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Form **990**

Department of the Treasury Internal Revenue Service

Return of Organization Exempt From Income Tax

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

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

2011 Open to Public

Form 990 (2011)

Internal Revenue	Service Ine organization may have to use a copy of this return to satisfy	state reporting requirements.	Inspection
A For the 20	O11 calendar year, or tax year beginning and endi	ng	
B Check if	C Name of organization	D Employer identificat	ion number
applicable			
Address change	FORT SMITH BOARD OF REALTORS, INC.		
Name change	Doing Business As	71-605	57037
Initial	Number and street (or P.O. box if mail is not delivered to street address) Room	n/suite E Telephone number	
Termin- ated	1715 NORTH B STREET		33-0655
Amended return	City or town, state or country, and ZIP + 4	G Gross receipts \$	401,353
Applica-	FORT SMITH, AR 72901	H(a) Is this a group retur	
pending	F Name and address of principal officer LEIGH WALKER	for affiliates?	Yes X No
	SAME AS C ABOVE	H(b) Are all affiliates include	
I Tax-exem	ot status: 501(c)(3) X 501(c) (6) (Insert no.) 4947(a)(1) or	527 If "No," attach a list	
J Website:	▶ WWW.FORTSMITHREGIONALMLS.COM	H(c) Group exemption n	•
K Form of org	panization: X Corporation Trust Association Other ▶	L Year of formation: 1925 M Si	
	ummary		
0 1 Bn	efly describe the organization's mission or most significant activities. TO UNIT	E THOSE ENGAGED	IN THE
ğ RI	COGNIZED BRANCHES OF THE REAL ESTATE PROF		
(0)	eck this box if the organization discontinued its operations or disposed of		
3 Nu	mber of voting members of the governing body (Part VI, line 1a)	3	13
ğ 4 Nu	mber of independent voting members of the governing body (Part VI, line 1b)	4	1.
ν 5 Tot	ral number of individuals employed in calendar year 2011 (Part V, line 2a)	5	
6 Tol	al number of volunteers (estimate if necessary)	6	
ig 7a Tol	ral unrelated business revenue from Part VIII, column (C), line 12	7a	186,641
	t unrelated business taxable income from Form 990-T, line 34	7b	<11,666
	tarrotated basiness taxasis insome nonit citi 555 1, into 64	Prior Year	Current Year
в 8 Co	ntributions and grants (Part VIII, line 1h)	2,612.	323
3.1	ogram service revenue (Part VIII, line 2g)	372,642.	366,341
9 FIG			
é 10 Inv	estment income (Part VIII, column (A), lines 3, 4, and 7d)	640.	339
1	ner revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	10,244.	6,901
12 Tot	al revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	386,138.	373,904
13 Gra	ants and similar amounts paid (Part IX, column (A), lines 1-3)	1,304.	1,000
14 Be	nefits paid to or for members (Part IX, column (A), line 4)	50.051	0
ช 15 Sal	anes, other compensation, employee benefits (Part IX, column (A), lines 5-10)	50,051.	47,675
an I	fessional fundraising fees (Part IX, column (A), line 11e)	0.	0.
	al fundraising expenses (Part IX, column (D), line 25)		215 500
l l	ner expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	323,200.	315,592
18 Tot	venue less expenses. Subtract line (Frightline) (A) line 25)		364,267
- 19 He	venue less expenses. Subtract line 18 month by 1.	11,583.	9,637
Net Assets or Lord Balances 20 Tot 21 Tot 22 Ne	2	Beginning of Current Year	End of Year
हुन्ह्य 20 Tot	al labilities (Part X, line 16)	416,780.	413,664.
21 Tol		99,640.	86,887
	t assets or fund balances Subtract-ine-21-from line 20 (8)	317,140.	326,777.
	s of perjuly, I declare that I have examined this return, including accompanying schedules and	=	nowledge and belief, it is
true, correct, a	ad couples. Declaration of a epager (byter than officer) is based on all information of which p	reparer has any knowledge.	
	YAM AS LUWI)	141.117	
Sign	Signature di officer	Date	
Here	LEIGH WALKER, BOARD PRESIDENT		
	Type or print name and title		·
	int/Type preparer's name Preparer's signative	Date Check	PTIN
	EANA A. INFIELD Nora H. Jul	0 11/04/12 self-employed	P00440603
	m's name BEALL BARCLAY & COMPANY, PLC		1-0355269
Use Only Fir	m's address P.O. BOX 10148		
	FORT SMITH, AR 72917	Phone no. 479	-484-5740
May the IRS	discuss this return with the preparer shown above? (see instructions)		X Yes No

132001 01-23-12 LHA For Paperwork Reduction Act Notice, see the separate instructions.

SEE SCHEDULE O FOR ORGANIZATION MISSION STATEMENT CONTINUATION

	1990 (2011) FORT SMITH BOARD OF REALTORS, INC. 71-6057037 P	<u>age 2</u>
Pa	rt III Statement of Program Service Accomplishments	
•	Check if Schedule O contains a response to any question in this Part III	
1	Briefly describe the organization's mission:	
	PROVIDING A SUPERIOR LEVEL OF INFORMED, PROFESSIONAL REAL ESTATE	
	SERVICES FOR BUYERS AND SELLERS IN THE GREATER FORT SMITH REGION	
	DENTITORD TO TO DETERMINE THE CHARLES TO THE CHARLES TO THE CHARLES THE CHARLE	
	Did the support of th	
2	Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?	a
		ON L
	If "Yes," describe these new services on Schedule O.	_
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?	JNo
	If "Yes," describe these changes on Schedule O.	
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.	
	Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allocations to	
	others, the total expenses, and revenue, if any, for each program service reported.	
4a	(Code) (Expenses \$ 151,658 · including grants of \$) (Revenue \$	<u> </u>
	FORT SMITH BOARD OF REALTORS - AN ORGANIZATION FOR REALTORS	— ′
	PORT SMITH BOARD OF REALFORD AN ORGANIZATION FOR REALFORD	
4b	(Code) {Expenses \$ 125,712. including grants of \$) (Revenue \$)	
40	(Code) (Expenses \$	
	SEBASTIAN AND CRAWFORD COUNTIES	
4-		
4c	(Code) (Expenses \$ including grants of \$) (Revenue \$,
4d	Other program services (Describe in Schedule O.)	
	(Expenses \$ including grants of \$) (Revenue \$)	
4e	Total program service expenses ▶ 277,370.	
	Form 990	(2011)

Form 990 (2011) FORT SMITH B

<u> </u>	The Officerist of Required Concurred			
-			Yes	No_
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	_1_		<u>X</u>
2	Is the organization required to complete Schedule B, Schedule of Contributor ∴	2		X
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			l
	public office? If "Yes," complete Schedule C, Part I	3_		<u>X</u>
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4		
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5	Х	<u> </u>
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			İ
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7_		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D, Part III	8		X
9	Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part X; or provide			
	credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent			l
	endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			1
	Part VI	11a	X	<u> </u>
b	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
С	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
e	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	X	<u> </u>
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	X	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI, XII, and XIII	12a	X	├──
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional	12b	-	X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13	<u> </u>	X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,		1	
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000		-	
4-	or more? If "Yes," complete Schedule F, Parts I and IV	14b	-	X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization			₹.
	or entity located outside the United States? If "Yes," complete Schedule F, Parts II and IV	15	 	_X_
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals	1		v
	located outside the United States? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,		1	v
40	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17	-	X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			1
40	1c and 8a? If "Yes," complete Schedule G, Part II	18	X	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"	40		_V
^	complete Schedule G, Part III	19	-	X
	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20a 20b		 ^-
	11 165 to line 20a, the the organization attach a copy of its addited indired statements to this return?		000	(2011)

21 Did the organization report more than \$5,000 of grants and other assistance to any government or organization in the United States on Part IX. committed States on Part IX. committed States on Part IX. contum (A), into 2° II "Yes," complete Schedule I, Part I and III. 22 Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX. column (A), into 2° II "Yes," complete Schedule I, Parts I and III. 23 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensation of the organization and secure that all all of the year, that was sued after December 31, 2002? If "Yes," answer hers 24 bit through 24d and complete Schedule K, If "No", go to line 25 24d Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax exempt bonds? 25d Did the organization maintain an escrow account other than a refunding escrow at any time during the year? 25d Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person timing the year? 25d Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? 25d In the organization area that it engaged in an excess benefit transaction with a disqualified person during the year? 25d In the organization area to a section of the organizations proof complete Schedule L, Part III. 25d Was a loan to or by a current or former officer, director, trustee, key employee, bully compensated employee, or disqualified person outstanding as of the end of the organizations is a part or other assistance to an officer, director, trustee, key employee (if "Yes," comple	- •			Yes	No
22 Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, coclumn (A), the 27 lt "Yes," complete Schedule I. Parts I and IX. 23 Did the organization answer "Yes" to Part VII. Section A, line 3. 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule II. Part IVI. Section A, line 3. 4, or 5 about compensation of the organization's current and former officers, director, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule II. IVI. Yes, "answer lines 24b through 24d and complete Schedule II. IVI. Yes," or line 25 24a Did the organization have a tax-exempt bond is suer for bonds outstanding and surplement of the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? 25b Did the organization and sat as an "on behalf of" issuer for bonds outstanding at any time during the year? 26c Did the organization and sat as an "on behalf of" issuer for bonds outstanding at any time during the year? 27c Did the organization aware that it engaged in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule I. Part II 27d Did the organization aware that it engaged in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule I. Part II II 28d Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule I. Part IV 28d Was a loan to or by a current or former officer, or well-year themselve, or to a 355 countried entiry or family member of a current or former officer, director, trustee, loan the part of family or family interest or the part IV and the part II. It was a complete Schedule II	21	Did the organization report more than \$5,000 of grants and other assistance to any government or organization in the			
column (A), line 27 II "Yes," complete Schedule I, Parts I and III 22 X 23 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule I and the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule I, I have 55 b. Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? Did the organization mental an escrow account other than a refunding secrow at any time during the year 10 defease any tax-exempt bonds? Did the organization and as an "on behalf of" issuer for bonds outstanding at any time during the year? 24d 24d 25 Section 501((A)) and 501((A)) direganizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? 11 "Yes," complete Schedule L, Part I 25a		United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		_X_
23 Did the organization answer "Yes" to Part VII, Section A, Ine 3.4, or \$ about compensation of the organization's current and former officers, directors, frustees, key employees, and highest compensated employees? If "Yes," complete Schedule J and the variety of the organization have a tax exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and compiles Schedule K. If "No", go to line 25. 24a	22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX,			
and former officers, directors, trustees, key employees, and highest compensated employees? // *Yes,* complete Schedule J Dod the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? // *Yes,* answer lines 24b through 24d and complete Schedule K. // *Yes,* or lone 25. b Dd the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? Dd the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? 24b Z4b Z4b Z4b Z4b Z4b Z4b Z4b Z4b Z4b Z		column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		_X_
Schedule J 24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If 'Yes,' answer lines 24b through 24d and complete Schedule K. If 'No', go to line 25 5 Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? 6 Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? 9 Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? 10 Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? 24d	23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No", go to line 25 b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? c Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? 24b		and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No", go to line 25 b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? c Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? 24b		Schedule J	23		X
last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No", go to line 25 b Did the organization maintain an escrive account other than a refunding escrive at any time during the year to defease any tax exempt bonds? d Did the organization maintain an escrive account other than a refunding escrive at any time during the year to defease any tax exempt bonds? d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? d Did the organization and both (p(4)) organizations. Did the organization and that the transaction whan to be reported on any of the organization is not be reported on any of the organization is not be reported on any of the organization provide a grant or other assistance to an officer, director, trustee, key employee, or disqualified person outstanding as of the end of the organization is active to remplete Schedule L, Part III d Was a ban to or by a current or former officer, director, trustee, key employee, bughly compensated employee, or disqualified person outstanding as of the end of the organization and state or orther director, trustee, key employee, or any of these persons? If "Yes," complete Schedule L, Part III d Was the organization provide a grant or other assistance to an officer, director, trustee, key employee or a family member of a current of former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV d Harmonization receive or or indector owner, If "Yes," complete Schedule L, Part IV d Did the organiz	24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
Schedule K. If "No", go to line 25 Did the organization invest any proceeds of tax exempt bonds beyond a temporary period exception? Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? Did the organization during the year? Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization or his disqualified person in a prior year, and that the transaction has not been reported on any of the organization vith a disqualified person in a prior year, and that the transaction has not been reported on any of the organization or year, and that the transaction has not been reported on any of the organization or year, and that the transaction has not been reported on any of the organization or year, and that the transaction has not been reported on any of the organization or year, and that the transaction has not been reported on any of the organization or year, and that the transaction has not been reported on any of the organization or year, and that the transaction has not been reported on any of the organization or year, and that the transaction has not year. Part 17 yes, complete Schedule L, Part 18 Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person in a party to a business transaction with one of the following parties (see Schedule L, Part 18 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part 18 A current or former officer, director, trustee, or key employee or a family member thereof) was an officer, directo					
b Did the organization invest any proceeds of tax exempt bonds beyond a temporary period exception? c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax exempt bonds? d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? 24d 25d Section 501(G)3) and 501(G)4) organizations. Did the organization excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I 1 b Is the organization aware that it engaged in an excess benefit transaction has not been reported on any of the organization promise 950 or 990EZP If "Yes," complete Schedule L, Part I 1 25W as a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II 26 Was a loan to or by a current or former officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 595% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part IV 27 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV 27 A entity of which a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV 28 A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV 28 A current or direct or indirect owner? If "Yes," complete Schedule L, Part IV 28 Did the organization receive more than 255,000 in non-ask contributions? If "Yes," complete Schedule L, Part IV 28 A 29 Did the organization receive more than 255,000 in non-ask contributions? If "Yes," complete Schedule R, Part I 31 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.770			24a		Х
c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? 24d 24	b				
any tax-exempt bonds? Dut the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? 25a Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule I, Part I b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule I, Part I 25b Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II 26b Z 27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II 28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV 29 Instructions for applicable filing thresholds, conditions, and exceptions): a A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV 28b Z 29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule L, Part IV 29b Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M, Part I 30 Did the organization iliquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I 31 Did the organization on solid particles of transfer more than \$25% of its net assets? If "Yes," complete Schedule N, Part I 31 Did the organization on the solid particles of transfer more than \$25% of its net assets? If "Yes,"	c				
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? 25a Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 erson 5990 erson prior schedule L, Part II 25b Schedule L, Part II 27c Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II 27d Was the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III 28d Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV 27d In extending the part II was a committee or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV 28d A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV 28d A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV 28d A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV 28d A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV 28d Did the organization receive on that Seption of art, historical reassures, or other similar assets, or qualified conservation contributions? If "Yes	·		240		
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	38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19?		1	
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Form **990** (2011)

In Enter the number or poorted in Box 3 of Form 1086. Enter 0 if not applicable 1 1 2 2 1 1 1 0 0 0 1 1 1 1 1 1 1 1 1 1	•	Check if Schedule O contains a response to any question in this Part V					
18 Enter the number reported in Box 3 of Form 1986. Enter- 0° in not applicable 19 Enter the number of Forms W26 ancided in line 1 a. Enter-0° in 100 applicable 20 Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambing) with movements? 22 Enter the number of employees reported on Form W3. Transmittal of Wage and Tax Statements, filled for the calendar year ending with or within the year covered by this return. 31 If a line is the service of the calendar year ending with or within the year covered by this return. 32 If a line is the service of the calendar year ending with or within the year covered by this return. 33 If the organization have unleaded business gross someme of \$1,000 or more dumpt by year? 33 X 34 X 35 Did the organization have unleaded business gross someme of \$1,000 or more dumpt by year? 34 A lary time dumpt the eached year, did the organization have an interest in, or a significant or other authority over, a financial account in a foreign country. Even the name of the foreign country. 35 Was the organization have year level, as a bank account, securities account, or other financial accounts? 36 Was the organization have year level, as a bank account, securities account, or other financial accounts? 37 Was the organization have present the security of the organization and provided the security of the organization for foreign Bank and Financial Accounts. 38 Was the organization have presented that was or is a party to a prohibeted tax shelter transaction? 39 Was the organization have unread gross receipts that are normally greater than \$100,000, and did the organization solid any contributions that were not tax deductable? 40 If Yeas, "did the organization in the organization that were yould receive the secondary organization that were yould receive the secondary organization that were yould receive the secondary organization and secondary organization received a contribution of organization and property for which it was requi				Yes	No		
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Gambling) winnings to prize winners? 2	b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b 0					
2a Enter the number of employees reported on Form W-3. Transmittal of Wage and Tax Statements. [2a 4 4] b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1s and 2 is ignetive than 250, you may be required to e-file (see instructions) 3 Did the organization have verified business gross income of \$1,000 or more dump the year? 3 Ja X State of the company of the state of t	С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming					
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Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

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

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

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

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

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

	(E) portable pensation n related	(F) Estimated amount of other
PRESIDENT 3.00 X	anizations 1099-MISC)	compensation from the organization and related organizations
(2) LEIGH WALKER PRESIDENT-ELECT (3) PAT FAUBUS VICE PRESIDENT (4) CHRIS GRIFFIN SECRETARY/TREASURER (5) WANDA ULMER DIRECTOR (6) JOE CRAINE DIRECTOR (7) ED FIORI DIRECTOR (8) DINAH MCCORD DIRECTOR (9) KEN EFURD DIRECTOR (10) LARRY STANFILL DIRECTOR (11) KEITH MEADOR DIRECTOR (12) ROBIN MULAC DIRECTOR (13) MONT SAGELY DIRECTOR (14) REGINA PLESHER 3.00 X X 0. 0. 0. 0. 0. 0. 0. 0. 0. 0.	_	
PRESIDENT-ELECT 3.00 X X 0. (3) PAT FAUBUS VICE PRESIDENT 3.00 X X 0. (4) CHRIS GRIFFIN 3.00 X X 0. (5) WANDA ULMER DIRECTOR 2.00 X 0. (6) JOE CRAINE DIRECTOR 2.00 X 0. (7) ED FIORI DIRECTOR 2.00 X 0. (8) DINAH MCCORD DIRECTOR 2.00 X 0. (9) KEN EFURD DIRECTOR 2.00 X 0. (10) LARRY STANFILL DIRECTOR 2.00 X 0. (11) KEITH MEADOR DIRECTOR 2.00 X 0. (12) ROBIN MULAC DIRECTOR 2.00 X 0. (13) MONT SAGELY DIRECTOR 2.00 X 0. (14) REGINA FLESHER	0.	0
(3) PAT FAUBUS VICE PRESIDENT (4) CHRIS GRIFFIN SECRETARY/TREASURER (5) WANDA ULMER DIRECTOR (6) JOE CRAINE DIRECTOR (7) ED FIORI DIRECTOR (8) DINAH MCCORD DIRECTOR (9) KEN EFURD DIRECTOR (10) LARRY STANFILL DIRECTOR (11) KEITH MEADOR DIRECTOR (12) ROBIN MULAC DIRECTOR (13) MONT SAGELY DIRECTOR (14) REGINA FLESHER 3.00 X X 0. (0. (1.) XX 0. (1.) XX	•	
VICE PRESIDENT 3.00 X X 0.	0.	0
(4) CHRIS GRIFFIN SECRETARY/TREASURER 3.00 X X 0. (5) WANDA ULMER DIRECTOR 2.00 X 0. (6) JOE CRAINE DIRECTOR 2.00 X 0. (7) ED FIORI DIRECTOR 2.00 X 0. (8) DINAH MCCORD DIRECTOR 2.00 X 0. (9) KEN EFURD DIRECTOR 2.00 X 0. (10) LARRY STANFILL DIRECTOR 2.00 X 0. (11) KEITH MEADOR DIRECTOR 2.00 X 0. (12) ROBIN MULAC DIRECTOR 2.00 X 0. (13) MONT SAGELY DIRECTOR 2.00 X 0. (14) REGINA FLESHER	0	
SECRETARY/TREASURER 3.00 X X 0.	0.	0
(5) WANDA ULMER DIRECTOR (6) JOE CRAINE DIRECTOR (7) ED FIORI DIRECTOR (8) DINAH MCCORD DIRECTOR (9) KEN EFURD DIRECTOR (10) LARRY STANFILL DIRECTOR (11) KEITH MEADOR DIRECTOR (12) ROBIN MULAC DIRECTOR (13) MONT SAGELY DIRECTOR (14) REGINA PLESHER DO . O . O . O . O . O . O . O	^	
DIRECTOR 2.00 X 0.	0.	0
(6) JOE CRAINE DIRECTOR (7) ED FIORI DIRECTOR (8) DINAH MCCORD DIRECTOR (9) KEN EFURD DIRECTOR (10) LARRY STANFILL DIRECTOR (11) KEITH MEADOR DIRECTOR (12) ROBIN MULAC DIRECTOR (13) MONT SAGELY DIRECTOR (14) REGINA FLESHER DO . O . O . O . O . O . O . O	0.	_
DIRECTOR 2.00 X 0.00		0
(7) ED FIORI	0.	0
DIRECTOR		
(8) DINAH MCCORD DIRECTOR (9) KEN EFURD DIRECTOR (10) LARRY STANFILL DIRECTOR (11) KEITH MEADOR DIRECTOR (12) ROBIN MULAC DIRECTOR (13) MONT SAGELY DIRECTOR (14) REGINA FLESHER DO . O .	0.	0
Director		
(9) KEN EFURD DIRECTOR (10) LARRY STANFILL DIRECTOR (11) KEITH MEADOR DIRECTOR (12) ROBIN MULAC DIRECTOR (13) MONT SAGELY DIRECTOR (14) REGINA FLESHER	0.	0
DIRECTOR		
(10) LARRY STANFILL DIRECTOR (11) KEITH MEADOR DIRECTOR (12) ROBIN MULAC DIRECTOR (13) MONT SAGELY DIRECTOR (14) REGINA FLESHER	0.	0
(11) KEITH MEADOR DIRECTOR (12) ROBIN MULAC DIRECTOR (13) MONT SAGELY DIRECTOR 2.00 X 0. (14) REGINA FLESHER		
DIRECTOR 2.00 X 0.	0.	0
(12) ROBIN MULAC DIRECTOR (13) MONT SAGELY DIRECTOR 2.00 X 0. (14) REGINA FLESHER		
DIRECTOR 2.00 X 0.	0.	0
(13) MONT SAGELY DIRECTOR 2.00 X 0.		
DIRECTOR 2.00 X 0. (14) REGINA FLESHER	0.	0
(14) REGINA FLESHER		1
	0.	0
EXECUTIVE OFFICE MLS ADMIN 40.00 X 32,478.	_	_
	0.	0

Form 990 (2011)

Form **990** (2011)

Total number of independent contractors (including but not limited to those listed above) who received more than

\$100,000 of compensation from the organization

Part IX | Statement of Functional Expenses

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

	Check if Schedule O contains a responsion include amounts reported on lines 6b,	(A) Total expenses	(B) Program service	(C) Management and	(D) Fundraising
7b,	8b, 9b, and 10b of Part VIII.	Total expenses	expenses	general expenses	expenses
1	Grants and other assistance to governments and				
	organizations in the United States. See Part IV, line 21				
2	Grants and other assistance to individuals in				
	the United States. See Part IV, line 22	1,000.	1,000.		·····
3	Grants and other assistance to governments,				
	organizations, and individuals outside the				
	United States. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees	35,146.		35,146.	
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	11,392.		11,392.	
8	Pension plan accruals and contributions (include	İ			
	section 401(k) and section 403(b) employer contributions)				
9	Other employee benefits				
10	Payroll taxes	1,137.		1,137.	
11	Fees for services (non-employees):				
а	Management				
b	Legal				
C	Accounting	16,246.		16,246.	
d	Lobbying				
е	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	Other	196.		196.	
12	Advertising and promotion	3,523.	3,523.		
13	Office expenses	11,070.	5,156.	5,914.	<u> </u>
14	Information technology	118,523.	118,523.		
15	Royalties				
16	Occupancy	5,033.		5,033.	
17	Travel				
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	10,977.	10,977.		
20	Interest	279.		279.	
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	7,464.		7,464.	
23	Insurance	1,896.		1,896.	
24	Other expenses. Itemize expenses not covered				
	above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A)				
	amount, list line 24e expenses on Schedule O.)				
а	ASSOCIATION DUES	125,274.	125,274.		
b	BANQUET EXPENSE	8,506.	8,506.		
С	AWARDS	4,411.	4,411.		
d	REPAIR & MAINTENANCE	1,467.		1,467.	
е	All other expenses	727.		727.	
25	Total functional expenses. Add lines 1 through 24e	364,267.	277,370.	86,897.	(
26	Joint costs. Complete this line only if the organization		-		
	reported in column (B) joint costs from a combined		İ		
	educational campaign and fundraising solicitation.				
	Check here if following SOP 98-2 (ASC 958-720)				

Par	τX	Balance Sheet			
•			(A) Beginning of year		(B) End of year
	1	Cash · non-interest-bearing	147,568.	1	157,085.
	2	Savings and temporary cash investments	229,449.	2	221,862.
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net	1,875.	4	1,054.
	5	Receivables from current and former officers, directors, trustees, key			
		employees, and highest compensated employees. Complete Part II			
		of Schedule L		5	
	6	Receivables from other disqualified persons (as defined under section			
		4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing			
		employers and sponsoring organizations of section 501(c)(9) voluntary	1		
		employees' beneficiary organizations (see instructions)		6	
ets	7	Notes and loans receivable, net		7	
Assets	8	Inventones for sale or use		8	
•	9	Prepaid expenses and deferred charges	715.	9	
	10a	Land, buildings, and equipment: cost or other			
		basis. Complete Part VI of Schedule D 10a 273,681.			
	ь	Less: accumulated depreciation 10b 240,018.	37,173.	10c	33,663.
	11	Investments - publicly traded securities		11	
	12	Investments - other securities. See Part IV, line 11		12	
	13	Investments - program-related. See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets See Part IV, line 11		15	
	16	Total assets, Add lines 1 through 15 (must equal line 34)	416,780.	16	413,664.
	17	Accounts payable and accrued expenses	8,525.	17	1,389.
	18	Grants payable		18	
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities		20	
S	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
Liabilities	22	Payables to current and former officers, directors, trustees, key employees,			
iab		highest compensated employees, and disqualified persons. Complete Part II			
_	1	of Schedule L		22	
	23	Secured mortgages and notes payable to unrelated third parties	2,409.	_23	768 <u>.</u>
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities (including federal income tax, payables to related third			
		parties, and other liabilities not included on lines 17-24). Complete Part X of	_		
		Schedule D	88,706.	$\overline{}$	84,730.
	26	Total liabilities. Add lines 17 through 25	99,640.	_26	86,887.
		Organizations that follow SFAS 117, check here X and complete			
es		lines 27 through 29, and lines 33 and 34.	222 4 7 2	:	24.
anc	27	Unrestricted net assets	300,152.	_27	317,988.
Bal	28	Temporarily restricted net assets	16,988.	28	<u>8,789.</u>
밑	29	Permanently restricted net assets		29	
Net Assets or Fund Balances		Organizations that do not follow SFAS 117, check here and			
	1	complete lines 30 through 34.			
	30	Capital stock or trust principal, or current funds		30	
As	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
Vet	32	Retained earnings, endowment, accumulated income, or other funds	245 440	32	206 555
_	33	Total net assets or fund balances	317,140.	33	326,777.
	34	Total liabilities and net assets/fund balances	416,780.	34	413,664.

413,664. Form **990** (2011)

Form	990 (2011) FORT SMITH BOARD OF REALTORS, INC.	71-605	7037	Pad	_{re} 12
Pa	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response to any question in this Part XI				
1	Total revenue (must equal Part VIII, column (A), line 12)	1	373	3,9	04.
2	Total expenses (must equal Part IX, column (A), line 25)	2	364	1,2	67.
3	Revenue less expenses. Subtract line 2 from line 1	3		9,6	37.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	317	7,1	40.
5	Other changes in net assets or fund balances (explain in Schedule O)	5			0.
6	Net assets or fund balances at end of year. Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))	6	326	5,7	<u>77.</u>
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response to any question in this Part XII				X
				Yes	No
1	Accounting method used to prepare the Form 990. Cash X Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	O.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		_X_
b	Were the organization's financial statements audited by an independent accountant?		2b	X	
C	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of th	e audıt,			•
	review, or compilation of its financial statements and selection of an independent accountant?	•	2c	X	
	If the organization changed either its oversight process or selection process during the tax year, explain in Sche	edule O.			
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issue	d on a			
	separate basis, consolidated basis, or both:				
	X Separate basis Consolidated basis Both consolidated and separate basis				
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sir	igle Audit			
	Act and OMB Circular A-133?		3a		_X_
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requ	red audit			
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits.		3b		

Form **990** (2011)

SCHEDULE C

(Form 990 or 990-EZ)

Political Campaign and Lobbying Activities

For Organizations Exempt From Income Tax Under section 501(c) and section 527

2011

Open to Public Inspection

Department of the Treasury Internal Revenue Service ➤ Complete if the organization is described below. ➤ Attach to Form 990 or Form 990-EZ.

➤ See separate instructions.

If the organization answered "Yes" to Form 990, Part IV, line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then

- Section 501(c)(3) organizations: Complete Parts I-A and B. Do not complete Part I-C.
- Section 501(c) (other than section 501(c)(3)) organizations. Complete Parts I-A and C below. Do not complete Part I-B.
- Section 527 organizations: Complete Part I-A only.

If the organization answered "Yes" to Form 990, Part IV, line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)): Complete Part II-A. Do not complete Part II-B.
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)). Complete Part II-B. Do not complete Part II-A.

If the organization answered "Yes" to Form 990, Part IV, line 5 (Proxy Tax), or Form 990-EZ, Part V, line 35c (Proxy Tax), then

	Section 501(c)(4), (5), or (6) organiza	tions: Complete Part III.		· · · · · · · · · · · · · · · · · · ·	
Nan	ne of organization				Employer identification number
	FORT SM	ITH BOARD OF REA	LTORS, INC.		71-6057037
Pa	art I-A Complete if the org	ganization is exempt und	der section 501(c)	or is a section 5	27 organization.
2	Provide a description of the organize Political expenditures Volunteer hours	zation's direct and indirect politic	cal campaign activities i	n Part IV. 	▶ \$
Pa	art I-B Complete if the org	janization is exempt und	der section 501(c)	[3).	
1	Enter the amount of any excise tax	·····			▶ \$
2	Enter the amount of any excise tax	incurred by organization manag	jers under section 4955		▶ \$
3	If the organization incurred a section	n 4955 tax, did it file Form 4720	for this year?		Yes No
4 a	Was a correction made?				. Yes No
	If "Yes," describe in Part IV.			,	5047 1/01
L	art I-C Complete if the org	· · ·		<u> </u>	
	Enter the amount directly expended	, ,	•	* ** *	> \$
2	Enter the amount of the filing organ	ization's funds contributed to o	ther organizations for se	ection 527	. .
	exempt function activities				▶ \$
3	Total exempt function expenditures	s. Add lines 1 and 2. Enter here a	and on Form 1120-POL	•	•
	line 17b		• •		Yes No
4 5			INI) of all contion 527 pg	ulitical organizations to	
3	made payments. For each organiza	• •	•	•	• •
	contributions received that were pr				·
	political action committee (PAC) If	additional space is needed, pro	vide information in Part	IV.	
	(a) Name	(b) Address	(c) EIN	(d) Amount paid f	rom (e) Amount of political
	.,	. ,		filing organization	
				funds. If none, ente	er ·0·. promptly and directly delivered to a separate
					political organization.
				_	If none, enter -0-
			-		
				<u> </u>	

132041 01-27-12

LHA

For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule C (Form 990 or 990-EZ) 2011

Schedule C (Form 990 or 990-EZ) 2011 FORT Part II-A Complete if the organization	SMITH	BOARD OF RE	ALTORS, INC		5057037 Page 2	
' (election under section 5		inpt under scotto	ii oo ilojioj and iii	ea i oiiii 3700		
A Check ▶ ☐ If the filing organization belo		iliated group (and list in	Part IV each affiliated	group member's nar	ne, address, EIN,	
expenses, and share of exc	-			•		
B Check ▶ ☐ If the filing organization che			visions apply.			
	bbying Expe	nditures		(a) Filing organization's totals	(b) Affiliated group totals	
1a Total lobbying expenditures to influence pe	ublic opinion ((grass roots lobbying)				
b Total lobbying expenditures to influence a	-					
c Total lobbying expenditures (add lines 1a	-	• • •	,			
d Other exempt purpose expenditures			·		-	
e Total exempt purpose expenditures (add li	nes 1c and 1					
f Lobbying nontaxable amount. Enter the ar			h columns			
			1.			
If the amount on line 1e, column (a) or (b) is:		bying nontaxable am	11			
Not over \$500,000	1	the amount on line 1e.	1		1	
Over \$500,000 but not over \$1,000,000		00 plus 15% of the exc				
Over \$1,000,000 but not over \$1,500,000		00 plus 10% of the exc				
Over \$1,500,000 but not over \$17,000,000		00 plus 5% of the exce	ess over \$1,500,000.			
Over \$17,000,000	\$1,000,	000.				
g Grassroots nontaxable amount (enter 25% of line 1f) h Subtract line 1g from line 1a. If zero or less, enter -0- i Subtract line 1f from line 1c. If zero or less, enter -0- j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year? 4-Year Averaging Period Under Section 501(h) (Some organizations that made a section 501(h) election do not have to complete all of the five						
columns i	elow. See th	e instructions for line	es 2a through 2f on pa	ige 4.)		
Lo	bbying Expe	nditures During 4-Ye	ar Averaging Period			
Calendar year (or fiscal year beginning in)	a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) Total	
2a Lobbying nontaxable amount						
b Lobbying ceiling amount						
(150% of line 2a, column(e))						
c Total lobbying expenditures						
l Comments of the little of th						
d Grassroots nontaxable amount		<u> </u>				
e Grassroots ceiling amount (150% of line 2d, column (e))						
f Grassroots lobbying expenditures						

Schedule C (Form 990 or 990-EZ) 2011

Schedule C (Form 990 or 990-EZ) 2011 FORT SMITH BOARD OF REALTORS, INC. 71-6057037 Page 3

Part II-B | Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768

(election under section 501(h)).

For each "Yes" response to lines 1a through 1i below, provide in Part IV a detailed description		(a)	(b)
of the lobbying activity.	Yes	No	Amo	unt
During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:				
a Volunteers?				
b Paid staff or management (include compensation in expenses reported on lines 1c throug	h 1ı)?			
c Media advertisements?				
d Mailings to members, legislators, or the public?				
e Publications, or published or broadcast statements?				
f Grants to other organizations for lobbying purposes?				
g Direct contact with legislators, their staffs, government officials, or a legislative body?				
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?	?			
i Other activities?	<u></u>			
j Total. Add lines 1c through 1i				
2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?				
b If "Yes," enter the amount of any tax incurred under section 4912		i		
c If "Yes," enter the amount of any tax incurred by organization managers under section 49	12 .			
d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?				
Part III-A Complete if the organization is exempt under section 501(c)(6).	4), section 501(c	:)(5), or se	ection	
			Yes	No
1 Were substantially all (90% or more) dues received nondeductible by members?		1		X
2 Did the organization make only in-house lobbying expenditures of \$2,000 or less?		2		X
3 Did the organization agree to carry over lobbying and political expenditures from the prior	vear?	3		<u> </u>
Part III-B Complete if the organization is exempt under section 501(c)(6) 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are an answered "Yes."				e 3, is
Dues, assessments and similar amounts from members		1	354	,972.
 Section 162(e) nondeductible lobbying and political expenditures (do not include amount 	te of political	<u> </u>	771	, , , , , .
expenses for which the section 527(f) tax was paid).	is of political			
a Current year	•	. 2a		
b Carryover from last year	•	. <u>2b</u>		
c Total	·	2c		
3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(3		
4 If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion does the organization agree to carryover to the reasonable estimate of nondeductible lobb				
expenditure next year?		4		
5 Taxable amount of lobbying and political expenditures (see instructions)		5		
Part IV Supplemental Information Complete this part to provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C this part for any additional information.	C, line 5; Part II-A; and	d Part II-B, lir	ne 1. Also, c	omplete
				
				

SCHEDULE D

(Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements ► Complete if the organization answered "Yes," to Form 990,

➤ Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. ➤ Attach to Form 990. ➤ See separate instructions.

2011
Open to Public Inspection

Name of the organization

FORT SMITH BOARD OF REALTORS, INC.

Employer identification number

Pai	t I Organizations Maintaining Donor Advise		or Accounts Complete of the
<u> </u>	organization answered "Yes" to Form 990, Part IV, line		of Accounts. Complete if the
	organization answered Tes to Form 950, Fart IV, line	(a) Donor advised funds	(b) Funds and other accounts
	Total number at and of year	(a) Borier advised failed	(b) i ditas and other accounts
1	Total number at end of year		
2	Aggregate contributions to (during year)		
3	Aggregate grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in	_	
_	are the organization's property, subject to the organization's	-	· ···· Yes
6	Did the organization inform all grantees, donors, and donor a		•
	for charitable purposes and not for the benefit of the donor of	or donor advisor, or for any other purpose	
Pai	impermissible private benefit? † II Conservation Easements. Complete if the org	- · · · · · · · · · · · · · · · · · · ·	Yes No
			Part IV, line /
1	Purpose(s) of conservation easements held by the organizati	: · · · · · · · · · · · · · · · ·	
	Preservation of land for public use (e.g., recreation or e		storically important land area
	Protection of natural habitat	Preservation of a cert	ified historic structure
_	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qualit	lied conservation contribution in the form	of a conservation easement on the last
	day of the tax year.		<u> </u>
	T-1.1.		Held at the End of the Tax Year
а	Total number of conservation easements		2a
þ	Total acreage restricted by conservation easements		2b
C	Number of conservation easements on a certified historic str		. 2c
d	Number of conservation easements included in (c) acquired a	after 8/17/06, and not on a historic struct	į į
_	listed in the National Register		. 2d
3	Number of conservation easements modified, transferred, rel	leased, extinguished, or terminated by the	e organization during the tax
	year >		
4	Number of states where property subject to conservation ear		
5	Does the organization have a written policy regarding the per		
_	violations, and enforcement of the conservation easements if	· · · · · · · · · · · · · · · · · · ·	☐ Yes ☐ No
6 	Staff and volunteer hours devoted to monitoring, inspecting,		
7	Amount of expenses incurred in monitoring, inspecting, and	-	
8	Does each conservation easement reported on line 2(d) above	e satisty the requirements of section 170	
_	and section 170(h)(4)(B)(ii)?		Yes No
9	In Part XIV, describe how the organization reports conservati	·	
	include, if applicable, the text of the footnote to the organization	don's linancial statements that describes	the organization's accounting for
Pai	t III Organizations Maintaining Collections or	f Art Historical Treasures or O	ther Similar Assets
	Complete if the organization answered "Yes" to Form	-	diei Olilliai Assets.
12	If the organization elected, as permitted under SFAS 116 (AS		ment and halance sheet wades of ort
14	historical treasures, or other similar assets held for public ext		•
	the text of the footnote to its financial statements that descri		rice of public service, provide, in Part XIV,
			hand balance should not set by the color
b	If the organization elected, as permitted under SFAS 116 (AS		
	treasures, or other similar assets held for public exhibition, ed	ducation, or research in furtherance of pu	blic service, provide the following amounts
	relating to these items:		> 0
	(i) Revenues included in Form 990, Part VIII, line 1		> \$
^	(ii) Assets included in Form 990, Part X		\$
2	If the organization received or held works of art, historical treation following amounts required to be repeated under SEAS 1.		ıı gaın, provide
_	the following amounts required to be reported under SFAS 1	16 (ASC 958) relating to these items	. .
a	Revenues included in Form 990, Part VIII, line 1		S
b	Assets included in Form 990, Part X		> \$

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. 132051

Schedule D (Form 990) 2011

		ITH BOARD				71-6	057037 Pa	ge 2
З	Using the organization's acquisition, accessi	on, and other record	s, check any of th	e following tha	it are a sign	ıficant use of ı	ts collection items	,
	(check all that apply)							
а	Public exhibition	d		change progra				
b	Scholarly research	е	L Other					
С	Preservation for future generations							
4	Provide a description of the organization's co		•	-	-		art XIV.	
5	During the year, did the organization solicit o				er simılar as	sets		
	to be sold to raise funds rather than to be ma					<u> </u>	Yes	No.
Pai	t IV Escrow and Custodial Arran		te if the organizat	ion answered	"Yes" to Fo	rm 990, Part I	/, line 9, or	
	reported an amount on Form 990, Par	rt X, line 21.						
1a	Is the organization an agent, trustee, custodi	an or other intermed	ary for contribution	ons or other as	sets not inc	luded		
	on Form 990, Part X?					. [Yes 🔲	No
b	If "Yes," explain the arrangement in Part XIV	and complete the fol	lowing table:					
							Amount	
С	Beginning balance					1c		
d	Additions during the year					1d		
е	Distributions during the year					1e		
f	Ending balance					1f		
2a	Did the organization include an amount on Fo	orm 990, Part X, line	21?				Yes	No
	If "Yes," explain the arrangement in Part XIV.				·			
Pai	t V Endowment Funds. Complete it	f the organization and	swered "Yes" to F	orm 990, Part	IV, line 10.			
		(a) Current year	(b) Prior year	(c) Two year	rs back (d)	Three years bad	k (e) Four years b	ack
1a	Beginning of year balance	<u> </u>	- 				,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
b	Contributions					-		
C	Net investment earnings, gains, and losses				-			
d	Grants or scholarships			 				
e	Other expenditures for facilities							
•	and programs							
f	Administrative expenses			- 				
g	End of year balance						_	
2	Provide the estimated percentage of the curr	rent year end balance	e (line 1a, column	(a)) held as:	l			
_ 	Board designated or quasi-endowment		%	(a)) Held as				
b	Permanent endowment	%						
	Temporarily restricted endowment	% %						
·	The percentages in lines 2a, 2b, and 2c shou							
За	Are there endowment funds not in the posse	•	tion that are held	and administs	rod for the	organization		
ou	by:	33ion of the organiza	mon that are neig	and administe	ied for the	organization	Yes	No
	(i) unrelated organizations							NO
	(ii) related organizations		•	-		•	3a(i)	—
	.,		- Cabadula DO	••		•	3a(ii)	
_	If "Yes" to 3a(II), are the related organizations				•	•	3b	
Par	Describe in Part XIV the intended uses of the tVI Land, Buildings, and Equipm							—
I ai			i	1				
	Description of property	(a) Cost or ot basis (investm	, ,	st or other s (other)	• •	mulated ciation	(d) Book value	
1a	Land		<u> </u>	15,318.			15,31	8
	Buildings			60,846.	5	7,136.	3,71	
	Leasehold improvements		-	27,040.		,,130.	J, / 1	. •
	Equipment		1	97,517.	1 8	2,882.	14,63	5
	Other		- -					<u> </u>
	. Add lines 1a through 1e (Column (d) must e	gual Form 990 Part	X column (R) line	10(c))	-·····································		33,66	:3
		,	,	. 5 (5)./			33,00	<u> </u>

Schedule D (Form 990) 2011

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

FIN 48 (ASC 740) Footnote In Part XIV, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under 132053

Schedule D. (Form 9

Sche	t XI Reconciliation of Change in Net Assets from Form 990 to A		INC.			5057037 Page 4
		Tuult		lale	mem	
1	Total revenue (Form 990, Part VIII, column (A), line 12)		1			373,904.
2	Total expenses (Form 990, Part IX, column (A), line 25)		2			364,267.
3	Excess or (deficit) for the year. Subtract line 2 from line 1		3			9,637.
4	Net unrealized gains (losses) on investments		4			
5	Donated services and use of facilities		5			
6	Investment expenses		6			
7	Prior period adjustments .		. 7			
8	Other (Describe in Part XIV)		8			<u></u>
9	Total adjustments (net). Add lines 4 through 8		9			
10 Par	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and t XII Reconciliation of Revenue per Audited Financial Statemen		ith Revenue po	er Re	eturn	9,637.
1	Total revenue, gains, and other support per audited financial statements				1	457,353.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			ŀ	-	437,333.
	Net unrealized gains on investments	2a				
b	Donated services and use of facilities	2b			ĺ	
	Recoveries of prior year grants	2c	_			
d	Other (Describe in Part XIV)	2d	83,44	10		
	Add lines 2a through 2d	_ Zu	03,45	<u>.</u> .	0-	83,449.
		•	•		2e	373,904.
3	Subtract line 2e from line 1	•			3	3/3,904.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:	1 . 1				
	Investment expenses not included on Form 990, Part VIII, line 7b	4a	-			
	Other (Describe in Part XIV)	_4b				_
С	Add lines 4a and 4b				4c	0.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)			٠ا	5	373,904.
Par	t XIII Reconciliation of Expenses per Audited Financial Stateme	nts v	Vith Expenses	per	Retu	
1	Total expenses and losses per audited financial statements				1	447,716.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25	. 1				
а	Donated services and use of facilities	2a				
b	Pnor year adjustments	2b				
С	Other losses	2c				
d	Other (Describe in Part XIV.)	2d	83,44	19.	İ	
е	Add lines 2a through 2d			.	2e	83,449.
3	Subtract line 2e from line 1				3	<u>364,267.</u>
4	Amounts included on Form 990, Part IX, line 25, but not on line 1					
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a				
b	Other (Describe in Part XIV.)	4b				
С	Add lines 4a and 4b			.	4c	0.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)				5	364,267.
Par	t XIV Supplemental Information		.=.			
Comp	elete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III,	lines 1	a and 4; Part IV, lir	es 1b	and 2	b; Part V, line 4; Part
	2; Part XI, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b. Also comple					
PAF	T X, LINE 2: THE ORGANIZATION QUALIFIES AS	AN	ORGANIZAT	CIO	N E	KEMPT
ED.	M INCOME TAXES UNDER SECTION 501(C)(6) OF	mur	TMEDNAT	DE.	t / Er NTI	JE CODE AND
1110	M INCOME TAKES SUDER SECTION SOTIC/(0) OF	11115	THIERMAL	KE	A ETA	DE CODE AND
<u>A S</u>	IMILAR STATE STATUTE AND IS NOT SUBJECT TO	TA	X AT THE	ENT	ITY	LEVEL FOR
FEL	ERAL AND STATE INCOME TAX PURPOSES. THE O	RGAI	NIZATION A	ACC	OUN	rs for
UNC	ERTAIN TAX POSITIONS IN ACCORDANCE WITH TH	E P	ROVISIONS	OF	FAS	SB
COL	IFICATION TOPIC INCOME TAXES. FASB CODIFI	CAT:	ION TOPIC	IN	СОМ	TAXES
CLA	RIFIES THE ACCOUNTING FOR UNCERTAINTY IN I	NCO	ME TAXES A	ND	REG	QUIRES THE
ORG	ANIZATION TO RECOGNIZE IN THEIR FINANCIAL	STA'	TEMENTS TH	IE_	IMP2	ACT OF A
					Sched	ule D (Form 990) 2011

Schedule D (Form 990) 2011 FORT SMITH BOARD OF REALTORS, INC. 71-6057037 Page 5 Part XIV Supplemental Information (continued)
TAX POSITION TAKEN OR EXPECTED TO BE TAKEN IN A TAX RETURN, IF THAT
POSITION IS MORE LIKELY THAN NOT TO BE SUSTAINED UNDER AUDIT, BASED ON THE
TECHNICAL MERITS OF THE POSITION. MANAGEMENT HAS ASSESSED THE TAX
POSITIONS OF THE ORGANIZATION AND DETERMINED THAT NO POSITIONS EXIST THAT
REQUIRE ADJUSTMENT OR DISCLOSURE UNDER THE PROVISIONS OF FASB CODIFICATION
TOPIC INCOME TAXES.
THE ORGANIZATION FILES INFORMATIONAL RETURN OF ORGANIZATION EXEMPT FROM
INCOME TAX (FORM 990) IN THE U.S. FEDERAL JURISDICTION AND ARKANSAS. WITH
FEW EXCEPTIONS, THE ORGANIZATION IS NO LONGER SUBJECT TO U.S. FEDERAL,
STATE OR LOCAL INFORMATIONAL RETURN EXAMINATIONS BY TAX AUTHORITIES FOR
THE YEARS BEFORE 2007.
PART XII, LINE 2D - OTHER ADJUSTMENTS:
INTERCOMPANY CHARGES 56,000.
SPECIAL EVENT CONTRIBUTIONS 27,449.
TOTAL TO SCHEDULE D, PART XII, LINE 2D 83,449.
PART XIII, LINE 2D - OTHER ADJUSTMENTS:
SPECIAL EVENT EXPENSES 27,449.
INTERCOMPANY EXPENSES 56,000.
TOTAL TO SCHEDULE D, PART XIII, LINE 2D 83,449.

SCHEDULE G

Department of the Treasury

Internal Revenue Service

(Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered "Yes" to Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

➤ Attach to Form 990 or Form 990-EZ. ➤ See separate instructions.

OMB No 1545-0047

2011

Open To Public Inspection

Name of the organization							ntification number
	TH BOARD OF REALT					71-6057	
Part I Fundraising Activities. Correquired to complete this part.	omplete if the organization answe	ered "Y	'es" to	Form 990, Part IV, I	line 17.	Form 990-EZ	filers are not
Indicate whether the organization raised a Mail solicitations Internet and email solicitations Phone solicitations In-person solicitations In-person solicitations In-person solicitations In-person solicitations	e Solicitat f Solicitat g Special ral agreement with any individual	tion of tion of fundra	non-ge govern ising e	overnment grants nment grants events fficers, directors, trus	stees o	r Yes	□ No
b If "Yes," list the ten highest paid individed compensated at least \$5,000 by the org		uant to	agre	ements under which	the fur	draiser is to l	be
(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) fundr have co or con contribu	istody trol of	(iv) Gross receipts from activity	tò (or fu	mount paid retained by) ndraiser d in col. (i)	(vi) Amount paid to (or retained by) organization
		Yes	No				
							-
						_	
							<u></u>
Stall states in which the organization is or licensing.	registered or licensed to solicit	contrib	utions	or has been notified	dıtise:	empt from re	egistration
or ilicensing							

LHA Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule G (Form 990 or 990-EZ) 2011

Га	rt l	II Fundraising Events. Complete if the	e organization answered	"Yes" to Form 990, Part	IV, line 18, or reported	6057037 Page 2 more than \$15,000
•		of fundraising event contributions and gr		EZ, lines 1 and 6b. List e		
			(a) Event #1 SPECIAL OLYMPICS	(b) Event #2	(c) Other events NONE	(d) Total events (add col. (a) through col. (c))
ę			(event type)	(event type)	(total number)	Coi. (C))
Revenue	1	Gross receipts	27,704.			27,704.
	2	Less: Charitable contributions				
	_		27.704			27.704
-	3	Gross income (line 1 minus line 2)	27,704.			27,704.
	4	Cash prizes				
ses	5	Noncash prizes				
Direct Expenses	6	Rent/facility costs				
Jireci	7	Food and beverages				
_	8	Entertainment				
	9	Other direct expenses	27,449.			27,449.
	10	. , ,			🟲	(27,449)
Pa	11 rt l	Net income summary. Combine line 3, column III Gaming. Complete if the organization		990. Part IV. line 19. or re	eported more than	255.
		\$15,000 on Form 990-EZ, line 6a.				
Revenue			(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col (a) through col. (c))
Be	1	Gross revenue				
nses	2					
o i		·				
Expe	3	Cash prizes Noncash prizes				
Direct Expenses	3	·				
Direct Expe	4	Noncash prizes				
Direct Expe	4	Noncash prizes Rent/facility costs Other direct expenses	Yes%	Yes%	Yes %	
Direct Expe	4	Noncash prizes Rent/facility costs Other direct expenses	No			()
Direct Expe	4 5 6	Noncash prizes Rent/facility costs Other direct expenses Volunteer labor Direct expense summary. Add lines 2 through	No h 5 in column (d)	□ No	□ No ►	()
ā	4 5 6 7 8	Noncash prizes Rent/facility costs Other direct expenses Volunteer labor Direct expense summary. Add lines 2 through	No h 5 in column (d) h, column d, and line 7		□ No ►	
9 a	4 5 6 7 8 En	Noncash prizes Rent/facility costs Other direct expenses Volunteer labor Direct expense summary. Add lines 2 through	No h 5 in column (d) h, column d, and line 7 htes gaming activities:	No No	□ No ►	() Yes No
9 ab	4 5 6 7 8 En is 1	Noncash prizes Rent/facility costs Other direct expenses Volunteer labor Direct expense summary. Add lines 2 through Net gaming income summary. Combine line ter the state(s) in which the organization operate organization licensed to operate gaming activo," explain.	No h 5 in column (d) h, column d, and line 7 ates gaming activities:		No	
9 a b	4 5 6 7 8 En Is 1 If "	Noncash prizes Rent/facility costs Other direct expenses Volunteer labor Direct expense summary. Add lines 2 through Net gaming income summary. Combine line ter the state(s) in which the organization operate organization licensed to operate gaming and	No h 5 in column (d) h, column d, and line 7 htes gaming activities: ctivities in each of these services.		No	Yes No
9 a b	4 5 6 7 8 En Is 1 If "	Noncash prizes Rent/facility costs Other direct expenses Volunteer labor Direct expense summary. Add lines 2 through Net gaming income summary. Combine line ter the state(s) in which the organization operate organization licensed to operate gaming active organization. Property of the organization's gaming licenses researched.	No h 5 in column (d) h, column d, and line 7 htes gaming activities: ctivities in each of these services.		No	

11 Does the organization operate gaming activity operated in trust or a member of a partnership or other entity formed to administer charactable gaming? Yes No No No No No No No N	Schedule G (Form 990 or 990-EZ) 2011 FORT SMITH BOARD OF REALTORS, INC. 71-6057037 Page	<u>je 3</u>
to administer chantable gaming? It a difficultate the percentage of gaming activity operated in: It a The organization's facility An outside facility Name Address Address Address If a Does the organization have a contract with a third party from whom the organization receives gaming revenue? If Yes, enter the amount of gaming revenue received by the organization If "Yes," enter the amount of gaming revenue received by the organization If "Yes," enter name and address of the third party: Name Address C If "Yes," enter name and address of the third party: Name Address Description of services provided Director/officer Employee Independent contractor Mandatory distributions. a is the organization required under state law to make chantable distributions from the gaming proceeds to retain the state gaming license? Beart IV Supplemental Information. Complete this part to provide the explanations required by Part I, line 2b, columns (iii) and (iv), and Part III,	11 Does the organization operate gaming activities with nonmembers?	No
13 Indicate the percentage of gaming activity operated in: a The organization's facility b An outside facility 13a	12 \ Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed	
a The organization's facility b An outside facility 13a	to administer charitable gaming?	No
b An outside facility 14 Enter the name and address of the person who prepares the organization's gaming/special events books and records' Name ▶ Address ▶ 15a Does the organization have a contract with a third party from whom the organization receives gaming revenue?	13 Indicate the percentage of gaming activity operated in:	
14 Enter the name and address of the person who prepares the organization's gaming/special events books and records: Name ▶ Address ▶ 15a Does the organization have a contract with a third party from whom the organization receives gaming revenue?	a The organization's facility	%
Name ►	b An outside facility	<u>%</u>
Address 15a Does the organization have a contract with a third party from whom the organization receives gaming revenue? 15a Does the organization have a contract with a third party from whom the organization receives gaming revenue? 15 If "Yes," enter the amount of gaming revenue received by the organization and the amount of gaming revenue retained by the third party: 16 Saming manager information: 17 Mandatory distributions. 18 Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? 17 Independent contractor 18 Independent contractor 19 Mandatory distributions. 19 Independent contractor 19 Mandatory distributions. 20 Independent contractor	14 Enter the name and address of the person who prepares the organization's gaming/special events books and records:	
15a Does the organization have a contract with a third party from whom the organization receives gaming revenue?	Name	
b if "Yes," enter the amount of gaming revenue received by the organization ▶ \$ and the amount of gaming revenue retained by the third party ▶ \$ c if "Yes," enter name and address of the third party: Name ▶ Address ▶ 16 Gaming manager information: Name ▶ Gaming manager compensation ▶ \$ Description of services provided ▶ Director/officer	Address >	
of gaming revenue retained by the third party ▶\$ c If "Yes," enter name and address of the third party: Name ▶ Address ▶ 16 Gaming manager information: Name ▶ Gaming manager compensation ▶ \$ Description of services provided ▶ □ Director/officer □ Employee □ Independent contractor 17 Mandatory distributions. a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$ Part IV Supplemental Information. Complete this part to provide the explanations required by Part I, line 2b, columns (iii) and (v), and Part III,	15a Does the organization have a contract with a third party from whom the organization receives gaming revenue?	No
of gaming revenue retained by the third party ▶\$ c If "Yes," enter name and address of the third party: Name ▶ Address ▶ 16 Gaming manager information: Name ▶ Gaming manager compensation ▶ \$ Description of services provided ▶ □ Director/officer □ Employee □ Independent contractor 17 Mandatory distributions. a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$ Part IV Supplemental Information. Complete this part to provide the explanations required by Part I, line 2b, columns (iii) and (v), and Part III,	b If "Yes." enter the amount of gaming revenue received by the organization ▶ \$ and the amount	
c if "Yes," enter name and address of the third party: Name ▶ Address ▶ 16 Gaming manager information: Name ▶ Gaming manager compensation ▶ \$ Description of services provided ▶ Director/officer Employee Independent contractor 17 Mandatory distributions. a is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$ Part IV Supplemental Information. Complete this part to provide the explanations required by Part I, line 2b, columns (iii) and (v), and Part III,		
Address Gaming manager information: Name Gaming manager compensation \$ Description of services provided Director/officer Employee Independent contractor 17 Mandatory distributions. a Is the organization required under state law to make chantable distributions from the gaming proceeds to retain the state gaming license? b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year \$ Part IV Supplemental Information. Complete this part to provide the explanations required by Part I, line 2b, columns (iii) and (v), and Part III,		
Address Gaming manager information: Name Gaming manager compensation \$ Description of services provided Director/officer Employee Independent contractor 17 Mandatory distributions. a Is the organization required under state law to make chantable distributions from the gaming proceeds to retain the state gaming license? b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year \$ Part IV Supplemental Information. Complete this part to provide the explanations required by Part I, line 2b, columns (iii) and (v), and Part III,	Name ▶	
Name ► Gaming manager compensation ► \$ Description of services provided ► Director/officer		
Gaming manager compensation ▶ \$ Description of services provided ▶ Director/officer		
Description of services provided ▶ Director/officer		
Director/officer	Name	—
Director/officer	Gaming manager compensation ▶ \$	
Director/officer	Description of services provided	
17 Mandatory distributions. a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$ Part IV Supplemental Information. Complete this part to provide the explanations required by Part I, line 2b, columns (iii) and (v), and Part III,		
17 Mandatory distributions. a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$ Part IV Supplemental Information. Complete this part to provide the explanations required by Part I, line 2b, columns (iii) and (v), and Part III,		
a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? ▶ Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$ Part IV Supplemental Information. Complete this part to provide the explanations required by Part I, line 2b, columns (iii) and (v), and Part III,	Director/officer Employee Independent contractor	
retain the state gaming license? b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year Supplemental Information. Complete this part to provide the explanations required by Part I, line 2b, columns (iii) and (v), and Part III,	17 Mandatory distributions.	
retain the state gaming license? b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year Supplemental Information. Complete this part to provide the explanations required by Part I, line 2b, columns (iii) and (v), and Part III,	·	
organization's own exempt activities during the tax year ► \$ Part IV Supplemental Information. Complete this part to provide the explanations required by Part I, line 2b, columns (iii) and (v), and Part III,	retain the state gaming license?	No
Part IV Supplemental Information. Complete this part to provide the explanations required by Part I, line 2b, columns (iii) and (v), and Part III,	b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the	
		-
		

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 990-EZ or to provide any additional information.

Attach to Form 990 or 990-EZ.

2011
Open to Public Inspection

Name of the organization

FORT SMITH BOARD OF REALTORS, INC.

Employer identification number 71-6057037

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:
EXERTING A BENEFICIAL INFLUENCE UPON THE PROFESSION & RELATED INTEREST.
FORM 990, PART VI, SECTION A, LINE 6: MEMBERS
FORM 990, PART VI, SECTION A, LINE 7A: FORT SMITH BOARD OF REALTORS, INC.
HAS AN AVERAGE OF 450-550 MEMBERS, AND 11% OF THE MEMBERS MUST BE PRESENT
FOR A QUORUM TO VOTE. THEY ELECT THE BOARD OF DIRECTORS AND HOLD AN ANNUAL
ELECTION. ONLY 1/3 OF THE GOVERNING BODY'S TERM EXPIRE ANNUALLY, SO THERE
ARE USUALLY 2 OR 3 OF THE DIRECTORS BEING ELECTED ANNUALLY IN ADDITION TO
PRESIDENT, PRESIDENT ELECT, VICE PRESIDENT, AND SECRETARY.
FORM 990, PART VI, SECTION A, LINE 7B: THE MEMBERS MUST APPROVE THE
OPERATING BUDGETS AND ANY PURCHASES ABOVE \$2,500.00.
FORM 990, PART VI, SECTION B, LINE 11: THE BOARD OF DIRECTORS REVIEWS A
PRELIMINARY 990. ANY QUESTIONS ARE ANSWERED. THE RETURN IS THEN APPROVED
BY THE BOARD FOR FILING.
FORM 990, PART VI, SECTION B, LINE 12C: FORT SMITH BOARD OF REALTORS, INC.
IS CONSIDERED A LOCAL ASSOCIATION, MEMBER OF THE STATE AND NATIONAL
ASSOCIATIONS OF REALTORS. WE ARE MONITORED ON AN ONGOING BASIS ON A LOCAL
LEVEL, A BI-ANNUAL AUDIT OF POLICIES IS DONE BY THE STATE ASSOCIATION AND
THE NATIONAL ASSOCIATION. OUR POLICIES MUST BE IN COMPLIANCE WITH STATE

AND NATIONAL POLICY.

Schedule O (Form 990 or 990-EZ) (2011)	Page 2
Name of the organization FORT SMITH BOARD OF REALTORS, INC.	Employer identification number 71-6057037
FORM 990, PART VI, SECTION B, LINE 15: THE HIRING COMMITT	EE (5 MEMBERS)
AND INTERVIEW COMMITTEE (13 MEMBERS) OF BOARD OF DIRECTOR	S SET THE MAXIMUM
DOLLAR AMOUNT OF SALARY. EO DECIDES BASED UPON PERFORMAN	ICE EVALUATION.
FORM 990, PART VI, SECTION C, LINE 19: THE GOVERNING DOCU	MENTS AND
FINANCIAL STATEMENTS ARE AVAILABLE TO THE PUBLIC UPON REC	UEST.
FORM 990, PART XII, LINE 2C	
THE PROCESS OF REVIEWING 990 HAS NOT BEEN CHANGED FROM PR	RIOR YEAR.

Department of the Treasury Internal Revenue Service SCHEDULE R (Form 990)

Related Organizations and Unrelated Partnerships

Complete if the organization answered "Yes" to Form 990, Part IV, line 33, 34, 35, 36, or 37.
 Attach to Form 990.

OMB No 1545-0047

Name of the organization

FORT SMITH BOARD OF REALTORS, INC.

2011 Open to Public Employer identification number 71-6057037

Part	Identification of Disregarded Entities (Complete if the organization answered "Yes" to Form 990, Part IV, line 33.)	e if the organization answered "Yes"	to Form 990, Part IV, line 33)			
	(a)	(q)	(0)	(p)	(e)		(J)
	Name, address, and EIN of disregarded entity	Primary activity	Legal domicile (state or foreign country)	Total income	e End-of-year assets		Direct controlling entity
		-					
Part II	Identification of Related Tax-Exempt Organizations (Complete if the organization answered "Yes" to Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.)	tions (Complete if the organization a	answered "Yes" to Form 990,	Part IV, line 34 bec	ause it had one or	more related tax-exen	npt
	(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	Section \$12(b)(13) controlled entity?
ARKANSAS ASS 11224 EXECUT LITTLE ROCK	ARKANSAS ASSOCIATION OF REALTORS 11224 EXECUTIVE CENTER DR LITTLE ROCK AR 72211		ARKANSAS	501(C)(6)			
MATIONAL 430 NOR CHICAGO	L ASSOCIATION TH MICHIGA		ILLINOIS	501(C)(6)			×

Schedule R (Form 990) 2011

71-6057037 .Page 2

Schedule R (Form 990) 2011 FORT SMITH BOARD OF REALTORS, INC.

Identification of Related Organizations Taxable as a Partnership (Complete if the organization answered "Yes" to Form 990, Part IV, line 34 because it had one or more related organizations treated as a partnership during the tax year.) Part III

(a) Name, address, and EIN of related organization	(b) Primary activity	Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	nt income rielated, n tax under 12-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations? Yes No	(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	General or managing partner?	General or Percentage managing ownership Percentage
	o choose to choose		o Tan or T	ot-	, and a second		CO	70 V	1		
Part IV organizations treated as a corporation or trust during the tax year) (a) (b) (c) (d) (e) (f) (f) (g) (h)	poration or trust durin	g the tax	/ear) (b)		(c)	(d)	(e)	(c)	Decades it flad	(6)	(h)
Name, address, and EIN of related organization	7		Primary activity		Legal domicite (state or foreign country)	Direct controlling entity	Type of entity (C corp, S corp, or trust)	Share of total income		of year ts	Percentage ownership
					-						
132 162 01-23-12				27					Schedule	e R (Form	Schedule R (Form 990) 2011

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INC. FORT SMITH BOARD OF REALTORS, Schedule R (Form 990) 2011

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əntity is lis the organ	antity is listed in Parts II, in! or IV of this schedule.	the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?
	sted in Parts II,	ızatıon engage ın any o
~ ~	Note.	-

- Receipt of (i) interest (ii) annuities (iii) royalties or (iv) rent from a controlled entity
 - Gift, grant, or capital contribution to related organization(s)
- Gift, grant, or capital contribution from related organization(s)
 - d Loans or loan guarantees to or for related organization(s)
- e Loans or loan guarantees by related organization(s)
- Sale of assets to related organization(s)
- Purchase of assets from related organization(s)
- h Exchange of assets with related organization(s)
- i Lease of facilities, equipment, or other assets to related organization(s)
- j Lease of facilities, equipment, or other assets from related organization(s)
- k Performance of services or membership or fundraising solicitations for related organization(s) 1 Performance of services or membership or fundraising solicitations by related organization(s)

 - m Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)
 - n Sharing of paid employees with related organization(s)
- Reimbursement paid to related organization(s) for expenses

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- Reimbursement paid by related organization(s) for expenses
- q Other transfer of cash or property to related organization(s)
- Other transfer of cash or property from related organization(s)

2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.

(d) Method of determining amount involved				
(c) Amount involved	50,923.	72,980.		
(b) Transaction type (a-r)	Ж	Ж		
(a) Name of other organization	(1) NATIONAL ASSOCIATION OF REALTORS	(2) ARKANSAS ASSOCIATION OF REALTORS	(3)	

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Schedule R (Form 990) 2011

71-6057037

Page 4

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Schedule R (Form 990) 2011 FORT SMITH BOARD OF REALTORS, INC.

Part VI Unrelated Organizations Taxable as a Partnership (Complete if the organization answered "Yes" to Form 990, Part IV, line 37)

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships

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(k) Percent owners				2 (066 1
(j) eneral or anaging eartner?				I (Form
(h) (i) (j) (k)				Schedule R (Form 990) 2011
(h) spropor- lionate ocations?				
(9) Share of DI end-of-year all assets				
(f) Share of total income				
(e) Are all Are all 501(c)(3) orgs ? 4) Yes No				
(d) Are all Predominant income parties sec (related, unrelated, excluded from tax under section 512-514) yes No				
(c) Legal domicile (state or foreign country)				
(b) Primary activity				
(a) Name, address, and EiN of entity				

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Schedule R	(Form 990) 2011 Supplemental Infor	FORT	SMITH	BOARD	OF	REALTORS,	INC.	71-6057037 Page 5
rait VIII			1					
	Complete this part to pro-	vide additio	onal informa	tion for resp	onses	to questions on Sc	chedule H (see ins	tructions)
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Note, Only complete Part II if you have airsady been granted an automatic 3-month extension on a previously filed Form 8888. If you are filing for an Automatic 3-Month Extension, complete only Part I (IO nage 1). Part II Additional (Not Automatic) 3-Month Extension of Time. Only file the original (no copies needed). Fine Filing is identifying number, see instructions Type or print fire by the file of the print of the print of the print is seen to the print is seen to the print is seen to the print is the print is seen to the print is seen that the print is seen that the print is seen that the print is seen that the print is seen that the print is seen that the print is seen that the print is seen in the print is seen that t			tension, d	complete only Part II and check this	s box		
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Name of exempt organization or other filer, see instructions	• If you a						
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FORT SMITH BOARD OF REALTORS, INC. X 71-6057037	Type or	Name of exempt organization or other filer, see instru	ctions		Employe	r identification nu	ımber (EIN) or
Number, street, and room or suite no. If a P.O. box, see instructions. 1715 NORTH B STREET	print						
Total section Section 3 NoRTH B STREET City, town or post office, state, and ZIP code. For a foreign address, see instructions. FORT SMITH, AR 72901	File by the	FORT SMITH BOARD OF REALTORS	S, IN	C	X	71-6057	037
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Application Return Application Return Application Return Is For Code Form 990 O1 Form 1041-A O8 Form 990-BL O2 Form 1041-A O8 Form 990-EZ O1 Form 4720 O9 Form 990-EZ O1 Form 4720 O9 Form 990-T (see. 401(a) or 408(a) trust) O5 Form 6069 11 Form 990-T (see. 401(a) or 408(a) trust) O5 Form 6069 11 Form 990-T (trust other than above) O6 Form 8870 12 STOPI Do not complete Part II if you were not already granted an automatic 3-month extension on a previously filed Form 8868. REGINA L. FLESHER * The books are in the care of ▶ 1715 NORTH B STREET - FORT SMITH, AR 72901 Telephone No.▶ 479-783-0655 FAX No.▶ If the organization does not have an office or place of business in the United States, check this box If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) If this is for the whole group, check this box In this is for a Group Return, enter the organization of time until NOVEMBER 15, 2012. For calendar year 2011, or other tax year beginning and attach a list with the names and ElNs of all members the extension is for. NOVEMBER 15, 2012. For calendar year 2011, or other tax year beginning and ending Final return Final return Change in accounting penod If the tax year entered in line 5 is for Itess than 12 months, check reason: Initial return Final return ADDITIONAL TIME NEEDED FOR COMPLETING THE RETURN Ba If this application is for Form 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions. 8a \$ 0. Ba If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made, Include any prior year overpayment allowed as a credit and any amount paid previously with Form 8868. 0. Balance due, Subtract line 8b from line 8a. Include your payment with this form, if required, by using EFIPS (Electronic Federal Tax Payment System). See instructions. 8c \$ 0.		FORT SMITH, AR 72901			 -		
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Under penalties of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the best of my knowledge and belief,	Under nen	J		•	•	of my knowledge or	nd helief
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