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Short Form
Return of Organization Exempt From Income TaxUnder 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. 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

OMB No. 1545-1150

2012

Open to Public
Inspection

A For the 2012 calendar year, or tax year beginning

and ending

B Check if applicable

Address change
 Name change
 Initial return
 Terminated
 Amended return
 Application pending

C Name of organization

JEFFERSON COUNTY BOARD OF REALTORS

D Employer identification number

43-1223338

Number and street (or P O box, if mail is not delivered to street address)

PO BOX 801

Room/suite

E Telephone number

636-797-4514

City or town, state or country, and ZIP + 4

HILLSBORO, MO 63050-0801

F Group Exemption

Number ►

G Accounting Method Cash Accrual Other (specify) ►

I Website. ► N/A

J Tax-exempt status (check only one) — 501(c)(3) 501(c)(6) (insert no) 4947(a)(1) or 527H Check ► if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF)K Check ► if the organization is not a section 509(a)(3) supporting organization or a section 527 organization and its gross receipts are normally not more than \$50,000. A Form 990-EZ or Form 990 return is not required though Form 990-N (e-postcard) may be required (see instructions). But if the organization chooses to file a return, be sure to file a complete return

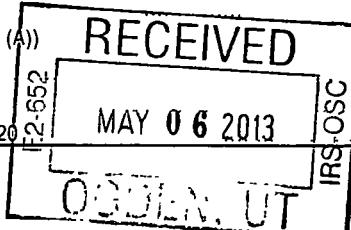
L Add lines 5b, 6c, and 7b, to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets (Part II, line 25, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ. ► \$ 88120.

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

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 63736.
4 Investment income	4
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 \$ from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000)	6b 9799.
c Less direct expenses from gaming and fundraising events	6c 5605.
d Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)	6d 4194.
7a Gross sales of inventory, less returns and allowances	7a 4015.
b Less cost of goods sold	7b 2979.
c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c 1036.
8 Other revenue (describe in Schedule O)	SEE SCHEDULE O
9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	SEE SCHEDULE O ► 10570.
10 Grants and similar amounts paid (list in Schedule O)	9 79536.
11 Benefits paid to or for members	10
12 Salaries, other compensation, and employee benefits	11
13 Professional fees and other payments to independent contractors	12 45957.
14 Occupancy, rent, utilities, and maintenance	13 511.
15 Printing, publications, postage, and shipping	14 8742.
16 Other expenses (describe in Schedule O)	15 2080.
17 Total expenses. Add lines 10 through 16	16 22334.
18 Excess or (deficit) for the year (Subtract line 17 from line 9)	17 79624.
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)	18 -88.
20 Other changes in net assets or fund balances (explain in Schedule O)	19 123172.
21 Net assets or fund balances at end of year. Combine lines 18 through 20	20 0.
	21 123084.

LHA For Paperwork Reduction Act Notice, see the separate instructions.

232171
01-11-13

Form 990-EZ (2012)

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.

X

		(A) Beginning of year	(B) End of year
22	Cash, savings, and investments	48524.	54532.
23	Land and buildings	91640.	87399.
24	Other assets (describe in Schedule O)	4567.	7178.
25	Total assets	144731.	149109.
26	Total liabilities (describe in Schedule O)	21559.	26025.
27	Net assets or fund balances (line 27 of column (B) must agree with line 21)	123172.	123084.

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 II.

What is the organization's primary exempt purpose?

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.

28	PROGRAM MEETINGS ARE HELD TO INFORM MEMBERS OF CURRENT PROFESSIONAL ISSUES AND STANDARDS OF CONDUCT IN THE REAL ESTATE PROFESSION.		
	(Grants \$) If this amount includes foreign grants, check here ► <input type="checkbox"/>	28a	40490 .
29	_____		
	(Grants \$) If this amount includes foreign grants, check here ► <input type="checkbox"/>	29a	
30	_____		
	(Grants \$) If this amount includes foreign grants, check here ► <input type="checkbox"/>	30a	
31	Other program services (describe in Schedule O)		
	(Grants \$) If this amount includes foreign grants, check here ► <input type="checkbox"/>	31a	
32	Total program service expenses (add lines 28a through 31a)		► 32 40490 .

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.

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 Sch. O to respond to any question in this Part V

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

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

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

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

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

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

37a Enter amount of political expenditures, direct or indirect, as described in the instructions 37a 0.

b Did the organization file Form 1120-POL for this year?

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? 38a

b If "Yes," complete Schedule L, Part II and enter the total amount involved 38b N/A

39 Section 501(c)(7) organizations Enter 39a N/A

a Initiation fees and capital contributions included on line 9 39b N/A

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 N/A, section 4912 N/A, section 4955 N/A 40b N/A

b Section 501(c)(3) and 501(c)(4) organizations Did the organization engage in any section 4958 excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I

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 N/A

d Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax on line 40c reimbursed by the organization N/A

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

41 List the states with which a copy of this return is filed NONE42a The organization's books are in care of CATHERINE STAFFORD Telephone no 636-797-4514
Located at 47 THIRD STREET, HILLSBORO, MO ZIP + 4 63050

b At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? 42b

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.

c At any time during the calendar year, did the organization maintain an office outside of the U.S.? 42c

If "Yes," enter the name of the foreign country

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 N/A

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

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

c Did the organization receive any payments for indoor tanning services during the year? 44c

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

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

46 Did the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition to candidates for public office? Yes No
If "Yes," complete Schedule C, Part I

46 X

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 Sch 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 N/A	(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" N/A

(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 *Cath Stafford* *Cath Stafford*, Executive Officer
Signature of officer Date
Type or print name and title

Paid Preparer Use Only	Print/Type preparer's name JOEL R. KAMIL, CPA	Preparer's signature <i>JOEL R. KAMIL</i>	Date 04/27/13	Check <input type="checkbox"/> if self-employed	PTIN P00344552
	Firm's name ► JOEL KAMIL & ASSOCIATES, CPAS, P.C.			Firm's EIN ► 43-1875490	
	Firm's address ► 16100 CHESTERFIELD PKWY, STE 248 CHESTERFIELD, MO 63017-4817			Phone no (636) 530-0293	

May the IRS discuss this return with the preparer shown above? See instructions X 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 990-EZ or to provide any additional information.
► Attach to Form 990 or 990-EZ.

OMB No 1545-0047

2012Open to Public
Inspection

Name of the organization

JEFFERSON COUNTY BOARD OF REALTORS

Employer identification number
43-1223338**FORM 990-EZ, PART I, LINE 7, GROSS PROFIT FROM SALES OF INVENTORY:****INCOME:**

1. GROSS RECEIPTS	4015.
2. RETURNS AND ALLOWANCES	0.
3. LINE 1 LESS LINE 2	4015.
4. COST OF GOODS SOLD (LINE 13)	2979.
5. GROSS PROFIT (LINE 3 LESS LINE 4)	1036.

COST OF GOODS SOLD:

6. INVENTORY AT BEGINNING OF YEAR	3561.
7. MERCHANDISE PURCHASED	4514.
8. COST OF LABOR	0.
9. MATERIALS AND SUPPLIES	0.
10. OTHER COSTS	0.
11. ADD LINES 6 THROUGH 10	8075.
12. INVENTORY AT END OF YEAR	5096.
13. COST OF GOODS SOLD (LINE 11 LESS LINE 12)	2979.

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

DESCRIPTION OF OTHER REVENUE:	AMOUNT:
INTEREST	296.
LATE FEES	2540.
INSTALLATION	1770.
CONTINUING EDUCATION	3484.
OTHER	65.
OFFICE SPACE RENTAL	2415.
TOTAL TO FORM 990-EZ, LINE 8	10570.

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
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► Attach to Form 990 or 990-EZ.

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Name of the organization

JEFFERSON COUNTY BOARD OF REALTORS

Employer identification number
43-1223338**FORM 990-EZ, PART I, LINE 16, OTHER EXPENSES:**

<u>DESCRIPTION OF OTHER EXPENSES:</u>	<u>AMOUNT:</u>
PAYROLL TAXES	3646.
TAXES/LICENSES/REGISTRATION	2234.
TRAVEL	1478.
MEETINGS/AFFILIATE COMMITTE EXP	6284.
CONTINUING EDUCATION	800.
INSTALLATION EXPENSE	1143.
OTHER	424.
DEPRECIATION	4521.
PROFESSIONAL STANDARDS	390.
CREDIT CARD FEES	1414.
TOTAL TO FORM 990-EZ, LINE 16	22334.

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

<u>DESCRIPTION</u>	<u>BEG. OF YEAR</u>	<u>END OF YEAR</u>
OTHER	220.	220.
ACCOUNTS RECEIVABLE	786.	1862.
INVENTORY	3561.	5096.
TOTAL TO FORM 990-EZ, LINE 24	4567.	7178.

FORM 990-EZ, PART II, LINE 26, OTHER LIABILITIES:

<u>DESCRIPTION</u>	<u>BEG. OF YEAR</u>	<u>END OF YEAR</u>
ACCOUNTS PAYABLE	2661.	2167.
DEFERRED REVENUE	18898.	23858.

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.
232211
01-04-13

Schedule O (Form 990 or 990-EZ) (2012)

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.

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Name of the organization

JEFFERSON COUNTY BOARD OF REALTORS

Employer identification number
43-1223338

TOTAL TO FORM 990-EZ, LINE 26 21559. 26025.

FORM 990-EZ, PART V, INFORMATION REGARDING PERSONAL BENEFIT CONTRACTS:

THE ORGANIZATION DID NOT, DURING THE YEAR, RECEIVE ANY FUNDS, DIRECTLY,
OR INDIRECTLY, TO PAY PREMIUMS ON A PERSONAL BENEFIT CONTRACT.

THE ORGANIZATION, DID NOT, DURING THE YEAR, PAY ANY PREMIUMS, DIRECTLY,
OR INDIRECTLY, ON A PERSONAL BENEFIT CONTRACT.