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Form 990-EZ

# 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

Open to Public

OMB No 1545-1150

2009

Department of the Treasury Internal Revenue Service

For the 2009 calendar year, or tax year beginning and ending Check if applicable Please C Name of organization Employer Identification number use IRS Address change label or NORTH COUNTRY BOARD OF REALTORS, INC 02-0442949 Name change print or Initial return Telephone number type. Number and street (or P O box, if mail is not delivered to street address) Room/surte 603-229-0468 P.O. BOX 550 Termination Specific City or town, state or country, and ZIP + 4 **Group Exemption** Amended return Instruc-CONCORD NH 03302-0550 Number Application pending X Cash • Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach G Accounting method Accrual a completed Schedule A (Form 990 or 990-EZ). Other (specify) N/A X Website: > Check ▶ if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF) Tax-exempt status (check only one) — **X** 501(c) ( 6) ◀ (insert no ) 4947(a)(1) or 527 if the organization is not a section 509(a)(3) supporting organization and its gross receipts are normally not more than \$25,000 A Check 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 25,149 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 Revenue, Expenses, and Changes in Net Assets or Fund Balances (See the instructions for Part I.) Part I 2,050 Contributions, gifts, grants, and similar amounts received 2 Program service revenue including government fees and contracts 2 See Statement 1 22,850 3 Membership dues and assessments 3 199 4 4 Investment income Gross amount from sale of assets other than inventory 5b Less cost or other basis and sales expenses Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) 5c enue Special events and activities (complete applicable parts of Schedule G). If any amount is from gaming, check here Gross revenue (not including \$ of contributions 2008 20 (Rev REGOTER (AFTINE 1) 6a -Less-direct expenses other than fundraising expenses Refinepring of (loss) from special events and activities (Subtract line 6b from line 6a) and activities (Subtract line 6b from line 6a) are described by the second 6c Less, cost of goods sold 7b Composition (loss) from sales of inventory (Subtract line 7b from line 7a) 7*c* Other revenue (describe > See Statement 2 8 25,149 9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8 9 10 Grants and similar amounts paid (attach schedule) 10 11 11 Benefits paid to or for members 12 12 Salaries, other compensation, and employee benefits 16,962 13 13 Professional fees and other payments to independent contractors 14 Occupancy, rent, utilities, and maintenance 14 496 15 15 Printing, publications, postage, and shipping Other expenses (describe > See Statement 3 002 16 16 17 24. 460 17 Total expenses. Add lines 10 through 16 689 18 18 Excess or (deficit) for the year (Subtract line 17 from line 9) Net Assets 19 Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with 32*.*158 end-of-year figure reported on prior year's return) 19 See Statement 4 20 20 Other changes in net assets or fund balances (attach explanation) 32,846 21 Net assets or fund balances at end of year 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 (A) Beginning of year (B) End of year (See the instructions for Part II) 46,798 43,641 22 Cash, savings, and investments 22 23 Land and buildings 24 24 Other assets (describe 46,798 43,641 25 25 Total assets 10,795 14,640 See Statement 5 26 Total liabilities (describe

27 Net assets or fund balances (line 27 of column (B) must agree with line 21)
For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions.

Form 990-EZ (2009

32,158

27

32,846

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Form 990-EZ (2009) NOR!	IH COUNTRY BOARD OF REALT	ORS, INC 02	2-0442949	•	•	Page 2
Part III Statement of	of Program Service Accomplishments	(See the instruct	ions for Part III	i.)	Ex	penses
What is the organization's prima					(Required	for section
REAL ESTATE TRADE ASSO	CIATION			;	501(c)(3) ε	and 501(c)(4)
Describe what was achieved in carrying out the organization's exempt purposes. In a clear and concise					organızatıc	ons and section
manner, describe the services p	rovided, the number of persons benefited, or other	relevant information for	Г	•	4947(a)(1)	trusts, optional
each program title					for others )	)
28 REAL ESTATE TRADE A	SSOCIATION					
				<u> </u>		04 460
(Grants \$	) If this amount includes foreign grants, o	check here		28	a	24,460
29						
			_	۳۱ م	_	
(Grants \$	) If this amount includes foreign grants, o	check here	<u> </u>	29	<u>a  </u>	<del>-</del> .
30						
(Grants \$	) If this amount includes foreign grants, o	shack hara	•	T 30		
31 Other program services (atta		AICCK HEIC		1 30	-	
(Grants \$	) If this amount includes foreign grants, o	check here	•	☐ 31	a	
	enses (add lines 28a through 31a)	STOCK TIOTO		<b>▶</b> 32	_	24,460
	, Directors, Trustees, and Key Employees. List e	each one even if not co	mpensated (See t			
		(b) Title and average	(c) Compensation	(d) Cont	tributions to	(e) Expense
	(a) Name and address	hours per week devoted to position	(If not paid, enter -0-)		enefit plans & ompensation	account and other allowances
SEE ATTACHED						
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Form **990-EZ** (2009)

	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or we					1 1	
	any such loans made in a prior year and still outstanding at the end of the period covered by this return?			ļ	38a		X
	If "Yes," complete Schedule L, Part II and enter the total amount involved	8b					į
39	Section 501(c)(7) organizations Enter						
а		9a					į
b		9Ь					į
40a	Section 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under						į
	section 4911 ▶, section 4912 ▶, section 4955 ▶						ĺ
þ	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess ben	nefit				1	Ė
	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			ļ	40b		
С	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	<u> </u>					
6	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
	·			ι	700		
41	List the states with which a copy of this return is filed   NH			ا			
41 42a	List the states with which a copy of this return is filed ► NH  The organization's books are in care of ► DIANA  P.O. BOX 550	Telephone n		603	-22		
42a	List the states with which a copy of this return is filed ► NH  The organization's books are in care of ► DIANA  P.O. BOX 550  Located at ► CONCORD, NH	ZIP +		603	-22		
42a	List the states with which a copy of this return is filed  The organization's books are in care of  P.O. BOX 550  Located at CONCORD, NH  At any time during the calendar year, did the organization have an interest in or a signature or other authority.	ZIP +			-22	055	
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42a b	List the states with which a copy of this return is filed  The organization's books are in care of  DIANA DUNNING P.O. BOX 550  Located at  CONCORD, NH  At any time during the calendar year, did the organization have an interest in or a signature or other authorit 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  See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bant and Financial Accounts.  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	ZIP + 4		033	-22 02-	055	0 <u>No</u> X
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42a b	List the states with which a copy of this return is filed ▶ DIANA DUNNING  P.O. BOX 550  Located at ▶ CONCORD, NH  At any time during the calendar year, did the organization have an interest in or a signature or other authorit 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 ▶  See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bant and Financial Accounts.  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 ▶  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	ZIP+	4 ▶	033	-22 02- 42b	Yes	No X

Form	990-EZ (2009) ,NORTH COUNTRY BOARD OF REALT(	DRS, INC 0	2-0442949	. 1		Page 4	
Par	t VI Section 501(c)(3) organizations and section 4947(a	(1) nonexempt	charitable trus	sts only. All se	ection		
	501(c)(3) organizations and section 4947(a)(1) none	xempt charitabl	e trusts must a	nswer question	ns 46-49	b	
	and complete the tables for lines 50 and 51.						
46	Did the organization engage in direct or indirect political campaign activities on	behalf of or in oppos	sition to		Yes	s No	
	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 operating a school as described in section 170(b)(1)(A)(ii)?	If "Yes," complete So	chedule E		48		
49a	Did the organization make any transfers to an exempt non-chantable related or	ganization?			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 "No				
	(a) Name and address of each employee paid more	(b) Title and average hours per week	(c) Compensation	(d) Contributions to employee benefit plans &	(e) Expe		
	than \$100,000	devoted to position	J	deferred compensation	account other allow		
				_		_	
		Ì					
f	Total number of other employees paid over \$100,000	<b>&gt;</b>					
	(a) Name and address of each independent contractor paid more than \$100,000	(b)	Type of service	(6) (	ompensation	<del></del>	
	(a) Name and address of each independent contractor paid more than \$100,000	(2)	Type of service	(6)	Отрольцаот	<u></u>	
			<del></del>				
d	Total number of other independent contractors each receiving over \$100,000	<b>—</b> — — — — — — — — — — — — — — — — — —					
	Under penalties of perjury, I declare that I have examined this return, including	accompanying schedule	es and statements, an	to the best of my kno	wledge		
c:	and belief, it is true, correct, and complete Declaration of preparer (other than	onicer) is based on all il	normation of which pro	sparer has any knowled	19 <del>a</del>		
Sign			2/2	0/10			
Here	Signature of officer  DIANA DUNNING  Every five	Officer	Date 7	-			
	Type or print name and title	1/fficer		<del></del>			
	y Type of print name and tide	Date	Check if	Preparer's Iden	Irfuna Number /	See instr )	
	Preparer's A		self-	`	ulying Humber (	Gee man )	
Paid		02/2	2/10 employed				
	parer's Firm's name (or yours Linda J. Smith, PLLC	_		EIN ▶ 0	2-050	1276	
Use	Only of self-employed). 261 Sheep Davis Rd St			Phone	00-		
	address, and ZIP+4 Concord, NH 03301-5	/50			-225-		
mav t	he IRS discuss this return with the preparer shown above? See instructions				Yes	No	

Form **990-EZ** (2009)

## N16NORTH NORTH COUNTRY BOARD OF REALTORS, INC. 02-0442949 •

FYE: 12/31/2009

**Federal Statements** 

2/22/2010 11:10 AM

#### Statement 1 - Form 990-EZ, Part I, Line 3 - Membership Dues and Assessments

Description	<u> </u>	Amount		
DUES & MEMBERSHIP FEES	\$	15,920		
NEW MEMBER APPLICATIONS		1,200		
AFFILIATE MEMBERSHIP DUES		1,925		
MISSED MEETING CHARGE		450		
EDUCATION/MEETING FEES		3,355		
Total	\$	22,850		

#### Statement 2 - Form 990-EZ, Part I, Line 8 - Other Revenue

Description	An	nount
MISCELLANEOUS	\$	50
Total	\$	50

#### Statement 3 - Form 990-EZ, Part I, Line 16 - Other Expenses

Description	Amount		
Expenses	\$		
BOARD MEETINGS	2,392		
EDUCATION PROGRAMS	2,050		
PRESIDENTS/ROTARY EXPENSE	1,345		
COMMUNITY SERVICES	200		
NAR LEADERSHIP VP	266		
PROFESSIONAL STANDARDS	77		
TELEPHONE	199		
MISCELLANEOUS	473		
Total	\$ 7,002		

### Statement 4 - Form 990-EZ, Part I, Line 20 - Other Changes in Net Assets or Fund Balances

Description		 Amount		
ROUNDING		\$	-1	
Total		\$ ı	-1	

## Statement 5 - Form 990-EZ, Part II, Line 26 - Total Liabilities

Description	Beginning of Year	 End of Year
Deferred Revenue	\$ 14,640	\$ 10,795
	14,640	10,795

## 2009 BOARD OF DIRECTORS

Diana Dunning, Board Administrator – Telephone: (800) 850-8864, Fax: 228-0385 E-mail: diana@nhar.com

#### **NORTH COUNTRY**

Denise Hood Boynton, Secty/Treas Denise Hood Boynton Real Estate PO Box 70

Lancaster, NH 03584
Tel: (603) 788-3331
Fax: (603) 788-3337
Email: dboyston@ne.rs

Email: dboynton@ne.rr.com

Louise Caouette, Director (exp. '11) Sally Pratt Real Estate 133 Main Street

Lancaster, NH 03584 Tel: (603) 788-2131 Fax: (866) 295-1302

Email: louise@sallyprattrealestate.com

Tammy Dubreuil, Membership Chair Whitefield Real Estate

456 Kimball Hill Road Whitefield, NH 03598 Tel: (603) 837-2814 Fax: (603) 837-2814

Email: whitefield1@wildblue.net

Stan Ford, Director (exp. '09) Dotte Scott Real Estate 12 Middle Street Lancaster, NH 03584

Tel: (603) 788-4463 Fax: (603) 788-4483 Email: stanf@dscottre.com Patricia A. Hinds, Past President Great North Woods Realty 88A Main Street Colebrook, NH 03576

Tel: (603) 237-5353 Fax: (603) 237-5312

Email: gnwrealty@gmail.com

Rusty Scott, Director (exp. '10) Dotte Scott Real Estate 12 Middle Street Lancaster, NH 03584

Lancaster, NH 03584 Tel: (603) 788-4463 Fax: (603) 788-4483

Email: rustys@dscottre.com

Jennifer L. Stewart, VP and President RE/MAX Northern Edge Realty, LLC

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Email: joeysweatt@gmail.com