

**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. . . . . **\$ 109,953**

Revenue	1	Contributions, gifts, grants, and similar amounts received . . . . .		1,202
	2	Program service revenue including government fees and contracts . . . . .		3,274
	3	Membership dues and assessments . . . . .		97,585
	4	Investment income . . . . .		6,800
	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	
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	1,092	
9	<b>Total revenue.</b> Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 . . . . . ▶	9	109,953	
Expenses	10	Grants and similar amounts paid (list in Schedule O) . . . . .	10	1,750
	11	Benefits paid to or for members . . . . .	11	
	12	Salaries, other compensation, and employee benefits . . . . .	12	51,088
	13	Professional fees and other payments to independent contractors . . . . .	13	10,927
	14	Occupancy, rent, utilities, and maintenance . . . . .	14	10,000
	15	Printing, publications, postage, and shipping . . . . .	15	
	16	Other expenses (describe in Schedule O) . . . . .	16	29,435
	17	<b>Total expenses.</b> Add lines 10 through 16 . . . . . ▶	17	103,200
Net Assets	18	Excess or (deficit) for the year (Subtract line 17 from line 9) . . . . .	18	6,753
	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	301,620
	20	Other changes in net assets or fund balances (explain in Schedule O) . . . . .	20	7
	21	Net assets or fund balances at end of year Combine lines 18 through 20 . . . . .	21	308,380

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

<b>Part III</b>	<b>Statement of Program Service Accomplishments</b> (see the instructions for Part III)	<b>Expenses</b>
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## Expenses

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

PROMOTE EDUCATION, PROFESSIONALISM AND COOPERATION WITHIN THE LOCAL REAL ESTATE PROFESSION

**28**  
See Additional Data Table

**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. ☐

Form **990-EZ** (2016)

**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
<b>33</b> 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 . . . . .	<b>33</b>	No
<b>34</b> 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) . . . . .	<b>34</b>	No
<b>35a</b> 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)? . . . . .	<b>35a</b>	No
<b>b</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 . . . . .	<b>35b</b>	
<b>c</b> 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 . . . . .	<b>35c</b>	No
<b>36</b> 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 . . . . .	<b>36</b>	No
<b>37a</b> Enter amount of political expenditures, direct or indirect, as described in the instructions ▶ <b>37a</b> . . . . .	<b>37a</b>	
<b>b</b> Did the organization file <b>Form 1120-POL</b> for this year? . . . . .	<b>37b</b>	No
<b>38a</b> 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>38a</b>	No
<b>b</b> If "Yes," complete Schedule L, Part II and enter the total amount involved . . . . .	<b>38b</b>	
<b>39</b> Section 501(c)(7) organizations Enter . . . . .		
<b>a</b> Initiation fees and capital contributions included on line 9 . . . . .	<b>39a</b>	
<b>b</b> Gross receipts, included on line 9, for public use of club facilities . . . . .	<b>39b</b>	
<b>40a</b> Section 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under section 4911 ▶ , section 4912 ▶ , section 4955 ▶ . . . . .		
<b>b</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 . . . . .	<b>40b</b>	
<b>c</b> 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 ▶ . . . . .		
<b>d</b> Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations Enter amount of tax on line 40c reimbursed by the organization ▶ . . . . .		
<b>e</b> 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 . . . . .	<b>40e</b>	No
<b>41</b> List the states with which a copy of this return is filed ▶ . . . . .		
<b>42a</b> The organization's books are in care of ▶ <u>BARB KERR</u> Telephone no ▶ <u>(319) 752-5544</u> Located at ▶ <u>2807 SUMMER ST BURLINGTON, IA</u> ZIP + 4 ▶ <u>52601</u>		
<b>b</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)? . . . . .	<b>42b</b>	No
If "Yes," enter the name of the foreign country ▶ . . . . .		
See the instructions for exceptions and filing requirements for <b>FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)</b> . . . . .		
<b>c</b> At any time during the calendar year, did the organization maintain an office outside the U S ? . . . . .	<b>42c</b>	No
If "Yes," enter the name of the foreign country ▶ . . . . .		
<b>43</b> Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of <b>Form 1041</b> - Check here . . . . . <input type="checkbox"/> and enter the amount of tax-exempt interest received or accrued during the tax year . . . . . ▶ <b>43</b> . . . . .		
<b>44a</b> Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ . . . . .	<b>44a</b>	No
<b>b</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 . . . . .	<b>44b</b>	No
<b>c</b> Did the organization receive any payments for indoor tanning services during the year? . . . . .	<b>44c</b>	No
<b>d</b> If "Yes," to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O . . . . .	<b>44d</b>	
<b>45a</b> Did the organization have a controlled entity within the meaning of section 512(b)(13)? . . . . .	<b>45a</b>	No
<b>45b</b> 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) . . . . .	<b>45b</b>	No

		<b>Yes</b>	<b>No</b>
<b>46</b>	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 . . . . .	<b>46</b>	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 . . . . . ☐

		<b>Yes</b>	<b>No</b>
<b>47</b>	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 . . . . .	<b>47</b>	
<b>48</b>	Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E . . . . .	<b>48</b>	
<b>49a</b>	Did the organization make any transfers to an exempt non-charitable related organization? . . . . .	<b>49a</b>	
<b>49b</b>	If "Yes," was the related organization a section 527 organization? . . . . .	<b>49b</b>	

**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.

<b>Sign Here</b>	***** Signature of officer		2017-11-08 Date	
	BARBARA KERR CEO Type or print name and title			
<b>Paid Preparer Use Only</b>	Print/Type preparer's name AMANDA L LANE CPA	Preparer's signature	Date 2017-11-13	Check <input type="checkbox"/> if self-employed PTIN P01257668
	Firm's name ► TD&T CPAS AND ADVISORS PC			Firm's EIN ► 42-1029744
	Firm's address ► 1700 42ND ST NE CEDAR RAPIDS, IA 52402			Phone no (319) 393-2374

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

## Additional Data

**Software ID:**

**Software Version:**

**EIN:** 42-6072913

**Name:** SOUTHEAST IOWA REGIONAL BOARD  
OF REALTORS

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

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; optional for others.)	
<p><b>28</b></p> <p>TO PROMOTE PROFESSIONALISM IN THE SALE OF REAL ESTATE BY CREATING AND MAINTAINING HIGH STANDARDS OF CONDUCT AS EXPRESSED IN THE CODE OF ETHICS FOR REALTORS TOTAL MEMBERSHIP IS APPROXIMATELY 85 MEMBERS</p> <p>(Grants \$ )</p> <p>If this amount includes foreign grants, check here . . . <input type="checkbox"/></p>	<b>28a</b>	

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

<b>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.</b>	<b>Expenses (Required for section 501(c)(3) and 501(c)(4) organizations; optional for others.)</b>	
<p><b>29</b> PROVIDE A MULTIPLE LISTING SERVICE AS A MEANS BY WHICH PARTICIPANTS MAKE BLANKET UNILATERAL OFFERS OF COOPERATION AND COMPENSATION TO OTHER PARTICIPANTS, ACTING EITHER AS SUB AGENTS, BUYER AGENTS OR BOTH, BY WHICH INFORMATION IS ACCUMULATED AND DISSEMINATED TO ENABLE AUTHORIZED PARTICIPANTS TO PREPARE APPRAISALS AND OTHER VALUATIONS OF REAL PROPERTY, BY WHICH PARTICIPANTS ENGAGING IN REAL ESTATE APPRAISAL CONTRIBUTE TO COMMON DATA BASES, AND IS A FACILITY FOR THE ORDERLY CORRELATION AND DISSEMINATION OF LISTING INFORMATION AMONG THE PARTICIPANTS SO THAT THEY MAY BETTER SERVE THEIR CLIENTS AND THE PUBLIC</p> <p>(Grants \$ )                      If this amount includes foreign grants, check here   .   .   .   ►   <input type="checkbox"/></p>	<b>29a</b>	

**Form 990EZ, 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. . . . . ☐

<b>(a) Name and title</b>	<b>(b) Average hours per week devoted to position</b>	<b>(c) Reportable compensation (Forms W-2/1099-MISC) (If not paid, enter -0-)</b>	<b>(d) Health benefits, contributions to employee benefit plans, and deferred compensation</b>	<b>(e) Estimated amount of other compensation</b>
CARLA MCENTEE PRESIDENT	1 00	0		
KAREN CONVERSE VICE PRESIDE	1 00	0		
DORIE HUDDLESTON TREASURER	1 00	0		
DEB FOWLER SECRETARY	1 00	0		
STEVE CAMPBELL PAST PRESIDE	1 00	0		
MELISSA SCHWENKER DIRECTOR	1 00	0		
SHERRY REED DIRECTOR	1 00	0		
KARA MORROW DIRECTOR	1 00	0		
KAREN HOPE DIRECTOR	1 00	0		
TIM PEEVLER DIRECTOR	1 00	0		
PAUL WESTERMEYER DIRECTOR	1 00	0		
STEVE GRAY DIRECTOR	1 00	0		
JOSH BRECOUNT DIRECTOR	1 00	0		
LINDA DEARBORN DIRECTOR	1 00	0		
PEGGY CHRISTY DIRECTOR	1 00	0		

**Form 990EZ, 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
LIZ SCHILLER DIRECTOR	1 00	0		
LYNETTE CISLER DIRECTOR	1 00	0		
LORI BOGLE DIRECTOR	1 00	0		
CHRIS ROACH DIRECTOR	1 00	0		
SHELIA DENBURGER DIRECTOR	1 00	0		
BARBARA KERR CEO	40 00	47,797		

**SCHEDULE O**  
**(Form 990 or 990-EZ)**

Department of the Treasury  
Internal Revenue Service

Name of the organization  
SOUTHEAST IOWA REGIONAL BOARD  
OF REALTORS

**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](http://www.irs.gov/form990).

OMB No 1545-0047

**2016**

**Open to Public  
Inspection**

**Employer identification number**

42-6072913

**990 Schedule O, Supplemental Information**

Return Reference	Explanation
FORM 990-EZ, PART I, LINE 8	SENTRILOCK INCOME 1,092 TOTAL 1,092

# 990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990- EZ, PART I, LINE 16	EXPENSES ADVERTISING 250 OFFICE EXP 2,961 SENTRILOCK EXPENSE 2,414 BANK FEES & CREDIT CAR D EXP 259 WEBSITE EXPENSE 192 QB FEE 727 COMPUTER SUPPORT 299 MEETING & SEMINAR EXPENSE 1 0,969 INSURANCE EXPENSE 1,512 MEMBER & EMPLOYEE APPREC 275 VEHICLE EXPENSE 3,601 MEMBERSH IP SERVICE 2 AUDIT TAX EXPENSE 959 NON-INVESTMENT DEPRECIATION 5,015 TOTAL 29,435

**990 Schedule O, Supplemental Information**

Return Reference	Explanation
FORM 990- EZ, PART I, LINE 20	PRIOR PERIOD ADJUSTMENT 7

**990 Schedule O, Supplemental Information**

Return Reference	Explanation
FORM 990- EZ, PART II, LINE 24	FURNITURE & FIXTURES 74,771 74,771 LESS ACCUMULATED DEPRECIATION 70,252 71,714 TOTAL 4,519 3,057

**990 Schedule O, Supplemental Information**

Return Reference	Explanation
FORM 990- EZ, PART II, LINE 26	ACCOUNTS PAYABLE AND ACCRUED EXPENSES 0 1,638 PAYROLL LIABILITIES 615 643 DUES & FEES HELD FOR OTHER ORG 69,342 5,036

# 990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990- EZ, PART III	PROMOTE EDUCATION, PROFESSIONALISM AND COOPERATION WITHIN THE LOCAL REAL ESTATE PROFESSION

## 990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990-EZ, PART III, LINE 29	PROVIDE A MULTIPLE LISTING SERVICE AS A MEANS BY WHICH PARTICIPANTS MAKE BLANKET UNILATERAL OFFERS OF COOPERATION AND COMPENSATION TO OTHER PARTICIPANTS, ACTING EITHER AS SUB AGENTS, BUYER AGENTS OR BOTH, BY WHICH INFORMATION IS ACCUMULATED AND DISSEMINATED TO ENABLE AUTHORIZED PARTICIPANTS TO PREPARE APPRAISALS AND OTHER VALUATIONS OF REAL PROPERTY, BY WHICH PARTICIPANTS ENGAGING IN REAL ESTATE APPRAISAL CONTRIBUTE TO COMMON DATA BASES, AND IS A FACILITY FOR THE ORDERLY CORRELATION AND DISSEMINATION OF LISTING INFORMATION AMONG THE PARTICIPANTS SO THAT THEY MAY BETTER SERVE THEIR CLIENTS AND THE PUBLIC