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A For the 2011 calendar year, or tax year beginning 01-01-2011

As Filed Data -

DLN: 93492136025212

OMB No 1545-1150

2011

Form 990-EZ

Department of the Treasury Internal Revenue Service

Short Form Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code

(except black lung benefit trust or private foundation)

Sponsoring organizations of donor advised funds, organizations that operate one or more hospital facilities, and certain controlling organizations as defined in section 512(b)(13) must file Form 990 (see instructions)

All other organizations with gross receipts less than \$200,000 and total assets less than \$500,000 at the end of the year may use this form

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

, and ending 12-31-2011

Open to Public Inspection

Check if applicable Address change Name change			C Name of organization	D Employer identification number				
			CALDWELL BOARD OF REALTORS INC	_	82-0368735			
	ame ch iitial ret		Number and street (or P O box, if mail is not delivered to street address) Rocc 2922 CLEVELAND BLVD	E Telephone number				
_	ımınat eminat							
_		d return	City or town, state or country, and ZIP + 4		- I		Exemption	on
	plication	on pending	CALDWELL, ID 836056764			Numb	er l	•
G A c	count	ting method	✓ Cash		H Check	► T if	the org	anızatıon ıs not
U A C	count	ing method	- Cush - Accidal Other (Specify) -				ch Sche	edule B · 990-PF)
ΙWε	ebsite	.► NA		_	(FOIII 9	90,990	J-LZ, 01	990-27)
J Tax	-Exem _l	pt status (check	c only one)— 501(c)(3) 501(c)(6) ◀(insert no) 4947(a)(1) or 527	7				
<u> </u>	eck 🕨	If the orga	anization is not a section 509(a)(3) supporting organization or a sec	ction 5	27 organiza	ation an	d its gro	ss receipts are
norm	nally n	ot more than	\$50,000 A Form 990-EZ or Form 990 return is not required thou	ugh For				
			organization chooses to file a return, be sure to file a complete ret o line 9 to determine gross receipts, If gross receipts are \$200,000 or more, or if to		ts (Part II, line	25. colu	mn (B) be	elow) are \$500,000 o
more,	, file	Form 990 instea	d of Form 990-EZ ► \$ 81,899					
Pa	rt I		e, Expenses, and Changes in Net Assets or Fund Bala ne organization used Schedule O to respond to any question in this l		(See the II	nstructi	ons for F	Part I) . . . ▽
	1		ns, gifts, grants, and similar amounts received	Part I	• •	· ·	1	, , •
	2		vice revenue including government fees and contracts				2	20,339
	3	_	dues and assessments				3	54,690
	4	Investment			• •		4	250
	5a		nt from sale of assets other than inventory	 _{5a}	•	•	-	
a a	h		or other basis and sales expenses	5b				
PITI	c		s) from sale of assets other than inventory (Subtract line 5b from lin				5c	
Revenue	6	Gaming and		-				
ш.	a	_	from gaming (attach Schedule G if greater than \$15,000)	6a		3,210		
	b	Gross incom	ا ne from fundraising events (not including \$ _of contributions from fui		na events			
	_	reported on	line 1) (attach Schedule G if the sum of such gross income and cont	;				
		\$15,000)		6b		3,410		
	_	Less direct	expenses from gaming and fundraising events	6c		2,485		
	d		or (loss) from gaming and fundraising events (Add lines 6a and 6b a		tract line 6		6d	4,135
	7a		of inventory, less returns and allowances	7a		,	- Ju	.,
	Ь		of goods sold	7b				
	c		or (loss) from sales of inventory (Subtract line 7b from line 7a)				7c	
	8		ue (describe in Schedule O)				8	
	9		ue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8				9	79,414
	10		similar amounts paid (list in Schedule O)		_		10	3,100
	11		d to or for members				11	,
	12	•	ner compensation, and employee benefits				12	21,661
us Ou	13	•	I fees and other payments to independent contractors				13	2,268
Expenses	14		Occupancy, rent, utilities, and maintenance			14	3,900	
)dx:	15					15	177	
ш	16						16	15,223
	17		ses. Add lines 10 through 16				17	46,329
<u>س</u>	18		deficit) for the year (Subtract line 17 from line 9)				18	33,085
iset	19	·	or fund balances at beginning of year (from line 27, column (A)) (mu	ıst agre	e with			•
Net.Assets			figure reported on prior year's return)			.	19	33,173
ž	20	Other chang	ges in net assets or fund balances (explain in Schedule O)				20	
	21	Net assets o	or fund balances at end of year Combine lines 18 through 20 .		•	-	21	66,258

Cat No 10642I

Part Balance Sheets					_
Check if the organization used	Schedule O to respond to	any question in t	hıs Part II	•	<u> </u>
(See the instruc	tions for Part II)		(A) Beginning of year		(B) End of year
22 Cash, savings, and investments .			33,23	3 22	63,722
23 Land and buildings				0 23	C
24 Other assets (describe in Schedule O)		55	0 24	3,082
25 Total assets			33,78	3 25	66,804
26 Total liabilities (describe in Schedule	0)		61	0 26	546
27 Net assets or fund balances (line 27 o	f column (B) must agree wit	th line 21) .	33,17	3 27	66,258
Part III Statement of Program Check if the organization used What is the organization's primary exempt PROMOTE REAL ESTATE AND COMMUN Describe the organization's program service measured by expenses In a clear and con	d Schedule O to respond to purpose? ITY se accomplishments for eac cise manner, describe the s	any question in t	gest program services, as	(c)(org 494	Expenses quired for section 501 (3) and 501(c)(4) anizations and section 47(a)(1) trusts, ional for others)
benefited, and other relevant information for 28 ORGANIZATION IS A GROUP OF LOCESTATE PROFESSION AND THE BETTER (Grants \$) If the	CAL REALTORS WHO HAV	ITY		28a	
30	s amount includes foreign of samount includes foreign of	<u> </u>	,	29a	
31 Other program services (describe in Sc		· · · ·		30a	
(Grants \$) If the	s amount includes foreign (grants, check her	e ► □	31a	
32 Total program service expenses (add lin		<u> </u>		32	
Part IV List of Officers, Directors, Tru Check if the organization used					ns for Part IV)
(a) Name and address	(b) Title and average hours per week devoted to position	(c) Compensa (If not paid enter -0)	d, (d) Contributio	ns to plans &	(e) Expense account and other allowances
See Additional Data Table					

Pa	rt V	Other Information (Note the statement requirements in the instr	uctions for Part V.)						
		Check if the organization used Schedule O to respond to any question in this	s Part V	<u>.୮</u>					
					Yes	No			
33		Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O							
34	of the	ny significant changes made to the organizing or governing documents? If "Y amended documents if they reflect a change to the organization's name. Other ule O (see instructions)	rwise, explain the change			No			
35	others	If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but not reported on Form 990-T, explain in Schedule O why the organization did not report the income of Form 990-T							
а		e organization have unrelated business gross income of \$1,000 or more durin ies (such as those reported on lines 2, 6a, and 7a, among others)?	g the year from business	35a		No			
b	If Yes Sched	'to line 35a, has the organization filed a Form 990-T for the year? If 'No,' provi ule O	ide an explanation in	35b					
c		e organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subj , reporting, and proxy tax requirements during the year? If 'Yes,' complete Sch		35c		No			
36		e organization undergo a liquidation, dissolution, termination, or significant dis ar? If "Yes," complete applicable parts of Schedule N		uring 36		No			
37a	Enter ar	nount of political expenditures, direct or indirect, as described in the instructions	37a						
b	Did the	e organization file Form 1120-POL for this year?		37b	Yes				
38a	Did the	e organization borrow from, or make any loans to, any officer, director, trustee	, or key employee or wer	e					
	any su	ch loans made in a prior year and still outstanding at the end of the tax year c	overed by this return?	38a		No			
b	-	," complete Schedule L, Part II and enter the total amount involved .	з8ь						
39		501(c)(7) organizations. Enter							
		ion fees and capital contributions included on line 9	39a						
		receipts, included on line 9, for public use of club facilities	39b						
		· · · · · · · · · · · · · · · · · · ·							
404		501(c)(3) organizations. Enter amount of tax imposed on the organization duri							
ь		4911 \blacktriangleright , section 4912 \blacktriangleright , section 4955 \blacksquare 4911 \triangleright , section 4955 \blacksquare		t					
		ction during the year or did it engage in an excess benefit transaction in a priced on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Pa		1					
				40b					
C		n 501(c)(3) and 501(c)(4) organizations Enter amount of tax imposed on org lified persons during the year under sections 4912, 4955, and 4958							
d	Sectio	n 501(c)(3) and 501(c)(4) organizations Enter amount of tax on line 40c reinzation							
е		anizations. At any time during the tax year, was the organization a party to a poction? If "Yes," complete Form 8886-T		40e		No			
41	List the	states with which a copy of this return is filed 🕨							
42a	The o	rganızatıon's books are ın care of 🏲 <u>DEANNE WIGHT</u>	Telephor	ne no 🟲 <u>(20</u>	<u>)8)989</u>	-3535			
	Locate	PO BOX 1506 ed at CALDWELL, ID	ZIP	+4 ► <u>8</u>	3605				
b		time during the calendar year, did the organization have an interest in or a significant account in a foreign country (such as a bank account, securities acc		у	Yes	No			
	accou	nt)?	•	42b		No			
	See th	," enter the name of the foreign country <u></u> —		_ d					
c	Atany	time during the calendar year, did the organization maintain an office outside	of the U S ?	42 c		No			
	If "Yes	," enter the name of the foreign country 🕨							
43		n 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1 er the amount of tax-exempt interest received or accrued during the tax year				▶ Г			
					V				
44a		e organization maintain any donor advised funds? If "Yes", Form 990 must be co	ompleted instead of		Yes	No			
	Form 9			44a		No			
Ь		e organization operate one or more hospital facilities during the year? <i>If 'Yes,'</i> If of Form990-EZ	Form 990 must be comple	eted 44b		No			
c	Did the	e organization receive any payments for indoor tanning services during the ye	ar?	44c		NI ~			
d		to line 44c, has the organization filed a Form 720 to report these payments?	? If 'No,' provide an explan			No			
AE-	In Sche	edule O corganization have a controlled entity within the meaning of section 512(b)(1	3 \2	44d					
→Jā	יוט נוזי	s organization have a controlled entity within the meaning of Section 512(D)(1	J).	45a		No			
45b		e organization receive any payment from or engage in any transaction with a c ng of section 512(b)(13)? If 'Yes,' Form 990 and Schedule R may need to be c		1e 45b		No			

							Yes	No	
	ne organization engage, directly dates for public office? If "Yes,"			ehalf of or	ın opposition to	46		No	
Part VI	Section 501(c)(3) organal All section 501(c)(3) organal 47-49b and 52.							stions	
	Check if the organization used	Schedule O to respond to	o any question in this P	art VI				Γ	
							Yes	No	
	ne organization engage in lobbyir es," complete Schedule C, Part I		tion 501(h) election in	effect duri	ng the tax year?	47			
8 Isthe	e organization a school described	d ın section 170(b)(1)(A)(ιι)? If "Yes," complete S	chedule E		48			
	a Did the organization make any transfers to an exempt non-charitable related organization?								
	es," was the related organization					49b			
		_							
	plete this table for the organization of the contraction of the contract of th								
	and address of each employee d more than \$100,000	(b) Title and average hours per week devoted to position	(c) Compensation	employee	ntributions to benefit plans & compensation	ac	e) Exper count a rallowa	ınd	
Tota	al number of other employees pa	ıd over \$100,000 .				-			
1 Comp	al number of other employees pa plete this table for the organization mpensation from the organization name and address of each indepe	on's five highest compens n If there is none, enter "I	None "		each received n		an \$100 ompens	<u>, </u>	
1 Comp of con	plete this table for the organization	on's five highest compens n If there is none, enter "I	None "					<u>, </u>	
1 Comp of con	plete this table for the organization	on's five highest compens n If there is none, enter "I	None "						
1 Composition of contract (a) Na Tota 2 Did mus	plete this table for the organization mpensation from the organization ame and address of each independent of the organization and address of each independent of the organization complete Schedule st attach a completed Schedule	on's five highest compens If there is none, enter "I ndent contractor paid mor	over \$100,000	(b) Ty	pe of service ▶ 47(a)(1) nonexer	(c) C	ompens oritable 'es V	trusts	
1 Composition of control (a) Na Tota 2 Did must owledge a	plete this table for the organization mpensation from the organization ame and address of each independent of the organization ame and address of each independent of the organization complete Sche	on's five highest compens If there is none, enter "I ndent contractor paid more contractors each receiving idule A? NOTE: All Section A	over \$100,000	(b) Ty	pe of service	npt cha	ompens ritable /es V	trusts	
1 Composition of control (a) Na Tota 2 Did mus ider penalt owledge a owledge.	plete this table for the organization mpensation from the organization ame and address of each independent and independent of the organization complete Schest attach a completed Schedule	on's five highest compens If there is none, enter "I ndent contractor paid more contractors each receiving idule A? NOTE: All Section A	over \$100,000	(b) Ty ns and 49 edules and is based on	pe of service	npt cha	ompens ritable /es V	trusts	
Tota 2 Did mus moder penalt rowledge a nowledge.	plete this table for the organization mpensation from the organization ame and address of each independent of the organization complete Schest attach a completed Schedule ties of perjury, I declare that I have and belief, it is true, correct, and complete it is true, correct.	on's five highest compens If there is none, enter "I ndent contractor paid more contractors each receiving dule A? NOTE: All Section A	over \$100,000	(b) Ty ns and 49 edules and is based on	pe of service	npt cha	ompens ritable /es V	trusts	
Tota 2 Did mus nder penalt rowledge a rowledge.	plete this table for the organization mpensation from the organization ame and address of each independent of the organization of the organization complete. So the stattach a complete of the organization complete stattach a complete of the organization of the organization complete. The organization complete of the organization complete of the organization complete of the organization complete. The organization complete of the organization complete of the organization complete of the organization complete. The organization complete of the organization complete organizat	on's five highest compens If there is none, enter "I ndent contractor paid mor contractors each receiving idule A? NOTE: All Section A e examined this return, including properties. Declaration of prep	over \$100,000 over \$100,000 n 501(c)(3) organization uding accompanying schelarer (other than officer)	(b) Ty	pe of service	npt cha	ompens ritable fes st of my preparer	trusts No	
Tota 2 Did mus nder penalt lowledge a lowledge. ign ere	al number of other independent of the organization arms and address of each independent of the organization complete. Schedule stattach a completed Schedule ties of perjury, I declare that I have and belief, it is true, correct, and complete it	on's five highest compens If there is none, enter "I ndent contractor paid mor contractors each receiving idule A? NOTE: All Section A e examined this return, including properties. Declaration of prep	over \$100,000 over \$100,000 n 501(c)(3) organization uding accompanying schelarer (other than officer)	(b) Ty	pe of service	npt cha	ompens ritable fes st of my preparer	trusts No	
Tota 2 Did mus moder penalt iowledge a iowledge.	al number of other independent of the organization from the organization ame and address of each independent of the organization complete. Sche st attach a completed Schedule ties of perjury, I declare that I have and belief, it is true, correct, and complete it is true, correc	on's five highest compens If there is none, enter "I Indent contractor paid more contractors each receiving Idule A? NOTE: All Section A E examined this return, including properties. ECRETARY Da 20:	over \$100,000 over \$100,000 n 501(c)(3) organization uding accompanying schelarer (other than officer)	(b) Ty	pe of service 47(a)(1) nonexer all information of pall informati	mpt cha	ompens iritable fes v st of my preparer	trusts	

Form 990-EZ (2011)

Page **4**

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SCHEDULE 0

(Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

As Filed Data -

DLN: 93492136025212

OMB No 1545-0047

2011

Open to Public Inspection

Supplemental Information to Form 990 or 990-EZ

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

▶ Attach to Form 990 or 990-EZ.

Name of the organization
CALDWELL BOARD OF REALTORS INC

Employer identification number

82-0368735

ldentifier	Return Reference	Explanation
01 List of grants and similar amounts paid (Part I, line 10)		ACTIVITY SCHOLARSHIPS AMOUNT 3100
02 Description of other expenses (Part I, line 16)		DESCRIPTION A MOUNT FOOD PANTRY 400 ADVERTISING AND PROMOTION 300 BANK CHARGES 1581 COMMUNITY RELATIONS 190 CONFERENCES CONVENTIONS AND MEETING 874 CONTRACT LABOR 152 DEPRECIATION 578 EQUIPMENT RENT 900 IDAHO REALTOR DUES 75 INSURANCE 546 INTERNET 622 LUNCHEONS 4686 MILEAGE 219 OFFICE EXPENSES 1805 PLAQUES 191 PERSONAL PROPERTY TAXES 23 STATE AND FEDERAL TAX 32 TELEPHONE 2049
03 Description of other assets (Part II, line 24)		BEGINNING CATEGORY OF YEAR END OF YEAR MACHINERY AND EQUIPMENT 550 1462 PWCBOR 0 1620
04 Description of total liabilities (Part II, line 26)		BEGINNING CATEGORY OF YEAR END OF YEAR PAYROLL TAXES WITHHELD 610 428 VISA PAYABLE 0 16 ACCOUNTS PAYABLE RECEIVABLE 0 102

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DLN: 93492136025212

OMB No 1545-0172

Depreciation and Amortization (Including Information on Listed Property)

Department of the Treasury See separate instructions. Attach to your tax return. Sequence No 179 Internal Revenue Service (99) Name(s) shown on return Business or activity to which this form relates **Identifying number** CALDWELL BOARD OF REALTORS INC FORM 990 - 1 82-0368735 **Election To Expense Certain Property Under Section 179** Note: If you have any listed property, complete Part V before you complete Part I. \$ 500,000 1 Maximum amount (see instructions) 1 2 **2** Total cost of section 179 property placed in service (see instructions) . . . **3** Threshold cost of section 179 property before reduction in limitation (see instructions) 3 \$ 2,000,000 4 Reduction in limitation Subtract line 3 from line 2 If zero or less, enter -0-4 5 Dollar limitation for tax year Subtract line 4 from line 1 If zero or less, enter -0- If married filing separately, see instructions (b) Cost (business use 6 (a) Description of property (c) Elected cost only) 7 Listed property Enter the amount from line 29 8 Total elected cost of section 179 property Add amounts in column (c), lines 6 and 7 9 9 Tentative deduction Enter the smaller of line 5 or line 8 **10** Carryover of disallowed deduction from line 13 of your 2010 Form 4562 10 11 Business income limitation Enter the smaller of business income (not less than zero) or line 5 (see instructions) 11 12 Section 179 expense deduction Add lines 9 and 10, but do not enter more than line 11 13 Carryover of disallowed deduction to 2012 Add lines 9 and 10, less line 12 Note: Do not use Part II or Part III below for listed property. Instead, use Part V. Special Depreciation Allowance and Other Depreciation (Do not include listed property) (See instructions) 14 Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year (see instructions) 14 **15 16** Other depreciation (including ACRS) MACRS Depreciation (Do not include listed property.) (See instructions.) 17 MACRS deductions for assets placed in service in tax years beginning before 2011 280 18 If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here Section B-Assets Placed in Service During 2011 Tax Year Using the General Depreciation System (c) Basis for (b) Month and depreciation (a) Classification of (g)Depreciation (d) Recovery year placed in (business/investment (e) Convention (f) Method property period deduction service use only—see instructions) 19a 3-year property See Add'l Data **b** 5-year property c 7-year property d 10-year property **e** 15-year property **f** 20-year property g 25-year property h Residential rental 27 5 yrs ММ S/L property 27 5 yrs MMS/L 39 yrs MM i Nonresidential real property ММ Section C—Assets Placed in Service During 2011 Tax Year Using the Alternative Depreciation System **20a** Class life S/L **b** 12-year 12 yrs S/L **c** 40-year 40 yrs MMS/L Part IV **Summary** (see instructions) 22 Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21 Enter here 578 and on the appropriate lines of your return Partnerships and S corporations—see instructions 23 For assets shown above and placed in service during the current year, enter the 23 portion of the basis attributable to section 263A costs

Part V

Listed Property (Include automobiles, certain other vehicles, certain computers, and property used for entertainment, recreation, or amusement.)

Note: For any vehicle for which you are using the standard mileage rate or deducting lease expense, complete **only** 24a, 24b, columns (a) through (c) of Section A, all of Section B, and Section C if applicable.

Section A—Depre	ciation a	nd Other I	nforma	tion (C	aution	: See i	the i	instruc	tions	for li	mits 1	or pa	sseng	er au	tomot	iles.)
24a Do you have evider	nce to support	the business/inv	estment ι	ise claime	d? ┌ Yes	. Г _{No}		2	4b If "\	∕es," ıs	the ev	ıdence	written?	Гүе	sГN)
(a) Type of property (list vehicles first)	(b) Date placed in service	(c) Business/ investment use percentage	(c Cost o ba		(busines	(e) deprecia ss/investr e only)		(f) Recover period	y M∈	(g) ethod/ ventior		(h Depreci deduc	ation/		(i) Electe section : cost	179
25 Special depreciation allo 50% in a qualified busi	•		erty placed	in service (during the	tax year	and u	used moi	e than	25						
26 Property used more	e than 50%	ın a qualıfıed	business	use												
		% %									+			-		
		%									+					
27 Property used 50%	orless in a		iness us	e												
		%							S/L - S/L -		_					
		%							S/L -							
28 Add amounts in co	olumn (h), lır	ies 25 throug	jh 27 En	ter here a	and on lu	ne 21, _l	oage	1 .	28	8						
29 Add amounts in co	olumn (ı), lın	e 26 Enterh	ere and c	n line 7,	page 1					•		29				
			ction B													
Complete this section If you provided vehicles to														e vehic	les	
				(6	a)	(1)		(c)		((≘)	(f)
year (do not inclu-			-	Vehi	cle 1	Vehi	cle 2	: V	ehicle	3	Vehi	cle 4	Vehi	cle 5	Vehi	icle 6
31 Total commuting i	miles driven	during the ye	ear .							$\neg \dagger$						
32 Total other persor	nal(noncomm	nuting) miles	drıven							$\neg \dagger$						
33 Total miles driven through 32	during the y		s 30													
34 Was the vehicle a			•	Yes	No	Yes	No	Ye	s 1	No.	Yes	No	Yes	No	Yes	No
during off-duty ho	urs? .															1
35 Was the vehicle us		by a more tl	nan 5%													
36 Is another vehicle			e? .													
Section	on C—Que	stions for	Employ	ers W	ho Pro	vide \	/ehi	icles	or U	se by	/ The	ir En	nploy	ees		
Answer these questio 5% owners or related				eption to	comple	ting Se	ction	B for v	ehicle	s use	d by e	mploy	ees wh	o are	not mo	re tha
37 Do you maintain a employees?		y statement											our.	Y	es	No
38 Do you maintain a	written polic	y statement	that prof	nibits per	sonal us	e of vel	nicle	s, exce	pt con	nmutır	ng, by					
employees? See t	he instructio	ns for vehicle	es used b	y corpor	ate office	ers, dire	ector	s, or 1	% or m	nore o	wners					
39 Do you treat all us	se of vehicles	s by employe	es as pei	sonal us	e? .		•	•		•	•		•			
40 Do you provide movehicles, and reta				oyees, ol	btaın ınfo	rmatio •	n fro	m your • •	emplo •	yees	about •	the us	e of the	9		
41 Do you meet the r	equirements	concerning	qualified a	automobi	le demor	nstratio	n us	e? (See	ınstrı	uction	s)					
Note: If your answ	ver to 37, 38	, 39, 40, or 4	l 1 is "Ye:	s," do no	t comple	te Sect	ion E	3 for the	cove	red ve	hicles	5				
	rtization														I	
(a) Description of c	osts	(b) Date amortizatio begins	n	(A mort a mo	ızable			(d) Code ection		(e) mortiz period ercen	ation d or			(f) rtızatı nıs ye		
42 A mortization of co	sts that her		ur 2011	tax vear	(see ins	truction	ns)		<u> </u>		5					
			1	,	,_ ,_ ,,,,	T	,									
						-+			\dashv							
43 Amortization of co	sts that beg	an before you	ur 2011 t	ax year		-			•		43					
44 Total. Add amoun	_	•		•	ere to re	port				Ì	44					

Additional Data

Software ID: Software Version:

EIN: 82-0368735

Name: CALDWELL BOARD OF REALTORS INC

Form 4562, Part III, Line 19, Section B—Assets Placed in Service During 2011 Tax Year Using the General Depreciation System:

(a) Classification of property	(b) Month and year placed in service	(c) Basis for depreciation (business/investment use only—see instructions)	(d) Recovery period	(e) Convention	(f) Method	(g)Depreciation deduction
b 5-year property		1,000	5	HY	200 DB	200
b 5-year property		339	5	HY	200 DB	68
b 5-year property		150	5	HY	200 DB	30

Software ID: Software Version:

EIN: 82-0368735

Name: CALDWELL BOARD OF REALTORS INC

Form 990-EZ, Special Condition Description:

Special Condition Description

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

(A) Name and address	(B) Title and average hours per week devoted to position	(C) Compensation (If not paid, enter -0)	(D) Contributions to employee benefit plans & deferred compensation	(E) Expense account and other allowances
JOHN OBENDORF - SILVERHAWK 2805 BLAINE ST STE 200 CALDWELL,ID 83605	PRESIDENT 0	0	0	0
JOSH OLDENKAMP - WINDERMERE 2900 E CLEVELAND CALDWELL,ID 83605	TREASURER 0	0	0	0
KATHY SEWRIGHT - AMERICAN DREA 1909 S 10TH AVE CALDWELL,ID 83605	2013 STATE DIRE 0	0	0	0
TRULA CARROW - WINDERMERE 2900 E CLEVELAND CALDWELL,ID 83605	2013 DIRECTOR 0	0	0	0
LAURIE GIBSON - WINDERMERE 2900 E CLEVELAND CALDWELL,ID 83605	SECRETARY TREAS 0	0	0	0
SHERI ARKOOSH - KELLER WILLIAM 5660 E FRANKLIN RD STE 201 NAMPA,ID 83687	2011 DIRECTOR 0	0	0	0
BYRON BLACKBURN - PREFERRED 1305 S KIMBALL AVE CALDWELL, ID 83605	MLS DIRECTOR 0	0	0	0
RANDY JENSEN - WINDERMERE 2900 E CLEVELAND CALDWELL,ID 83605	VICE PRESIDENT 0	0	0	0
ROB JEROME - KELLER WILLIAMS 5660 E FRANKLIN RD STE 201 NAMPA,ID 83687	2012 DIRECTOR 0	0	0	0