



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



Short Form  
Return of Organization Exempt From Income Tax

2010

Open to Public  
Inspection

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code  
(except black lung benefit trust or private foundation)

- Sponsoring organizations of donor advised funds, organizations that operate one or more hospital facilities, and certain controlling organizations as defined in section 512(b)(13) must file Form 990 (see instructions). All other organizations with gross receipts less than \$200,000 and total assets less than \$500,000 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

A For the 2010 calendar year, or tax year beginning

, 2010, and ending

B Check if applicable

- Address change
- Name change
- Initial return
- Terminated
- Amended return
- Application pending

C 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  
NumberG Accounting Method  Cash  Accrual Other (specify) ► \_\_\_\_\_

I Website: ► N/A

H Check ►  if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF)K Check ►  if the organization is not a section 509(a)(3) supporting organization and its gross receipts are normally not more than \$50,000. A Form 990-EZ or Form 990 return is not required though Form 990-N (e-postcard) may be required (see instructions). But if the organization chooses to file a return, be sure to file a complete return

L Add lines 5b, 6c, and 7b, to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets (Part II, line 25, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ ► \$ 157,807.

## Part I. Revenue, Expenses, and Changes in Net Assets or Fund Balances (See the instructions for Part I.)

Check if the organization used Schedule O to respond to any question in this Part I 

1 Contributions, gifts, grants, and similar amounts received	1
2 Program service revenue including government fees and contracts	2 90,209.
3 Membership dues and assessments	3 44,898.
4 Investment income	4 1,908.
5a Gross amount from sale of assets other than inventory	5a
b Less: cost or other basis and sales expenses	5b
c Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	5c
6 Gaming and fundraising events	
a Gross income from gaming (attach Schedule G if greater than \$15,000)	6a
b Gross income from fundraising events (not including \$ _____ of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000)	6b
c Less: direct expenses from gaming and fundraising events	6c
d Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)	6d
7a Gross sales of inventory, less returns and allowances	7a 20,792.
b Less: cost of goods sold	7b 16,763.
c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c 4,029.
8 Other revenue (describe in Schedule O)	8
9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8.	9 141,044.
10 Grants and similar amounts paid (list in Schedule O)	10
11 Benefits paid to or for members	11
12 Salaries, other compensation, and employee benefits	12 52,044.
13 Professional fees and other payments to independent contractors	13
14 Occupancy, rent, utilities, and maintenance	14 14,029.
15 Printing, publications, postage, and shipping	15
16 Other expenses (describe in Schedule O)	16 62,069.
17 Total expenses. Add lines 10 through 16	17 128,142.
18 Excess or (deficit) for the year (Subtract line 17 from line 9)	18 12,902.
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)	19 170,415.
20 Other changes in net assets or fund balances (explain in Schedule O)	20
21 Net assets or fund balances at end of year. Combine lines 18 through 20	21 183,317.

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

Form 990-EZ (2010)

18

**Part II** **Balance Sheets.** (see the instructions for Part II.)Check if the organization used Schedule O to respond to any question in this Part II 

	(A) Beginning of year	(B) End of year
22 Cash, savings, and investments	266,099.	230,993.
23 Land and buildings	23	
24 Other assets (describe in Schedule O) <u>SEE SCHEDULE O</u>	49,697.	24
25 Total assets	315,796.	25
26 Total liabilities (describe in Schedule O) <u>SEE SCHEDULE O</u>	145,381.	26
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	170,415.	27
	183,317.	

**Part III** **Statement of Program Service Accomplishments** (see the instrs for Part III.)Check if the organization used Schedule O to respond to any question in this Part III What is the organization's primary exempt purpose? SEE SCHEDULE O

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, and other relevant information for each program title

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 \$ ) If this amount includes foreign grants, check here	► <input type="checkbox"/>	28a	128,142.
29				
	(Grants \$ ) If this amount includes foreign grants, check here	► <input type="checkbox"/>	29a	
30				
	(Grants \$ ) If this amount includes foreign grants, check here	► <input type="checkbox"/>	30a	
31	Other program services (describe in Schedule O)			
	(Grants \$ ) If this amount includes foreign grants, check here	► <input type="checkbox"/>	31a	
32	Total program service expenses (add lines 28a through 31a)			► 32 128,142.

**Part IV** **List of Officers, Directors, Trustees, and Key Employees.** List each one even if not compensated (see the instructions for Part IV)Check if the organization used Schedule O to respond to any question in this Part IV 

(a) Name and address	(b) Title and average hours per week devoted to position	(c) Compensation (if not paid, enter -0-.)	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account and other allowances
DANIEL BUCK RT 1 BOX 20B IRONTON, MO 63621	PRESIDENT ELECT 0	0.	0.	0.
ADDIE DENNIS POGUE P O BOX 914 FARMINGTON, MO 63640	DIRECTOR 0	0.	0.	0.
WANDA SUCHARSKI 807 W LIBERTY FARMINGTON, MO 63640	TREASURER 0	0.	0.	0.
TINA LITTON 10064 STONE CREEK DRIVE POTOSI, MO 63664	SECRETARY 0	0.	0.	0.
WANDA MURPHY 8804 HWY E BONNE TERRE, MO 63628	DIRECTOR 0	0.	0.	0.
MARY GILLIAM 4939 SUGAR GROVE RD FARMINGTON, MO 63640	DIRECTOR 0	0.	0.	0.
CARLA DUVALL 304 S HARDING DESLOGE, MO 63601	DIRECTOR 0	0.	0.	0.
RUTH JOHNSON P O BOX 373 FARMINGTON, MO 63640	DIRECTOR 0	0.	0.	0.
WANDA SUCHARSKI 807 W LIBERTY FARMINGTON, MO 63640	DIRECTOR 0	0.	0.	0.
ELLEN JOAN GOVERO 4575 DAVIS CROSSING PARK HILLS, MO 63601	PRESIDENT 0	0.	0.	0.

**Part V: Other Information** (Note the statement requirements in the instructions for Part V.)Check if the organization used Schedule O to respond to any question in this Part V 

33. Did the organization engage in any activity not previously reported to the IRS? If 'Yes,' provide a detailed description of each activity in Schedule O

	Yes	No
33	X	

34. Were any significant changes made to the organizing or governing documents? If 'Yes,' attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O (see instructions)

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, explain in Schedule O 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 a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements?

35 a	X
------	---

b If 'Yes,' has it filed a tax return on Form 990-T for this year (see instructions)?

35 b	
------	--

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

37 a	X
------	---

b Did the organization file Form 1120-POL for this year?

37 b	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 tax year covered by this return?

38 a	X
------	---

b If 'Yes,' complete Schedule L, Part II and enter the total amount involved

38 b	N/A
------	-----

39. Section 501(c)(7) organizations. Enter

39 a	N/A
------	-----

a Initiation fees and capital contributions included on line 9

39 b	N/A
------	-----

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

40 a	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 did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If 'Yes,' complete Schedule L, Part I

40 b	
------	--

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

40 c	0
------	---

d Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax on line 40c reimbursed by the organization. ► 0

40 d	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

40 e	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 Telephone no ► 573-756-5576

Located at ► 400 N. WASHINGTON #111 FARMINGTON, MO ZIP + 4 ► 63640

42 a	573-756-5576
------	--------------

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)?

42 b	X
------	---

If 'Yes,' enter the name of the foreign country ►

42 b	
------	--

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.?

42 c	X
------	---

If 'Yes,' enter the name of the foreign country ►

42 c	
------	--

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 N/A

43	N/A
----	-----

43	N/A
----	-----

44a Did the organization maintain any donor advised funds during the year? If 'Yes,' Form 990 must be completed instead of Form 990-EZ

44 a	X
------	---

44 a	
------	--

b Did the organization operate one or more hospital facilities during the year? If 'Yes,' Form 990 must be completed instead of Form 990-EZ

44 b	X
------	---

44 b	
------	--

c Did the organization receive any payments for indoor tanning services during the year?

44 c	X
------	---

44 c	
------	--

d If 'Yes' to line 44c, has the organization filed a Form 720 to report these payments? If 'No,' provide an explanation in Schedule O

44 d	
------	--

45	Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)?	45	X
a	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,' Form 990 and Schedule R may need to be completed instead of Form 990-EZ (see inst.)	45a	X
46	Did the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition to candidates for public office? If 'Yes,' complete Schedule C, Part I	46	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 47-49b and 52, and complete the tables for lines 50 and 51.

Check if the organization used Schedule O to respond to any question in this Part VI.

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

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

**49a** Did the organization make any transfers to an exempt non-charitable related organization?  
**b** If 'Yes,' was the related organization a section 527 organization? 49a

**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' 49b

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

52 Did the organization complete Schedule A? Note All section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A ►  Yes  No

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

<b>Sign Here</b>	<i>Georgiana K. Bloom, Ex Officer</i> Signature of officer	<i>5/12/11</i> Date
	<i>Georgiana K. Bloom, Ex Officer</i> Type or print name and title	

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

BAA

►  Yes  No

**SCHEDULE O**  
(Form 990 or 990-EZ)

## Supplemental Information to Form 990 or 990-EZ

OMB No 1545-0047

2010

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.

Department of the Treasury  
Internal Revenue Service

---

**Name of the organization**

MINERAL AREA BOARD OF REALTORS, INC.

Employer identification number  
43-1190758

Open to Public  
Inspection

FORM 990-EZ, PART III - ORGANIZATION'S PRIMARY EXEMPT PURPOSE

## TO PROMOTE THE REAL ESTATE PROFESSION

## 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 ActivitiesPart 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 instructions)	1	500,000.00
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	2,000,000.00
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 <b>smaller</b> of line 5 or line 8	9	
10 Carryover of disallowed deduction from line 13 of your 2009 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 2011 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	3,655.78

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 2010	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 2010 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 2010 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	3,655.78
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	%	%	%	%	%	%	%	%
--	---	---	---	---	---	---	---	---

27 Property used 50% or less in a qualified business use	%	%	%	S/L-	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	
		Yes	No										
31													
32													
33													
34													
35													
36													

**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
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

(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 2010 tax year (see instructions):					
--	--	--	--	--	--

43 Amortization of costs that began before your 2010 tax year	43
44 Total. Add amounts in column (f). See the instructions for where to report	44

# 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
<u>ACRS and/or Other Depreciation</u>							
9	Side Chairs	7/01/04	193 00	151 64	S/L	7 0	27 57
10	Office Furniture	11/03/04	661 50	488.25	S/L	7 0	94 50
11	Coffee Pot	2/05/05	139 01	97 64	S/L	7.0	19 86
12	Phone	10/14/05	284.85	242 12	S/L	5 0	42 73
13	Laptop & Projector	1/30/06	3,144 49	2,463 19	S/L	5 0	628 90
14	Bookcases	1/17/06	145.05	81.15	S/L	7 0	20 72
15	Furniture	1/18/06	68.14	38 11	S/L	7 0	9.73
16	Risco-New Lockboxes	7/19/06	4,638 04	2,263 81	S/L	7 0	662 58
17	2 Computers	10/26/06	3,110 94	1,970 27	S/L	5 0	622 19
18	50 Redi-Safe Lockboxes	5/15/07	4,641 04	1,768 02	S/L	7 0	663 01
19	Vacuum Cleaner	10/15/07	87 77	39 49	S/L	5 0	17 55
20	(2) BSX Chairs	5/23/08	242.98	54 96	S/L	7 0	34 71
21	Hon Office Furniture	6/27/08	2,407 06	515 80	S/L	7 0	343 87
22	Canon Copy Machine	2/18/09	1,759.59	293 27	S/L	5 0	351 92
23	Refrigerator	8/18/09	194.34	9 25	S/L	7 0	27 76
24	Computer	6/01/10	755.81	0 00	S/L	5 0	88 18
			<u>22,473 61</u>				<u>3,655 78</u>

2010

## SCHEDULE O - SUPPLEMENTAL INFORMATION

PAGE 2

CLIENT 4353

MINERAL AREA BOARD OF REALTORS, INC.

43-1190758

5/12/11

05 05PM

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

AWARDS & GIFTS	\$ 1,068.
COMMITTEE EXPENSES	881.
CONFERENCES, CONVENTIONS, AND MEETINGS	14,130.
DEPRECIATION	3,656.
EQUIP LEASE & MAINT	258.
LOCK BOX KEY RENTAL	5,798.
MISCELLANEOUS	111.
MULTIPLE LISTING SERVICE	24,752.
OFFICE EXPENSE	5,050.
PROFESSIONAL SERVICES	6,365.
TOTAL	\$ 62,069.

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

	BEGINNING	ENDING
ACCOUNTS RECEIVABLE	\$ 48,825.	\$ 49,091.
INVENTORIES	0.	5,551.
RENT SECURITY DEPOSIT	872.	872.
TOTAL	\$ 49,697.	\$ 55,514.

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

	BEGINNING	ENDING
ACCOUNTS PAYABLE AND ACCRUED EXPENSES	\$ 4,860.	\$ 2,790.
DEFERRED REVENUE	73,549.	53,462.
DUES PAYABLE	57,019.	45,760.
KEY DEPOSITS	7,564.	0.
PAYROLL TAX LIABILITIES	2,389.	1,178.
TOTAL	\$ 145,381.	\$ 103,190.

## DEPRECIATION SUMMARY

Asset	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
<b>Group: Furniture &amp; Equipment</b>										
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	1,594 76	0 00	1,594 76	0 00
9	Side Chairs	7/01/04	S/L	7 0	193 00	0 00	151 64	27 57	179 21	13 79
10	Office Furniture	11/03/04	S/L	7 0	661 50	0 00	488 25	94 50	582 75	78 75
11	Coffee Pot	2/05/05	S/L	7 0	139 01	0 00	97 64	19 86	117 50	21 51
12	Phone	10/14/05	S/L	5 0	284 85	0 00	242 12	42 73	284 85	0 00
13	Laptop & Projector	1/30/06	S/L	5 0	3,144 49	0 00	2,463 19	628 90	3,092 09	52 40
14	Bookcases	1/17/06	S/L	7 0	145 05	0 00	81 15	20 72	101 87	43 18
15	Furniture	1/18/06	S/L	7 0	68 14	0 00	38 11	9 73	47 84	20 30
16	Risco-New Lockboxes	7/19/06	S/L	7 0	4,638 04	0 00	2,263 81	662 58	2,926 39	1,711 65
17	2 Computers	10/26/06	S/L	5 0	3,110 94	0 00	1,970 27	622 19	2,592 46	518 48
18	50 Redi-Safe Lockboxe	5/15/07	S/L	7 0	4,641 04	0 00	1,768 02	663 01	2,431 03	2,210 01
19	Vacuum Cleaner	10/15/07	S/L	5 0	87 77	0 00	39 49	17 55	57 04	30 73
20	(2) BSX Chairs	5/23/08	S/L	7 0	242 98	0 00	54 96	34 71	89 67	153 31
21	Hon Office Furniture	6/27/08	S/L	7 0	2,407 06	0 00	515 80	343 87	859 67	1,547 39
22	Canon Copy Machine	2/18/09	S/L	5 0	1,759 59	0 00	293 27	351 92	645 19	1,114 40
23	Refrigerator	8/18/09	S/L	7 0	194 34	0 00	9 25	27 76	37 01	157 33
24	Computer	6/01/10	S/L	5 0	755 81	0 00	0 00	88 18	88 18	667 63
<b>Furniture &amp; Equipment</b>				<b>35,578 51</b>	<b>0 00</b>	<b>23,581 87</b>	<b>3,655 78</b>	<b>27,237 65</b>	<b>8,340 86</b>	
<b>Grand Total</b>				<b>35.578 51</b>	<b>0 00</b>	<b>23,581 87</b>	<b>3,655 78</b>	<b>27,237 65</b>	<b>8,340 86</b>	