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Form **990-EZ**

OMB No 1545-1150

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)

Sponsoning 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.

Open to Public Inspection

A F	or tne	2009 calendar year, or tax year beginning	and end	ng _		
ap	heck if oplicable	Please C Name of organization		D Empl	oyer iden	tification number
X	Address change					
<u>_</u>	Name change	print or WHITE MOUNTAIN BOARD OF REALTORS			2-034	
<u></u>	Initial	See Number and Street (of P.O. Dox, it mail is not delivered to street addre	•	· ·	ohone nur	
<u></u>	Termin	Instruc-	1			3-4748
<u></u>	Amend	inside the state of security and any the		F Grou	ıp Exempt	ion
	Applicati pending				iber 🚩	
1	• Secti	ion 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must atta	ich a completed	G Accounting me		CashX_ Accrual
		Schedule A (Form 990 or 990-EZ).	 	Other (specify)		
		E ► WHITEMOUNTAINBOARD.COM		1		organization is not
						B (Form 990, 990-EZ, or 990-PF)
K C	heck P		•		han \$25,0	00 A Form 990-EZ or
		Form 990 return is not required, but if the organization chooses to file a ref				20 707
		s 5b, 6b, and 7b, to line 9 to determine gross receipts, if \$500,000 or more, file For			► \$	39,707.
Pa	rt I	Revenue, Expenses, and Changes in Net Assets or Fu	nu balances (See the instructions		2,275.
	1	Contributions, gifts, grants, and similar amounts received			1	2,213.
	l	Program service revenue including government fees and contracts	·		3	35,793.
	1	Membership dues and assessments Investment income	•		4	336.
	1		50	•		330.
	l .	Gross amount from sale of assets other than inventory Less, cost or other basis and sales expenses	5a 5b			
]	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a			5c	
0		Special events and activities (complete applicable parts of Schedule G). If any amou	•	hack bara		
7.200		Gross revenue (not including \$ of contributions	nt is non gaming, o	INCOR NOICE		
	ŀ	reported on line 1)	6a	1,147.		
TC3-	ŀ	Less direct expenses other than fundraising expenses	6b			
←		Net income or (loss) from special events and activities (Subtract line 6b from line 6		55 15° FV	6c	1,147.
	l	Gross sales of inventory, less returns and allowances	7a (R.C.)	ان استان		
<u> </u>	l .	Less cost of goods sold	175-	100		
		Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	1 2	A 2010 10	7c	
Щ		Other revenue (describe > INSURANCE PROCEEDS	MAY 2	-i)-	8	156.
	9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8	1 1	, e § 3' ñ' ►	<u></u> 9	<u>39,707.</u>
SCANNED	10	Grants and similar amounts paid (attach schedule)	∖́ЅТМҬ ҈∕√6′′′	1: 1/10	10	2,950.
Q	11	Benefits paid to or for members	and a second		11	
~	12	Salaries, other compensation, and employee benefits			12	14,053.
ens	13	Professional fees and other payments to independent contractors			13	485.
Exp	14	Occupancy, rent, utilities, and maintenance	SEE STAT	EMENT 5	14	6,487.
ш	15	Printing, publications, postage, and shipping	· ·		15	
	16	Other expenses (describe	SEE STAT	EMENT 1	16	16,512.
	17_	Total expenses. Add lines 10 through 16	<u> </u>	. <u> </u>	17	40,487.
છ	18	Excess or (deficit) for the year (Subtract line 17 from line 9)		••	18	-780.
986	19	Net assets or fund balances at beginning of year (from line 27, column (A))				E1 702
Net Assets		(must agree with end-of-year figure reported on prior year's return)	055 055m	TIMEINION A	19	51,703.
Ž	20	Other changes in net assets or fund balances (attach explanation)	SEE STAT	EMENT 4	20	5,864.
D	21	Net assets or fund balances at end of year Combine lines 18 through 20	£1 = 000		21	56,787.
	art II	Balance Sheets. If Total assets on line 25, column (B) are \$1,250,000 o				(D) Fod of
22	Can	h, savings, and investments	A) Beginning of year		(B) End of year
22 23			ļ	108,886		113,425.
23 24		er assets (describe ►	· · · · · · · · · · · · · · · · · · ·	7,611	23	10,482.
25		al assets	1 - 1	116,497		123,907.
26		al liabilities (describe > SEE STATEME	NT 3)	64,794		67,120.
27		assets or fund balances (line 27 of column (B) must agree with line 21)		51,703		56,787.
932	171 08-10	LHA For Privacy Act and Paperwork Reduction Act Notice, see the senarate	instructions	32,700	[6]	Form 990-EZ (2009)

Form 990-EZ (2009) WHITE MOUNTAIN BOARD	OF RE	EALTORS, INC.		<u>02-</u>	03426	72 Page 2
Part # Statement of Program Service Accom	plishmen	ts (See the instructions for I	Part III.)		Ex	penses
What is the organization's primary exempt purpose?BUSINESS	LEAGUI	<u> </u>			(Required for	section 501(c)(3)
Describe what was achieved in carrying out the organization's e			se manner descrit	he .		organizations and
the services provided, the number of persons benefited, and ot	her relevant	information for each prog	ram title.	J	for others)	(a)(1) trusts, optional
28 THE ORGANIZATION'S PURPOSE IS				חיי		
OF THE REAL ESTATE PROFESSION						
VALLEY OF NEW HAMPSHIRE	111 1111	HOORI WADIII.	NGION		1 1	
					00-	
	es toreign gr	ants, check here	<u> ▶</u>	<u> </u>	28a	
29]	
						
(Grants \$) If this amount include	es foreign gr	ants, check here .	.	<u> </u>	29a	
30		· · · · · · · · · · · · · · · · · · ·				
					1 1	
(Grants \$) If this amount include	es foreign gr	ants, check here	<u> </u>		30a	
31 Other program services (attach schedule)					1 1	
(Grants \$) If this amount include	es foreign gr	ants, check here .	<u> . </u>		31a	
32 Total program service expenses (add lines 28a through 3	1a)		<u>.</u>	. ▶	32	
Part IV List of Officers, Directors, Trustees, ar	nd Key E	nployees. List each one ex	en if not compensated.	(See the	Instructions f	or Part IV)
				(d) Co	ontributions	
(a) Name and address		(b) Title and average hours			employee	(e) Expense
(a) Nating and addiess		per week devoted to position	(if not paid, enter -0)		ofit plans &	account and other allowances
		ροσιαστι	J -0,		leferred ipensation	Other anowalices
JEANA HALE		PRESIDENT			-	
P.O. BOX 70, NORTH CONWAY, NH 0:		5.00	0.		0.	0.
KARL SEIBEL		PRES-ELECT				•
P.O. BOX 682, NORTH CONWAY, NH (3.00	0.		0.	0.
BILL LYDON, 2541 WHITE MOUNTAIN		V. PRES.	•	-		-
HIGHWAY, NORTH CONWAY, NH 03860			_		^	1
LYNNE DESROSIERS		3.00	0.		0.	0.
		TREASURER		1	^	
P.O. BOX 682, NORTH CONWAY, NH		5.00	0.	<u> </u>	0.	0.
MAUREEN GARRETTE, 2633 WHITE		SECRETARY			_	
MOUNTAIN HIGHWAY, NORTH CONWAY,		5.00	0.	<u> </u>	0.	0.
ROSE ROBINSON, 481 WHITE MOUNTA	IN	DIRECTOR	_			
HIGHWAY, CONWAY, NH 03818		2.00	0.	<u> </u>	0.	0.
KEVIN GREGSTON		DIRECTOR				
6 MAIN STREET, CONWAY, NH 03818		2.00	0.	<u> </u>	0.	0.
BONNIE HAYES, 445 WHITE MOUNTAIN	N	DIRECTOR		1		
HIGHWAY, CONWAY, NH 03818		2.00	0.		0.	0.
LINDSEY MAIHOS, 481 WHITE MOUNT.	AIN	DIRECTOR				
HIGHWAY, CONWAY, NH 03818		2.00	0.		0.	. 0.
DAVID HAINE		DIRECTOR				
P.O. BOX 1708, CONWAY, NH 03818		2.00	0.	.	0.	Ι ο.
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Q:0170		<u> </u>	1	<u> </u>		
932172 02-08-10					Form	n 990-EZ (2009

Form **990-EZ** (2009)

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Pa	Other information (Note the statement requirements in the instructions 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	162	X
33 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			
2	Did the organization have unrelated business gross income of \$1,000 or more or was it subject to section 6033(e) notice, reporting,		1	
a	and proxy tax requirements?	35a		X
h	If "Yes," has it filed a tax return on Form 990-T for this year? SEE STATEMENT 8	35b	N/	Ā
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes,"	200	-1/	-
J U	complete applicable parts of Sch. N	36		Х
272	Enter amount of political expenditures, direct or indirect, as described in the instructions 37a 0.	- 30		
	Did the organization file Form 1120-POL for this year?	37b		х
	Did the organization life Furth 1720-FOE for this year? Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made	V/U		
JU a	In a prior year and still outstanding at the end of the period covered by this return?	38a		х
ь	If "Yes," complete Schedule L, Part II and enter the total amount involved 38b N/A	504		<u></u>
39 39	Section 501(c)(7) organizations Enter.			
	Initiation fees and capital contributions included on line 9			
	Gross receipts, included on line 9, for public use of club facilities 39b N/A	1		1
	Section 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under	1		
	section 4911 ► N/A ; section 4912 ► N/A , section 4955 ► N/A			
p	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the		1	1
	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	N/	A
C	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization managers	ŀ		
	or disqualified persons during the year under sections 4912, 4955, and 4958	F		
d	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the			
	organization N/A			
е	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter	,_		v
	transaction? If "Yes," complete Form 8886-T	408		X
41	List the states with which a copy of this return is filed ► NONE The organization's books are in care of ► LYNNE DESROSIERS Telephone no ► 603-73	22 /	710	<u> </u>
42 a				
		381	. 0	
þ	At any time during the calendar year, did the organization have an interest in or a signature or other authority		V	. N.
	over a financial account in a foreign country (such as a bank account, securities account, or other financial	481	Yes	No X
	account)?	42b	+-	1
	If "Yes," enter the name of the foreign country		4	
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.	4.0	1	v
C	At any time during the calendar year, did the organization maintain an office outside of the U.S.?	42c		<u> </u>
40	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	N/I	^	لسسا
	and enter the amount of tax-exempt interest received or accrued during the tax year	14/1		
		 	Ye	s No
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			U
	completed instead of Form 990-EZ	45		<u> </u>

orm 990-E		TE MOUNTAIN	BOARD C	F REALTORS,	INC.		02-0342	<u> 2672</u>		Page 4
Part VI	1 0000000000000000000000000000000000000			on 4947(a)(1) none table trusts must answer						
6 Did the	e organization engage i	n direct or indirect politica	al campaign activ	rities on behalf of or in opp	osition to d	andidates for public			Yes	No
	If "Yes," complete	•				•		46		<u> </u>
		n lobbying activities? If "	res," complete	Schedule C, Part II				47		
			-	"Yes," complete Sche	dule E			48		
9a Did th	e organization make an	y transfers to an exempt i	non-charitable re	lated organization?				49a		
b If "Yes	," was the related organ	nization a section 527 org	anization?					49b		
		ganization's five highest on from the organization		ployees (other than office , enter "None "	rs, directors	s, trustees and key e	mployees) who	each re	ceived	more
	(a) Name and add	ress of each employee pa than \$100,000 N/A	nd more	(b) Title and ave per week dev positio	oted to	(c) Compensation	(d) Contributi to employe benefit plans deferred compensati	e (s & a oth	e) Expe iccount er allov	
	•	yees paid over \$100,000 rganization's five highest		dependent contractors wh		ived more than \$10	0,000 of compe	ensation	from tr	
organ	(a) Name and add	, enter "None " N/A dress of each independen	t contractor paid	1 more than \$100 000		(b) Type of se	arvice	(c) Co	mpens	ation
					. -	-				
d Total	number of other indep	endent contractors each	receiving over \$	100,000		-				
Sign Here	Under penalties of perjuctorrect, and complete I	iry, I declare that I have exami Declaration of preparer (other t	ned this return, incl had officer/is base	uding accompanying schedule d on all information of which pi		ents, and to the best of ny knowledge	my knowledge en Date	d belief, I	t is true,	
	Type or print name	and title		PRESIDE	=10/			· - ·		
Paid Preparer's Use Only	<u> </u>	Selle (200	CPA 5.11.10	er er	neck if self- nployed X		0018	470	
Jao Jilly		AMWELL, CAP		EK & CO, PL	LC			0522	664	
		1 WASHINGTO		SUITE 10		Ph	one ▶ 603-	_447	-33	56

603-447-3356 ► X Yes No

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

FORM 990-EZ	OTHER EXPENSES		STATEMENT	1
DESCRIPTION			AMOUNT	
ADVERTISING, MARKETING, AND AW OFFICE EXPENSE CONVENTIONS, EDUCATION, CONFER INSURANCE TELEPHONE/INTERNET PAYROLL TAXES FEES TOTAL TO FORM 990-EZ, LINE 16			5: 1,4:	23. 11. 05. 30. 19.
FORM 990-EZ	OTHER ASSETS		STATEMENT	2
DESCRIPTION		BEG. OF YEAR	END OF YE	AR
ACCOUNTS RECEIVABLE PREPAID EXPENSES NNEREN INVESTMENT OTHER DEPRECIABLE ASSETS		6,920. 200. 0. 491.	2,3	18.
TOTAL TO FORM 990-EZ, LINE 24		7,611.	10,4	82.
FORM 990-EZ	OTHER LIABILITIES		STATEMENT	3
DESCRIPTION		BEG. OF YEAR	END OF YE	AR
PAYROLL TAXES PAYABLE PREPAID DUES		925. 63,869.	1,1 65,9	
TOTAL TO FORM 990-EZ, LINE 26		64,794.	67,1	20.

FORM 990-EZ	OTHER	CHANGES	IN N	ET ASSE	S OR	FUND	BALANCES	STATEMENT	4
DESCRIPTION								AMOUNT	
UNREALIZED GA	IN ON M	UTUAL FU	NDS /	INVEST	1ENTS	;		5,8	64.
TOTAL TO FORM	990-EZ	, LINE 2	0					5,8	64.
FORM 990-EZ	occu	PANCY, R	RENT,	UTILITI	ES AN	ID MAI	NTENANCE	STATEMENT	<u> </u>
DESCRIPTION								AMOUNT	
DEPRECIATION OTHER EXPENSE	S - REA	ノ ア						6,3	73. 14.
TOTAL TO FORM	1 990-EZ	, LINE 1	4					6,4	87.

٠	WHITE	MOUNTAIN	BOARD	OF	REALTORS,	TNC -
	*****	HOOHININ	DOWIN	OF	VEWTIONS'	TIAC .

02-03	42	6	7	2
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FORM 990-EZ CASH GRANTS AND ALLOCA	TIONS	STATEMENT	6
CLASS OF ACTIVITY/GRANTEE'S NAME AND ADDRESS	GRANTEE'S RELATIONSHIP	AMOUN	T
SCHOLARSHIPS LOCAL STUDENTS	NONE	2,8	50.
COMMUNITY SUPPORT VARIOUS LOCAL CHARITABLE ORGANIZATIONS	NONE	1	00.
TOTAL INCLUDED ON FORM 990-EZ, LINE 10		2,9	50.

FO	RM 990-EZ INFORMATION REGARDING TRANSFERS ASSOCIATED WITH PERSONAL BENEFIT CONTRAC	INFORMATION REGARDING TRANSFERS ASSOCIATED WITH PERSONAL BENEFIT CONTRACTS					
A)	DID THE ORGANIZATION, DURING THE YEAR, RECEIVE ANY FUNDIRECTLY OR INDIRECTLY, TO PAY PREMIUMS ON A PERSONAL BENEFIT CONTRACT?			[]	YES	[X]	NO
B)	DID THE ORGANIZATION, DURING THE YEAR, PAY PREMIUMS, DIRECTLY OR INDIRECTLY, ON A PERSONAL BENEFIT CONTRAC	т?.	•	[]	YES	[X]	NO

FORM 990-EZ

EXPLANATION OF BUSINESS INCOME NOT REPORTED ON FORM 990-T PART V, LINE 35

STATEMENT

8

THE GROSS RECEIPTS ON LINE 6 ARE FROM RAFFLE FUNDRAISERS WHERE ALL THE LABOR IS COMPRISED OF VOLUNTEERS AND PREDOMINANTLY ALL RECEIPTS ARE GENEREATED FROM MEMBERS.