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<b>A For the 2011 calendar year, or tax year beginning 01-01-2011 , and ending 12-31-2011</b>		<b>D Employer identification number</b>
<b>B</b> Check if applicable	<b>C Name of organization</b> MINERAL AREA BOARD OF REALTORS INC	43-1190758
<input type="checkbox"/> Address change	Number and street (or P O box, if mail is not delivered to street address) Room/suite 400 N WASHINGTON ROOM/SUITE 111	<b>E Telephone number</b>
<input type="checkbox"/> Name change		
<input type="checkbox"/> Initial return	City or town, state or country, and ZIP + 4 FARMINGTON, MO 63640	<b>F Group Exemption Number</b> 
<input type="checkbox"/> Terminated		
<input type="checkbox"/> Amended return		
<input type="checkbox"/> Application pending		

**G** Accounting method ☐ Cash ☒ Accrual Other (specify)

**I Website:**  N/A

**J Tax-Exempt status** (check only one) — ☐ 501(c)(3) ☒ 501(c)( 6 ) (insert no ) ☐ 4947(a)(1) or ☐ 527

**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 or a section 527 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. **\$** 133,347

<b>Part I</b>	<b>Revenue, Expenses, and Changes in Net Assets or Fund Balances</b> (See the instructions for Part I )
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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	77,274
	3	Membership dues and assessments . . . . .			3	51,235
	4	Investment income . . . . .			4	1,149
	5a	Gross amount from sale of assets other than inventory . . . . .	5a		5c	
	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) . . . . .				
	6	Gaming and fundraising events			6d	
	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	3,689	7c	984
b	Less cost of goods sold . . . . .	7b	2,705			
c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a) . . . . .					
8	Other revenue (describe in Schedule O) . . . . .			8		
9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 . . . . .			9	130,642	
Expenses	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	41,092
	13	Professional fees and other payments to independent contractors . . . . .			13	2,205
	14	Occupancy, rent, utilities, and maintenance . . . . .			14	14,075
	15	Printing, publications, postage, and shipping . . . . .			15	
	16	Other expenses (describe in Schedule O) . . . . .			16	53,717
	17	Total expenses. Add lines 10 through 16 . . . . .			17	111,089
Net Assets	18	Excess or (deficit) for the year (Subtract line 17 from line 9) . . . . .			18	19,553
	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	183,317
	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	202,870

Part II

Balance Sheets

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

☒

(See the instructions for Part II )		(A) Beginning of year	(B) End of year	
22	Cash, savings, and investments . . . . .	230,993	22	224,093
23	Land and buildings . . . . .		23	
24	Other assets (describe in Schedule O) . . . . .	55,514	24	87,862
25	Total assets . . . . .	286,507	25	311,955
26	Total liabilities (describe in Schedule O) . . . . .	103,190	26	109,085
27	Net assets or fund balances (line 27 of column (B) must agree with line 21) .	183,317	27	202,870

Part III

Statement of Program Service Accomplishments

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

☒

What is the organization's primary exempt purpose? MINERAL AREA BOARD OF REALTORS PROVIDES A MULTI-LISTING SERVICE TO ITS MEMBERSHIP OF AROUND 300 REALTORS IT ALSO PROVIDES SUPPLIES, EDUCATIONAL MATERIALS AND SUPPORT TO PROMOTE THE REAL ESTATE PROFESSION IN THE MINERAL AREA		(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts, optional for others )	
Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title			
<b>28</b> MINERAL AREA BOARD OF REALTORS PROVIDES A MULTI-LISTING SERVICE TO ITS MEMBERSHIP OF AROUND 300 REALTORS IT ALSO PROVIDES SUPPLIES, EDUCATIONAL MATERIALS AND SUPPORT TO ITS MEMBERSHIP (Grants \$ ) If this amount includes foreign grants, check here . . . . <input type="checkbox"/>		<b>28a</b>	
<b>29</b>  (Grants \$ ) If this amount includes foreign grants, check here . . . . <input type="checkbox"/>		<b>29a</b>	
<b>30</b>  (Grants \$ ) If this amount includes foreign grants, check here . . . . <input type="checkbox"/>		<b>30a</b>	
<b>31</b> Other program services (describe in Schedule O) . . . . . (Grants \$ ) If this amount includes foreign grants, check here . . . . <input type="checkbox"/>		<b>31a</b>	
<b>32 Total program service expenses</b> (add lines 28a through 31a) . . . . . <input type="checkbox"/>		<b>32</b>	

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 & deferred compensation	(e) Expense account and other allowances
See Additional Data Table				

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 significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O . . . . .	33	No
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	No
35	If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but <b>not</b> 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 during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)?	35a	No
b	If "Yes" to line 35a, has the organization filed a <b>Form 990-T</b> for the year? If "No," provide an explanation in Schedule O . . . . .	35b	
c	Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III . . . . .	35c	No
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	No
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions ▶	37a	
b	Did the organization file <b>Form 1120-POL</b> for this year? . . . . .	37b	No
38a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee <b>or</b> were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?	38a	No
b	If "Yes," complete Schedule L, Part II and enter the total amount involved . . . . .	38b	
39	Section 501(c)(7) organizations. Enter		
a	Initiation fees and capital contributions included on line 9 . . . . .	39a	
b	Gross receipts, included on line 9, for public use of club facilities . . . . .	39b	
40a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under section 4911 ▶, section 4912 ▶, section 4955 ▶		
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 . . . . .		
d	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization . . . . .		
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	No
41	List the states with which a copy of this return is filed ▶		
42a	The organization's books are in care of ▶ MINERAL AREA BOARD OF REALTORS INC 400 N WASHINGTON SUITE 111 400 N WASHINGTON SUITE 111 Located at ▶ FARMINGTON, MO ZIP + 4 ▶ 63640 Telephone no ▶ (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)?	42b	No
	If "Yes," enter the name of the foreign country ▶		
	See the instructions for exceptions and filing requirements for <b>Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts</b> .		
c	At any time during the calendar year, did the organization maintain an office outside of the U S ?	42c	No
	If "Yes," enter the name of the foreign country ▶		
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of <b>Form 1041</b> —Check here . . . . . and enter the amount of tax-exempt interest received or accrued during the tax year . . . . .	43	
		Yes	No
44a	Did the organization maintain any donor advised funds? If "Yes", Form 990 must be completed instead of Form 990-EZ.	44a	No
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	No
c	Did the organization receive any payments for indoor tanning services during the year?	44c	No
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	
45a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45a	No
45b	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 instructions)	45b	

		Yes	No
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		No

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.

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

		Yes	No
47	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		
48	Is the organization a school 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?		
49b	If "Yes," was the related organization a section 527 organization?		

50 Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter "None "				
(a) Name and address of each employee paid more than \$100,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & 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? <b>NOTE:</b> All Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A	<input type="checkbox"/> Yes <input type="checkbox"/> 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		2012-11-15 Date		
	GEORGIANNA BLOOM EXEC DIRECTOR Type or print name and title				
Paid Preparer's Use Only	Preparer's signature	VIRGINIA TAYLOR CPA	Date 2012-11-15	Check if self-employed <input type="checkbox"/>	Preparer's taxpayer identification number (See instructions)
	Firm's name (or yours if self-employed), address, and ZIP + 4	TAYLOR TAX & CONSULTING LLC 23 S FRANKLIN ST FARMINGTON, MO 636402503			EIN
					Phone no (573) 701-0112
May the IRS discuss this return with the preparer shown above? See instructions <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No					

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.

OMB No 1545-0047

2011

Open to Public Inspection

Name of the organization

MINERAL AREA BOARD OF REALTORS INC

Employer identification number

43-1190758

Identifier	Return Reference	Explanation
OTHER EXPENSES	FORM 990-EZ, PART I, LINE 16	EXPENSES OFFICE 3,466 TRAVEL 10,045 CONFERENCES/MEETINGS 3,380 MULTIPLE LISTING SERVICE 23,264 AWARDS, GIFTS & DONATIONS 1,565 COMMITTEE EXPENSES 1,081 MISCELLANEOUS 1,480 EVENT EXPENSES 3,789 BAD DEBT WRITEOFF & TRANS 2,680 NON-INVESTMENT DEPRECIATION 2,967 TOTAL 53,717
OTHER ASSETS	FORM 990-EZ, PART II, LINE 24	ACCOUNTS RECEIVABLE 49,091 77,037 INVENTORIES FOR SALE OR USE 5,551 4,579 COPY MACHINE 0 1,091 LESS ACCUMULATED DEPRECIATION 0 1,091 COMPUTER 0 1,456 LESS ACCUMULATED DEPRECIATION 0 1,456 OFFICE EQUIPMENT 0 200 LESS ACCUMULATED DEPRECIATION 0 200 LOCK BOXES 0 6,000 LESS ACCUMULATED DEPRECIATION 0 6,000 MICROWAVE 0 97 LESS ACCUMULATED DEPRECIATION 0 97 OFFICE FURNITURE 0 990 LESS ACCUMULATED DEPRECIATION 0 990 COMPUTER & INSTALLATION 0 1,676 LESS ACCUMULATED DEPRECIATION 0 1,676 COMPUTER & INSTALLATION 0 1,595 LESS ACCUMULATED DEPRECIATION 0 1,595 SIDE CHAIRS 0 193 LESS ACCUMULATED DEPRECIATION 0 193 OFFICE FURNITURE 0 662 LESS ACCUMULATED DEPRECIATION 0 662 COFFEE POT 0 139 LESS ACCUMULATED DEPRECIATION 0 137 PHONE 0 285 LESS ACCUMULATED DEPRECIATION 0 285 LAPTOP & PROJECTOR 0 3,144 LESS ACCUMULATED DEPRECIATION 0 3,144 BOOKCASES 0 145 LESS ACCUMULATED DEPRECIATION 0 123 FURNITURE 0 68 LESS ACCUMULATED DEPRECIATION 0 58 RISCO-LOCKBOXES 0 4,638 LESS ACCUMULATED DEPRECIATION 0 3,589 2 COMPUTERS 0 3,111 LESS ACCUMULATED DEPRECIATION 0 3,111 50 REDT-SAFE LOCKBOXES 0 4,641 LESS ACCUMULATED DEPRECIATION 0 3,094 VACUUM CLEANER 0 88 LESS ACCUMULATED DEPRECIATION 0 75 2 BSX CHAIRS 0 243 LESS ACCUMULATED DEPRECIATION 0 124 HON OFFICE FURNITURE 0 2,407 LESS ACCUMULATED DEPRECIATION 0 1,204 CANON COPY MACHINE 0 1,760 LESS ACCUMULATED DEPRECIATION 0 997 REFRIGERATOR 0 194 LESS ACCUMULATED DEPRECIATION 0 65 COMPUTER 0 756 LESS ACCUMULATED DEPRECIATION 0 239 RENT SECURITY DEPOSIT 872 872 TOTAL 55,514 87,862
OTHER LIABILITIES	FORM 990-EZ, PART II, LINE 26	ACCOUNTS PAYABLE AND ACCRUED EXPENSES 2,790 4,636 DEFERRED REVENUE 53,462 52,606 DUES PAYABLE 45,760 50,626 PAYROLL TAX LIABILITIES 1,178 1,217
PRIMARY EXEMPT PURPOSE	FORM 990-EZ, PART III	MINERAL AREA BOARD OF REALTORS PROVIDES A MULTI-LISTING SERVICE TO ITS MEMBERSHIP OF AROUND 300 REALTORS IT ALSO PROVIDES SUPPLIES, EDUCATIONAL MATERIALS AND SUPPORT TO PROMOTE THE REAL ESTATE PROFESSION IN THE MINERAL AREA

Form

4562

Depreciation and Amortization  
(Including Information on Listed Property)

OMB No 1545-0172

2011

Attachment  
Sequence No 179

Department of the Treasury  
Internal Revenue Service (99)

See separate instructions. Attach to your tax return.

Name(s) shown on return MINERAL AREA BOARD OF REALTORS INC	Business or activity to which this form relates INDIRECT DEPRECIATION	Identifying number 43-1190758
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Part I Election to Expense Certain Property Under Section 179

Note: If you have any listed property, complete Part V before you complete Part I.

1 Maximum amount (see instructions)	1	500,000
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
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	

6 (a) Description of property	(b) Cost (business use only)	(c) Elected cost	
7 Listed property Enter the amount from line 29	7		
8 Total elected cost of section 179 property Add amounts in column (c), lines 6 and 7	8		
9 Tentative deduction Enter the smaller of line 5 or line 8	9		
10 Carryover of disallowed deduction from line 13 of your 2010 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 2012 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	2,967

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 2011	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 2011 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	
			27 5 yrs	MM	S/L	
i Nonresidential real property			39 yrs	MM	S/L	
				MM	S/L	

Section C—Assets Placed in Service During 2011 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	2,967
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	

Part V

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, 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? <input type="checkbox"/> Yes <input type="checkbox"/> No						24b If "Yes," is the evidence written? <input type="checkbox"/> Yes <input type="checkbox"/> 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	
25Special 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 -				
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 ( <b>do not</b> include commuting miles)	(a) Vehicle 1		(b) Vehicle 2		(c) Vehicle 3		(d) Vehicle 4		(e) Vehicle 5		(f) Vehicle 6	
31 Total commuting miles driven during the year												
32 Total other personal(noncommuting) miles driven												
33 Total miles driven during the year Add lines 30 through 32												
34 Was the vehicle available for personal use during off-duty hours?	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
35 Was the vehicle used primarily by a more than 5% owner or related person?												
36 Is another vehicle available for personal use?												

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 )		
<b>Note:</b> If your answer to 37, 38, 39, 40, or 41 is "Yes," do not complete Section B for the covered vehicles		

Part VI Amortization

(a) Description of costs	(b) Date amortization begins	(c) Amortizable amount	(d) Code section	(e) Amortization period or percentage	(f) Amortization for this year
42 Amortization of costs that begins during your 2011 tax year (see instructions)					
43 Amortization of costs that began before your 2011 tax year				43	
44 <b>Total.</b> Add amounts in column (f) See the instructions for where to report				44	



**TY 2011 Compensation Explanation****Name:** MINERAL AREA BOARD OF REALTORS INC**EIN:** 43-1190758

Person Name	Explanation
DAN BUCK	
DARRELL BIRI	
TINA LITTON	
DENNIS POGUE	
DEB GOODSON	
MARY GILLIAM	
CARLA DUVALL	
DANA PLUNKETT	
WANDA MURPHY	
RUTH JOHNSON	
ELLEN JOAN GOVERO	
RHONDA OVERBERG	

Additional Data

Software ID:  
Software Version:  
EIN: 43-1190758  
Name: MINERAL AREA BOARD OF REALTORS INC

Form 990-EZ, Special Condition Description:

Special Condition Description
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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
DAN BUCK 218 HOME AVE ARCADIA,MO 63621	PRESIDENT 000 00	0		
DARRELL BIRI 1133 N DESLOGE DRIVE DESLOGE,MO 63601	PRESIDENT EL 000 00	0		
TINA LITTON 10064 STONECREEK DRIVE POTOSI,MO 63664	SECRETARY 000 00	0		
DENNIS POGUE 400 N WASHINGTON ST FARMINGTON,MO 63640	TREASURER 000 00	0		
DEB GOODSON 400 N WASHINGTON ST FARMINGTON,MO 63640	DIRECTOR 000 00	0		
MARY GILLIAM 4939 SUGAR GROVE RD FARMINGTON,MO 63640	DIRECTOR 000 00	0		
CARLA DUVALL 304 S HARDING DESLOGE,MO 63601	DIRECTOR 000 00	0		
DANA PLUNKETT 210 MANOR DRIVE BONNE TERRE,MO 63628	DIRECTOR 000 00	0		
WANDA MURPHY 8804 HWY E BONNE TERRE,MO 63628	DIRECTOR 000 00	0		
RUTH JOHNSON 603 MAPLE ST FARMINGTON,MO 63640	DIRECTOR 000 00	0		
ELLEN JOAN GOVERO 4575 DAVIS CROSSING PARK HILLS,MO 63601	STATE DIRECT 000 00	0		
RHONDA OVERBERG 285 CLEMONT DR FESTUS,MO 63028	STATE DIRECT 000 00	0		