



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 foundations)

2015

- Do not enter social security numbers on this form as it may be made public.
- Information about Form 990-EZ and its instructions is at www.irs.gov/form990.

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

A For the 2015 calendar year, or tax year beginning 01-01-2015

, and ending 12-31-2015

B Check if applicable

Address change
 Name change
 Initial return
 Final 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) 1505 ASTRA WAY		ETelephone number
City or town, state or province, country, and ZIP or foreign postal code ARNOLD, MO 63010		FGroup 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 527K 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 ► \$ 134,954

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 83,148
	4 Investment income	4 647
	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 31,992
	c Less direct expenses from gaming and fundraising events	6c 26,117
	d Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)	6d 5,875
	7a Gross sales of inventory, less returns and allowances	7a 11,137
	b Less cost of goods sold	7b 8,217
	c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c 2,920
	8 Other revenue (describe in Schedule O)	8 8,030
	9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 ►	9 100,620
Expenses	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 63,990
	13 Professional fees and other payments to independent contractors	13 3,107
	14 Occupancy, rent, utilities, and maintenance	14 15,981
	15 Printing, publications, postage, and shipping	15
	16 Other expenses (describe in Schedule O)	16 29,389
	17 Total expenses. Add lines 10 through 16 ►	17 112,467
Net Assets	18 Excess or (deficit) for the year (Subtract line 17 from line 9)	18 -11,847
	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)	19 128,533
	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 ►	21 116,686

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	68,146	22 70,196
23 Land and buildings	5,000	23 5,000
24 Other assets (describe in Schedule O)	79,799	24 76,740
25 Total assets	152,945	25 151,936
26 Total liabilities (describe in Schedule O)	24,412	26 35,250
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	128,533	27 116,686

Part III Statement of Program Service Accomplishments (see the instructions for 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

Expense

Expenses
(Required for section 501(c)(3) and 501(c)(4) organizations, optional for others)

What is the organization's primary exempt purpose?

TO SUPPORT OUR MEMBERS WITH THE TOOLS AND EDUCATION NECESSARY TO CONDUCT THEIR BUSINESS SUCCESSFULLY, PROFESSIONALLY, AND WITH THE HIGHEST ETHICAL STANDARDS

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

See Additional Data Table

If this amount includes foreign grants, check here **28a**

29

If this amount includes foreign grants, check here **29a**

30

If this amount includes foreign grants, check here **30a**

31 Other program services (describe in Schedule O)

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)

(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
DEAN ESHELMAN PRESIDENT	5 37	0		
CLAUDIA COUNSELL VICE PRESIDE	0 41	0		
BUTCH FEHR PRESIDENT -	1 02	0		
LYNDA STEINER SECRETARY/TR	1 05	0		

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		No
34		No
35a	Yes	
35b	Yes	
35c		No
36		No
37a		
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?	
b	If "Yes," complete Schedule L, Part II and enter the total amount involved	
39	Section 501(c)(7) organizations Enter	
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 ►	
b	Section 501(c)(3), 501(c)(4), and 501(c)(29) 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), 501(c)(4), and 501(c)(29) 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), 501(c)(4), and 501(c)(29) 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	
41	List the states with which a copy of this return is filed ►	
42a	The organization's books are in care of ► CATHERINE STAFFORD Telephone no ► (636) 282-0175 Located at ► 1505 ASTRA WAY ARNOLD, MO ZIP + 4 ► 63010	
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 FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)	
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 ►	
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 ►	
44a	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	
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	
c	Did the organization receive any payments for indoor tanning services during the year?	
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	
45a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	
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)	

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

	Yes	No
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

	Yes	No
47		
48		
49a		
49b		

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

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

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

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 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 DEAN ESHELMAN PRESIDENT Type or print name and title	2016-05-09 Date
------------------	--	--------------------

Paid Preparer Use Only	Print/Type preparer's name LARRY L GRAY CPA	Preparer's signature	Date 2016-08-09	Check <input type="checkbox"/> if self-employed	PTIN P00240181
	Firm's name ► AGC-ALFERMANN GRAY & CO CPA'S LLC			Firm's EIN ► 46-1694466	
	Firm's address ► 219 W STATE RTE 72 ROLLA, MO 654014102			Phone no (573) 364-1700	

May the IRS discuss this return with the preparer shown above? See instructions

Yes No

Additional Data

Software ID:
Software Version:
EIN: 43-1223338
Name: JEFFERSON COUNTY BOARD OF REALTORS

Form 990EZ, Part III - Statement of Program Service Accomplishments

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.

► Information about Schedule O (Form 990 or 990-EZ) and its instructions is at
www.irs.gov/form990.**2015****Open to Public
Inspection**Name of the organization
JEFFERSON COUNTY BOARD OF REALTORS**Employer identification number**

43-1223338

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990-EZ, PART I, LINE 8	LEASE/RENT INCOME 4,575 MISCELLANEOUS INCOME 3,949 DISCOUNTS EARNED 44 GAIN/LOSS ON MMA -538 TOTAL 8,030
FORM 990-EZ, PART I, LINE 16	EXPENSES TRAVEL 3,410 OFFICE SUPPLIES 3,942 GIFTS 58 DUES/SUBSCRIPTIONS 209 TAXES & LICENS ES 7,954 COMMERCIAL INSURANCE 1,461 INTERNET FEES 658 CREDIT CARD FEES 2,981 MISCELLANEOUS EXPENSE 2,415 MAINTENANCE 1,175 NON-INVESTMENT DEPRECIATION 5,126 TOTAL 29,389
FORM 990-EZ, PART II, LINE 24	ACCOUNTS RECEIVABLE 1,910 1,009 INVENTORIES FOR SALE OR USE 3,678 5,335 161,604 163,015 LE SS ACCUMULATED DEPRECIATION 87,613 92,739 SALES TAX BOND 0 0 SALES TAX BONDS 220 120 TOTAL 79,799 76,740
FORM 990-EZ, PART II, LINE 26	ACCOUNTS PAYABLE AND ACCRUED EXPENSES 2,896 3,680 DEFERRED REVENUE 21,516 31,570
FORM 990-EZ, PART III	TO SUPPORT OUR MEMBERS WITH THE TOOLS AND EDUCATION NECESSARY TO CONDUCT THEIR BUSINESS SU CCESSFULLY, PROFESSIONALLY, AND WITH THE HIGHEST ETHICAL STANDARDS
FORM 990-EZ, PART III, LINE 31	PROGRAM MEETINGS ARE HELD TO INFORM MEMBERS OF CURRENT PROFESSIONAL ISSUES AND STANDARDS OF CONDUCT IN THE REAL ESTATE PROFESSION