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Form **990-EZ**Department of the Treasury
Internal Revenue Service**Short Form**
Return of Organization Exempt From Income TaxUnder 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.

OMB No 1545-1150

2010**Open to Public Inspection**

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

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

C Name of organization
N E OKLAHOMA BOARD OF REALTORS INC

Number and street (or P O box, if mail is not delivered to street address) Room/suite
PO BOX 451838

City or town state or country ZIP + 4
GROVE OK 74345

D Employer identification number
73-1154340

E Telephone number
(918) 786-4812

F Group Exemption Number ►

G Accounting Method ☐ Cash ☐ Accrual Other (specify) ► **HYBRID**

H Check ☒ if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF)

I Website: ► **N/A**

J Tax-exempt status (check only one) — ☐ 501(c)(3) ☒ 501(c) (6) ◀ (insert no) ☐ 4947(a)(1) or ☐ 527

K 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. ► \$ **155,635**

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 | 73,699 |
| | 4 | Investment income | 4 | 393 |
| | 5a | Gross amount from sale of assets other than inventory | 5a | |
| | 5b | Less: cost or other basis and sales expenses | 5b | |
| | 5c | Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) | 5c | 0 |
| | 6 | Gaming and fundraising events | 6 | |
| | 6a | Gross income from gaming (attach Schedule G if greater than \$15,000) | 6a | |
| Expenses | 6b | 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 | 7,609 |
| | 6c | Less: direct expenses from gaming and fundraising events | 6c | 2,272 |
| | 6d | Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c) | 6d | 5,337 |
| | 7a | Gross sales of inventory, less returns and allowances | 7a | 70,106 |
| | 7b | Less: cost of goods sold | 7b | 32,340 |
| | 7c | Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a) | 7c | 37,766 |
| | 8 | Other revenue (describe in Schedule O) | 8 | 3,828 |
| | 9 | Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 | 9 | 121,023 |
| | 10 | Grants and similar amounts paid (list in Schedule O) | 10 | |
| | Net Assets | 11 | Benefits paid to or for members | 11 |
| 12 | | Salaries, other compensation, and employee benefits | 12 | 30,556 |
| 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 in Schedule O) | 16 | 82,923 |
| 17 | | Total expenses. Add lines 10 through 16 | 17 | 114,129 |
| 18 | Excess or (deficit) for the year (Subtract line 17 from line 9) | 18 | 6,894 | |
| 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 | 26,833 | |
| 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 | 33,727 | |

SCANNED JUN 13 2011

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 | 26,808 | 22 | 32,477 |
| 23 Land and buildings | | 23 | |
| 24 Other assets (describe in Schedule O) | 25 | 24 | 1,250 |
| 25 Total assets | 26,833 | 25 | 33,727 |
| 26 Total liabilities (describe in Schedule O) | | 26 | |
| 27 Net assets or fund balances (line 27 of column (B) must agree with line 21) | 26,833 | 27 | 33,727 |

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

**Expenses**

(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? TO PROVIDE MLS AND NETWORKING OPPORTUNITY

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

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.(Grants \$) If this amount includes foreign grants, check here ☐

28a

29

(Grants \$) If this amount includes foreign grants, check here ☐

29a

30

(Grants \$) If this amount includes foreign grants, check here ☐

30a

31 Other program services (describe in Schedule O)

(Grants \$) If this amount includes foreign grants, check here ☐

31a

32 Total program service expenses. (add lines 28a through 31a)

32

0

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 & deferred compensation | (e) Expense account and other allowances |
|---|--|---|---|--|
| PAUL NORTHCUTT 65036 E 250 RD GROVE OK 74344 | Title DIR Hr/WK 2.00 | 0 | | |
| RUSTY (ROETTA) SHAFFER 65701 E 250 FE GROVE OK 74344 | Title SEC TREAS Hr/WK 2.00 | 0 | | |
| BARBARA WOODALL 1013 S MILL ST GROVE OK 74344 | Title CEO Hr/WK 2.00 | 0 | | |
| NORM CARNETT 28950 S 593 RD GROVE OK 74344 | Title VICE Hr/WK 2.00 | 0 | | |
| LARRY MILNARIK 55864 E 303 RD MONKEY ISLAND OK 74331 | Title PRES ELECT Hr/WK 2.00 | 0 | | |
| DEBBIE ALFORD 1007 S MAIN ST GROVE OK 74344 | Title DIR Hr/WK 2.00 | 0 | | |
| JUDY HILLSHAFFER 55751 E 365TH PLACE JAY OK 74346 | Title DIR Hr/WK 2.00 | 0 | | |
| LEE ANN WALKER 1930 S GRANT PARKWAY MIAMI OK 74354 | Title DIR Hr/WK 2.00 | 0 | | |
| ERIN DAVIS PO BOX 818 LANGLEY OK 74350 | Title DIR Hr/WK 2.00 | 0 | | |
| MICHELE NORWOOD 1104 S MAIN GROVE OK 74344 | Title PRES Hr/WK 2.00 | 0 | | |
| ED JONES 2330 S MAIN GROVE OK 74344 | Title DIR Hr/WK 2.00 | 0 | | |
| DANA THOMAS 1007 S MAIN ST GROVE OK 74344 | Title DIR Hr/WK 2.00 | 0 | | |
| JOAN VERMAIRE 2330 S MAIN GROVE OK 74344 | Title DIR Hr/WK 2.00 | 0 | | |

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 |
|---|-----|----|
| 33 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 | | X |
| 34 Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O (see instructions). | | 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, explain in Schedule O why the organization did not report the income on Form 990-T | | |
| a 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? | | X |
| b If "Yes," has it filed a tax return on Form 990-T for this year (see instructions)? | | 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. | | X |
| 37 a Enter amount of political expenditures, direct or indirect, as described in the instructions ▶ 37a | | |
| b Did the organization file Form 1120-POL for this year? | | 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 tax year covered by this return? | | X |
| b If "Yes," complete Schedule L, Part II and enter the total amount involved 38b | | |
| 39 Section 501(c)(7) organizations Enter | | |
| a Initiation fees and capital contributions included on line 9 39a | | |
| b Gross receipts, included on line 9, for public use of club facilities 39b | | |
| 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 ▶ | | |
| 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. | | |
| 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 ▶ | | |
| d Section 501(c)(3) and 501(c)(4) 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 | | X |
| 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)? | Yes | No |
| If "Yes," enter the name of the foreign country: ▶ | | X |
| See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts . | | |
| c At any time during the calendar year, did the organization maintain an office outside of the U S ? | | X |
| 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 ▶ <input type="checkbox"/> and enter the amount of tax-exempt interest received or accrued during the tax year ▶ 43 | | |
| 44 a Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ | | X |
| 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 | | X |
| c Did the organization receive any payments for indoor tanning services during the year? | | X |
| 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 | | |

- 45 Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)?
- 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
- 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 |
|-----|-----|----|
| 45 | | X |
| 45a | | X |
| 46 | | 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 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
- 48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E
- 49 a 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"

| | Yes | No |
|-----|-----|----|
| 47 | | |
| 48 | | |
| 49a | | |
| 49b | | |

| (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 City ST ZIP | Title Hr/WK 00 | | | |
| Name City ST ZIP | Title Hr/WK 00 | | | |
| Name City ST ZIP | Title Hr/WK 00 | | | |
| Name City ST ZIP | Title Hr/WK .00 | | | |
| Name City ST ZIP | Title Hr/WK 00 | | | |

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 City ST ZIP | | |
| Name City ST ZIP | | |
| Name City ST ZIP | | |
| Name City ST ZIP | | |
| Name City ST ZIP | | |

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

- 52 Did the organization complete Schedule A? **Note:** All section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A. ☐ Yes ☒ No

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

| | | |
|-----------|--|--------------|
| Sign Here | Signature of officer <i>Debra Woodall</i> | Date 5-12-11 |
| | Type or print name and title <i>Debra Woodall, CEO</i> | |

| | | | | | |
|--------------------------|----------------------------|---|---------------|---|-------------------------|
| Paid Preparer's Use Only | Print/Type preparer's name | Preparer's signature <i>Crissy Wright</i> | Date 5/3/2011 | Check if self-employed <input type="checkbox"/> | PTIN P00294014 |
| | Firm's name | C.D. WRIGHT CPA PC | | | Firm's EIN |
| | Firm's address | PO BOX 1543, JAY, OK 74346 | | | Phone no (918) 253-8131 |

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

SCHEDULE G
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Name of the organization

**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**

N E OKLAHOMA BOARD OF REALTORS INC

Employer identification number

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.

- | | |
|--|---|
| a <input type="checkbox"/> Mail solicitations | e <input type="checkbox"/> Solicitation of non-government grants |
| b <input type="checkbox"/> Internet and email solicitations | f <input type="checkbox"/> Solicitation of government grants |
| c <input type="checkbox"/> Phone solicitations | g <input checked="" type="checkbox"/> Special fundraising events |
| d <input type="checkbox"/> In-person solicitations | |

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 col (i) | (vi) Amount paid to (or retained by) organization |
|---|---------------|--|----|-----------------------------------|--|---|
| | | Yes | No | | | |
| 1 | | | | 0 | 0 | 0 |
| 2 | | | | 0 | 0 | 0 |
| 3 | | | | 0 | 0 | 0 |
| 4 | | | | 0 | 0 | 0 |
| 5 | | | | 0 | 0 | 0 |
| 6 | | | | 0 | 0 | 0 |
| 7 | | | | 0 | 0 | 0 |
| 8 | | | | 0 | 0 | 0 |
| 9 | | | | 0 | 0 | 0 |
| 10 | | | | 0 | 0 | 0 |
| Total | | | | 0 | 0 | 0 |

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

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 6b. List events with gross receipts greater than \$5,000.

| | | (a) Event #1 | (b) Event #2 | (c) Other events | (d) Total events |
|-----------------|---|--------------------------------|--------------|------------------------|----------------------------------|
| | | 3OLF TOURNAMEN (event type) | (event type) | NONE (total number) | (add col (a) through col (c)) |
| Revenue | 1 Gross receipts | 7,609 | 0 | 0 | 7,609 |
| | 2 Less: Charitable contributions | 0 | 0 | 0 | 0 |
| | 3 Gross income (line 1 minus line 2) | 7,609 | 0 | 0 | 7,609 |
| Direct Expenses | 4 Cash prizes | 0 | 0 | 0 | 0 |
| | 5 Noncash prizes | 0 | 0 | 0 | 0 |
| | 6 Rent/facility costs | 2,272 | 0 | 0 | 2,272 |
| | 7 Food and beverages | 0 | 0 | 0 | 0 |
| | 8 Entertainment | 0 | 0 | 0 | 0 |
| | 9 Other direct expenses | 0 | 0 | 0 | 0 |
| | 10 Direct expense summary. Add lines 4 through 9 in column (d). | | | | (2,272) |
| | 11 Net income summary. Combine line 3, column (d), and line 10. | | | | 5,337 |

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? ☐ 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? ☐ Yes ☐ 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 | % |
| b An outside facility | 13b | % |
- 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? ☐ Yes ☐ No
- b If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ 0 and the amount of gaming revenue retained by the third party ▶ \$ 0
- 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 ▶

☐ 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 ▶ \$ 0

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)

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Name of the organization

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.

OMB No 1545-0047

2010

**Open to Public
Inspection**

Employer identification number

N E OKLAHOMA BOARD OF REALTORS INC

73-1154340

Form 990-EZ, Part I, Line 8, Other Revenue MISC INCOME: 33

Form 990-EZ, Part I, Line 8, Other Revenue FINE INCOME: 495

Form 990-EZ, Part I, Line 8, Other Revenue APPLICATION FEES 3,300

Form 990-EZ, Part I, Line 16, Other Expenses Travel: 2,535

Form 990-EZ, Part I, Line 16, Other Expenses: Meals and entertainment: 140

Form 990-EZ, Part I, Line 16, Other Expenses: Conferences, conventions, and meetings: 995

Form 990-EZ, Part I, Line 16, Other Expenses Depreciation 11,325

Form 990-EZ, Part I, Line 16, Other Expenses Equipment rental and maintenance 1,694

Form 990-EZ, Part I, Line 16, Other Expenses Interest: 5,144

Form 990-EZ, Part I, Line 16, Other Expenses Supplies: 784

Form 990-EZ, Part I, Line 16, Other Expenses Telephone: 1,534

Form 990-EZ, Part I, Line 16, Other Expenses: DUES & SUBSCRIPTIONS 43,097

Form 990-EZ, Part I, Line 16, Other Expenses NET BANQUET 4,620

Form 990-EZ, Part I, Line 16, Other Expenses: INTERNET 360

Form 990-EZ, Part I, Line 16, Other Expenses PR / HOSPITALITY 389

Form 990-EZ, Part I, Line 16, Other Expenses ADVERTISING: 2,741

Form 990-EZ, Part I, Line 16, Other Expenses PUBLICATIONS / CONTINUING EDUCATION MATERIALS:

1,590

Form 990-EZ, Part I, Line 16, Other Expenses INSURANCE 1,219

Form 990-EZ, Part I, Line 16, Other Expenses: TAXES - OTHER: 401

Form 990-EZ, Part I, Line 16, Other Expenses: UTILITIES 1,307

Form 990-EZ, Part I, Line 16, Other Expenses: BUILDING EXPENSES: 1,023

Form 990-EZ, Part I, Line 16, Other Expenses: PAYROLL TAXES: 1,422

Form 990-EZ, Part I, Line 16, Other Expenses: POSTAGE: 603

Form 990-EZ, Part II, Line 24, Other Assets: DEPOSITS: Beginning of year 25, End of year

1,250

Name of the organization

Employer identification number

N.E. OKLAHOMA BOARD OF REALTORS INC

73-1154340

Form **4797****Sales of Business Property**

OMB No 1545-0184

**(Also Involuntary Conversions and Recapture Amounts
Under Sections 179 and 280F(b)(2))****2010**

Attachment

Sequence No **27**Department of the Treasury
Internal Revenue Service (99)▶ **Attach to your tax return.** ▶ **See separate instructions.**

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 2010 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)**

| 2 | (a) Description of property | (b) Date acquired (mo , day , yr) | (c) Date sold (mo , day , yr) | (d) Gross sales price | (e) Depreciation allowed or allowable since acquisition | (f) Cost or other basis, plus improvements and expense of sale | (g) Gain or (loss) Subtract (f) from the sum of (d) and (e) |
|----------|------------------------------------|---|---------------------------------------|------------------------------|--|---|--|
| | | | | | | | 0 |
| | | | | | | | 0 |
| | | | | | | | 0 |

- 3** Gain, if any, from Form 4684, line 42

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**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

- 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 34 and 41a

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

- 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 38, 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

For Paperwork Reduction Act Notice, see separate instructions.

Form **4797** (2010)

(HTA)

Depreciation and Amortization

(Including Information on Listed Property)

OMB No 1545-0172

2010

Attachment

Sequence No **67**Department of the Treasury
Internal Revenue Service

(99)

▶ See separate instructions.

▶ Attach to your tax return.

Name(s) shown on return

Business or activity to which this form relates

Identifying number

N E. OKLAHOMA BOARD OF REALTORS INC 990EZ

73-1154340

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 | 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 | 0 |

| 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 2009 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 2011 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 | |
| 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 | 11,175 |
| 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 |
|--------------------------------|--------------------------------------|--|---------------------|----------------|------------|----------------------------|
| 19 a 3-year property | | | | | | |
| b 5-year property | | | | | | |
| c 7-year property | | | | | | |
| d 10-year property | | | | | | |
| e 15-year property | | | | | | |
| f 20-year property | | | | | | |
| g 25-year property | | | 25 yrs. | | S/L | |
| h Residential rental property | | | 27.5 yrs. | MM | S/L | |
| i Nonresidential real property | | | 39 yrs | MM | S/L | |

Section C - Assets Placed in Service During 2010 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 | 150 |
| 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 | 11,325 |
| 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.

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.)

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

| (a) Type of property (list vehicles first) | (b) Date placed in service | (c) Business/ investment use percentage | (d) Cost or other basis | (e) Basis for depreciation (business/ investment use only) | (f) Recovery period | (g) Method/ Convention | (h) Depreciation deduction | (i) Elected section 179 cost |
|---|----------------------------------|--|----------------------------|---|---------------------------|------------------------------|----------------------------------|------------------------------------|
| 25 Special depreciation allowance for qualified listed property placed in service during the tax year and used more than 50% in a qualified business use (see instructions). | | | | | | 25 | | |

26 Property used more than 50% in a qualified business use

| | | | | | | | | |
|-----------------|-----------|---------|-----|-----|---|------------|-----|--|
| DELL COMPUTER | 4/25/2006 | 100 00% | 977 | 977 | 5 | 200DB - HY | 113 | |
| PRINTER / QUILL | 2/8/2005 | 100 00% | 650 | 650 | 5 | 200DB - HY | 37 | |

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

28 150

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.

| | (a) Vehicle 1 | (b) Vehicle 2 | (c) Vehicle 3 | (d) Vehicle 4 | (e) Vehicle 5 | (f) Vehicle 6 |
|---|------------------|------------------|------------------|------------------|------------------|------------------|
| 30 Total business/investment miles driven during the year (do not include commuting miles) | | | | | | |
| 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 | 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.) Note: If your answer to 37, 38, 39, 40, or 41 is "Yes," do not complete Section B for the covered vehicles. | | |

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 2010 tax year (see instructions): | | | | | |
| 43 Amortization of costs that began before your 2010 tax year | | | | 43 | |
| 44 Total. Add amounts in column (f). See the instructions for where to report | | | | 44 | 0 |