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Form 990-EZ

Department of the Treasury  
Internal Revenue Service

# Short Form

## Return of Organization Exempt From Income Tax

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

- Sponsoring organizations of donor advised funds and controlling organizations as defined in section 512(b)(13) must file Form 990. All other organizations with gross receipts less than \$500,000 and total assets less than \$1,250,000 at the end of the year may use this form
- The organization may have to use a copy of this return to satisfy state reporting requirements

OMB No 1545-1150

2009

Open to Public  
Inspection**A For the 2009 calendar year, or tax year beginning****, 2009, and ending**

<b>B</b> Check if applicable <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Termination <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	<b>C</b> Name of organization <b>MONADNOCK REGION BOARD OF REALTORS, INC.</b> Number and street (or P O box, if mail is not delivered to street address) <b>P.O. BOX 10606</b> City or town, state or country, and ZIP + 4 <b>Swanzey NH 03446-0606</b>	<b>D</b> Employer identification number <b>02-0336411</b>
		<b>E</b> Telephone number <b>(603) 352-8205</b>
		<b>F</b> Group Exemption Number <b>►</b>

**• Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ).**

**I Website:** ► [www.nhar.com](http://www.nhar.com)**J Tax-exempt status (check only one) —**  501(c) ( 6 ) (insert no)  4947(a)(1) or  527**K** Check ►  if the organization is not a section 509(a)(3) supporting organization and its gross receipts are normally not more than \$25,000. A Form 990-EZ or Form 990 return is not required, but if the organization chooses to file a return, be sure to file a complete return**L** Add lines 5b, 6b, and 7b, to line 9 to determine gross receipts; if \$500,000 or more, file Form 990 instead of Form 990-EZ ► \$ **88,560.****Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances** (See the instructions for Part I.)

<b>REVENUE</b> 1 Contributions, gifts, grants, and similar amounts received 2 Program service revenue including government grants and contracts 3 Membership dues and assessments 4 Investment income 5a Gross amount from sale of assets other than inventory b Less cost or other basis and sales expenses c Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) 6 Special events and activities (complete applicable parts of Schedule C. If any amount is from gaming, check here ► <input type="checkbox"/> a Gross revenue (not including \$ _____ of contributions reported on line 1) b Less direct expenses other than fundraising expenses c Net income or (loss) from special events and activities (Subtract line 6b from line 6a) 7a Gross sales of inventory, less returns and allowances b Less cost of goods sold c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a) 8 Other revenue (describe ► _____) <b>9 Total revenue.</b> Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8	<b>RECEIVED</b> <b>148 MAY 12 2010</b> <b>IRS OSC OGDEN UT</b> <b>5a</b> <b>5b</b> <b>6a</b> <b>6b</b> <b>7a</b> <b>7b</b> <b>8</b> <b>9 88,560.</b>	<b>1</b> <b>2</b> <b>3 87,989.</b> <b>4 571.</b> <b>5c</b> <b>6c</b> <b>7c</b> <b>10</b> <b>11</b> <b>12</b> <b>13 2,801.</b> <b>14</b> <b>15</b> <b>16 82,690.</b> <b>17 85,491.</b> <b>18 3,069.</b> <b>19 57,110.</b> <b>20</b> <b>21 60,179.</b>
<b>EXPENSES</b> 10 Grants and similar amounts paid (attach schedule) 11 Benefits paid to or for members 12 Salaries, other compensation, and employee benefits 13 Professional fees and other payments to independent contractors 14 Occupancy, rent, utilities, and maintenance 15 Printing, publications, postage, and shipping 16 Other expenses (describe ► See Other Expenses Statement) <b>17 Total expenses.</b> Add lines 10 through 16		
<b>NET ASSETS</b> 18 Excess or (deficit) for the year (Subtract line 17 from line 9) 19 Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return) 20 Other changes in net assets or fund balances (attach explanation) <b>21 Net assets or fund balances at end of year</b> Combine lines 18 through 20		

**Part II Balance Sheets.** If Total assets on line 25, column (B) are \$1,250,000 or more, file Form 990 instead of Form 990-EZ

(See the instructions for Part II) 22 Cash, savings, and investments 23 Land and buildings 24 Other assets (describe ► See L-24 Stmt) <b>25 Total assets</b> 26 Total liabilities (describe ► See L-26 Stmt) <b>27 Net assets or fund balances</b> (line 27 of column (B) must agree with line 21)	<b>(A) Beginning of year</b>	<b>(B) End of year</b>
	<b>74,352.22</b>	<b>79,015.</b>
	<b>133.23</b>	<b>0.</b>
	<b>4,220.24</b>	<b>4,220.</b>
	<b>78,705.25</b>	<b>83,235.</b>
	<b>21,595.26</b>	<b>23,056.</b>
	<b>57,110.27</b>	<b>60,179.</b>

BAA For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions.

Form 990-EZ (2009)

**Part III Statement of Program Service Accomplishments (See the instructions.)**

What is the organization's primary exempt purpose? **BOARD OF REALTORS**

Describe what was achieved in carrying out the organization's exempt purposes. In a clear and concise manner, describe the services provided, the number of persons benefited, or other relevant information for each program title.

**Expenses**  
(Required for section 501(c)(3) and (4) organizations and section 4947(a)(1) trusts, optional for others)

28

(Grants \$  ) If this amount includes foreign grants, check here

28 a

29

(Grants \$  ) If this amount includes foreign grants, check here

29 a

30

(Grants \$  ) If this amount includes foreign grants, check here

30 a

**31 Other program services (attach schedule)**

(Grants \$  ) If this amount includes foreign grants, check here

31 a

**32 Total program service expenses** (add lines 28a through 31a)

32

**Part IV List of Officers, Directors, Trustees, and Key Employees.** List each one even if not compensated (See the instrs )

<b>(a)</b> Name and address	<b>(b)</b> Title and average hours per week devoted to position	<b>(c)</b> Compensation (If not paid, enter -0-.)	<b>(d)</b> Contributions to employee benefit plans and deferred compensation	<b>(e)</b> Expense account and other allowances
ROBERT TISDALE 69A ISLAND STREET KEENE NH 03431	PRESIDENT 2.00	0.	0.	
RUTH HAYN 999 KEENE ROAD WINCHESTER NH 03470	TREASURER 2.00	0.	0.	
NANCY THOMPSON 69A ISLAND STREET KEENE NH 03431	PAST PRESIDENT 2.00	0.	0.	
ELAINE HALL 17 DUNBAR ST, PO BOX 651 KEENE NH 03431	SECRETARY 2.00	0.	0.	
CHARLES STREET 47 MAIN STREET WALPOLE NH 03608	VICE PRESIDENT 2.00	0.	0.	
NANCY BAKER 72 MIRONA ROAD PORTSMOUTH NH 03801	DIRECTOR 1.00	0.	0.	
WILLIAM ARNOTT 69A ISLAND STREET SUITE 3 KEENE NH 03431	DIRECTOR 1.00	0.	0.	
GINA PAIGHT 55 MAIN STREET KEENE NH 03431	DIRECTOR 1.00	0.	0.	
WESLEY ST. PIERRE 391 WEST STREET KEENE, NH 03431	DIRECTOR 1.00	0.	0.	
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## Part V | Other Information (Note the statement requirements in the instrs for Part V.)

	Yes	No
33 Did the organization engage in any activity not previously reported to the IRS? If 'Yes,' attach a detailed description of each activity	33	X
34 Were any changes made to the organizing or governing documents? If 'Yes,' attach a conformed copy of the changes	34	X
35 If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but not reported on Form 990-T, attach a statement explaining why the organization did not report the income on Form 990-T		
a Did the organization have unrelated business gross income of \$1,000 or more or was it subject to section 6033(e) notice, reporting, and proxy tax requirements?	35a	X
b If 'Yes,' has it filed a tax return on Form 990-T for this year?	35b	
36 Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If 'Yes,' complete applicable parts of Schedule N	36	X
37a Enter amount of political expenditures, direct or indirect, as described in the instructions ► 37a   0.	37a	0.
b Did the organization file Form 1120-POL for this year?	37b	X
38a Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the period covered by this return?	38a	X
b If 'Yes,' complete Schedule L, Part II and enter the total amount involved	38b	
39 Section 501(c)(7) organizations Enter:	39a	
a Initiation fees and capital contributions included on line 9	39b	
b Gross receipts, included on line 9, for public use of club facilities		
40a Section 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under:		
section 4911 ► _____ ; section 4912 ► _____ , section 4955 ► _____		
b Section 501(c)(3) and 501(c)(4) organizations Did the organization engage in any section 4958 excess benefit transaction during the year or is it 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	40b	
c Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 ► _____		
d Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax on line 40c reimbursed by the organization ► _____		
e All organizations At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If 'Yes,' complete Form 8886-T	40e	X
41 List the states with which a copy of this return is filed ► _____		
42a The organization's books are in care of ► TREASURER Telephone no ► (603) 352-8205 Located at ► 999 KEENE ROAD WINCHESTER NH ZIP + 4 ► 03470	42b	X
b At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? If 'Yes,' enter the name of the foreign country ► _____	42c	X
See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of a Foreign Bank and Financial Accounts.		
c At any time during the calendar year, did the organization maintain an office outside of the U.S.? If 'Yes,' enter the name of the foreign country ► _____		
43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 – Check here and enter the amount of tax-exempt interest received or accrued during the tax year ► 43   □	43	
44 Did the organization maintain any donor advised funds? If 'Yes,' Form 990 must be completed instead of Form 990-EZ	44	X
45 Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If 'Yes,' Form 990 must be completed instead of Form 990-EZ	45	X

**Part VI Section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts only.** All section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts must answer questions 46-49b and complete the tables for lines 50 and 51.

				Yes	No
46	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			46	
47	Did the organization engage in lobbying activities? If 'Yes,' complete Schedule C, Part II			47	
48	Is the organization a school as described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E			48	
49a	Did the organization make any transfers to an exempt non-charitable related organization?			49a	
	b If 'Yes,' was the related organization a section 527 organization?			49b	
50	Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter 'None'				

(a) Name and address of each employee paid more than \$100,000

(b) Title and average hours per week devoted to position

(c) Compensation

(d) Contributions to employee benefit plans and deferred compensation

(e) Expense account and other allowances

f Total number of other employees paid over \$100,000 ► \_\_\_\_\_

51 Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter 'None'

(a) Name and address of each independent contractor paid more than \$100,000

(b) Type of service

(c) Compensation

d Total number of other independent contractors each receiving over \$100,000 ► \_\_\_\_\_

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here

Signature of officer

RUTH M HAYN

5/7/2010

Date

TREASURER

Type or print name and title

Paid Preparer's Use Only

Preparer's signature

Anthony L. Olson, CPA

Date

05/06/10

Check if self-employed

Preparer's Identifying Number (See Instructions)

Firm's name (or yours if self-employed, address, and ZIP + 4)

ANTHONY L. OLSON, CPA

35 TROWBRIDGE RD

KEENE

NH 034315240

EIN

►

Phone no ► (603) 358-6411

May the IRS discuss this return with the preparer shown above? See instructions

BAA

►  Yes  No

Form 990-EZ (2009)

Form 4562

Department of the Treasury  
Internal Revenue Service (99)Depreciation and Amortization  
(Including Information on Listed Property)

OMB No 1545 0172

2009

Attachment Sequence No. 67

Name(s) shown on return

MONADNOCK REGION BOARD OF REALTORS, INC.

Business or activity to which this form relates

Form 990 / Form 990EZ

## 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

1	\$250,000.
2	
3	\$800,000.
4	
5	

6	(a) Description of property	(b) Cost (business use only)	(c) Elected cost	
7	Listed property Enter the amount from line 29		7	
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 2008 Form 4562		10	
11	Business income limitation Enter the smaller of business income (not less than zero) or line 5 (see instrs)		11	
12	Section 179 expense deduction Add lines 9 and 10, but do not enter more than line 11		12	
13	Carryover of disallowed deduction to 2010 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

## Part II 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	
16	Other depreciation (including ACRS)	16	133.

## Part III MACRS Depreciation (Do not include listed property) (See instructions)

## Section A

17	MACRS deductions for assets placed in service in tax years beginning before 2009	17	
18	If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here	► <input type="checkbox"/>	

## Section B – Assets Placed in Service During 2009 Tax Year Using the General Depreciation System

(a) Classification of property	(b) Month and year placed in service	(c) Basis for depreciation (business/investment use only – see instructions)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
19a 3-year property			25 yrs		S/L	
b 5-year property			27.5 yrs	MM	S/L	
c 7-year property			27.5 yrs	MM	S/L	
d 10-year property			39 yrs	MM	S/L	
e 15-year property				MM	S/L	
f 20-year property				MM	S/L	
g 25-year property				MM	S/L	
h Residential rental property						
i Nonresidential real property						

## Section C – Assets Placed in Service During 2009 Tax Year Using the Alternative Depreciation System

20a Class life					S/L	
b 12-year			12 yrs		S/L	
c 40-year			40 yrs	MM	S/L	

## Part IV Summary (See instructions)

21		21	
22		22	133.
23			

BAA For Paperwork Reduction Act Notice, see separate instructions.

FDI20812 07/07/09

Form 4562 (2009)

**Part V Listed Property** (Include automobiles, certain other vehicles, cellular telephones, certain computers, and property used for entertainment, recreation, or amusement)

**Note:** For any vehicle for which you are using the standard mileage rate or deducting lease expense, complete **only** 24a, 24b, columns (a) through (c) of Section A, all of Section B, and Section C if applicable

**Section A – Depreciation and Other Information (Caution: See the instructions for limits for passenger automobiles)**

<b>24a</b> Do you have evidence to support the business/investment use claimed?		<input type="checkbox"/> Yes	<input type="checkbox"/> No	<b>24b</b> If 'Yes,' is the evidence written?		<input type="checkbox"/> Yes	<input type="checkbox"/> No	
(a) Type of property (list vehicles first)	(b) Date placed in service	(c) Business/investment use percentage	(d) Cost or other basis	(e) Basis for depreciation (business/investment use only)	(f) Recovery period	(g) Method/Convention	(h) Depreciation deduction	(i) Elected section 179 cost
25 Special depreciation allowance for qualified listed property placed in service during the tax year and used more than 50% in a qualified business use (see instructions)						25		
26 Property used more than 50% in a qualified business use								
27 Property used 50% or less in a qualified business use								
28 Add amounts in column (h), lines 25 through 27 Enter here and on line 21, page 1						28		
29 Add amounts in column (i), line 26 Enter here and on line 7, page 1							29	

**Section B – Information on Use of Vehicles**

Complete this section for vehicles used by a sole proprietor, partner, or other 'more than 5% owner,' or related person. If you provided vehicles to your employees, first answer the questions in Section C to see if you meet an exception to completing this section for those vehicles

30 Total business/investment miles driven during the year (do not include commuting miles)	(a) Vehicle 1		(b) Vehicle 2		(c) Vehicle 3		(d) Vehicle 4		(e) Vehicle 5		(f) Vehicle 6	
	Yes	No										
31 Total commuting miles driven during the year												
32 Total other personal (noncommuting) miles driven												
33 Total miles driven during the year Add lines 30 through 32												
34 Was the vehicle available for personal use during off-duty hours?												
35 Was the vehicle used primarily by a more than 5% owner or related person?												
36 Is another vehicle available for personal use?												

**Section C – Questions for Employers Who Provide Vehicles for Use by Their Employees**

Answer these questions to determine if you meet an exception to completing Section B for vehicles used by employees who are not more than 5% owners or related persons (see instructions)

37 Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your employees?											<input type="checkbox"/> Yes	<input type="checkbox"/> No
38 Do you maintain a written policy statement that prohibits personal use of vehicles, except commuting, by your employees? See the instructions for vehicles used by corporate officers, directors, or 1% or more owners												
39 Do you treat all use of vehicles by employees as personal use?												
40 Do you provide more than five vehicles to your employees, obtain information from your employees about the use of the vehicles, and retain the information received?												
41 Do you meet the requirements concerning qualified automobile demonstration use? (See instructions ) <i>Note: If your answer to 37, 38, 39, 40, or 41 is 'Yes,' do not complete Section B for the covered vehicles</i>												

**Part VI Amortization**

(a) Description of costs	(b) Date amortization begins	(c) Amortizable amount	(d) Code section	(e) Amortization period or percentage	(f) Amortization for this year
42 Amortization of costs that begins during your 2009 tax year (see instructions)					
43 Amortization of costs that began before your 2009 tax year					
					43
44 Total. Add amounts in column (f) See the instructions for where to report					
					44

Name as Shown on Return <b>MONADNOCK REGION BOARD OF REALTORS, INC.</b>	Employer Identification No <b>02-0336411</b>
----------------------------------------------------------------------------	-------------------------------------------------

<b>Line 24 - Other Assets:</b>	<b>Beginning of Year</b>	<b>End of Year</b>
<u>GRANITE STATE INFO NETWORK, INC</u>	<u>4,220.</u>	<u>4,220.</u>
<b>Totals to Form 990-EZ, Part II, line 24</b>	<b>4,220.</b>	<b>4,220.</b>
<b>Line 26 - Total Liabilities:</b>	<b>Beginning of Year</b>	<b>End of Year</b>
<u>DUE TO RPAC</u>	<u>240.</u>	<u>340.</u>
<u>DUE TO IMF</u>	<u>140.</u>	<u>180.</u>
<u>UNEARNED DUES</u>	<u>21,215.</u>	<u>22,536.</u>
<b>Totals to Form 990-EZ, Part II, line 26</b>	<b>21,595.</b>	<b>23,056.</b>

Form 990-EZ, Part I, Line 16

**Other Expenses Statement**

Other expenses (describe)

<u>ADVERTISING</u>	<u>1,075.</u>
<u>AUTOMOBILE EXPENSE</u>	<u>791.</u>
<u>ADMINISTRATOR EXPENSES</u>	<u>1,815.</u>
<u>BOARD ADMINISTRATOR</u>	<u>14,196.</u>
<u>COMMITTEE EXPENSE</u>	<u>2,613.</u>
<u>CONVENTIONS</u>	<u>2,294.</u>
<u>DUES</u>	<u>50,554.</u>
<u>GIFTS &amp; AWARDS</u>	<u>537.</u>
<u>INSURANCE</u>	<u>1,100.</u>
<u>MEETINGS</u>	<u>5,478.</u>
<u>OFFICE &amp; POSTAGE</u>	<u>104.</u>
<u>SCHOLARSHIP</u>	<u>2,000.</u>
<u>Depreciation</u>	<u>133.</u>
 Total	<u><u>82,690.</u></u>

Monadnock Board of Realtors											
Fixed Assets											
12/31/2009											
Description			Date	Life	Method	Balance	Additions	Deletions	Balance	Accumulated Depreciation	
			Aquired			12/31/2008			12/31/2009	12/31/2008	12/31/2009
Computer											
Laptop Computer			2/15/2004	5 Years	SL	<u>1,321 00</u>			<u>1,321 00</u>	<u>1,188 00</u>	133 00
Equipment											
Sharp Copier			10/6/2003	5 Years		<u>299 98</u>			<u>299 98</u>	<u>299 98</u>	0 00
Depreciation Totals									<u>1,620 98</u>	<u>1,487 98</u>	133 00
										0 00	<u>1,620 98</u>