

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



efile GRAPHIC print - DO NOT PROCESS

As Filed Data -

DLN: 93492273006030

OMB No 1545-1150

2009

Form 990-EZ

Department of the Treasury

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)

Short Form

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

Open to Public Inspection

▶ The organization may have to use a copy of this return to satisfy state reporting requirements. Internal Revenue Service For the 2009 calendar year, or tax year beginning 01-01-2009 , and ending 12-31-2009 Check if applicable C Name of organization D Employer identification number Please Jefferson Co Board of Realtors Address change use IRS 23-7393183 Name change label or Number and street (or P O box, if mail is not delivered to street address) Room/suite E Telephone number print or 304 South Center Ste 3 Initial return type. (920) 674-5135 Terminated See Specific City or town, state or country, and ZIP + 4 F Group Exemption Amended return Instruc-Jefferson, WI 53549 Application pending tions. G Accounting method Cash Accrual Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts Other (specify) 🟲 must attach a completed Schedule A (Form 990 or 990-EZ). Check F / If the organization I Website:► NA is **not** required to attach **J Tax-Exempt status** (check only one)— 501(c) (6) **◄**(insert no) 4947(a)(1) or 527 Schedule B (Form 990, 990-EZ, or 990-PF) K Check ▶ fifthe 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 **►** \$ Revenue, Expenses, and Changes in Net Assets or Fund Balances (See the instructions for Part I) Contributions, gifts, grants, and similar amounts received Program service revenue including government fees and contracts 2 61,956 Membership dues and assessments 3 3 4 750 Gross amount from sale of assets other than inventory 5a Revenue Less cost or other basis and sales expenses 5b Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) 5с Special events and activities (complete applicable parts of Schedule G) If any amount is from gaming, check here 🕨 🔽 Gross revenue (not including \$ of contributions 4,801 6a Less direct expenses other than fundraising expenses 6b 3.158 Net income or (loss) from special events and activities (Subtract line 6b from line 6a) 6с 1.643 Gross sales of inventory, less returns and allowances 7a Less cost of goods sold 0 Gross profit or (loss) from sales of inventory (Subtract line 7 b from line 7 a) 8 8 **Total revenue.** Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8 64.349 9 9 Grants and similar amounts paid (attach schedule) 10 10 Benefits paid to or for members 11 11 11.877 12 Salaries, other compensation, and employee benefits 12 Professional fees and other payments to independent contractors 612 13 13 Expenses 2,474 Occupancy, rent, utilities, and maintenance 14 14 Printing, publications, postage, and shipping 15 144 15 53,352 16 Other expenses (describe 16 Total expenses. Add lines 10 through 16 68,459 17 **17** Excess or (deficit) for the year (Subtract line 17 from line 9) -4.110 18 18 Net Assets 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) 39,894 19 Other changes in net assets or fund balances (attach explanation) 20 20 Net assets or fund balances at end of year Combine lines 18 through 20 35,784 21 21 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) (A) Beginning of year (B) End of vear 39,894 22 22 Cash, savings, and investments 35,784 23 Land and buildings 23 Other assets (describe 🛌 24 35,784 25 Total assets 39,894 25 Total liabilities (describe 27 Net assets or fund balances (line 27 of column (B) must agree with line 21) 35,784 39,894 27

Part IIII Statement of Program	Service Accomplishm	nents (See the instruction	s for Part III)		Expenses		
What is the organization's primary exempt purpose? Trade Organization					(Required for section 501 (c)(3) and 501(c)(4)		
Describe what was achieved in carrying ou describe the services provided, the numbe program title	organizations and section 4947(a)(1) trusts, optional for others)						
28 Assn of Realtors providing professional members and the public							
·	s amount includes foreign o	grants, check here .	▶┌	28a			
29							
(Grants \$) If thi	s amount includes foreign ç	grants, check here .	▶┌	29a			
30							
(Grants \$) If thi	s amount includes foreign ç	grants, check here .	▶┌	30a			
31 O ther program services (attach schedu (Grants \$) If thi	le) s amount includes foreign ç	rants, check here	 .	31a			
32 Total program service expenses (add lin	es 28a through 31a) .			32			
Part IV List of Officers, Directors, Tru				truction	s for Part IV)		
(a) Name and address	(b) Title and average hours per week devoted to position	(c) Compensation (If not paid, enter -0)	(d) Contributions employee benefit pl deferred compensa	ans &	(e) Expense account and other allowances		

Pa	Part V Other Information (Note the statement requirements in the instructions for Part V.)			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		Νο
34				Νο
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			
а	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		Νο
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		Νο
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions			
b	Did the organization file Form 1120-POL for this year?	37b		Νo
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		Νo
b	If "Yes," complete Schedule L, Part II and enter the total amount involved . 38b			
39	Section 501(c)(7) organizations. Enter			
а	Initiation fees and capital contributions included on line 9			
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	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			
c	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	d Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax on line 40c reimbursed by the organization			
e	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			Νο
41	List the states with which a copy of this return is filed 🕨			
The organization's books are in care of Page Roz Highfield Telephone no (920)				
330 E Racine St Located at ▶ Jefferson, WI ZIP + 4 ▶ 5354				
h	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	42b	Yes	No
	account)?			No
	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 Bank and Financial Accounts.			
С	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 🕨			_
	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		• •	▶ Г
			Yes	No
44	Did the organization maintain any donor advised funds? If "Yes", Form 990 must be completed instead of			
	Form 990-EZ.			Νo
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		Νο

Form 990	-EZ (2009)							Page 4
Part V	Section 501(c)(3) organ All section 501(c)(3) organ 46-49b and complete the	nizations and sectior	n 4947(a)(1) nonexe	-			-	stions
46 Dıd	the organization engage in direct	or indirect political car	npaign activities on be	half of or in opp	osition to		Yes	No
candidates for public office? If "Yes," complete Schedule C, Part I						46		
47 Did	47 Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II					47		
48 Is the organization a school 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 organiz	ation?			49b		
	nplete this table for the organization							
. ,	ne and address of each employee oald more than \$100,000	(b) Title and averag hours per week devoted to position	(c) Compensation	on employee	tributions to benefit plans & compensation	a	e) Expe count rallowa	and
NONE								
51 Cor	otal number of other employees pa mplete this table for the organization ompensation from the organization	on's five highest compe		ontractors who	each received r	nore th	an \$10	0,000
NONE	Name and address of each indepe	ndent contractor paid r	nore than \$100,000	(b) Type	e of service	(c) C	ompen	sation
51(d) To	otal number of other independent c	ontractors each receive	ung over \$1.00.000					
Please Sign Here	Under penalties of perjury, I declare t and belief, it is true, correct, and com ****** Signature of officer Kim Schroedl President	hat I have examined this re	turn, including accompanyin	g schedules and st ed on all informati 2010- Date	on of which prepare	he best (er has ar	of my kn ny knowk	owledge edge
	Type or print name and title	,	,		T			
Paid	Preparer's signature Richard J Wrensch		Date	Check if self-empolyed	Preparer's identifying number (See instructions)			
Preparer's Use Only		APEL ASSOCIATES LLC			EIN Þ	ein 🕨		
		CREEK, WI 530389400			Phone no ► (9.	20) 699-	7250	
May the I	RS discuss this return with the pre	eparer shown above? S	ee instructions		•	Гү	es T	No

Software ID: Software Version:

EIN: 23-7393183

Name: Jefferson Co Board of Realtors

Form 990EZ, Part IV - List of Officers, Directors, Trustees, and Key Employees

(A) Name and address	(B) Title and average hours per week devoted to position	(C) Compensation (If not paid, enter -0)	(D) Contributions to employee benefit plans & deferred compensation	(E) Expense account and other allowances
Diane Rue 116 Madison Street Lake Mills, WI 53551	Director 0	0		
Daniel Hartwig 330 Rosemary Court Jefferson, WI 53549	Director 0	0		
Kathy Knight 612 Shah Street Fort Atkinson, WI 53538	Director 0	0		
Heidi Kabat N5743 Indianhead Drive Johnson Creek, WI 53551	Director 0	0		
Barry Luce 211 N Main Street Lake Mills, WI 53551	Director 0	0		
Roz Highfield 304 Center Street Jefferson, WI 53549	Executive Direc 0	0		
Kım Foelker N2424 Mehring Road Jefferson, WI 53549	Secretary/Treas 0	0		
Kım Schroedl 314 Sherman Avenue Fort Atkınson, WI 53538	President 1 00	0		
Nathan Kasper 620 E Linden Drive Jefferson, WI 53549	Vice President 0	0		
Kım Jones 205 E North Street Cambridge, WI 53523	Director 0	0		

TY 2009 Other Expenses Schedule

Name: Jefferson Co Board of Realtors

EIN: 23-7393183

Software ID: 09000047

Software Version: 2009v1.3

Description	Amount
Utilities	1,450
Scholarships	295
Reward Program	960
Participation Coupon	225
Office Expenses	840
Improvements	466
Guest & AE Meals	102
Fees	304
Event Contributions	989
Education	944
Dues Paid on Behalf of Members	45,963
Award Costs	288
Advertising and Promotion	5