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Short Form
Return of Organization Exempt From Income TaxUnder 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

2009

Open to Public
Inspection

| | | | |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|
| A For the 2009 calendar year, or tax year beginning | | , 2009, and ending | |
| B Check if applicable | | C | |
| <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 | | Please use IRS label or print or type. See Specific Instructions MINERAL AREA BOARD OF REALTORS, INC. 400 N WASHINGTON #111 FARMINGTON, MO 63640 | |
| | | D Employer identification number 43-1190758 E Telephone number 573-756-5576 F Group Exemption Number | |

• **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: ► N/A | G Accounting method <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual Other (specify) ► |
| J Tax-exempt status (check only one) — <input checked="" type="checkbox"/> 501(c) (6) ▶ (insert no) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527 | H Check ► <input checked="" type="checkbox"/> if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF) |
| K Check ► <input type="checkbox"/> 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 ► \$ 169, 922. | |

| | | |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See the instructions for Part I) | | |
| 1 Contributions, gifts, grants, and similar amounts received 2 Program service revenue including government fees 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 G) 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 ► _____) 9 Total revenue Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8 | | 1 119, 496. 2 45, 898. 3 2, 789. 5a 5b 5c 6a 6b 6c 7a 1, 739. 7b 408. 7c 1, 331. 8 9 169, 514. |
| 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 ► <u>See Statement 1</u>) 17 Total expenses. Add lines 10 through 16 | | 10 11 12 60, 807. 13 14 13, 898. 15 270. 16 78, 910. 17 153, 885. 18 15, 629. 19 154, 786. 20 21 170, 415. |
| 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) 21 Net assets or fund balances at end of year Combine lines 18 through 20 | | MAY 20 2010 |

| | | | |
|-------------------------------------------------------------------------------------------------------------------------------------|--|------------------------------|------------------------|
| 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) | | | |
| | | (A) Beginning of year | (B) End of year |
| 22 Cash, savings, and investments | | 255, 010. 22 | 266, 099. |
| 23 Land and buildings | | 23 | |
| 24 Other assets (describe ► <u>See Statement 2</u>) | | 55, 758. 24 | 49, 697. |
| 25 Total assets | | 310, 768. 25 | 315, 796. |
| 26 Total liabilities (describe ► <u>See Statement 3</u>) | | 155, 982. 26 | 145, 381. |
| 27 Net assets or fund balances (line 27 of column (B) must agree with line 21) | | 154, 786. 27 | 170, 415. |

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Part III Statement of Program Service Accomplishments (See the instructions.)What is the organization's primary exempt purpose? **TO PROMOTE THE REAL ESTATE PROFESSION**

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 | MINERAL AREA BOARD OF REALTORS PROVIDES A MULTI-LISTING SERVICE TO ITS MEMBERSHIP OF AROUND 300 REALTORS. IT ALSO PROVIDES SUPPLIES, TRAINING MATERIALS, AND SUPPORT TO ITS MEMBERSHIP. | (Grants \$ <input type="checkbox"/>) If this amount includes foreign grants, check here | ► <input type="checkbox"/> | 28a | 153,885. |
| 29 | | | | | |
| 30 | | (Grants \$ <input type="checkbox"/>) If this amount includes foreign grants, check here | ► <input type="checkbox"/> | 29a | |
| 31 | Other program services (attach schedule) | (Grants \$ <input type="checkbox"/>) If this amount includes foreign grants, check here | ► <input type="checkbox"/> | 30a | |
| 32 | Total program service expenses (add lines 28a through 31a) | | ► <input type="checkbox"/> | 31a | |
| | | | ► <input type="checkbox"/> | 32 | 153,885. |

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

| (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 and deferred compensation | (e) Expense account and other allowances |
|--------------------------------------------------------------|----------------------------------------------------------|--------------------------------------------|-----------------------------------------------------------------------|------------------------------------------|
| DEB GOODSON 1138 HOLLERCAMP ROAD FARMINGTON, MO 63640 | Director 0 | 0. | 0. | 0. |
| TOM HERNANDEZ 10377 GLENDALE ST. POTOSI, MO 63664 | President 0 | 0. | 0. | 0. |
| DALE CAMPBELL 501 HAMPTON PARK HILLS, MO 63601 | Director 0 | 0. | 0. | 0. |
| MELISA PRITCHETT 4530 KORBER ROAD FARMINGTON, MO 63640 | Treasurer 0 | 0. | 0. | 0. |
| RONDA BARKS 3269 LAWS ROAD FARMINGTON, MO 63640 | Secretary 0 | 0. | 0. | 0. |
| NICKY FINCHER 17784 HART PINKSTON FARMINGTON, MO 63640 | Director 0 | 0. | 0. | 0. |
| KATHY KURTZ 1130 MADISON 502 FREDERICKTOWN, MO 63645 | Director 0 | 0. | 0. | 0. |
| KIM HUTSON 3269 LAWS RD FARMINGTON, MO 63640 | Secretary 0 | 0. | 0. | 0. |
| ROBERTA HOUSE 1010 HAGER ROAD FARMINGTON, MO 63640 | Director 0 | 0. | 0. | 0. |
| JOAN GOVERO 4575 DAVIS CROSSING PARK HILLS, MO 63601 | Director 0 | 0. | 0. | 0. |
| ----- | ----- | ----- | ----- | ----- |
| ----- | ----- | ----- | ----- | ----- |
| ----- | ----- | ----- | ----- | ----- |
| ----- | ----- | ----- | ----- | ----- |

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 | N/A |
| 39 Section 501(c)(7) organizations Enter | 39a | N/A |
| a Initiation fees and capital contributions included on line 9 | 39b | N/A |
| 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 ► N/A , section 4912 ► N/A , section 4955 ► N/A | | |
| 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 ► 0. | | |
| d Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax on line 40c reimbursed by the organization ► 0. | | |
| 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 ► None | | |
| 42a The organization's books are in care of ► GEORGIANA BLOOM Located at ► 400 N. WASHINGTON #111 FARMINGTON, MO | Telephone no ► 573-756-5576 | |
| | ZIP + 4 ► 63640 | |
| 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 ► | 42b | 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 ► | 42c | X |
| 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 N/A | 43 | N/A |
| 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.

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

| | Yes | No |
|-----|-----|----|
| 46 | | |
| 47 | | |
| 48 | | |
| 49a | | |
| 49b | | |

47 Did the organization engage in lobbying activities? If 'Yes,' complete Schedule C, Part II

48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E

49a Did the organization make any transfers to an exempt non-charitable related organization?

b If 'Yes,' was the related organization a section 527 organization?

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 |
|----------------------------------------------------------------|----------------------------------------------------------|------------------|-----------------------------------------------------------------------|------------------------------------------|
| ----- | ----- | ----- | ----- | ----- |
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| ----- | ----- | ----- | ----- | ----- |

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 ► _____

| | | |
|------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------|
| Sign Here | 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 | |
| | ► <i>Georgiana K. Bloom</i> Signature of preparer | Date <i>5/17/2010</i> |

| | | | | | |
|---------------------------------|---------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------|-----------------------|-------------------------------------------------|-----------------------------------------------------------------------|
| Paid Preparer's Use Only | Preparer's signature | ► <i>Virginia Taylor CPA</i> | Date <i>5/13/10</i> | Check if self employed <input type="checkbox"/> | Preparer's Identifying Number (See instructions) <i>N/A 100109638</i> |
| | Firm's name (or yours if self-employed), address, and ZIP + 4 | ► <i>Maloney Wright & Robbins CPAs</i> ► <i>150 Westmount Dr.</i> ► <i>Farmington, MO 63640</i> | EIN <i>43-0987432</i> | Phone no <i>(573) 756-6656</i> | |

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

BAA

► Yes No

Form 990-EZ (2009)

Depreciation and Amortization

(Including Information on Listed Property)

► See separate instructions. ► Attach to your tax return.

Name(s) shown on return

Mineral Area Board of Realtors, Inc

Identifying number

43-1190758

Business or activity to which this form relates

All Business Activities**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 | Maximum amount See the instructions for a higher limit for certain businesses | 1 | 250,000.00 |
| 2 | Total cost of section 179 property placed in service (see instructions) | 2 | |
| 3 | Threshold cost of section 179 property before reduction in limitation (see instructions) | 3 | 800,000.00 |
| 4 | 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 | 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 instructions) | 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 | 3,611.01 |

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 ► | | |

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 | | | | | | |
| b 5-year property | | | | | | |
| c 7-year property | | | | | | |
| d 10-year property | | | | | | |
| e 15-year property | | | | | | |
| f 20-year property | | | | | | |
| g 25-year property | | | 25 yrs | | S/L | |
| h Residential rental property | | | 27 5 yrs | MM | S/L | |
| i Nonresidential real property | | | 27 5 yrs. | MM | S/L | |
| | | | 39 yrs | MM | S/L | |
| | | | | MM | S/L | |

Section C-Assets Placed in Service During 2008 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 | 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 | 22 | 3,611.01 |
| 23 | For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs | 23 | |

For Paperwork Reduction Act Notice, see separate instructions.

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)

| 24a Do you have evidence to support the business/investment use claimed? | | | | | Yes | No | 24b If "Yes," is the evidence written? | | | Yes | 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 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <table border="1"> <tr> <td></td> <td></td> <td>%</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td></td> <td>%</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> </table> | | | | | | | | | | | | | % | | | | | | | | | | | % | | | | | | | | |
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| | | % | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 27 Property used 50% or less in a qualified business use | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <table border="1"> <tr> <td></td> <td></td> <td>%</td> <td></td> <td></td> <td></td> <td></td> <td>S/L-</td> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td></td> <td>%</td> <td></td> <td></td> <td></td> <td></td> <td>S/L-</td> <td></td> <td></td> <td></td> </tr> </table> | | | | | | | | | | | | | % | | | | | S/L- | | | | | | % | | | | | S/L- | | | |
| | | % | | | | | S/L- | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | % | | | | | S/L- | | | | | | | | | | | | | | | | | | | | | | | | | |
| 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 | |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| 31 Total commuting miles driven during the year | Yes | No |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| 32 Total other personal (noncommuting) miles driven | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| 33 Total miles driven during the year. Add lines 30 through 32 | | | | | | | | | | | | |
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| | | | | | | | | | | | | |
| 34 Was the vehicle available for personal use during off-duty hours? | Yes | No |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| 35 Was the vehicle used primarily by a more than 5% owner or related person? | | | | | | | | | | | | |
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| | | | | | | | | | | | | |
| 36 Is another vehicle available for personal use? | | | | | | | | | | | | |
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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? | | | | | | | | | | | Yes | No |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |
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| 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) Note: If your answer to 37, 38, 39, 40, or 41 is "Yes," do not complete Section B for the covered vehicles | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |

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 | | | | | |
| 44 Total. Add amounts in column (f) See the instructions for where to report | | | | | |

Form 4562 Worksheet
All Business Activities

Part II - Special Depreciation Allowance and Other Depreciation

| Asset | (a) Property Description | (b) Date In Service | (c) Tax Basis | (d) Prior Depreciation | (e) Tax Method | (f) Tax Period | (g) Tax Depr Deduction |
|---------------------------------------|-----------------------------|---------------------------|---------------------|------------------------------|----------------------|----------------------|------------------------------|
| ACRS and/or Other Depreciation | | | | | | | |
| 8 | Computer & Installation | 5/05/04 | 1,594 76 | 1,488.43 | S/L | 5 0 | 106 33 |
| 9 | Side Chairs | 7/01/04 | 193 00 | 124 07 | S/L | 7 0 | 27 57 |
| 10 | Office Furniture | 11/03/04 | 661.50 | 393 75 | S/L | 7 0 | 94 50 |
| 11 | Coffee Pot | 2/05/05 | 139 01 | 77 78 | S/L | 7 0 | 19 86 |
| 12 | Phone | 10/14/05 | 284 85 | 185 15 | S/L | 5 0 | 56 97 |
| 13 | Laptop & Projector | 1/30/06 | 3,144 49 | 1,834 29 | S/L | 5 0 | 628 90 |
| 14 | Bookcases | 1/17/06 | 145 05 | 60 43 | S/L | 7 0 | 20 72 |
| 15 | Furniture | 1/18/06 | 68.14 | 28 38 | S/L | 7 0 | 9 73 |
| 16 | Risco-New Lockboxes | 7/19/06 | 4,638 04 | 1,601 23 | S/L | 7 0 | 662 58 |
| 17 | 2 Computers | 10/26/06 | 3,110 94 | 1,348 08 | S/L | 5 0 | 622 19 |
| 18 | 50 Redi-Safe Lockboxes | 5/15/07 | 4,641 04 | 1,105 01 | S/L | 7 0 | 663 01 |
| 19 | Vacuum Cleaner | 10/15/07 | 87 77 | 21 94 | S/L | 5 0 | 17 55 |
| 20 | (2) BSX Chairs | 5/23/08 | 242 98 | 20 25 | S/L | 7 0 | 34 71 |
| 21 | Hon Office Furniture | 6/27/08 | 2,407 06 | 171 93 | S/L | 7 0 | 343 87 |
| 22 | Canon Copy Machine | 2/18/09 | 1,759 59 | 0 00 | S/L | 5 0 | 293 27 |
| 23 | Refrigerator | 8/18/09 | 194 34 | 0 00 | S/L | 7.0 | 9 25 |
| | | | 23,312 56 | | | | 3,611 01 |

2009

FEDERAL STATEMENTS

PAGE 1

CLIENT 4353

MINERAL AREA BOARD OF REALTORS, INC.

43-1190758

5/13/10

11 02AM

STATEMENT 1
FORM 990-EZ, PART I, LINE 16
OTHER EXPENSES

| | |
|----------------------------------------|-------------------|
| AWARDS & GIFTS | \$ 1,139. |
| CONFERENCES, CONVENTIONS, AND MEETINGS | 14,746. |
| DEPRECIATION | 3,611. |
| EQUIP LEASE & MAINT | 328. |
| LOCK BOX KEY RENTAL | 16,690. |
| MISCELLANEOUS | 96. |
| MULTIPLE LISTING SERVICE | 26,384. |
| OFFICE EXPENSE | 5,375. |
| PROFESSIONAL SERVICES | 9,410. |
| STRATEGIC PLANNING | 1,131. |
| TOTAL | \$ 78,910. |

STATEMENT 2
FORM 990-EZ, PART II, LINE 24
OTHER ASSETS

| | <u>BEGINNING</u> | <u>ENDING</u> |
|-----------------------|-------------------|-------------------|
| ACCOUNTS RECEIVABLE | \$ 54,886. | \$ 48,825. |
| RENT SECURITY DEPOSIT | 872. | 872. |
| TOTAL | \$ 55,758. | \$ 49,697. |

STATEMENT 3
FORM 990-EZ, PART II, LINE 26
TOTAL LIABILITIES

| | <u>BEGINNING</u> | <u>ENDING</u> |
|---------------------------------------|--------------------|--------------------|
| ACCOUNTS PAYABLE AND ACCRUED EXPENSES | \$ 3,101. | \$ 4,860. |
| DEFERRED REVENUE | 76,840. | 73,549. |
| DUES PAYABLE | 65,987. | 57,019. |
| KEY DEPOSITS | 8,350. | 7,564. |
| PAYROLL TAX LIABILITIES | 1,704. | 2,389. |
| TOTAL | \$ 155,982. | \$ 145,381. |

DEPRECIATION SUMMARY

FYE: 12/31/2009

| Asset | d | t | Property Description | Date In Service | Tax Method | Tax Period | Tax Cost | Tax Sec 179 Exp | Tax Prior Depreciation | Tax Current Depreciation | Tax End Depr | Tax Net Book Value |
|-----------------------------------------|---|---|-------------------------|-----------------|------------|------------|------------------|-----------------|------------------------|--------------------------|------------------|--------------------|
| Group: Furniture & Equipment | | | | | | | | | | | | |
| 1 | | | Copy Machine | 9/06/94 | S/L | 7 0 | 1,091 00 | 0 00 | 1,091 00 | 0 00 | 1,091 00 | 0 00 |
| 2 | | | Computer | 6/07/98 | S/L | 5 0 | 1,456 13 | 0 00 | 1,456 13 | 0 00 | 1,456 13 | 0 00 |
| 3 | | | Office Equipment | 7/10/98 | S/L | 5 0 | 200 00 | 0 00 | 200 00 | 0 00 | 200 00 | 0 00 |
| 4 | | | Lock Boxes | 9/01/99 | S/L | 5 0 | 6,000 00 | 0 00 | 6,000 00 | 0 00 | 6,000 00 | 0 00 |
| 5 | | | Microwave | 9/13/99 | S/L | 5 0 | 97 00 | 0 00 | 97 00 | 0 00 | 97 00 | 0 00 |
| 6 | | | Office Furniture | 3/28/01 | S/L | 7 0 | 990 00 | 0 00 | 990 00 | 0 00 | 990 00 | 0 00 |
| 7 | | | Computer & Installation | 7/15/03 | S/L | 5 0 | 1,676 01 | 0 00 | 1,676 01 | 0 00 | 1,676 01 | 0 00 |
| 8 | | | Computer & Installation | 5/05/04 | S/L | 5 0 | 1,594 76 | 0 00 | 1,488 43 | 106 33 | 1,594 76 | 0 00 |
| 9 | | | Side Chairs | 7/01/04 | S/L | 7 0 | 193 00 | 0 00 | 124 07 | 27 57 | 151 64 | 41 36 |
| 10 | | | Office Furniture | 11/03/04 | S/L | 7 0 | 661 50 | 0 00 | 393 75 | 94 50 | 488 25 | 173 25 |
| 11 | | | Coffee Pot | 2/05/05 | S/L | 7 0 | 139 01 | 0 00 | 77 78 | 19 86 | 97 64 | 41 37 |
| 12 | | | Phone | 10/14/05 | S/L | 5 0 | 284 85 | 0 00 | 185 15 | 56 97 | 242 12 | 42 73 |
| 13 | | | Laptop & Projector | 1/30/06 | S/L | 5 0 | 3,144 49 | 0 00 | 1,834 29 | 628 90 | 2,463 19 | 681 30 |
| 14 | | | Bookcases | 1/17/06 | S/L | 7 0 | 145 05 | 0 00 | 60 43 | 20 72 | 81 15 | 63 90 |
| 15 | | | Furniture | 1/18/06 | S/L | 7 0 | 68 14 | 0 00 | 28 38 | 9 73 | 38 11 | 30 03 |
| 16 | | | Risco-New Lockboxes | 7/19/06 | S/L | 7 0 | 4,638 04 | 0 00 | 1,601 23 | 662 58 | 2,263 81 | 2,374 23 |
| 17 | | | 2 Computers | 10/26/06 | S/L | 5 0 | 3,110 94 | 0 00 | 1,348 08 | 622 19 | 1,970 27 | 1,140 67 |
| 18 | | | 50 Redi-Safe Lockboxe | 5/15/07 | S/L | 7 0 | 4,641 04 | 0 00 | 1,105 01 | 663 01 | 1,768 02 | 2,873 02 |
| 19 | | | Vacuum Cleaner | 10/15/07 | S/L | 5 0 | 87 77 | 0 00 | 21 94 | 17 55 | 39 49 | 48 28 |
| 20 | | | (2) BSX Chairs | 5/23/08 | S/L | 7 0 | 242 98 | 0 00 | 20 25 | 34 71 | 54 96 | 188 02 |
| 21 | | | Hon Office Furniture | 6/27/08 | S/L | 7 0 | 2,407 06 | 0 00 | 171 93 | 343 87 | 515 80 | 1,891 26 |
| 22 | | | Canon Copy Machine | 2/18/09 | S/L | 5 0 | 1,759 59 | 0 00 | 0 00 | 293 27 | 293 27 | 1,466 32 |
| 23 | | | Refrigerator | 8/18/09 | S/L | 7 0 | 194 34 | 0 00 | 0 00 | 9 25 | 9 25 | 185 09 |
| Furniture & Equipment | | | | | | | <u>34,822 70</u> | <u>0 00</u> | <u>19,970 86</u> | <u>3,611 01</u> | <u>23,581 87</u> | <u>11,240 83</u> |
| Grand Total | | | | | | | <u>34,822 70</u> | <u>0 00</u> | <u>19,970 86</u> | <u>3,611 01</u> | <u>23,581 87</u> | <u>11,240 83</u> |