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2009

Open to Public  
InspectionDepartment of the Treasury  
Internal Revenue Service

## 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 and controlling organizations as defined in section 512(b)(13) must file Form 990. All other organizations with gross receipts less than \$500,000 and total assets less than \$1,250,000 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

## A For the 2009 calendar year, or tax year beginning

, and ending

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

Please use IRS label or print or type.  
See Specific Instructions.

C Name of organization  
N E. OKLAHOMA BOARD OF REALTORS INCD Employer identification number  
73-11154340

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

Room/suite

E Telephone number  
(918) 786-4812

PO BOX 451838

City, town, or country  
GROVEState  
OKZIP + 4  
74345F Group Exemption  
Number ►

• Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ).

G Accounting Method  Cash  Accrual  
Other (specify) ► HYBRID

I Website: ► N/A

J Tax-exempt status (check only one) —  501(c) ( 6 ) ◀ (insert no)  4947(a)(1) or  527

H 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 and its gross receipts are normally not more than \$25,000. A Form 990-EZ or Form 990 return is not required, but if the organization chooses to file a return, be sure to file a complete return

L Add lines 5b, 6b, and 7b, to line 9 to determine gross receipts, if \$500,000 or more, file Form 990 instead of Form 990-EZ

► \$ 147,192

## Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See the instructions for Part I)

1	Contributions, gifts, grants, and similar amounts received	1	0
2	Program service revenue including government fees and contracts	2	
3	Membership dues and assessments	3	64,992
4	Investment income	4	591
5a	Gross amount from sale of assets other than inventory	5a	0
b	Less: cost or other basis and sales expenses	5b	0
c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	5c	0
6	Special events and activities (Complete applicable parts of Schedule C if any amount is from gaming, check here ► <input type="checkbox"/>	6c	0
a	Gross revenue (not including \$ 17,201 of contributions reported on line 1)	6a	
b	Less: direct expenses other than fundraising expenses	6b	
c	Net income or (loss) from special events and activities (Subtract line 6b from line 6a)	6c	0
7a	Gross sales of inventory, less returns and allowances	7a	76,227
b	Less: cost of goods sold	7b	32,896
c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c	43,331
8	Other revenue (describe ► See Attached Statement)	8	5,382
9	<b>Total revenue.</b> Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8	9	114,296
10	Grants and similar amounts paid (attach schedule)	10	0
11	Benefits paid to or for members	11	
12	Salaries, other compensation, and employee benefits	12	32,877
13	Professional fees and other payments to independent contractors	13	650
14	Occupancy, rent, utilities, and maintenance	14	
15	Printing, publications, postage, and shipping	15	
16	Other expenses (describe ► See Attached Statement)	16	85,244
17	<b>Total expenses.</b> Add lines 10 through 16	17	118,771
18	Excess or (deficit) for the year (Subtract line 17 from line 9)	18	-4,475
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	31,308
20	Other changes in net assets or fund balances (attach explanation)	20	0
21	Net assets or fund balances at end of year. Combine lines 18 through 20	21	26,833

## Part II Balance Sheets. If Total assets on line 25, column (B) are \$1,250,000 or more, file Form 990 instead of Form 990-EZ.

(See the instructions for Part II.)

	(A) Beginning of year	(B) End of year
22 Cash, savings, and investments	31,262	22 26,808
23 Land and buildings		23
24 Other assets (describe ► See Attached Statement)	46	24 25
25 Total assets	31,308	25 26,833
26 Total liabilities (describe ► )	0	26 0
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	31,308	27 26,833

For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions.

(HTA)

Form 990-EZ (2009)

TOP

<b>Part III Statement of Program Service Accomplishments</b> (See the instructions for Part III.)				<b>Expenses</b> (Required for section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts, optional for others )
What is the organization's primary exempt purpose? <u>TO PROVIDE MLS AND NETWORKING OPPORTUNITY</u>				
Describe what was achieved in carrying out the organization's exempt purposes. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title				
<b>28 TO PROVIDE MULTIPLE LIST SERVICE AND NETWORKING OPPORTUNITIES FOR MEMBERSHIP IN GREATER GRAND LAKE AREA. SERVES BETWEEN 50 AND 100 REALTORS AT ANY TIME.</b>				
(Grants \$ 0 ) If this amount includes foreign grants, check here . . . ► <input type="checkbox"/>				<b>28a</b> 0
<b>29</b>				
(Grants \$ 0 ) If this amount includes foreign grants, check here . . . ► <input type="checkbox"/>				<b>29a</b> 0
<b>30</b>				
(Grants \$ 0 ) If this amount includes foreign grants, check here . . . ► <input type="checkbox"/>				<b>30a</b> 0
<b>31 Other program services (attach schedule)</b>				
(Grants \$ 0 ) If this amount includes foreign grants, check here . . . ► <input type="checkbox"/>				<b>31a</b> 0
<b>32 Total program service expenses.</b> (add lines 28a through 31a)				<b>32</b> 0
<b>Part IV List of Officers, Directors, Trustees, and Key Employees.</b> List each one even if not compensated. (See the instructions for Part IV.)				
(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
DONNA SPEER 68500 E 94 RD WYANDOTTE OK 74371	Title DIR Hr/WK 2.00	0	0	0
PAUL NORTHCUTT 65036 E 250 RD GROVE OK 74344	Title PRES Hr/WK 2.00	0	0	0
MICHELE NORWOOD 59261 E 288 LN GROVE OK 74344	Title PRES-ELECT Hr/WK 2.00	0	0	0
RUSTY (ROETTA) SHAFFER 65101 E 250 RD GROVE OK 74344	Title VICE PRES Hr/WK 2.00	0	0	0
BRIAN JOHNSON 2110 E STEVE OWENS BLVD MIAMI OK 74354	Title DIR Hr/WK 2.00	0	0	0
BARBARA WOODALL 1013 S MILL ST GROVE OK 74344	Title CEO Hr/WK 2.00	0	0	0
NORM CARNETT 28950 E 593 RD GROVE OK 74344	Title SEC TREAS Hr/WK 2.00	0	0	0
MARY CHRISMAN 32300 PEBBLE BEACH AFTON OK 74331	Title DIR Hr/WK 2.00	0	0	0
LARRY MILNARIK 56751 E 307 RD MONKEY ISLAND OK 74331	Title DIR Hr/WK 2.00	0	0	0
DEBBIE ALFORD 45781 S 676 RD GROVE OK 74344	Title DIR Hr/WK 2.00	0	0	0
JUDY HILLSHAFER 55751 E 365TH PLACE JAY OK 74346	Title DIR Hr/WK 2.00	0	0	0
LEE ANN WALKER 1930 S GRANT PARKWAY MIAMI OK 74354	Title DIR Hr/WK 2.00	0	0	0
ERIN DAVIS PO BOX 818 LANGLEY OK 74350	Title DIR Hr/WK 2.00	0	0	0
	Title Hr/WK .00	0	0	0
	Title Hr/WK .00	0	0	0
	Title Hr/WK .00	0	0	0
	Title Hr/WK .00	0	0	0
	Title Hr/WK .00	0	0	0

## Part V Other Information (Note the statement requirements in the instructions for Part V.)

	Yes	No
33 Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity . . . . .	33	X
34 Were any changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the changes . . . . .	34	X
35 If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but not reported on Form 990-T, attach a statement explaining why the organization did not report the income on Form 990-T	35a	X
a Did the organization have unrelated business gross income of \$1,000 or more or was it subject to section 6033(e) notice, reporting, and proxy tax requirements? . . . . .	35b	
b If "Yes," has it filed a tax return on <b>Form 990-T</b> for this year? . . . . .	36	X
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 . . . . .	37a	
a Enter amount of political expenditures, direct or indirect, as described in the instructions ► 37a	37b	X
b Did the organization file <b>Form 1120-POL</b> for this year? . . . . .	38a	X
38 a 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 period covered by this return? . . . . .	38b	0
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 . . . . .		
40 a 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 is it aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's 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	X
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. ► _____		
42 a The organization's books are in care of ► BARBARA WOODALL Telephone no ► (918) 786-4812		
Located at ► PO BOX 451838 City GROVE ST OK ZIP + 4 ► 74345		
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	X
If "Yes," enter the name of the foreign country: ► _____		
See the instructions for exceptions and filing requirements for <b>Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts</b> .	42c	X
c At any time during the calendar year, did the organization maintain an office outside of 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 <b>Form 1041</b> —Check here and enter the amount of tax-exempt interest received or accrued during the tax year ► 43 N/A		
44 Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of Form 990-EZ . . . . .	44	X
45 Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If "Yes," Form 990 must be completed instead of Form 990-EZ . . . . .	45	X

**Part VI Section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts only.** All section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts must answer questions 46–49b and complete the tables for lines 50 and 51.

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

47 Did the organization engage in lobbying activities? 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

49 a 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 address of each employee paid more than \$100,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
Name None Str	Title			
City ST ZIP	Hr/WK .00	0	0	0
Name Str	Title			
City ST ZIP	Hr/WK .00	0	0	0
Name Str	Title			
City ST ZIP	Hr/WK .00	0	0	0
Name Str	Title			
City ST ZIP	Hr/WK .00	0	0	0
Name Str	Title			
City ST ZIP	Hr/WK .00	0	0	0

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
Name None Str		
City ST ZIP		
Name Str		
City ST ZIP		
Name Str		
City ST ZIP		
Name Str		
City ST ZIP		
Name Str		
City ST ZIP		

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

Sign Here	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		
	Signature of officer Barbara Woodall	Date 5-11-10	Type or print name and title CEO
Paid Preparer's Use Only	Preparer's signature C.D. WRIGHT, CPA PC	Date 5/7/2010	Check if self-employed <input type="checkbox"/> P00294014
	Firm's name (or yours if self-employed), address, and ZIP + 4 PO BOX 1543, JAY, OK 74346	EIN 82-0550732	Phone no (918) 253-8131

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

►  Yes  No

Department of the Treasury  
Internal Revenue Service

► Attach to Form 990 or Form 990-EZ ► See separate instructions.

► Attach to Form 990 or Form 990-EZ ► See separate instructions.

► Attach to Form 990 or Form 990-EZ. ► See separate instructions.

Name of the organization

**Employer identification number**

## N.E. OKLAHOMA BOARD OF REALTORS INC.

73-1154340

## Part I

**Fundraising Activities.** Complete if the organization answered "Yes" to Form 990, Part IV, line 17.

Form 990-EZ filers are not required to complete this part.

1 Indicate whether the organization raised funds through any of the following activities. Check all that apply.

Indicate whether the organization raised funds through any of the following activities. Check all that apply.

- a**  Mail solicitations
- b**  Internet and email solicitations
- c**  Phone solicitations
- d**  In-person solicitations
- e**  Solicitation of non-government grants
- f**  Solicitation of government grants
- g**  Special fundraising events

**2a** Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services?  Yes  X  No

**b** If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization

3 List all states in which the organization is registered or licensed to solicit funds or has been notified it is exempt from registration or licensing.

**Part II Fundraising Events.** Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than \$15,000 on Form 990-EZ, line 6a. List events with gross receipts greater than \$5,000.

	(a) Event #1 <u>GOLF TOURNAMENT</u> (event type)	(b) Event #2 (event type)	(c) Other events NONE (total number)	(d) Total events (add col (a) through col (c))
Revenue	1 Gross receipts . . .	8,420	0	0
	2 Less: Charitable contributions . . .	0	0	0
	3 Gross income (line 1 minus line 2) . . .	8,420	0	8,420
Direct Expenses	4 Cash prizes . . .	0	0	0
	5 Noncash prizes . . .	0	0	0
	6 Rent/facility costs . . .	2,992	0	2,992
	7 Food and beverages . . .	0	0	0
	8 Entertainment . . .	0	0	0
	9 Other direct expenses . . .	0	0	0
	10 Direct expense summary. Add lines 4 through 9 in column (d) . . . . .			► ( 2,992 )
	11 Net income summary. Combine line 3, column (d), and line 10 . . . . .			► 5,428

**Part III Gaming.** Complete if the organization answered "Yes" to Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.

	(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col (a) through col (c))
Revenue	1 Gross revenue . . . . .			0
Direct Expenses	2 Cash prizes . . . . .			0
	3 Noncash prizes . . . . .			0
	4 Rent/facility costs . . . . .			0
	5 Other direct expenses . . . . .			0
	6 Volunteer labor . . . . .	<input type="checkbox"/> Yes . . . . % <input type="checkbox"/> No	<input type="checkbox"/> Yes . . . . % <input type="checkbox"/> No	<input type="checkbox"/> Yes . . . . % <input type="checkbox"/> No
	7 Direct expense summary. Add lines 2 through 5 in column (d) . . . . .			► ( 0 )
	8 Net gaming income summary. Combine line 1, column d, and line 7 . . . . .			► 0

9 Enter the state(s) in which the organization operates gaming activities: \_\_\_\_\_

a Is the organization licensed to operate gaming activities in each of these states? \_\_\_\_\_

b If "No," explain: \_\_\_\_\_

10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? \_\_\_\_\_

b If "Yes," explain: \_\_\_\_\_

11 Does the organization operate gaming activities with nonmembers? \_\_\_\_\_

12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming? \_\_\_\_\_

	Yes	No
9a		
10a		
11		
12		

	Yes	No
13 Indicate the percentage of gaming activity operated in:	13a	%
a The organization's facility	13b	%
b An outside facility		
14 Enter the name and address of the person who prepares the organization's gaming/special events books and records.		
Name ►		
Address ►		
15a Does the organization have a contract with a third party from whom the organization receives gaming revenue?	15a	
b If "Yes," enter the amount of gaming revenue received by the organization ► \$ ..... and the amount of gaming revenue retained by the third party ► \$ .....		
c If "Yes," enter name and address of the third party:		
Name ►		
Address ►		
16 Gaming manager information:		
Name ►		
Gaming manager compensation ► \$ ..... 0		
Description of services provided ►		
<input type="checkbox"/> Director/officer	<input type="checkbox"/> Employee	<input type="checkbox"/> Independent contractor
17 Mandatory distributions.	17a	
a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?		
b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ► \$ .....		

Form **4797**Department of the Treasury  
Internal Revenue Service (99)**Sales of Business Property****(Also Involuntary Conversions and Recapture Amounts  
Under Sections 179 and 280F(b)(2))**

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

OMB No 1545-0184

**2009**

Attachment

Sequence No **27**

Name(s) shown on return

Identifying number

N.E. OKLAHOMA BOARD OF REALTORS INC

73-1154340

1 Enter the gross proceeds from sales or exchanges reported to you for 2009 on Form(s) 1099-B or 1099-S  
(or substitute statement) that you are including on line 2, 10, or 20 (see instructions)

1

**Part I Sales or Exchanges of Property Used in a Trade or Business and Involuntary Conversions From  
Other Than Casualty or Theft—Most Property Held More Than 1 Year (see instructions)**

<b>2</b>	<b>(a) Description of property</b>	<b>(b) Date acquired (mo , day, yr )</b>	<b>(c) Date sold (mo , day, yr )</b>	<b>(d) Gross sales price</b>	<b>(e) Depreciation allowed or allowable since acquisition</b>	<b>(f) Cost or other basis, plus improvements and expense of sale</b>	<b>(g) Gain or (loss) Subtract (f) from the sum of (d) and (e)</b>
DELL COMPUTER --- OBSOL	12/1/2003	5/1/2009	0	1,062	1,104		-42
							0
							0

3 Gain, if any, from Form 4684, line 43

3

4 Section 1231 gain from installment sales from Form 6252, line 26 or 37

4

5 Section 1231 gain or (loss) from like-kind exchanges from Form 8824

5

6 Gain, if any, from line 32, from other than casualty or theft

6

7 Combine lines 2 through 6 Enter the gain or (loss) here and on the appropriate line as follows.

7

**Partnerships (except electing large partnerships) and S corporations.** Report the gain or (loss) following the instructions for Form 1065, Schedule K, line 10, or Form 1120S, Schedule K, line 9 Skip lines 8, 9, 11, and 12 below**Individuals, partners, S corporation shareholders, and all others.** If line 7 is zero or a loss, enter the amount from line 7 on line 11 below and skip lines 8 and 9 If line 7 is a gain and you did not have any prior year section 1231 losses, or they were recaptured in an earlier year, enter the gain from line 7 as a long-term capital gain on the Schedule D filed with your return and skip lines 8, 9, 11, and 12 below

8 Nonrecaptured net section 1231 losses from prior years (see instructions)

8

9 Subtract line 8 from line 7 If zero or less, enter -0- If line 9 is zero, enter the gain from line 7 on line 12 below If line 9 is more than zero, enter the amount from line 8 on line 12 below and enter the gain from line 9 as a long-term capital gain on the Schedule D filed with your return (see instructions)

9

0

**Part II Ordinary Gains and Losses (see instructions)**

10 Ordinary gains and losses not included on lines 11 through 16 (include property held 1 year or less)

							0
							0
							0

11 Loss, if any, from line 7

11

(42)

12 Gain, if any, from line 7 or amount from line 8, if applicable

12

13 Gain, if any, from line 31

13

14 Net gain or (loss) from Form 4684, lines 35 and 42a

14

15 Ordinary gain from installment sales from Form 6252, line 25 or 36

15

16 Ordinary gain or (loss) from like-kind exchanges from Form 8824

16

17 Combine lines 10 through 16

17

-42

18 For all except individual returns, enter the amount from line 17 on the appropriate line of your return and skip lines a and b below. For individual returns, complete lines a and b below.

a If the loss on line 11 includes a loss from Form 4684, line 39, column (b)(ii), enter that part of the loss here Enter the part of the loss from income-producing property on Schedule A (Form 1040), line 28, and the part of the loss from property used as an employee on Schedule A (Form 1040), line 23 Identify as from "Form 4797, line 18a" See instructions

18a

b Redetermine the gain or (loss) on line 17 excluding the loss, if any, on line 18a Enter here and on Form 1040, line 14

18b

0

**For Paperwork Reduction Act Notice, see separate instructions.**Form **4797** (2009)

(HTA)

Depreciation and Amortization  
(Including Information on Listed Property)

Name(s) shown on return

N E. OKLAHOMA BOARD OF REALTORS INC 990EZ

Business or activity to which this form relates

Identifying number

73-1154340

► See separate instructions.

► Attach to your tax return.

## 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 the instructions for a higher limit for certain businesses	1	250,000
2 Total cost of section 179 property placed in service (see instructions)	2	658
3 Threshold cost of section 179 property before reduction in limitation (see instructions)	3	800,000
4 Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-	4	0
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	250,000

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	0
9 Tentative deduction. Enter the smaller of line 5 or line 8		9	0
10 Carryover of disallowed deduction from line 13 of your 2008 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	0
13 Carryover of disallowed deduction to 2010 Add lines 9 and 10, less line 12	► 13		0

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	329
15 Property subject to section 168(f)(1) election	15	
16 Other depreciation (including ACRS)	16	

## 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 2009	17	12,174
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	►	<input type="checkbox"/>

## Section B - Assets Placed in Service During 2009 Tax Year Using the General Depreciation System

(a) Classification of property	(b) Month and year placed in service	(c) Basis for depreciation (business/investment)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
19 a 3-year property						
b 5-year property		329	5	MQ	200DB	16
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 2009 Tax Year Using the Alternative Depreciation System

20 a 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	291
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	12,810
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	

For Paperwork Reduction Act Notice, see separate instructions.

(HTA)

Form 4562 (2009)

**Part V**

**Listed Property** (Include automobiles, certain other vehicles, cellular telephones, 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.)**

<b>24a</b>	Do you have evidence to support the business/investment use claimed? <input type="checkbox"/> Yes <input type="checkbox"/> No				24b If "Yes," is the evidence written? <input type="checkbox"/> Yes <input type="checkbox"/> 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 dep- reciation (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				
26 Property used more than 50% in a qualified business use:								
		%						
		%						
See statement								291
27 Property used 50% or less in a qualified business use:								
		%				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		291		
29 Add amounts in column (i), line 26. Enter here and on line 7, page 1				29		0		

**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
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?	Yes	No	Yes	No	Yes	No
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 the vehicles, and retain the information received?		
41 Do you meet the requirements concerning qualified automobile demonstration use? (See instructions) <i>Note: If your answer to 37, 38, 39, 40, or 41 is "Yes," do not complete Section B for the covered vehicles</i>		

**Part VI Amortization**

(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 2009 tax year (see instructions):					
43 Amortization of costs that began before your 2009 tax year . . . . .					
44 Total. Add amounts in column (f). See the instructions for where to report . . . . .					
					43
					44
					0

**Part I, Line 8 (990-EZ) - Other Revenue**

5,382

	Description	Amount
1	MISC INCOME	1,641
2	FINE INCOME	341
3	APPLICATION FEES	3,400
4		4
5		5
6		6
7		7
8		8
9		9
10		10
11		11
12		12
13		13
14		14
15		15
16		16
17		17
18		18
19		19
20		20

**Part I, Line 16 (990-EZ) - Other Expenses**

		85,244
1 Travel	1	4,753
2 Meals and entertainment	2	
3 Fundraising	3	
4 Amortization	4	0
5 Conferences, conventions, and meetings	5	
6 Depreciation	6	12,810
7 Depletion	7	
8 Equipment rental and maintenance	8	1,463
9 Interest	9	5,707
10 Supplies	10	806
11 Telephone	11	1,519
12 Unrelated business income taxes	12	0
13 DUES & SUBSCRIPTIONS	13	40,990
14 NET BANQUET	14	2,415
15 INTERNET	15	360
16 PR / HOSPITALITY	16	368
17 ADVERTISING	17	5,682
18 PUBLICATIONS / CONTINUING EDUCATION MATERIALS	18	1,310
19 INSURANCE	19	1,186
20 TAXES - OTHER	20	477
21 UTILITIES	21	1,099
22 BUILDING EXPENSES	22	1,046
23 PAYROLL TAXES	23	2,515
24 POSTAGE	24	599
25 MISC	25	139
26	26	
27	27	
28	28	
29	29	

**Part II, Line 24 (990-EZ) - Other Assets**

	Description	46	25
1	DEPOSITS	25	25
2	ACCOUNTS RECEIVABLE	21	0
3			
4			
5			
6			
7			
8			
9			
10			
11			
12			
13			
14			
15			
16			
17			
18			
19			
20			

**Form 4562 Statement - 990EZ****12/31/2009**

Item No	Description of Property	Date Placed in Service	Asset Code	Bus Use %	Cost or Other Basis	Sec 179 Deduction	Special Allowance	Salvage Value	Recovery Basis	Recovery Period	Method	Conv Code	Prior Accum Deprec.	2009 Deprec.	2009 Accum Deprec.
23	50 KEYBOXES	7/9/2002	F-10	100 00%	5,474	0	0	0	5,474	7	200DB	HY	4,775	244	5,019
24	25 KEY BOXES	6/1/2003	F-10	100 00%	2,899	0	0	0	2,899	7	200DB	HY	2,174	259	2,433
40	TV & VCR	6/1/2003	F-11	100 00%	249	0	0	0	249	7	200DB	HY	231	18	249
47	PARKING LOTS	4/12/2004	I-5	100 00%	25,595	0	0	0	25,595	9	150DB	HY	14,488	2,467	16,955
48	BUILDING	4/12/2004	I-7	100 00%	103,972	0	0	0	103,972	22	SL/GDS	MM	22,252	4,726	26,978
44	SECURITY SYSTEM	4/21/2004	F-11	100 00%	434	0	0	0	434	7	200DB	HY	288	39	327
43	8 60" FOLDING TABLE	4/22/2004	F-11	100 00%	1,631	0	0	0	1,631	7	200DB	HY	1,082	145	1,227
42	48 STACK CHAIRS	4/28/2004	F-11	100 00%	1,356	0	0	0	1,356	7	200DB	HY	899	121	1,020
45	SIGN - UNIVERSAL 1M	6/14/2004	F-11	100 00%	996	0	0	0	996	7	200DB	HY	660	89	749
25	25 KEY BOXES	11/18/2004	F-10	100 00%	2,468	0	0	0	2,468	7	200DB	HY	1,636	220	1,856
41	REFRIGERATOR	11/18/2004	F-11	100 00%	299	0	0	0	299	7	200DB	HY	198	27	225
26	20 KEY BOXES	6/1/2005	F-10	100 00%	1,938	0	0	0	1,938	7	200DB	HY	1,160	173	1,333
27	122 KEY BOXES	6/1/2005	F-10	100 00%	12,034	0	0	0	12,034	7	200DB	HY	6,187	1,075	7,262
49	50 KEY BOXES	3/16/2007	F-10	100 00%	4,928	0	0	0	4,928	7	200DB	HY	1,911	862	2,773
50	25 KEY BOXES	7/18/2007	F-10	100 00%	2,466	0	0	0	2,466	7	200DB	HY	956	431	1,387
51	PORTABLE PA SYSTEM	8/13/2007	F-11	100 00%	464	0	0	0	464	7	200DB	HY	180	81	261
52	25 KEY BOXES	4/15/2008	F-10	100 00%	2,466	0	0	0	1,233	7	200DB	HY	1,409	302	1,711
54	50 KEY BOXES	7/15/2008	F-10	100 00%	2,466	0	0	0	1,233	7	200DB	HY	1,409	302	1,711
53	25 KEY BOXES	8/15/2008	F-10	100 00%	4,842	0	0	0	2,421	7	200DB	HY	2,767	593	3,360
54	COMPUTER- ROY RC	11/4/2009	F-5	100 00%	658	0	0	0	329	0	200DB	MQ4	0	16	345

**Listed Property**

Listed property with more than 50% business use (Line 25 and 26)

35	DELL COMPUTER	4/25/2006	F-4	100 00%	977	0	0	0	977	5	200DB	HY	648	113	761
32	DELL COMPUTER ---	12/1/2003	F-4	100 00%	1,04	0	0	0	1,04	5	200DB	HY	1,019	43	1,062
33	EPSON PROJECTOR	7/23/2004	F-4	100 00%	1,040	0	0	0	1,040	5	200DB	HY	847	60	907
34	PRINTER / QUILL	2/8/2005	F-4	100 00%	650	0	0	0	650	5	200DB	HY	463	75	538

Total listed prop with &gt; 50% business use

		3,771	0	0	0	0	0	3,771		2,977		291		3,268
		3,771	0	0	0	0	0	3,771		2,977		291		3,268

**Subtotal Listed Property**