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Form 990-EZ

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

2012

Open to Public
InspectionDepartment of the Treasury
Internal Revenue Service

A For the 2012 calendar year, or tax year beginning 01-01-2012, and ending 12-31-2012

- B Check if applicable**
- Address change
- Name change
- Initial return
- Terminated
- Amended return
- Application pending

C Name of organization MONADNOCK REGION BOARD OF REALTORS INC	D Employer identification number 02-0336411
Number and street (or P O box, if mail is not delivered to street address) P O BOX 550	E Telephone number
City or town, state or country, and ZIP + 4 CONCORD, NH 03302	F Group Exemption Number ►

G Accounting Method ► Cash Accrual Other (specify) ► _____**H Check ► if the organization is **not** required to attach Schedule B (Form 990, 990-EZ, or 990-PF)****I Website:** ► WWWNHAR.COM**J Tax-exempt status** (check only one) — 501(c)(3) 501(c)(6) (insert no) 4947(a)(1) or 527**K Check ► if the organization is not a section 509(a)(3) supporting organization or a section 527 organization **and** its gross receipts are normally **not** more than \$50,000. A Form 990-EZ or Form 990 return is not required though Form 990-N (e-postcard) may be required (see instructions). But if the organization chooses to file a return, be sure to file a complete return****L Add lines 5b, 6c, and 7b, to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets (Part II, line 25, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ ► \$ 78,828****Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances** (see the instructions for Part I)Check if the organization used Schedule O to respond to any question in this Part I

Revenue	1 Contributions, gifts, grants, and similar amounts received	1
	2 Program service revenue including government fees and contracts	2
	3 Membership dues and assessments	3 76,650
	4 Investment income	4 174
	5a Gross amount from sale of assets other than inventory	5a
	b Less cost or other basis and sales expenses	5b
	c Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	5c
	6 Gaming and fundraising events	
	a Gross income from gaming (attach Schedule G if greater than \$15,000)	6a
	b Gross income from fundraising events (not including \$ _____ of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000)	6b
Expenses	c Less direct expenses from gaming and fundraising events	6c
	d Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)	6d
	7a Gross sales of inventory, less returns and allowances	7a
	b Less cost of goods sold	7b
	c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c
	8 Other revenue (describe in Schedule O)	8 2,004
	9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 ►	9 78,828
	10 Grants and similar amounts paid (list in Schedule O)	10
	11 Benefits paid to or for members	11
	12 Salaries, other compensation, and employee benefits	12
Net Assets	13 Professional fees and other payments to independent contractors	13 1,655
	14 Occupancy, rent, utilities, and maintenance	14
	15 Printing, publications, postage, and shipping	15
	16 Other expenses (describe in Schedule O)	16 92,476
	17 Total expenses. Add lines 10 through 16 ►	17 94,131
Net Assets	18 Excess or (deficit) for the year (Subtract line 17 from line 9)	18 -15,303
	19 Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)	19 54,176
	20 Other changes in net assets or fund balances (explain in Schedule O)	20
	21 Net assets or fund balances at end of year. Combine lines 18 through 20 ►	21 38,873

Part II Balance Sheets (see the instructions for Part II)Check if the organization used Schedule O to respond to any question in this Part II

	(A) Beginning of year	(B) End of year	
22 Cash, savings, and investments	65,622	22	62,958
23 Land and buildings		23	
24 Other assets (describe in Schedule O)	4,220	24	14,344
25 Total assets	69,842	25	77,302
26 Total liabilities (describe in Schedule O)	15,666	26	38,429
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	54,176	27	38,873

Part III Statement of Program Service Accomplishments (see the instructions for Part III)Check if the organization used Schedule O to respond to any question in this Part III

What is the organization's primary exempt purpose?

TO UNITE THOSE ENGAGED IN THE RECOGNIZED BRANCHES OF THE REAL ESTATE PROFESSION TO PROMOTE AND MAINTAIN HIGH STANDARDS OF CONDUCT IN THE REAL ESTATE PROFESSION TO FURTHER THE INTEREST OF HOME AND OTHER REAL PROPERTY OWNERSHIP TO UNITE THOSE ENGAGED IN THE REAL ESTATE PROFESSION IN THERE COMMUNITY WITH THE NEW HAMPSHIRE ASSOCIATION OF REALTORS AND THE NATIONAL ASSOCIATION OF REALTORS, THEREBY FURTHURING THEIR OWN OBJECTIVES THROUGHOUT THE STATE AND NATION, AND OBTAINING THE BENEFITS AND PRIVILEGES OF MEMBERSHIP THEREIN

Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title

Expenses

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

28 TO UNITE THOSE ENGAGED IN THE RECOGNIZED BRANCHES OF THE REAL ESTATE PROFESSION TO PROMOTE AND MAINTAIN HIGH STANDARDS OF CONDUCT IN THE REAL ESTATE PROFESSION TO FURTHER THE INTEREST OF HOME AND OTHER REAL PROPERTY OWNERSHIP TO UNITE THOSE ENGAGED IN THE REAL ESTATE PROFESSION IN THERE COMMUNITY WITH THE NEW HAMPSHIRE ASSOCIATION OF REALTORS AND THE NATIONAL ASSOCIATION OF REALTORS, THEREBY FURTHURING THEIR OWN OBJECTIVES THROUGHOUT THE STATE AND NATION, AND OBTAINING THE BENEFITS AND PRIVILEGES OF MEMBERSHIP THEREIN

(Grants \$) If this amount includes foreign grants, check here 28a 94,131

29

(Grants \$) If this amount includes foreign grants, check here 29a

30

(Grants \$) If this amount includes foreign grants, check here 30a

31 Other program services (describe in Schedule O)

(Grants \$) If this amount includes foreign grants, check here 31a

32 Total program service expenses (add lines 28a through 31a)

32 94,131

Part IV List of Officers, Directors, Trustees, and Key Employees List each one even if not compensated (see the instructions for Part IV)Check if the organization used Schedule O to respond to any question in this Part IV

(a) Name and title	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter 0-)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
See Additional Data Table				

Part V Other Information (Note the Schedule A and personal benefit contract statement requirements in the instructions for Part V) Check if the organization used Schedule O to respond to any question in this Part V

	Yes	No
33 Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O	33	No
34 Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O (see instructions)	34	No
35a Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)?	35a	No
b If "Yes," to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O	35b	
c Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III	35c	No
36 Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N	36	No
37a Enter amount of political expenditures, direct or indirect, as described in the instructions	37a	
b Did the organization file Form 1120-POL for this year?	37b	No
38a Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?	38b	
b If "Yes," complete Schedule L, Part II and enter the total amount involved	39a	
39 Section 501(c)(7) organizations Enter	39b	
a Initiation fees and capital contributions included on line 9		
b Gross receipts, included on line 9, for public use of club facilities		
40a Section 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under section 4911 ► _____, section 4912 ► _____, section 4955 ► _____	40b	
b Section 501(c)(3) and 501(c)(4) organizations Did the organization engage in any section 4958 excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I		
c Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 ► _____		
d Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax on line 40c reimbursed by the organization ► _____		
e All organizations At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T	40e	No
41 List the states with which a copy of this return is filed ► _____		
42a The organization's books are in care of ► <u>NH ASSOCIATION OF REALTORS</u> Telephone no ► <u>(603) 229-0468</u> Located at ► <u>P O BOX 550 CONCORD, NH</u> ZIP + 4 ► <u>03302</u>		
b At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? If "Yes," enter the name of the foreign country ► _____ See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts .	42b	No
c At any time during the calendar year, did the organization maintain an office outside the U S ? If "Yes," enter the name of the foreign country ► _____	42c	No
43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 —Check here and enter the amount of tax-exempt interest received or accrued during the tax year ► 43		
44a Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44a	No
b Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44b	No
c Did the organization receive any payments for indoor tanning services during the year?	44c	No
d If "Yes," to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	44d	
45a Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45a	No
45b Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of Form 990-EZ (see instructions)	45b	No

46 Did the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I

46 No

Part VI Section 501(c)(3) organizations only

All section 501(c)(3) organizations must answer questions 47-49b and 52, and complete the tables for lines 50 and 51

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

47 Did the organization engage in lobbying activities or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II

47

48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E

48

49a Did the organization make any transfers to an exempt non-charitable related organization?

49a

b If "Yes," was the related organization a section 527 organization?

49b

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

(a) Name and title of each employee paid more than \$100,000	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation

f Total number of other employees paid over \$100,000 ► _____

51 Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None"

(a) Name and address of each independent contractor paid more than \$100,000	(b) Type of service	(c) Compensation

d Total number of other independent contractors each receiving over \$100,000. ► _____

52 Did the organization complete Schedule A? **NOTE:** All Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A ► Yes No

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here	***** Signature of officer CYNTHIA WESTOVER PRESIDENT Type or print name and title	2013-05-03 Date
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Paid Preparer Use Only	Print/Type preparer's name ROBERT KIMBALL	Preparer's signature ROBERT KIMBALL	Date 2013-05-03	Check <input type="checkbox"/> if self-employed	PTIN
	Firm's name ► ROBERT KIMBALL PC	Firm's EIN ►			
	Firm's address ► 53 MAIN STREET PO BOX 70 WALPOLE, NH 036080070	Phone no (603) 756-3155			

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

SCHEDULE O
(Form 990 or 990-EZ)Department of the Treasury
Internal Revenue Service**Supplemental Information to Form 990 or 990-EZ**

Complete to provide information for responses to specific questions on
Form 990 or to provide any additional information.
► Attach to Form 990 or 990-EZ.

2012**Open to Public
Inspection**Name of the organization
MONADNOCK REGION BOARD OF
REALTORS INC**Employer identification number**
02-0336411

Identifier	Return Reference	Explanation
OTHER REVENUE	FORM 990-EZ, PART I, LINE 8	MEETINGS & SEMINARS 1,460 MISCELLANEOUS 534 REIMBURSED EXPENSES 10 TOTAL 2,004
OTHER EXPENSES	FORM 990-EZ, PART I, LINE 16	EXPENSES 410 44 MILEAGE REIMBURSEMENT 877 NATIONAL CONVENTION 2,818 EDUCATIONAL SEMINARS 1,400 BOARD ADMINISTRATOR 16,367 BANK CHARGES 54 MEMBERSHIP MEETINGS 897 EDUCATIONAL SEMINARS 800 BOARD MEETING & CONFERENCE 11,023 DUES 52,506 SCHOLARSHIPS 4,000 GIFTS & AWARDS 1,218 MISCELLANEOUS 62 TOTAL 92,476
OTHER ASSETS	FORM 990-EZ, PART II, LINE 24	PREPAID EXPENSES AND DEFERRED CHARGES 0 10,124 GRANITE STATE INFO NETWORK INC 4,220 4,220 TOTAL 4,220 14,344
OTHER LIABILITIES	FORM 990-EZ, PART II, LINE 26	DEFERRED REVENUE 0 37,624 DUE TO RPAC 438 725 DUE TO IMF 120 80 UNEARNED DUES 15,108 0
PRIMARY EXEMPT PURPOSE	FORM 990-EZ, PART III	TO UNITE THOSE ENGAGED IN THE RECOGNIZED BRANCHES OF THE REAL ESTATE PROFESSION TO PROMOTE AND MAINTAIN HIGH STANDARDS OF CONDUCT IN THE REAL ESTATE PROFESSION TO FURTHER THE INTEREST OF HOME AND OTHER REAL PROPERTY OWNERSHIP TO UNITE THOSE ENGAGED IN THE REAL ESTATE PROFESSION IN THERE COMMUNITY WITH THE NEW HAMPSHIRE ASSOCIATION OF REALTORS AND THE NATIONAL ASSOCIATION OF REALTORS, THEREBY FURTHURING THEIR OWN OBJECTIVES THROUGHOUT THE STATE AND NATION, AND OBTAINING THE BENEFITS AND PRIVILEGES OF MEMBERSHIP THEREIN
FIRST ACCOMPLISHMENT	FORM 990-EZ, PART III, LINE 28	TO UNITE THOSE ENGAGED IN THE RECOGNIZED BRANCHES OF THE REAL ESTATE PROFESSION TO PROMOTE AND MAINTAIN HIGH STANDARDS OF CONDUCT IN THE REAL ESTATE PROFESSION TO FURTHER THE INTEREST OF HOME AND OTHER REAL PROPERTY OWNERSHIP TO UNITE THOSE ENGAGED IN THE REAL ESTATE PROFESSION IN THERE COMMUNITY WITH THE NEW HAMPSHIRE ASSOCIATION OF REALTORS AND THE NATIONAL ASSOCIATION OF REALTORS, THEREBY FURTHURING THEIR OWN OBJECTIVES THROUGHOUT THE STATE AND NATION, AND OBTAINING THE BENEFITS AND PRIVILEGES OF MEMBERSHIP THEREIN

Additional Data

Software ID:

Software Version:

EIN: 02-0336411

Name: MONADNOCK REGION BOARD OF
REALTORS INC

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

(a) Name and title	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
CYNTHIA WESTOVER PRESIDENT	2 00	0		
CHRISTOPHER THOMPSON VICE PRESIDE	2 00	0		
RICHARD THACKSTON TREASURER	2 00	0		
STEPHANIE DROPPA SECRETARY	2 00	0		
ELAINE HALL PAST PRESIDE	2 00	0		
CAROL PELZCARSKI DIRECTOR	1 00	0		
GINA PAIGHT DIRECTOR	1 00	0		
JOSHUA GREENWALD DIRECTOR	1 00	0		

TY 2012 Compensation Explanation

Name: MONADNOCK REGION BOARD OF
REALTORS INC
EIN: 02-0336411

Person Name	Explanation
CYNTHIA WESTOVER	NO COMPENSATION PAID
CHRISTOPHER THOMPSON	
RICHARD THACKSTON	
STEPHANIE DROPPA	
ELAINE HALL	
CAROL PELZCARSKI	
GINA PAIGHT	
JOSHUA GREENWALD	