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Form **990-EZ**

# Short Form Return of Organization Exempt From Income Tax

OMB No 1545-1150

**2010**Open to Public  
InspectionDepartment of the Treasury  
Internal Revenue Service

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, organizations that operate one or more hospital facilities, and certain controlling organizations as defined in section 512(b)(13) must file Form 990 (see instructions). All other organizations with gross receipts less than \$200,000 and total assets less than \$500,000 at the end of the year may use this form.

► The organization may have to use a copy of this return to satisfy state reporting requirements.

**A For the 2010 calendar year, or tax year beginning****, 2010, and ending**

<b>B</b> Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	<b>C</b> Name of organization <b>MWC-DC-MOORE ASSOC OF REALTORS, INC.</b> Number and street (or P O box, if mail is not delivered to street address) <b>1212 S. AIR DEPOT</b> City or town, state or country, and ZIP + 4 <b>MIDWEST CITY OK 73110</b>	<b>D</b> Employer identification number <b>73-0731878</b>	<b>E</b> Telephone number <b>(405) 737-3023</b>	<b>F</b> Group Exemption Number ►
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**G** Accounting Method: ☒ Cash ☐ Accrual Other (specify) ►**I** Website: ► **N/A****J** Tax-exempt status (ck only one) — ☐ 501(c)(3) ☒ 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 \$50,000. A Form 990-EZ or Form 990 return is not required though Form 990-N (e-postcard) may be required (see instructions). But if the organization chooses to file a return, be sure to file a complete return.**L** Add lines 5b, 6c, and 7b, to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets (Part II, line 25, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ. ► \$ **114,859.****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

☒

<b>REVENUE</b>	<b>1</b> Contributions, gifts, grants, and similar amounts received	<b>1</b>	<b>3,708.</b>
	<b>2</b> Program service revenue including government fees and contracts	<b>2</b>	<b>41,320.</b>
	<b>3</b> Membership dues and assessments	<b>3</b>	<b>46,400.</b>
	<b>4</b> Investment income	<b>4</b>	<b>3.</b>
	<b>5a</b> Gross amount from sale of assets other than inventory	<b>5a</b>	
	<b>b</b> Less: cost or other basis and sales expenses	<b>5b</b>	
	<b>c</b> Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	<b>5c</b>	
	<b>6</b> Gaming and fundraising events		
	<b>a</b> Gross income from gaming (attach Schedule G if greater than \$15,000)	<b>6a</b>	
	<b>b</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)	<b>6b</b>	<b>17,945.</b>
<b>c</b> Less: direct expenses from gaming and fundraising events	<b>6c</b>	<b>5,819.</b>	
<b>d</b> Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)	<b>6d</b>	<b>12,126.</b>	
<b>7a</b> Gross sales of inventory, less returns and allowances	<b>7a</b>		
<b>b</b> Less: cost of goods sold	<b>7b</b>		
<b>c</b> Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	<b>7c</b>		
<b>8</b> Other revenue (describe in Schedule O)	<b>8</b>	<b>5,483.</b>	
<b>9 Total revenue.</b> Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	<b>9</b>	<b>109,040.</b>	
<b>EXPENSES</b>	<b>10</b> Grants and similar amounts paid (list in Schedule O)	<b>10</b>	
	<b>11</b> Benefits paid to or for members	<b>11</b>	
	<b>12</b> Salaries, other compensation, and employee benefits	<b>12</b>	<b>46,899.</b>
	<b>13</b> Professional fees and other payments to independent contractors	<b>13</b>	<b>1,900.</b>
	<b>14</b> Occupancy, rent, utilities, and maintenance	<b>14</b>	<b>9,528.</b>
	<b>15</b> Printing, publications, postage, and shipping	<b>15</b>	<b>2,363.</b>
	<b>16</b> Other expenses (describe in Schedule O)	<b>16</b>	<b>30,445.</b>
	<b>17 Total expenses.</b> Add lines 10 through 16	<b>17</b>	<b>91,135.</b>
	<b>18</b> Excess or (deficit) for the year (Subtract line 17 from line 9)	<b>18</b>	<b>17,905.</b>
	<b>19</b> 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)	<b>19</b>	<b>111,396.</b>
<b>20</b> Other changes in net assets or fund balances (explain in Schedule O)	<b>20</b>		
<b>21</b> Net assets or fund balances at end of year. Combine lines 18 through 20	<b>21</b>	<b>129,301.</b>	

**BAA** For Paperwork Reduction Act Notice, see the separate instructions.Form **990-EZ** (2010)

SCANNED JUN 20 2011

P 28

**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	88,464.22	108,095.
23 Land and buildings	42,411.23	40,913.
24 Other assets (describe in Schedule O) <u>See L-24 Stmt</u>	4,126.24	5,192.
25 Total assets	135,001.25	154,200.
26 Total liabilities (describe in Schedule O) <u>See L-26 Stmt</u>	23,605.26	24,899.
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	111,396.27	129,301.

**Part III Statement of Program Service Accomplishments** (see the instrs 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? SEE STATEMENT

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.

**Expenses**  
 (Required for section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts, optional for others.)

28 TO UNITE THOSE ENGAGED IN THE REAL ESTATE PROFESSION IN THESE COMMUNITIES WITH OKLAHOMA AND NATIONAL ASSOCIATION OF REAL ESTATE BOARDS (Grants \$ ) If this amount includes foreign grants, check here <input type="checkbox"/>	28a
29 TO DESIGNATE, FOR THE BENEFIT OF THE PUBLIC, THOSE INDIVIDUALS AUTHORIZED TO USE THE TERM "REALTOR" AS LICENSED, PRESCRIBED AND CONTROLLED BY NATIONAL ASSN. OF REALTORS. (Grants \$ ) If this amount includes foreign grants, check here <input type="checkbox"/>	29a
30 TO LOCALLY SERVICE APPROX. 300 MEMBERS AND PROMOTE HIGH STANDARD OF CONDUCT IN THE REAL ESTATE PROFESSION. PROVIDING OPPORTUNITIES FOR EDUCATION, NETWORKING, ADVERTISING, SUPPLIES/FORMS, AND MEMBERSHIP NEWS. (Grants \$ ) If this amount includes foreign grants, check here <input type="checkbox"/>	30a
31 Other program services (describe in Schedule O) (Grants \$ ) If this amount includes foreign grants, check here <input type="checkbox"/>	31a
32 Total program service expenses (add lines 28a through 31a)	32

**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 address	(b) Title and average hours per week devoted to position	(c) Compensation (If not paid, enter -0-)	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account and other allowances
PEGGY S. MISSEL 360 S. INDIAN MERIDIAN CHOCTAW OK 73020	ASSN. EXECUTIVE 40.00	43,500.	0.	
GAIL SCOTT 1120 S. DOUGLAS BLVD MIDWEST CITY OK 73130	PRESIDENT 2.00	0.	0.	
NIKKI HUBBS 1401 S. DOUGLAS, STE. Q MIDWEST CITY OK 73130	PRES ELECT 2.00	0.	0.	
KAREN KING 8851 E. RENO, STE 207 MIDWEST CITY OK 73130	PAST PRESIDENT 2.00	0.	0.	
SHANE WILLARD 1212 S. AIR DEPOT, ST 11 MIDWEST CITY OK 73110	SEC/TREAS 2.00	0.	0.	
DEBBIE DUREN 7121 E. RENO AVE MIDWEST CITY OK 73130	VICE PRES 2.00	0.	0.	
SHAUNA STOVER 1401 S. DOUGLAS, STE. Q MIDWEST CITY OK 73130	DIRECTOR 2.00	0.	0.	
SARAH PLANER 1401 S. DOUGLAS BLVD MIDWEST CITY OK 73130	DIRECTOR 2.00	0.	0.	
BRENDA MEADORS 1212 S. AIR DEPOT, STE. 11 MIDWEST CITY OK 73110	DIRECTOR 2.00	0.	0.	
See List of Officers, Directors, Trustees, & Key Employees Stmt				

**Part V Other Information** (Note the 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 activity not previously reported to the IRS? If 'Yes,' provide a detailed description of each activity in Schedule O	<b>33</b>	X
<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>	X
<b>35</b> 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, explain in Schedule O why the organization did not report the income on Form 990-T.		
<b>a</b> Did the organization have unrelated business gross income of \$1,000 or more or was it a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements?	<b>35a</b>	X
<b>b</b> If 'Yes,' has it filed a tax return on Form 990-T for this year (see instructions)?	<b>35b</b>	
<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>	X
<b>37a</b> Enter amount of political expenditures, direct or indirect, as described in the instructions <b>37a</b> 0.		
<b>b</b> Did the organization file Form 1120-POL for this year?	<b>37b</b>	X
<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>	X
<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 <input type="checkbox"/> ; section 4912 <input type="checkbox"/> ; section 4955 <input type="checkbox"/>		
<b>b</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 <b>40b</b>		
<b>c</b> 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 <input type="checkbox"/>		
<b>d</b> Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization <input type="checkbox"/>		
<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>		X
<b>41</b> List the states with which a copy of this return is filed <input type="checkbox"/>		

**42a** The organization's books are in care of PEGGY S. MISSEL Telephone no (405) 737-3023  
 Located at 1212 S. AIR DEPOT STE. 35 MIDWEST CITY OK ZIP + 4 73110

**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 ☐

	Yes	No
<b>42b</b>		X
<b>42c</b>		X

See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of a Foreign Bank and Financial Accounts.

**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 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**

**b** Did the organization operate one or more hospital facilities during the year? If 'Yes,' Form 990 must be completed instead of Form 990-EZ **44b**

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

**d** If 'Yes' to line 44c, has the organization filed a Form 720 to report these payments? If 'No,' provide an explanation in Schedule O **44d**

	Yes	No
<b>44a</b>		X
<b>44b</b>		X
<b>44c</b>		X
<b>44d</b>		

45 Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)?

	Yes	No
45		X
45a		X
46		X

a 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 inst)

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

**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 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? 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 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 and deferred compensation	(e) Expense account and other allowances

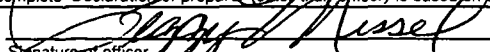

f Total number of other employees paid over \$100,000 

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

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.

<b>Sign Here</b>	Signature of officer 		Date 5/16/11		
	Type or print name and title PEGGY S. MISSEL				
<b>Paid Preparer Use Only</b>	Print/Type preparer's name	Preparer's signature 	Date 05/16/11	Check <input checked="" type="checkbox"/> if self-employed	PTIN P06455549
	Firm's name	Kathryn J. Green, CPA		Firm's EIN	
	Firm's address	1212 S. Air Depot, Suite 43 Midwest City OK 73110		Phone no (405) 455-3720	

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

BAA

Form 990-EZ (2010)

Department of the Treasury  
Internal Revenue Service

## Supplemental Information Regarding Fundraising or Gaming Activities

**Complete if the organization answered 'Yes' to Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.**  
**▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.**

OMB No. 1545-0047

2010

**Open to Public Inspection**

Name of the organization

Employer identification number

MWC-DC-MOORE ASSOC OF REALTORS, INC.

73-0731878

## 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

- 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    ☐ 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

(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in column (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
Total						

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

[illegible]

**Part II Fundraising Events.** Complete if the organization answered 'Yes' to Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6a. List events with gross receipts greater than \$5,000.

REVENUE		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events
		GOLF TOURNAMENT (event type)	(event type)	(total number)	(add column (a) through column (c))
	1 Gross receipts	13,361.			13,361.
	2 Less: Charitable contributions				
	3 Gross income (line 1 minus line 2)	13,361.			13,361.
DIRECT EXPENSES	4 Cash prizes	1,100.			1,100.
	5 Noncash prizes				
	6 Rent/facility costs	3,184.			3,184.
	7 Food and beverages	144.			144.
	8 Entertainment				
	9 Other direct expenses				
	10 Direct expense summary Add lines 4- through 9 in column (d)				4,428.
	11 Net income summary Combine line 3, column (d), and line 10				8,933.

**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.

REVENUE		(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add column (a) through column (c))
DIRECT EXPENSES	1 Gross revenue				
	2 Cash prizes				
	3 Non-cash prizes				
	4 Rent/facility costs				
	5 Other direct expenses				
	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)				
	8 Net gaming income summary Combine lines 1, column (d) and line 7				

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?

☐ Yes ☐ No

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

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

☐ Yes ☐ No

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

**11 Does the organization operate gaming activities with nonmembers?**

<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
--------------------------	-----	--------------------------	----

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

**13** Indicate the percentage of gaming activity operated in:

**a The organization's facility**

13a		8
-----	--	---

**b** An outside facility

13b		8
-----	--	---

**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 contact with a third party from whom the organization receives gaming revenue?

☐ Yes      ☐ No

**b** If 'Yes,' enter the amount of gaming revenue received by the organization ▶ \$\_\_\_\_\_ and the amount of gaming revenue retained by the third party ▶ \$\_\_\_\_\_.

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 ▶ \$ \_\_\_\_\_

Description of services provided ▶ \_\_\_\_\_

☐ Director/officer

☐ Employee

☐ Independent contractor

## 17 Mandatory distributions

a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?

☐ Yes    ☐ No

**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 ▶ \$

## Part IV

**Supplemental Information.** Complete this part to provide the explanations required by Part I, line 2b, columns (iii) and (v), and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also complete this part to provide any additional information (see instructions).



Department of the Treasury  
Internal Revenue Service

**Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.**  
**▶ Attach to Form 990 or 990-EZ.**

OMB No 1545-0047

2010

**Open to Public Inspection**

Name of the organization

MWC-DC-MOORE ASSOC OF REALTORS, INC.

Employer identification number

73-0731878

**BAA** For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

TEEA4901 10/26/10

Schedule O (Form 990 or 990-EZ) 2010

## Schedule O (Form 990 or 990-EZ), Supplemental Information to Form 990 or 990-EZ

**Form 990-EZ, Part I, Line 8 Other Revenue**

Other revenue (describe in Schedule O)

INSURANCE CLAIM 5,483.Total 5,483.

## Schedule O (Form 990 or 990-EZ), Supplemental Information to Form 990 or 990-EZ

**Form 990-EZ, Part I, Line 16 Other Expenses**

Other expenses (describe in Schedule O)

PROGRAM SERVICE EXPENSE 25,297.PUBLIC RELATIONS 40.INTEREST EXPENSE 167.CELL/GASOLINE 1,800.Depreciation 3,141.Total 30,445.

Form 990-EZ, Page 2, Part IV

**List of Officers, Directors, Trustees, & Key Employees Stmt**

Name and address	Title and average hours per week devoted to position	Compensation (if not paid, enter -0-)	Contributions to employee benefit plans and deferred compensation	Expense account and other allowances
Business <input type="checkbox"/> Person <input checked="" type="checkbox"/> <u>STEPHANIE MATTHEWS</u> <u>1390 S. DOUGLAS, STE 100</u> <u>MIDWEST CITY OK 73130</u> Foreign city _____ Foreign country _____	Title <u>DIRECTOR</u> Hours/Week <u>2.00</u>	<u>0.</u>	<u>0.</u>	
Business <input type="checkbox"/> Person <input checked="" type="checkbox"/> <u>KATHY GIVENS</u> <u>1212 S. AIR DEPOT, #21</u> <u>MIDWEST CITY OK 73110</u> Foreign city _____ Foreign country _____	Title <u>DIRECTOR</u> Hours/Week <u>2.00</u>	<u>0.</u>	<u>0.</u>	
Business <input type="checkbox"/> Person <input checked="" type="checkbox"/> <u>SHELAN WHITEHEAD</u> <u>14453 S.E. 29TH ST</u> <u>CHOCTAW OK 73020</u> Foreign city _____ Foreign country _____	Title <u>DIRECTOR</u> Hours/Week <u>2.00</u>	<u>0.</u>	<u>0.</u>	
Business <input type="checkbox"/> Person <input checked="" type="checkbox"/> <u>AMIE WITT</u> <u>111 N POST ROAD</u> <u>MIDWEST CITY OK 73130</u> Foreign city _____ Foreign country _____	Title <u>AFFIL DIRECTOR</u> Hours/Week <u>2.00</u>	<u>0.</u>	<u>0.</u>	

Form 990-EZ, Page 2, Part IV

Continued

**List of Officers, Directors, Trustees, & Key Employees Stmt**

Name and address	Title and average hours per week devoted to position	Compensation (if not paid, enter -0-)	Contributions to employee benefit plans and deferred compensation	Expense account and other allowances
Business <input type="checkbox"/> Person <input checked="" type="checkbox"/> GREG NURSE 1405 S. DOUGLAS MIDWEST CITY OK 73130 Foreign city _____ Foreign country _____	Title AFFIL DIRECTOR Hours/Week 2.00	0.	0.	
Business <input type="checkbox"/> Person <input checked="" type="checkbox"/> KATHY ZANGARI 9203 S.E. 15TH MIDWEST CITY OK 73110 Foreign city .. _____ Foreign country _____	Title AFFIL DIRECTOR Hours/Week 2.00	0.	0.	
Business <input type="checkbox"/> Person <input checked="" type="checkbox"/> LAURIE MATTHEWS 1113 S DOUGLAS BLVD MIDWEST CITY OK 73130 Foreign city _____ Foreign country _____	Title AFFIL DIRECTOR Hours/Week 2.00	0.	0.	

Schedule O (Form 990 or 990-EZ), Supplemental Information to Form 990 or 990-EZ  
**Form 990-EZ, Page 1, Part II, Line 24**

Line 24 - Other Assets:	Beginning of Year	End of Year
OFFICE EQUIPMENT	3,918.	3,989.
FURNITURE & FIXTURES	208.	1,203.
Total	<u>4,126.</u>	<u>5,192.</u>

Schedule O (Form 990 or 990-EZ), Supplemental Information to Form 990 or 990-EZ  
**Form 990-EZ, Page 1, Part II, Line 26**

Line 26 - Total Liabilities:	Beginning of Year	End of Year
PAYROLL TAXES	1,115.	1,096.
DUES PAYABLE TO OAR/NAR	20,376.	19,671.
STANDLEY SYSTEMS PAYABLE	2,114.	1,256.
BANK CARD		2,876.
Total	<u>23,605.</u>	<u>24,899.</u>

Additional Information For Tax Return

MWC-DC-MOORE ASSOC OF REALTORS, INC.

73-0731878

Form 990-EZ: Exempt purpose

ORGANIZATION AND PROMOTION OF INDIVIDUALS WHO ARE ENGAGED IN THE REAL ESTATE  
PROFESSION.

Form **4562**Department of the Treasury  
Internal Revenue Service (99)**Depreciation and Amortization**  
**(Including Information on Listed Property)**

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

OMB No 1545-0172

**2010**Attachment  
Sequence No **67**

Name(s) shown on return

**MWC-DC-MOORE ASSOC OF REALTORS, INC.**

Identifying number

**73-0731878**

Business or activity to which this form relates

**Form 990 / Form 990EZ****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	
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	
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 2009 Form 4562	10	
11	Business income limitation Enter the smaller of business income (not less than zero) or line 5 (see instrs)	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 2011. Add lines 9 and 10, less line 12	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	

**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 2010	17	<b>2,963.</b>
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 2010 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		<b>1,563.</b>	<b>5.0 yrs</b>	<b>MQ</b>	<b>200 DB</b>	<b>78.</b>
c 7-year property		<b>1,146.</b>	<b>7.0 yrs</b>	<b>MQ</b>	<b>200 DB</b>	<b>91.</b>
d 10-year property						
e 15-year property						
f 20-year property						
g 25-year property			<b>25 yrs</b>		<b>S/L</b>	
h Residential rental property			<b>27.5 yrs</b>	<b>MM</b>	<b>S/L</b>	
			<b>27.5 yrs</b>	<b>MM</b>	<b>S/L</b>	
i Nonresidential real property			<b>39 yrs</b>	<b>MM</b>	<b>S/L</b>	
				<b>MM</b>	<b>S/L</b>	

**Section C – Assets Placed in Service During 2010 Tax Year Using the Alternative Depreciation System**

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

**Part IV Summary** (See instructions)

21	Listed property Enter amount from line 28	21	<b>9.</b>
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	<b>3,141.</b>
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	

**BAA For Paperwork Reduction Act Notice, see separate instructions.**

FDIZ0812 10/29/10

Form **4562** (2010)

**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.)**

<b>24a</b> Do you have evidence to support the business/investment use claimed?						<input checked="" type="checkbox"/> <b>Yes</b>		<input type="checkbox"/> <b>No</b>		<b>24b</b> If 'Yes,' is the evidence written?						<input checked="" type="checkbox"/> <b>Yes</b>		<input type="checkbox"/> <b>No</b>	
<b>(a)</b> Type of property (list vehicles first)	<b>(b)</b> Date placed in service	<b>(c)</b> Business/investment use percentage	<b>(d)</b> Cost or other basis	<b>(e)</b> Basis for depreciation (business/investment use only)	<b>(f)</b> Recovery period	<b>(g)</b> Method/Convention	<b>(h)</b> Depreciation deduction	<b>(i)</b> Elected section 179 cost											
<b>25</b> 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)								<b>25</b>											
<b>26</b> Property used more than 50% in a qualified business use:																			
TELEPHONE - 5.8 GHZ A	05/27/08	100.00	54.	54.	7.00	200 DB-HY	9.												
<b>27</b> Property used 50% or less in a qualified business use:																			
<b>28</b> Add amounts in column (h), lines 25 through 27. Enter here and on line 21, page 1																<b>28</b>		9.	
<b>29</b> Add amounts in column (i), line 26. Enter here and on line 7, page 1																<b>29</b>			

**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.

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

<b>37</b> Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your employees?	<b>Yes</b>	<b>No</b>
<b>38</b> 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.		
<b>39</b> Do you treat all use of vehicles by employees as personal use?		
<b>40</b> 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?		
<b>41</b> Do you meet the requirements concerning qualified automobile demonstration use? (See instructions.)		
<b>Note:</b> If your answer to 37, 38, 39, 40, or 41 is 'Yes,' do not complete Section B for the covered vehicles.		

**Part VI Amortization**

<b>(a)</b> Description of costs	<b>(b)</b> Date amortization begins	<b>(c)</b> Amortizable amount	<b>(d)</b> Code section	<b>(e)</b> Amortization period or percentage	<b>(f)</b> Amortization for this year
<b>42</b> Amortization of costs that begins during your 2010 tax year (see instructions):					
<b>43</b> Amortization of costs that began before your 2010 tax year					<b>43</b>
<b>44</b> Total. Add amounts in column (f). See the instructions for where to report.					<b>44</b>