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Department of the Treasury Internal Revenue Service

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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)

► The organization may have to use a copy of this return to satisfy state reporting requirements

OMB No 1545-0047

2010

Open to Public Inspection

A	For the 2	2010 calend	lar year, or tax yea	r beginnin	g		, 2010,	, and er	nding				,		
В	Check if app	plicable	C Name of organizatio	MONTE	ROSE ASS	OCIATION	OF R	EALT	ORS		Employ	er iden	tufication N	umber	
	Addres	s change	Doing Business As								23-	7216	5117		
	Name	change	Number and street (or PO box if	mail is not delive	ered to street add	r)	Ro	oom/suite	E	Telepho	one nun	nber		
	Initial r	return	125 MERCHAN	r DRIVE	Ξ						(97	0) 2	249-62	13	
	Termin	ated	City, town or country				State	ZIP cod	ie + 4						
	Amend	ded return	MONTROSE				CO	8140	01	lo	Gross r	eceipts	\$ 255	610.	•
	$\overline{}$	ation pending	.	f principal off	ficer) Is this a				Yes	X No
		1	lodene Gaulk	25 MERC	HANT DR	MONTROSE	CC	8140	01 ^{н(ь}) Are all af				Yes	No
$\overline{}$	Tax-exen	not status		1(c) (6) ◄ (inser		7(a)(1) or	52	7	it 'No,' at	tach a list	(see in	structions)		
<u> </u>	Websit		<u> </u>	(4)		7			H(c) Group ex	emption n	umber ¹	-		
ĸ		organization		rust A	ssociation	Other ►	L	Year of Fo		1991			legal domic	ile: CO	
		Summa					······								
<u> </u>			be the organization'	s mission	or most signi	ficant activiti	es RE	EALTO	OR ED	UCATI	ON				
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Governance			 -												
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oVe	2 Ch	eck this bo	x ► I If the orga	inization d	iscontinued i	ts operations	or dispo	sed of	more th	nan 25%	of its no	et ass	ets.		
අ			ting members of the									3	3		
es es			dependent voting m					Ib)				4	200		
Activities &			of individuals empl of volunteers (estir	-	-	2010 (Part V,	line 2a)					5 6	30		
Act	l .		ed business revenue		-	(C) line 12						7 a			0.
	i e		business taxable in			Line 3/I	•			1		7 b			
	<u> </u>	t di li Cidico	Dusiness taxable ii	1001110 11011		,	1	WEL) [\ Pri	or Year			rrent Ye	ar
	8 Co	ntributions	and grants (Part V	II, line 1h)		F	FCE	100-		2 /	237,8	360.			559.
E L	I									Q T	17,0				725.
Revenue	10 Inv	estment in	come (Part VIII, col	umn (A), l	nes 3, 4, an	d 7d)\ _\	1 vas	ิซ รัก)	ध्ये		526.			137.
æ	11 Oth	her revenu	e (Part VIII, column	(A), lines	5, 6d, 8c, 9c	, 10c,\and 11	MHI "					82.			189.
	12 Tot	tal revenue	ice revenue (Part V come (Part VIII, col e (Part VIII, column - – add lines 8 throi	ւgh 11 (mւ	ust equal Par	t VIII, column	(A), line	e_12) _\	6.57		258,2	209.		255,	610.
	13 Gra	ants and si	mılar amounts paıd	(Part IX, o	column (A), I	ines 1-3)	ا آيان	3,	١,,,						
	14 Be	nefits paid	to or for members	(Part IX, co	olumn (A), lır	ne 4) 🗎 🐣 👕			L						
_	15 Sal	laries, othe	er compensation, en	nployee be	enefits (Part I	X, column (A), lines 5	5-10)	· L		111,7	08.		81,	090.
Expenses	16a Pro	ofessional :	fundraising fees (Pa	rt IX, colu	mn (A), line	11e) .			L		_				
pen	b Tot	tal fundrais	ing expenses (Part	IX. columi	n (D). line 25) >			o. []	المرابعة الأرابية		To the second	The state of the s		
Ω̈			es (Part IX, column								199,9	84.		138,	375.
		•	es. Add lines 13-17				e 25)		·		311,6			219,	
	1	•	expenses. Subtrac	-							-53,4				145.
k a	13 110	+011d0 1000	скрепосо. Сариас		0117 11110 12		<u> </u>	<u> </u>	F	Beginning			En	d of Yea	
Net Assets or Fund Balances	20 Tot	tal assets (Part X, line 16).						i i	- cgg	458,8				685.
Ass	l		s (Part X, line 26)	·							143,8	_			483.
Net			fund balances. Sub	tract line 2	21 from line 2	20				-	315,0	57.		351.	202.
_		Signatu	_ -	tract into 2			_··						1		
				ad this return	including accom	nanving schedule	es and state	ments a	nd to the	hest of my	knowledge	and he	elief it is tru	e correct	and
com	plete Decla	ration of preparation	eclare that I have examinater (other than officer) is	based on all	information of wh	ich preparer has	any knowle	edge		oost or my	in our coge				
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Sig	ın	Signatu	re of officer	9.0						Date	7.7				
He	re	▶ XM	Indene Gau	IKe.	CEO										
		Type or	print name and title												
		Print/Type p	reparer's name	Pr	eparer's signatur	é,		Date		c	heck	ıf	PTIN		
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	•		Montrose			CO	8140	1-39	31	Р	hone no	(97	0) 249	9-349	9
May	the IRS	discuss thi	s return with the pre	parer sho	wn above? (s				-				X Ye		No
			eduction Act Notice						TEEA01	01 12/21	/10			orm 990	

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

	m 990 (2010) MONTROSE ASSOCIATION OF REALTORS	23-7	72161	17	Page 2
Par	rt III Statement of Program Service Accomplishments				
	Check if Schedule O contains a response to any question in this Part III	· · · · · · · · · · · · · · · · · · ·			
1	Briefly describe the organization's mission:				
	REALTOR EDUCATION	. 	_		
			 _		
				<u> </u>	
2	Did the organization undertake any significant program services during the year which were n	ot listed on the prior	_		
	Form 990 or 990-EZ?	,		Yes X	No
	If 'Yes,' describe these new services on Schedule O				
3		rogram services?		Yes X	No
	If 'Yes,' describe these changes on Schedule O.				
4	Describe the exempt purpose achievements for each of the organization's three largest progra and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of	im services by exper forants and allocation	ises Se	ction 501(c) hers, the to)(3) tal
	expenses, and revenue, if any, for each program service reported	grants and anocatio	113 (0 0)	ners, the to	ia.
4a	a (Code) (Expenses \$ including grants of \$) (Revenue	\$)
	BOARD OF REALTORS	·			
4 b	b (Code:) (Expenses \$ including grants of \$) (Revenue	\$)
			-		
4c	c (Code:) (Expenses \$ including grants of \$) (Revenue	\$)
			`		
				-	
					- -
4d	f Other program services. (Describe in Schedule O.)				
		evenue \$)	
	Total program service expenses ►				
BAA				Form 990	(2010)

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1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If 'Yes,' complete Schedule A	1		X
2	Is the organization required to complete Schedule B, Schedule of Contributors? (see instructions)	2		Х
3	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	3		Х
4	Section 501(c)(3) organizations Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If 'Yes,' complete Schedule C, Part II	4_		
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If 'Yes,' complete Schedule C, Part III	5		х
6	Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If 'Yes,' complete Schedule D, Part I	6		х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? If 'Yes,' complete Schedule D, Part II	7		х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If 'Yes,' complete Schedule D, Part III	8		х
9	Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If 'Yes,' complete Schedule D, Part IV	9		х
10	Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? If 'Yes,' complete Schedule D, Part V	10		х
11	If the organization's answer to any of the following questions is 'Yes', then complete Schedule D, Parts VI, VIII, IX, or X as applicable	*		
;	a Did the organization report an amount for land, buildings and equipment in Part X, line 10? If 'Yes,' complete Schedule D, Part VI	11 a	X	
1	b Did the organization report an amount for investments— other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part VII	11 ь		х
(c Did the organization report an amount for investments— program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part VIII	11 c		х
(d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part IX	11 d		х
•	e Did the organization report an amount for other liabilities in Part X, line 25? If 'Yes,' complete Schedule D, Part X	11 e		X
1	f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If 'Yes,' complete Schedule D, Part X	11 f		Х
12:	a Did the organization obtain separate, independent audited financial statements for the tax year? If 'Yes,' complete Schedule D, Parts XI, XII, and XIII	12a		х
ı	Was the organization included in consolidated, independent audited financial statements for the tax year? If 'Yes,' and if the organization answered 'No' to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional	12b		х
	Is the organization a school described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E	13		X
14 a	a Did the organization maintain an office, employees, or agents outside of the United States?	14a		<u>X</u>
i	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the United States? If 'Yes,' complete Schedule F, Parts I and IV.	14b		х
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? If 'Yes,' complete Schedule F, Parts II and IV	15		Х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? If 'Yes,' complete Schedule F, Parts III and IV	16		х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If 'Yes,' complete Schedule G, Part I (see instructions)	17		Х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If 'Yes,' complete Schedule G, Part II	18		x
	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If 'Yes,' complete Schedule G, Part III	19		х
20 a	a Did the organization operate one or more hospitals? If 'Yes,' complete Schedule H.	20		<u>X</u>
t.	olf 'Yes' to line 20a, did the organization attach its audited financial statements to this return? Note. Some Form 990 filers that operate one or more hospitals must attach audited financial statements (see instructions)	20 ь		

Form 990 (2010) MONTROSE ASSOCIATION OF REALTORS

Part IV Checklist of Required Schedules (continued)

1		ļ	Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? If 'Yes,' complete Schedule I, Parts I and II	21		х
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2° If 'Yes,' complete Schedule I, Parts I and III	22		х
23	Did the organization answer 'Yes' to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If 'Yes,' complete Schedule J</i>	23		х
24	a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, and that was issued after December 31, 2002? If 'Yes,' answer lines 24b through 24d and complete Schedule K If 'No, 'go to line 25	24a		x
ŀ	b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
•	c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
c	d Did the organization act as an 'on behalf of' issuer for bonds outstanding at any time during the year?	24d		
25	a Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If 'Yes,' complete Schedule L, Part I	25a		
ı	b Is the organization 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	25b		
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If 'Yes,' complete Schedule L, Part II	26		Х
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? If 'Yes,' complete Schedule L, Part III	27		Х
	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):			
i	a A current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L, Part IV	28a		Х
l	b A family member of a current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L, Part IV	28ь		Х
	c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If 'Yes,' complete Schedule L, Part IV Did the organization receive more than \$25,000 in non-cash contributions? If 'Yes,' complete Schedule M	28c		X
30		30		Х
31	Did the organization liquidate, terminate, or dissolve and cease operations? If 'Yes,' complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If 'Yes,' complete Schedule N, Part II	32		x
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301.7701-3? If 'Yes,' complete Schedule R, Part I	33		х
34	Was the organization related to any tax-exempt or taxable entity? If 'Yes,' complete Schedule R, Parts II, III, IV, and V, line 1			
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)?	34 35		<u> </u>
а	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If 'Yes,' complete Schedule R, Part V, line 2 Yes X No			
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If 'Yes,' complete Schedule R, Part V, line 2	36		
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If 'Yes,' complete Schedule R, Part VI	37		<u> </u>
	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? Note. All Form 990 filers are required to complete Schedule O	38	х	
BAA		Form	990 (2	2010)

Form 990 (2010) MONTROSE ASSOCIATION OF REALTORS Part V Statements Regarding Other IRS Filings and Tax Compliance

_ •	Check if Schedule O contains a response to any question in this Part V				Щ.
		_	77.7	Yes	No
	1a Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable . 1a	- 0	- 1), , 'a,	
	b Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable 1b	0	,	,`•	; î
	c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?		1 c	X	<u> </u>
:	2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return 2a		1. E. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1.	1	
	b If at least one is reported on line 2a, did the organization file all required federal employment tax returns?		2b		
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	ĺ		36.5	ر مارید مارید
	3a Did the organization have unrelated business gross income of \$1,000 or more during the year?		3a		X
	b If 'Yes' has it filed a Form 990-T for this year? <i>If 'No,' provide an explanation in Schedule O</i>		3Ь		
4	4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, infinancial account in a foreign country (such as a bank account, securities account, or other financial account)?	а	4a		Х
	b If 'Yes,' enter the name of the foreign country		1		. 1.77
	See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.				
	5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		5a		X
	b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		5b		X
	c If 'Yes,' to line 5a or 5b, did the organization file Form 8886-T?		5c		
(6 a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible?		6a		Х
	b If 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		6 b		
7	7 Organizations that may receive deductible contributions under section 170(c).		1,18,12	, , , , , , , , , , , , , , , , , , ,	
	a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and		4) (j	-	د م نسست
	services provided to the payor?	ļ	7 a		X
	b If 'Yes,' did the organization notify the donor of the value of the goods or services provided?		7 b		
	c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	9	7с		Х
	d If 'Yes,' indicate the number of Forms 8282 filed during the year		8	نـــــــــــــــــــــــــــــــــــــ	
	e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		7 e		Х
	f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	ļ	_7f		Х
	g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		7 g		
	h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		7h	<u>,,-</u>	124 . 4 .
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	· [8	45	,~ <u> </u>
9	9 Sponsoring organizations maintaining donor advised funds.		3 1	;; <u>,</u>	
	a Did the organization make any taxable distributions under section 4966?		9a		
	b Did the organization make a distribution to a donor, donor advisor, or related person?	. [9 b		
10	Section 501(c)(7) organizations. Enter:		- 20:	4	16
	a Initiation fees and capital contributions included on Part VIII, line 12		14000 p. 1		
	b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities . 10b				
11	Section 501(c)(12) organizations. Enter	P			
	a Gross income from members or shareholders . 11a	,		Mary.	
	b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them) . 11b				
12	2a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?		12a		
	b If 'Yes,' enter the amount of tax-exempt interest received or accrued during the year 12b				ا بلندر تون
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	=		<i>21</i> 4.	`(``}`.`}
	a is the organization licensed to issue qualified health plans in more than one state?	-	13 a		
	Note. See the instructions for additional information the organization must report on Schedule O		1		
	b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans .				A.
	c Enter the amount of reserves on hand . 13c		·		1
	a Did the organization receive any payments for indoor tanning services during the tax year?		14a		X
	b If 'Yes,' has it filed a Form 720 to report these payments? If 'No,' provide an explanation in Schedule O		14Ь		
	ā.		_		

Form 990 (2010) MONTROSE ASSOCIATION OF REALTORS Part VIM Governance, Management and Disclosure For each 'Yes' response to lines 2 through 7b below, and for a 'No' response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions. Check if Schedule O contains a response to any question in this Part VI X **Governing Body and Management** Section A. No Yes 1a Enter the number of voting members of the governing body at the end of the tax year 1a 3 1b 200 b Enter the number of voting members included in line 1a, above, who are independent Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee or key employee? 2 Х Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? 3 Did the organization make any significant changes to its governing documents 4 Х since the prior Form 990 was filed? Did the organization become aware during the year of a significant diversion of the organization's assets? 5 Х 6 X Does the organization have members or stockholders? . . 7a Does the organization have members, stockholders, or other persons who may elect one or more members of the X governing body? 7a 7 b b Are any decisions of the governing body subject to approval by members, stockholders, or other persons? Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following. 8a Х a The governing body? b Each committee with authority to act on behalf of the governing body? 8ь Х Is there any officer, director or trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If 'Yes,' provide the names and addresses in Schedule O 9 Х Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) No Yes 10 a Does the organization have local chapters, branches, or affiliates? 10 a Х b If 'Yes,' does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization?. 10b Х 11a Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form? 11 a b Describe in Schedule O the process, if any, used by the organization to review this Form 990. 12a Does the organization have a written conflict of interest policy? If 'No,' go to line 13 Х 12a b Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts' 12b Х c Does the organization regularly and consistently monitor and enforce compliance with the policy? If 'Yes,' describe in Schedule O how this is done 12 c 13 Does the organization have a written whistleblower policy? 13 Х Х 14 Does the organization have a written document retention and destruction policy? 14 15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? a The organization's CEO, Executive Director, or top management official 15 a 15_b Х **b** Other officers of key employees of the organization If 'Yes' to line 15a or 15b, describe the process in Schedule O (See instructions) 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? 16a b If 'Yes,' has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements? 16_b Section C. Disclosure List the states with which a copy of this Form 990 is required to be filed ▶ Colorado Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection Indicate how you make these available. Check all that apply. Another's website X Describe in Schedule O whether (and if so, how) the organization makes its governing documents, conflict of interest policy, and financial statements available to the public. State the name, physical address, and telephone number of the person who possesses the books and records of the organization.

►MCKENNA & ASSOCIATES LLC 521 E. MAIN STREET, MONTROSE CO 81401 (970) 249-3499

Form 990 (2010)	MONTROSE	ASSOCIATION	OF	REALTORS

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Form 990 (2010)

Part VIII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Check if Schedule O contains a response to any question in this Part VII

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

- 1a Complete this table for all persons required to be listed Report compensation for the calendar year ending with or within the organization's tax year
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any See instructions for definition of 'key employee'
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations

List persons in the following order individual trustees or directors, institutional trustees; officers; key employees, highest compensated employees, and former such persons

Check this box if neither the organization	nor any r	elated	d org	janiz	atic	n com	npen	sated any current office	cer, director, or trustee	e
(A)	(B)	(C)						(D)	(E)	(F)
Name and title	Average hours	Position (check all that apply						Reportable compensation from	Reportable compensation from	Estimated amount of other
	per week (describe hours for related organiza- tions in Schedule O)	Offices Institutional funden advict al france or director		Officer	Key emphyee	Fanes Highest countriestsoled employee		the organization (W-2/1099-MISC)	related organizations (W-2/1099-MISC)	compensation from the organization and related organizations
(1) MODENE GAULKE										
CEO	40.00			Х	Х	Х		37,008.	0.	0.
(2) JULIA SEGLUND										
CHAIRMAN	8.00	Х						0.	0.	0.
(3) JANENE BETTIN										
CHAIRMAN-ELECT	4.00	X	L					0.	0.	0.
(4) BETSY SPITZER										
IMM PAST CHAIRMAN	4.00	Х						0.	0.	0.
(5) PAMELA LAPOINTE										
TREASURER	4.00	Х						0.	0.	0.
(6) DEBBIE REED										
DIRECTOR	4.00	Х						0.	0.	0.
_ (?)_ LESLIE GORE	li									
DIRECTOR	4.00	<u>X</u>						0.	0.	0.
_ (8) MICHELLE HAYNES										
DIRECTOR	4.00	<u>X</u>			_			0.	0.	0.
(9) CHUCK TRICE									_	_
DIRECTOR	4.00	Х						0.	0.	0.
(10)										
(11)										
(12)										
(13)		·								
(14)				-:-						
(15)										
(16)										
(17)										

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Nome and title Average Posterior (lack at their lack) or proposation (lack at their lack) or proposation from the organization is any former officer, director or fursitee, key employee, or highest compensated employee on line 1a* If Yes, complete Schedule J for such person is compensated or from the organization of the organization of If Yes, complete Schedule J for such person is compensated or from the organization of the organization of If Yes, complete Schedule J for such person is compensated or from the organization of the organization of the organization of If Yes, complete Schedule J for such person is compensated or from the organization of the organization of the organization of If Yes, complete Schedule J for such person is compensated organization of If Yes, complete Schedule J for such person is compensated organization of If Yes, complete Schedule J for such person is compensated organization of If Yes, complete Schedule J for such person is compensated organization of If Yes, complete Schedule J for such person is compensated organization of If Yes, complete Schedule J for such person is compensated organization of If Yes, complete Schedule J for such person is compensated organization of If Yes, complete Schedule J for such person is compensated organization of If Yes, complete Schedule J for such person is compensated organization of If Yes, complete Schedule J for such person is compensated organization of If Yes, complete Schedule J for such person is compensated organization of If Yes, complete Schedule J for such person is compensated organization of If Yes, complete Schedule J for such person is compensated organization of If Yes, complete Schedule J for such person is compensated organization of If Yes, com	Part VIII Section A. Officers, Directors, Trust		∖ey	En	_		es,	an	T		
(19) (20) (21) (22) (25) (29) (29) (29) (29) (29) (29) (29) (29	, (A)	(B)	D		•	•	hat a		(D)	(E)	(F)
(20) (21) (22) (23) (24) (25) (26) (27) (28) (29) (29) (29) (29) (21) (29) (21) (29) (29) (21) (29) (21) (28) (29) (29) (29) (21) (29) (29) (29) (29) (29) (29) (29) (29	Name and title	ha			-				compensation from the organization	compensation from	Estimated amount of other compensation from the organization and related organizations
(20) (21) (22) (23) (24) (25) (26) (27) (28) (29) 1b Sub-total .	(18)	-								<u> </u>	
(21) (22) (23) (24) (25) (26) (27) (28) (29) (29) (29) (29) (29) (29) (29) (29	(19)										
(23) (24) (25) (26) (27) (28) (29) (29) (29) (29) (21) (29) (27) (28) (29) (29) (29) (27) (28) (29) (29) (29) (29) (29) (29) (29) (29	(20)	-		-							
(23) (24) (25) (26) (27) (28) (29) 1b Sub-total	(21)	-									
(29) 1b Sub-total. c Total from continuation sheets to Part VII, Section A d Total (add lines 1b and 1c) 2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 in reportable compens from the organization 3 Did the organization Ist any former officer, director or trustee, key employee, or highest compensated employee on line 1a? If 'Yes,' complete Schedule J for such individual 4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation and related organizations greater than \$150,000? If 'Yes' complete Schedule J for such individual 5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If 'Yes,' complete Schedule J for such person 1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization (A) (B) (C)	(22)	•	-								
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compensation from the organization (A) (B) (C)	Section B. Independent Contractors									n \$100 000 of	
	compensation from the organization									·	(C)
		; 							Description	f services	Compensation
2 Total number of independent contractors (including but not limited to those listed above) who received more than	2 Total number of independent contractors (including bi	ut not lu	mite	d to	thos	e li	sted	abo	ove) who received	more than	

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r a	I V I	in Statement of Re	venue		···		,	
	* : ; : ; ; ; ; ; ; ; ; ; ; ; ; ; ; ; ; ;				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
GIFTS, GRANTS	b d	Federated campaigns Membership dues Fundraising events Related organizations		1a 245,559. 1c 1d 1e				
CONTRIBUTIONS, GIFT AND OTHER SIMILAR	f	Government grants (contributions, gifts, grantler amounts not included Noncash contributions included	grants, and above	1 f S				
S &	h	Total. Add lines 1a-1f			245,559.			
ä				Business Code		() () () () () () () () () ()		
ĒN	2a	REALTOR ASSOCI	ATION	900099	9,725.	9,725.	0.	0.
PROGRAM SERVICE REVENUE	b c d e							
280		Total. Add lines 2a-2f		>	9.725.	1 Jan Gar Herry		
	3 4 5		•	•	137.		0.	0.
	3	Royallies	(i) Real	(II) Personal	- delice - Alternation of	4 2 7 2 20 20 20 L L	CONTRACTOR REPORTS	LUCKET OF COMPANY STATES
	_	0 5 .	(i) Real	(ii) Feisonai				
		Gross Rents				N 0 3 3 3		
	Ь	Less rental expenses					\$	1 3
	С	: Rental income or (loss)			1,200			نْ نُشْدَنِ
	d	Net rental income or (lo	ss)	•				
	7a	Gross amount from sales of assets other than inventory	(i) Securitie	es (ii) Other		The first state of the state of		
		Less cost or other basis and sales expenses Gain or (loss)						
		• •					<u></u>	<u> </u>
Į.		Net gain or (loss) Gross income from fund (not including \$	Iraising even	ts				
OTHER REVEN		of contributions reported See Part IV, line 18	d on line 1c).	 a				
	b	Less. direct expenses		b				
5		Net income or (loss) from	m fundraisin	n events ►				/
		Gross income from gam See Part IV, line 19					1.5 × 1.5 × 1.5 × 1.5 × 1.5 × 1.5 × 1.5 × 1.5 × 1.5 × 1.5 × 1.5 × 1.5 × 1.5 × 1.5 × 1.5 × 1.5 × 1.5 × 1.5 × 1.5 × 1.5 × 1.5 × 1.5 × 1.5 × 1.5 × 1.5 × 1.5 × 1.5 × 1.5 × 1.5 × 1.5 × 1.5 × 1.5 × 1.5 × 1.5 × 1.5 × 1.5 × 1.5 × 1.5 × 1.5 × 1.5 × 1.5 × 1.5 × 1.5 × 1.5 × 1.5 × 1.5 × 1.5 × 1.5 × 1.5 × 1.5 × 1.5 × 1.5 × 1.5 × 1.5 × 1.5 × 1.5 × 1.5 × 1.5 × 1.5 × 1.5 × 1.5 × 1.5 × 1.5 × 1.5 × 1.5 × 1.5 × 1.5 × 1.5 × 1.5 × 1.5 × 1.5 × 1.5 × 1.5 × 1.5 × 1.5 × 1.5 × 1.5 × 1.5 × 1.5 × 1.5 × 1.5 × 1.5 × 1.5 × 1.5 × 1.5 × 1.5 × 1.5 × 1.5 × 1.5 × 1.5 × 1.5 × 1.5 × 1.5 × 1.5 × 1.5 × 1.5 × 1.5 × 1.5 × 1.5 × 1.5 × 1.5 × 1.5 × 1.5 × 1.5 × 1.5 × 1.5 × 1.5 × 1.5 × 1.5 × 1.5 × 1.5 × 1.5 × 1.5 × 1.5 × 1.5 × 1.5 × 1.5 × 1.5 × 1.5 × 1.5 × 1.5 × 1.5 × 1.5 × 1.5 × 1.5 × 1.5 × 1.5 × 1.5 × 1.5 × 1.5 × 1.5 × 1.5 × 1.5 × 1.5 × 1.5 × 1.5 × 1.5 × 1.5 × 1.5 × 1.5 × 1.5 × 1.5 × 1.5 × 1.5 × 1.5 × 1.5 × 1.5 × 1.5 × 1.5 × 1.5 × 1.5 × 1.5 × 1.5 × 1.5 × 1.5 × 1.5 × 1.5 × 1.5 × 1.5 × 1.5 × 1.5 × 1.5 × 1.5 × 1.5 × 1.5 × 1.5 × 1.5 × 1.5 × 1.5 × 1.5 × 1.5 × 1.5 × 1.5 × 1.5 × 1.5 × 1.5 × 1.5 × 1.5 × 1.5 × 1.5 × 1.5 × 1.5 × 1.5 × 1.5 × 1.5 × 1.5 × 1.5 × 1.5 × 1.5 × 1.5 × 1.5 × 1.5 × 1.5 × 1.5 × 1.5 × 1.5 × 1.5 × 1.5 × 1.5 × 1.5 × 1.5 × 1.5 × 1.5 × 1.5 × 1.5 × 1.5 × 1.5 × 1.5 × 1.5 × 1.5 × 1.5 × 1.5 × 1.5 × 1.5 × 1.5 × 1.5 × 1.5 × 1.5 × 1.5 × 1.5 × 1.5 × 1.5 × 1.5 × 1.5 × 1.5 × 1.5 × 1.5 × 1.5 × 1.5 × 1.5 × 1.5 × 1.5 × 1.5 × 1.5 × 1.5 × 1.5 × 1.5 × 1.5 × 1.5 × 1.5 × 1.5 × 1.5 × 1.5 × 1.5 × 1.5 × 1.5 × 1.5 × 1.5 × 1.5 × 1.5 × 1.5 × 1.5 × 1.5 × 1.5 × 1.5 × 1.5 × 1.5 × 1.5 × 1.5 × 1.5 × 1.5 × 1.5 × 1.5 × 1.5 × 1.5 × 1.5 × 1.5 × 1.5 × 1.5 × 1.5 × 1.5 × 1.5 × 1.5 × 1.5 × 1.5 × 1.5 × 1.5 × 1.5 × 1.5 × 1.5 × 1.5 × 1.5 × 1.5 × 1.5 × 1.5 × 1.5 × 1.5 × 1.5 × 1.5 × 1.5 × 1.5 × 1.5 × 1.5 × 1.5 × 1.5 × 1.5 × 1.5 × 1.5 × 1.5 × 1.5 × 1.5 × 1.5 × 1.5 × 1.5 × 1.5 × 1.5 × 1.5 × 1.5 × 1.5 × 1.5 × 1.5 × 1.5 × 1.5 × 1.5 × 1.5 × 1.5 × 1.5 × 1.5 × 1.5 × 1.5 × 1.5 × 1.5 × 1.5 × 1.5 × 1.5 × 1.5 × 1.5 × 1.5 × 1.5 × 1.5 × 1.5 × 1.5 × 1.5 × 1.5 × 1.5 × 1.5 × 1.5 × 1.5 × 1.5 × 1.5 × 1.5 ×	
	b	Less: direct expenses		. b				
i		Net income or (loss) from	m gaming ad	ctivities .				
					. · ·	3, 1		·
ļ	ıva	Gross sales of inventory and allowances	, iess return	s a	1 3/2 1 1/3/2			1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
	b	Less: cost of goods sold		Ь				
		Net income or (loss) from		-				<u> </u>
}		Miscellaneous Revent		Business Code			1 _{.9} 5	- ,
H	11 -		·	900099	189.	189.	0.	
	11 а b с	MISCELLANEOUS			105.	105.	0.	0.
	4	All other revenue		-				
İ		Total. Add lines 11a-11d		<u> </u>	189.			्रहा र छा
				.,	255,610.	10,051.		0.
	14	Total revenue. See instr	นตแบทร	-1	L 233,010.	10,031.	0.	0.

Page 10

Part IX | Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D)

	not include amounts reported on lines 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1					
2	Grants and other assistance to individuals in the U.S. See Part IV, line 22				
3	Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16				
4	Benefits paid to or for members			41 14 14	
5	Compensation of current officers, directors, trustees, and key employees	37,008.	37,008.	0.	0.
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	:			
7	Other salaries and wages .	31,578.	31,578.	0.	0.
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)				
9	Other employee benefits	6,602.	6,602.	0.	0.
10	Payroll taxes	5,902.	5,902.	0.	0.
11	Fees for services (non-employees):				
á	Management				
	Legal	1,590.	1,590.	0.	0.
	Accounting	2,670.	2,670.	0.	0.
	i Lobbying			NACE STANDARDS	
	e Professional fundraising services See Part IV, line 17 Investment management fees				
(1 Other				
12	Advertising and promotion	190.	190.	0.	0.
13	Office expenses	13,534.	13,534.	0.	0.
14	Information technology	853.	853.	0.	0.
15	Royalties				
16	Occupancy	18,049.	18,049.	0.	0.
17	Travel	5,791.	5,791.	0.	0.
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	13,749.	13,749.	0.	0.
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	6,905.	6,905.	0.	0.
23		349.	349.	0.	0.
24	Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24f If line 24f amount exceeds 10% of line 25, column (A) amount, list line 24f expenses on Schedule O)				
a	AFFILIATE AFTER HOURS	3,080.	3,080.	0.	0.
	BAD DEBT	151.	151.	0.	0.
	BANK & CREDIT CARD FEES	5,377.	5,377.	0.	0.
	BANQUET	3,319.	3,319.	0.	0.
6	BOARD RETREAT	310.	310.	0.	0.
f	All other expenses	62,458.	62,458.	0.	0.
25	Total functional expenses. Add lines 1 through 24f	219,465.	219,465.	0.	0.
26	Joint costs. Check here SOP 98-2 (ASC 958-720) Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				
BAA					Form 990 (2010)

		Balance Sheet	TULON			721	oli/ Fage II
<u>ت</u>		.pg ========			(A)	Г	(8)
·					Beginning of year		End of year
	1	Cash – non-interest-bearing			106,076.	1	104,899.
	2	Savings and temporary cash investments			64,306.	2	74,255.
	3	Pledges and grants receivable, net		·		3	
	4	Accounts receivable, net			7,182.	4	15,058.
	_	·			1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1	,,98	
	5	Receivables from current and former officers, directors and highest compensated employees. Complete Part	s, truste II of Sch	es, key employees, ledule L .		5	
	6	Receivables from other disqualified persons (as define	ed under	section 4958(f)(1)),			
		persons described in section 4958(c)(3)(B), and contri sponsoring organizations of section 501(c)(9) voluntar	ibuting e v emplo	employers and evees' heneficiary	M. Carrier States	1 7/4	
		organizations (see instructions)	··	·		6	
A S E T S	7	Notes and loans receivable, net .				7	
E	8	Inventories for sale or use				8	
S	9	Prepaid expenses and deferred charges				9	
	10 a	Land, buildings, and equipment cost or other basis	1			12.15	Som in the sale
	104	Complete Part VI of Schedule D	10 a	354,879.			
	b	Less. accumulated depreciation	10b	82,606.	279,179.	10 c	272,273.
	11	Investments — publicly traded securities .				11	
	12	Investments – other securities. See Part IV, line 11				12	
	13	Investments - program-related See Part IV, line 11				13	
	14	Intangible assets .				14	
	15	Other assets. See Part IV, line 11			2,150.	15	2,200.
	16	Total assets. Add lines 1 through 15 (must equal line	34)	<u> </u>	458,893.	16	468,685.
	17	Accounts payable and accrued expenses			49,033.	17	36,446.
	18	Grants payable .			4,973.	18	3,661.
	19	Deferred revenue			,	19	
Ĺ	20	Tax-exempt bond liabilities				20	
A B	21	Escrow or custodial account liability. Complete Part I	V of Sch	edule D		21	
Ļ	22	Payables to current and former officers, directors, trus	stees, ke	ey employees,			
Ţ		highest compensated employees, and disqualified per	sons. Co	omplete Part II		32	لسكنفشنسسسك
E	22	of Schedule L	ed porte	•		22	
5		Secured mortgages and notes payable to unrelated the Unsecured notes and loans payable to unrelated third	-	2 S	90 930	24	77 276
	25	Other liabilities Complete Part X of Schedule D	parties		89,830.	25	77,376.
	26	Total liabilities. Add lines 17 through 25	•	•	143,836.	26	117,483.
_	20	Organizations that follow SFAS 117, check here	ا م	d complete lines	143,630.	20	##\$\\\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
E		27 through 29 and lines 33 and 34.		i complete illes			
_	27	Unrestricted net assets .				27	hite and the same and the same and the
Ş	28	Temporarily restricted net assets	•	•		28	
ASSETS	29	Permanently restricted net assets				29	
O R	23	Organizations that do not follow SFAS 117, check her	ro >	X and complete	**************************************	23	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
- 1		lines 30 through 34.		And complete			
F UZ D	30	Capital stock or trust principal, or current funds .				30	
- 1	31	Paid-in or capital surplus, or land, building, or equipme	ent fund	,		31	
Ĕ	32	Retained earnings, endowment, accumulated income,			315,057.	32	351,202.
BALANCES	33	Total net assets or fund balances	51 GU161	rui luo	315,057.	33	351,202.
Ě	34	Total liabilities and net assets/fund balances			458,893.	34	468,685.
		rotal natinites and net assets/fund balances		•	±30,033.	·	1 400,000.

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Form **990** (2010)

For	m 990 (2010) MONTROSE ASSOCIATION OF REALTORS 23-72	16117	Pa	ge 12
Pã	Reconciliation of Net Assets			
٠.	Check if Schedule O contains a response to any question in this Part XI			
	1	1		
1	Total revenue (must equal Part VIII, column (A), line 12)	1	255,6	
2	- Total expenses (mast equal tart in fortal in	2	219,4	65.
3	Revenue less expenses Subtract line 2 from line 1	3	36,1	
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	315,0)57 <u>.</u>
5	Other changes in net assets or fund balances (explain in Schedule O)	5		
6	Net assets or fund balances at end of year Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))	6	351,2	202.
Pä	irt(XII) Financial Statements and Reporting			_
	Check if Schedule O contains a response to any question in this Part XII			\Box
1	Accounting method used to prepare the Form 990. X Cash Accrual Other If the organization changed its method of accounting from a prior year or checked 'Other,' explain in Schedule O a Were the organization's financial statements compiled or reviewed by an independent accountant?		Yes	No
			2b	
	 b Were the organization's financial statements audited by an independent accountant? c If 'Yes' to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the aureview, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O 	udit,	20	X
	d If 'Yes' to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued or separate basis, consolidated basis, or both. X Separate basis Consolidated basis Both consolidated and separate basis	ıa		
3	Ba As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	e 3	Ba	Х
	b If 'Yes,' did the organization undergo the required audit or audits? If the organization did not undergo the required are sufficiently applied to an explain why in Schodule O and describe any steps taken to undergo such audits.	audit	,	

Form **990** (2010)

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TEEA0112 12/21/10

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service Name of the organization

Supplemental Financial Statements

Complete if the organization answered 'Yes,' to Form 990,
Part IV, lines 6, 7, 8, 9, 10, 11, or 12.

Attach to Form 990. ► See separate instructions.

OMB No 1545-0047 Openito Public

Employer identification number

					02 7016117	
	NTROSE ASSOCIATION OF REALTOR		au Cimilau Funda		23-7216117	o if
Pa	Organizations Maintaining Dono the organization answered 'Yes'	to Form 990 Part IV June	er Similar Funds - 6	or Acc	ounts. Complet	e II
	the organization answered Tes			4.1	F 1 1 11 11 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
_		(a) Donor advised	funds	(b) i	Funds and other acc	ounts
1	Total number at end of year .					
2	Aggregate contributions to (during year)					
3	Aggregate grants from (during year)					
4	Aggregate value at end of year .					
5	Did the organization inform all donors and dor funds are the organization's property, subject			advised	Yes	☐ No
6	Did the organization inform all grantees, dono used only for charitable purposes and not for purpose conferring impermissible private bene	the benefit of the donor or dono	ig that grant funds ca or advisor, or for any	n be other	∏Yes	□No
Da	rt III Conservation Easements. Comp		newered 'Ves' to	Form C		
<u> </u>		· · · · · · · · · · · · · · · · · · ·) FOITH 5	750, Fait IV, IIIIe	· · · · · · · · · · · · · · · · · · ·
1		•	L		-11	
	Preservation of land for public use (e g , r	ecreation or education)	 - 		ally important land a	irea
	Protection of natural habitat		Preservation of a	certinea	mistoric structure	
_	Preservation of open space Complete lines 2a through 2d if the organization			form of a	annoniation accom	ant on the
2	last day of the tax year	on heid a qualified conservation	- Contribution in the	Permitted	Held at the End of the	
	a Total number of conservation easements			2a	neid at the Lind of d	ile Tax Teal
		· · · · · · · · · · · · · · · · · · ·	•	2 b		
	b Total acreage restricted by conservation ease		ın (a)	2c		
	c Number of conservation easements on a certif		` '	20		
(d Number of conservation easements included is structure listed in the National Register		•	2d		
3	Number of conservation easements modified, tax year ►	transferred, released, extinguis	shed, or terminated b	y the orga	anization during the	
4	Number of states where property subject to co	onservation easement is located	」 ►			
5	Does the organization have a written policy re and enforcement of the conservation easemer	garding the periodic monitoring its it holds?	i, inspection, handlin	g of violat	tions, Yes	☐ No
6	Staff and volunteer hours devoted to monitoring	ng, inspecting, and enforcing co	onservation easemen	ts during	the year	
7	Amount of expenses incurred in monitoring, in ► \$	nspecting, and enforcing conse	vation easements du	uring the y	vear ear	
8	Does each conservation easement reported or 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?	n line 2(d) above satisfy the rec	quirements of section	ı	Yes	No
9	In Part XIV, describe how the organization rep include, if applicable, the text of the footnote t conservation easements.	oorts conservation easements is the organization's financial s	n its revenue and exp tatements that descri	pense stat bes the o	tement, and balance rganization's accour	sheet, and nting for
Păi	Organizations Maintaining Collections Complete if the organization and	ections of Art, Historical swered 'Yes' to Form 990	Treasures, or O , Part IV, line 8.	ther Sin	nilar Assets.	
	a If the organization elected, as permitted under art, historical treasures, or other similar assets in Part XIV, the text of the footnote to its finan	SFAS 116 (ASC 958), not to r s held for public exhibition, edu	eport in its revenue s ication, or research ii	statement	and balance sheet v	works of e, provide,
i	o If the organization elected, as permitted under historical treasures, or other similar assets he following amounts relating to these items:	SFAS 116 (ASC 958), to repoild for public exhibition, education	rt in its revenue state on, or research in fur	ement and therance	l balance sheet work of public service, pro	s of art, ovide the
	(i) Revenues included in Form 990, Part VIII,	line 1			- \$	
	(ii) Assets included in Form 990, Part X	•			≻ \$	
2	If the organization received or held works of a amounts required to be reported under SFAS	rt, historical treasures, or other 116 (ASC 958) relating to these	similar assets for fire items:	nancial ga	in, provide the follow	ving
a	Revenues included in Form 990, Part VIII, line	· · · · -			► \$	
	Assets included in Form 990, Part X				. ►\$	

Description of investment	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land	49,832.			49,832.
b Buildings				
c Leasehold improvements				
d Equipment				
e Other	305,047.	·	82,606.	222,441.
Total. Add lines 1a through 1e (Column (d) must e	qual Form 990, Part X, col	umn (B), line 10(c))	. •	272,273.

BAA

Schedule **D** (Form 990) 2010

Total. (Column (b) must equal Form 990, Part X, column (B) line 25)

2. FIN 48 (ASC 740) Footnote In Part XIV, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740).

(8) (9) (10) (11)

Sche	dule D (Form 990) 2010 MONTROSE ASSOCIATION OF REALTORS	23-7216117	Page 4
Par	t XIX Reconciliation of Change in Net Assets from Form 990 to Audited Financial Statements		
1	Total revenue (Form 990, Part VIII,column (A), line 12)		
2	Total expenses (Form 990, Part IX, column (A), line 25)		
3	Excess or (deficit) for the year Subtract line 2 from line 1		
4	Net unrealized gains (losses) on investments		
	Donated services and use of facilities	·	
5			
6	Investment expenses		
7	Prior period adjustments		
8	Other (Describe in Part XIV)		
9	Total adjustments (net) Add lines 4 through 8	•	
10	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9	<u></u>	
Pär	t XII Reconciliation of Revenue per Audited Financial Statements With Revenue pe	er Return	
1	Total revenue, gains, and other support per audited financial statements	1	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
а	Net unrealized gains on investments 2a		
ь	Donated services and use of facilities		
c	Recoveries of prior year grants		
	Other (Describe in Part XIV) 2d		
	Add lines 2a through 2d	2e	
	Subtract line 2e from line 1	3	·····
	1 1		
	Amounts included on Form 990, Part VIII, line 12, but not on line 1.	3.6	
	Investments expenses not included on Form 990, Part VIII, line 7b		
	Other (Describe in Part XIV.)		
	Add lines 4a and 4b	4c	
	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	
	t XIII Reconciliation of Expenses per Audited Financial Statements With Expenses	per Return	
1	Total expenses and losses per audited financial statements	1	
2	Amounts included on line 1 but not on Form 990, Part IX, line 25.		
а	Donated services and use of facilities 2a		
b	Prior year adjustments 2b		
c	Other losses 2c		
d	Other (Describe in Part XIV.)		
	Add lines 2a through 2d	2e	
3	Subtract line 2e from line 1	. 3	
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:	1,30	
а	Investments expenses not included on Form 990, Part VIII, line 7b 4a		
	Other (Describe in Part XIV)		
	Add lines 4a and 4b	4c	
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)	5	
	XIV Supplemental Information		
Part '	olete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part V, line 4, Part X, line 2, Part XI, line 8, Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b Also compidditional information	IV, lines 1b and 2b; lete this part to provide	

23-7216117

Schedule D (Form 990) 2010 MONTROSE ASSOCIATION OF REALTORS Part XIV Supplemental Information (continued)	23-7216117	Page 5
, Supplemental information (continued)		
		_
		- -
	 	
		
		_
		
		_ _
		
		_ _

SCHEDULE O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

OMB No 1545-0047

2010

Department of the Treasury Internal Revenue Service

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.

► Attach to Form 990 or 990-EZ.

Open to Public

Name of the organization	Employer identification number
	23-7216117
MONTROSE ASSOCIATION OF REALTORS	23-7216117
Pt VI-A, Line 7a The members elect the governing body	
Pt VI-B, Line 12c The board regularly meets to discuss all operation	ns and monitors conflicts
Pt VI-C, Line 19 Yes, these documents are all available to anyon	e who asks
Pt vi-c, Line 19 les, these documents are all available to anyon	E MIO 8272
Pt_VI-A, Line 6 Members only	
Pt VI-B, Line 11a Prior to filing, the Executive Director and the	BOD review the return
	
	
	
•	

Department of the Treasury

Depreciation and Amortization (Including Information on Listed Property)

OMB No 1545-0172

interna	al Revenue Service (99)	- See s	eparate instructions.	- Attach to you	ar tax return.			Sequence No O7
	(s) shown on return			<u>.</u>	-		- 1	ntifying number
	TROSE ASSOCIATI		RS				_ 23	3-7216117
	ess or activity to which this form re							
	m 990 / Form 99		D	-4: 170				
Par	t I Election To E	xpense Certain i anv listed property.	Property Under Secomplete Part V before	ction 179 vou complete Pai	rt I.			
1	Maximum amount (see ii			<i>yea earn,</i>			1	
2	Total cost of section 179	•	envice (see instructions	`			2	
3	Threshold cost of section		•	•	•	• •	3	
4	Reduction in limitation.			•			4	
5	Dollar limitation for tax y		•		arried filing			
J	separately, see instruction		5					
6		(a) Description of property		(b) Cost (business	use only)	(C) Elected cos	t	
								Line Control
7	Listed property. Enter the	e amount from line 2			7			
8	Total elected cost of sec			c), lines 6 and 7			8	
9	Tentative deduction Ent	er the smaller of line	5 or line 8			•	9	
10	Carryover of disallowed		_				10	
11	Business income limitati		•		•	ınstrs)	11	
12	Section 179 expense dec						12	1 1 2 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
	Carryover of disallowed				<u>►</u> 13			
	: Do not use Part II or Pa		· · · · · · · · · · · · · · · · · · ·					
Par	t II Special Depre	ciation Allowan	ce and Other Depr	eciation (Do no	t include listed	d property.)	(See I	nstructions)
14	Special depreciation allo	wance for qualified p	property (other than liste	ed property) place	d in service di	uring the		
	tax year (see instruction	s)		,	•	•	14	
15	Property subject to section	on 168(f)(1) election					15	
	Other depreciation (inclu			•	-		16	
Par	t III MACRS Depr	eciation (Do not in	nclude listed property) ((See instructions)				
			Section	on A				
17	MACRS deductions for a	ssets placed in servi	ce in tax years beginnir	ng before 2010		•	17	6,905
18	If you are electing to gro asset accounts, check he		d in service during the t	ax year into one o	or more genera	al ► []		
	Section	B - Assets Placed	in Service During 2010	Tax Year Using t	he General De	preciation S	Syste	m
	(a)	(b) Month and	(C) Basis for depreciation (business/investment use	(d)	(e)	(f)		(g) Depreciation
	Classification of property	year placed in service	only — see instructions)	Recovery period	Convention	Method		deduction
19 a	3-year property							
	3-year property							
b	5-year property							
b c	5-year property 7-year property							
c d	5-year property 7-year property 10-year property							
d e	5-year property 7-year property 10-year property 15-year property							
d e f	5-year property 7-year property 10-year property 15-year property 20-year property			25 vrs		S/I.		
d d e f	5-year property 7-year property 10-year property 15-year property 20-year property 25-year property			25 yrs	MM	S/L		
d d e f	5-year property 7-year property 10-year property 20-year property 25-year property Residential rental			27.5 yrs	MM	S/L		
d e f g	5-year property 7-year property 10-year property 15-year property 20-year property 25-year property Residential rental property			27.5 yrs 27.5 yrs	MM	S/L S/L		
d e f g	5-year property 7-year property 10-year property 20-year property 25-year property Residential rental property Nonresidential real			27.5 yrs	MM MM	S/L S/L S/L		
d e f g	5-year property 7-year property 10-year property 20-year property 25-year property Residential rental property Nonresidential real property		Sanda During 2010 T	27.5 yrs 27.5 yrs 39 yrs	MM MM MM	S/L S/L S/L		
d e f g	5-year property 7-year property 10-year property 15-year property 20-year property 25-year property Residential rental property Nonresidential real property Section C	— Assets Placed in	Service During 2010 T	27.5 yrs 27.5 yrs 39 yrs	MM MM MM	S/L S/L S/L S/L Depreciation	Syst	em
de e f g h	5-year property 7-year property 10-year property 20-year property 25-year property Residential rental property Nonresidential real property Section C	— Assets Placed in	Service During 2010 T	27.5 yrs 27.5 yrs 39 yrs ax Year Using the	MM MM MM	S/L S/L S/L S/L SPepreciation S/L	ı Syst	em
d e f g h	5-year property 7-year property 10-year property 15-year property 20-year property 25-year property Residential rental property Nonresidential real property Section C		Service During 2010 T	27.5 yrs 27.5 yrs 39 yrs	MM MM MM	S/L S/L S/L S/L Depreciation	Syst	em

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

21 Listed property. Enter amount from line 28

23

21

Page 2

Part Value Listed Property (Include automobiles, certain other vehicles, 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,

		(a) through (c)								y ica.						
		n A — Deprecia				aution: S								mobiles	_	<u> </u>
24:	a Do you have eviden	T	T				Yes	\perp	No 24b				1		Yes	No
Ту	(a) /pe of property (list vehicles first)	(b) Date placed in service	(C) Business/ investment use percentage	Cos	d) st or basis	(busin	(e) for deprect ess/investr use only)	ation ment		(f) (g) Recovery Method/ period Convention			(h) Depreciation deduction		(i) Elected section 179 cost	
25	Special depreci	ation allowance 50% in a qual	for qualified	listed pro	operty pla	aced in s	service (durın	g the tax	year	and	25				
_26	Property used r	nore than 50%	ın a qualified	business	use	.,			,		r		,			
	··		ļ			-		_	}							
			 			<u> </u>							 			
-27	Property used 5	0% or less in a	qualified but	TIDACE LIC		J	-		J		l	<u>-</u>	<u> </u>			
	r toperty used 5	0 % 01 less 11 a	quaimeu bu	siriess usi	<u>-</u>	T			T						e Kris	در (۱۳۶۲)
			<u> </u>		_				-				· · · · · ·			
]	. · . · . · . · . · . · . · . · . · . ·
28	Add amounts in	column (h), lin	es 25 throug	h 27. Ente	er here a	nd on lir	ne 21, pa	age '	ī			28			<u> </u>	·
_29	Add amounts in	column (i), line	e 26 Enter h											. 29		
					B – Info											
	iplete this section our employees, fi															ıcles
to ye		15t allswel tile				i -		T		Tiplet			7		7	·
30	Total business/				(a) hicle 1	,	b) icle 2	,	(c) Vehicle 3	.	(d Vehic	•	Vehi	e) cle 5	(f) Vehicle 6	
	during the year commuting mile		;	70.	THEIC T	Ven	icio z	†	V CITICIC O			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	1	510 0	V C.1.	1010 0
31	Total commuting m	•	he year					1								
32	Total other pers	sonal (noncomn	nuting)						_							
33	miles driven Total miles driven during the year Add					-		-		-			-			
33	lines 30 through 32					T	-	1	_	1					1	
24	Mar . H I . I . I			Yes	No	Yes	No	Ye	es <u>N</u> o	-	Yes	No	Yes	No	Yes	No
34	Was the vehicle during off-duty l		ersonal use													
35	Was the vehicle than 5% owner	used primarily or related pers	by a more on?													
36	Is another vehic	cle available for														
		Section	C – Questio	ns for Em	ployers	Who Pro	ovide Ve	hick	es for Us	e by	Their E	Employ	ees		·	
	wer these question			an excep	tion to co	mpletin	g Sectio	n B	for vehic	les us	sed by	employ	ees who	are no	t more	than
37	Do you maintair by your employe	n a written polices?	y statement	that prohi	bits all pe	ersonal i	use of v	ehicl	es, includ	ding o	commu	iting,			Yes	No
38	Do you maintair employees? See	n a written police	y statement	that prohils used by	bits perso	onal use	of vehic	cles, tors	except c	omm	uting, e owne	by your				
39	Do you treat all			-	•		.,									
40	Do you provide vehicles, and re				yees, ob	taın ınfo	rmation	from	your em	ploye	ees ab	out the	use of the	ne		
41	Do you meet the Note: If your an	e requirements	concerning q	ualified a	utomobile	e demon	stration	use?	? (See in	struct	tions)	· 			<u> </u>	,r-
Par	_ <u></u>		33, 40, 01 41	15 705,						C, Cu						
1	c, vi j Amora	(a)		1	(b)		(c)		7	(d)		\top	(e)		(f)	
	Desc	cription of costs		Date a	mortization egins		Amortizable amount		Code section		Amortization period or percentage		, 1	Amortization for this year		
42	Amortization of	costs that begin	ns during you	r 2010 ta	x year (s	ee instru	uctions).	·		_						
				 					-			+				
43	Amortization of	costs that hear	an hefore voi	r 2010 ta	Y V93r					-		<u> </u>	43			
44	Total. Add amo	-	-		-	ere to re	port						. 44			
<u> </u>	2.2.17.00 0.110		., <u>200 mo</u>			0170812 10				•			<u> </u>	Fc	rm 456	2 (2010)