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A For the 2011 calendar year, or tax year beginning 01-01-2011, and ending 12-31-2011			
B Check if applicable ☐ Address change ☐ Name change ☐ Initial return ☐ Terminated ☐ Amended return ☐ Application pending	C Name of organization DUNCAN ASSOCIATION OF REALTORS INC		D Employer identification number 23-7164684
	Number and street (or P O box, if mail is not delivered to street address) 1215 W OAK	Room/suite	E Telephone number (580) 252-4884
	City or town, state or country, and ZIP + 4 DUNCAN, OK 73533		F Group Exemption Number

G Accounting method ☐ Cash ☒ Accrual Other (specify) ☐ _____

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 or a section 527 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. **\$** 100,668

Part I	Revenue, Expenses, and Changes in Net Assets or Fund Balances (See the instructions for Part I)
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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	82,711
	4	Investment income		4	8
	5a	Gross amount from sale of assets other than inventory	5a		
	b	Less cost or other basis and sales expenses	5b	0	
	c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)		5c	
	6	Gaming and fundraising events			
	a	Gross income from gaming (attach Schedule G if greater than \$15,000)	6a		
	b	Gross income from fundraising events (not including \$ _of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000) %	6b	17,558	
	c	Less direct expenses from gaming and fundraising events	6c	11,319	
	d	Net income or (loss) from gaming and fundraising events (Add lines 6a and 6b and subtract line 6c)		6d	6,239
	7a	Gross sales of inventory, less returns and allowances	7a		
b	Less cost of goods sold	7b	0		
c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)		7c		
8	Other revenue (describe in Schedule O)		8	391	
9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8		9	89,349	
Expenses	10	Grants and similar amounts paid (list in Schedule O)		10	
	11	Benefits paid to or for members		11	
	12	Salaries, other compensation, and employee benefits		12	18,344
	13	Professional fees and other payments to independent contractors		13	7,855
	14	Occupancy, rent, utilities, and maintenance		14	4,840
	15	Printing, publications, postage, and shipping		15	395
	16	Other expenses (describe in Schedule O)		16	55,661
	17	Total expenses. Add lines 10 through 16		17	87,095
Net Assets	18	Excess or (deficit) for the year (Subtract line 17 from line 9)		18	2,254
	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	64,595
	20	Other changes in net assets or fund balances (explain in Schedule O)		20	-13,694
	21	Net assets or fund balances at end of year Combine lines 18 through 20		21	53,155

Part II

Balance Sheets

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

☒

(See the instructions for Part II)		(A) Beginning of year	(B) End of year	
22	Cash, savings, and investments	87,137	22	57,135
23	Land and buildings		23	65,906
24	Other assets (describe in Schedule O)	25,414	24	36,853
25	Total assets	112,551	25	159,894
26	Total liabilities (describe in Schedule O)	47,956	26	106,739
27	Net assets or fund balances (line 27 of column (B) must agree with line 21) .	64,595	27	53,155

Part III

Statement of Program Service Accomplishments

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

☐

What is the organization's primary exempt purpose?
REAL ESTATE BOARD ASSOCIATION

Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title

28 See Statement 6A Annual banquet and monthly luncheons, installation of officers, provide members information on current real estate trends, loans, etc , serve as information center for new residents moving into town, serves as negotiating agent in disputes between members B Education Held informative training sessions at monthly luncheons covering topics such as real estate commission requirements, etc. Also held continuing education classes for realtors and non-realtor agents in Stephens and Jefferson counties C Multiple Listing Service Coordinate activities on central computer listing service and provide quarterly sold information and monthly books of current listings to all MLS members D Advertising Distribution of Realtor advertising magazine, published monthly, free to public (Grants \$) If this amount includes foreign grants, check here ☐		28a	Expenses (Required for section 501 (c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts, optional for others)
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	

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
See Additional Data Table				

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 significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O	33	No
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)	34	No
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 during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)?	35a	Yes
b	If "Yes" to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O	35b	Yes
c	Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III	35c	No
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	36	No
37a	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?	37b	No
38a	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?	38a	No
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	0
b	Gross receipts, included on line 9, for public use of club facilities	39b	0
40a	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	40b	
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	40e	No
41	List the states with which a copy of this return is filed ☐ _____		
42a	The organization's books are in care of ☐ Veronica Ibarra _____ Telephone no ☐ (580) 252-4884 1214 NORTH HIGHWAY 81 Located at ☐ Duncan, OK _____ ZIP + 4 ☐ 73533		
b	At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? If "Yes," enter the name of the foreign country ☐ _____ See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts .	42b	No
c	At any time during the calendar year, did the organization maintain an office outside of the U S ? If "Yes," enter the name of the foreign country ☐ _____	42c	No
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 —Check here ☐ ☐ and enter the amount of tax-exempt interest received or accrued during the tax year ☐ 43		
44a	Did the organization maintain any donor advised funds? If "Yes", Form 990 must be completed instead of Form 990-EZ.	44a	No
b	Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44b	No
c	Did the organization receive any payments for indoor tanning services during the year?	44c	No
d	If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	44d	No
45a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45a	No
45b	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of Form 990-EZ (see instructions)	45b	No

		Yes	No
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		No

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.

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

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

50 Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter "None "				
(a) Name and address of each employee paid more than \$100,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
Veronica Ibarra Rt 1 Box 206D Duncan, OK 73533	EXECUTIVE DIR 40 00	33,147	0	0
f Total number of other employees paid over \$100,000				

51 Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None "		
(a) Name and address of each independent contractor paid more than \$100,000	(b) Type of service	(c) Compensation
NONE		

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	2012-05-11 Date		
	LYNN PARR, President Type or print name and title			
Paid Preparer's Use Only	Preparer's signature	Date	Check if self-employed	Preparer's taxpayer identification number (See instructions)
	Firm's name (or yours if self-employed), address, and ZIP + 4		☒	EIN
				Phone no

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

☒ Yes ☐ No

Part II Fundraising Events.

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

		(a) Event #1	(b) Event #2	(c) Other Events	(d) Total Events
		GOLF TOURNAMENT/EVENTS (event type)	Annual Banquet (event type)	(total number)	(Add col (a) through col (c))
Revenue	1	Gross receipts	8,441	5,306	13,747
	2	Less Charitable contributions			
	3	Gross income (line 1 minus line 2)	8,441	5,306	13,747
Direct Expenses	4	Cash prizes			
	5	Non-cash prizes			
	6	Rent/facility costs			
	7	Food and beverages			
	8	Entertainment			
	9	Other direct expenses	4,895	2,859	7,754
	10	Direct expense summary Add lines 4 through 9 in column (d) ▶			
	11	Net income summary Combine lines 3 and 10 in column (d) ▶			
					(7,754)
					5,993

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			
Direct Expenses	2	Cash prizes			
	3	Non-cash prizes			
	4	Rent/facility costs			
	5	Other direct expenses			
	6	Volunteer labor	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
	7	Direct expense summary Add lines 2 through 5 in column (d) ▶			
	8	Net gaming income summary Combine lines 1 and 7 in column (d) ▶			
					()

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

Provide 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 \$ and the amount of gaming revenue retained by the third party \$

c

If "Yes," enter name and address

Name

Address

16

Gaming manager information

Name

Gaming manager compensation

\$

Description of services provided

Director/officer

Employee

Independent contractor

17

Mandatory distributions

a

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

Yes

No

b

Enter the amount of distributions required under state law distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year \$

Part IV

Complete this part to provide additional information for responses to question on Schedule G (see instructions.)

Identifier	ReturnReference	Explanation
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SCHEDULE O

(Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

OMB No 1545-0047

2011

Open to Public Inspection

Name of the organization
DUNCAN ASSOCIATION OF REALTORS INC

Employer identification number
23-7164684

Identifier	Return Reference	Explanation
Form 990-EZ, Part II, Line 26 1	Total Liabilities 1	LOCK BOX DEPOSIT LIABILITY - Beginning \$3365 LOCK BOX DEPOSIT LIABILITY - Ending \$3365
Form 990-EZ, Part II, Line 26 1007	Total Liabilities 1007	Secured Mortgages and Notes Payable - Beginning \$0 Secured Mortgages and Notes Payable - Ending \$53005
Form 990-EZ, Part II, Line 26 1003	Total Liabilities 1003	Deferred Revenue - Beginning \$29416 Deferred Revenue - Ending \$31613
Form 990-EZ, Part II, Line 26 1001	Total Liabilities 1001	Accounts Payable and Accrued Expenses - Beginning \$15175 Accounts Payable and Accrued Expenses - Ending \$18756
Form 990-EZ, Part II, Line 24 1005	Other Assets 1005	Accounts Receivable - Beginning \$23436 Accounts Receivable - Ending \$35454
Form 990-EZ, Part II, Line 24 1003	Other Assets 1003	Machinery and Equipment - Beginning \$1978 Machinery and Equipment - Ending \$1399
Form 990-EZ, Part I, Line 20 1	Other Changes In Net Assets Or Fund Balances - Other Decreases 1	Loss on 990 T \$13944
Form 990-EZ, Part I, Line 20 1	Other Changes In Net Assets Or Fund Balances - Other Increases 1	Prior Period Adjustments \$250
Form 990-EZ, Part I, Line 16 13	Other Expenses 13	taxes \$44
Form 990-EZ, Part I, Line 16 11	Other Expenses 11	credit card fees \$426
Form 990-EZ, Part I, Line 16 10	Other Expenses 10	LOCK BOX KEY REFUNDS \$500
Form 990-EZ, Part I, Line 16 9	Other Expenses 9	Joe Wood Scholarship \$1000
Form 990-EZ, Part I, Line 16 8	Other Expenses 8	MISCELLANEOUS \$1548
Form 990-EZ, Part I, Line 16 7	Other Expenses 7	copier lease \$2077
Form 990-EZ, Part I, Line 16 6	Other Expenses 6	Utilities \$2914
Form 990-EZ, Part I, Line 16 5	Other Expenses 5	BOARD EXPENSES OTHER \$3253
Form 990-EZ, Part I, Line 16 4	Other Expenses 4	advertising \$3991
Form 990-EZ, Part I, Line 16 3	Other Expenses 3	CONTINUING EDUCATION \$4759
Form 990-EZ, Part I, Line 16 2	Other Expenses 2	charitable contributions \$9868
Form 990-EZ, Part I, Line 16 1	Other Expenses 1	mls expenses \$20157

Identifier	Return Reference	Explanation
Form 990-EZ, Part I, Line 16 1012	Other Expenses 1012	Insurance \$1233
Form 990-EZ, Part I, Line 16 1009	Other Expenses 1009	Depreciation \$704
Form 990-EZ, Part I, Line 16 1002	Other Expenses 1002	Office Expenses \$3187
Form 990-EZ, Part I, Line 8 1	Other Revenue 1	Miscellaneous \$391

Additional Data

Software ID: 11000144

Software Version: 2011v1.2

EIN: 23-7164684

Name: DUNCAN ASSOCIATION OF REALTORS INC

Form 990-EZ, Special Condition Description:

Special Condition Description

Form 990EZ, Part IV - List of Officers, Directors, Trustees, and Key Employees

(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
KEITH PERKINS 1806 Country Club DUNCAN,OK 73533	DIRECTOR 0	0		
SHERYL SPRADLING 510 N 10th DUNCAN,OK 73533	Vice President 0	0		
Katy Iverson 905 S Fifth Marlow,OK 73055	Director 0	0		
Debbie Benton Rt 1 Box 232 Marlow,OK 73055	Director 0	0		
Spanky Davis 3025 N Highway 81 Duncan,OK 73533	Director 0	0		
Bryan Fisher 1941 W Elk Duncan,OK 73533	Director 0	0		
James Livingston 510 N 10th Duncan,OK 73533	State Director 0	0		
Allen Johnson 1714 Brookline Duncan,OK 73533	Director 0	0		
Veronica Ibarra Rt 1 Box 206D Duncan,OK 73533	Executive Direc 0	0		
Darren Bridges 105 N Tenth Duncan,OK 73533	Director 0	0		
Kelli Harman 1922 Ridgeway Duncan,OK 73533	Director 0	0		
KARL JACOBS 1526 N 13 DUNCAN,OK 73533	Director 0	0		
Janet Casselberry PO Box 2228 Duncan,OK 73534	Secretary/Treas 0	0		
Jolene Loyd-Forbes 1304 Normandy DUNCAN,OK 73533	Secretary/Treas 0	0		
Grant Perkins 1708 Northridge Duncan,OK 73533	President Elect 0	0		

Form 990EZ, Part IV - List of Officers, Directors, Trustees, and Key Employees

(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
JERRY SHAFFER 1102 PRIMROSE CT DUNCAN, OK 73533	Past President 0	0		
LYNN PARR 1609 W PLATO SUITE B DUNCAN, OK 73533	President 0	0		