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efile GRAPHIC print - DO NOT PROCESS

A For the 2010 calendar year, or tax year beginning 01-01-2010

C Name of organization

SALINA BOARD OF REALTORS INC

As Filed Data -

Number and street (or P O box, if mail is not delivered to street address) Room/suite

DLN: 93492119006091

D Employer identification number

48-6117146

E Telephone number

OMB No 1545-1150

Form 990-EZ

Department of the Treasury Internal Revenue Service

Check if applicable

Address change

Name change

## **Short Form Return of Organization Exempt From Income Tax** Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code

(except black lung benefit trust or private foundation) Sponsoring organizations of donor advised funds, 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

and ending 12-31-2010

**Open to Public** Inspection

Form **990-EZ** (2010)

_	ntial ret		210 S OHIO		/705	C) 02E 460	7
_	erminat		Characteristic and 710 + 4			5) 825-460	/
_		d return	City or town, state or country, and ZIP + 4 SALINA, KS 67401		<b>F</b> Group Exem Number <b>►</b>	ption	
I A	pplication	on pending					
		ting method	Cash Accrual Other (specify) ►		H Check ►	f if the o	organization is <b>not</b>
J Tax	-Exem	pt status(check	only one)— 501(c)(3) 501(c)(6) ◀(insert no ) 4947(a)(1) or 5	527	required to	attach S	_
\$5	0,000	0 A Form 990	inization is not a section 509(a)(3) supporting organization <b>and</b> i -EZ or Form 990 return is not required though Form 990-N (e-po to file a return, be sure to file a complete return				
L Add		5b, 6c, and 7b, to Form 990 instead	line 9 to determine gross receipts, If gross receipts are \$200,000 or more, or it of Form 990-EZ	f total as:	sets (Part II, line 25, ►\$	column (B	) below) are \$500,000 or 129,795
Pa	rt I		e, Expenses, and Changes in Net Assets or Fund Ba e organization used Schedule O to respond to any question in thi			uctions fo	or Part I)
	1	Contribution	s, gifts, grants, and similar amounts received			1	
	2	Program serv	vice revenue including government fees and contracts			2	680
	3	Membership	dues and assessments			3	67,635
	4	Investment	ncome			4	1,426
	5a	Gross amour	nt from sale of assets other than inventory	5a			
<u>a</u>	ь	Less cost o	rother basis and sales expenses	5b		0	
Revenue	c c	Gain or (loss	) from sale of assets other than inventory (Subtract line 5b from	line 5a)		5c	
ξ.	6	Gaming and	fundraising events				
	a	Gross income fr	om gaming (attach Schedule G if greater than \$15,000)	6a			
	ь		e from fundraising events (not including \$ <u>0</u> of contributions from ine 1) (attach Schedule G if the sum of such gross income and co		-		
	c	Less direct	expenses from gaming and fundraising events	6с		О	
	d	Net income o	or (loss) from gaming and fundraising events (Add lines 6a and 6	b and su	ıbtract line 6c)	6d	0
	7a	Gross sales	of inventory, less returns and allowances	7a	5	22	
	ь	Less cost o	fgoods sold	7b	6	39	
	c	Gross profit	or (loss) from sales of inventory (Subtract line 7 b from line 7 a)			7c	-117
	8	O ther revenu	ue (describe in Schedule O )			8	59,532
	9	Total revenu	<b>e.</b> Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8			9	129,156
	10	Grants and s	ımılar amounts paıd (lıst ın Schedule O)			10	32,332
	11	Benefits paid	I to or for members			11	
	12	Salaries, oth	er compensation, and employee benefits			12	58,429
ů,	13	Professional	fees and other payments to independent contractors			13	2,102
Expenses	14	Occupancy,	rent, utilities, and maintenance			14	6,759
읈	15	Printing, pub	lications, postage, and shipping			15	276
_	16	Other expen	ses (describe in Schedule O)			16	30,733
	17	Total expens	ses. Add lines 10 through 16			17	130,631
<u></u>	18	Excess or (d	eficit) for the year (Subtract line 17 from line 9)			18	-1,475
e P	19	Net assets o	or fund balances at beginning of year (from line 27, column (A)) (r	nust agı	ree with		
Net.Assets		end-of-year	figure reported on prior year's return)			19	92,015
ž	20	O ther chang	es ın net assets or fund balances (explain in Schedule O) .			20	
	21	Net assets o	r fund balances at end of year Combine lines 18 through 20 .			21	90,540

For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions. Cat No 10642I

Part II Balance Sheets Check if the organization used	Schedule O to respond to	any guestion in t	his Pa	rt II		
Check if the organization asec	Schedule o to respond to	uny question in t			•	,
(See the instruc	tions for Part II)		(A)	Beginning of year		(B) End of year
22 Cash, savings, and investments .				106,111	22	107,058
23 Land and buildings				73,285	23	70,357
24 Other assets (describe in Schedule O	)			1,176	24	2,213
25 Total assets				180,572	25	179,628
26 Total liabilities (describe in Schedule	0)			88,557	26	89,088
27 Net assets or fund balances (line 27 o	f column (B) <b>must</b> agree wit	th line 21) .		92,015	<del></del>	90,540
Check if the organization used What is the organization's primary exempt STRIVE TO ENSURE COMPETENCY AND RELATIONSHIP BETWEEN REALTORS A	Schedule O to respond to purpose? PROFESSIONALISM OF ND CONSUMERS	any question in t	STRE	NGTHEN THE	(c) org 49	Expenses equired for section 501 (3) and 501(c)(4) anizations and section 47(a)(1) trusts, ional for others)
Describe what was achieved in carrying ou describe the services provided, the numbe program title  28 ENSURE COMPETENCY & PROFESSION	r of persons benefited, and NALISM AMONG REALTO	other relevant in	format	ion for each		
(Grants \$ ) If the	s amount includes foreign	grants, check hei	re .	<u>· • ► ┌ </u>	28a	
30	s amount includes foreign of			,	29a 30a	
<b>31</b> O ther program services (describe in Sc (Grants \$ ) If the	hedule O) s amount includes foreign i	 grants, check hei	re .		31a	
32 Total program service expenses (add lin	es 28a through 31a) .		•	<u></u> ▶	32	
Part IV List of Officers, Directors, Tru					struction	ns for Part IV)
Check if the organization used	(b) Title and average hours per week devoted to position	(c) Compensa (If not paid enter -0)	ition <b>d,</b>	(d) Contributions employee benefit p deferred compens	lans 8	(e) Expense account and other allowances
See Additional Data Table						

Pa	rt V	Other Information (Note the statement requirements in the instr	uctions for Part V.)			ruge
		Check if the organization used Schedule O to respond to any question in this	· –			
		, , ,			Yes	No
33		e organization engage in any activity not previously reported to the IRS? If "Y otion of each activity in Schedule O		33		No
34	of the a	ny significant changes made to the organizing or governing documents? If "Y amended documents if they reflect a change to the organization's name Othe ule O (see instructions)		34		No
35	others	organization had income from business activities, such as those reported on l ), but <b>not</b> reported on Form 990-T, explain in Schedule O why the organization of the control of the contro	, , ,			
а		e organization have unrelated business gross income of \$1,000 or more or wa or 501(c)(6) organization subject to section 6033(e) notice, reporting, and p	* * * * * * * * * * * * * * * * * * * *	35a	Yes	
b	If"Yes	," has it filed a tax return on <b>Form 990-T</b> for this year? (see instructions) .		35b	Yes	
36		e organization undergo a liquidation, dissolution, termination, or significant dis ar? If "Yes," complete applicable parts of Schedule N	•	36		No
37a	Enter an	nount of political expenditures, direct or indirect, as described in the instructions	37a			
b	Did the	e organization file <b>Form 1120-POL</b> for this year?		37b		Νo
38a	Did the	e organization borrow from, or make any loans to, any officer, director, trustee	, or key employee <b>or</b> were			
	any su	ch loans made in a prior year and still outstanding at the end of the tax year c	overed by this return?	38a		Νo
b		," complete Schedule L, Part II and enter the total amount involved .	38b	4		
39		501(c)(7) organizations. Enter				
		on fees and capital contributions included on line 9	39a 0	-		
		receipts, included on line 9, for public use of club facilities	39b C	<u>'</u>		
40a		<i>501(c)(3) organizations .</i> Enter amount of tax imposed on the organization duri 4911 ►, section 4912 ►, section 4955 ■, section 4955				
b	Section transa	to 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section during the year or did it engage in an excess benefit transaction in a priced on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, P	tion 4958 excess benefit or year that has not been	40b		
c		n 501(c)(3) and 501(c)(4) organizations Enter amount of tax imposed on org lified persons during the year under sections 4912, 4955, and 4958	anization managers or			
d		n 501(c)(3) and 501(c)(4) organizations Enter amount of tax on line 40c rein zation	mbursed by the			
	transa	anizations. At any time during the tax year, was the organization a party to a p ction? If "Yes," complete Form 8886-T		40e		No
		states with which a copy of this return is filed		<b>.</b>		
42a	The or	rganization's books are in care of responsible.  210 S OHIO	Telephone no	<b>►</b> (78	5)825	-4607
	Locate	ed at F SALINA, KS	ZIP + 4	<u>6</u>	7401	
b		time during the calendar year, did the organization have an interest in or a si financial account in a foreign country (such as a bank account, securities acc	•		Yes	No
	accour	nt)?		42b		Νo
		," enter the name of the foreign country 🕨				
	Financ	e instructions for exceptions and filing requirements for <b>Form TD F 90-22.1, Re</b> ial Accounts.				
С	Atany	time during the calendar year, did the organization maintain an office outside	of the US?	42c		No
	If "Yes	," enter the name of the foreign country  🕨				
		n 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of <b>Form 1</b> er the amount of tax-exempt interest received or accrued during the tax year		• •		►I —
44a	Did the	e organization maintain any donor advised funds? <i>If "Yes", Form 990 must be c</i> o	ompleted instead of	44a	Yes	No No
b	Did the	e organization operate one or more hospital facilities during the year? <i>If 'Yes,'</i> I of Form990-EZ	Form 990 must be completed			
c		e organization receive any payments for indoor tanning services during the ye	ar?	44b		No
d		to line 44c, has the organization filed a Form 720 to report these payments?	If 'No,' provide an explanation	44c		No
	ın Sche	dule O		44d		No

orm 990-	EZ (2010)						24	Page
					_ ,, , , , _ ,		Yes	No
	ny related organization a controlle 'Form 990 and Schedule R must be		<del>-</del>	fsection 512	2(b)(13)? <i>If</i>	45		No
	the organization receive any payn ning of section 512(b)(13)? <i>If 'Ye</i>		•			45a		No
	the organization engage, directly			ehalf of or In	opposition to	46		
Part VI	•			exempt c	haritable tri		only.	No
	All section 501(c)(3) organ 47-49b and 52.							stions
	Check if the organization used	l Schedule O to respond	to any question in this P	Part VI .		<del></del>	 Yes	No
						47	103	140
<b>7</b> Did t	he organization engage in lobbyir	ng activities? If "Yes," co	omplete Schedule C, Pai	rt II		47		
<b>8</b> Is th	ie organization a school describei	d in section 170(b)(1)(A	)(II)? If "Yes," complete S	Schedule E		48		
	the organization make any transfe			tion?		49a		
<b>b</b> If "Y	es," was the related organization	a section 527 organizat	ion?			49b		
	plete this table for the organization of the contraction of the contract of the contract the contract of the c							
<b>(a)</b> Name	e and address of each employee	(b) Title and average	(a) Companyation		ributions to	-	e) Exper	
pa	aid more than \$100,000	hours per week devoted to position	(c) Compensation		oenefit plans & ompensation		r allowa	
ONE								
<b>50(f)</b> Tot	tal number of other employees pa	ıd over \$100,000 .				•		
<b>1</b> Com	plete this table for the organization	on's five highest compen		· ·	▶	•	an \$100	0,000
<b>1</b> Com	plete this table for the organization	on's five highest compen n If there is none, enter '	'None "	1			-	
of co (a) N	plete this table for the organization	on's five highest compen n If there is none, enter '	'None "	1	of service		an \$100 Compens	
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61 Com of co (a) N	plete this table for the organization	on's five highest compen n If there is none, enter '	'None "	1			-	
of composition (a) N	plete this table for the organization	on's five highest compen n If there is none, enter ' ndent contractor paid mo	'None " re than \$100,000	1			-	
(a) NONE	plete this table for the organization impensation from the organization lame and address of each independent of the organization complete Sche	on's five highest compen  If there is none, enter '  ndent contractor paid mo  contractors each receiving	'None " re than \$100,000  g over \$100,000	<b>(b)</b> Type	of service	(c) C	ompen	sation
(a) NONE	plete this table for the organization impensation from the organization lame and address of each independent of the organization complete Schedule	on's five highest compen If there is none, enter ' ndent contractor paid mo contractors each receiving dule A? <b>NOTE:</b> All Section	y over \$100,000	( <b>b</b> ) Type	of service	(c) C	ompen:	sation trusts <b>No</b>
1 Comofico (a) N ONE  1(d) Tot 2 Did mu oder penalowledge	plete this table for the organization impensation from the organization lame and address of each independent of the organization complete Scheust attach a completed Schedule lities of perjury, I declare that I haw and belief, it is true, correct, and contains the organization of the organization completed Schedule lities of perjury, I declare that I haw and belief, it is true, correct, and contains the organization completed Schedule	on's five highest compen If there is none, enter ' ndent contractor paid mo contractors each receiving edule A? <b>NOTE:</b> All Section	'None " re than \$100,000  g over \$100,000  on 501(c)(3) organizatio  luding accompanying sch	(b) Type	of service	npt cha	aritable (es f	trust:
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## **Additional Data**

**Software ID:** 10000105

**Software Version:** 2010v3.2

**EIN:** 48-6117146

Name: SALINA BOARD OF REALTORS INC

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

(A) Name and address	(B) Title and average hours per week devoted to position	(C) Compensation (If not paid, enter -0)	(D) Contributions to employee benefit plans & deferred compensation	(E) Expense account and other allowances
BRIAN ROSE 210 S OHIO SALINA, KS 67401	Director 0	0		
AMBER RENFRO 210 S O HIO SALINA, KS 67401	Director 0	0		
JOHN BOSSEMEYER 210 S OHIO SALINA, KS 67401	Director 0	0		
TRACY BLOOM 210 S OHIO SALINA, KS 67401	Director 0	0		
DIANA DIERKS 210 S OHIO SALINA,KS 67401	Director 0	0		
CHRIS ROST 210 S OHIO SALINA, KS 67401	President 0	0		
RICK WEBER 210 S OHIO SALINA, KS 67401	Vice President 0	0		
VICKI LANCE 210 S OHIO SALINA,KS 67401	Director 0	0		

efile GRAPHIC print - DO NOT PROCESS

As Filed Data -

DLN: 93492119006091

OMB No 1545-0047

2010

Open to Public Inspection

SCHEDULE O (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

► Attach to Form 990 or 990-EZ.

Name of the organization SALINA BOARD OF REALTORS INC

**Employer identification number** 

48-6117146

ldentifier	Return Reference	Explanation
Form 990-EZ, Part II, Line 26 1007	Total Liabilities 1007	Secured Mortgages and Notes Payable - Beginning \$40000 Secured Mortgages and Notes Payable - Ending \$40000

ldentifier	Return Reference	Explanation
Form 990-EZ, Part II, Line 26 1001	Total Liabilities 1001	Accounts Payable and Accrued Expenses - Beginning \$48557 Accounts Payable and Accrued Expenses - Ending \$49088

ldentifier	Return Reference	Explanation
Form 990-EZ, Part II, Line 24 1	Other Assets 1	Stock - Beginning \$1000 Stock - Ending \$1000

ldentifier	Return Reference	Explanation
Form 990-EZ, Part II, Line 24 1011	Other Assets 1011	Prepaid Expenses and Deferred Charges - Beginning \$0 Prepaid Expenses and Deferred Charges - Ending \$1107

ldentifier	Return Reference	Explanation
Form 990-EZ, Part II, Line 24 1002	Other Assets 1002	Furniture and Fixtures - Beginning \$176 Furniture and Fixtures - Ending \$106

ldentifier	Return Reference	Explanation
Form 990-EZ, Part I, Line 16 8	Other Expenses 8	PERSONAL PROPERTY TAX \$40

ldentifier	Return Reference	Explanation
Form 990-EZ, Part I, Line 16 6	Other Expenses 6	OTHER TAXES & LICENSES \$372

ldentifier	Return Reference	Explanation
Form 990-EZ, Part I, Line 16 5	Other Expenses 5	MISCELLA NEOUS \$680

ldentifier	Return Reference	Explanation
Form 990-EZ, Part I, Line 16 4	Other Expenses 4	TELEPHONE \$2294

ldentifier	Return Reference	Explanation
Form 990-EZ, Part I, Line 16 3	Other Expenses 3	COMMITTEE EXPENSES \$4636

ldentifier	Return Reference	Explanation
Form 990-EZ, Part I, Line 16 2	Other Expenses 2	REPAIRS & MAINTENANCE \$5211

ldentifier	Return Reference	Explanation
Form 990-EZ, Part I, Line 16 1	Other Expenses 1	REAL ESTATE TAX \$5679

ldentifier	Return Reference	Explanation
Form 990-EZ, Part I, Line 16 1012	Other Expenses 1012	Insurance \$2498

ldentifier	Return Reference	Explanation
Form 990-EZ, Part I, Line 16 1009	Other Expenses 1009	Depreciation \$2997

ldentifier	Return Reference	Explanation
Form 990-EZ, Part I, Line 16 1005	Other Expenses 1005	Travel \$3610

ldentifier	Return Reference	Explanation
Form 990-EZ, Part I, Line 16 1002	Other Expenses 1002	Office Expenses \$2716

ldentifier	Return Reference	Explanation
Form 990-EZ, Part I, Line 10 2	Payments to Affiliates 2	Name KS ASSOC OF REALTORS   Address 3644 SW BURLINGAME RD TOPEKA, KS 66611   Purpose of payment DUES   Amount \$16422

ldentifier	Return Reference	Explanation
Form 990-EZ, Part I, Line 10 1	1 -	Name NATIONAL ASSOC OF REALTORS   Address 430 N MICHIGAN CHICAGO, IL 60611   Purpose of payment DUES   Amount \$15910

ldentifier	Return Reference	Explanation
Form 990-EZ, Part I, Line 8 2	Other Revenue 2	RENTAL & LEASE \$25690

ldentifier	Return Reference	Explanation
Form 990-EZ, Part I, Line 8 1	Other Revenue 1	REIMBURSED EXPENSES \$33842