



See a Social Security Number? Say Something!
Report Privacy Problems to <https://public.resource.org/privacy>
Or call the IRS Identity Theft Hotline at 1-800-908-4490



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 private foundation)

- Do not enter Social Security numbers on this form as it may be made public. By law, the IRS generally cannot redact the information on the form.
- Information about Form 990-EZ and its instructions is at www.irs.gov/form990.

2013

Open to Public
InspectionDepartment of the Treasury
Internal Revenue Service

A For the 2013 calendar year, or tax year beginning 01-01-2013, and ending 12-31-2013		
B Check if applicable	C Name of organization MINERAL AREA BOARD OF REALTORS INC	D Employer identification number 43-1190758
Address change	Number and street (or P O box, if mail is not delivered to street address) 9 SOUTH COFFMAN	E Telephone number
Name change	Room/suite	
Initial return		
Terminated		
Amended return		
Application pending		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: ► N/A**J** Tax-exempt status (check only one) 501(c)(3) 501(c)(6) (insert no) 4947(a)(1) or 527**K** Form of organization Corporation Trust Association Other _____**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, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ ► \$ 107,653**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	62,376
	3 Membership dues and assessments	3	39,871
	4 Investment income	4	144
	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	
Expenses	b Gross income from fundraising events (not including \$ _____ of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000)	6b	
	c Less direct expenses from gaming and fundraising events	6c	
	d Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)	6d	
	7a Gross sales of inventory, less returns and allowances	7a	1,366
	b Less cost of goods sold	7b	3,114
	c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c	-1,748
	8 Other revenue (describe in Schedule O)	8	3,896
	9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 ►	9	104,539
Net Assets	10 Grants and similar amounts paid (list in Schedule O)	10	
	11 Benefits paid to or for members	11	
	12 Salaries, other compensation, and employee benefits	12	41,276
	13 Professional fees and other payments to independent contractors	13	2,025
	14 Occupancy, rent, utilities, and maintenance	14	18,401
	15 Printing, publications, postage, and shipping	15	
	16 Other expenses (describe in Schedule O)	16	36,928
	17 Total expenses. Add lines 10 through 16 ►	17	98,630
Net Assets	18 Excess or (deficit) for the year (Subtract line 17 from line 9)	18	5,909
	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	199,142
	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	205,051

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	133,579	22 89,302
23 Land and buildings	83,792	23 114,768
24 Other assets (describe in Schedule O)	26,668	24 33,082
25 Total assets	244,039	25 237,152
26 Total liabilities (describe in Schedule O)	44,897	26 32,101
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	199,142	27 205,051

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?

MINERAL AREA BOARD OF REALTORS PROVIDES A MULTI-LISTING SERVICE TO ITS MEMBERSHIP OF AROUND 300 REALTORS IT ALSO PROVIDES SUPPLIES, EDUCATIONAL MATERIALS AND SUPPORT TO PROMOTE THE REAL ESTATE PROFESSION IN THE MINERAL AREA

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 MINERAL AREA BOARD OF REALTORS PROVIDES A MULTI-LISTING SERVICE TO ITS MEMBERSHIP OF AROUND 300 REALTORS IT ALSO PROVIDES SUPPLIES, EDUCATIONAL MATERIALS AND SUPPORT TO ITS MEMBERSHIP
(Grants \$) If this amount includes foreign grants, check here **28a****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****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?	38a	No
b If "Yes," complete Schedule L, Part II and enter the total amount involved	38b	
39 Section 501(c)(7) organizations Enter	39a	
a Initiation fees and capital contributions included on line 9	39b	
40a Section 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under section 4911 ►, section 4912 ►, section 4955 ►	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	40c	
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 ►	40d	
d Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax on line 40c reimbursed by the organization ►	40e	No
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	40f	
41 List the states with which a copy of this return is filed ►	41	
42a The organization's books are in care of ► REALTORS INC MINERAL AREA BOARD OF REALTORS INC MINERAL AREA BOARD OF Located at ► 9 SOUTH COFFMAN 400 N WASHINGTON SUITE 111 PARK HILLS, MO Telephone no ► (573) 327-9779 ZIP + 4 ► 63601	42b	
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)?	42c	No
If "Yes," enter the name of the foreign country ►	42d	
See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts .	42e	
c At any time during the calendar year, did the organization maintain an office outside the U S ?	42f	No
If "Yes," enter the name of the foreign country ►	42g	
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	<input type="checkbox"/>	Yes	<input type="checkbox"/>	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	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
----	--------------------------	-----	--------------------------	----

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

48	<input type="checkbox"/>
----	--------------------------

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

49a	<input type="checkbox"/>
-----	--------------------------

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

49b	<input type="checkbox"/>
-----	--------------------------

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	(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 business address of each independent contractor	(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 GEORGIANNA BLOOM EXEC DIRECTOR Type or print name and title	2014-11-17 Date
------------------	---	--------------------

Paid Preparer Use Only	Print/Type preparer's name VIRGINIA TAYLOR CPA	Preparer's signature	Date 2014-11-17	Check <input type="checkbox"/> if self-employed	PTIN P00109638
	Firm's name <input type="checkbox"/> TAYLOR TAX & CONSULTING LLC	Firm's EIN <input type="checkbox"/> 45-2580751			
	Firm's address <input type="checkbox"/> 23 S FRANKLIN ST FARMINGTON, MO 636402503	Phone no (573) 701-0112			

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

Additional Data

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

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
DANA PLUNKETT <input checked="" type="checkbox"/> PRESIDENT	000 00	0		
DARRELL BIRI <input checked="" type="checkbox"/> PAST PRESIDE	000 00	0		
MICHELL ROBBS <input checked="" type="checkbox"/> SECRETARY	000 00	0		
JOSEPH STONE <input checked="" type="checkbox"/> TREASURER	000 00	0		
ANNA HATRIDGE <input checked="" type="checkbox"/> DIRECTOR	000 00	0		
BOBBIE BROWNE <input checked="" type="checkbox"/> DIRECTOR	000 00	0		
TINA LITTON <input checked="" type="checkbox"/> PRESIDENT EL	000 00	0		
KATHLEEN KELLY <input checked="" type="checkbox"/> DIRECTOR	000 00	0		
CARY COMBS <input checked="" type="checkbox"/> DIRECTOR	000 00	0		
ERIC KOFRON <input checked="" type="checkbox"/> DIRECTOR	000 00	0		
GLEN HAGAN <input checked="" type="checkbox"/> DIRECTOR	000 00	0		
FRANK BASDEN <input checked="" type="checkbox"/> DIRECTOR	000 00	0		
MISTY MERRITT <input checked="" type="checkbox"/> DIRECTOR	000 00	0		

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.

► Information about Schedule O (Form 990 or 990-EZ) and its instructions is at
www.irs.gov/form990.**2013****Open to Public
Inspection**Name of the organization
MINERAL AREA BOARD OF REALTORS INC

Employer identification number

43-1190758

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990-EZ, PART I, LINE 8	RENTS 3,896 TOTAL 3,896
FORM 990-EZ, PART I, LINE 16	EXPENSES OFFICE 3,161 INFORMATION TECHNOLOGY 767 TRAVEL 5,394 INSURANCE 1,325 MULTIPLE LISTING SERVICE 15,544 AWARDS, GIFTS & DONATIONS 384 MISCELLANEOUS 243 EVENT EXPENSES 2,672 MEMBER BAD DEBTS 2,028 MEMBERSHIP & DUES 45 NON-INVESTMENT DEPRECIATION 5,365 TOTAL 36,928
FORM 990-EZ, PART II, LINE 24	ACCOUNTS RECEIVABLE 19,116 19,762 INVENTORIES FOR SALE OR USE 3,586 2,592 35,579 46,582 LESS ACCUMULATED DEPRECIATION 32,485 35,854 RENT SECURITY DEPOSIT 872 0 TOTAL 26,668 33,082
FORM 990-EZ, PART II, LINE 26	ACCOUNTS PAYABLE AND ACCRUED EXPENSES 12,601 757 DEFERRED REVENUE 19,789 10,080 DUES PAYAB LE 11,288 19,939 PAYROLL TAX LIABILITIES 1,219 1,325
FORM 990-EZ, PART III	MINERAL AREA BOARD OF REALTORS PROVIDES A MULTI-LISTING SERVICE TO ITS MEMBERSHIP OF AROUND 300 REALTORS. IT ALSO PROVIDES SUPPLIES, EDUCATIONAL MATERIALS AND SUPPORT TO PROMOTE THE REAL ESTATE PROFESSION IN THE MINERAL AREA

Form 4562

Department of the Treasury
Internal Revenue Service (99)Depreciation and Amortization
(Including Information on Listed Property)

OMB No 1545-0172

2013

Attachment
Sequence No 179

► See separate instructions. ► Attach to your tax return.

Name(s) shown on return
MINERAL AREA BOARD OF REALTORS INCBusiness or activity to which this form relates
INDIRECT DEPRECIATION

Identifying number

43-1190758

Part I Election To Expense Certain Property Under Section 179*Note: If you have any listed property, complete Part V before you complete Part I.*

1 Maximum amount (see instructions)	1	500,000
2 Total cost of section 179 property placed in service (see instructions)	2	
3 Threshold cost of section 179 property before reduction in limitation (see instructions)	3	2,000,000
4 Reduction in limitation Subtract line 3 from line 2 If zero or less, enter -0-	4	
5 Dollar limitation for tax year Subtract line 4 from line 1 If zero or less, enter -0- If married filing separately, see instructions	5	

6	(a) Description of property	(b) Cost (business use only)	(c) Elected cost
7 Listed property Enter the amount from line 29	7		
8 Total elected cost of section 179 property Add amounts in column (c), lines 6 and 7	8		
9 Tentative deduction Enter the smaller of line 5 or line 8	9		
10 Carryover of disallowed deduction from line 13 of your 2012 Form 4562	10		
11 Business income limitation Enter the smaller of business income (not less than zero) or line 5 (see instructions)	11		
12 Section 179 expense deduction Add lines 9 and 10, but do not enter more than line 11	12		
13 Carryover of disallowed deduction to 2014 Add lines 9 and 10, less line 12 ► 13	13		

Note: Do not use Part II or Part III below for listed property. Instead, use Part V.

Part II Special Depreciation Allowance and Other Depreciation (Do not include listed property) (See instructions)		
14 Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year (see instructions)	14	
15 Property subject to section 168(f)(1) election	15	
16 Other depreciation (including ACRS)	16	5,365

Part III MACRS Depreciation (Do not include listed property.) (See instructions.)**Section A**

17 MACRS deductions for assets placed in service in tax years beginning before 2013	17	
18 If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here ►		

Section B—Assets Placed in Service During 2013 Tax Year Using the General Depreciation System

(a) Classification of property	(b) Month and year placed in service	(c) Basis for depreciation (business/investment use only—see instructions)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
19a 3-year property						
b 5-year property						
c 7-year property						
d 10-year property						
e 15-year property						
f 20-year property						
g 25-year property			25 yrs		S/L	
h Residential rental property			27 5 yrs	MM	S/L	
			27 5 yrs	MM	S/L	
i Nonresidential real property			39 yrs	MM	S/L	
				MM	S/L	

Section C—Assets Placed in Service During 2013 Tax Year Using the Alternative Depreciation System

20a Class life				S/L	
b 12-year			12 yrs		S/L
c 40-year			40 yrs	MM	S/L

Part IV Summary (see instructions.)

21 Listed property Enter amount from line 28	21	
22 Total Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21 Enter here and on the appropriate lines of your return Partnerships and S corporations—see instructions	22	5,365
23 For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs	23	

Part V

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

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

Section A—Depreciation and Other Information (Caution: See the instructions for limits for passenger automobiles.)

24a Do you have evidence to support the business/investment use claimed? Yes No **24b** If "Yes," is the evidence written? Yes No

(a) Type of property (list vehicles first)	(b) Date placed in service	(c) Business/investment use percentage	(d) Cost or other basis	(e) Basis for depreciation (business/investment use only)	(f) Recovery period	(g) Method/Convention	(h) Depreciation/deduction	(i) Elected section 179 cost

25 Special depreciation allowance for qualified listed property placed in service during the tax year and used more than 50% in a qualified business use (see instructions) **25**

	%							
	%							
	%							

	%			S/L -				
	%			S/L -				
	%			S/L -				

28 Add amounts in column (h), lines 25 through 27 Enter here and on line 21, page 1 **28**

29 Add amounts in column (i), line 26 Enter here and on line 7, page 1 **29**

Section B—Information on Use of Vehicles

Complete this section for vehicles used by a sole proprietor, partner, or other "more than 5% owner," or related person

If you provided vehicles to your employees, first answer the questions in Section C to see if you meet an exception to completing this section for those vehicles

30 Total business/investment miles driven during the year (do not include commuting miles)	(a) Vehicle 1		(b) Vehicle 2		(c) Vehicle 3		(d) Vehicle 4		(e) Vehicle 5		(f) Vehicle 6	
	Yes	No										
31 Total commuting miles driven during the year												
32 Total other personal (noncommuting) miles driven												
33 Total miles driven during the year Add lines 30 through 32												
34 Was the vehicle available for personal use during off-duty hours?												
35 Was the vehicle used primarily by a more than 5% owner or related person?												
36 Is another vehicle available for personal use?												

Section C—Questions for Employers Who Provide Vehicles for Use by Their Employees

Answer these questions to determine if you meet an exception to completing Section B for vehicles used by employees who are not more than 5% owners or related persons (see instructions)

37 Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your employees?													Yes	No
38 Do you maintain a written policy statement that prohibits personal use of vehicles, except commuting, by your employees? See the instructions for vehicles used by corporate officers, directors, or 1% or more owners														
39 Do you treat all use of vehicles by employees as personal use?														
40 Do you provide more than five vehicles to your employees, obtain information from your employees about the use of vehicles, and retain the information received?														
41 Do you meet the requirements concerning qualified automobile demonstration use? (See instructions)														

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

(a) Description of costs	(b) Date amortization begins	(c) Amortizable amount	(d) Code section	(e) Amortization period or percentage	(f) Amortization for this year

42 Amortization of costs that begins during your 2013 tax year (see instructions)

43 Amortization of costs that began before your 2013 tax year **43**

44 Total. Add amounts in column (f) See the instructions for where to report **44**

TY 2013 Compensation Explanation

Name: MINERAL AREA BOARD OF REALTORS INC

EIN: 43-1190758

Person Name	Explanation
DANA PLUNKETT	
DARRELL BIRI	
MICHELL ROBBS	
JOSEPH STONE	
ANNA HATRIDGE	
BOBBIE BROWNE	
TINA LITTON	
KATHLEEN KELLY	
CARY COMBS	
ERIC KOFRON	
GLEN HAGAN	
FRANK BASDEN	
MISTY MERRITT	