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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 private foundations)

2013

Open to Public Inspection

Department of the Treasury

Do not enter Social Security numbers on this form as it may be made public.
 Information about Form 990 and its instructions is at www.irs.gov/form990

A For the 2013 calendar year, or tax year beginning and ending Check if C Name of organization D Employer identification number Address change MISSISSIPPI ASSOCIATION OF REALTORS, 64-0473679 Doing Business As ]!nitial return Number and street (or P.O. box if mail is not delivered to street address) Room/suite E Telephone number Termin-601-932-5241 P. O. BOX 321000 Amende return 2,081,368. City or town, state or province, country, and ZIP or foreign postal code G Gross receipts \$ Applica-tion FLOWOOD, MS 39232-1000 H(a) Is this a group return pendina F Name and address of principal officer BETH HANSEN Yes X No for subordinates? 4274 LAKELAND DRIVE, FLOWOOD, MS 39232 H(b) Are all subordinates included? Tax-exempt status: 501(c)(3)  $\times$  501(c)(6) (insert no.)If "No," attach a list (see instructions) J Website: ► WWW.MSREALTORS.ORG **H(c)** Group exemption number ▶ K Form of organization: X Corporation Other > Year of formation: 1956 M State of legal domicile; MS Part I Summary Briefly describe the organization's mission or most significant activities. EDUCATION AND INDOCTRINATION Activities & Governance Check this box I if the organization discontinued its operations or disposed of more than 25% of its net assets. 67 Number of voting members of the governing body (Part VI, line 1a) Number of independent voting members of the governing body (Part VI, line 1b) 11 Total number of individuals employed in calendar year 2013 (Part V, line 2a) 5 0 Total number of volunteers (estimate if necessary) 6 15,156. 7 a Total unrelated business revenue from Part VIII, column (C), line 12 7a Ō. b Net unrelated business taxable income from Form 990-T, line 34 **Prior Year Current Year** 864,435 868,304. Contributions and grants (Part VIII, line 1h) 486,222. 356.543. Program service revenue (Part VIII, line 2g) 83,262. 107,090. Investment income (Part VIII, column (A), lines 3, 4, and 7d) 10 20,588. 20,387. Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 11 324,828. 482,003. Total revenue - acomies of through 11 (must equal Part VIII, column (A), line 12) Grants and similar amounts paid (Part 1) column (A), lines 1-3)
Benefits ball to or for members (Part IX column (A), line 4)
Salaries, pure compensation, employee benefits (Part IX, column (A), lines 5-10) 0. 0. 14 657,540 664,297. 15 16a Professional fundraising fees (Part IX, on fun (A), line 11e) 0. b Total fundraising (A) Penales (Part IX, Column (D), line 25) 581,102. 634,619. Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 298,916. ,238,642. Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 86,186. 183,087. Revenue less expenses. Subtract line 18 from line 12 **Beginning of Current Year** >են **End of Year** 2,776,571 3,183,469. 20 Total assets (Part X, line 16) 353,646. 411,537. **321** Total liabilities (Part X, line 26) Net assets or fund balances. Subtract line 21 from line 20 2,422,925. 2,771,932 Part II Signature Block Under penalties of periury, 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 Signature of officer Sign BETH HANSEN, CHIEF EXEC OFFICER Here Type or print name and title PTIN Print/Type preparer's name Paid Preparer's signature/ LARRY D. MAY 11/04/14 LARRY D. MAY, P00737245 CPA self-employed CARR, Preparer Firm's name RIGGS & INGRAM, Firm's EIN 72-13<u>9662</u>1 Firm's address P. O. BOX 2418 Use Only Phone no. 601-853-7050 RIDGELAND, MS 39158-2418 X Yes May the IRS discuss this return with the preparer shown above? (see instructions)

Yes No Form **990** (2013)

	1 IV Checklist of Required Schedules	6/9	P	age 3
rai	try Checklist of Required Schedules		Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?	<u> </u>	163	NO
-	If "Yes," complete Schedule A	1		х
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2		X
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		Х
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	4		
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 for which donors have the right to			٠
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	_		<sub>•</sub>
_	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			х
	Schedule D, Part III	8		_
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, 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 temporarily restricted endowments, permanent	3		_ <u></u> _
	endowments, 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.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a	Х	
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? If "Yes," complete Schedule D, Part VII	11b	X	
С	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total			٠,,
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c	_	Х
a	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	444		х
_	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11d		X
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses	11e		
•	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	х	
12a				
	Schedule D, Parts XI and XII	12a		х
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 and XII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Х
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			v
46	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	46		х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,	16		<u> </u>
"	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines	- ' '	-	<del></del>
	1c and 8a? If "Yes," complete Schedule G, Part II	18		х
19	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

20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H

b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?

19

20a

	•		Yes	No
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		X
22	Did the organization report more than \$5,000 of grants or 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		X
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? If "Yes," complete Schedule J			х
240	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the	23		
<b>24</b> a	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No", go to line 25a	24a		х
h	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	2-70		
Ū	any tax-exempt bonds?	24c	]	
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
	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		
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	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or			
	former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If so,			
	complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial			
	contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member			7.7
00	of any of these persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV	^		
9	Instructions for applicable filing thresholds, conditions, and exceptions):  A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	200		x
	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a 28b		X
	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,	200		**
	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		x
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		X
31	Did the organization liquidate, terminate, or dissolve and cease operations?			
	If "Yes," complete Schedule N, Part I	31		_X
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		X
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		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and		<b>.</b>	
252	Part V, line 1  Did the organization have a controlled entity within the meaning of section 512(b)(13)?	34	_X	Х
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity	35a		
b	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?	330	<del>   </del>	
	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	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?			
	Note. All Form 990 filers are required to complete Schedule O	38	Х	
		Form	<b>990</b> (	2013)

Form 990 (2013) MISSISSIPPI ASSOCIATION OF REALTORS, INC
Part V Statements Regarding Other IRS Filings and Tax Compliance

	Check if Schedule O contains a response or note to any line in this Part V			<u> </u>
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 13			
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b 0			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c		
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 11			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	X	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?	За	X	
	If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule O	3b	X	
	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		X
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		X
ь	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
С	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c		
	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 as charitable contributions?	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).			
а	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?	7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required			
	to file Form 8282?	7c		
d	If "Yes," indicate the number of Forms 8282 filed during the year	,		
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		L
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	if the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
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		ļ
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the organization make any taxable distributions under section 4966?	9a		ļ
b	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:			
а	Initiation fees and capital contributions included on Part VIII, line 12			
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
11	Section 501(c)(12) organizations. Enter			
a	Gross income from members or shareholders 11a	1	1	
b	Gross income from other sources (Do not net amounts due or paid to other sources against			1
	amounts due or received from them)	40-		
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a	<del> </del>	<del> </del>
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	1		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	40-		-
а	Is the organization licensed to issue qualified health plans in more than one state?	13a	<del> </del>	<del>                                     </del>
	Note. See the instructions for additional information the organization must report on Schedule O			
þ	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  13b	1	1	
C		142	<del> </del>	x
	Did the organization receive any payments for indoor tanning services during the tax year?  If "Voc." has it filed a Form 720 to report these payments? If "No." provide an explanation in Schedule O.	14a		A
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b	990	(2013)

MISSISSIPPI ASSOCIATION OF REALTORS, INC 64-0473679 Form 990 (2013) Part VI 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. [X]Check if Schedule O contains a response or note to any line in this Part VI Section A. Governing Body and Management Yes No 67 1a Enter the number of voting members of the governing body at the end of the tax year 1a If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O. 67 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 X officer, director, trustee, or key employee? Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person? 4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? Did the organization become aware during the year of a significant diversion of the organization's assets? 5 X 6 Did the organization have members or stockholders? 6 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or X more members of the governing body? 7a b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or X persons other than the governing body? 7b Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: X a The governing body? 8a X 8b **b** Each committee with authority to act on behalf of the governing body? Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the X organization's mailing address? If "Yes," provide the names and addresses in Schedule O 9 Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) Yes No 10a X 10a Did the organization have local chapters, branches, or affiliates? b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? 10b X 11a 11a Has the organization provided a complete 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. Х 12a Did the organization have a written conflict of interest policy? If "No," go to line 13 12a X b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? 12b c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done 12c Х X 13 13 Did the organization have a written whistleblower policy? X 14 Did the organization have a written document retention and destruction policy? 14 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? X a The organization's CEO, Executive Director, or top management official 15a X 15b Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions) 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a X taxable entity during the year? 16a b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? 16b Section C. Disclosure NONE List the states with which a copy of this Form 990 is required to be filed 17 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available 18 for public inspection. Indicate how you made these available. Check all that apply X Upon request Other (explain in Schedule O) \_\_ Another's website Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.

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

39232

BETH HANSEN - 601-932-9325

4274 LAKELAND DRIVE, FLOWOOD, MS

Form	aan	(2013)	

MISSISSIPPI ASSOCIATION OF REALTORS, INC

64-0473679

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

Check if Schedule O contains a response or note to any line in this Part VII

Section A.	Officers, Directors,	Trustees. Ke	v Employees.	and Highest Com	pensated 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

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

Check this box if neither the organization							ensated any current officer, director, or trustee				
(A)	(B)	(C)						(D)	(E)	(F)	
Name and Title	Average	(do	not c	Position ot check more than one				Reportable	Reportable	Estimated	
	hours per	box, unless person is both an officer and a director/trustee)			s bot	han tee)	compensation	compensation	amount of		
	week	-	- CO			,,,,,,		from	from related	other	
	(list any	lec S						the	organizations	compensation	
	hours for	0	ぉ			ated		organization (W-2/1099-MISC)	(W-2/1099-MISC)	from the	
	related	ste	Institutional trustee		eg.	ben		(W-2/1099-W15C)		organization and related	
	organizations below	쿌	gonal		ploy	e tc				organizations	
	line)	individual trustee or director	ıstıtı	Officer	Key employee	Highest compensated employee	Former			Organization3	
(1) SEE ATTACHED	0.00	=	=	0	Ť	I S	-	-			
BOARD OF DIRECTORS		1						0.	0.	0.	
(2) BETH HANSEN	40.00	· · · ·									
CEO		1						97,256.	0.	0.	
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	. (A) Name and title	(B) Average hours per week	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)					h an	( <b>D)</b> Reportable compensation from	(E) Reportable compensation from related		am	(F) timate nount other	
		(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Кеу етріоуее	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MIS	ns compensation		e ion ed	
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			_						05.05.6					
	Sub-total								97,256.		0.			0.
	Total from continuation sheets to Part Total (add lines 1b and 1c)	VII, Section A							97,256.		0.			0.
2	Total number of individuals (including bu	t not limited to th	nose	liste	ed al	bov	e) wi	no r	· · · · · · · · · · · · · · · · · · ·	0,000 of reportable	<b>-</b>			
	compensation from the organization												Yes	No
3	Did the organization list any <b>former</b> office	er, director, or tri	uste	e. ke	ev er	nolo	ovee	. or	highest compensated e	mplovee on	Γ		163	140
	line 1a? If "Yes," complete Schedule J fo			o,	,,	٠.٠	.,	, .	g		L	3		х
4	For any individual listed on line 1a, is the									the organization				x
5	and related organizations greater than \$ Did any person listed on line 1a receive									idual for services	ŀ	4		<u> </u>
	rendered to the organization? If "Yes," c	•					•					5		X
Sec	tion B. Independent Contractors													
1	Complete this table for your five highest the organization. Report compensation is										pens	ation f	rom	
	(A)	or trie calcindary	cai	Cilui	iig v	VICII	O1 V		(B)	year.		(0	<del></del>	
	Name and busine	ess address	N	INC	E			_	Description of s	services	C	ompe	nsatio	n
					-			$\neg$						
		_						_						
		<del></del>						$\dashv$	<del>-</del>					
					_			_						
	Total number of independent contractor								<del> </del>	<del></del>				

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<u> </u>			Check if Schedule O cont	tains a response	or note to any lin	e in this Part VIII			
			Shock if Contradic C Cont	u 100p01136	S. Hoto to any III	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
Contributions, Gifts, Grants and Other Similar Amounts	ı	b	Federated campaigns Membership dues Fundraising events	1a 1b 1c	868,304.				
a ii			Related organizations	1d					
S,E			Government grants (contribut						
ig is			All other contributions, gifts, gran	· -					
語			similar amounts not included abo						
퉏잌		g	Noncash contributions included in lines	s 1a-1f \$					
ဒိုင်		h	Total. Add lines 1a-1f		<u> </u>	868,304.			
					Business Code				
9	2		TUITION, EDUCAT	I & MOIT	541900	401,350.	401,350.		
و چُ		b	OTHER INCOME		900099	84,872.	84,872.		
Program Service Revenue		С							
e a		d							
δ <sub></sub>		е					=		
<u>a</u>		f	All other program service reve	enue			<u></u>		
		g	Total. Add lines 2a-2f		<u> </u>	486,222.			·
	3		Investment income (including	ı dıvıdends, ıntere	est, and	26 225	26 225		
			other similar amounts)			26,905.	26,905.		
	4		Income from investment of ta	x-exempt bond p	proceeds				
	5		Royalties						
	_			(i) Real 5,231.	(ii) Personal				
	6		Gross rents	0.		×			
			Less rental expenses	5,231.					
			Rental income or (loss)	3,231.		5,231.			5,231.
			Net rental income or (loss) Gross amount from sales of	(i) Consumtion		3,231.			3,231.
	′	а	assets other than inventory	(i) Securities 679,550.	(II) Other				
		h	Less cost or other basis	0,7,330.					
		U	and sales expenses	599,365.					
		_	Gain or (loss)	80,185.					
			Net gain or (loss)	-	<b>•</b>	80,185.			80,185.
ø			Gross income from fundraisir	ng events (not					
Ž			including \$	of					
eve			contributions reported on line	= 1c). See					
<u>}</u> ;			Part IV, line 18	а					
Other Revenu		b	Less direct expenses	b					
Ų		С	Net income or (loss) from fun	draising events					
	9	а	Gross income from gaming a	ctivities See					
			Part IV, line 19	а					
	1		Less direct expenses	b					
			Net income or (loss) from gar	-	<u> </u>				
	10	а	Gross sales of inventory, less	s returns					
			and allowances	a					
			Less. cost of goods sold	b					
	_	С	Net income or (loss) from sale		5 0 1			· · · · · · · · · · · · · · · · · · ·	<u></u>
	-	_	Miscellaneous Reveni	ue	Business Code 531390	15,156.		15,156.	
	11		MEMORETTER	<del>.</del>	331390	13,136.		13,130.	
		b				<del></del>			<del> </del>
		q	All other revenue						
		u P	Total. Add lines 11a-11d			15,156.			<del> </del> -
	12	J	Total revenue. See instructions.			1,482,003.	513,127.	15,156.	85,416.
33200 10-29		_			<u> </u>	<u> </u>			Form <b>990</b> (2013)

### Part IX Statement of Functional Expenses

Secu	on 501(c)(3) and 501(c)(4) organizations must com			ompiete column (A)	<del> </del>
	Check if Schedule O contains a respon		this Part IX	. (6)	
	not include amounts reported on lines 6b, Bb, 9b, and 10b of Part VIII	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	<b>(D)</b> Fundraising expenses
1	Grants and other assistance to governments and	·			
	organizations in the United States. See Part IV, line 21				
2	Grants and other assistance to individuals in				
_	the United States See Part IV, line 22			,	
3	Grants and other assistance to governments,				
3	_				
	organizations, and individuals outside the				
	United States. See Part IV, lines 15 and 16			<u> </u>	
4	Benefits paid to or for members			<u> </u>	<u></u>
5	Compensation of current officers, directors,				
	trustees, and key employees				
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	664,297.	<del> </del>		
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits .				
10	Payroll taxes				
11	Fees for services (non-employees):				
а	Management .				
b	Legal				
С	Accounting	11,000.			
d	Lobbying				
е	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25,				-
•	column (A) amount, list line 11g expenses on Sch O.)				
12	Advertising and promotion	21,440.			
13	Office expenses	27,705.			
14	Information technology	52,063.			
15	Royalties	-			
16	Occupancy	66,441.			
17	Travel	66,395.			
18	Payments of travel or entertainment expenses	·			
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	190,079.			
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	38,711.			
23	Insurance	7,796.			
24	Other expenses. Itemize expenses not covered	.,			
	above. (List miscellaneous expenses in line 24e. If line)				
	24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
а	OTHER PROFESSIONAL FEES	42,886.			
h	OTHER EXPENSES	32,694.			<del></del>
	MERCHANT FEES	18,402.			
ن	TELEPHONE	14,838.	<u> </u>		
u ^	All other expenses	44,169.		<del></del>	
	Total functional expenses. Add lines 1 through 24e	1,298,916.		<del> </del>	
<u>25</u> 26	Joint costs. Complete this line only if the organization	1,250,510.			
20	reported in column (B) joint costs from a combined	ļ			
	educational campaign and fundraising solicitation.				
	Check here				

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Form 990 (2013)
Part X | Balance Sheet

Part X	^	Balance Sneet					
		Check if Schedule O contains a response or not	te to any line in	this Part X			
					(A) Beginning of year		(B) End of year
1	1	Cash - non-interest-bearing	-		274.	1	214
2	2	Savings and temporary cash investments		. [	717,441.	2	889,055
3	3	Pledges and grants receivable, net				3	
4	4	Accounts receivable, net	. [	11,261.	4	4,572	
5	5	Loans and other receivables from current and fo	ormer officers, d	lirectors,			
		trustees, key employees, and highest compensation	ated employees	Complete			
		Part II of Schedule L				5	
ε	6	Loans and other receivables from other disquali	fied persons (as	s defined under			,
		section 4958(f)(1)), persons described in section	n 4958(c)(3)(B), a	and contributing	,		
		employers and sponsoring organizations of sect	tion 501(c)(9) vo	oluntary			
2		employees' beneficiary organizations (see instr).	. Complete Part	II of Sch L.		6	
7	7	Notes and loans receivable, net			7		
<b>΄</b>   ε	8	Inventories for sale or use			14,803.	8	15,458
9	9	Prepaid expenses and deferred charges		1		9	
10	0a	Land, buildings, and equipment: cost or other	1 1 .				,
		basis Complete Part VI of Schedule D	10a 1	,894,312. 878,046.	* * * * * * * * * * * * * * * * * * * *		•
	b	Less: accumulated depreciation	10b	878,046.	1,042,588.	10c	1,016,266
11	1	Investments - publicly traded securities		1		11	
12	2	Investments - other securities. See Part IV, line 1	1	990,204.	12	1,257,904	
13	3	Investments - program-related. See Part IV, line	Ţ		13		
14	4	Intangible assets			14		
15	5	Other assets. See Part IV, line 11			15		
16	6	Total assets. Add lines 1 through 15 (must equ	al line 34)		2,776,571.	16	3,183,469
17	7	Accounts payable and accrued expenses	1	68,714.	17	78,181	
18		Grants payable	-	004 000	18		
19		Deferred revenue			284,932.	19	333,356
20		Tax-exempt bond liabilities				20	
21		Escrow or custodial account liability. Complete I		-		21	
g   22	2	Loans and other payables to current and former	•	· · · · · · · · · · · · · · · · · · ·	v		•
Ĭ		key employees, highest compensated employee	es, and disqualif	fied persons			/*
	_	Complete Part II of Schedule L		ļ.		22	
23		Secured mortgages and notes payable to unrela	•	s		23	
24		Unsecured notes and loans payable to unrelate	•		<del></del> "	24	
25	5	Other liabilities (including federal income tax, pa					
		parties, and other liabilities not included on lines	s 17-24). Comple	ete Part X of			
0.6	•	Schedule D		}	353,646.	25	411,537
26	<u> </u>	Total liabilities. Add lines 17 through 25 Organizations that follow SFAS 117 (ASC 958	N abaak bara	► X and	333,040.	26	411,337
,		complete lines 27 through 29, and lines 33 an	•	and			
Net Assets or Fund Balances 32 33 33 33 33 33 33 33 33 33 33 33 33	7	Unrestricted net assets	iu 34.		2,396,427.	27	2,746,045
g   27		Temporarily restricted net assets		-	26,498.	28	25,887
29		Permanently restricted net assets		-	20,450.	29	23,007
	9	Organizations that do not follow SFAS 117 (A	SC 059) shock	, boro		29	
-		and complete lines 30 through 34.	130 930), CHECK	Tilere P			
2 30	n	Capital stock or trust principal, or current funds				30	
31		Paid-in or capital surplus, or land, building, or ed		}	······	31	
( 32 ( 32		Retained earnings, endowment, accumulated in		funds -		32	
2 33 2 33		Total net assets or fund balances	icome, or other	iuiius	2,422,925.	33	2,771,932
34		Total liabilities and net assets/fund balances		}	2,776,571.	34	3,183,469
		Total nabilities and flet assets/fully palatices			2,1,0,3,11	J#	Form <b>990</b> (201)

orm	n 990 (2013) MISSISSIPPI ASSOCIATION OF REALTORS, INC	64-04	73679	Pa	ge <b>12</b>
Pa	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				X
1	Total revenue (must equal Part VIII, column (A), line 12)	1	1,48		
2	Total expenses (must equal Part IX, column (A), line 25)	2	1,29		
3	Revenue less expenses Subtract line 2 from line 1	3			87.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	2,42		
5	Net unrealized gains (losses) on investments	5	16	5,9	19.
6	Donated services and use of facilities	6			
7	Investment expenses .	7			
8	Prior period adjustments	8		·	
9	Other changes in net assets or fund balances (explain in Schedule O)	9			1.
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33,				
	column (B))	10	2,77	1,9	32.
Pa	rt XII Financial Statements and Reporting				_
_	Check if Schedule O contains a response or note to any line in this Part XII .				<u> </u>
				Yes	No
1	Accounting method used to prepare the Form 990: Lash La Accrual Lother				ĺ
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	0			İ
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a	X	<u> </u>
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	l on a			
	separate basis, consolidated basis, or both:		`	, ,	
	Separate basis X Consolidated basis Both consolidated and separate basis				,
b	Were the organization's financial statements audited by an independent accountant?		2b		X
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separat	e basis,			
	consolidated basis, or both.		ľ		
	Separate basis Consolidated basis Both consolidated and separate basis				
C	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	e audıt,	<i>/</i>		
	review, or compilation of its financial statements and selection of an independent accountant?		2c		X
	If the organization changed either its oversight process or selection process during the tax year, explain in Scho				. , .
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sir	ngle Audıt			
	Act and OMB Circular A-133?		3a		X
þ	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requ	red audit			
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits		3b		

Form **990** (2013)

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

Department of the Treasury Internal Revenue Service

#### **Political Campaign and Lobbying Activities**

For Organizations Exempt From Income Tax Under section 501(c) and section 527

Complete if the organization is described below.
 Attach to Form 990 or Form 990-EZ.
 See separate instructions.
 Information about Schedule C (Form 990 or 990-EZ) and its

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

2013

Open to Public Inspection

If the organization answered "Yes," to Form 990, Part IV, line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then

- Section 501(c)(3) organizations Complete Parts I-A and B. Do not complete Part I-C
- Section 501(c) (other than section 501(c)(3)) organizations: Complete Parts I-A and C below. Do not complete Part I-B.
- Section 527 organizations Complete Part I-A only.

If the organization answered "Yes," to Form 990, Part IV, line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)): Complete Part II-A. Do not complete Part II-B
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)). Complete Part II-B. Do not complete Part II-A

If the organization answered "Yes," to Form 990, Part IV, line 5 (Proxy Tax) or Form 990-EZ, Part V, line 35c (Proxy Tax), then

• :	Section 501(c)(4), (5), or (6) organiza	tions. Complete Part III.			
	ne of organization				oloyer identification number
		IPPI ASSOCIATION			64-0473679
Pa	irt I-A Complete if the org	janization is exempt und	ler section 501(c)	or is a section 527	organization.
2	Provide a description of the organize Political expenditures Volunteer hours	ration's direct and indirect politic	al campaign activities	ın Part IV ▶	\$
Pa	rt I-B Complete if the org	janization is exempt und	ler section 501(c)	(3).	
1	Enter the amount of any excise tax	incurred by the organization und	der section 4955	<b>&gt;</b>	\$
2	Enter the amount of any excise tax	incurred by organization managi	ers under section 4955	5	\$
3	If the organization incurred a section	n 4955 tax, did it file Form 4720	for this year?		Yes No
4a	Was a correction made?				. Yes No
	If "Yes," describe in Part IV.				
Pa	art I-C Complete if the org	ganization is exempt und	ler section 501(c)	, except section 50	(c)(3).
1	Enter the amount directly expended	d by the filing organization for se	ction 527 exempt fund	tion activities	\$
2	Enter the amount of the filing organ	ization's funds contributed to ot	her organizations for s	ection 527	
	exempt function activities			•	\$
3	Total exempt function expenditures	s. Add lines 1 and 2. Enter here a	and on Form 1120-POL		
	line 17b			•	· <del></del>
	Did the filing organization file Form				└─ Yes └─ No
5	Enter the names, addresses and er made payments. For each organiza contributions received that were propolitical action committee (PAC) If	ation listed, enter the amount pai comptly and directly delivered to	d from the filing organi a separate political org	zation's funds. Also enter ganization, such as a sepa	the amount of political
	(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds If none, enter 0	contributions received and

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

Schedule C (Form 990 or 990-EZ) 2013

Schedule C (Form 990 or 990-EZ) 2013 1 Part II-A Complete if the org	MISSISSIPP	ASSOCIATIO	N OF REALTO	RS, IN 64-0	1473679 Page 2
(election under sec		impt under sectio	n sor(c)(s) and m	ea Form 5706	
<del></del>		filiated group (and list in	Part IV each affiliated	group member's nar	ne, address, EIN,
expenses, and share				•	, ,
	, ,	and "limited control" pro	visions apply.		
Limit	s on Lobbying Expe			(a) Filing organization's totals	(b) Affiliated group totals
1a Total lobbying expenditures to influ	ence public opinion	(grass roots lobbying)			
<b>b</b> Total lobbying expenditures to influ	ence a legislative bo	dy (direct lobbying)	Ī		
c Total lobbying expenditures (add lii	<u> </u>	, , , ,			
d Other exempt purpose expenditure	•				
e Total exempt purpose expenditures	•	d)	ľ		
f Lobbying nontaxable amount Ente	,	•	h columns		
If the amount on line 1e, column (a) o		obying nontaxable am			>>
Not over \$500,000	<u> </u>	f the amount on line 1e			1
	· · • •	· · · · · · · · · · · · · · · · · · ·		,	*
Over \$500,000 but not over \$1,000		00 plus 15% of the exc		>	
Over \$1,000,000 but not over \$1,50		00 plus 10% of the exc			
Over \$1,500,000 but not over \$17,		00 plus 5% of the exce	ss over \$1,500,000.	, , ,	>` *,
Over \$17,000,000	\$1,000	,000.		· "	, , , , , ,
				`	<u> </u>
g Grassroots nontaxable amount (en					
h Subtract line 1g from line 1a If zero	or less, enter -0-				
i Subtract line 1f from line 1c. If zero	or less, enter -0-		Į		
j If there is an amount other than zei	o on either line 1h o	r line 1i, did the organiz	ation file Form 4720	,	
reporting section 4911 tax for this	/ear?				Yes No
	ations that made a	eraging Period Under section 501(h) election he instructions for line	n do not have to comp		
	Lobbying Expe	enditures During 4-Yea	ar Averaging Period		
Calendar year (or fiscal year beginning in)	(a) 2010	<b>(b)</b> 2011	(c) 2012	<b>(d)</b> 2013	(e) Total
2a Lobbying nontaxable amount					
b Lobbying ceiling amount					1
(150% of line 2a, column(e))	/ 🕏				
c Total lobbying expenditures					
d Grassroots nontaxable amount					
e Grassroots ceiling amount (150% of line 2d, column (e))	*			¢	
f. Crassroots labbung overanditures					

Schedule C (Form 990 or 990-EZ) 2013

Schedule C (Form 990 or 990-EZ) 2013 MISSISSIPPI ASSOCIATION OF REALTORS, IN 64-0473679 Page 3

Part II-B Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).

For each "Yes," response to lines 1a through 1i below, provide in Part IV a detailed description	(a) Yes No		<u>)                                    </u>	
of the lobbying activity	No	Amo	ount	
During the year, did the filing organization attempt to influence foreign, national, state or				
local legislation, including any attempt to influence public opinion on a legislative matter				
or referendum, through the use of				
a Volunteers?				
b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?				
c Media advertisements?				
d Mailings to members, legislators, or the public?				
e Publications, or published or broadcast statements?				
f Grants to other organizations for lobbying purposes?				
g Direct contact with legislators, their staffs, government officials, or a legislative body?				
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?				
i Other activities?				
j Total. Add lines 1c through 1i				
2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?				
<b>b</b> If "Yes," enter the amount of any tax incurred under section 4912				
c If "Yes," enter the amount of any tax incurred by organization managers under section 4912				
d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?				
Part III-A Complete if the organization is exempt under section 501(c)(4), se	ction 501(c)	(5), or se	ction	
501(c)(6).		1	Yes	No
			162	No X
1 Were substantially all (90% or more) dues received nondeductible by members?		1		X
2 Did the organization make only in-house lobbying expenditures of \$2,000 or less?		2		$\frac{\lambda}{X}$
3 Did the organization agree to carry over lobbying and political expenditures from the prior year?  Part III-B Complete if the organization is exempt under section 501(c)(4), se	ction 501(c)	(5) or se	ction	
501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answer				ne 3 is
answered "Yes."	ica 110, O	i (b) i ai	· //,	10 0, 10
Dues, assessments and similar amounts from members		1	868	3,304.
2 Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of p	olitical			
expenses for which the section 527(f) tax was paid).				
a Current year		2a	51	7,043.
<b>b</b> Carryover from last year		2b	<b>\</b>	5,134.
c Total		2c	5.	L,909.
3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) due	S	3	58	3,709.
4 If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the				
does the organization agree to carryover to the reasonable estimate of nondeductible lobbying a				
expenditure next year?	•	4		
5 Taxable amount of lobbying and political expenditures (see instructions)		5	<(	5,800.
Part IV   Supplemental Information	•			
Provide the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5; Part II-A (affiliated g	roup list), Part I	I-A, line 2, a	nd Part II-E	3, line 1.
Also, complete this part for any additional information.				
PART I-A, LINE 1:				
EXPLANATION: THE MISSISSIPPI ASSOCIATION OF REALTOR	S HAS A	REGIS	TERED	
TODDUTED THE CONTINUENCE OF THE ACCOUNT ON LA	TRATAL	. <i></i>	3.370	
LOBBYIST WHO, IN CONJUNCTION WITH THE ASSOCIATION'S	LEGISLA	ATIVE	AND	
REGULATORY AFFAIRS COMMITTEE, DIRECTS THE ASSOCIATION	ON'S PO	LICIES	AND	
OBJECTIVES INVOLVING MATTERS OF GOVERNMENT AND REGU	LATIONS	, ANAL	YZES	
PROPOSED LEGISLATIVE ACTIONS AND DETERMINES THE POT	ENTTAL.	IMPACT	וידי מס	HE

Schedule C (Form 990 or 990-EZ) 2013 MISSISSIPPI ASSOCIATION OF REALTORS, IN 64-0473679 Page 4  Part IV   Supplemental Information (continued)
ASSOCIATION, MONITORS LEGISLATIVE AND REGULATORY ACTIVITIES AND
DEVÈLOPS ASSOCIATION POSITIONS.

#### SCHEDULE D

(Form 990)

Department of the Treasury Internal Revenue Service

#### Supplemental Financial Statements

Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. Attach to Form 990.

Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990

OMB No 1545-0047 Open to Public

Inspection

Name of the organization

MISSISSIPPI ASSOCIATION OF REALTORS. INC Employer identification number 64-0473679

Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the Part I organization answered "Yes" to Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts 1 Total number at end of year Aggregate contributions to (during year) 2 3 Aggregate grants from (during year) Aggregate value at end of year Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7 Purpose(s) of conservation easements held by the organization (check all that apply). Preservation of land for public use (e.g., recreation or education) Preservation of an historically important land area Protection of natural habitat Preservation of a certified historic structure Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year. Held at the End of the Tax Year a Total number of conservation easements 2a Total acreage restricted by conservation easements 2b Number of conservation easements on a certified historic structure included in (a) 2c Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register 3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year > Number of states where property subject to conservation easement is located Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year > \$ Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" to Form 990, Part IV, line 8 1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items (i) Revenues included in Form 990, Part VIII, line 1 (ii) Assets included in Form 990, Part X If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items a Revenues included in Form 990, Part VIII, line 1 b Assets included in Form 990, Part X

		Collections of A			<del></del>				/36/9	
	<u> </u>									
3	Using the organization's acquisition, accession	on, and other record	ds, check	any of the	following that are	a signi	ficant use	of its	collection	items
	(check all that apply)									
а	Public exhibition	C			hange programs					
b	Scholarly research	€	, (	Other						
С	Preservation for future generations									
4	Provide a description of the organization's co							ın Part	XIII	
5	During the year, did the organization solicit or					ıılar as	sets	_	1	
	to be sold to raise funds rather than to be ma								Yes	No_
Par	t IV Escrow and Custodial Arrang reported an amount on Form 990, Par		ete if the	organizatio	n answered "Yes"	to For	m 990, Pa	ırt IV, lı	ne 9, or	
1a	Is the organization an agent, trustee, custodi	an or other intermed	diary for d	contribution	s or other assets i	not inc	luded			
	on Form 990, Part X?								Yes	☐ No
b	If "Yes," explain the arrangement in Part XIII	and complete the fo	ollowing to	able:						
	· · ·		_			[		-	Amount	
С	Beginning balance					Ī	1c			
d	Additions during the year					Ī	1d			
е	Distributions during the year					Ì	1e			
f	Ending balance					Ì	1f		-	
2a	Did the organization include an amount on Fo	orm 990, Part X, line	21?			•	-		Yes	No
b	If "Yes," explain the arrangement in Part XIII.	Check here if the e	xplanatio	n has been	provided in Part X	311				
Pai										
		(a) Current year	<b>(b)</b> Pr	or year	(c) Two years back	(d)	Three years	back	(e) Four y	ears back
1a	Beginning of year balance			•					···	
	Contributions						_			
С	Net investment earnings, gains, and losses									
d	Grants or scholarships									
е	Other expenditures for facilities					1				
	and programs									
f	Administrative expenses									
g	End of year balance					T				
2	Provide the estimated percentage of the curr	ent vear end baland	ce (line 1c	ı. column (a	ı)) held as:					
а	Board designated or quasi-endowment	•	%	,,	,,					
b	Permanent endowment	%	_							
С		<del></del> %								
	The percentages in lines 2a, 2b, and 2c shou	ild equal 100%.								
За	Are there endowment funds not in the posse	•	ation that	t are held a	nd administered fo	or the c	rganizatio	าก		
	by	J					<b>J</b>		Γ¥	es No
	(i) unrelated organizations								3a(i)	
	(ii) related organizations								3a(ii)	
b	If "Yes" to 3a(ii), are the related organizations	listed as required of	on Sched	ule R?					3b	
4	Describe in Part XIII the intended uses of the	organization's endo	owment f	unds						
Pai	rt VI Land, Buildings, and Equipm				<del>.</del>					
	Complete if the organization answered	d "Yes" to Form 990	), Part IV,	line 11a. S	ee Form 990, Part	X, line	10			
	Description of property	(a) Cost or c		(b) Cost			nulated	T	(d) Book	value
		basis (investi	ment)	basis		depred			(-,	
1a	Land	295,	432.						295	,432.
	Buildings	1,235,				53	5,073			,605.
	Leasehold improvements				<del></del>				<u></u>	
	Equipment	363,	202.			34	2,973	•	20	,229.
	Other									
	I. Add lines 1a through 1e (Column (d) must e	qual Form 990, Part	X, colum	n (B), line 1	0(c).)		<b></b>		1,016	,266.

Schedule D (Form 990) 2013

Schedule	D (Form 990	2013	MISSIS	SIPPI	ASSOCIATION NO.	ON C	F REALTOR	RS, I	INC	64-	0473679	Page 3
Part V	I Investn	nents -	Other Secur	ities.								
					to Form 990, Part IV	, line 11						
(a) Desc	ription of secui	rity or cate	gory (including name	of security)	(b) Book value		(c) Method of	valuatioi	n: Cost	or end-o	f-year market	/alue
(1) Finan	cial derivative	es										
(2) Close	ly-held equity	/ interest	s	l								
(3) Other							<u> </u>					
(A) V	ARIOUS	CORE	PORATE ST	OCKS	1,257,9	04.	END-OF-	YEAR	MAR	KET '	VALUE	
(B)												
(C)	<del></del>				<del> </del>							
(D)					- <del>· · · · · · · · · · · · · · · · · · · </del>							
<u>(E)</u>				-								
<u>(F)</u>												<del></del>
(G)					<del></del>							
(H)	(b) must one	al Form 00	O Part V and (P) in	no 12 \	1,257,9	0.4				,	<u> </u>	
			0, Part X, col. (B) le Program Re		1,231,3	04.						<del></del>
T dit Vi			_		to Form 990, Part IV,	lino 11	10 Coo Form 000	Dovt V	lina 10			
			ganization answe f investment	reu res	(b) Book value	inte i	(c) Method of			or end-o	f-vear market v	/alue
(1)	(,				(4) - 101 (14)		(0)			0. 0.10 0	. your market	
(2)						o			-			
(3)			· · ·									
(4)												
(5)		•										
(6)												
(7)												
(8)												
(9)												
			0, Part X, col. (B) li	ne 13.) 🖊						2		
Part IX	Other A	Assets.										
	Complete	of the or	ganızatıon answe		to Form 990, Part IV	, line 11	ld. See Form 990.	Part X,	lıne 15.			
				(a) I	Description						(b) Book va	lue
(1)												
(2)		<del> </del>										
(3)			<del></del>					_				
(4)					<u> </u>		<del> </del>					
(5)												
<u>(6)</u> (7)		<del></del>										
(8)												
(9)												<del></del>
	olumn (b) mus	st equal F	orm 990, Part X,	col. (B) line	9 15 )							
Part X				<u>-</u>							•	
	ب Complete	e if the or	ganization answe	red "Yes"	to Form 990, Part IV	line 11	le or 11f. See For	m 990, F	art X, I	ne 25		
1.			Description of liab				) Book value	T				·
	ederal incom	e taxes			•	-		1		`		
(2)								7	× .			
(3)												
(4)				_								•
(5)												
(6)								_				
(7)								_				
(8)	·						–	_				
(9)								4				
Total. (Co	olumn (b) mus	st equal F	orm 990, Part X,	col (B) line	25.)							

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII.

	dule D (Form 990) 2013 MISSISSIPPI ASSOCIATION OF	REALTORS	, INC	04-0	473679	Page 4
Pai	t XI Reconciliation of Revenue per Audited Financial Stateme	nts With Reve	nue per R	leturn.	•	
	Complete if the organization answered "Yes" to Form 990, Part IV, line 12a					
1	Total revenue, gains, and other support per audited financial statements			1	1,635,	060.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12					
а	Net unrealized gains on investments	2a   10	65,919.			
b	Donated services and use of facilities	2b		]		
С	Recoveries of prior year grants	2c		1		
d	Other (Describe in Part XIII)	2d	1.	]		
е	Add lines 2a through 2d			2e	165,	920.
3	Subtract line 2e from line 1			3	1,469,	140.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:					
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a	13,474.			
b	Other (Describe in Part XIII)	4b	<611.	<b>&gt;</b>		
С	Add lines 4a and 4b			4c	12,	863.
5	Total revenue. Add lines 3 and 4c, (This must equal Form 990, Part I, line 12)			5	1,482,	003.
Pa	rt XII Reconciliation of Expenses per Audited Financial Statem	ents With Exp	enses per	Retur	n.	
	Complete if the organization answered "Yes" to Form 990, Part IV, line 12a					
1	Total expenses and losses per audited financial statements			1	1,285,	442.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:					_
а	Donated services and use of facilities	2a				
b	Prior year adjustments	2b		1		
С	Other losses	2c		1		
d	Other (Describe in Part XIII.)	2d		1		
е	Add lines 2a through 2d		• •	2e		0.
3	Subtract line 2e from line 1			3	1,285,	442.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:					
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a	13,474.			
b	Other (Describe in Part XIII )	4b		1		
С	Add lines 4a and 4b			4c	13,	474.
5						
•	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)			5	1,298,	916.
	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)  rt XIII Supplemental Information.			5	1,298,	916.
Pa		IV, lines 1b and 2b	o, Part V, line			
<b>Pa</b> Prov	rt XIII Supplemental Information.					
<b>Pa</b> Prov	rt XIII Supplemental Information.  Ide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part					
<b>Pa</b> Prov	rt XIII Supplemental Information.  Ide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part					
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Schedul	e D (Form	990) 2013 <b>plement</b>	-11-6		MISSIS	SSIPPI	ASSOC	IATION	OF	REALTORS,	INC64-0473	679	Page 5
Part A	ııı   Sup	plement	ai inte	orm	iation (co	ntinued)			-				
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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 990-EZ 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.

2013
Open to Rublic

Open to Public Inspection

Employer identification number Name of the organization MISSISSIPPI ASSOCIATION OF REALTORS, INC 64-0473679 FORM 990, PART III, LINE 4C, PROGRAM SERVICE ACCOMPLISHMENTS: NEWSLETTERS AND A SERIES OF MONTHLY WEBINARS FOR BROKERS, ROOKIES AND THE MEMBERSHIP AS A WHOLE. SOME OF THESE ARE SPONSORED. THE PURPOSE OF THESE ELECTRONIC OUTREACH TOOLS IS TO ENGAGE THE MEMBERS IN A DIALOGUE ABOUT TIMELY TOPICS OF INTEREST AND TO PROVIDE RELEVANT INFORMATION AND SERVICE. FORM 990, PART VI, SECTION A, LINE 6: EXPLANATION: THE ORGANIZATION HAS MEMBERS. FORM 990, PART VI, SECTION A, LINE 7A: EXPLANATION: MEMBERS ELECT OFFICERS. FORM 990, PART VI, SECTION A, LINE 7B: EXPLANATION: MEMBERS MUST APPROVE CHANGES TO THE BYLAWS ONLY. FORM 990, PART VI, SECTION B, LINE 11: EXPLANATION: THE 990 IS REVIEWED BY THE ORGANIZATION'S CONTROLLER AND EXECUTIVE COMMITTEE BEFORE FILING. FORM 990, PART VI, SECTION B, LINE 15: EXPLANATION: SALARY FOR THE CEO IS SET BY A THREE MEMBER EXECUTIVE EMPLOYMENT COMMITTEE COMPRISED OF THE IMMEDIATE PAST PRESIDENT, CURRENT PRESIDENT AND PRESIDENT-ELECT OF THE ASSOCIATION. THE COMMITTEE USES PERFORMANCE GOALS, COMPENSATION/SALARY SURVEYS FROM INDEPENDENT GROUPS

INCLUDING THE AMERICAN SOCIETY OF ASSOCIATION EXECUTIVES TO MAKE A

Name of the organization  MISSISSIPPI ASSOCIATION OF REALTORS, INC	Employer identification number 64-0473679
DETERMINATION.	
ALL OTHER EMPLOYEES HAVE THEIR SALARY/COMPENSATION SET BY	
DECISIONS ARE ALSO BASED UPON SALARY/COMPENSATION SURVEYS	
POSITIONS FROM THE AMERICAN SOCIETY OF ASSOCIATION EXECUTES ESTABLISHED PERFORMANCE GOALS.	IVES AND THROUGH
FORM 990, PART VI, SECTION C, LINE 19:	
EXPLANATION: AVAILABLE UPON REQUEST	
FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS:	
ROUNDING	1.
	<del></del>
	<del></del>

SCHEDULE R (Form 990)

Department of the Treasury Internal Revenue Service

Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37. Related Organizations and Unrelated Partnerships

► Attach to Form 990.

► See separate instructions.

OMB No 1545-0047

Information about Schedule R (Form 990) and its instructions is at www.irs.gov/form990

Employer identification number 64-0473679

Inspection

INC MISSISSIPPI ASSOCIATION OF REALTORS, Name of the organization

Identification of Disregarded Entities Complete if the organization answered "Yes" on Form 990, Part IV, line 33.

Part

Direct controlling entity Identification of Related Tax-Exempt Organizations Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related tax exempt organizations during the tax year. End-of-year assets e Total income ত্ত Legal domicile (state or foreign country) Primary activity Name, address, and EIN (if applicable) of disregarded entity Part |

(g) Section 512(b)(13) ٥ × × controlled entity? Yes Direct controlling entity Public charity status (if section 170(B)(1)(A) 501(c)(3)) e N/A Exempt Code section 501(C)(3) ਉ 527 Legal domicile (state or foreign country) MISSISSIPPI MISSISSIPPI CAMPAIGN CONTRIBUTIONS Primary activity PAID TO POLITICAL DISASTER RELIEF CANDIDATES MS ASSOCIATION OF REALTORS POLITICAL ACTION COMMITTEE - 64-0657587, P. O. BOX 321000, 25-1925313, P. O. BOX 321000, FLOWOOD, MS MS REALTORS HURRICANE RELIEF FUND -Name, address, and EIN of related organization 39232-1000 FLOWOOD, MS 39232-1000

For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule R (Form 990) 2013

64-0473679

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INC MISSISSIPPI ASSOCIATION OF REALTORS, Schedule R (Form 990) 2013

Identification of Related Organizations Taxable as a Partnership Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a partnership during the tax year. Part III

Seneral or Percentage managing ownership . ج Yes 9 Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)  $\equiv$ Disproportionate Yes allocations? Ξ Share of end-of-year assets 9 Share of total income Predominant income (related, unrelated, excluded from tax under sections 512-514) (e (d)
| Direct controlling | Legal domicile (state or foreign country) Primary activity 9 Name, address, and EIN of related organization

Identification of Related Organizations Taxable as a Corporation or Trust Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year. Part IV

1			ء ا	!		l		l		l		l		
	<b>E</b>	512(b)(13) controlled entity?	8	L		 	 	_		-	_		_	
		25.8°	Yes	L	_					_	 	<u> </u>		
	Ē	Percentage ownership												
	( <del>6</del> )	Share of end-of-year												
	€	Share of total income												
	(e)	Type of entity C corp, S corp	or trust)											
	(g)	Legal domicile Direct controlling (state or friend												
	(2)	Legal domicile (state or foreign	country)											
illig tile tak year.	(q)	Primary activity												
טוטמוווגמווטוס נולמום אל איני אל היה אל איני היה א	(a)	Name, address, and EIN of related organization												

Schedule R (Form 990) 2013

Part V Transactions With Related Organizations Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36

Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule				_	res No	9
1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?	is with one or more re	elated organizations listed	ın Parts II-IV?			
a Receipt of (i) interest (ii) annuites (iii) royalties or (iv) rent from a controlled entity				1a		×
<b>b</b> Gift, grant, or capital contribution to related organization(s)				1b		×
c Gift, grant, or capital contribution from related organization(s)				<b>5</b>		×
				19		×
				1e		×
* Duidende from related organizations				<b>*</b>		×
Dividerius ilom related organization(s)					$\dagger$	۱ ,
g Sale of assets to related organization(s)				1g	1	<u>ا</u> له
h Purchase of assets from related organization(s)				£	_	×
i Exchange of assets with related organization(s)				ij		×
j Lease of facilities, equipment, or other assets to related organization(s)				Ė		×
k Lease of facilities, equipment, or other assets from related organization(s)				¥		×
I Performance of services or membership or fundraising solicitations for related organization(s)	anization(s)			=		×
m Performance of services or membership or fundraising solicitations by related organization(s)	ınızatıon(s)			Ę.	$\dashv$	×
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	ion(s)			ţ	$\dashv$	×
o Sharing of paid employees with related organization(s)				9	$\dashv$	×
n Bembursement paid to related organization(s) for expenses				5	-	×
				+-	×	
					-	
r Other transfer of cash or property to related organization(s)				<b>+</b>		×
s Other transfer of cash or property from related organization(s)				1s	$\dashv$	×
2 If the answer to any of the above is "Yes," see the instructions for information on w	who must complete the	ns line, including covered	mation on who must complete this line, including covered relationships and transaction thresholds.			
(a) Name of related organization	(b) Transaction type (a·s)	( <b>c)</b> Amount involved	(d) Method of determining amount involved	/olved		
(1) MS REALTOR DISASTER RELIEF FUND	Ø	177.	177.CASH PAID			
(2)						
(3)						
(4)						
(9)						
(9)						
332163 09-12-13			Schedule R (Form 990) 2013	₹ (Form 9	90)2	55

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INC Schedule R (Form 990) 2013 MISSISSIPPI ASSOCIATION OF REALTORS, Unrelated Organizations Taxable as a Partnership Complete if the organization answered "Yes" on Form 990, Part IV, line 37. Part VI

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships

(k) ercentage wnership				
ral or Pe iging On	 	 	 	
General or managing partner?				!
Code V-UBI General or Percentage amount in box 20 partner? ownership (Form 1065) Yes No				
Oispropor- tonate allocations?				
(g) Share of ond-of-year assets				
(f) Share of total income				
Are all partners sec 501(c)(3) orgs?				
(d) Predominant income (related, unrelated, excluded from tax under section 512-514)				
(c) Legal domicile (state or foreign country)				
(b) Primary activity				
(a) Name, address, and EIN of entity				

Schedule R (Form 990) 2013

Schedule R	(Form 990) 2013	MISSISSIPPI	ASSOCIATION	OF	REALTORS,	INC64-0473679	Page 5		
Part VII	(Form 990) 2013 Supplemental Infor	mation				<del></del>			
			estions on Schodula P (a	ee in	etructione)				
	Provide additional information for responses to questions on Schedule R (see instructions)								
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	Α		B Average Hours	С	D	E	F
Name		Tıtle	Per Week	Position	Compensation	Compensation	Compensation
Alfonso	Carlene	Director	0	Individual Director	0	0	0
Aligood ,	Lında	Director	0	Individual Director	0	0	0
Austin	Ken	Director	0	Individual Director	0	0	0
Bishop	Jillean	Director	0	Individual Director	0	0	0
Bounds Brewer	Trudy	Director Director	0 0	Individual Director	0 0	0 0	0 0
Clark	Jerry Emie	Director	0	Individual Director Individual Director	0	0	0
Collins	Dottie	Director	0	Individual Director	Ö	Ö	Ö
Cother	Norma	Director	Ö	Individual Director	Ö	Ö	Ö
Cummins	Andrea	Director	0	Individual Director	0	0	0
Davidson	Paula	Director	0	Individual Director	0	0	0
Davis	Kristyn	Director	0	Individual Director	0	0	0
Dean	John -	Director	0	Individual Director	0	0	0
Denton	Dee	Director	0	Individual Director	0	0	0
Dınkınş Dunaway	John Sonja	Director Director	0 0	Individual Director Individual Director	0 0	0 0	0 0
Edwards	Larry	Director	0	Individual Director	0	0	0
Estes	Brenda	Director	0	Individual Director	Ö	Ö	Ŏ
Fields	Mary Ann	Director	ŏ	Individual Director	ŏ	Ö	Ö
Fioranelli	Martha Anne	Director	Ō	Individual Director	0	Ō	Ō
Fleming	Patricia	Director	0	Individual Director	0	0	0
Garland	Lee	Director	0	Individual Director	0	0	0
Garvey	Michael	Director	0	Individual Director	0	0	0
Gast	Betty	Director	0	Individual Director	0	0	0
Glass	Karen	Director	0	Individual Director	0	0	0
Glenn	Judy	Director	0	Individual Director	0	0	0
Griffith Griffith	David	Director Director	0	Individual Director	0	0	0
Hansen	David Beth	Director	0 0	Individual Director Individual Director	0	0 0	0
Haug	Gina	Director	0	Individual Director	0	0	0
Hill	Kım	Director	ő	Individual Director	Ö	Ö	Ö
Hobson	Jım	Director	Ö	Individual Director	Ö	Ö	Ö
Hollister	Lisa	Director	0	Individual Director	0	0	0
James	Gwen	Director	0	Individual Director	0	0	0
Joachim	Cynthia	Director	0	Individual Director	0	0	0
Jones	Martin	Director	0	Individual Director	0	0	0
Jones	Tony	Director	0	Individual Director	0	0	0
Jordan Kammer	Cheryl Bruce	Director Director	0 0	Individual Director	0	0	0 0
Ketchings	Walter	Director	0	Individual Director Individual Director	0	0	0
Killough	Virginia	Director	0	Individual Director	0	Ö	0
Krohn	Lorraine	Director	ő	Individual Director	ŏ	Ö	Ö
Laird	Lois	Director	Ŏ	Individual Director	Ō	Ö	Ö
Lane	Nancy	Director	0	Individual Director	0	0	0
Long	Phillip	Director	0	Individual Director	0	0	0
Marshall	Jeanelle	Director	0	Individual Director	0	0	0
McClain	Andrea	Director	0	Individual Director	0	0	0
McKay	Tracy	Director	0	Individual Director	0	0	0
Palmer-Allen Palmer-Allen	Carla Carla	Director Director	0 0	Individual Director Individual Director	0 0	0	0 0
Panish	Phield	Director	0	Individual Director	0	0	0
Powers	Pam	Director	Ö	Individual Director	Ö	Ö	0
Praytor	Lynette	Director	ō	Individual Director	Ö	Ö	Ö
Ridgway	Bob	Director	0	Individual Director	0	0	0
Rollinson	Brenda	Director	0	Individual Director	0	0	0
Sadler	Charlotte	Director	0	Individual Director	0	0	0
Shaw	Stephanie	Director	0	Individual Director	0	0	0
Short	Ellen	Director	0	Individual Director	0	0	0
Shows Smith	Janice Debbie	Director Director	0 0	Individual Director	0	0	0
Spearman	Jeanette	Director	0	Individual Director Individual Director	0 0	0 0	0 0
Stedman	Anna	Director	0	Individual Director	0	0	0
Stevens	David	Director	0	Individual Director	0	0	Ö
Thomas	Brenda	Director	ő	Individual Director	Ö	Ö	Ŏ
Usry	Jo	Director	Ō	Individual Director	Ō	Ö	Ö
Wild	Watkins	Director	0	Individual Director	0	0	0
Wilson	Chris	Director	0	Individual Director	0	0	0
Patricia	Courtney	Director	0	Individual Director	0	0	0
Pittman	Mike Many	Director	0	Individual Director	0	0	0
Jackson Truman	Mary Dawson	Director Director	0 0	Individual Director Individual Director	0	0	0 0
Harrian	2443011	5,,000	U	mulviduai Directoi	U	U	U

Brett ♣		Heather	Director	0	Individual Director	0	0	0
DuBard		Betty	Director	0	Individual Director	0	0	0
Bonnie		Harkins	Director	0	Individual Director	0	0	0
Bourdette		David	Director	0	Individual Director	0	0	0
Downing		Carol	Director	0	Individual Director	0	0	0
Thompson	•	Dorothy	Director	0	Individual Director	0	0	0
Tucker		J Mark	Director	0	Individual Director	0	0	0
Feltenstein		Cathy	Director	0	Individual Director	0	0	0
Flannes		Michael	Director	0	Individual Director	0	0	0
Winkworth		Barbara	Director	0	Individual Director	0	0	0
Cauthen		Jan	Director	0	Individual Director	0	0	0
Golmon		Sue	Director	0	Individual Director	0	0	0
Leigh		Robert	Director	0	Individual Director	0	0	0
Bradley		Enc	Director	0	Individual Director	0	0	0
Touchstone		Seth	Director	0	Individual Director	0	0	0
Sue		Richardson	Director	0	Individual Director	0	0	0