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Form 990-EZ

Department of the Treasury
Internal Revenue Service

Short Form

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code
(except private foundation)

Do not enter Social Security numbers on this form as it may be made public. By law, the IRS generally cannot redact the information on the form.

Information about Form 990-EZ and its instructions is at www.irs.gov/form990.

OMB No 1545-1150

2013

Open to Public Inspection

A For the 2013 calendar year, or tax year beginning 01-01-2013, and ending 12-31-2013

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

C Name of organization
NORTHEAST OK BOARD OF REALTORS INC

D Employer identification number
73-1154340

Number and street (or P O box, if mail is not delivered to street address) Room/suite
1107 RIDGERUNNER CT

E Telephone number

City or town, state or province, country, and ZIP or foreign postal code
GROVE, OK 74344

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: WWW.GRANDLAKEREALTORS.COM

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

K Form of organization ☒ Corporation ☐ Trust ☐ Association ☐ Other

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, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ. \$ 145,749

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	54,221
	4	Investment income	4	460
	5a	Gross amount from sale of assets other than inventory	5a	
	b	Less cost or other basis and sales expenses	5b	
	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	11,605
	c	Less direct expenses from gaming and fundraising events	6c	4,502
	d	Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)	6d	7,103
	7a	Gross sales of inventory, less returns and allowances	7a	70,991
	b	Less cost of goods sold	7b	29,546
	c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c	41,445
	8	Other revenue (describe in Schedule O)	8	8,472
	9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	9	111,701
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	31,830
	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	64,625
	17	Total expenses. Add lines 10 through 16	17	97,105
Net Assets	18	Excess or (deficit) for the year (Subtract line 17 from line 9)	18	14,596
	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	56,683
	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	71,279

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	55,608	22	70,494
23 Land and buildings		23	
24 Other assets (describe in Schedule O)	1,075	24	785
25 Total assets	56,683	25	71,279
26 Total liabilities (describe in Schedule O)		26	
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	56,683	27	71,279

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

☒

What is the organization's primary exempt purpose?
TO PROVIDE MLS & NETWORKING OPPORTUNITIES

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 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 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

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 title	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
See Additional Data Table				

Part V

Other Information (Note the Schedule A and personal benefit contract 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
35a	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	No
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	
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	
b	Gross receipts, included on line 9, for public use of club facilities	39b	
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 BARBARA WOODALL Telephone no (918) 786-4812 Located at 1107 RIDGERUNNER CT GROVE, OK ZIP + 4 74344		
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 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	
		Yes	No
44a	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44a	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	
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 only

All section 501(c)(3) organizations 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 ☐

		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 as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E		
49a	Did the organization make any transfers to an exempt non-charitable related organization?		
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 title of each employee	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation

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 business address of each independent contractor	(b) Type of service	(c) Compensation

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

52 Did the organization complete Schedule A? **NOTE:** All Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A ▶ ☐ Yes ☐ No

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

Sign Here	***** Signature of officer		2014-05-13 Date		
	BARBARA WOODALL CEO Type or print name and title				
Paid Preparer Use Only	Print/Type preparer's name SUSAN CHARBONEAU	Preparer's signature	Date 2014-05-15	Check <input type="checkbox"/> if self-employed	PTIN P00555284
	Firm's name ▶ SM CHARBONEAU CPA PC			Firm's EIN ▶	
	Firm's address ▶ 412 SOUTH 5TH STREET JAY, OK 74346			Phone no (918) 253-8131	

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

Additional Data

Software ID:
Software Version:
EIN: 73-1154340
Name: NORTHEAST OK BOARD OF REALTORS INC

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
QUINTON DODD PRESIDENT	2 00	0		
LESA DUFFIELD PRESIDENT EL	2 00	0		
JIM TALBOT VICE PRESIDE	2 00	0		
PAUL NORTHCUTT SECRETARY TR	2 00	0		
ERIN DAVIS STATE DIRECT	2 00	0		
JEFF SAVAGE STATE DIRECT	2 00	0		
BARBARA WOODALL EXECUTIVE OF	2 00	0		
ED JONES DIRECTOR	2 00	0		
FRANK WEICHT DIRECTOR	2 00	0		
RUTH ANN BARNHART DIRECTOR	2 00	0		
LEE ANN WALKER DIRECTOR	2 00	0		
CHUCK PERRY DIRECTOR	2 00	0		
MARTHA SPRADLING DIRECTOR	2 00	0		
ALISA BAKER DIRECTOR	2 00	0		

2013

Open to Public Inspection

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.

▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at
www.irs.gov/form990.

Name of the organization
NORTHEAST OK BOARD OF REALTORS INC

Employer identification number

73-1154340

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990-EZ, PART I, LINE 8	APPLICATION FEES 4,950 FINE INCOME 2,155 BANQUET INCOME 743 MISC INCOME 624 TOTAL 8,472
FORM 990-EZ, PART I, LINE 16	EXPENSES OFFICE 568 TRAVEL 2,684 DUES & SUBSCRIPTIONS 38,086 INTERNET 599 PR/HOSPITALITY 395 ADVERTISING 845 PUBLICATIONS/CONT EDUC 560 INSURANCE 1,113 TAXES - OTHER 259 UTILITIES 1,473 BUILDING EXPENSE 957 INTEREST 3,047 POSTAGE 463 MISC EXPENSES 1,497 TELEPHONE 1,411 MAINTENANCE 315 EQUIPMENT RENTAL 1,773 REAL ESTATE TAXES 1,438 NON-INVESTMENT DEPRECIATION 7,142 TOTAL 64,625
FORM 990-EZ, PART II, LINE 24	EPSON PROJECTOR 0 1,040 LESS ACCUMULATED DEPRECIATION 0 907 PRINTER/QUILL 0 650 LESS ACCUMULATED DEPRECIATION 0 575 DELL COMPUTER 0 977 LESS ACCUMULATED DEPRECIATION 0 930 COMPUTER - ROY ROT 0 658 LESS ACCUMULATED DEPRECIATION 0 635 KEY BOXES 0 9,152 LESS ACCUMULATED DEPRECIATION 0 9,152 KEY PADS AND BOXES 0 2,864 LESS ACCUMULATED DEPRECIATION 0 2,864 KEY BOXES 0 1,401 LESS ACCUMULATED DEPRECIATION 0 1,401 KEY BOXES 0 2,115 LESS ACCUMULATED DEPRECIATION 0 2,115 KEY BOXES 0 1,396 LESS ACCUMULATED DEPRECIATION 0 1,396 KEY BOXES 0 1,748 LESS ACCUMULATED DEPRECIATION 0 1,748 KEY BOXES 0 1,760 LESS ACCUMULATED DEPRECIATION 0 1,760 KEY BOXES 0 2,794 LESS ACCUMULATED DEPRECIATION 0 2,794 KEY BOXES 0 1,057 LESS ACCUMULATED DEPRECIATION 0 1,057 KEY BOXES 0 1,405 LESS ACCUMULATED DEPRECIATION 0 1,405 KEY BOXES 0 1,400 LESS ACCUMULATED DEPRECIATION 0 1,400 KEY BOXES 0 1,406 LESS ACCUMULATED DEPRECIATION 0 1,406 KEY BOXES 0 1,406 LESS ACCUMULATED DEPRECIATION 0 1,406 KEY BOXES 0 792 LESS ACCUMULATED DEPRECIATION 0 792 KIM REMOTE LOCKS 0 3,250 LESS ACCUMULATED DEPRECIATION 0 3,250 KEY BOXES 0 1,523 LESS ACCUMULATED DEPRECIATION 0 1,523 KEY BOXES 0 1,523 LESS ACCUMULATED DEPRECIATION 0 1,521 KEY BOXES 0 1,504 LESS ACCUMULATED DEPRECIATION 0 1,411 69 KEY BOXES 0 1,524 LESS ACCUMULATED DEPRECIATION 0 1,519 20 KEY BOXES 0 1,741 LESS ACCUMULATED DEPRECIATION 0 1,736 30 KEY BOXES 0 2,611 LESS ACCUMULATED DEPRECIATION 0 2,522 100 KEY BOXES 0 8,642 LESS ACCUMULATED DEPRECIATION 0 7,825 50 KEY BOXES 0 5,474 LESS ACCUMULATED DEPRECIATION 0 5,019 25 KEY BOXES 0 2,899 LESS ACCUMULATED DEPRECIATION 0 2,562 25 KEY BOXES 0 2,468 LESS ACCUMULATED DEPRECIATION 0 2,186 20 KEY BOXES 0 1,938 LESS ACCUMULATED DEPRECIATION 0 1,765 122 KEY BOXES 0 12,034 LESS ACCUMULATED DEPRECIATION 0 9,947 50 KEY BOXES 0 4,928 LESS ACCUMULATED DEPRECIATION 0 4,708 25 KEY BOXES 0 2,466 LESS ACCUMULATED DEPRECIATION 0 2,356 25 KEY BOXES 0 2,466 LESS ACCUMULATED DEPRECIATION 0 2,301 50 KEY BOXES 0 2,466 LESS ACCUMULATED DEPRECIATION 0 2,301 25 KEY BOXES 0 4,842 LESS ACCUMULATED DEPRECIATION 0 4,517 OLD ASSETS 0 2,409 LESS ACCUMULATED DEPRECIATION 0 2,409 FILE CABINET 0 251 LESS ACCUMULATED DEPRECIATION 0 251 CHAIRS 0 297 LESS ACCUMULATED DEPRECIATION 0 297 FAX MACHINE 0 507 LESS ACCUMULATED DEPRECIATION 0 507 TV & VCR 0 249 LESS ACCUMULATED DEPRECIATION 0 249 SECURITY SYSTEM 0 434 LESS ACCUMULATED DEPRECIATION 0 385 8 60" FOLDING TABLES 0 1,631 LESS ACCUMULATED DEPRECIATION 0 1,446 48 STACK CHAIRS 0 1,356 LESS ACCUMULATED DEPRECIATION 0 1,201 SIGN - UNIVERAL IMA 0 996 LESS ACCUMULATED DEPRECIATION 0 882 REFRIGERATOR 0 299 LESS ACCUMULATED DEPRECIATION 0 265 PORTABLE PA SYSTEM 0 464 LESS ACCUMULATED DEPRECIATION 0 443 PARKING LOTS 0 25,595 LESS ACCUMULATED DEPRECIATION 0 25,595 BUILDING 0 103,972 LESS ACCUMULATED DEPRECIATION 0 45,882 DEPOSITS 1,075 785 TOTAL 1,075 65,041
FORM 990-EZ, PART II, LINE 26	UNSECURED NOTES AND LOANS PAYABLE 0 49,065
FORM 990-EZ, PART III, LINE 31	TO PROVIDE MULTIPLE LIST SERVICE AND NETWORKING OPPORTUNITIES FOR MEMBERSHIP IN GREATER GRAND LAKE AREA SERVES BETWEEN 50 AND 100 REALTORS AT ANY TIME

Form **4562**

Department of the Treasury
Internal Revenue Service (99)

Depreciation and Amortization
(Including Information on Listed Property)

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

OMB No 1545-0172

2013

Attachment
Sequence No **179**

Name(s) shown on return
NORTHEAST OK BOARD OF REALTORS INC

Business or activity to which this form relates
INDIRECT DEPRECIATION

Identifying number

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	500,000
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	2,000,000
4	Reduction in limitation Subtract line 3 from line 2 If zero or less, enter -0-	4	
5	Dollar limitation for tax year Subtract line 4 from line 1 If zero or less, enter -0- If married filing separately, see instructions	5	

6	(a) Description of property	(b) Cost (business use only)	(c) Elected cost	
7	Listed property Enter the amount from line 29	7		
8	Total elected cost of section 179 property Add amounts in column (c), lines 6 and 7	8		
9	Tentative deduction Enter the smaller of line 5 or line 8	9		
10	Carryover of disallowed deduction from line 13 of your 2012 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		
13	Carryover of disallowed deduction to 2014 Add lines 9 and 10, less line 12	13		

Note: Do not use Part II or Part III below for listed property. Instead, use Part V.

Part II Special Depreciation Allowance and Other Depreciation (Do not include listed property) (See instructions)

14	Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year (see instructions)	14	
15	Property subject to section 168(f)(1) election	15	
16	Other depreciation (including ACRS)	16	

Part III MACRS Depreciation (Do not include listed property.) (See instructions.)

Section A

17	MACRS deductions for assets placed in service in tax years beginning before 2013	17	7,142
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		

Section B—Assets Placed in Service During 2013 Tax Year Using the General Depreciation System

(a) Classification of property	(b) Month and year placed in service	(c) Basis for depreciation (business/investment use only—see instructions)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
19a 3-year property						
b 5-year property						
c 7-year property						
d 10-year property						
e 15-year property						
f 20-year property						
g 25-year property			25 yrs		S/L	
h Residential rental property			27 5 yrs	MM	S/L	
			27 5 yrs	MM	S/L	
i Nonresidential real property			39 yrs	MM	S/L	
				MM	S/L	

Section C—Assets Placed in Service During 2013 Tax Year Using the Alternative Depreciation System

20a 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	
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	7,142
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	

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? <input type="checkbox"/> Yes <input type="checkbox"/> No						24b If "Yes," is the evidence written? <input type="checkbox"/> Yes <input type="checkbox"/> No		
(a) Type of property (list vehicles first)	(b) Date placed in service	(c) Business/ investment use percentage	(d) Cost or other basis	(e) Basis for depreciation (business/investment use only)	(f) Recovery period	(g) Method/ Convention	(h) Depreciation/ deduction	(i) Elected section 179 cost
25Special 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								
		%						
		%						
		%						
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		
29 Add amounts in column (i), line 26 Enter here and on line 7, page 1							29	

Section B—Information on Use of Vehicles

Complete this section for vehicles used by a sole proprietor, partner, or other "more than 5% owner," or related person
If you provided vehicles to your employees, first answer the questions in Section C to see if you meet an exception to completing this section for those vehicles

30 Total business/investment miles driven during the year (do not include commuting miles)	(a) Vehicle 1		(b) Vehicle 2		(c) Vehicle 3		(d) Vehicle 4		(e) Vehicle 5		(f) Vehicle 6	
31 Total commuting miles driven during the year												
32 Total other personal(noncommuting) miles driven												
33 Total miles driven during the year Add lines 30 through 32												
34 Was the vehicle available for personal use during off-duty hours?	Yes	No	Yes	No	Yes	No	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 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 2013 tax year (see instructions)					
43 Amortization of costs that began before your 2013 tax year				43	
44 Total. Add amounts in column (f) See the instructions for where to report				44	

TY 2013 Compensation Explanation**Name:** NORTHEAST OK BOARD OF REALTORS INC**EIN:** 73-1154340

Person Name	Explanation
QUINTON DODD	
LESA DUFFIELD	
JIM TALBOT	
PAUL NORTHCUTT	
ERIN DAVIS	
JEFF SAVAGE	
BARBARA WOODALL	
ED JONES	
FRANK WEICHT	
RUTH ANN BARNHART	
LEE ANN WALKER	
CHUCK PERRY	
MARTHA SPRADLING	
ALISA BAKER	