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# Form 990

**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)

2010

OMB No 1545 0047

Department of the Treasury Internal Revenue Service

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

Open to Public Inspection

-	A	For th	ne 2010 calend	dar year, or tax year beginning , 2010, and ending			,			
•	В	Check i	f applicable		D Empl	oyer Identi	fication Number			
		X	ldress change	GREATER DENTON/WISE COUNTY/REALTORS	75	75-1296768				
		$\vdash$	ame change	3805 W UNIVERSITY		E Telephone number				
		${f  o}$	tial return	DENTON, TX 76207	(9)	40) 3	87-8212			
		$\vdash$			1 1	10) 30	07 0212			
		$\vdash$	rminated				. 705 265			
		$\vdash$	mended return			receipts \$				
		L Ap	plication pending	10.00	<b>l(a) I</b> s this a group ret <b>l(b)</b> Are all affiliates in		<b>₽™ ₽</b> ™			
				Same As C Above	If 'No,' attach a lis		structions) Yes Mo			
	<u> </u>	Tax-	exempt status	501(c)(3) X 501(c) (6 ) (insert no) 4947(a)(1) or 527	,	•	•			
	J	Wel	bsite: ► N/	Ϋ́A H	(c) Group exemption	number 🏲	<b>-</b>			
	K	Form	of organization	X Corporation Trust Association Other► L Year of Formation	n M	State of le	egal domicile TX			
	Pa	rt I	Summa	ry						
		1		be the organization's mission or most significant activities. PROMOTE R	EAL ESTATE	PROF	ESSION			
	اه									
	Ĕ									
4-00	Governance									
2011	ŏ	2	Check this bo	ox I if the organization discontinued its operations or disposed of more	than 25% of its	net asse	ets			
0	8 6	3	Number of vo	oting members of the governing body (Part VI, line 1a)		3	23			
=		4	Number of in	dependent voting members of the governing body (Part VI, line 1b)		4	(			
	ξĺ			of individuals employed in calendar year 2010 (Part V, line 2a)		5	4			
MAY	Activities			of volunteers (estimate if necessary)		6	(			
	^			ed business revenue from Part VIII, column (C), line 12 .		7a	247,635.			
Ω.		<u> </u>	Net unrelated	business taxable income from Form 990-T, line 34	1	7 b	<u> </u>			
SCANNED					Prior Yea		Current Year			
Z				and grants (Part VIII, line 1h)		849.	1,663.			
Ķ	Revenue		-	vice revenue (Part VIII, line 2g)		812.	497,140.			
$\mathcal{G}$	e e	10		ncome (Part VIII, column (A), lines 3, 4, and 7d)		556.	176,701.			
•	۳ ا	11		e (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		291.	17,858.			
				e – add lines 8 through 11 (must equal Part VIII, column (A), line 12)	545,		693,362.			
				imilar amounts paid (Part X, column (A), lines 1-3)	2,	937.	2,710.			
		14		to or for members (Part IX-country (A) Time 4)						
	,,	15	Salaries, oth	er compensation, employee benefits (Part IX, column (A), lines 5-10)	153,	613.	154,643.			
	Expenses	16a	Professional	fundraising fees (Rant IX Ado Rimin (A) olime 11e)						
	ben			sing expenses (Part X, column (D), line 25) ► 🕠	•					
	N			ses (Part IX, column (A) (ings) (134) id, 114-24h	/113	213.	403,829.			
						763.				
			•	es. Add lines 13-17 (must equal PartitX column (A), line 25)			561,182.			
	_	19	Revenue less	s expenses Subtract line 18 from line 12	<del></del>	255.	132,180.			
	Assets or Balancos	20	Takal assis	(Dark V. June 16)	Beginning of Curro		End of Year			
	Sala	20		(Part X, line 16)	1,184,		1,307,177.			
	at A	21	Total liabilitie	s (Part X, line 26)		316.	533,734.			
	žζ	22		r fund balances Subtract line 21 from line 20	641,	263.	773,443.			
	Pa	rt II	Signatu	re Block						
	Und	er pena	Ities of perjury, I	declare that I have examined this return, including accompanying schedules and statements, and to parer (other than officer) is based on all information of which preparer has any knowledge	the best of my knowle	dge and b	pelief, it is true, correct, and			
	-		IN The state of th	A A A A A A A A A A A A A A A A A A A						
				Swa Milps		4-13	5-//			
	Sig	jn	Signati	are of officer	Date 1 · /					
	He	re	P	Kalra Thelps ASSA. Execu	Tive					
				r print hame and title	<del></del>	—				
				preparer's name Preparer's signature Date	Check	∪"	PTIN			
	Pa			M. Deaton (al Newlow, GA 712s)	self emplo	yed	P00002753			
	Pre	epare	er Firm's nam		CPA					
	Us	e Or	ily Firm's addr	ess PO BOX 977	Firm's Ell	<u>ı ► 75</u> ·	-1333383			
				DENTON, TX 76202-0977	Phone no	(940	0) 387-8563			
	May	/ the	IRS discuss th	nis return with the preparer shown above? (see instructions)			X Yes No			

<u>Form</u>	990 (2010) GREATER DENTON/WISE COUNTY/REALTORS	75-1296768	Page 2
	t III Statement of Program Service Accomplishments		
	Check if Schedule O contains a response to any question in this Part III		
`1	Briefly describe the organization's mission. PROMOTE REAL ESTATE PROFESSION		
2	Did the organization undertake any significant program services during the year which were not listed on the Form 990 or 990-EZ?	ne prior Yes X	No
	If 'Yes,' describe these new services on Schedule O.		•
3	Did the organization cease conducting, or make significant changes in how it conducts, any program service	ces? Yes X	No
	If 'Yes,' describe these changes on Schedule O.		
4	Describe the exempt purpose achievements for each of the organization's three largest program services to and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and expenses, and revenue, if any, for each program service reported.	by expenses. Section 501 allocations to others, the t	(c)(3) otal
42	a (Code) (Expenses \$ including grants of \$) (Re	venue \$	)
41	b (Code) (Expenses \$ including grants of \$) (Re	evenue \$	)
40	c (Code) (Expenses \$ including grants of \$) (Re	evenue \$	)
4	d Other program services. (Describe in Schedule O.)		<del></del>
	(Expenses \$	1	
4	e Total program service expenses ►		

Form 990 (2010) GREATER DENTON/WISE COUNTY/REALTORS

Part IV | Checklist of Required Schedules

	title   Officerities of free united Confedences	_	_						
			Yes	No					
`1	Is the organization described in section 501(c)(3) or $4947(a)(1)$ (other than a private foundation)? If 'Yes,' complete Schedule A	1		<u>X</u>					
2	Is the organization required to complete Schedule B, Schedule of Contributors? (see instructions)	2		<u>X</u>					
3	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	3		<u>X</u>					
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If 'Yes,' complete Schedule C, Part II.	organizations. Did the organization engage in lobbying activities, or have a section 501(h) election at tax year? If 'Yes,' complete Schedule C, Part IL							
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If 'Yes,' complete Schedule C, Part III	5		_X_					
6	Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If 'Yes,' complete Schedule D, Part I								
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? If 'Yes,' complete Schedule D, Part II	7		Х					
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If 'Yes,' complete Schedule D, Part III	8		Х					
9	Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If 'Yes,' complete Schedule D, Part IV	9		Х					
10	Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? If 'Yes,' complete Schedule D, Part V	10		Х					
11	If the organization's answer to any of the following questions is 'Yes', then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.	,							
	a Did the organization report an amount for land, buildings and equipment in Part X, line 10? If 'Yes,' complete Schedule D, Part VI	11 a	Х						
	<b>b</b> Did the organization report an amount for investments— other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? <i>If 'Yes,' complete Schedule D, Part VII</i>	11 b		X					
	c Did the organization report an amount for investments— program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part VIII	11 c		Х					
	d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part IX	11 d		Х					
	e Did the organization report an amount for other liabilities in Part X, line 25? If 'Yes,' complete Schedule D, Part X	11 e	Х						
	f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If 'Yes,' complete Schedule D, Part X	11 f		Х					
12	a Did the organization obtain separate, independent audited financial statements for the tax year? If 'Yes,' complete Schedule D, Parts XI, XII, and XIII	12a	Х						
	<b>b</b> Was the organization included in consolidated, independent audited financial statements for the tax year? If 'Yes,' and if the organization answered 'No' to line 12a. then completing Schedule D, Parts XI, XII, and XIII is optional	12b		Х					
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E	13		Х					
14	a Did the organization maintain an office, employees, or agents outside of the United States?	14a		X					
	<b>b</b> Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the United States? <i>If 'Yes,' complete Schedule F, Parts I and IV</i>	14b		Х					
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? If 'Yes,' complete Schedule F, Parts II and IV	15		Х					
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? If 'Yes,' complete Schedule F, Parts III and IV	16		Х					
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If 'Yes,' complete Schedule G, Part I (see instructions)	17		Х					
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If 'Yes,' complete Schedule G, Part II	18		х					
	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If 'Yes,' complete Schedule G, Part III	19		Х					
20	aDid the organization operate one or more hospitals? If 'Yes,' complete Schedule H	20	_	Х					
	<b>b</b> If 'Yes' to line 20a, did the organization attach its audited financial statements to this return? <b>Note.</b> Some Form 990 filers that operate one or more hospitals must attach audited financial statements (see instructions)	20 ь							

Page 4

			Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? If 'Yes,' complete Schedule I, Parts I and IL	21	_	Х
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? If 'Yes,' complete Schedule I, Parts I and III	22		Х
23	Did the organization answer 'Yes' to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If 'Yes,' complete Schedule J</i>	23		Х
24	a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, and that was issued after December 31, 2002? If 'Yes,' answer lines 24b through 24d and complete Schedule K. If 'No,'go to line 25	<b>24</b> a		X
ŧ	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
(	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
•	I Did the organization act as an 'on behalf of' issuer for bonds outstanding at any time during the year?	24d		
25	a Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If 'Yes,' complete Schedule L, Part I	25a		
ļ	b is the organization 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	25b		
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If 'Yes,' complete Schedule L, Part II	26		Х
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? If 'Yes,' complete Schedule L, Part III	27		Х
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions).		· ·	
	a A current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L, Part IV	28a		Х
	b A family member of a current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L, Part IV	28b		Х
1	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If 'Yes,' complete Schedule L, Part IV	28c		Х
29	Did the organization receive more than \$25,000 in non-cash contributions? If 'Yes,' complete Schedule M	29_		Х
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If 'Yes,' complete Schedule M	30		Х
31	Did the organization liquidate, terminate, or dissolve and cease operations? If 'Yes,' complete Schedule N, Part I	31		Х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If 'Yes,' complete Schedule N, Part II	32_		Х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301.7701-3? If 'Yes,' complete Schedule R, Part I.	33		Х
34	Was the organization related to any tax-exempt or taxable entity? If 'Yes,' complete Schedule R, Parts II, III, IV, and V, line 1	34		Х
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)?	35		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,' complete Schedule R, Part V, line 2			
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If 'Yes,' complete Schedule R, Part V, line 2	36		
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If 'Yes,' complete Schedule R, Part VI	37		Х
38	Note. All Form 990 filers are required to complete Schedule O	38	Х	
DA A		E a ra	- 000	/2010\

Form 990 (2010)

Check if Schedule O contains a response to any question in this Part V			
		Yes	No
1a Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	6	T	1
b Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	0		
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming		1	
(gambling) winnings to prize winners?	<u>1c</u>	ļ	X
2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return  2a	4		
b If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	X	<u> </u>
Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. (see instructions)			
3a Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		<u> </u>
b If 'Yes' has it filed a Form 990-T for this year? If 'No,' provide an explanation in Schedule O	3 b	X	
4a 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)?	4a	_	Х
b If 'Yes,' enter the name of the foreign country. ▶			
See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.			
5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a	1	X
b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5 b		Х
c If 'Yes,' to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible?	6a		x
b If 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b		
7 Organizations that may receive deductible contributions under section 170(c).			
a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		
b If 'Yes,' did the organization notify the donor of the value of the goods or services provided?	76	<del>+ -</del> -	-
c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file			1
Form 8282?	7 c	<u>                                     </u>	ļ.,
d If 'Yes,' indicate the number of Forms 8282 filed during the year.			1
e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7 e	<u> </u>	ļ
f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7 f	<u> </u>	ļ
g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	79		
h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7 h		ļ
8 Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	8		
9 Sponsoring organizations maintaining donor advised funds.			
a Did the organization make any taxable distributions under section 4966?	9a		
<b>b</b> Did the organization make a distribution to a donor, donor advisor, or related person?	91	<u> </u>	<u> </u>
10 Section 501(c)(7) organizations. Enter.			1
a Initiation fees and capital contributions included on Part VIII, line 12			1
b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
11 Section 501(c)(12) organizations. Enter.			1
a Gross income from members or shareholders			
b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)			
12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a	1	
b If 'Yes,' enter the amount of tax-exempt interest received or accrued during the year			
13 Section 501(c)(29) qualified nonprofit health insurance issuers.		1	
a is the organization licensed to issue qualified health plans in more than one state?	13a	4	<u> </u>
Note. See the instructions for additional information the organization must report on Schedule O.		1	
b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans			
c Enter the amount of reserves on hand . 13c		<b>!</b>	1_
14a Did the organization receive any payments for indoor tanning services during the tax year?	14a	4	X
b If 'Yes,' has it filed a Form 720 to report these payments? If 'No,' provide an explanation in Schedule Q	14t		

Form 990 (2010) GREATER DENTON/WISE COUNTY/REALTORS 75-1296768 Page 6 Governance, Management and Disclosure For each 'Yes' response to lines 2 through 7b below, and for a 'No' response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions. Check if Schedule O contains a response to any question in this Part VI Section A. Governing Body and Management Yes No 23 1a Enter the number of voting members of the governing body at the end of the tax year 1 b b Enter the number of voting members included in line 1a, above, who are independent Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other Х 2 officer, director, trustee or key employee? Did the organization delegate control over management duties customarily performed by or under the direct supervision 3 of officers, directors or trustees, or key employees to a management company or other person? Х 4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? X 5 5 Did the organization become aware during the year of a significant diversion of the organization's assets? X Does the organization have members or stockholders? 6 7a Does the organization have members, stockholders, or other persons who may elect one or more members of the

9 Is there any officer, director or trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If 'Yes,' provide the names and addresses in Schedule O

Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)

Did the organization contemporaneously document the meetings held or written actions undertaken during the year by

b Are any decisions of the governing body subject to approval by members, stockholders, or other persons?

b Each committee with authority to act on behalf of the governing body?

			Yes	No				
10 a	Does the organization have local chapters, branches, or affiliates?	10a		Х				
b	olf 'Yes,' does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization?	10 b						
11 a	11a Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?							
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990 See Schedule O							
12a	Does the organization have a written conflict of interest policy? If 'No,' go to line 13	12a	Х					
ь	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Х					
c	Does the organization regularly and consistently monitor and enforce compliance with the policy? If 'Yes,' describe in Schedule O how this is done	12c		х				
13	Does the organization have a written whistleblower policy?	13		Х				
14	Does the organization have a written document retention and destruction policy?	14		Х				
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?							
а	The organization's CEO, Executive Director, or top management official	15a		Х				
b	Other officers of key employees of the organization	15b		Х				
	If 'Yes' to line 15a or 15b, describe the process in Schedule O. (See instructions.)							
16 a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a		Х				
	olf 'Yes,' has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements?	16Ь						

Section C. Disclosure

governing body?

the following.

a The governing body?

17	List the states with which a copy of this Form 990 is required to be filed None
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you make these available. Check all that apply.
	Own website Another's website X Upon request

19	Describe in Schedule O whet	ther (and if so,	how) the organization	n makes its governing	documents, confli	ict of interest policy,	and financial
	statements available to the p	oublic. See	e Schedule O	-		, ,	

20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization.

► KARA PHELPS 3805 W UNIVERSITY DENTON TX 76207 (940) 387-8212

Form 990 (2010)

7al X

7b X

8Ы Х

X

8a

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Form <b>990</b> (2010)	GREATER	DENTON/WISE	COUNTY/REALTORS	

75-1296768

age 7

# Part VII | Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Check if Schedule O contains a response to any question in this Part VII

#### Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
  - List all of the organization's current key employees, if any See instructions for definition of 'key employee'
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.

List persons in the following order. individual trustees or directors, institutional trustees, officers, key employees, highest compensated employees, and former such persons.

(A)	(B)	(C)			ipei	(D)	(E)	(F)		
Name and title	Average	Position (check all that apply)		Reportable	Reportable	Estimated				
Name and the	Average		Former	compensation from the organization (W 2/1099 MISC)	compensation from related organizations (W 2/1099 MISC)	amount of other compensation from the organization and related organizations				
(1) CHRIS ROSPRIM										
Director	0	Х						0.	0.	0.
(2) KAKI LYBBERT										
TAR Director	0	Х						0.	0.	0.
(3) DON ARNOLD										
Director	0	X	_				L	0.	0.	0.
(4) MARTI KAY HILL										
Director	0	X		$oxed{oxed}$				0.	0.	0.
(5) JOSH WHITE	]					1				
Director	0	X						0.	0.	0.
(6) BEN ARMSTRONG	1									
Director	0_	X	L					0.	0.	0.
(7) PAM TERRONEZ	1				1					
Director	0	X	L				<u> </u>	0.	0.	0.
(8) MARIELLA CUDD	_									
Director	0	X	<u> </u>				ļ	0.	0.	0.
(9) TANA FEDRIC	1							_	_	
Director	0	X	L	_				0.	0.	0.
(10) JAYNE HOWELL	-	l			ł					
Secretary/Treas	1 0	X	┕	<u> </u>	<u> </u>		╙	0.	0.	0.
(11) CLIFF MOON	<b>↓</b> _	l								
Director	0	X	<del>  -</del>	ļ	<u> </u>	<u> </u>	ļ.,	0.	0.	0.
(12) ROB RAYNER	4 _	١		1			ı		•	
NAR Director	0	X	-			<u> </u>	-	0.	0.	0.
(13) NOEL REESE	۱ ٫	١,,								
Director	0	X	├	⊢	_	}	<del> </del>	0.	0.	0.
(14) PHYLLIS WOLPER	۱ ,	١.,						0.	٥	_
Director	0	Х	<u> </u>	-	⊢	<del>                                     </del>	┢	<u> </u>	0.	0.
(15) BARBARA RUSSELL	- 0	X	ļ		l			0.	0.	0.
Director	<del>  '</del>	┼^	$\vdash$	$\vdash$	⊢	├	├-	1		<u></u>
(16) STACIE HOLBERT	┨ 。	X	1		l			0.	0.	0.
Director (17) REBECCA ARNOLD	<del>  ' -</del>	<del>  ^</del>	┼	$\vdash$	$\vdash$		╁	<del>                                     </del>	<del>  0.</del>	<del> </del>
Parliamentarian	$+$ $^{\circ}$	X						0.	0.	0.
BAA	1 0	•	TEE4	0107	12	2/21/10	<u>—</u>			Form <b>990</b> (2010)
					- ''					, ,

Part Will Section A. Officers, Directors, Trus	tees, i	∖ey	En			ees,	, an		mpensated Em	
(A)	(B)			(0	•			(D)	(E)	(F)
Name and title	Average hours	Posi	tion (		_		-	Reportable compensation from	Reportable compensation from	Estimated amount of other
	hours per week (describe hours for related organi zations in Sch O)	ndiv or di	nstit	Officer	Key employee	Highest compensated employee	Former	the organization (W 2/1099 MISC)	related organizations (W 2/1099 MISC)	compensation from the
	hours for related	dua	utior	면	emp	est c ovee	Ē	,	, , , , ,	organization and related
	organı zatıons	ָה בַּי	nal tr		Į Į	duo				organizations
	Sch O)	tee	uste		"	ensa				
			°			ted				
TO MUDE OF THED			Н		┝					
(18) MYRA OLIVER	0			Х				0.	0.	0.
TREPAC Trustee  (19) DALTON ALLEN		-		Λ	┢	$\vdash$		0.	0.	
Past President	0			X				0.	0.	0.
(20) TRISHA MIHALIK	Ť							<u> </u>		
President	0			Х				0.	0.	0.
(21) TIM SCHOENDORF					<u> </u>				-	
Vice President	0			X				0.	0.	0.
(22) KAREN WALLS										
2nd Vice-Presid	0			Х				0.	0.	0.
(23) KARA PHELPS										
Association Exe	40	_	Ш		X			53,424.	0.	0.
_(24)		1				1				
	ļ	_	Щ		_	$\vdash$				
_(25)										
	ļ	├-	-		H	$\vdash$	H			<u> </u>
(26)										
(27)			Н		⊢	<del>                                     </del>	-			
(27)										
(28)		┢			H	$\vdash$			<del></del>	
2207										
(29)		Т		_	<u> </u>					<del></del>
226										
1 b Sub-total							•	53,424.	0.	0.
c Total from continuation sheets to Part VII, Section A							•	0.	0.	0.
d Total (add lines 1b and 1c)						,	<b>•</b>	53,424.	0.	0.
2 Total number of individuals (including but not limited	to thos	e lis	ted :	abo	ve)	who	rece	eived more than \$	3100,000 in reportab	le compensation
from the organization   0										<del></del>
										Yes No
3 Did the organization list any former officer, director on line 1a? If 'Yes,' complete Schedule J for such in	or truste	e, k	ey e	mpl	loye	e, o	r hıg	hest compensate	d employee	з Х
•										
4 For any individual listed on line 1a, is the sum of rep the organization and related organizations greater tr	ortable an \$15	com	ipen	satı f'Ye	on a	and o	othe olete	r compensation fr Schedule I for	om	
such individual	ian φio	0,00			,,,	,,,,,	,,,,,	001704010 0 107		4 X
5 Did any person listed on line 1a receive or accrue con for services rendered to the organization? If 'Yes,' or	mpens	ation	fro	m a	ny t	ınrel	ated	l organization or i	ndıvıdual	
	omplete	Sci	nedu	ile J	tor	suc	n pe	erson	<del></del>	5 X
Section B. Independent Contractors  1 Complete this table for your five highest compensate	ed inder	end	ent	cont	rac	tors	that	received more th	an \$100,000 of	
compensation from the organization		,0110	OIII.				.,			
(A)								(B	)	(C)
Name and business addres	S							Description	of services	Compensation
								<del> </del>		
			-					ļ		
								<del> </del>	<del></del>	<del></del>
<del></del>									<del></del>	
2 Total number of independent contractors (including	but not	lımıtı	ed to	o the	ose	liste	d ah	ove) who receive	d more than	<del></del>
\$100,000 in compensation from the organization			- <b>-</b> ''						Wildin	

( <u>Fai</u>	T VIII   Statement of Revenue	(A) · Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
GRANTS	1a Federated campaigns     1a       b Membership dues     1b       c Fundraising events     1c				
NS, GIFTS, SIMILAR AN	d Related organizations e Government grants (contributions)  1 d 1 e				
PROGRAM SERVICE REVENUE AND OTHER SIMILAR AMOUNTS	f All other contributions, gifts, grants, and similar amounts not included above  1 f 1,663.  g Noncash contributions included in lns 1a-1f: \$				
8₹	h Total. Add lines 1a-1f	1,663.			
N.	Business Code	462,637.	215,002.	247,635.	
ğ	b ENTRANCE/TRANSFER FEES	17,670.	17,670.	247,033.	<del></del>
핑	c LUNCHEON	9,652.	9,652.		
- E	d MCE/EDUCATION FEES	7,181.	7,181.	<del></del>	·
AM S	e	,	<b>,</b>		
Ğ.	f All other program service revenue				
<u>8</u>	g Total. Add lines 2a-2f	497,140.			
	3 Investment income (including dividends, interest and other similar amounts)	2,282.	2,282.	<u></u>	
	<ul><li>Income from investment of tax-exempt bond proceeds</li><li>Royalties</li></ul>				<del></del>
	(i) Real (ii) Personal				
	6a Gross Rents				
l	b Less rental expenses	:			
	c Rental income or (loss)				
	d Net rental income or (loss)	•			
	7a Gross amount from sales of assets other than inventory (i) Securities (ii) Other 250, 670.	-			
	b Less: cost or other basis and sales expenses 76, 251.				
	c Gain or (loss) 174, 419.				•
	d Net gain or (loss)	174,419.	174,419.		
ENUE	8a Gross income from fundraising events (not including \$	,		· :	
OTHER REVEN	of contributions reported on line 1c).  See Part IV, line 18 a 6, 314.				
뜊	b Less. direct expenses. b 1,067.				
6	c Net income or (loss) from fundraising events	5,247.	5,247.	•	Ì
	9a Gross income from gaming activities. See Part IV, line 19				
	b Less direct expenses. b				
	c Net income or (loss) from gaming activities				
	10a Gross sales of inventory, less returns and allowances a 16,126.	,			
ļ	b Less. cost of goods sold b 14,685.	, <u>, , , , , , , , , , , , , , , , , , </u>			<b></b>
	c Net income or (loss) from sales of inventory	1,441.	1,441.		
	Miscellaneous Revenue Business Code	11 170	11 170		<b></b>
	11a MISCELLANEOUS 51400	11,170.	11,170.		
	b			<del></del>	_
	d All other revenue				
	e Total. Add lines 11a-11d	11,170.			
	12 Total revenue. See instructions	693,362.	444,064.	247,635.	0.

#### Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).

	not include amounts reported on lines 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	<del></del>	2,710.	· · · · · · · · · · · · · · · · · · ·		
2	Grants and other assistance to individuals in the U.S. See Part IV, line 22				
3	Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees	53,424.			
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	0.			
7	Other salaries and wages	88,292.			
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	1,603.			
9	Other employee benefits.	_			
	, , , , , , , , , , , , , , , , , , ,	11,324.			
	Fees for services (non-employees)		•		
	a Management .		•		
	Legal	10 106			
	Accounting	12,106.	<del></del>		
	d Lobbying			<u>                                     </u>	
	e Professional fundraising services See Part IV, line 17				
	Investment management fees				
	g Other				
	Advertising and promotion	11,750.			
13 14	Office expenses Information technology	11, (50.	·····		
15	Royalties				
16	Occupancy				
17	Travel				
18	<b>}</b>				
19	Conferences, conventions, and meetings	8,161.			
20	Interest .	25,511.			
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	22,174.	<del></del>		
	Insurance	12,674.			
ā	REGIONAL MLS FEES	153,220.			
	STATE AND NATIONAL DUES	79,712.			
	UTILITIES	20,533.			
•	REPAIRS & MAINTANENCE	9,363.			
•	LUNCHEON EXPENSES	9,315.			
1	f All other expenses	39,310.			
_25	Total functional expenses. Add lines 1 through 24f	561,182.			
26	Joint costs. Check here ► if following SOP 98-2 (ASC 958-720). Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.				
BAA					Form <b>990</b> (2010)

Page 11

291

2,694.

4,738.

914,523.

1,307,177

8,068

386,619.

139,047.

533,734.

773,443.

384,931

(B) End of year

Paid-in or capital surplus, or land, building, or equipment fund

Total net assets or fund balances.

Total liabilities and net assets/fund balances

Retained earnings, endowment, accumulated income, or other funds

32

33

34

BAA

**Balance Sheet** (A) Beginning of year 275 1 Cash - non-interest-bearing 2 433,546 Savings and temporary cash investments 2 3 3 Pledges and grants receivable, net 262 4 4 Accounts receivable, net Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L 5 Receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary 6 organizations (see instructions) Notes and loans receivable, net. 7 3,972 8 Inventories for sale or use 054 9 Prepaid expenses and deferred charges 10a Land, buildings, and equipment, cost or other basis. Complete Part VI of Schedule D 10 a 988,502 73.979 740,470 b Less, accumulated depreciation. 10b 100 11 Investments - publicly traded securities 12 12 Investments - other securities. See Part IV, line 11 13 Investments - program-related. See Part IV, line 11 13 14 14 Intangible assets 15 15 Other assets. See Part IV, line 11 Total assets. Add lines 1 through 15 (must equal line 34) 1,184,579 16 16 44,598 17 17 Accounts payable and accrued expenses 18 18 Grants payable 19 19 Deferred revenue. 20 Tax-exempt bond liabilities 20 Escrow or custodial account liability. Complete Part IV of Schedule D 21 21 Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II 22 of Schedule L 397,336 23 23 Secured mortgages and notes payable to unrelated third parties 24 Unsecured notes and loans payable to unrelated third parties 101,382 25 Other liabilities. Complete Part X of Schedule D 543,316. 26 Total liabilities. Add lines 17 through 25 26 |X| and complete lines Organizations that follow SFAS 117, check here 27 through 29 and lines 33 and 34. 641,263 27 27 Unrestricted net assets 28 28 Temporarily restricted net assets 29 Permanently restricted net assets R Organizations that do not follow SFAS 117, check here and complete lines 30 through 34. 30 30 Capital stock or trust principal, or current funds

> 307,177. Form 990 (2010)

773,443

31

32

33

34

641,263

184,579

Form 990 (2010) GREATER DENTON/WISE COUNTY/REALTORS	<u>75-1296768</u>		Page 12
Part XI Reconciliation of Net Assets			
Check if Schedule O contains a response to any question in this Part XI	<del></del>		
1 Total revenue (must equal Part VIII, column (A), line 12)	1		<u>3,362.</u>
2 Total expenses (must equal Part IX, column (A), line 25)	2		<u>1,182.</u>
3 Revenue less expenses. Subtract line 2 from line 1	3		2,180.
4 Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	64.	<u>1,263.</u>
5 Other changes in net assets or fund balances (explain in Schedule O)	5		0.
6 Net assets or fund balances at end of year. Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))	6	7 <b>7</b> :	3,443.
Part XII Financial Statements and Reporting			_
Check if Schedule O contains a response to any question in this Part XII			
1 Accounting method used to prepare the Form 990. Cash X Accrual Other  If the organization changed its method of accounting from a prior year or checked 'Other,' explain in Schedule O.  2a Were the organization's financial statements compiled or reviewed by an independent accountant?		2a	es No
<b>b</b> Were the organization's financial statements audited by an independent accountant?		-	X
c If 'Yes' to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O	of the audit,	2c	X
d If 'Yes' to line 2a or 2b, check a box below to indicate whether the financial statements for the year were separate basis, consolidated basis, or both.  X Separate basis Consolidated basis Both consolidated and separate basis	issued on a		
3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in Audit Act and OMB Circular A-133?	the Single	3a	х
b If 'Yes,' did the organization undergo the required audit or audits? If the organization did not undergo the or audits, explain why in Schedule O and describe any steps taken to undergo such audits.	required audit	3b	
BAA		Form 9	990 (2010)

TEEA0112L 12/21/10

#### SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service Name of the organization

## **Supplemental Financial Statements**

► Complete if the organization answered 'Yes,' to Form 990, Part IV, lines 6, 7, 8, 9, 10, 11, or 12. ► Attach to Form 990. ► See separate instructions. 2010

Open to Public inspection

Employer identification number

GRE	ATER DENTON/WISE COUNTY/REALT	ORS	75-1296768
Parl	I Organizations Maintaining Dono	r Advised Funds or Other Similar Fu	nds or Accounts. Complete if
	the organization answered 'Yes'	to Form 990, Part IV, line 6.	
		(a) Donor advised funds	(b) Funds and other accounts
	Total number at end of year		<del></del>
	Aggregate contributions to (during year)	<u> </u>	
	Aggregate grants from (during year)		
	Aggregate value at end of year		
	funds are the organization's property, subject t		∐Yes ∐ No
	Did the organization inform all grantees, donor used only for charitable purposes and not for t purpose conferring impermissible private bene	rs, and donor advisors in writing that grant funds the benefit of the donor or donor advisor, or for fit?	s can be any other Yes No
Par	II Conservation Easements. Comp	lete if the organization answered 'Yes	to Form 990, Part IV, line 7.
1	Purpose(s) of conservation easements held by		
	Preservation of land for public use (e.g., re	· H	of an historically important land area
	Protection of natural habitat	Preservation o	of a certified historic structure
	Preservation of open space	- total and a first comment of a substitution of H	
2	last day of the tax year.	on held a qualified conservation contribution in the	ne form of a conservation easement on the
			Held at the End of the Tax Year
a	Total number of conservation easements.		2a
b	Total acreage restricted by conservation easer	ments	2b
	Number of conservation easements on a certif	• •	2c
d	Number of conservation easements included in structure listed in the National Register	n (c) acquired after 8/17/06, and not on a historic	C 2d
3	Number of conservation easements modified, tax year ►	transferred, released, extinguished, or terminate	ed by the organization during the
4	Number of states where property subject to co	nservation easement is located ►	_
5	Does the organization have a written policy regard enforcement of the conservation easement	garding the periodic monitoring, inspection, hand its it holds?	dling of violations, Yes No
6	Staff and volunteer hours devoted to monitorin	ng, inspecting, and enforcing conservation easer	ments during the year
7	Amount of expenses incurred in monitoring, in ►\$	specting, and enforcing conservation easements	s during the year
8	Does each conservation easement reported or	n line 2(d) above satisfy the requirements of sec	tion
	170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?		Yes No
	include, if applicable, the text of the footnote to conservation easements.	orts conservation easements in its revenue and the organization's financial statements that de	escribes the organization's accounting for
Par	Complete if the organization ans	ections of Art, Historical Treasures, on Swered 'Yes' to Form 990, Part IV, line	or Other Similar Assets.
1a	If the organization elected, as permitted under art, historical treasures, or other similar assets in Part XIV, the text of the footnote to its finan	SFAS 116 (ASC 958), not to report in its revening the state of the sta	ue statement and balance sheet works of ch in furtherance of public service, provide,
b	If the organization elected, as permitted under historical treasures, or other similar assets helfollowing amounts relating to these items.	r SFAS 116 (ASC 958), to report in its revenue s ld for public exhibition, education, or research in	statement and balance sheet works of art, n furtherance of public service, provide the
	(i) Revenues included in Form 990, Part VIII,	line 1	<b>-</b> \$
	(ii) Assets included in Form 990, Part X		<b>►</b> \$
2	If the organization received or held works of a amounts required to be reported under SFAS	rt, historical treasures, or other similar assets fo 116 (ASC 958) relating to these items.	or financial gain, provide the following
	Revenues included in Form 990, Part VIII, line	1	<b>►</b> \$
b	Assets included in Form 990, Part X		▶\$

Schedule D (Form 990) 2010 GREAT Part III Organizations Mainta						75-129 or Other Similar As		Page 2
.3 Using the organization's acquisition							-	
items (check all that apply).	ni, accession	i, and ot	mer records, cir	eck arij	of the following	that are a significant us	e or its cone	CHOIT
a Public exhibition			<b>d</b> Loan	or excl	nange programs			
<b>b</b> Scholarly research			e Other	·				
c Preservation for future general	ations							
4 Provide a description of the organ Part XIV.	nization's coll	ections	and explain how	v they f	urther the organia	zation's exempt purpose	e in	
5 During the year, did the organizat assets to be sold to raise funds ra	ion solicit or ather than to	receive be main	donations of art	t, histor of the o	rical treasures, or rganization's colle	other similar ection?	Yes	No
Part IV Escrow and Custodia	l Arranger	nents.	Complete if	orgai			990, Part	IV, line
9, or reported an amo	unt on For	m 990	, Part X, line	e 21.				
1a Is the organization an agent, trus included on Form 990, Part X?	tee, custodia	n, or oth	ner intermediary	for cor	ntributions or othe	er assets not	Yes	No
b If 'Yes,' explain the arrangement								
		•		_			Amount	
c Beginning balance						1 c		
d Additions during the year						1 d	·	
e Distributions during the year						1 e		
f Ending balance						1f		
2a Did the organization include an ai	mount on For	m 990, i	Part X, line 21?			•	Yes	No
<b>b</b> If 'Yes,' explain the arrangement								
Part V Endowment Funds. Co	mplete if	the or	ganization ar	nswer	ed 'Yes' to Fo	rm 990, Part IV, li	ne 10.	
	(a) Current	year	(b) Prior yea	ar	(c) Two years back	(d) Three years back	(e) Four	years back
1a Beginning of year balance						,		
<b>b</b> Contributions								,
c Net investment earnings, gains, and losses								
d Grants or scholarships								
e Other expenditures for facilities and programs								
f Administrative expenses								
g End of year balance								W-1 1 11 11 11 11 11 11 11 11 11 11 11 11
2 Provide the estimated percentage	of the year	end bala	ance held as.					
a Board designated or quasi-endow	ment ►		%					
<b>b</b> Permanent endowment ▶		;						
c Term endowment ►	ૄ							
3a Are there endowment funds not in organization by.	n the possess	sion of th	he organization	that are	e held and admin	stered for the	Ye	s No
(i) unrelated organizations							3a(i)	
(ii) related organizations							3a(ii)	
b If 'Yes' to 3a(II), are the related o	rganizations	listed as	required on So	hedule	R? .		3b	
4 Describe in Part XIV the intended	uses of the	organiza	ation's endowme	ent fund	ls.			
Part VI Land, Buildings, and	<b>Equipmen</b>	t. See	Form 990, F	Part X	, line 10.			
Description of investment		(a) Cos (ır	it or other basis nvestment)		Cost or other asıs (other)	(c) Accumulated depreciation	(d) Bool	( value
1 a Land					196,159.			96,159.
<b>b</b> Buildings		L			717,508.	43,387.	6	<u>74,121.</u>
c Leasehold improvements			<del> </del>	,				
<b>d</b> Equipment								
e Other					74,835.	_30,592.	_	44,243.
Total. Add lines 1a through 1e (Column	n (d) must eq	ual Forn	n 990, Part X, c	olumn	(B), line 10(c).)		9:	14,523.

BAA

Schedule **D** (Form 990) 2010

Schedule D (Form 990) 2010 GREATER DENTON/WIS	SE COUNTY/REALT	ORS	75-1296768 Pag
Part VII Investments-Other Securities. See F			
(a) Description of security or category (including name of security)	(b) Book value	(c) Cost or	Method of valuation. end-of-year market value
(1) Financial derivatives			
(2) Closely-held equity interests			
(3) Other			
(A)			
(B)			
(C)	-		
(D)			
(E)			
<u>(F)</u>			
(G)			
(H)			
(1)			
Total (Column (b) must equal Form 990 Part X, column (B) line 12)			
Part VIII Investments-Program Related. (See	Form 990, Part X,	line 13) N/A	
(a) Description of investment type	(b) Book value	(c) Cost or	Method of valuation: end-of-year market value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
(10)			
Total. (Column (b) must equal Form 990, Part X, column (B) line 13.)			
Part IX Other Assets. (See Form 990, Part X,	line 15) N/A		
(a) De	scription	<del></del>	(b) Book value
(2)			
(3)			
(5)			
		· · · · · · · · · · · · · · · · · · ·	
(8)		<del></del>	
(9)		<del></del>	
(10)			
Total. (Column (b) must equal Form 990, Part X, column(B)		<del></del>	<u> </u>
Part X Other Liabilities. (See Form 990, Part		<del></del>	
(a) Description of liability	(b) Amount	<b>-</b>	
(1) Federal income taxes			
(2) PREPAID DUES AND FEES	139,0	<u>47.</u>	
(3)		<b></b>	
(4)	<del></del>		
(5)		<b>—</b>	
(6)		<del></del>	
		<b></b> -∤	
(8)			
(9)		<b></b> [	
(10)		<del>_</del>	
(11)		<del>_</del>	
Total. (Column (b) must equal Form 990, Part X, column (B) line 25)	<u>► 139,0</u>		
2. FIN 48 (ASC 740) Footnote. In Part XIV, provide the text organization's liability for uncertain tax positions under FIN 4	of the footnote to the o 18 (ASC 740).	rganization's financial s	tatements that reports the

	dule D (Form 990) 2010 GREATER DENTON/WISE COUNTY/REALTORS		-1296768	Page 4
Par		ial Statements		
_1	Total revenue (Form 990, Part VIII, column (A), line 12)			693,362.
	Total expenses (Form 990, Part IX, column (A), line 25)			561,182.
3	Excess or (deficit) for the year. Subtract line 2 from line 1			132,180.
4	Net unrealized gains (losses) on investments		F -	
5	Donated services and use of facilities			
6	Investment expenses .			·
7	Prior period adjustments .			
8	Other (Describe in Part XIV) See Part XIV			· -
9	Total adjustments (net). Add lines 4 through 8			
10	Excess or (deficit) for the year per audited financial statements. Combine lines 3 ar	nd 9		132,180.
	XII Reconciliation of Revenue per Audited Financial Statement		Return	
1	Total revenue, gains, and other support per audited financial statements		1	693,362.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			· · · · · · · · · · · · · · · · · · ·
	Net unrealized gains on investments	2a		
	Donated services and use of facilities	2b	1	
	Recoveries of prior year grants	2c	1 1	
	Other (Describe in Part XIV).	2d	1	
	Add lines 2a through 2d		2e	
2	Subtract line 2e from line 1		3	693,362.
3	i	1	<del>                                     </del>	033,302.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:	40	1	
	Investments expenses not included on Form 990, Part VIII, line 7b	4a 4b	1 1	
	Other (Describe in Part XIV.)	4b	1 4	
-	Add lines 4a and 4b	•	4c 5	693,362.
	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)  XIII Reconciliation of Expenses per Audited Financial Statements	With Expanses per Bet		093,302.
FOH		Willi Expenses per Neu	1	561,182.
1	Total expenses and losses per audited financial statements	•		301,102.
	Amounts included on line 1 but not on Form 990, Part IX, line 25.	اءا		
	Donated services and use of facilities	2a	1 1	
	Prior year adjustments	2b	1	
	Other losses	2c	1	
	Other (Describe in Part XIV.)	2d	1 _	
-	Add lines 2a through 2d		2e	F.C1 100
3	Subtract line 2e from line 1		3	561,182.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:	4.5	1 1	
	Investments expenses not included on Form 990, Part VIII, line 7b	4a 4b	1 1	
	Other (Describe in Part XIV.) Add lines <b>4a</b> and <b>4b</b>	40]	4c	
	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	•••	5	561,182.
	t XIV   Supplemental Information	···· ··· ···		001,1011
Part	plete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part V, line 4, Part X, line 2, Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines additional information.	III, lines 1a and 4, Part IV, I s 2d and 4b. Also complete	ines 1b and 2b this part to pro	, vide
BAA	TEACOON CONTIN		Schedule <b>D</b> @	Form 990) 2010
	TEEA3304L 02/11/11		Juliedale D (f	UIII 2201 2010

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

# Supplemental Information to Form 990 or 990-EZ

OMB No 1545 0047

2010

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.

Open to Public Inspection

Name of the organization  GREATER DENTON/WISE COUNTY/REALTORS	75-1296768
Form 990 Bort VI. Line 11h Form 990 Boylow Brosses	
THE RETURN WILL BE REVIEWED BY THE ASSOCIATION EXECUTIVE PRIOR	
Form 990, Part VI, Line 19 - Other Organization Documents Publicly Available	.17.522200
GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY AND FINANCIAL	STATEMENTS ARE MADE
AVAILABLE TO THE PUBLIC UPON REQUEST	
,	

	***				
2010	Fe	deral Works	heets		Page 1
•	GREATER DE	NTON/WISE CO	UNTY/REALTO	RS	75-1296768
1. Inventory a 2. Purchases 3. Cost of lab 4. Additional 5. Other costs 6. Total (Add 7. Inventory a	263A costs lines 1 through 5)	·	ne 6)		0. 14,685. 0. 0. 0. 14,685. 0. 14,685.
Form 990, Part IX, Other Expenses	Line 24f				
		(A)	(B) Program	(C) Management	(D)
	_	Total	Services	& General	<u>Fundraising</u>
AUTO EXPESE BANK CHARGES/C COMPUTER TRAIN FLOWERS AND GI MCE/EDUCATION MISCELLANEOUS OFFICE EQUIPME PROFESSIONAL S PROPERTY TAXES	FTS EXPENSE NT RENTAL TANDARDS	2,480. 7,674. 8,513. 726. 7,257. 5,410. 4,890. 1,200. 1,160.			

5,410. 4,890. 1,200. 1,160. 39,310.

Total \$

0.