



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



Form **990-EZ**

Short Form Return of Organization Exempt From Income Tax

OMB No 1545-1150

2010

Department of the Treasury
Internal Revenue Service

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

Open to Public
Inspection

A For the 2010 calendar year, or tax year beginning , 2010, and ending ,

B Check if applicable <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C CALDWELL BOARD OF REALTORS, INC. 2922 CLEVELAND BLVD #301 CALDWELL, ID 83605-6764	D Employer identification number 82-0368735
		E Telephone number 208-459-3301
		F Group Exemption Number
		G Accounting Method <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Accrual Other (specify) ▶

H Check <input checked="" type="checkbox"/> if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF).
I Website: ▶ N/A
J Tax-exempt status (ck only one) — <input type="checkbox"/> 501(c)(3) <input checked="" type="checkbox"/> 501(c) (6) (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527

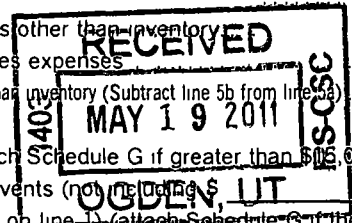
K Check if the organization is not a section 509(a)(3) supporting organization and its gross receipts are normally not more than \$50,000. A Form 990-EZ or Form 990 return is not required though Form 990-N (e-postcard) may be required (see instructions) But if the organization chooses to file a return, 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 ▶ \$ 87,270.

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

REVENUE	1	Contributions, gifts, grants, and similar amounts received	1	
	2	Program service revenue including government fees and contracts	2	22,627.
	3	Membership dues and assessments	3	61,409.
	4	Investment income	4	246.
	5a	Gross amount from sale of assets other than inventory	5a	
	5b	Less: cost or other basis and sales expenses	5b	
	5c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	5c	
	6	Gaming and fundraising events		
	6a	Gross income from gaming (attach Schedule G if greater than \$15,000)	6a	1,631.
	6b	Gross income from fundraising events (not including \$ from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000)	6b	1,300.
	6c	Less direct expenses from gaming and fundraising events	6c	3,945.
	6d	Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)	6d	-1,014.
	7a	Gross sales of inventory, less returns and allowances	7a	
	7b	Less: cost of goods sold	7b	
	7c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c	
	8	Other revenue (describe in Schedule O) SEE SCHEDULE O	8	57.
	9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	9	83,325.
EXPENSES	10	Grants and similar amounts paid (list in Schedule O)	10	3,850.
	11	Benefits paid to or for members	11	
	12	Salaries, other compensation, and employee benefits	12	21,879.
	13	Professional fees and other payments to independent contractors	13	1,500.
	14	Occupancy, rent, utilities, and maintenance	14	3,900.
	15	Printing, publications, postage, and shipping	15	178.
	16	Other expenses (describe in Schedule O) SEE SCHEDULE O	16	56,307.
17	Total expenses. Add lines 10 through 16	17	87,614.	
18	Excess or (deficit) for the year (Subtract line 17 from line 9)	18	-4,289.	
NET ASSETS	19	Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)	19	37,462.
	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	33,173.



SCANNED JUN 22 2010

BAA For Paperwork Reduction Act Notice, see the separate instructions. Form 990-EZ (2010)

118

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	37,342.	33,233.
23 Land and buildings		
24 Other assets (describe in Schedule O) <u>SEE SCHEDULE O</u>	1,126.	550.
25 Total assets	38,468.	33,783.
26 Total liabilities (describe in Schedule O) <u>SEE SCHEDULE O</u>	1,006.	610.
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	37,462.	33,173.

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

Expenses
(Required for section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts, optional for others.)

28 ORGANIZATION IS A GROUP OF LOCAL REALTORS WHO HAVE UNITED TO PROMOTE THE REAL ESTATE PROFESSION AND THE BETTERMENT OF THE COMMUNITY. (Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	28 a
29 ----- (Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	29 a
30 ----- (Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	30 a
31 Other program services (describe in Schedule O) (Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	31 a
32 Total program service expenses (add lines 28a through 31a)	32

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
JOHN OBENDORF - SILVERHAWK 2805 BLAINE ST STE 200 CALDWELL, ID 83605	PRESIDENT 0	0.	0.	0.
JOSH OLDENKAMP-WINDERMERE 2900 E CLEVELAND CALDWELL, ID 83605	TREASURER 0	0.	0.	0.
KATHY SEWRIGHT-SILVERHAWK 2805 BLAINE ST STE 200 CALDWELL, ID 83605	2013 STATE DIR 0	0.	0.	0.
TRULA CARROW-WINDMERE 2900 E. CLEVELAND CALDWELL, ID 83605	2013 DIRECTOR 0	0.	0.	0.
LAURIE GIBSON- WINDMERE 2900 CLEVELAND CALDWELL, ID 83605	SECRETARY 0	0.	0.	0.
DEAN EDENS-WINDMERE 2900 CLEVELAND CALDWELL, ID 83605	PAST PRESIDENT 0	0.	0.	0.
SHERI ARKOOSH - SILVERHAWK 2805 BLAINE ST STE 200 CALDWELL, ID 83605	2011 DIROCTER 0	0.	0.	0.
BYRON BLACKBURN-PREFERRED 1305 S KIMBALL AVE CALDWELL, ID 83605	MLS DIR 0	0.	0.	0.
RANDY JENSEN - WINDMERE 2900 E CLEVELAND CALDWELL, ID 83605	VICE PRESIDENT 0	0.	0.	0.
ROB JEROME -SILVERHAWK 2805 BLAINE ST STE 200 CALDWELL, ID 83605	2012 DIRECTOR 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

	Yes	No
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		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)		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?		X
b If 'Yes,' has it filed a tax return on Form 990-T for this year (see instructions)?		
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		X
37a Enter amount of political expenditures, direct or indirect, as described in the instructions ▶ 37a 0.		
b Did the organization file Form 1120-POL for this year?		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?		X
b If 'Yes,' complete Schedule L, Part II and enter the total amount involved	38b N/A	
39 Section 501(c)(7) organizations. Enter:		
a Initiation fees and capital contributions included on line 9	39a N/A	
b Gross receipts, included on line 9, for public use of club facilities	39b 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		
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	40b	
c Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 ▶ 0.		
d Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization ▶ 0.		
e All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If 'Yes,' complete Form 8886-T	40e	X
41 List the states with which a copy of this return is filed ▶ <u>NONE</u>		

42a The organization's books are in care of ▶ DEANNE WIGHT Telephone no ▶ 208-989-3535
 Located at ▶ P. O. BOX 1516 CALDWELL ID ZIP + 4 ▶ 83606-1516

	Yes	No
b At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? If 'Yes,' enter the name of the foreign country: ▶ _____	42b	X
See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of a Foreign Bank and Financial Accounts.		
c At any time during the calendar year, did the organization maintain an office outside of the U.S.? If 'Yes,' enter the name of the foreign country ▶ _____	42c	X

43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of **Form 1041** – Check here N/A
 and enter the amount of tax-exempt interest received or accrued during the tax year ▶ **43** N/A

	Yes	No
44a Did the organization maintain any donor advised funds during the year? If 'Yes,' Form 990 must be completed instead of Form 990-EZ	44a	X
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	44b	X
c Did the organization receive any payments for indoor tanning services during the year?	44c	X
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	44d	

- 45 Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)?
- 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)
- 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

	Yes	No
45		X
45a		X
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
- 48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E
- 49a Did the organization make any transfers to an exempt non-charitable related organization?
- b If 'Yes,' was the related organization a section 527 organization?

	Yes	No
47		
48		
49a		
49b		

50 Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter 'None'

(a) Name and address of each employee paid more than \$100,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account and other allowances

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.

Sign Here
 Signature of officer: *[Signature]* Date: 5-16-11
 Type or print name and title: JOSH OLDENKAMP TREASURER

Paid Preparer Use Only
 Print/Type preparer's name: DEBRA L VIS Preparer's signature: *[Signature]* Date: 5/16/11
 Check if self-employed PTIN: P00067126
 Firm's name: CHRISTENSEN, JACKSON, STONE, VIS & HART, PLLC Firm's EIN: 82-0337572
 Firm's address: 1201 S. KIMBALL AVE. CALDWELL, ID 83605 Phone no: (208) 459-0021

May the IRS discuss this return with the preparer shown above? See instructions Yes No

SCHEDULE O
(Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

OMB No 1545-0047

2010

**Open to Public
Inspection**

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.

Name of the organization

CALDWELL BOARD OF REALTORS, INC.

Employer identification number

82-0368735

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

PROMOTE REAL ESTATE & COMMUNITY

CLIENT 804

CALDWELL BOARD OF REALTORS, INC.

82-0368735

5/16/11

01.55PM

**FORM 990-EZ, PART I, LINE 8
OTHER REVENUE**

FEDERAL TAX REFUNDS

	\$	57.
TOTAL	\$	<u>57.</u>

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

ADOPT A SENIOR GIFT	\$	500.
ADVERTISING AND PROMOTION		300.
BANK CHARGES		1,265.
COMMUNITY RELATIONS		267.
CONFERENCES, CONVENTIONS, AND MEETINGS		942.
CONTRACT LABOR		1,929.
DEPRECIATION		756.
EQUIPMENT RENT		784.
IDAHO REALTOR DUES		34,078.
INSURANCE		529.
INTERNET		659.
LUNCHEONS		5,421.
MILEAGE		165.
OFFICE EXPENSES		1,762.
PLAQUES		283.
PROPERTY TAXES		57.
RPAC EXPENSES		4,618.
STATE AND FEDERAL TAX		30.
TELEPHONE		1,962.
TOTAL	\$	<u>56,307.</u>

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

	<u>BEGINNING</u>	<u>ENDING</u>
MACHINERY AND EQUIPMENT	\$ 1,126.	\$ 550.
TOTAL	<u>\$ 1,126.</u>	<u>\$ 550.</u>

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

	<u>BEGINNING</u>	<u>ENDING</u>
PAYROLL TAXES WITHHELD	\$ 531.	\$ 610.
VISA PAYABLE	475.	0.
TOTAL	<u>\$ 1,006.</u>	<u>\$ 610.</u>

CLIENT 804

CALDWELL BOARD OF REALTORS, INC.

82-0368735

5/16/11

01.55PM

FUNDRAISING AND GAMING
OTHER DIRECT EXPENSES
BANQUET

FEE TO NAMPA BOR

TOTAL \$ 2,715.
\$ 2,715.

FUNDRAISING AND GAMING
OTHER DIRECT EXPENSES
WINE RUN

REFUND

TOTAL \$ 530.
\$ 530.

CLIENT 804

CALDWELL BOARD OF REALTORS, INC.

82-0368735

5/16/11

01:54PM

NO.	DESCRIPTION	DATE ACQUIRED	DATE SOLD	COST/ BASIS	BUS PCT.	CUR 179 BONUS	SPECIAL DEPR. ALLOW.	PRIOR BONUS/ SP. DEPR.	PRIOR DEC BAL DEPR.	SALVAGE /BASIS REDUCT.	DEPR. BASIS	PRIOR DEPR.	METHOD	LIFE	RATE	CURRENT DEPR.	
MACHINERY AND EQUIPMENT																	
1	LAPTOP	7/10/07		1,041							1,041	741	200DB HY	5	.11520	120	
2	PRINTER	8/20/07	12/31/10	286							286	204	200DB HY	5	11520	82	
3	EQUIPMENT	VARIOUS		2,700							2,700	2,700	200DB HY	7	.08930	0	
4	COMPUTER	12/03/08		604							604	260	200DB MQ	5	.22800	138	
5	SOFTWARE	12/03/08		190							190	132	200DB MQ	3	.20370	39	
6	PRINTER	10/01/09	12/31/10	359							359	18	200DB MQ	5	38000	341	
7	MONITOR	9/08/10		180							180		200DB HY	5	20000	36	
TOTAL MACHINERY AND EQUIPME																	
				5,360	0	0	0	0	0	0	5,360	4,055					756
TOTAL DEPRECIATION				5,360	0	0	0	0	0	0	5,360	4,055					756
GRAND TOTAL DEPRECIATION				5,360	0	0	0	0	0	0	5,360	4,055					756
DEPRECIATION ASSETS SOLD				645	0	0	0	0	0	0	645	222					423
DEPR REMAINING ASSETS				4,715	0	0	0	0	0	0	4,715	3,833					333