	ment of tax-exem	ipt bolid proceeds				¥12
"	rtoyattes	(ı) Real	(ii) Personal				·····
6a	Gross Rents	(i) i todi	(1) / 5/55/14/	$\dashv$			
				<del> </del>			
	Rental inc or (loss)  Net rental income o	r (loss)	1	<b>-</b>			
	Cross amount from	(i) Securities	(ii) Other				
	sales of assets	(i) occariacs	(ii) Guiei	<del> </del>			
[	other than inventory		<del></del>	<del> </del>			
"	Less cost or other						
١.	basis & sales exps		<del></del>	<del>- </del>			
	Gain or (loss)		<u> </u>	<b></b>			
	Net gain or (loss) Gross income from fun	draicina ovente	ſ				
Oa	(not including \$	uraising events					
b	of contributions reporte	od on line 1e)					
	See Part IV, line 18	a on line 10)					
١.	Less direct expens			<del></del>			
	Net income or (loss			<b>-</b>		:	
	Gross income from gar		g events				
Ja	See Part IV, line 19	activities					
١,	Less direct expens						
	Net income or (loss			<b>&gt;</b>			· · · · · · · · · · · · · · · · · · ·
	Gross sales of inver		Stratties				
'02	returns and allowan		14,1	24			
h	Less cost of goods						
	Net income or (loss			► -1,470	-1,470		
μ,		ous Revenue	Busn. C	T i			·
11a				1,622		1	1,622
b	GOTE COLLING		-				2,022
6							
ا ا	All other revenue			-			
"	Total. Add lines 11a	2_11d		1,622			······································
	TOTAL AGG IIIIES 113						

### 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)

17, 8, 9, 8, and 109. of Part VIII.	Do	not include amounts reported on lines 6b,	(A) Total expenses	(B) Program service	(C) Management and	(D) Fundraising
organizations in the U.S. See Part IV, Ime 21 Crants and other assistance to involveus in the U.S. See Part IV, Ime 22 Grants and other assistance to governments organizations, and individuals outside the U.S. See Part IV, Ime 10 and 10 an	_7b	, 8b, 9b, and 10b of Part VIII.	Total expenses			expenses
2 Grants and other assistance to individuals in the U.S. See Part IV, line 2 2 3 Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 10 and 16 4 Benefits paid to or for members 5 Compensation of current officers, directors, trustees, and key employees 6 Compensation individed down, to disqualified persons (se defined under section 4980ft(1)) and persons described in section 4980ft(1) and perso	1	Grants and other assistance to governments and				
the U.S. See Part IV, line 22 Grafts and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, line 15 and 16 Benefits paid to or for members Compensation of current officers, directors, trustees, and key employees Corpersation not individual door, to despulling persons (as desined under section 4958(c)(3)(6) Persons described in section 4958(c)(3)(6) Other statisties and weges Persons pain contributions (include section 401(k) and section 403(k)) employer contributions) Other employee benefits Payor lataxes Payor lataxes Payor lataxes T, 137 Payor lataxes T, 137 Payor lataxes T, 137 Fees for services (non-employees) Amengement Legal Accounting Concentration Legal Accounting Concentration Legal Accounting Concentration Legal Accounting Concentration Legal Accounting Concentration Legal Concentration Conce		organizations in the U.S. See Part IV, line 21				
3 Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, kines 15 and 16 4 Benefits part to or for members 5 Compensation of current officers, directors, trustees, and key employees 6 Compensation of current officers, directors, trustees, and key employees 7 Compensation of included above, to dequalified persons (as defined under section 4580f(1)) and persons described in section 4580f(1) and persons described in section 4580f(1) and persons described in section 4580f(1) and persons described in section 450f(1) and	2	Grants and other assistance to individuals in				
organizations, and individuals outside the U.S. See Part IV, lines 15 and 16  4. Benefits past to or for members  6. Compensation of current officers, directors, trustees, and key employees  6. Compensation and individual above, to disqualified persons (as defined under section 469(K)(3)) and persons described in section 495(K)(3)(8)  7. Other sales and wages  8. Person plan combitutions (include section 401(k) and section 401(k) and section 401(k) employee benefits  9. Other employee benefits  10. Payroll taxes  11. Pees for services (non-employees)  12. Management  13. 1, 133  14. Legal  15. Coccounting  16. OCCOUNTING  17. Investment management fees  17. 1, 137  18. Provided the section 495(K) of the section 401(k) and se		the U.S. See Part IV, line 22				
organizations, and individuals outside the U.S. See Part IV, lines 15 and 16  4. Benefits past to or for members  6. Compensation of current officers, directors, trustees, and key employees  6. Compensation and individual above, to disqualified persons (as defined under section 469(K)(3)) and persons described in section 495(K)(3)(8)  7. Other sales and wages  8. Person plan combitutions (include section 401(k) and section 401(k) and section 401(k) employee benefits  9. Other employee benefits  10. Payroll taxes  11. Pees for services (non-employees)  12. Management  13. 1, 133  14. Legal  15. Coccounting  16. OCCOUNTING  17. Investment management fees  17. 1, 137  18. Provided the section 495(K) of the section 401(k) and se	3	Grants and other assistance to governments.				
U. See Part IV, lines 15 and 16  Banelis paid to or for members Compensation of current officers, directors, trustees, and key employees Compensation inducted above, to disqualided persons (as defined under section 459(I)(I)) and persons (as defined under section 459(I)(I)) and persons (as defined under section 459(I)(I)) and section 403(I) employer contributions (solicular section 403(I)) employer contributions (solicular section 403(I)) and section 403(I) employer contributions (solicular section 403(II)) and section 403(II)						
4 Benefits paid to or for members Compensation of current officers, directors, trustees, and key employees Compensation of current officers, directors, trustees, and key employees Compensation of middle above, to despellified partons (as defined under sector #858(CI)) and persons described in section #358(CI)(SI) Person plan contributions (include section #358(CI)(SI) Person plan contributions (include section #358(CI)(SI) Person plan contributions (include section #358(CI)(SI) Person plan contributions (include section #358(CI)(SI) Person plan contributions (include section #358(CI)(SI) Person plan contributions (include section #358(SI) and section		-				
5 Compensation of current officers, directors, trustees, and key employees 6 Compensation industed above, to disqualified persons (selectional mechanisms) and persons described in section 4958(f)(18) and section 405(b) employer contributions) 9 Other employee benefits 10 Payroll taxes 11 Fees for services (non-employees) 12 Management 13 Legal 14 C Accounting 15 Legal 16 C, 000 17 Travel 18 Payment management fees 19 Other 19 Other employees 10 Other employees 10 Other employees 10 Other employees 11 Information technology 15 Royalities 19 Corpancy 19 Corpancy 19 Corpancy 19 Corpancy 19 Corpenses 10 Information technology 10 Other employees 11 Payments of travel or enlertamment expenses for any federal, state, or local public officials 11 Information depletion, and amortization interest intere	4					
trustees, and key employees Compensation not included above, to disqualified persons (a defined under section 4959(t)(1)) and persons described in section 4959(t)(3) 8) Persons described in section 4959(t)(3) 8) Pother sensions and wages and section 4050(t) employee section 4050(t) and section 405(t) and section 40	5	•				
6 Compensation not included shows, to dequalified persons (as defined under section 4958(f)(1)) and persons described in section 4958(f)(3)(8)  7 Other salanes and wages  8 Person plan contributions (include section 401(k) and section 403(k) employer contributions)  9 Other employee benefits  10 Payroll taxes  7 7, 137  11 Fees for services (non-employees)  8 8, 543  9 All agement  1 Legal  1 Lobbying  1 Cohesional fundrasing services See Part IV, line 17  1 Investment management fees  9 Other  1 Advertising and promotion  13 Office expenses  1 Information technology  15 Royalties  16 Occupancy  17 Travel  18 Payments of travel or entertainment expenses for any federal, state, or local public officials  10 Conferences, conventions, and meetings  10 Interest  1 Payments to affiliates  2 Depercation, depletion, and amortization  1 Insurance  2 Other expenses litanze expenses in line 24 if if line 24 damout acceses (10% of line 25, outhin (A) amount, list line 24 texpenses on Schedule O, a BAD DEBTS  1 BANK CHARGES  1 TELEPHONE  2 All other expenses. Add lines 1 through 24f  3 All other expenses. Add lines 1 through 24f  3 All other expenses. Add lines 1 through 24f  5 Information accepance of a following company and fundrasing solicitation  (B) joint costs from a combined educational campany and fundrasing solicitation  (B) joint costs from a combined educational campany and fundrasing solicitation		•				
persons (as defined under section 4588(r)(1) and persons described in section 4588(r)(3)(8)  7 Other salanes and vages  8 Person plan contributions (include section 401(k) and section 403(b) employer contributions)  9 Other employee benefits  7 , 137  10 Payroli taxes  7 , 137  11 Fees for services (non-employees)  8 , 543  9 Amagement  10 Legal  6 , 000  11 Good of the services (non-employees)  12 Advertising and promotion  13 Office expenses  9 Other  13 Office expenses  14 Information technology  15 Royalties  16 Occupancy  17 Travel  18 Payments of travel or entertainment expenses for any federal, state, or local public officials  19 Conferences, conventions, and meetings  10 Interest  11 Payments to affiliates  12 Depreciation, depletion, and amortization  13 Insurance  14 Payment to affiliates  15 Depreciation, depletion, and amortization  16 Interest  17 Payment to affiliates  17 Payment to affiliates  10 Interest  11 Payment to affiliates  12 Payment to affiliates  13 Insurance  14 Payment to affiliates  15 Office expenses in line 24 if interest  16 Object of the septiment expenses in line 24 if interest  17 Payment to affiliates  18 Depreciation, depletion, and amortization  19 Interest  10 Office expenses in line 24 if interest  10 Office expenses in line 25 olumn  (A) amount list the 24 expenses on Schedule O.)  18 BANK CHARGES  19 OFFICE SUPPLIES  10 OFFICE SUPPLIES  10 OFFICE SUPPLIES  11 All other expenses  12 Joint costs from a combined educational campany and fundralising solicitation  13 Insurance  14 All other expenses  15 Joint costs from a combined educational campany and fundralising solicitation	6		, <u>, , , , , , , , , , , , , , , , , , </u>			
Persons described in section 4958(c)(3)(8)   48,569   42,853	-					
7 Other salaries and wages Person plan contributions (include section 401(k) and section 401(k) employer contributions) 9 Other employee benefits 7 7, 137 11 Faes for services (non-employees) a Management 3, 1,33 b Legal 6, 0,00 c Accounting 6 1 Cobyring Professional fundriasing services See Part IV, line 17 f Investment management fees 9 Other 2 Advertising and promotion 13 Office expenses 1 Information technology 15 Royaltes 16 Occupancy 9,000 17 Travel 18 Payments of travel or entertainment expenses for any tederal, state, or local public officials Interest 19 Conferences, conventions, and meetings Interest 11 Payments to affitiates 2 Depreciation, depletion, and amortization 2 Insurance 24 Other expenses Itemze expenses in line 24 if lines 24 amount exceeds 10% of line 25, column (A) amount, list line 24 expenses on Schedule C) 3 BAD DEBTS 5 Al8  BANK CHARGES 5,084  TELEPHONE 7,018 5 Idel for expenses. Add lines 1 through 24f 5 All other expenses. Add lines 1 through 24f 5 Olint costs from a combined educational campagin and fundriasing solicutation (B) joint costs from a combined educational campagin and fundriasing solicutation (B) joint costs from a combined educational campagin and fundriasing solicutation (B) joint costs from a combined educational campagin and fundriasing solicutation			48.569			
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and section 403(b) employer contributions) 9		<del>-</del>				
8	•					
10 Payroll taxes 11 Fees for services (non-employees) a Management b Legal c Accounting d Lobbying e Professonal fundrating services See Part IV, line 17 Investment management fees g Other 2 Advertising and promotion 3 Office expenses 14 Information technology 18 Royalties 19 Occupancy 17 Travel 18 Payments of travel or entertainment expenses for any federal, state, or local public officials C Conferences, conventions, and meetings Interest 21 Payments to affiliates 20 Interest 21 Payments to affiliates 22 Depreciation, depletion, and amortization 23 Insurance 24 Other expenses illenize expenses on Schedule O.) a BAD DEBTS b BANK CHARGES 5 TECHNOLOGY C TELEPHONE 7 O.018 All other expenses. Add lines 1 through 24f 5 Total functional expenses. Add lines 1 through 24f 5 Total functional expenses. Add lines 1 through 24f 176 A 177 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	9		8.543	,		
11 Fees for services (non-employees) a Management b Legal c Accounting d Lobbying e Professional fundraising services See Part IV, line 17 f In vestment management fees g Other 2 Advertising and promotion 13 Office expenses 14 Information technology 15 Royalites 16 Occupancy 17 Travel 18 Payments of travel or entertainment expenses for any federal, state, or local public officials 19 Conferences, conventions, and meetings 11 Payments to affiliates 22 Depreciation, depletion, and amortization 23 Insurance 24 Other expenses ltemize expenses in line 24f if line 24f amount exceeds 10% of line 25, column (A) amount, list line 24f expenses on Schedule O.) a BAD DEBTS b BANK CHARGES TECHNOLOGY d OFFICE SUPPLIES b TELEPHONE 7, 018 f All other expenses 7, 018 5 Joint costs. Check here ▶ if if following SOP 98-2 (ASC 958-720) Compilete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation (a) productional expenses. Add lines 1 through 24f 5 Total functional expenses. Add lines 1 through 24f 5 Joint costs. Check here ▶ if if following SOP 98-2 (ASC 958-720) Compilete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicidation						
a Management b Legal c Accounting d Lobbying e Professonal fundraising services See Part IV, line 17 f Investment management fees g Other 2 Advertising and promotion 13 Office expenses 14 Information technology 15 Royalites 6 Occupancy 17 Travel 8 Payments of travel or entertainment expenses for any federal, state, or local public officials 19 Conferences, conventions, and meetings 11 Interest 12 Payments to affiliates 22 Depreciation, depletion, and amortization 21 Insurance 24 Other expenses Itemze expenses not covered above (List miscellaneous expenses in line 24f if line 24f amount exceeds 10% of line 25, Golumn (A) amount, list line 24f expenses on Schedule O.) a BAD DEBT'S b BANK CHARGES 5 TECHNOLOGY 4 (1814 4 (680 5 TECHNOLOGY 5 (ASC 958-720) Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicidation (B) joint costs from a combined educational campaign and fundraising solicidation		•	.,25.			<u> </u>
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Lobbying   Professional fundraising services See Part IV, line 17   Investment management fees   God Part IV, line 17   Investment management fees   God Part IV, line 17   Investment management fees   God Part IV, line 17   Investment management fees   God Part IV, line 17   Information technology   God Part IV, line 17   Information technology   God Part IV, line 18   Royalties   God Part IV, line 19   God Part IV, line 19   God Part IV, line 19   God Part IV, line 17   Information technology   God Part IV, line 17   God Part IV, line 18   God P		_	6 375			<del></del>
e Professional fundraising services See Part IV, line 17 f Investment management fees g Other 2 Advertising and promotion 13 Office expenses 14 Information technology 15 Royalties 16 Occupancy 17 Travel 18 Payments of travel or entertainment expenses for any federal, state, or local public officials 19 Conferences, conventions, and meetings 10 Interest 11 Payments to affiliates 12 Depreciation, depletion, and amortization 11 Insurance 12 Other expenses literaze expenses not covered above (List miscellaneous expenses in line 24f if line 24f amount exceeds 10% of line 25, column (A) amount, list line 24f expenses on Schedule O.) a BAD DEBTS 5 JA18 b BANK CHARGES 5 JO84 C TECHNOLOGY 4 JA14 OFFICE SUPPLIES 4 JA (880 TELEPHONE 7 JO18 17 JO18 17 JO18 17 JO18 17 JO19 18 JO19 18	_	•	0,373			
f   Investment management fees   g   Other						<del></del>
g Other 12 Advertising and promotion 13 Office expenses 14 Information technology 15 Royalties 16 Occupancy 17 Travel 18 Payments of travel or entertainment expenses for any federal, state, or local public officials 19 Conferences, conventions, and meetings 20 Interest 21 Payments to affiliates 22 Depreciation, depletion, and amortization 21 Insurance 24 Other expenses itemize expenses not covered above (List miscellaneous expenses in line 24f if line 24f amount, list line 24f expenses on Schedule O.) 2 BAD DEBTS 2 BANK CHARGES 3 Total Revenses 5 Total functional expenses. Add lines 1 through 24f 5 Total functional expenses. Add lines 1 through 24f 5 Total functional expenses. Add lines 1 through 24f 5 Joint costs. Check here ▶ ☐ if following SOP 98-2 (ASC 958-720) Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation		-				
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17 Travel   8 , 141		-	9,000			·
18 Payments of travel or entertainment expenses for any federal, state, or local public officials  20 Interest  21 Payments to affiliates  22 Depreciation, depletion, and amortization  23 Insurance  24 Other expenses lternize expenses not covered above (List miscellaneous expenses in line 24f If line 24f amount exceeds 10% of line 25, column (A) amount, list line 24f expenses on Schedule O.)  a BAD DEBTS  b BANK CHARGES  c TECHNOLOGY d OFFICE SUPPLIES  e TELEPHONE f All other expenses  f All other expenses  7, 018  25 Total functional expenses. Add lines 1 through 24f  26 Joint costs. Check here ▶ If following SOP 98-2 (ASC 985-720) Complete this line only if the organization reported in column (B) joint costs from a combined educational campagn and fundraising solicitation	17					
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19 Conferences, conventions, and meetings 20 Interest 21 Payments to affiliates 22 Depreciation, depletion, and amortization 23 Insurance 24 Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24f if line 24f amount exceeds 10% of line 25, column (A) amount, list line 24f expenses on Schedule O.)  a BAD DEBTS 5, 418 b BANK CHARGES c TECHNOLOGY d OFFICE SUPPLIES d OFFICE SUPPLIES FI All other expenses 7, 018 25 Total functional expenses. Add lines 1 through 24f 26 Joint costs. Check here I if following SOP 98-2 (ASC 958-720) Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation		•				
Interest   Payments to affiliates	19	•	4,738			
21 Payments to affiliates 22 Depreciation, depletion, and amortization 23 Insurance 24 Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24f if line 24f amount exceeds 10% of line 25, column (A) amount, list line 24f expenses on Schedule O.)  a BAD DEBTS  b BANK CHARGES  c TECHNOLOGY  d OFFICE SUPPLIES  f All other expenses  7,018  25 Total functional expenses. Add lines 1 through 24f  26 Joint costs. Check here ▶ ☐ if following SOP 98-2 (ASC 958-720) Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation		- I			· <del></del> ··	
Depreciation, depletion, and amortization  Insurance  Cother expenses Itemize expenses not covered above (List miscellaneous expenses in line 24f if line 24f amount exceeds 10% of line 25, column (A) amount, list line 24f expenses on Schedule O.)  BAD DEBTS  BANK CHARGES  CTECHNOLOGY  GOFFICE SUPPLIES  TELEPHONE  All other expenses  Total functional expenses. Add lines 1 through 24f  All other expenses  Total functional expenses. Add lines 1 through 24f  All other expenses  Total functional expenses. Add lines 1 through 24f  All other expenses  Total functional expenses. Add lines 1 through 24f  All other expenses  Total functional expenses. Add lines 1 through 24f  Bint costs. Check here  In following SOP 98-2 (ASC 958-720) Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation		Payments to affiliates		W-1		
23 Insurance 24 Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24f If line 24f amount exceeds 10% of line 25, column (A) amount, list line 24f expenses on Schedule O.)  a BAD DEBTS  b BANK CHARGES  c TECHNOLOGY  d OFFICE SUPPLIES  f All other expenses  7, 018  25 Total functional expenses. Add lines 1 through 24f  26 Joint costs. Check here ▶ ☐ if following SOP 98-2 (ASC 958-720) Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation	22	•	1,718			
above (List miscellaneous expenses in line 24f If line 24f amount exceeds 10% of line 25, column (A) amount, list line 24f expenses on Schedule O.)  a BAD DEBTS  b BANK CHARGES  c TECHNOLOGY  d OFFICE SUPPLIES  e TELEPHONE  f All other expenses  7,018  25 Total functional expenses. Add lines 1 through 24f  26 Joint costs. Check here ▶ ☐ if following SOP 98-2 (ASC 958-720) Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation	23	Insurance				
above (List miscellaneous expenses in line 24f If line 24f amount exceeds 10% of line 25, column (A) amount, list line 24f expenses on Schedule O.)  a BAD DEBTS  b BANK CHARGES  c TECHNOLOGY  d OFFICE SUPPLIES  e TELEPHONE  f All other expenses  7,018  25 Total functional expenses. Add lines 1 through 24f  26 Joint costs. Check here ▶ ☐ if following SOP 98-2 (ASC 958-720) Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation	24	Other expenses Itemize expenses not covered				
line 24f amount exceeds 10% of line 25, column (A) amount, list line 24f expenses on Schedule O.)  a BAD DEBTS  b BANK CHARGES  c TECHNOLOGY  d OFFICE SUPPLIES  e TELEPHONE  f All other expenses  7,018  25 Total functional expenses. Add lines 1 through 24f  26 Joint costs. Check here ▶ ☐ if following SOP 98-2 (ASC 958-720) Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation		· · · · · · · · · · · · · · · · · · ·	1			
(A) amount, list line 24f expenses on Schedule O.)  a BAD DEBTS  b BANK CHARGES  c TECHNOLOGY  d OFFICE SUPPLIES  e TELEPHONE  f All other expenses  7,018  25 Total functional expenses. Add lines 1 through 24f  SOP 98-2 (ASC 958-720) Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation		•				
a BAD DEBTS b BANK CHARGES c TECHNOLOGY d 0 OFFICE SUPPLIES e TELEPHONE f All other expenses 7,018  25 Total functional expenses. Add lines 1 through 24f SOP 98-2 (ASC 958-720) Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation		(A) amount, list line 24f expenses on Schedule O.)				
b BANK CHARGES c TECHNOLOGY d OFFICE SUPPLIES e TELEPHONE f All other expenses 7,018  25 Total functional expenses. Add lines 1 through 24f 26 Joint costs. Check here life following SOP 98-2 (ASC 958-720) Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation	а		5,418			
c TECHNOLOGY d OFFICE SUPPLIES e TELEPHONE f All other expenses 7,018  25 Total functional expenses. Add lines 1 through 24f 26 Joint costs. Check here  if following SOP 98-2 (ASC 958-720) Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation	b	BANK CHARGES		_		· · · · · ·
e TELEPHONE f All other expenses 7,018  25 Total functional expenses. Add lines 1 through 24f 26 Joint costs. Check here ▶ ☐ if following SOP 98-2 (ASC 958-720) Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation	С	TECHNOLOGY				<del></del>
e TELEPHONE f All other expenses 7,018  25 Total functional expenses. Add lines 1 through 24f 26 Joint costs. Check here ▶ ☐ if following SOP 98-2 (ASC 958-720) Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation	d	OFFICE SUPPLIES				
f All other expenses  7,018  25 Total functional expenses. Add lines 1 through 24f  26 Joint costs. Check here ▶ ☐ if following SOP 98-2 (ASC 958-720) Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation	е	TELEPHONE				
25 Total functional expenses. Add lines 1 through 24f  26 Joint costs. Check here ▶ ☐ if following SOP 98-2 (ASC 958-720) Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation	f	All other expenses				
Joint costs. Check here   If following SOP 98-2 (ASC 958-720) Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation	25	Total functional expenses. Add lines 1 through 24f		0	0	0
only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation	26					
(B) joint costs from a combined educational campaign and fundraising solicitation						
campaign and fundraising solicitation			Į			

Part 3	K Balance Sheet	(A)		(B)
		Beginning of year		End of year
1	Cash—non-interest bearing	300	1	300
2	Savings and temporary cash investments	171,652	_2	<u> </u>
3	Pledges and grants receivable, net		3	
4	Accounts receivable, net	403	4	1,828
5	Receivables from current and former officers, directors, trustees, key			
	employees, and highest compensated employees. Complete Part II of			
	Schedule L		5	
6	Receivables from other disqualified persons (as defined under section			
	4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing			
	employers and sponsoring organizations of section 501(c)(9) voluntary			
_	employees' beneficiary organizations (see instructions)		6	
7 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8	Notes and loans receivable, net		7	
8 8	Inventories for sale or use	13,454	8	6,028
ة   ع	Prepaid expenses and deferred charges	398	9	
I -	Land, buildings, and equipment cost or			
'	other basis Complete Part VI of Schedule D 10a 20,12	.5		
	Less accumulated depreciation 10b 14,76		10c	5,357
11	Investments—publicly traded securities	548,038	11	573,647
12	Investments—other securities See Part IV, line 11		12	
13	Investments—program-related See Part IV, line 11		13	-
14	Intangible assets		14	
15	Other assets See Part IV, line 11	15,334	15	15,334
	Total assets. Add lines 1 through 15 (must equal line 34)	751,665	$\overline{}$	759,953
16	Accounts payable and accrued expenses	4,461	17	6,143
18	Grants payable  Grants payable		18	
	Deferred revenue	47,397	19	40,029
19			20	
20	Tax-exempt bond liabilities		21	
21	Escrow or custodial account liability Complete Part IV of Schedule D			
21 22 22	·			
를	employees, highest compensated employees, and disqualified persons		22	
_ 1	Complete Part II of Schedule L	-	23	
23	Secured mortgages and notes payable to unrelated third parties		24	
24	Unsecured notes and loans payable to unrelated third parties	113,713	+	115,71
25	Other liabilities Complete Part X of Schedule D	165,571		161,88
26	Total liabilities. Add lines 17 through 25	103,371	20	101,00
27 28	Organizations that follow SFAS 117, check here ▶ 🗶 and complete			
Ĕ	lines 27 through 29, and lines 33 and 34.	586,094	27	598,069
B 27	Unrestricted net assets	360,034	28	390,00
28	•			
29   29			29	
ַן ב	Organizations that do not follow SFAS 117, check here ▶ ☐ and			
5	complete lines 30 through 34.			
ភ្ន   30	· · · · · · · · · · · · · · · · · · ·	<del> </del>	30	
31	Paid-in or capital surplus, or land, building, or equipment fund	<del></del>	31	
30 31 32 33 34	Retained earnings, endowment, accumulated income, or other funds	FOC 004	32	F00 00
ត្ត   33	Total net assets or fund balances	586,094		598,069
Z   34	Total liabilities and net assets/fund balances	751,665	34	759,953

Form	990 (2010) LIVINGSTON COUNTY ASSOC OF REALTORS 23-7322213			Pag	ge <b>12</b>
Pai	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response to any question in this Part XI				
		1 1			
1	Total revenue (must equal Part VIII, column (A), line 12)	1			848
2	Total expenses (must equal Part IX, column (A), line 25)	2			417
3	Revenue less expenses Subtract line 2 from line 1	3			<u>569</u>
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4			094
5	Other changes in net assets or fund balances (explain in Schedule O)	5		30,	<u>544</u>
6	Net assets or fund balances at end of year Combine lines 3, 4, and 5 (must equal Part X, line 33,		_		
	column (B))	6	<u> </u>	98,	<u>069</u>
Pai	at XII Financial Statements and Reporting				
	Check if Schedule O contains a response to any question in this Part XII	<del></del> ,			┵┶
			F	Yes	No
	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				
	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		X
			2b	X	<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	ļ
	If the organization changed either its oversight process or selection process during the tax year, explain in				
	Schedule O				
	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were				
	issued on a separate basis, consolidated basis, or both				
	Separate basis Consolidated basis Both consolidated and separate basis				1
	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in				ļ
	the Single Audit Act and OMB Circular A-133?		3a		<del> </del>
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the			:	1
	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits		3b		Щ_
			Form	990	(2010)

### SCHEDULE C (Form 990 or 990-EZ)

### **Political Campaign and Lobbying Activities**

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

Complete if the organization is described below. ► Attach to Form 990 or Form 990-EZ.
 See separate instructions.

990-EZ. Open to Public Inspection

Employer identification number

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

Name of organization

If the organization answered "Yes," to Form 990, Part IV, line 3, or Form 990-EZ, Part V, 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) or Form 990-EZ, Part V, line 35a (Proxy Tax), then

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

	LIVINGSTON COUNTY AS	SOC OF REALTORS		23-73222	13
Pa	rt I-A Complete if the organization is exen	npt under section 501(c	) or is a section	on 527 organization	on.
1	Provide a description of the organization's direct and indire	ect political campaign activities	ın Part IV		
2	Political expenditures			▶ \$ _	
3	Volunteer hours			_	
Pa	rt I-B Complete if the organization is exen	npt under section 501(c	)(3).		
1	Enter the amount of any excise tax incurred by the organiz	ation under section 4955		▶ \$ _	
2	Enter the amount of any excise tax incurred by organization	n managers under section 495	5	▶ \$ _	
3	If the organization incurred a section 4955 tax, did it file Fo	orm 4720 for this year?			Yes No
4a	Was a correction made?				Yes No
<u>b</u>	If "Yes," describe in Part IV				
Pa	rt I-C Complete if the organization is exen	npt under section 501(c	), except sect	on 501(c)(3).	
1	Enter the amount directly expended by the filing organization	on for section 527 exempt fund	tion		
	activities			<b>▶</b> \$	
2	Enter the amount of the filing organization's funds contribu	ted to other organizations for s	ection		
	527 exempt function activities			<b>▶</b> \$ ,	
3	Total exempt function expenditures Add lines 1 and 2 En	ter here and on Form 1120-PO	L,		
	line 17b			▶ \$	
4	Did the filing organization file Form 1120-POL for this year	?			Yes No
5	Enter the names, addresses and employer identification no	umber (EIN) of all section 527	political organization	ons to which the filing	
	organization made payments For each organization listed	, enter the amount paid from th	e filing organization	n's funds Also enter	
	the amount of political contributions received that were pro-	mptly and directly delivered to	a separate politica	il organization, such	
	as a separate segregated fund or a political action commit	tee (PAC) If additional space i	s needed, provide	information in Part IV	· · · · · · · · · · · · · · · · · · ·
	(a) Name	(b) Address	(c) EIN	(d) Amount paid from	(e) Amount of political
				filing organization's	contributions received and promptly and directly
				funds If none, enter -0-	delivered to a separate
					political organization If
					none, enter -0-
(1)					
					<u>.</u>
(2)					
(3)					
					<del></del>
(4)					
(5)					
	**				
(6)					
	Division Ast and Department Deduction Ast Notice 41-		000 57		
LOL P	Privacy Act and Paperwork Reduction Act Notice, see the	instructions for Form 990 or	33U-EL.	Schedule C (Form	1 990 or 990-EZ) 2010

Sche	edule C (Form 990 or 990-EZ) 2010 LI	VINGSTON CO	OUNTY ASSOC	OF REALTO	ORS 23-73222	213 Page 2
	rt II-A Complete if the organ section 501(h)).	ization is exemp	t under section 5	01(c)(3) and fi	led Form 5768 (ele	
	Check ► ☐ if the filing organization.  Check ► ☐ if the filing organization.				ns apply.	
·	Limits on Lo (The term "expenditures"	bbying Expendit			(a) Filing organization's totals	(b) Affiliated group totals
1a	Total lobbying expenditures to influence	public opinion (grass r	oots lobbying)			
	Total lobbying expenditures to influence	· -	= = :			<del></del>
С	Total lobbying expenditures (add lines 1a	and 1b)			·	<u>-</u>
d	Other exempt purpose expenditures					<del>"</del>
е	Total exempt purpose expenditures (add	lines 1c and 1d)				
f	Lobbying nontaxable amount Enter the a	mount from the follow	ving table in both			
	columns			1		
Γ	If the amount on line 1e, column (a) or (b) is:	The lobbying nonta	axable amount is:			····
	Not over \$500,000	20% of the amount o	**			
Ī	Over \$500,000 but not over \$1,000,000	i	of the excess over \$500,00	<u> </u>		
Ī	Over \$1,000,000 but not over \$1,500,000		of the excess over \$1,000.			
Ī	Over \$1,500,000 but not over \$17,000,000	1	the excess over \$1,500,0	i		
Ī	Over \$17,000,000	\$1,000,000				
a	Grassroots nontaxable amount (enter 25	<del></del>		'1		******
	Subtract line 1g from line 1a If zero or le					·
	Subtract line 1f from line 1c If zero or les					-
i	If there is an amount other than zero on	either line 1h or line 1i	. did the organization f	le Form 4720		·
	reporting section 4911 tax for this year?				- <u></u> -	Yes No
	_	_	ng Period Under	, ,		
	(Some organizations th columns be		n 501(h) election tructions for lines		-	he five
	Lob	bying Expenditu	res During 4-Yea	r Averaging Po	eriod	
	Calendar year (or fiscal year beginning in)	(a) 2007	<b>(b)</b> 2008	(c) 2009	(d) 2010	(e) Total
2a	Lobbying nontaxable amount					
b	Lobbying ceiling amount (150% of line 2a, column(e))					
С	Total lobbying expenditures					
d	Grassroots nontaxable amount					
е	Grassroots ceiling amount (150% of line 2d, column (e))					
f	Grassroots lobbying expenditures					

Schedule C (Form 990 or 990-EZ) 2010

Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)). (b) No Yes Amount During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of. a Volunteers? b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)? c Media advertisements? d Mailings to members, legislators, or the public? e Publications, or published or broadcast statements? f Grants to other organizations for lobbying purposes? g Direct contact with legislators, their staffs, government officials, or a legislative body? h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means? i Other activities? If "Yes," describe in Part IV j Total Add lines 1c through 1i 2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)? b If "Yes," enter the amount of any tax incurred under section 4912 c If "Yes." enter the amount of any tax incurred by organization managers under section 4912 d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year? Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section Part III-A 501(c)(6). Yes No X 1 Were substantially all (90% or more) dues received nondeductible by members? X 2 2 Did the organization make only in-house lobbying expenditures of \$2,000 or less? Did the organization agree to carryover lobbying and political expenditures from the prior year? Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section Part III-B 501(c)(6) if BOTH Part III-A, lines 1 and 2 are answered "No" OR if Part III-A, line 3 is answered "Yes." Dues, assessments and similar amounts from members 1 Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid). a Current year 2b b Carryover from last year 2c Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues 3 If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year? Taxable amount of lobbying and political expenditures (see instructions) **Supplemental Information** 

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

Part IV Supplemental Information (continued)

# 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.

OMB No 1545-0047 **2010** 

Open to Public Inspection

Name of the organization Employer identification number LIVINGSTON COUNTY ASSOC OF REALTORS 23-7322213 Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" to Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts Total number at end of year Aggregate contributions to (during year) Aggregate grants from (during year) Aggregate value at end of year Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? Conservation Easements, Complete if the organization answered "Yes" to Form 990, Part IV, line 7 Purpose(s) of conservation easements held by the organization (check all that apply) Preservation of land for public use (e.g., recreation or education) Preservation of an historically important land area Protection of natural habitat Preservation of a certified historic structure Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year Held at the End of the Tax Year 2a Total number of conservation easements 2b Total acreage restricted by conservation easements c Number of conservation easements on a certified historic structure included in (a) 2c d Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register 3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the 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 Yes No violations, and enforcement of the conservation easements it holds? Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year 7 Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year 8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B) (i) and section 170(h)(4)(B)(ii)? 9 In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" to Form 990, Part IV, line 8. 1a If the organization elected, as permitted under SFAS 116 (ASC 958), 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 (ASC 958), 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 (ASC 958) relating to these items: a Revenues included in Form 990, Part VIII, line 1

b Assets included in Form 990, Part X

Schedul	e D (Form 990) 2010	ON COUNTY HSSO	C OF REAL	ITORS	<u> </u>	2213		Page 2
Part	III Organizations Maintainin	g Collections of Art, I	listorical Trea	sures,	or Other S	imilar Asse	ts (continue	d)
3 Us co	sing the organization's acquisition, access illection items (check all that apply)	sion, and other records, check	k any of the follow	ing that a	re a significan	t use of its		
а	Public exhibition	d Loan or	exchange prograi	ms				
b 🗌	Scholarly research	e 🔲 Other						
с 🗌	Preservation for future generations	_						
4 Pr	ovide a description of the organization's o	collections and explain how th	ney further the orga	anızatıon'	s exempt purp	ose in Part		
	uring the year, did the organization solicit	or receive donations of art. h	storical treasures.	or other	sımılar			
	sets to be sold to raise funds rather than						Yes	No
Part	V Escrow and Custodial Ar	rangements. Complete	e if the organiz			es" to Forn		
	line 9, or reported an amo					·		
	the organization an agent, trustee, custoo	lian or other intermediary for	contributions or ot	her asse	ts not			
	cluded on Form 990, Part X?						Yes	∐ No
b If	'Yes," explain the arrangement in Part XI\	/ and complete the following	table					
_						<del> </del>	Amount	
	eginning balance					1c	<del></del>	
	dditions during the year					1d	·	
	stributions during the year					_1e		
	nding balance					1f		<del></del>
	d the organization include an amount on F						Yes	∐ No
	'Yes," explain the arrangement in Part XI\		1 40 6 19	. =				
Part '	V Endowment Funds. Com							
		(a) Current year	(b) Pпоr year	(c) Tw	o years back	(d) Three years t	oack (e) Four yea	irs back
	eginning of year balance			<del> </del>				
	ontributions			<del> </del>				
	et investment earnings, gains, and	]		1				
	sses			<del> </del>				
	ants or scholarships			<del> </del>				····
	her expenditures for facilities and							
	ograms			<del>                                     </del>				
	Iministrative expenses			-				
_	d of year balance		170	<u> </u>				
	ovide the estimated percentage of the year							
	pard designated or quasi-endowment ▶	%						
	rmanent endowment ► %							
	rm endowment ▶ %							
	e there endowment funds not in the posse	ession of the organization tha	t are held and adn	nınıstered	d for the			
_	ganization by						Ye	s No
	unrelated organizations						3a(i)	_
٠,,	related organizations						3a(ii)	
	Yes" to 3a(II), are the related organization						_3b	
	scribe in Part XIV the intended uses of th			4.0				
Part 1						·	<del></del>	
	Description of investment	(a) Cost or other basis (investment)	(b) Cost or other (other)	basis	(c) Accun depreci		(d) Book valu	e
1a La	nd							
<b>b</b> Bu	ıldıngs							
c Le	asehold improvements							
d Eq	uipment		20	,125		14,768	5	,357
e Otl			<u> </u>					
otal. Ad	dd lines 1a through 1e (Column (d) must	equal Form 990, Part X, colu	mn (B), line 10(c)	)		<b>▶</b>	5	,357

Part VII	Investments—Other Securities. See Form 9	90, Part X, line 12.		
	(a) Description of security or category	(b) Book value	(c) Method of	valuation
	(including name of security)		Cost or end-of-yea	r market value
(1) Financial	derivatives			
(2) Closely-he	eld equity interests			
(3) Other				
(A)				
(B)				
(C)				
(D)				
(E)				<del></del>
(F)				
(G)			<del></del>	
(H)			- · · · · · · · · · · · · · · · · · · ·	
(l)				
	\(\frac{1}{2}\)	<u> </u>		<del></del>
Part VIII	Investments—Program Related. See Form 9			
	(a) Description of investment type	(b) Book value	(c) Method of	
			Cost or end-of-yea	r market value
(1)			***	
(2)	<del>.</del>			
(3)			<u>~</u> .	<u> </u>
(4)				
(5)				
(6)	· · · · · ·		<del></del> .	<del></del>
(7)	·			
(8)				
(9) (10)				
	n (b) must equal Form 990, Part X, col (B) line 13 )			· · · · · · · · · · · · · · · · · · ·
Part IX	Other Assets. See Form 990, Part X, line 15	1		
1 414 174	(a) Description	·	<u></u>	(b) Book value
(1)	(-,		<del></del>	(b) book value
(2)	· · · · · · · · · · · · · · · · · · ·			<del>-</del>
(3)				
(4)				
(5)			- :-	
(6)	1-11			
(7)				<del></del>
(8)				
(9)			- 4.444	
(10)	•	· · · · · · · · · · · · · · · · · · ·		
	n (b) must equal Form 990, Part X, col (B) line 15)		<b>•</b>	
Part X	Other Liabilities. See Form 990, Part X, line	25.		
1.	(a) Description of liability	(b) Amount		
(1) Federal	income taxes			
(2) DUES	PAYABLE	115,712		
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				`
(9)				
(10)				
(11)				
	n (b) must equal Form 990, Part X, col (B) line 25 )		<u></u>	
2. FIN 48 (AS	C 740) Footnote In Part XIV, provide the text of the footnote	to the organization's financial s	statements that reports the	

organization's liability for uncertain tax positions under FIN 48 (ASC 740)

Sche	dule D (Form 990) 2010 LIVINGSTON COUNTY ASSOC OF REA	<u> ALTORS 23-732221</u>	.3	Page <b>4</b>
Pē	art XI Reconciliation of Change in Net Assets from Form 990 to	<b>Audited Financial Staten</b>	nents	
1	Total revenue (Form 990, Part VIII, column (A), line 12)		1	157,848
2	Total expenses (Form 990, Part IX, column (A), line 25)		2	<u>176,417</u>
3	Excess or (deficit) for the year Subtract line 2 from line 1		3	-18,569
4	Net unrealized gains (losses) on investments		4	
5	Donated services and use of facilities		5_	
6	Investment expenses		6	
7	Prior period adjustments		7	
8	Other (Describe in Part XIV)		8	
9	Total adjustments (net) Add lines 4 through 8		9	
10	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9		10	<u>-18,569</u>
Pa	it XII Reconciliation of Revenue per Audited Financial Statemen	nts With Revenue per Re	turn	
1	Total revenue, gains, and other support per audited financial statements		1	157,848
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12.			
а	Net unrealized gains on investments	2a		
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	
3	Subtract line 2e from line 1		3	157,848
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a	]	
b	Other (Describe in Part XIV )	4b		
C	Add lines 4a and 4b		4c	
5			5	157,848
Pa	art XIII Reconciliation of Expenses per Audited Financial Stateme	nts With Expenses per F	Returi	
1	Total expenses and losses per audited financial statements		1	176,417
2	Amounts included on line 1 but not on Form 990, Part IX, line 25	•		
а	Donated services and use of facilities	2a		
þ	Prior year adjustments	2b		
С	Other losses	2c		
d	Other (Describe in Part XIV )	2d		
e	Add lines 2a through 2d		2e	·
3	Subtract line 2e from line 1		3	176,417
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIV)	4b		
С	Add lines 4a and 4b		4c	
5	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)		5	176,417

Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 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 Also complete this part to provide any additional information

Part XIV Supplemental Information

Part XIV Supplemental Information (continued)

# **SCHEDULE J**

(Form 990)

Compensation Information

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

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

Part IV, line 23.

▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047

Open To Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

LIVINGSTON COUNTY ASSOC OF REALTORS

Employer identification number 23-7322213

Pa	rt   Questions Regarding Compensation				
				Yes	No
10	Check the appropriate box(es) if the organization provided an	ov of the following to or for a person listed in Form			
ıa					į
	990, Part VII, Section A, line 1a Complete Part III to provide  First-class or charter travel	Housing allowance or residence for personal use			
	H	H ' '			į
	Travel for companions	Payments for business use of personal residence Health or social club dues or initiation fees			
	Tax indemnification and gross-up payments				į
	Discretionary spending account	Personal services (e g , maid, chauffeur, chef)			
b	If any of the boxes on line 1a are checked, did the organization	on follow a written policy regarding payment			
	or reimbursement or provision of all of the expenses describe	ed above? if "No," complete Part III to			
	explain		1b		
2	Did the organization require substantiation prior to reimbursing	ng or allowing expenses incurred by all officers,			
	directors, trustees, and the CEO/Executive Director, regardin	ng the items checked in line 1a?	2		
					Ė
3	Indicate which, if any, of the following the organization uses t	to establish the compensation of the			É
	organization's CEO/Executive Director Check all that apply	_			į
	Compensation committee	Written employment contract			į
	Independent compensation consultant	Compensation survey or study			į
	Form 990 of other organizations	Approval by the board or compensation committee			
4	During the year, did any person listed in Form 990, Part VII,	Section A. line 1a, with respect to the filing			
-	organization or a related organization	•			ĺ
а	Receive a severance payment or change-of-control payment	t from the organization or a related organization?	4a		x
	Participate in, or receive payment from, a supplemental none		4b		X
	Participate in, or receive payment from, an equity-based com		4c		X
	If "Yes" to any of lines 4a-c, list the persons and provide the				
	Only and in FOM/a)(2) and FOM/a)(4) arranizations must be	omplete lines 5 0			
_	Only section 501(c)(3) and 501(c)(4) organizations must co				ĺ
5	For persons listed in Form 990, Part VII, Section A, line 1a, o	did the organization pay or accide any			İ
_	compensation contingent on the revenues of		5a	1	ĺ
	The organization?		5b	1	$\vdash$
D	Any related organization?		155		
	If "Yes" to line 5a or 5b, describe in Part III  For persons listed in Form 990, Part VII, Section A, line 1a, of	did the organization hav or accrise any			
6	compensation contingent on the net earnings of	uid the organization pay or accide any			
_			6a	1	ĺ
	The organization? Any related organization?		6b		
D	If "Yes" to line 6a or 6b, describe in Part III		100		
7		did the organization provide any non-fixed	İ	1	ĺ
•	payments not described in lines 5 and 6? If "Yes," describe in		7		1
	Were any amounts reported in Form 990, Part VII, paid or ac		<b>–</b>		$\vdash$
8	to the initial contract exception described in Regulations sect				1
		1011 33 733044(a)(3)* II 165, 46561106	8		1
a	in Part III  If "Yes" to line 8, did the organization also follow the rebuttab	nie presumption procedure described in	<u> </u>		<del></del>
9	Regulations section 53 4958-6(c)?	sie presumption procedure described in	۵		1

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

Schedule J (Form 990) 2010

Page 2

LIVINGSTON COUNTY ASSOC OF REALTORS 23-7322213

Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed. Schedule J (Form 990) 2010 Part II

For each individual whose compensation must be reported in Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii) Do not list any individuals that are not listed on Form 990, Part VII.

Note. The sum of columns (B)(i)-(iii) must equal the applicable column (D) or column (E) amounts on Form 990, Part VII, line 1a

		(B) Breakdown o	f W-2 and/or 1099-MIS(	C compensation	(C) Retirement and	(D) Nontaxable	(E) Total of columns	(F) Compensation
(A) Name	-	(i) Base compensation	(i) Base (ii) Bonus & incentive (iii) Other compensation compensation compensation	(iii) Other reportable compensation	other deferred compensation	benefits		reported in prior Form 990 or Form 990-EZ
BARBARA HESS	€	41,454	0	0	0	0	41,454	0
	Ξ	0	0	0		0		0
MEGHAN WEBBER	€	7,115	0	0		0	1112	0
2	Ξ	0	0	0		0	0	0
	ε	•		·				
3	▣							
	€ €	•	•	•			•	
4								
v	E E	·					,	
	€ €							
	=							
7	Ē	•	•					
	€							
8	Ξ							
a	ΞΞ	·	•					
	ε							
10	Ξ							
*	€ 5	•	•	•				
12	E E	•	•	•			•	
13	€ €	•	•					
	€ €							
	=							
16	: E						•	
	€ €							
							Schedu	Schedule J (Form 990) 2010

# Schedule J (Form 990) 2010 LIVINGSTON Part [II Supplemental Information

Complete this part to provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 4c, 5a, 5b, 6a, 6b, 7, and 8 Also complete this part for any additional information

### **SCHEDULE O**

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

### Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or 990-EZ.

2010
Open to Public inspection

Name of the organization

LIVINGSTON COUNTY ASSOC OF REALTORS

Employer identification number 23-7322213

FORM 990, PART VI, LINE 11B - ORGANIZATION'S PROCESS TO REVIEW FORM 990 990 INFORMATION RETURN IS REVIEWED BY MANAGEMENT AND THE BOARD OF DIRECTORS PRIOR TO SUBMISSION.

FORM 990, PART VI, LINE 12C - ENFORCEMENT OF CONFLICTS POLICY

EACH YEAR, MEMBERS OF THE BOARD OF DIRECTORS REVIEWS AND UPDATES THE POLICY

AS WELL AS EACH DIRECTOR UPDATES ANY POTENTIAL CONFLICTS.

FORM 990, PART VI, LINE 15A - COMPENSATION PROCESS FOR TOP OFFICIAL COMPENSATION FOR THE EXECUTIVE VICE PRESIDENT IS APPROVED BY THE BOARD OF DIRECTORS.

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

Name(s) shown on return

Department of the Treasury Internal Revenue Service

### **Depreciation and Amortization**

(Including Information on Listed Property)

► See separate instructions.

► Attach to your tax return

Attachment

Identifying number LIVINGSTON COUNTY ASSOC OF REALTORS 23-7322213 Business or activity to which this form relates INDIRECT DEPRECIATION Part I **Election To Expense Certain Property Under Section 179** Note: If you have any listed property, complete Part V before you complete Part I. 500,000 Maximum amount (see instructions) 1 2 Total cost of section 179 property placed in service (see instructions) 2 3 2,000,000 Threshold cost of section 179 property before reduction in limitation (see instructions) 3 Reduction in limitation Subtract line 3 from line 2. If zero or less, enter -0-4 5 Dollar limitation for tax year Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions 5 (a) Description of property (b) Cost (business use only) (c) Elected cost 6 7 7 Listed property Enter the amount from line 29 8 Total elected cost of section 179 property Add amounts in column (c), lines 6 and 7 8 9 Tentative deduction Enter the smaller of line 5 or line 8 9 10 Carryover of disallowed deduction from line 13 of your 2009 Form 4562 10 11 Business income limitation. Enter the smaller of business income (not less than zero) or line 5 (see instructions) 11 Section 179 expense deduction Add lines 9 and 10, but do not enter more than line 11 12 Carryover of disallowed deduction to 2011 Add lines 9 and 10, less line 12 13 Note: Do not use Part II or Part III below for listed property. Instead, use Part V Special Depreciation Allowance and Other Depreciation (Do not include listed property.) (See instructions) 14 Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year (see instructions) 14 15 Property subject to section 168(f)(1) election 15 Other depreciation (including ACRS) 16 Part III MACRS Depreciation (Do not include listed property.) (See instructions.) Section A 17 719 17 MACRS deductions for assets placed in service in tax years beginning before 2010 If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here Section B—Assets Placed in Service During 2010 Tax Year Using the General Depreciation System (b) Month and year (c) Basis for depreciation (d) Recovery (a) Classification of property placed in (business/investment use (e) Convention (f) Method (g) Depreciation deduction period only-see instructions) service 19a 3-year property 4,991 5.0 200DB 999 HY b 5-year property 7-year property 10-year property d e 15-year property 20-year property 25-year property 25 vrs S/L S/L h Residential rental 27 5 yrs MM property 27 5 yrs MM S/L MM Nonresidential real 39 yrs S/L property MM S/L Section C—Assets Placed in Service During 2010 Tax Year Using the Alternative Depreciation System 20a Class life b 12-year 12 yrs S/L 40 yrs c 40-year ММ S/L Summary (See instructions.) Part IV 21 Listed property Enter amount from line 28 21 22 Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on the appropriate lines of your return Partnerships and S corporations—see instructions 1,718 22 For assets shown above and placed in service during the current year, enter the 23 portion of the basis attributable to section 263A costs 23

	000			Specia	al Even	ıts Schedu	le		·		0040
Form	990	For calendar y	/ear 2010, or t	ax year beginn	ıng	07/01/10	D, and	ending	06/30/1	1	2010
lame									Employ	er Iden	itification Number
LIVIN	GSTON	COUNTY AS	SSOC OF	REALTO	RS				23-7	322	213
Gross reve	ntributions enue ect expenses	12 10	,416 0 ,416 ,794 ,622	(B)	0 0 0 0 0	(C)	0 0 0 0 0	Othe	0 0 0 0 0		Total 12,416 0 12,416 10,794 1,622
Description	n (A) (B) (C) Others	GOLF	DUTING								
						<del></del>					

.

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Year Ended: June 30, 2011 23-7322213

### LIVINGSTON COUNTY ASSOC OF REALTORS 2980 DORR ROAD, STE B BRIGHTON, MI 48116-9459

# Electing out of Bonus Depreciation Allowance for All Eligible Depreciable Property

The taxpayer elects out of first-year bonus depreciation allowance under IRC Section 168(k) for all eligible asset classes of depreciable property acquired after December 31, 2007. This election applies to all eligible depreciable property placed in service during the tax year.

(Rev. January 2011)

Application for Extension of Time To File an Exempt Organization Return

Department of ti		▶ File a	separate a	pplication for each return.				
		tomatic 3-Month Extension, complete	e only Part	and check this box				. <b>▶</b> X
		ditional (Not Automatic) 3-Month Ext			ım).			
Do not comp	lete Part II uni	ess you have already been granted an	automatic 3	-month extension on a previously filed	Form 886	В.		
Electronic fil	ing (e-file). Yo	u can electronically file Form 8868 if yo	u need a 3-	month automatic extension of time to fi	le (6 mont	hs for		
a corporation	required to file	Form 990-T), or an additional (not auto	omatic) 3-mo	onth extension of time. You can electro	nically file	Form		
8868 to reque	est an extension	n of time to file any of the forms listed it	n Part I or P	art II with the exception of Form 8870,	Informatio	n		
Return for Tra	ensfers Associa	ated With Certain Personal Benefit Con	tracts, which	h must be sent to the IRS in paper fom	nat (see			
Part		ls on the electronic filing of this form, vi c 3-Month Extension of Time			-	ofits.		
		Form 990-T and requesting an automa						
Part I only				·				▶ 🔲
All other corp	orations (includ	ling 1120-C filers), partnerships, REMI	Cs, and trus	ts must use Form 7004 to request an e	extension (	of time	.,,,,,,,,,,	.,
to file income	tax returns.							
Type or	Name of ex	empt organization			Employ	er ideni	lification n	umber
print					۔ ۔ ۔			
File by the	LIVING	STON COUNTY ASSOC	OF REA	LTORS	23-7	3222	213	
due date for filing your return. See	1	eet, and room or suite no. If a P.O. box OORR ROAD , STE B	, see instru	otions.				
instructions.	City, town o	r post office, state, and ZIP code. For a	foreign add 48116					
	DRIGH.	- CA	40110	- 3433	<del></del>			
Enter the Ret	um code for th	e return that this application is for (file a	separate a	pplication for each return)				03
Application	7		Return	Application				Return
ls For			Code	Is For				Code
Form 990			01	Form 990-T (corporation)				07
Form 990-BL 02 Form 1041-A						08		
Form 990-PF 04 Form 5227						09		
Form 990-T (sec. 401(a) or 408(a) trust) 05 Form 6069						10 11		
	(trust other th		06	Form 8870				12
FORM 950-1	(anstone h)	BARBARA HESS		Form 8e70				12
		2980 DORR ROAD						
The books	are in the care of	▶ BRIGHTON				×	II 481:	16
Telephon	e No. > 81	0-225-1100	FAX No	. <b>&gt;</b>		** , • • • •	*********	
• If the orga	anization does	not have an office or place of business	in the Unite	d States, check this box				▶□
		um, enter the organization's four digit (			this is			
for the whole	group, check to	his box <b>&gt;</b> . If it is for part of	the group, o	check this box	ich			
		Ns of all members the extension is for.						
1 I reque	st an automatic	3-month (6 months for a corporation of	equired to fi	le Form 990-T) extension of time				
-		, to file the exempt organization return	n for the org	panization named above. The extension	n is			
Account.	organization's I							
	tax year books	or ning $07/01/10$ , and ending (	06/30/	11				
2 If this to	ax year entered	in line 1 is for less than 12 months, ch						
	hange in accor				····			
_		* Form 990-BL, 990-PF, 990-T, 4720, o See instructions.	r 6069, ente	er the tentative tax, less any	3a	\$		
b If this a	pplication is for	Form 990-PF, 990-T, 4720, or 6069, e	enter any ref	undable credits and				······································
		s made. Include any prior year overpa			3ь	\$		
c Balanc	e due. Subtrac	t line 3b from line 3a. Include your pays						
(Electro	mic Federal Ta	x Payment System). See instructions.			3c	\$		
		make an electronic fund withdrawal wit	h this Form	8868, see Form 8453-EO and Form 88	379-EO for			
payment inst	ructions.		·			<del></del>	·	
For Paperwo	ork Reduction .	Act Notice, see Instructions.				Fo	m <b>8868</b> (	Rev. 1-2011)